<table>
<thead>
<tr>
<th>Agenda</th>
<th>Date / Time: February 13, 2020 at 4:30 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC MEETING</strong></td>
<td></td>
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<tr>
<td>Call to Order</td>
<td>Ms. Reyes 4:30 p.m.</td>
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<tr>
<td>Overview of New Microphones and Zoom</td>
<td>Mr. Luke 4:30 – 4:35 p.m. (5 min)</td>
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<td></td>
<td>Ms. Ludwig 4:30 – 4:35 p.m. (5 min)</td>
</tr>
<tr>
<td>Introductions</td>
<td>All 4:35 – 4:40 p.m. (5 min)</td>
</tr>
<tr>
<td>Current Infectious Disease Events</td>
<td>Ms. Richter 4:40 – 4:55 p.m. (15 min)</td>
</tr>
<tr>
<td><strong>ACTION ITEMS (by Statute)</strong></td>
<td></td>
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<tr>
<td>Resolution in Appreciation of Naomi Steenson’s Service</td>
<td>Ms. Reyes 4:55 – 5:00 p.m. (5 min)</td>
</tr>
<tr>
<td>Approval of the Minutes of the December 10, 2019 Meeting</td>
<td>Ms. Reyes 5:00 – 5:05 p.m. (5 min)</td>
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<tr>
<td>Approval of the Financial Statements Dated November 30, 2019</td>
<td>Ms. Buckle 5:05 – 5:10 p.m. (5 min)</td>
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<tr>
<td><strong>Public Hearing: Adoption of Updated Methamphetamine Regulation</strong></td>
<td>Mr. Hlavacek 5:10 – 5:20 p.m. (10 min)</td>
</tr>
<tr>
<td><strong>Public Hearing: Adoption of Supplemental Budget Appropriation</strong></td>
<td>Ms. Buckle 5:20 – 5:30 p.m. (10 min)</td>
</tr>
<tr>
<td>Present Budget Development Calendar for Fiscal Year 2021 and Identify Board of Health Budget Subcommittee Members</td>
<td>Ms. Buckle 5:30 – 5:40 p.m. (10 min)</td>
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<tr>
<td>Resolution on Sugar Sweetened Beverages</td>
<td>Ms. Staats 5:40 – 5:50 p.m. (10 min)</td>
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<td>Ms. Fritz 5:40 – 5:50 p.m. (10 min)</td>
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<tr>
<td>Approve Locations for Posting Public Meeting Notices</td>
<td>Ms. Brockman 5:50 – 5:55 p.m. (5 min)</td>
</tr>
<tr>
<td>Determine 2020 Meeting Times and Location(s)</td>
<td>Ms. Reyes 5:55 – 6:10 p.m. (15 min)</td>
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<tr>
<td><strong>INFORMATIONAL ITEMS</strong></td>
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<tr>
<td>Public Health Improvement Plan Progress Update: Food Access</td>
<td>Ms. Bonczynski 6:10 – 6:25 p.m. (15 min)</td>
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<tr>
<td>List of Community Partners</td>
<td>Dr. Douglas 6:25 – 6:30 p.m. (5 min)</td>
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<tr>
<td>RFE Inspection and Enforcement System</td>
<td>Mr. Hlavacek 6:30 – 6:35 p.m. (5 min)</td>
</tr>
<tr>
<td><em><em>LEGISLATIVE UPDATE (To be Read, Discussion PRN</em>)</em>*</td>
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<tr>
<td>Legislative Update</td>
<td>Ms. Sager 6:35 – 6:40 p.m. (5 min)</td>
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<tr>
<td><em><em>PROGRAM UPDATES (To be Read, Discussion PRN</em>)</em>*</td>
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<tr>
<td>Water Quality &amp; Onsite Wastewater Treatment Systems</td>
<td>Mr. Hlavacek 6:40 – 6:45 p.m. (5 min)</td>
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<tr>
<td><em><em>EXECUTIVE DIRECTOR’S REPORT (To Be Read, Discussion PRN</em>)</em>*</td>
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<tr>
<td></td>
<td>Dr. Douglas 6:45 – 6:50 p.m. (5 min)</td>
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*"PRN" is a medical term meaning “as needed.”*
Douglas County Nurse Support Program
Improving Health through Poverty Reduction
Children and Youth with Special Health Care Needs
Advancing Breastfeeding in Colorado
Tobacco Policy Update
Healthy Aging
Update on Food Security Specialist, Air Quality Specialist and Mental Health Positions
Summary of Point of Dispensing Exercise
Annual Public Health Emergency Operations Plan Approval
TCHD Branding Guide
TCHD WIC Funded to Implement a Colorado WIC Centralized Referral Pilot
Strategic Initiatives Funding Support for Plan Implementation
Compensation and Benefits Consultant
Summary of Kaiser Survey Results
Immunization Campaign Summary
Event Tracking Effort
TCHD’s Learning Management System Goes Live
Update on Electronic Health Record Implementation
CABO Update
Public Charge and Staff Guidance
2020 National Radon Action Month Activities
Response To the December 2019 Suncor Incident
Strategic Plan Progress Update

**OTHER ITEMS**

Set Agenda for the April 9, 2020 Board Meeting

All

6:50 – 6:55 p.m. (5 min)

Board Member Remarks

Board Members

6:55 – 7:00 p.m. (5 min)

Closing Remarks

Ms. Reyes

7:00 – 7:05 p.m. (5 min)

Adjournment

Ms. Reyes

7:05 p.m.
Tri-County Health Department Communicable Disease Epidemiology Update
Board of Health Meeting - February 13, 2019
Date Prepared: February 3, 2019
Tri-County Health Department (TCHD) Final Communicable Disease Data for 2019

**Note:** This chart includes communicable diseases reported through the Colorado Electronic Disease Reporting System and investigated by TCHD’s Communicable Disease Epidemiology team. This chart does not include rabies exposure assessments, the data for which are reported below.

**Most Common Foodborne Diseases by Date of Report**
Adams, Arapahoe, and Douglas Counties
January 2019 - December 2019

**Note:** All foodborne diseases have increased in 2019 compared to the 5-year median. This is likely due to better detection through changes in testing practices and the increased use of culture-independent diagnostic testing. Increases in shigellosis may also represent disproportionate increases among men who have sex with men.
**Note:** There has been a consistent decline in the total number of pertussis cases reported from Adams, Arapahoe, and Douglas Counties over the last six years.

**Note:** Increased provider awareness, an aging population and infrastructure, a warming climate, and more convenient diagnostic testing may all partially account for the increase in legionellosis cases.
**2019 Summary of Outbreaks Investigated**

TCHD investigated a total of 74 outbreaks in 2019, including:

- 8 retail food establishments: 4 norovirus/viral gastroenteritis, 1 *E. coli*, 1 Vibrio, 1 Salmonella, and 1 unknown
- 37 long-term care facilities: 16 influenza, 18 norovirus/viral gastroenteritis, 1 parainfluenza, 1 pneumonia, and 1 legionella
- 5 hospitals: 3 norovirus, 1 influenza, 1 astrovirus/norovirus
- 20 childcare centers: 19 viral gastroenteritis and 1 unknown
- 1 school: 1 pneumonia
- 3 other settings: 1 influenza at a detention center, 1 dairy farm, and 1 regional VA center

**2019 Rabies Update**

CDPHE conducts statewide rabies surveillance of animals that test positive in Colorado. County level data across Colorado for rabies positive animals by species for 2019, as well as previous years, can be found [HERE](#). From 1/1/2019 through 12/31/2019, 163 animals from Colorado have tested positive for rabies. Of those, 131 rabid animals were known or strongly suspected of exposing 248 domestic pets, 57 livestock animals, and 56 people. Of note, five domestic animals this rabies season have tested positive in Colorado: one dog in El Paso County, one dog in Kit Carson County, and one bovine, 1 cat, and one camelid in Larimer County.

As of 12/31/2019, eight animals have tested positive for rabies within the TCHD jurisdiction. Seven of these animals are skunks, with four of them located in Douglas County. The eighth rabid animal was a bat in Douglas County. These eight animals are suspected of exposing eight domestic pets, one herd of livestock, and one individual. TCHD has mapped the approximate location of lab-confirmed rabid animals located in Adams, Arapahoe, Douglas, and Elbert Counties since 2005. This map, updated weekly, is readily available on the TCHD website and can be found [HERE](#).

TCHD investigates high-risk exposures to wildlife and highly suspect domestic animals. Domestic pets (e.g., dogs, cats) that bite or scratch people are referred to animal control for assessment and 10-day quarantine of the pet.

<table>
<thead>
<tr>
<th>Rabies exposure assessments in Adams, Arapahoe, and Douglas Counties, 1/1/19 – 12/31/19</th>
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<tbody>
<tr>
<td>TCHD rabies exposure assessments¹</td>
<td>381</td>
</tr>
<tr>
<td>Animal control rabies exposure assessments (human-pet)²</td>
<td>853</td>
</tr>
<tr>
<td>Total rabies exposure assessments in 2019</td>
<td>1,234</td>
</tr>
</tbody>
</table>

**Data Source:** ¹Decade, ²Logbook

From 1/1/19 – 12/31/19, 65 people were recommended to receive rabies post-exposure prophylaxis (PEP) due to exposure to rabies reservoir species or highly suspect dogs and cats. These 65 individuals represent one skunk bite, 14 raccoon bites/scratches, 26 bat bites, two international monkey bite, three international cat bites, two local stray cat bites, eight international dog bites, two dog bites from a questionable domestic dog, four people exposed to a puppy that tested positive for rabies, two bites from a goat with neurological symptoms, and one unknown animal bite.

From 1/1/19 – 12/31/19, there were 208 pets potentially exposed to rabies, including 172 dogs, 35 cats, and one horse. Of these 208 animals, 82 were exposed to raccoons, 50 to skunks, 20 to coyotes, 38 to
bats, and 19 to unknown animals. 107 of these animals were placed on a 45-day home observation, 75 animals required no follow up because the animal they were exposed to tested negative for rabies, 4 animals were euthanized, and three animals were placed on a strict quarantine. In addition, 19 animals had tailored recommendations to unique circumstances.

**Influenza Update**

Surveillance for the 2019-2020 influenza season will run through May 16, 2020. As a reminder, Colorado’s weekly influenza surveillance report can be accessed [HERE](#). CDC’s influenza surveillance report (FluView) can be accessed [HERE](#).

As of the week ending January 25, 2020, the geographic spread of influenza activity in the state of Colorado is categorized as widespread. Influenza-like illness patient visits in emergency departments in the Denver-metro area, as identified through [Syndromic Surveillance](#), is at 7.6% which is above the seasonal baseline level of 1.78%. Since the beginning of the 2019-2020 influenza season, 1,348 hospitalizations have been reported in Colorado, compared to 3,832 cumulative hospitalizations during the 2018-2019 influenza season. Of this year’s hospitalizations, 359 hospitalizations (26% of state total) have occurred in TCHD’s jurisdiction. Additionally, 18 outbreaks associated with influenza have been reported for the state. Six influenza-associated outbreaks have been identified in LTCFs within TCHD jurisdiction.

Nationwide, 39 pediatric deaths have been reported this season. Of the 39 deaths, 28 have been associated with influenza B viruses and 11 with influenza A viruses. Comparatively, one Colorado pediatric death associated with Influenza B (lineage unavailable) was reported the week ending January 18. No additional pediatric deaths have been reported in Colorado to date.

The current predominant circulating influenza strains in Colorado are Influenza B and A (H1N1). This is consistent with the predominant U.S. circulating strains, with CDC recently reporting approximate equal numbers of Influenza B/Victoria and A (H1N1). It is uncommon to have Influenza B as a predominant circulating strain as this time of year, when compared to recent previous influenza seasons.

CDC performs influenza virus characterization of U.S. viruses submitted from state and local health laboratories in order to compare how similar circulating viruses are to the reference viruses used for developing influenza vaccines. A majority of specimens tested were antigenically similar to reference viruses. Similarly, almost all (>99%) of the influenza viruses tested this season by CDC were susceptible to the four FDA-approved influenza antiviral medications. Interim flu vaccine effectiveness estimates for the USA are not yet available and will be released later in the season.

A graph depicting the rates of influenza-associated hospitalizations for the current season compared to past seasons are shown below, with the 2019-2020 season represented in yellow. The highest hospitalization rate is for adults aged 65 years and older (46.45 per 100,000), followed by children ages 0-4 years (34.44 per 100,000). The overall cumulative hospitalization rate was 19.9 per 100,000 population, which is similar to what has been seen during recent previous influenza seasons at this time of year.

TCHD Communicable Disease and Syndromic Surveillance staff will continue to participate in influenza surveillance activities, monitor influenza activity, conduct outbreak investigations, and communicate with external partners for the remainder of the 2019-2020 season.
2019 Novel Coronavirus (2019-nCoV) Outbreak

The Centers for Disease Control and Prevention (CDC), Colorado Department of Public Health and Environment (CDPHE), and Tri County Health Department (TCHD) are closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus (named “2019-nCoV”) that was first detected in Wuhan City, Hubei Province, China and which continues to expand. Chinese health officials have reported thousands of infections with 2019-nCoV in China, with the virus reportedly spreading from person-to-person in many parts of that country. Infections with 2019-nCoV, most of them associated with travel from Wuhan, also are being reported in a growing number of international locations, including the United States. The United States reported the first confirmed instance of person-to-person spread with this virus on January 30, 2020. There are ongoing investigations to learn more.

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to 2019-nCoV.

TCHD is actively monitoring the situation related to the 2019-nCoV and ensuring we are prepared to respond should the TCHD jurisdiction be impacted in Colorado. The current steps in process for TCHD to maintain situation awareness and ensure plans are in place are as follows (Note: As the situation is rapidly evolving, please use the hyperlinks below for most up to date numbers and resources):

- Participating on regular calls hosted by CDC to ensure we maintain situation awareness
• Participating on weekly statewide calls with CDPHE and other local public health agencies to understand the current situation and associated impacts as well as coordinate efforts we will implement in Colorado related to case and contact investigations and information sharing
• TCHD is working with CDPHE and other LPHAs and following federal guidance regarding quarantine, monitoring, or other restriction of movement and activities. CDPHE, TCHD and other LPHAs are fielding calls regarding patients with a history of travel to China and respiratory symptoms to conduct assessments/initial investigations for potential 2019-nCoV Persons Under Investigation (PUIs). In regards to the management of persons potentially exposed to 2019-nCoV, CDPHE has adapted new CDC guidance on the management of returned travelers and others with potential exposure to 2019-nCoV that is effective as of 01/31/2020. TCHD is supporting all of these efforts to prepare and utilize associated guidance and documentation. Finally, TCHD is working in coordination with hospitals and providers to ensure samples are collected, when appropriate, and then working with CDPHE to route for testing.
• Established a TCHD coronavirus web page that is complimentary to the CDPHE web page and associated information from CDC
• Sending Health Alert Network (HAN) messages with clinical guidance and resources to our partners, including healthcare providers, first responders and the Board of Health
• As of 2/3/2020, there are over 17,000 confirmed human infections in China with over 300 deaths reported. The CDC Situation Summary can be found HERE and the World Health Organization (WHO) situation dashboard can be found HERE
• CDC has updated its interim travel health notice to provide information to people who may be traveling to Wuhan City and who may get sick. The travel notice was raised from Level 1: Practice Usual Precautions, to a Level 3: Avoid Nonessential Travel advising travelers to avoid all unessential travel to all of China
• CDC and United States (US) Customs and Border Protection (CBP) are implementing enhanced health screening of all travelers from China to detect travelers with fever, cough, or difficulty breathing when entering the US.

Measles Case in Adams County

On Saturday, December 14, 2019, TCHD was notified of three suspect measles cases admitted to the Children’s Hospital Colorado - Anschutz Campus. All three patients presented with fever, conjunctivitis, cough, runny noses, and rash. All three patients reported being unvaccinated and having recent international travel. All three patients tested positive for measles, which initiated a large scale response requiring multiple jurisdictions across the state and the country with TCHD serving as the lead for Colorado. TCHD issued public health orders and conducted a thorough disease investigation to ensure the safety of the patients and the communities we serve.

During in the investigation it was discovered that one of the patients was brought to Children’s Hospital Colorado – Anschutz Campus Emergency Department (ED) on December 12, 2019. During this visit measles was not on the differential diagnosis and therefore an exposure to measles was determined to be a possibility to other patients and family members who visited the ED during this time period. The TCHD communicable disease (CDE) team contacted all patients and family members who were in the emergency department to assess measles immunity. 90 patients were identified to have been potentially exposed on December 12, 2019. The CDE contacted all family members to assess immunity
status of all individuals who were in the ED. 258 individuals were determined to have been exposed. Immunity status was broken down into three categories, immune, unknown but likely immune, and susceptible. Individuals who were determined to be susceptible either received immunoglobulin or were placed on a 21-day quarantine through 1/1/2020. There were no secondary cases identified in Colorado. The breakdown of individuals in each group can be seen in the table below.

<table>
<thead>
<tr>
<th>Immunity Status of Contact</th>
<th>Number (Percentage) of Contacts</th>
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<tbody>
<tr>
<td>Immune</td>
<td>158 (61%)</td>
</tr>
<tr>
<td>Unknown, but likely immune¹</td>
<td>75 (29%)</td>
</tr>
<tr>
<td>Susceptible</td>
<td>19 (7.4%)</td>
</tr>
<tr>
<td>Loss to follow up</td>
<td>6 (2%)</td>
</tr>
</tbody>
</table>

¹Most contacts in this group reported receiving measles vaccination as a child but did not have access to their vaccination records to verify immunity.

A measles related incident requires a resource intensive response in terms of both person power and the medical countermeasures needed to protect vulnerable members of our communities. The TCHD Public Health Incident Management Team (PHIMT) and the Disease Intervention Task Forces, both made up of cross divisional TCHD staff, were activated to provide incident management and surge support during the response. Our agency worked closely with Children’s Hospital Colorado, CDPHE, Denver Public Health, Denver Department of Public Health and Environment, and the Denver International Airport to coordinate the medical, public health, and public information components of the response. Because of the tremendous efforts of our agency and involved external partners, there were no secondary cases of this highly infections and vaccine preventable illness related to this incident in Colorado. Costs associated with responding to the outbreak are being compiled.

**Update: Hepatitis A Outbreak Among Individuals Experiencing Homelessness, People with Substance Use Issues and People Who Were or Are Recently Incarcerated**

Since October 16, 2018, Colorado has been experiencing an ongoing outbreak of hepatitis A (HAV) that is part of a nationwide outbreak, affecting individuals experiencing homelessness, people with substance use issues, and people who are incarcerated in city and county jails. In addition, several cases in this outbreak have been reported among men who have sex with men and people who do not report these risk factors but may have acquired the illness through ongoing person to person transmission in the community. As of January 29, 2020 Colorado has reported 347 cases of hepatitis A in 18 counties (see Figure 1 below). Overall, 248 (71%) of cases have been hospitalized and 2 persons have died. 44 cases have been identified in the TCHD jurisdiction: 6 in Douglas, 17 in Adams, and 21 in Arapahoe County (see Figure 2 below). As of January 29th, 2020, Colorado has collectively given 22,652 hepatitis A vaccinations to at-risk individuals. Of the statewide 22,652 vaccinations TCHD immunizations nurses have given 1,231 HAV to at-risk individuals.

Figure 1.
Epidemic curve of outbreak-associated hepatitis A cases in Colorado by onset week**
October 2019-January 2020
As illustrated by the epidemic curve, the outbreak throughout Colorado is still ongoing. Since December, we have seen three new counties, including La Plata, Mesa, Eagle and Summit Counties that are now associated with the outbreak. TCHD continues to conduct outreach and prevention efforts in collaboration with CDPHE and local community partners. In response to the outbreak, the TCHD Public Health Incident Management Team (PHIMT) has remained activated to support the local response related to hepatitis A.
Key response actions from December 2019 through January 2020 include the following:

- TCHD is continuing to partner with neighboring local public health agencies (LPHAs) to collaborate on outreach efforts addressing barriers for reaching our high risk population. This includes performing case investigations, locating cases, identifying case contacts, and providing post exposure prophylaxis when necessary.

- TCHD is working in coordination with CDPHE and local public health partners to gain hospital/hospital system participation in providing Hepatitis A vaccine in metro area emergency departments. Public health is supporting a hospital consortium to provide resources and information for hospitals to consider offering HAV vaccine to high-risk patients in their EDs, and TCHD is working directly with local hospitals/hospital systems in our jurisdiction to support this initiative. One large hospital system (University of Colorado Hospital) implemented hospital ED vaccinations at beginning of December, and they now provide HAV across their entire hospital system. Other area hospital systems are also assessing capacity for implementation of HAV in their associated EDs as well.

- TCHD CDE and IZ Nursing participated in the annual national Point in Time (PIT) survey for 2020. PIT was held January 27, 2020. PIT is a snapshot of the number of people experiencing homelessness in Metro Denver on a single night that helps the community understand trends and respond to the needs of experiencing homelessness. TCHD was represented at different magnet events across the TCHD Jurisdiction, providing hepatitis A, meningococcal, and influenza vaccinations.
RESOLUTION IN RECOGNITION
OF NAOMI STEENSON’S DEDICATED SERVICE

WHEREAS, Naomi Steenson has served as an Adams County representative on the Board of Health of Tri-County Health Department and attended meetings with faithful devotion to the citizens she represents; and

WHEREAS, Tri-County Health Department has developed sound policy and progressive programs with the assistance of Ms. Steenson’s wise counsel; and

WHEREAS, Ms. Steenson has maintained a high level of concern for the health and welfare of the citizens of Adams, Arapahoe and Douglas Counties;

NOW, THEREFORE, BE IT RESOLVED, We, the Board of Health of Tri-County Health Department, express our warmth, gratitude, and appreciation to Ms. Steenson for her service from December 2011 to February 2020.

ADOPTED this 13th day of February, 2020.

_________________________ _______________________
Rosanna Reyes, President Date
Board of Health
Board of Health Meeting  
December 10, 2019  
Minutes

At a public meeting of the Board of Health held at the Comedy Works/Lucy Restaurant, the H4 Room, 5345 Landmark Place, Greenwood Village, CO, there were:

**Board of Health Members:**
Janice Brainard, RN, Arapahoe County Present
Thomas Fawell, MD, Arapahoe County Present
Kaia Gallagher, PhD, President, Arapahoe County Present
Marsha Jaroch, NP, Douglas County Present
Paulette Joswick, RN, Douglas County Present
Julie Mullica, Adams County Present
Zachary Nannestad, Vice President, Douglas County Present
Rosanna Reyes, RN, Adams County Present
Naomi Steenson, RD, Secretary, Adams County Present

**Executive Management Team Members:**
Michele Askenazi, Director of Emergency Preparedness, Response, and Communicable Disease Surveillance Present
Heather Baumgartner, Director of Community Health Promotion Present
Jill Bonczynski, Director of Nutrition Present
Ronnae Brockman, Executive Assistant Present
Patty Buckle, Interim Director of Administration and Finance Present
John M. Douglas, Jr., MD, Executive Director Present
Mame Fuhrman, Director of Human Resources Present
Penny Grande, Director of Nursing Present
Brian Hlavacek, Director of Environmental Health Present
Jennifer Ludwig, Deputy Director Present
Kelly Weidenbach, Director of Planning and Information Management Present

**Call to Order**

Dr. Fawell called the meeting to order at 5:08 p.m.

**Introductions**

Ms. Ludwig introduced Patty Buckle, Interim Director of Administration and Finance. She informed the Board that Theresa Fox, our former Director of Administration and Finance, had left TCHD.

**Approval of the Minutes of the October 15, 2019 Meeting**

The minutes of the October 15, 2019 meeting were presented to the Board for review.
MOTION: Dr. Gallagher moved to approve the minutes of the October 15, 2019 meeting as written and Mr. Nannestad seconded. The motion was approved unanimously.

Approval of the Financial Statements Dated September 30, 2019

Ms. Buckle presented the financial statements dated September 30, 2019 to the Board. Year-to-date (YTD) revenue through September 30, 2019 totaled $31.7 million, which was less than budgeted by $439,000. YTD expenditures through September 30, 2019 totaled $30.7 million, which was less than budgeted by $1.3 million. Overall, the net operating surplus through the month of September was $989,000. Additionally, TCHD invests a portion of its fund balance with Chandler Asset Management in a $6 million dollar bond portfolio, with JPMorgan Chase with $5 million in a laddered CD portfolio, and has approximately $4 million invested with CSafe.

MOTION: Ms. Brainard moved to accept the financial statements dated September 30, 2019 as presented and Ms. Jaroch seconded. The motion was approved unanimously.

Public Hearing: Adoption of the 2020 Proposed Budget and Appropriation Resolution

Dr. Fawell opened the public hearing for the adoption of TCHD’s 2020 proposed budget and appropriation resolution at 5:15 p.m. It was noted that the public hearing was duly advertised in the Legal Notices section of The Denver Post on Sunday, December 1, 2019.

Ms. Buckle reminded the Board members that a preliminary 2020 budget totaling $43,077,237 was presented to the Board at the August 13, 2019 meeting. The current 2020 proposed budget has been updated to reflect changes impacting grant revenues and associated expenditures for a new total 2020 budget of $44,093,008. This total includes the use of the fund balance in the amount of $1,698,000 for capital expenditures and $50,000 for one-time Strategic Initiatives operating expenditures for a total fund balance use of $1,748,000.

Ms. Reyes asked whether funding for the two new Adams County-specific positions (e.g., air quality and food security) was included in the 2020 proposed budget. Ms. Buckle stated that funding for these positions is not included and that the Board would need to hold a public hearing at their February 2020 meeting to appropriate the funds.

Dr. Fawell noted no one from the public was present to speak and closed the public hearing at 5:25 p.m.

MOTION: Dr. Gallagher moved to approve the 2020 Proposed Budget and Appropriation Resolution as presented and Mr. Nannestad seconded. The motion was approved unanimously.

Approval of Proposed Syringe Access Program Expansion

Dr. Douglas presented TCHD’s proposed expansion of its current harm reduction outreach in Commerce City, Federal Heights, Thornton, Westminster, Brighton, Northglenn and Unincorporated Adams County to a full service syringe access program (with syringes). He stated that, in accordance with CRS 25-1-520, Establishment of Syringe Access Programs, TCHD staff have consulted with community stakeholders including local law enforcement agencies, the Adams County District Attorney, city mayors, substance use treatment providers, persons in
recovery, nonprofit organizations, HIV and hepatitis C advocacy organizations, community members, and our Adams County Board of Health members.

Dr. Douglas also requested approval to change the program name from “Aurora Syringe Access Services” to “Tri-County Syringe Access Program” and allow for future syringe exchange program expansion as the opiate epidemic and community need arise within TCHD’s jurisdiction. He stated that TCHD will continue to be transparent, work with law enforcement and other stakeholders as required and provide updates to our Board of Health.

**MOTION:** Ms. Mullica moved to: 1) change the program name from “Aurora Syringe Access Services” to “Tri-County Syringe Access Program”, 2) include syringe exchange services in Adams County where our current harm reduction services are provided, and 3) allow TCHD to expand syringe exchange services to other cities and counties in the future as the opiate epidemic and community need arises in TCHD’s service area. Ms. Jaroch seconded and the motion was approved unanimously.

**Report from the Board Nominating Committee and Election of Board Officers for 2020**

On behalf of the Board of Health Nominating Committee, Dr. Gallagher proposed the following slate of Board officers for 2020: Dr. Fawell as President, Mr. Nannestad as Vice President, and Ms. Steenson as Secretary. Ms. Reyes stated that she also wished to run for President and spoke of her experience and her vision for the Board which included: streamlining meetings, budget transparency and earlier adoption of future budgets, transition planning, and public health concerns in Adams County.

The nominee for Board President was determined by secret ballot. Votes were tallied by Ms. Steenson, the current Board Secretary, and the results were: five votes in favor of Ms. Reyes and four votes in favor of Dr. Fawell.

**MOTION:** Dr. Gallagher moved to accept the following slate of Board officers for 2020: Ms. Reyes as President, Mr. Nannestad as Vice President and Ms. Steenson as Secretary. Ms. Mullica seconded and the motion was approved unanimously.

**Set the 2020 Board of Health Meeting Schedule and Meeting Location**

It was proposed that the Board continue to hold its regular meetings on the second Tuesdays of February, April, June, August, October and December in 2020. All meetings would begin at 4:30 p.m. except the Board’s annual dinner meeting in December which would begin at 5:00 p.m.

Ms. Mullica proposed moving Board meetings to other locations to minimize travel time for some Board members. A discussion ensued as to whether to keep meetings at TCHD’s Administrative Office, rotate meeting locations, or find a more central location; however, this issue was left unresolved.

Ms. Joswick proposed changing the meeting time for regular Board meetings to 4:00 p.m. Ms. Mullica, who serves as a Northglenn City Councilwoman, and Arapahoe County Commissioner Conti stated that their governments have Executive Sessions on Tuesdays that run until 4:00 p.m. Mr. Nannestad stated that he works full time and couldn’t make a 4:00 p.m. meeting. Ms. Steenson stated that she also works full-time, but would do her best to attend 4:00 p.m. meetings.
MOTION: Ms. Mullica moved to change the date of regular Board meetings to the second Thursday of every even-numbered month in 2020 and Ms. Joswick seconded. The motion passed with all in favor except Ms. Brainard who was against and Dr. Fawell who abstained.

MOTION: Ms. Joswick moved to change the start time for regular Board meetings to 4:00 p.m. and Ms. Mullica seconded. The motion failed with four Board members in favor (Ms. Joswick, Ms. Mullica, Dr. Gallagher, and Ms. Jaroch), three Board members against (Mr. Nannestad, Dr. Fawell and Ms. Steenson) and two members abstaining (Ms. Reyes and Ms. Brainard).

MOTION: Dr. Gallagher moved that Board members investigate options for meeting locations to minimize travel time for most people. Ms. Mullica seconded and the motion was approved unanimously.

ACTION ITEM: Board members to investigate options for regular meeting locations to minimize travel for most people.

Current Infectious Disease Events

Dr. Douglas provided updates on the continuing hepatitis A outbreak among homeless persons; hand, foot and mouth disease in schools; influenza activity; rabies activity; and respiratory syncytial virus.

Employee Engagement Survey Results

Dr. Weidenbach provided an overview of the results of the Employee Engagement Survey that was administered to staff in October 2019. Survey results measure employee engagement, determine areas for improvement, and provide baseline measurements for each of the ten priority areas in our Strategic Plan that staff identified for our first year of work. An annual survey will be part of our ongoing performance management of the strategic plan and efforts to improve employee engagement.

WIC Program Update

Ms. Bonczynski provided an update on TCHD’s WIC program to the Board members. She detailed major accomplishments and changes in the past one to three years as well as future program goals.

Syndromic Surveillance Program Update

Ms. Askenazi provided an update on TCHD’s Syndromic Surveillance program to the Board members. She detailed major accomplishments and changes in the past one to three years as well as future program goals.

Executive Director’s Report

TCHD Employee Appointed to State Maternal Mortality Committee

The Maternal Mortality Review Committee, led by the Colorado Department of Public Health and Environment (CDPHE), is a group of healthcare providers and public health professionals
that reviews maternal deaths in Colorado. In the fall of 2019, CDPHE appointed TCHD’s Vicki Swarr, MSN, to the Committee. Vicki brings more than 30 years of maternal child health nursing experience and 25 years of public health expertise to the group.

Collaborations with Early Childhood Partnerships
In 2007, the Colorado General Assembly established Early Childhood Councils to positively impact services and supports for young children and their families by building local early childhood systems throughout the state. TCHD partners with all three Early Childhood Councils in our jurisdiction.

TCHD’s WIC and Diabetes Prevention Programs Launch Data-sharing Pilot
The Diabetes Prevention Program is a year-long program that provides clients with tools to make healthy lifestyle choices and reduce their risk of developing type 2 diabetes. Beginning December 2019, TCHD’s Diabetes Prevention Program will reach out to at-risk WIC clients to enroll them in a geographically convenient class. WIC staff will, in turn, actively promote the Diabetes Prevention Program and its benefits to at-risk clients.

Update on MMR Vaccination Campaign
TCHD, in partnership with Denver Public Health, Jefferson County Public Health, and CDPHE, launched a new campaign aimed at protecting young children against measles in October 2019. The goal of the campaign, *Keep Measles Out*, is to get more kindergarteners vaccinated against measles, mumps, and rubella (MMR). The campaign includes advertising on radio, digital & social media, and Rocky Mountain PBS.

Board of Health Vaping Resolution and Communications Campaign
TCHD staff have been actively promoting an October 15, 2019 resolution passed by our Board of Health declaring youth vaping a public health emergency. Articles have been published in Colorado Community Media papers and an additional article will be published in the *Aurora Sentinel*. TCHD staff have also shared the resolution broadly with partners, including policy makers, and the community at large.

Tobacco Control Policy Adoption
TCHD continues to engage with numerous municipalities on tobacco control efforts, including tobacco retailer licensing, raising the legal sales age to 21, and smoke/vape-free places. Several communities are in active policy development stages.

Douglas County Youth Substance Abuse Prevention Coalition (DCYSAPC) Transition
With the end of substance abuse funding from the Office of Behavioral Health and the new Substance Abuse and Mental Health Services Administration funding beginning October 1, 2019, leadership of the DCYSAPC has moved from TCHD to the Douglas County School District. The transition occurred almost seamlessly and TCHD staff are still actively involved in the coalition though no longer overseeing day-to-day operations.

State Funding for Substance Misuse
TCHD’s allocation of funds from SB19-228 to address opioid misuse began November 1, 2019. Funded projects will cross the spectrum of prevention, treatment, and harm reduction and include youth prevention activities, purchase and distribution of the overdose antidote NARCAN®, syringe access services, syringe disposal, Let’s Talk Colorado promotion, support for family and loved ones, and community listening sessions to inform planning for future phases of the Tri-
County Overdose Prevention Partnership. A report of activities and outcomes will be available after the funding ends in June 2020.

**Communities that Care Update**
Communities that Care (CTC) coalitions in the Englewood-Sheridan and I-70 Corridor are launching new work plans in spring 2020 to promote healthy development, improve outcomes, and reduce problem behaviors among youth.

**Advancing Breastfeeding in Colorado**
Updates were provided on this regional initiative to certify childcare providers and medical offices as Breastfeeding Friendly.

**Initiative for Workplace Health and Wellbeing**
Updates were provided on this initiative to train and certify employers on the adoption and implementation of Breastfeeding-Friendly and Healthy Meeting/Vending policies.

**TCHD Receives Funding to increase WIC Participant Enrollment in SNAP**
TCHD has received a one-year grant from Hunger Free Colorado to cross train two WIC educators to help WIC clients complete SNAP applications. Funding may be renewed and expanded in subsequent years.

**Perinatal Continuum of Care**
The Perinatal Continuum of Care is a tool that illustrates the services and supports that new and expectant families may encounter and describes opportunities to promote or address perinatal mental health across these services. We actively invite and support partners in exploring the continuum, identifying their role in helping families thrive, and working collaboratively to improve community health.

**TCHD Partners with the Denver Regional Accountable Health Community (AHC)**
The Denver Regional AHC will begin collecting regional data to demonstrate the value and cost savings associated with meeting health-related social needs (HRSNs) to inform future policy and allocation of funding and services. TCHD will begin screening Medicaid and Medicare clients seen in our nursing and nutrition programs for HRSNs and, in addition to providing referrals and patient navigation services, will enter data into the AHC Portal.

**Healthy Farmer’s Markets**
A summary was provided on the number of participants and services offered at two Healthy Farmer’s Markets, which were created to bring more fresh produce to food insecure areas in Adams County.

**Performance Management/Quality Improvement: TCHD Contracts**
TCHD’s Contract Administration section, in conjunction with key members from each Division, conducted an in-depth evaluation of the contract routing process. Several opportunities for improvement were identified and the changes implemented resulted in substantially reduced contract routing time and legal cost savings.

**TCHD to Conduct Point-of-Dispensing Exercise**
TCHD’s Emergency Preparedness and Response (EPR) staff will conduct a full-scale point-of-dispensing exercise on January 8, 2020 at Front Range Community College in Adams County.
Summary of 2019 Staff Active Shooter Training
An update was provided on TCHD’s active shooter training program. Between June and November 2019, the four-hour training course was offered 15 times and attended by 371 TCHD staff members, partners, and Board of Health members. We will continue to train new employees as well as current staff who were unable to attend an active shooter training in 2019.

TCHD Receives Census Grant
TCHD has received Census Grant funds from the Department of Local Affairs to support efforts to ensure a complete count in 2020. This collaborative effort will include neighborhood-level marketing, radio spots in seven languages, community meetings, and outreach to clients served by our nursing and nutrition programs.

Commerce City Office Move in 2020
Adams County will be relocating TCHD’s Commerce City office to provide additional space for the Adams County Sheriff’s Office. The new location is just across the street from our current facility. We anticipate a move date in September/October of 2020.

Retail Food Establishment Enforcement Changes
An update was provided on statewide retail food establishment enforcement changes that become effective on January 1, 2020. Additionally, TCHD will be adopting the new statewide uniform system of communicating inspection results which will be available to the public on our website beginning in the spring of 2020.

Local Government Coalition for Air Quality Rulemaking Process
TCHD has joined a Local Government Coalition, formed by the City and County of Denver and Boulder County Public Health, to support the Colorado Air Quality Control Commission’s (AQCC) proposed regulatory changes to further reduce air pollutant emissions from the oil and gas industry. The AQCC rulemaking hearing is set for December 17-20, 2019.

CDPHE Oil and Gas Health Risk Assessment
On October 17, 2019, CDPHE published the state-funded study, “Human Health Risk Assessment for Oil & Gas Operations in Colorado,” which was conducted by ICF International, an environmental and health consulting company. TCHD is engaging in conversations with other local health departments to collaborate on ways to enhance the air monitoring around oil and gas sites and provide additional measurements that can be used to advance the research.

Summary of Meetings with State Elected Officials
TCHD staff provided an update on meetings with state legislators during the 2019 legislative interim.

Other Items
None.

Set Agenda for the February 13, 2020 Meeting
The February 13, 2020 agenda will include: 1) a public hearing to appropriate funding for the two new Adams County-specific positions, 2) a public hearing to adopt proposed changes to TCHD’s methamphetamine regulation, 3) a review of the 2021 Budget Development Calendar, and 4) updates on TCHD’s Strategic Plan and Public Health Improvement Plan.
Board Member Remarks

Ms. Brainard thanked Dr. Douglas and the TCHD staff for all they do to protect the health of our citizens.

Dr. Douglas thanked the Board members for their hard work and for being extraordinarily helpful to TCHD.

Closing Remarks

Dr. Fawell wished everyone a happy holiday season.

Adjournment

MOTION: Ms. Brainard moved to adjourn the meeting at 6:48 p.m. Mr. Nannestad seconded and the motion was approved unanimously.

______________________________  ______________________________
Thomas Fawell, MD, President  Naomi Steenson, Secretary
November 2019 Financial Executive Summary

With only one month remaining in 2019, TCHD’s revenue, not including the planned use of fund balance, is less than budget by $1.1M. Expenditures are less than budget by $1.9M. Net income year-to-date through November is $588K. At the October BOH meeting, the Board approved a supplemental appropriation of $1.0M. The total budget on the attached financial statements includes this supplemental appropriation.

Revenue

Revenue for the eleven months of 2019 totaled $38.2M, which was less than budget by $1.1M. The most significant revenue variances include:

- Tobacco (Program 351) – Subcontract grant expenses less than budget resulting in lower revenue reimbursement.
- Arapahoe Nurse Support (Program 426) – Revenue is less than budget due to Arapahoe County ending the funding for the Adult First and Child First programs.
- Healthy Communities (Program 450) – Revenue less than budget due to a change in the program, now a deliverable-based model.
- Earnings on Investments (Program 821) – Investment earnings are greater than budget.
- Vital Records (Program 880) – Revenue under budget primarily due to a large funeral home switching to Jefferson County vital records office for efficiency purpose.

Expenditures

Expenditures totaled $37.6M for the eleven months of 2019, which is less than budget by $1.9M. Major expense variances include:

- Tobacco (Program 351) – Under budget in subcontract grants.
- Core Nursing (Program 410) – Program has been discontinued so under budget in personnel costs.
- Arapahoe Nurse Support (Program 426) – Personnel costs under budget due to funding cut for Adult First and Child First programs.
- NFP and MEICHVP (Programs 455 and 457) – Under budget in personnel costs due to vacancies.
- Sexual Health (Program 477) – Over budget due to additional expenses related to STI response.
• Nursing Administration (Program 490) – No software expense at this time, so program is under budget.
• Environmental Health Administration (Program 690) – Under budget primarily in personnel costs.
• EH Informatics (Program 695) – No software expense incurred so program is under budget.

Actual revenue vs expenses through November 2019

Overall, the actual net operating surplus for the eleven months of 2019 is $588K.
This bar graph exhibits straight-line results for actual cumulative revenue and expenses.

Other Financial Items

Tri-County Health Department (TCHD) continues to invest a portion of the fund balance with Chandler Asset Management in a $6 million dollar bond portfolio and has $5 million invested with JPMorgan Chase in a laddered CD portfolio. (These investments were initiated in April 2015). TCHD also has approximately $4 million invested with CSafe, which operates similar to a money market. The chart below shows investment earnings for the past three years:

<table>
<thead>
<tr>
<th></th>
<th>2018 Earnings</th>
<th>2017 Earnings</th>
<th>2016 Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSafe</td>
<td>$79,400</td>
<td>$40,572</td>
<td>$22,250</td>
</tr>
<tr>
<td>JPMorgan Chase</td>
<td>$87,329</td>
<td>$42,165</td>
<td>$30,059</td>
</tr>
<tr>
<td>Chandler</td>
<td>$96,618</td>
<td>$36,393</td>
<td>$49,757</td>
</tr>
<tr>
<td></td>
<td>$263,347</td>
<td>$119,130</td>
<td>$102,066</td>
</tr>
</tbody>
</table>

GASB 72 requires investments be reported at fair value, so market fluctuations can cause a drop in value even though the investment has not been liquidated.

<table>
<thead>
<tr>
<th></th>
<th>Jan - Nov 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSafe</td>
<td>$83,739</td>
</tr>
<tr>
<td>JPMorgan Chase</td>
<td>$145,023</td>
</tr>
<tr>
<td>Chandler</td>
<td>$196,130</td>
</tr>
<tr>
<td></td>
<td>$424,892</td>
</tr>
<tr>
<td>Account Description</td>
<td>Year-to-Date (2019 January - November)</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Budget</td>
</tr>
<tr>
<td>130 EXECUTIVE</td>
<td>896,522</td>
</tr>
<tr>
<td>131 METRO DENVER PARTNERSHIP FOR HEALTH</td>
<td>30,000</td>
</tr>
<tr>
<td>140 COMMUNICATION</td>
<td>305,107</td>
</tr>
<tr>
<td>220 WIC</td>
<td>5,163,898</td>
</tr>
<tr>
<td>226 WIC PEER COUNSELOR</td>
<td>170,313</td>
</tr>
<tr>
<td>270 BABY &amp; ME - TOBACCO FREE</td>
<td>27,303</td>
</tr>
<tr>
<td>290 NUTRITION ADMINISTRATION</td>
<td>485,137</td>
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<tr>
<td>330 HEALTH PLANNING</td>
<td>150,084</td>
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<tr>
<td>331 COMMUNITY NUTRITION</td>
<td>339,436</td>
</tr>
<tr>
<td>335 WORKSITE WELLNESS - CCPD</td>
<td>12,389</td>
</tr>
<tr>
<td>336 HEALTHY BEVERAGE INITIATIVE - CCPD</td>
<td>170,313</td>
</tr>
<tr>
<td>351 TOBACCO - 2012 GRANT</td>
<td>1,255,056</td>
</tr>
<tr>
<td>354 OPPID OPIOID</td>
<td>60,144</td>
</tr>
<tr>
<td>355 SUBSTANCE ABUSE PREVENTION</td>
<td>190,258</td>
</tr>
<tr>
<td>356 SAMHSA GRANT</td>
<td>23,953</td>
</tr>
<tr>
<td>357 COMMUNITIES THAT CARE</td>
<td>320,551</td>
</tr>
<tr>
<td>359 SIM/LPHA BEHAVIORAL HEALTH</td>
<td>263,819</td>
</tr>
<tr>
<td>364 AGING INIT - MOB GRANT</td>
<td>177,587</td>
</tr>
<tr>
<td>371 MCH CHILD/ADOLESCENT</td>
<td>82,700</td>
</tr>
<tr>
<td>372 MCH WORA</td>
<td>128,955</td>
</tr>
<tr>
<td>373 HCP MEDICAL HOME</td>
<td>64,595</td>
</tr>
<tr>
<td>390 COMMUNITY HEALTH PROMOTION ADMINISTRATION (FORMERLY EPC)</td>
<td>357,583</td>
</tr>
<tr>
<td>410 CORE NURSING</td>
<td>191,862</td>
</tr>
<tr>
<td>411 CLINICAL SCHOLARS</td>
<td>30,195</td>
</tr>
</tbody>
</table>

YTD Revenue variance threshold: -$25K and -10% under budget, or +$50K over budget
YTD Expense variance threshold: -$25K and 10% over budget, or +$50K under budget

COMMENTS - BASED UPON YTD BUDGET VS. YTD ACTUAL

1. Expenses less than budget resulting in lower revenue reimbursement
2. Subcontract grant expenses less than budget resulting in lower revenue reimbursement
3. Expenses less than budget resulting in lower revenue reimbursement
4. Reimbursement for a year’s worth of media expenses received in July
5. Expenses less than budget resulting in lower revenue reimbursement
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>Variance</th>
<th>Percent of YTD Budget</th>
<th>Total 2019 Revised Budget</th>
<th>Percent of Total Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>415</td>
<td>CORE TB CONTROL</td>
<td>308,537</td>
<td>308,539</td>
<td>2</td>
<td>100.00%</td>
<td>336,592</td>
<td>91.66%</td>
</tr>
<tr>
<td>420</td>
<td>ADAMS MOTHERS FIRST</td>
<td>502,747</td>
<td>477,210</td>
<td>(25,537)</td>
<td>94.92%</td>
<td>546,059</td>
<td>87.39%</td>
</tr>
<tr>
<td>424</td>
<td>ARAP MOTHERS FIRST</td>
<td>124,129</td>
<td>123,920</td>
<td>(209)</td>
<td>99.83%</td>
<td>135,369</td>
<td>91.54%</td>
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<tr>
<td>425</td>
<td>CHILD FATALITY PREVENTION</td>
<td>65,824</td>
<td>65,261</td>
<td>(563)</td>
<td>99.14%</td>
<td>71,813</td>
<td>90.87%</td>
</tr>
<tr>
<td>426</td>
<td>ARAP NURSE SUPPORT</td>
<td>1,064,899</td>
<td>880,696</td>
<td>(184,203)</td>
<td>87.00%</td>
<td>1,168,338</td>
<td>75.38%</td>
</tr>
<tr>
<td>430</td>
<td>MCH CHILD HEALTH</td>
<td>99,240</td>
<td>112,511</td>
<td>13,271</td>
<td>113.37%</td>
<td>99,240</td>
<td>113.37%</td>
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<tr>
<td>435</td>
<td>MCH PRENATAL</td>
<td>154,746</td>
<td>155,019</td>
<td>273</td>
<td>99.83%</td>
<td>135,369</td>
<td>91.54%</td>
</tr>
<tr>
<td>440</td>
<td>HCP</td>
<td>703,557</td>
<td>618,370</td>
<td>(85,187)</td>
<td>87.89%</td>
<td>910,744</td>
<td>71.82%</td>
</tr>
<tr>
<td>450</td>
<td>HEALTHY COMMUNITIES (EPSDT)</td>
<td>735,363</td>
<td>526,694</td>
<td>(208,669)</td>
<td>71.62%</td>
<td>910,744</td>
<td>65.72%</td>
</tr>
<tr>
<td>455</td>
<td>NFP CONTINUATION</td>
<td>2,008,795</td>
<td>2,591,909</td>
<td>(583,114)</td>
<td>82.70%</td>
<td>3,057,670</td>
<td>84.76%</td>
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<tr>
<td>457</td>
<td>NFP MIECHVP 1 (old ADAMS 12)</td>
<td>805,761</td>
<td>702,148</td>
<td>(103,613)</td>
<td>87.14%</td>
<td>879,012</td>
<td>97.87%</td>
</tr>
<tr>
<td>460</td>
<td>IMMUNIZATION AND CLINICAL RESPONSE</td>
<td>3,228,220</td>
<td>3,125,489</td>
<td>(1,092)</td>
<td>97.65%</td>
<td>3,539,064</td>
<td>90.07%</td>
</tr>
<tr>
<td>469</td>
<td>HIV AND STD</td>
<td>778,688</td>
<td>707,929</td>
<td>(70,759)</td>
<td>90.91%</td>
<td>848,480</td>
<td>83.43%</td>
</tr>
<tr>
<td>477</td>
<td>SEXUAL HEALTH (fmrly Family Planning Title X)</td>
<td>3,292,879</td>
<td>3,401,596</td>
<td>108,917</td>
<td>103.30%</td>
<td>3,590,356</td>
<td>94.74%</td>
</tr>
<tr>
<td>490</td>
<td>NURSING ADMINISTRATION</td>
<td>1,679,314</td>
<td>1,679,314</td>
<td>0</td>
<td>100.00%</td>
<td>1,831,161</td>
<td>91.71%</td>
</tr>
<tr>
<td>492</td>
<td>NURSING SPECIAL PROGRAMS</td>
<td>10,000</td>
<td>10,000</td>
<td>0</td>
<td>100.00%</td>
<td>10,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>495</td>
<td>ARAPAHOE SENIOR DENTAL</td>
<td>447,905</td>
<td>402,162</td>
<td>(45,743)</td>
<td>89.78%</td>
<td>488,943</td>
<td>82.25%</td>
</tr>
<tr>
<td>510</td>
<td>COMMUNICABLE DISEASE</td>
<td>420,102</td>
<td>419,059</td>
<td>(1,043)</td>
<td>99.75%</td>
<td>459,357</td>
<td>91.21%</td>
</tr>
<tr>
<td>520</td>
<td>PUBLIC HEALTH EMERGENCY PREPAREDNESS</td>
<td>866,818</td>
<td>854,862</td>
<td>(11,956)</td>
<td>96.62%</td>
<td>956,428</td>
<td>89.38%</td>
</tr>
<tr>
<td>530</td>
<td>CRI</td>
<td>227,636</td>
<td>237,780</td>
<td>10,144</td>
<td>96.45%</td>
<td>249,198</td>
<td>95.41%</td>
</tr>
<tr>
<td>550</td>
<td>NSSP</td>
<td>379,933</td>
<td>347,197</td>
<td>(32,737)</td>
<td>91.38%</td>
<td>391,727</td>
<td>88.63%</td>
</tr>
<tr>
<td>551</td>
<td>SYNDROMIC SURVEILLANCE SUICIDE PREVENTION</td>
<td>38,524</td>
<td>97,626</td>
<td>59,102</td>
<td>253.41%</td>
<td>87,173</td>
<td>145.33%</td>
</tr>
<tr>
<td>552</td>
<td>OVERDOSE DATA TO ACTION</td>
<td>1,000</td>
<td>1,971</td>
<td>971</td>
<td>197.12%</td>
<td>31,000</td>
<td>6.35%</td>
</tr>
<tr>
<td>590</td>
<td>EPRLCDS ADMINISTRATION</td>
<td>178,904</td>
<td>178,904</td>
<td>0</td>
<td>100.00%</td>
<td>195,162</td>
<td>91.66%</td>
</tr>
</tbody>
</table>

YTD Revenue variance threshold: -$25K and -10% under budget, or +$50K over budget

YTD Expense variance threshold: -$25K and 10% over budget, or +$50K under budget

**COMMENTS- BASED UPON YTD BUDGET VS. YTD ACTUAL**

6 Arapahoe Co. ended funding for Adult First and Child First programs
7 Program expenses less than budget resulting in lower revenue reimbursement
8 Program changed to a deliverable-based model, no invoice for July due to contract change
9 Personnel costs less than budget due to vacancies, resulting in lower revenue reimbursement
10 Supplemental funding received for STI Response, for FTE and supplies
11 Dental fee revenue less than budget
12 Revenue is based on deliverables achieved
## TRI-COUNTY HEALTH DEPARTMENT
### Revenue and Expenditure Statement
#### Year-to-Date For the Period Ending November 30, 2019
(91.67% of Year Complete)

<table>
<thead>
<tr>
<th>Category</th>
<th>Year-to-Date (2019 January - November)</th>
<th>Percent of YTD Budget</th>
<th>Total 2019 Revised Budget</th>
<th>Percent of Total Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
<td></td>
</tr>
<tr>
<td>610</td>
<td>ANIMAL CONTROL - BITE ACTIVITIES</td>
<td>836</td>
<td>836</td>
<td>-</td>
</tr>
<tr>
<td>612</td>
<td>ANIMAL CONTROL - WILDLIFE</td>
<td>187</td>
<td>187</td>
<td>-</td>
</tr>
<tr>
<td>613</td>
<td>VECTOR SURVEILLANCE - GENERAL</td>
<td>20,955</td>
<td>20,955</td>
<td>-</td>
</tr>
<tr>
<td>614</td>
<td>VECTOR SURVEILLANCE - MOSQUITOES</td>
<td>34,650</td>
<td>34,650</td>
<td>-</td>
</tr>
<tr>
<td>615</td>
<td>VECTOR SURVEILLANCE - RODENTS</td>
<td>1,496</td>
<td>1,496</td>
<td>-</td>
</tr>
<tr>
<td>616</td>
<td>VECTOR SURVEILLANCE - BED BUGS HEAD LICE OTHER NON-DISEASES</td>
<td>88</td>
<td>88</td>
<td>-</td>
</tr>
<tr>
<td>617</td>
<td>DISEASE PREVENTION - GENERAL</td>
<td>31,284</td>
<td>31,284</td>
<td>-</td>
</tr>
<tr>
<td>618</td>
<td>DISEASE PREVENTION - FOODBORNE COMPLAINT</td>
<td>8,525</td>
<td>8,525</td>
<td>-</td>
</tr>
<tr>
<td>619</td>
<td>DISEASE PREVENTION - OUTBREAK</td>
<td>29,909</td>
<td>29,909</td>
<td>-</td>
</tr>
<tr>
<td>620</td>
<td>AIR POLLUTION GENERAL</td>
<td>34,900</td>
<td>34,900</td>
<td>-</td>
</tr>
<tr>
<td>621</td>
<td>INJURY CONTROL GENERAL</td>
<td>6,710</td>
<td>6,710</td>
<td>-</td>
</tr>
<tr>
<td>622</td>
<td>INDUSTRIAL HYGIENE - GENERAL</td>
<td>67,243</td>
<td>68,893</td>
<td>1,650</td>
</tr>
<tr>
<td>623</td>
<td>INDUSTRIAL HYGIENE - COMPLAINT - BILLABLE</td>
<td>6,142</td>
<td>6,291</td>
<td>149</td>
</tr>
<tr>
<td>624</td>
<td>INDUSTRIAL HYGIENE - COMPLAINT - NON BILLABLE</td>
<td>7,810</td>
<td>7,810</td>
<td>-</td>
</tr>
<tr>
<td>627</td>
<td>INDUSTRIAL HYGIENE - RADON</td>
<td>946</td>
<td>1,687</td>
<td>(1,731)</td>
</tr>
<tr>
<td>630</td>
<td>RETAIL FOOD - GENERAL</td>
<td>419,686</td>
<td>415,228</td>
<td>(4,458)</td>
</tr>
<tr>
<td>631</td>
<td>RETAIL FOOD - INSPECTION</td>
<td>2,060,779</td>
<td>2,090,397</td>
<td>29,618</td>
</tr>
<tr>
<td>632</td>
<td>RETAIL FOOD - SPECIAL EVENT</td>
<td>222</td>
<td>948</td>
<td>726</td>
</tr>
<tr>
<td>633</td>
<td>RETAIL FOOD - PROCESSING TRANSPORTATION WAREHOUSING</td>
<td>-</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>637</td>
<td>INSTITUTIONS AND PUBLIC ACCOMMODATIONS</td>
<td>187</td>
<td>187</td>
<td>-</td>
</tr>
<tr>
<td>640</td>
<td>CHILDCARE - GENERAL</td>
<td>69,535</td>
<td>68,895</td>
<td>(640)</td>
</tr>
<tr>
<td>641</td>
<td>CHILDCARE - BIENNIAL INSPECTION (MAIL-IN prior to 2013)</td>
<td>80,160</td>
<td>89,750</td>
<td>9,590</td>
</tr>
<tr>
<td>642</td>
<td>CHILDCARE - ANNUAL INSPECTION (prior to 2019 IZ Review)</td>
<td>38,631</td>
<td>48,866</td>
<td>10,255</td>
</tr>
<tr>
<td>643</td>
<td>BODY ART - GENERAL</td>
<td>6,941</td>
<td>6,971</td>
<td>30</td>
</tr>
<tr>
<td>644</td>
<td>BODY ART - INSPECTION</td>
<td>19,351</td>
<td>19,238</td>
<td>124</td>
</tr>
<tr>
<td>645</td>
<td>RECREATION - GENERAL</td>
<td>42,405</td>
<td>42,405</td>
<td>-</td>
</tr>
<tr>
<td>648</td>
<td>RECREATION - POOL-SPA INSPECTION</td>
<td>78,201</td>
<td>88,077</td>
<td>9,876</td>
</tr>
<tr>
<td>651</td>
<td>LAND USE - APPLICATION (prior to 2019 - CASE FOLLOW-UP)</td>
<td>61,237</td>
<td>61,237</td>
<td>-</td>
</tr>
<tr>
<td>653</td>
<td>WATER SUPPLIES - GENERAL</td>
<td>71,331</td>
<td>71,331</td>
<td>-</td>
</tr>
<tr>
<td>655</td>
<td>WATER SUPPLIES - PUBLIC COMMUNITY (AND NON-COMM prior to 2013)</td>
<td>187</td>
<td>187</td>
<td>-</td>
</tr>
</tbody>
</table>

**YTD Revenue variance threshold:** $-25K and -10% under budget, or $+50K over budget

**YTD Expense variance threshold:** $-25K and 10% over budget, or $+50K under budget

**COMMENTS - BASED UPON YTD BUDGET VS. YTD ACTUAL**

- One invoice to Adams County so far this year

---

13
TRI-COUNTY HEALTH DEPARTMENT
Revenue and Expenditure Statement
Year-to-Date For the Period Ending November 30, 2019
(91.67% of Year Complete)

<table>
<thead>
<tr>
<th>Revenue/Expenditure</th>
<th>Year-to-Date (2019 January - November)</th>
<th>Percent of YTD Budget</th>
<th>Total 2019</th>
<th>Percent of Total Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
<td></td>
</tr>
<tr>
<td>WASTE WATER - BIO SOLIDS</td>
<td>10,221</td>
<td>9,930</td>
<td>(291)</td>
<td>97.15%</td>
</tr>
<tr>
<td>WASTE WATER - OWTS NEW INSTALL (prior to 2019 ISDS INSTALLATION)</td>
<td>214,326</td>
<td>200,860</td>
<td>(13,466)</td>
<td>93.71%</td>
</tr>
<tr>
<td>WASTE WATER - OWTS LICENSEE (INSTALLERS/CLEANERS) (prior to 2019 ISDS)</td>
<td>2,178</td>
<td>4,213</td>
<td>2,035</td>
<td>193.43%</td>
</tr>
<tr>
<td>WASTE WATER - OWTS REPAIR (prior to 2019 ISDS ALTER EXPAND)</td>
<td>25,685</td>
<td>45,043</td>
<td>19,358</td>
<td>105.17%</td>
</tr>
<tr>
<td>WASTE WATER - SEWAGE SPILLS (prior to 2019 OR INCIDENTS)</td>
<td>550</td>
<td>550</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>SHW - GENERAL</td>
<td>56,716</td>
<td>59,649</td>
<td>2,933</td>
<td>105.17%</td>
</tr>
<tr>
<td>SHW - DESIGNATED SOLID WASTE DISPOSAL</td>
<td>9,869</td>
<td>9,594</td>
<td>(275)</td>
<td>97.21%</td>
</tr>
<tr>
<td>SHW - METHAMPHETAMINE</td>
<td>8,688</td>
<td>5,665</td>
<td>(3,023)</td>
<td>65.20%</td>
</tr>
<tr>
<td>SHW - METHANE</td>
<td>66</td>
<td>66</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>SHW - SPILLS OR INCIDENTS</td>
<td>8,041</td>
<td>8,041</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>SHW - HIGHWAY 36 LANDFILL CONTRACT</td>
<td>143</td>
<td>143</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>SHW - EAST REGIONAL LANDFILL (prior to 2019 5-PART DISPOSAL FAC)</td>
<td>44</td>
<td>4,373</td>
<td>4,329</td>
<td>9,938.63%</td>
</tr>
<tr>
<td>SHW - LOWRY SUPERFUND</td>
<td>42,570</td>
<td>30,537</td>
<td>(12,033)</td>
<td>71.73%</td>
</tr>
<tr>
<td>SHW - TIRES (prior to 2013 NEVCO Landfill)</td>
<td>16,186</td>
<td>10,275</td>
<td>(5,911)</td>
<td>63.48%</td>
</tr>
<tr>
<td>SHW - SEDALIA LANDFILL</td>
<td>3,596</td>
<td>878</td>
<td>(2,718)</td>
<td>24.69%</td>
</tr>
<tr>
<td>SHW - TOWER LANDFILL</td>
<td>7,026</td>
<td>5,634</td>
<td>(1,392)</td>
<td>80.18%</td>
</tr>
<tr>
<td>RMA MOA</td>
<td>96,250</td>
<td>86,323</td>
<td>(9,927)</td>
<td>89.68%</td>
</tr>
<tr>
<td>HCR GENERAL</td>
<td>78,606</td>
<td>78,606</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>HCR EVENT</td>
<td>309,126</td>
<td>217,830</td>
<td>(91,296)</td>
<td>70.46%</td>
</tr>
<tr>
<td>ENVIRONMENTAL HEALTH ADMINISTRATION</td>
<td>862,000</td>
<td>862,672</td>
<td>672</td>
<td>100.07%</td>
</tr>
<tr>
<td>MARIJUANA MANUFACTURER (prior to 2019 MEDICAL MJ)</td>
<td>8,174</td>
<td>8,260</td>
<td>86</td>
<td>101.05%</td>
</tr>
<tr>
<td>EH INFORMATICS</td>
<td>274,274</td>
<td>274,274</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>EH SPECIAL RESPONSE</td>
<td>-</td>
<td>2,387</td>
<td>2,387</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

YTD Revenue variance threshold: -$25K and -10% under budget, or +$50K over budget
YTD Expense variance threshold: -$25K and 10% over budget, or +$50K under budget
COMMENTS- BASED UPON YTD BUDGET VS. YTD ACTUAL

14 Adams County did not hold the Waterworld HCR event in 2019
# TRI-COUNTY HEALTH DEPARTMENT

Revenue and Expenditure Statement

Year-to-Date For the Period Ending November 30, 2019

(91.67% of Year Complete)

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Year-to-Date (2019 January - November)</th>
<th>Percent of YTD Budget</th>
<th>Total 2019 Revised Budget</th>
<th>Percent of Total Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>710</td>
<td>EMPLOYEE HEALTH &amp; WELLNESS</td>
<td>76,417</td>
<td>76,417</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>720</td>
<td>HUMAN RESOURCES</td>
<td>582,429</td>
<td>582,429</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>790</td>
<td>FRINGE BENEFITS</td>
<td>(257,316)</td>
<td>(257,316)</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>820</td>
<td>FA ADMINISTRATION</td>
<td>1,039,539</td>
<td>1,040,720</td>
<td>1,181</td>
<td>100.11%</td>
</tr>
<tr>
<td>821</td>
<td>EARNINGS ON INVESTMENTS</td>
<td>146,594</td>
<td>424,892</td>
<td>278,298</td>
<td>289.84%</td>
</tr>
<tr>
<td>840</td>
<td>FA FACILITIES</td>
<td>1,748,648</td>
<td>1,750,648</td>
<td>2,000</td>
<td>100.11%</td>
</tr>
<tr>
<td>860</td>
<td>FA PURCHASING</td>
<td>115,623</td>
<td>116,043</td>
<td>420</td>
<td>100.36%</td>
</tr>
<tr>
<td>870</td>
<td>FA ACCOUNTING</td>
<td>633,815</td>
<td>630,513</td>
<td>(3,302)</td>
<td>99.47%</td>
</tr>
<tr>
<td>880</td>
<td>FA VITAL RECORDS</td>
<td>1,451,791</td>
<td>1,173,343</td>
<td>(278,448)</td>
<td>80.82%</td>
</tr>
<tr>
<td>890</td>
<td>AGENCY ADMIN SUPPORT</td>
<td>390,890</td>
<td>390,890</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>895</td>
<td>REGIONAL PUBLIC HEALTH SERVICES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COUNTY FUNDS - ADAMS</td>
<td>3,332,164</td>
<td>3,332,160</td>
<td>(4)</td>
<td>100.00%</td>
</tr>
<tr>
<td></td>
<td>COUNTY FUNDS - ARAPAHOE</td>
<td>4,177,470</td>
<td>4,177,476</td>
<td>6</td>
<td>100.00%</td>
</tr>
<tr>
<td></td>
<td>COUNTY FUNDS - DOUGLAS</td>
<td>2,170,058</td>
<td>2,170,060</td>
<td>2</td>
<td>100.00%</td>
</tr>
<tr>
<td></td>
<td>STATE FUNDS</td>
<td>1,754,148</td>
<td>1,754,153</td>
<td>5</td>
<td>100.00%</td>
</tr>
<tr>
<td>899</td>
<td>GENERAL FUND ALLOCATION</td>
<td>(16,805,330)</td>
<td>(16,805,330)</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>910</td>
<td>MEDICAL EPIDEMIOLOGY</td>
<td>169,301</td>
<td>169,301</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>930</td>
<td>DATA ANALYTICS</td>
<td>427,877</td>
<td>434,815</td>
<td>6,938</td>
<td>101.62%</td>
</tr>
<tr>
<td>950</td>
<td>INFORMATION TECHNOLOGY</td>
<td>1,323,562</td>
<td>1,323,562</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td>970</td>
<td>HPV</td>
<td>69,357</td>
<td>24,649</td>
<td>(44,708)</td>
<td>35.53%</td>
</tr>
<tr>
<td>990</td>
<td>PLANNING &amp; INFORMATION MANAGEMENT ADMINISTRATION</td>
<td>397,569</td>
<td>397,569</td>
<td>-</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td></td>
<td>39,310,563</td>
<td>38,163,439</td>
<td>(1,147,124)</td>
<td>97.06%</td>
</tr>
</tbody>
</table>

**YTD Revenue variance threshold:** -$25K and -10% under budget, or +$50K over budget
**YTD Expense variance threshold:** -$25K and 10% over budget, or +$50K under budget

**COMMENTS - BASED UPON YTD BUDGET VS. YTD ACTUAL**

<table>
<thead>
<tr>
<th>Number</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Investment earnings greater than budgeted</td>
</tr>
<tr>
<td>16</td>
<td>Large funeral home switched to Jefferson County vitals office for efficiency purpose</td>
</tr>
<tr>
<td>17</td>
<td>Expenses less than budget resulting in lower revenue reimbursement</td>
</tr>
</tbody>
</table>
## TRI-COUNTY HEALTH DEPARTMENT
### Revenue and Expenditure Statement
#### Year-to-Date For the Period Ending November 30, 2019
(91.67% of Year Complete)

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Year-to-Date (2019 January - November)</th>
<th>Percent of YTD Budget</th>
<th>Total 2019 Revised Budget</th>
<th>Percent of Total Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
<td>Budget</td>
</tr>
<tr>
<td>130 EXECUTIVE</td>
<td>895,788</td>
<td>873,527</td>
<td>22,261</td>
<td>97.51%</td>
</tr>
<tr>
<td>131 METRO DENVER PARTNERSHIP FOR HEALTH</td>
<td>27,500</td>
<td>74,000</td>
<td>(46,500)</td>
<td>269.09%</td>
</tr>
<tr>
<td>140 COMMUNICATION</td>
<td>304,815</td>
<td>299,827</td>
<td>4,988</td>
<td>98.36%</td>
</tr>
<tr>
<td>220 WIC</td>
<td>5,161,261</td>
<td>5,193,802</td>
<td>(32,541)</td>
<td>100.63%</td>
</tr>
<tr>
<td>226 WIC PEER COUNSELOR</td>
<td>170,178</td>
<td>178,643</td>
<td>(8,465)</td>
<td>104.97%</td>
</tr>
<tr>
<td>238 HUNGER FREE OUTREACH</td>
<td>10,972</td>
<td>11,916</td>
<td>(944)</td>
<td>108.60%</td>
</tr>
<tr>
<td>240 DIETETIC INTERNSHIP</td>
<td>106,301</td>
<td>115,200</td>
<td>(8,899)</td>
<td>108.37%</td>
</tr>
<tr>
<td>270 BABY &amp; ME - TOBACCO FREE</td>
<td>27,312</td>
<td>42,880</td>
<td>(15,568)</td>
<td>157.00%</td>
</tr>
<tr>
<td>300 NUTRITION ADMINISTRATION</td>
<td>455,974</td>
<td>496,628</td>
<td>(40,654)</td>
<td>108.91%</td>
</tr>
<tr>
<td>330 HEALTH PLANNING</td>
<td>149,932</td>
<td>200,867</td>
<td>(50,735)</td>
<td>133.83%</td>
</tr>
<tr>
<td>332 WORKSITE WELLNESS - CCPD</td>
<td>270,973</td>
<td>273,133</td>
<td>(2,160)</td>
<td>100.79%</td>
</tr>
<tr>
<td>335 COMMUNITY NUTRITION</td>
<td>339,108</td>
<td>331,031</td>
<td>8,077</td>
<td>97.61%</td>
</tr>
<tr>
<td>336 HEALTHY BEVERAGE INITIATIVE - CCPD</td>
<td>45,752</td>
<td>50,616</td>
<td>(4,864)</td>
<td>110.63%</td>
</tr>
<tr>
<td>337 DIABETES PREVENTION - CCPD</td>
<td>304,143</td>
<td>265,610</td>
<td>38,533</td>
<td>87.33%</td>
</tr>
<tr>
<td>338 ADVANCING BREASTFEEDING IN COLORADO - CCPD</td>
<td>126,480</td>
<td>120,011</td>
<td>6,469</td>
<td>94.88%</td>
</tr>
<tr>
<td>351 TOBACCO - 2012 GRANT</td>
<td>1,254,602</td>
<td>944,433</td>
<td>310,169</td>
<td>75.27%</td>
</tr>
<tr>
<td>354 OPPI OPIOID</td>
<td>60,144</td>
<td>10,947</td>
<td>49,197</td>
<td>18.20%</td>
</tr>
<tr>
<td>355 SUBSTANCE ABUSE PREVENTION</td>
<td>190,335</td>
<td>164,443</td>
<td>25,892</td>
<td>86.39%</td>
</tr>
<tr>
<td>356 SAMHSA GRANT</td>
<td>23,953</td>
<td>20,685</td>
<td>3,268</td>
<td>86.35%</td>
</tr>
<tr>
<td>357 COMMUNITIES THAT CARE</td>
<td>320,458</td>
<td>337,997</td>
<td>(17,539)</td>
<td>105.47%</td>
</tr>
<tr>
<td>359 SIM/LPHA BEHAVIORAL HEALTH</td>
<td>283,819</td>
<td>321,289</td>
<td>(37,470)</td>
<td>121.78%</td>
</tr>
<tr>
<td>364 AGING INIT - MOB GRANT</td>
<td>177,633</td>
<td>175,998</td>
<td>1,635</td>
<td>99.07%</td>
</tr>
</tbody>
</table>

YTD Revenue variance threshold: -$25K and -10% under budget, or +$50K over budget
YTD Expense variance threshold: -$25K and 10% over budget, or +$50K under budget

**COMMENTS- BASED UPON YTD BUDGET VS. YTD ACTUAL**

18 Spending consulting funds remaining from prior years
19 Overdose prevention grant expenses and revenue exceed budget
20 Subcontract grant expenses less than budget
21 Over budget primarily in marketing expense
# TRI-COUNTY HEALTH DEPARTMENT
## Revenue and Expenditure Statement
### Year-to-Date For the Period Ending November 30, 2019
*(91.67% of Year Complete)*

<table>
<thead>
<tr>
<th>Code</th>
<th>Program Description</th>
<th>Year-to-Date (2019 January - November)</th>
<th>Percent of YTD Budget</th>
<th>Revised Budget</th>
<th>Percent of Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>371</td>
<td>MCH CHILD/ADOLESCENT</td>
<td>83,267</td>
<td>104.812</td>
<td>125.87%</td>
<td>99,928</td>
</tr>
<tr>
<td>372</td>
<td>MCH WORA</td>
<td>127,714</td>
<td>97.571</td>
<td>76.39%</td>
<td>158,277</td>
</tr>
<tr>
<td>373</td>
<td>HCP MEDICAL HOME</td>
<td>78,245</td>
<td>85.430</td>
<td>109.18%</td>
<td>93,885</td>
</tr>
<tr>
<td>390</td>
<td>COMMUNITY HEALTH PROMOTION ADMINISTRATION (FORMERLY EPC)</td>
<td>357,210</td>
<td>323,050</td>
<td>90.43%</td>
<td>389,571</td>
</tr>
<tr>
<td>410</td>
<td>CORE NURSING</td>
<td>191,657</td>
<td>26.553</td>
<td>13.85%</td>
<td>209,298</td>
</tr>
<tr>
<td>411</td>
<td>CLINICAL SCHOLARS</td>
<td>30,176</td>
<td>32,601</td>
<td>102.03%</td>
<td>32,940</td>
</tr>
<tr>
<td>415</td>
<td>CORE TB CONTROL</td>
<td>308,539</td>
<td>337,872</td>
<td>109.50%</td>
<td>336,692</td>
</tr>
<tr>
<td>420</td>
<td>ADAMS MOTHERS FIRST</td>
<td>502,814</td>
<td>526,252</td>
<td>104.66%</td>
<td>546,009</td>
</tr>
<tr>
<td>424</td>
<td>ARAP MOTHERS FIRST</td>
<td>124,171</td>
<td>107,652</td>
<td>86.69%</td>
<td>135,369</td>
</tr>
<tr>
<td>425</td>
<td>CHILD FATALITY PREVENTION</td>
<td>65,788</td>
<td>74.079</td>
<td>112.60%</td>
<td>71,913</td>
</tr>
<tr>
<td>426</td>
<td>ARAP NURSE SUPPORT</td>
<td>1,063,823</td>
<td>858,736</td>
<td>80.72%</td>
<td>1,168,338</td>
</tr>
<tr>
<td>430</td>
<td>MCH CHILD HEALTH</td>
<td>98,553</td>
<td>112.511</td>
<td>114.16%</td>
<td>98,553</td>
</tr>
<tr>
<td>435</td>
<td>MCH PRENATAL</td>
<td>151,213</td>
<td>155,019</td>
<td>102.51%</td>
<td>151,213</td>
</tr>
<tr>
<td>440</td>
<td>HCP</td>
<td>689,368</td>
<td>618,370</td>
<td>89.70%</td>
<td>744,096</td>
</tr>
<tr>
<td>450</td>
<td>HEALTHY COMMUNITIES (EPSDT)</td>
<td>733,898</td>
<td>769.704</td>
<td>104.87%</td>
<td>801,358</td>
</tr>
<tr>
<td>455</td>
<td>NFP CONTINUATION</td>
<td>2,808,592</td>
<td>2,595,310</td>
<td>89.40%</td>
<td>3,057,670</td>
</tr>
<tr>
<td>457</td>
<td>NFP MIECHVP 1 (old ADAMS 12)</td>
<td>808,233</td>
<td>764,424</td>
<td>87.37%</td>
<td>879,012</td>
</tr>
<tr>
<td>460</td>
<td>IMMUNIZATION AND CLINICAL RESPONSE</td>
<td>3,226,720</td>
<td>3,212,460</td>
<td>102.93%</td>
<td>3,539,084</td>
</tr>
<tr>
<td>469</td>
<td>HIV AND STD</td>
<td>775,932</td>
<td>707,388</td>
<td>91.16%</td>
<td>848,480</td>
</tr>
<tr>
<td>477</td>
<td>SEXUAL HEALTH (frmly Family Planning Title X)</td>
<td>3,281,442</td>
<td>3,695,752</td>
<td>112.62%</td>
<td>3,590,356</td>
</tr>
<tr>
<td>490</td>
<td>NURSING ADMINISTRATION</td>
<td>1,978,078</td>
<td>1,526,815</td>
<td>77.18%</td>
<td>2,189,936</td>
</tr>
</tbody>
</table>

**YTD Revenue variance threshold:** -$25K and -10% under budget, or +$50K over budget  
**YTD Expense variance threshold:** -$25K and 10% over budget, or +$50K under budget  
**COMMENTS:** BASED UPON YTD BUDGET VS. YTD ACTUAL

- **22** Program discontinued, no personnel coding to this program  
- **23** Arapahoe Co. ended funding for Adult First and Child First programs  
- **24** Under budget primarily in wages and contract services  
- **25** Under budget primarily in wage expense due to vacancies  
- **26** Under budget primarily in wage expense due to vacancies  
- **27** Under budget primarily in wage expense and contract services  
- **28** Additional expenses for STI Response, including FTE and supplies  
- **29** No capital software expenses at this time
## TRI-COUNTY HEALTH DEPARTMENT
### Revenue and Expenditure Statement
#### Year-to-Date For the Period Ending November 30, 2019
**(91.67% of Year Complete)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Program Description</th>
<th>Year-to-Date (2019 January - November)</th>
<th>Percent of YTD Budget</th>
<th>Total 2019</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>402</td>
<td>NURSING SPECIAL PROGRAMS</td>
<td>1,317</td>
<td>0.00%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>495</td>
<td>ARAPAHOE SENIOR DENTAL</td>
<td>447,877</td>
<td>82.08%</td>
<td>488,943</td>
<td>75.18%</td>
</tr>
<tr>
<td>510</td>
<td>COMMUNICABLE DISEASE</td>
<td>419,799</td>
<td>99.83%</td>
<td>459,397</td>
<td>91.91%</td>
</tr>
<tr>
<td>520</td>
<td>PUBLIC HEALTH EMERGENCY PREPAREDNESS</td>
<td>866,229</td>
<td>90.42%</td>
<td>956,428</td>
<td>90.42%</td>
</tr>
<tr>
<td>530</td>
<td>CRI</td>
<td>227,496</td>
<td>21.41%</td>
<td>249,198</td>
<td>95.41%</td>
</tr>
<tr>
<td>550</td>
<td>NSSP</td>
<td>376,004</td>
<td>78.32%</td>
<td>391,727</td>
<td>75.18%</td>
</tr>
<tr>
<td>551</td>
<td>SYNDROMIC SURVEILLANCE SUICIDE PREVENTION</td>
<td>38,524</td>
<td>0.00%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>552</td>
<td>OVERDOSE DATA TO ACTION</td>
<td>1,001</td>
<td>196.92%</td>
<td>31,000</td>
<td>6.35%</td>
</tr>
<tr>
<td>590</td>
<td>EPRCDS ADMINISTRATION</td>
<td>178,754</td>
<td>8.76%</td>
<td>195,162</td>
<td>73.97%</td>
</tr>
<tr>
<td>610</td>
<td>ANIMAL CONTROL - BITE ACTIVITIES</td>
<td>847</td>
<td>807.42%</td>
<td>915</td>
<td>747.42%</td>
</tr>
<tr>
<td>612</td>
<td>ANIMAL CONTROL - WILDLIFE</td>
<td>184</td>
<td>385.85%</td>
<td>199</td>
<td>356.76%</td>
</tr>
<tr>
<td>613</td>
<td>VECTOR SURVEILLANCE - GENERAL</td>
<td>20,929</td>
<td>231.81%</td>
<td>22,854</td>
<td>212.29%</td>
</tr>
<tr>
<td>614</td>
<td>VECTOR SURVEILLANCE - MOSQUITOES</td>
<td>34,610</td>
<td>67.42%</td>
<td>37,798</td>
<td>61.73%</td>
</tr>
<tr>
<td>615</td>
<td>VECTOR SURVEILLANCE - RODENTS</td>
<td>1,493</td>
<td>1,887.35%</td>
<td>1,632</td>
<td>1,726.60%</td>
</tr>
<tr>
<td>616</td>
<td>VECTOR SURVEILLANCE - BED BUGS HEAD LICE OTHER NON-DISEASE</td>
<td>92</td>
<td>1,753.02%</td>
<td>99</td>
<td>1,629.07%</td>
</tr>
<tr>
<td>617</td>
<td>DISEASE PREVENTION - GENERAL</td>
<td>31,252</td>
<td>48.66%</td>
<td>34,128</td>
<td>44.56%</td>
</tr>
<tr>
<td>618</td>
<td>DISEASE PREVENTION - FOODBORNE COMPLAINT</td>
<td>8,510</td>
<td>287.72%</td>
<td>9,294</td>
<td>263.45%</td>
</tr>
<tr>
<td>619</td>
<td>DISEASE PREVENTION - OUTBREAK</td>
<td>29,878</td>
<td>70.95%</td>
<td>32,626</td>
<td>65.01%</td>
</tr>
<tr>
<td>620</td>
<td>AIR POLLUTION GENERAL</td>
<td>34,879</td>
<td>127.69%</td>
<td>36,882</td>
<td>127.69%</td>
</tr>
<tr>
<td>621</td>
<td>INJURY CONTROL GENERAL</td>
<td>6,989</td>
<td>0.00%</td>
<td>7,316</td>
<td>0.00%</td>
</tr>
<tr>
<td>622</td>
<td>INDUSTRIAL HYGIENE - GENERAL</td>
<td>67,168</td>
<td>123.58%</td>
<td>73,351</td>
<td>113.16%</td>
</tr>
<tr>
<td>623</td>
<td>INDUSTRIAL HYGIENE - COMPLAINT - BILLABLE</td>
<td>6,132</td>
<td>22.10%</td>
<td>6,705</td>
<td>20.21%</td>
</tr>
<tr>
<td>624</td>
<td>INDUSTRIAL HYGIENE - COMPLAINT - NON BILLABLE</td>
<td>7,798</td>
<td>30.46%</td>
<td>8,516</td>
<td>27.89%</td>
</tr>
</tbody>
</table>

**YTD Revenue variance threshold:** -$25K and -10% under budget, or +$50K over budget

**YTD Expense variance threshold:** -$25K and 10% over budget, or +$50K under budget

**COMMENTS- BASED UPON YTD BUDGET VS. YTD ACTUAL**

- **30** Under budget primarily in contract services
- **31** Server migration grant expense less than budget
- **32** Over budget primarily in personnel costs
- **33** Over budget primarily in personnel costs
## TRI-COUNTY HEALTH DEPARTMENT

### Revenue and Expenditure Statement

#### Year-to-Date For the Period Ending November 30, 2019

(91.67% of Year Complete)

| 627 INDUSTRIAL HYGIENE - RADON | 957 | 12,279 | (11,322) | 1,283.02% | 1,035 | 1,186.32% |
| 630 RETAIL FOOD - GENERAL | 418,733 | 1,418,291 | (999,558) | 338.71% | 458,371 | 329.41% |
| 631 RETAIL FOOD - INSPECTION | 1,917,200 | 1,076,500 | 840,700 | 56.14% | 2,093,650 | 51.41% |
| 632 RETAIL FOOD - SPECIAL EVENT | 250 | 23,703 | (23,453) | 9,481.18% | 276 | 8,588.02% |
| 637 INSTITUTIONS AND PUBLIC ACCOMMODATIONS | 184 | 2,260 | (2,076) | 1,228.22% | 199 | 1,135.64% |
| 640 CHILDRENS CATEGORIES | 69,468 | 82,624 | (13,156) | 118.93% | 75,857 | 108.92% |
| 641 CHILDRENS BIENNIAL INSPECTION (MAIL-IN prior to 2013) | 76,676 | 35,188 | 41,488 | 45.89% | 83,728 | 42.02% |
| 642 CHILDRENS ANNUAL INSPECTION (prior to 2019 IZ Review) | 34,481 | 48,491 | (14,010) | 140.63% | 37,652 | 128.78% |
| 643 BODY ART - GENERAL | 6,933 | 7,835 | (902) | 113.01% | 7,569 | 103.51% |
| 644 BODY ART - INSPECTION | 19,340 | 13,295 | 6,045 | 68.74% | 21,117 | 62.95% |
| 645 RECREATION - GENERAL | 42,362 | 19,212 | 23,150 | 45.35% | 46,262 | 41.52% |
| 648 RECREATION - POOL-SPA INSPECTION | 72,067 | 67,726 | 4,341 | 93.97% | 78,698 | 86.05% |
| 650 LAND USE - GENERAL | 328,340 | 376,548 | (48,208) | 114.68% | 358,249 | 105.10% |
| 651 LAND USE - APPLICATION (prior to 2019 - CASE FOLLOW-UP) | 61,171 | 110,011 | (48,840) | 179.84% | 66,799 | 164.69% |
| 652 LAND USE - COMP PLAN UPDATE (prior to 2019 MASTER PLANS) | - | 1,931 | (1,931) | 0.00% | - | 0.00% |
| 653 WATER SUPPLIES - GENERAL | 71,247 | 56,322 | 14,925 | 79.05% | 77,775 | 72.41% |
| 655 WATER SUPPLIES - PUBLIC COMMUNITY (AND NON-COMM prior to 2013) | 184 | 686 | (502) | 372.96% | 199 | 344.84% |
| 656 WATER SUPPLIES - PRIVATE | 28,556 | 15,073 | 13,483 | 52.78% | 31,161 | 48.37% |
| 657 WASTE WATER - GENERAL | 203,129 | 235,358 | (32,229) | 115.86% | 221,717 | 106.15% |
| 658 WASTE WATER - BIO SOLIDS | 10,220 | 6,584 | 3,636 | 64.42% | 11,164 | 58.97% |
| 660 WASTE WATER - OWTS NEW INSTALL (prior to 2019 ISDS INSTALLATION) | 214,095 | 156,620 | 57,475 | 73.15% | 233,817 | 66.98% |
| 661 WASTE WATER - OWTS LICENSEE (INSTALLERS/CLEANERS) (prior to 2019 ISDS INSTALLATION) | 2,172 | 2,625 | (453) | 120.86% | 2,378 | 110.48% |

**YTD Revenue variance threshold:** -$25K and -10% under budget, or +$50K over budget

**YTD Expense variance threshold:** -$25K and 10% over budget, or +$50K under budget

**COMMENTS- BASED UPON YTD BUDGET VS. YTD ACTUAL**

34 Personnel costs greater than budget, inspection staff code time in both 630 and 631
35 Personnel costs less than budget, inspection staff code time in both 630 and 631
36 Over budget primarily in wages and contract services
37 Over budget primarily in personnel costs
38 Over budget primarily in personnel costs
39 Under budget primarily in personnel costs
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Budget</th>
<th>Actual</th>
<th>Variance</th>
<th>Percent of YTD Budget</th>
<th>Revised Budget</th>
<th>Percent of Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>662</td>
<td>WASTE WATER - OWTS REPAIR (prior to 2019 ISDS ALTER EXPAND)</td>
<td>25,658</td>
<td>33,014</td>
<td>(7,356)</td>
<td>128.67%</td>
<td>28,015</td>
<td>117.84%</td>
</tr>
<tr>
<td>663</td>
<td>WASTE WATER - OWTS USE PERMITS (prior to 2019 ISDS)</td>
<td>84,559</td>
<td>46,725</td>
<td>37,834</td>
<td>55.25%</td>
<td>52,335</td>
<td>50.60%</td>
</tr>
<tr>
<td>665</td>
<td>WASTE WATER - SEPTAGE MANAGEMENT</td>
<td>-</td>
<td>92</td>
<td>(92)</td>
<td>0.00%</td>
<td>-</td>
<td>0.00%</td>
</tr>
<tr>
<td>666</td>
<td>WASTE WATER - SEWAGE SPILLS (prior to 2019 OR INCIDENTS)</td>
<td>550</td>
<td>10,810</td>
<td>(10,260)</td>
<td>1,965.37%</td>
<td>600</td>
<td>1,801.59%</td>
</tr>
<tr>
<td>668</td>
<td>SHW - GENERAL</td>
<td>56,668</td>
<td>92,632</td>
<td>(35,964)</td>
<td>163.46%</td>
<td>81,877</td>
<td>149.70%</td>
</tr>
<tr>
<td>669</td>
<td>SHW - DESIGNATED SOLID WASTE DISPOSAL</td>
<td>9,860</td>
<td>7,521</td>
<td>2,339</td>
<td>76.28%</td>
<td>10,770</td>
<td>69.63%</td>
</tr>
<tr>
<td>670</td>
<td>SHW - METHAMPHETAMINE</td>
<td>8,677</td>
<td>12,389</td>
<td>(3,712)</td>
<td>142.78%</td>
<td>9,477</td>
<td>130.72%</td>
</tr>
<tr>
<td>671</td>
<td>SHW - METHANE</td>
<td>70</td>
<td>5,783</td>
<td>(5,713)</td>
<td>8,261.61%</td>
<td>75</td>
<td>7,710.84%</td>
</tr>
<tr>
<td>672</td>
<td>SHW - SPILLS OR INCIDENTS</td>
<td>8,045</td>
<td>7,655</td>
<td>390</td>
<td>95.15%</td>
<td>8,777</td>
<td>87.21%</td>
</tr>
<tr>
<td>673</td>
<td>SHW - CSI LANDFILL CONTRACT</td>
<td>-</td>
<td>369</td>
<td>(369)</td>
<td>0.00%</td>
<td>-</td>
<td>0.00%</td>
</tr>
<tr>
<td>674</td>
<td>SHW - HIGHWAY 36 LANDFILL CONTRACT</td>
<td>136</td>
<td>899</td>
<td>(763)</td>
<td>661.31%</td>
<td>150</td>
<td>599.59%</td>
</tr>
<tr>
<td>676</td>
<td>SHW - EAST REGIONAL LANDFILL (prior to 2019 5-PART DISPOSAL FACIL)</td>
<td>44</td>
<td>3,250</td>
<td>(3,206)</td>
<td>7,386.56%</td>
<td>50</td>
<td>6,500.18%</td>
</tr>
<tr>
<td>677</td>
<td>SHW - LOWRY SUPERFUND</td>
<td>42,526</td>
<td>42,976</td>
<td>(450)</td>
<td>101.05%</td>
<td>46,433</td>
<td>92.55%</td>
</tr>
<tr>
<td>678</td>
<td>SHW - TIRES (prior to 2013 NEVCO Landfill)</td>
<td>16,174</td>
<td>6,913</td>
<td>9,261</td>
<td>42.74%</td>
<td>17,592</td>
<td>39.29%</td>
</tr>
<tr>
<td>679</td>
<td>SHW - SEDALIA LANDFILL</td>
<td>3,561</td>
<td>4,143</td>
<td>(582)</td>
<td>116.33%</td>
<td>3,882</td>
<td>106.71%</td>
</tr>
<tr>
<td>680</td>
<td>SHW - TOWER LANDFILL</td>
<td>7,014</td>
<td>4,624</td>
<td>2,390</td>
<td>65.92%</td>
<td>7,673</td>
<td>60.26%</td>
</tr>
<tr>
<td>683</td>
<td>RMA MOA</td>
<td>94,471</td>
<td>76,808</td>
<td>17,663</td>
<td>81.30%</td>
<td>105,000</td>
<td>73.15%</td>
</tr>
<tr>
<td>686</td>
<td>HCR GENERAL</td>
<td>78,519</td>
<td>85,769</td>
<td>(7,250)</td>
<td>114.32%</td>
<td>85,751</td>
<td>104.68%</td>
</tr>
<tr>
<td>687</td>
<td>HCR EVENT</td>
<td>300,647</td>
<td>300,218</td>
<td>429</td>
<td>99.85%</td>
<td>306,221</td>
<td>98.03%</td>
</tr>
<tr>
<td>690</td>
<td>ENVIRONMENTAL HEALTH ADMINISTRATION</td>
<td>861,190</td>
<td>712,786</td>
<td>148,404</td>
<td>82.76%</td>
<td>939,067</td>
<td>75.90%</td>
</tr>
<tr>
<td>691</td>
<td>WATER SUPPLIES - PUBLIC NON-COMMUNITY SYSTEMS</td>
<td>-</td>
<td>103</td>
<td>(103)</td>
<td>0.00%</td>
<td>-</td>
<td>0.00%</td>
</tr>
<tr>
<td>692</td>
<td>MARIJUANA MANUFACTURER (prior to 2019 MEDICAL MJ)</td>
<td>8,174</td>
<td>840</td>
<td>7,334</td>
<td>10.27%</td>
<td>8,925</td>
<td>9.41%</td>
</tr>
<tr>
<td>695</td>
<td>EH INFORMATICS</td>
<td>411,500</td>
<td>238,401</td>
<td>173,099</td>
<td>57.93%</td>
<td>449,212</td>
<td>53.07%</td>
</tr>
<tr>
<td>696</td>
<td>EH SPECIAL RESPONSE</td>
<td>-</td>
<td>14,818</td>
<td>(14,818)</td>
<td>0.00%</td>
<td>-</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

YTD Revenue variance threshold: -$25K and -10% under budget, or +$50K over budget
YTD Expense variance threshold: -$25K and 10% over budget, or +$50K under budget

**COMMENTS**

- **40 Over budget primarily in personnel costs**
- **41 Under budget primarily in personnel costs**
- **42 No capital software expenses at this time**
## TRI-COUNTY HEALTH DEPARTMENT

### Revenue and Expenditure Statement

**Year-to-Date For the Period Ending November 30, 2019**

(91.67% of Year Complete)

<table>
<thead>
<tr>
<th>Code</th>
<th>Department</th>
<th>Budget</th>
<th>Actual</th>
<th>Variance</th>
<th>Percent of Revised Budget</th>
<th>Total 2019</th>
<th>Percent of Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>710</td>
<td>EMPLOYEE HEALTH &amp; WELLNESS</td>
<td>76,332</td>
<td>92,433</td>
<td>(16,101)</td>
<td>121.09%</td>
<td>83,369</td>
<td>110.87%</td>
</tr>
<tr>
<td>720</td>
<td>HUMAN RESOURCES</td>
<td>581,916</td>
<td>517,561</td>
<td>64,355</td>
<td>86.94%</td>
<td>635,288</td>
<td>81.46%</td>
</tr>
<tr>
<td>790</td>
<td>FRINGE BENEFITS</td>
<td>(258,160)</td>
<td>(842,450)</td>
<td>584,290</td>
<td>326.32%</td>
<td>(275,275)</td>
<td>306.03%</td>
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<tr>
<td>820</td>
<td>FA ADMINISTRATION</td>
<td>(3,780,482)</td>
<td>(3,808,282)</td>
<td>27,800</td>
<td>100.73%</td>
<td>(4,136,224)</td>
<td>92.07%</td>
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<tr>
<td>840</td>
<td>FA FACILITIES</td>
<td>1,747,709</td>
<td>1,623,705</td>
<td>124,004</td>
<td>92.90%</td>
<td>1,907,615</td>
<td>85.11%</td>
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<tr>
<td>860</td>
<td>FA PURCHASING</td>
<td>115,514</td>
<td>117,082</td>
<td>(1,568)</td>
<td>101.35%</td>
<td>126,142</td>
<td>92.81%</td>
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<tr>
<td>870</td>
<td>FA ACCOUNTING</td>
<td>633,162</td>
<td>657,532</td>
<td>(24,370)</td>
<td>103.84%</td>
<td>691,434</td>
<td>95.09%</td>
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<tr>
<td>880</td>
<td>FA VITAL RECORDS</td>
<td>1,041,436</td>
<td>956,463</td>
<td>85,973</td>
<td>95.58%</td>
<td>1,136,665</td>
<td>87.57%</td>
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<tr>
<td>890</td>
<td>AGENCY ADMIN SUPPORT</td>
<td>401,125</td>
<td>434,664</td>
<td>(33,539)</td>
<td>108.36%</td>
<td>438,907</td>
<td>99.03%</td>
</tr>
<tr>
<td>910</td>
<td>MEDICAL EPIDEMIOLOGY</td>
<td>169,136</td>
<td>187,305</td>
<td>(18,169)</td>
<td>110.74%</td>
<td>184,696</td>
<td>101.41%</td>
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<tr>
<td>930</td>
<td>DATA ANALYTICS</td>
<td>426,113</td>
<td>448,975</td>
<td>(22,862)</td>
<td>105.36%</td>
<td>471,456</td>
<td>95.23%</td>
</tr>
<tr>
<td>950</td>
<td>INFORMATION TECHNOLOGY</td>
<td>1,329,621</td>
<td>1,319,413</td>
<td>10,208</td>
<td>99.23%</td>
<td>1,450,804</td>
<td>90.94%</td>
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<tr>
<td>970</td>
<td>HPV</td>
<td>70,666</td>
<td>24,649</td>
<td>46,017</td>
<td>34.88%</td>
<td>77,605</td>
<td>31.76%</td>
</tr>
<tr>
<td>990</td>
<td>PLANNING &amp; INFORMATION MANAGEMENT ADMINISTRATION</td>
<td>397,175</td>
<td>391,113</td>
<td>6,062</td>
<td>98.47%</td>
<td>432,352</td>
<td>90.46%</td>
</tr>
</tbody>
</table>

**Total Expenditure**

39,524,091  
37,575,102  
1,948,989  
95.07%  
43,241,020  
86.90%

**NET DIFFERENCE (Revenues minus Expenditures)**

(213,528)  
588,337  
801,865  
(508,775)

**PLANNED USE OF FUND BALANCE**

466,378  
-  
(466,378)  
508,775

**NET DIFFERENCE**

252,850  
588,337  
335,487  
-

### Total Revised Budget vs YTD Actuals:

- **Revenue**
  - 43,241,020
  - 38,163,439
  - (5,077,581)
- **Expenditures**
  - 43,241,020
  - 37,575,102
  - 5,665,918
- **Net Difference**
  - -
  - 588,337
  - 335,487

**Fund Balance Beginning of Period 1/1/2019**

$21,163,344

**YTD Fund Balance Change**

$588,337

**Fund Balance End of Period**

$21,751,671

**YTD Revenue variance threshold:** -$25K and -10% under budget, or +$50K over budget

**YTD Expense variance threshold:** -$25K and 10% over budget, or +$50K under budget

**COMMENTS- BASED UPON YTD BUDGET VS. YTD ACTUAL**

43 Under budget primarily in repairs and maintenance and leasehold improvements
Subject/Title: Public Hearing for the Proposed changes to TCHD Regulation Illegal Drug Laboratory IDL-06 (Meth Lab Regulation)

Issue: An update to the current TCHD Regulation IDL-06 is being proposed to align with language in the Colorado State Board of Health regulations for the Clean-up of Methamphetamine Affected Properties, 6 CCR 1014-3, and will be designated as IDL-20. Add reporting requirements for all sampling conducted by state approved consultants.

Discussion/Background: Pursuant to CRS § 25-18.5-105(2) and 25-1-508(5)g, the Board of Health for Tri-County Health Department is authorized and empowered to adopt rules and regulations for the cleanup of Illegal Drug Laboratories. Implementation of the new IDL-20 provides for better alignment with CDPHE regulations and protects public health by adding new reporting requirements to identify contaminated properties that previously were not reported.

Recommendation: Review the proposed changes to Regulation IDL-06 and adopt the updated TCHD Regulation IDL-20 For The Decontamination of Methamphetamine-Affected Properties to be effective March 1, 2020.
Proposed Updated Methamphetamine Regulations

February 13, 2020

Presented by

Brian Hlavacek
Environmental Health Director
Program Goals

- Protect the public from ill affects associated with methamphetamine exposure
  - Respiratory Function
  - Neurological
  - Skin Rash
  - Eye Irritation
- Capture methamphetamine affected properties that previously fell through the cracks during real estate transactions to ensure proper cleanup
- Help ensure a safe and healthy home environment for which to live and thrive
Timeline of TCHD Regulations

• BOH signed Resolution December 10, 2002
  • Established cleanup guideline prior to CDPHE standard
  • Established fees for oversight services
  • Standard Operating Procedures developed December 2002
• Regulation IDL – 06 adopted by the BOH February 14, 2006
  • Minor amendment 2011
• Proposing updated TCHD 2020 Regulation to add a reporting requirement and align with CDPHE regulations (enacted 2005; revised 2014)
CDPHE Cleanup Regulations

- 6 CCR 1014-3 State of Colorado
  - Cleanup of Methamphetamine-Affected Properties
  - Updated regulations effective December 2014 based on SB13-219
    - Industrial Hygienist (IH) Class & Certification
    - Cleanup Contractor Class & Certification
    - Standardized Sampling Methodology
    - Standardized Report Development Process
    - IH & Contractor certify property as remediated
    - If cleaned properly, statute provides immunity from future civil lawsuits for health based claims
Real Estate Disclosure Law  
CRS 38-35.7-103

• A Buyer has the right to test a property for Methamphetamine
• Tests shall be performed by a Certified Industrial Hygienist or an Industrial Hygienist who has been approved by CDPHE
• The seller has 30 days to conduct a second test
• If seller chooses not to test the property it is considered contaminated
• The buyer may purchase the contaminated property and assumes liability. Buyer must:
  1) Notify the department of public health and environment and the governing body (TCHD)
  2) Remediate the property within 90 days after closing
• Seller must disclose in writing if has knowledge of contamination
• If seller remediates property to the cleanup standard, no disclosure required
Challenges

• 2014 – Present
• Majority of contaminated properties reported result from real estate transactions
  • Industrial Hygienists performing screening sampling that do not meet the State protocols
  • Industrial Hygienists are not notifying TCHD as the governing body of pre-screening sampling
  • Allows the buyer to circumvent the cleanup regulations
  • No way to verify that the property has been cleaned to a level below the state standard and safe to live in
New TCHD Regulation

• No substantial programmatic changes; opportunity to align with CDPHE Regulations
  • Updated definitions to align with CDPHE Regulations
• Addressing gap filled by current suboptimal testing and reporting
  • Added language to require any positive sampling events conducted by IHs to be reported to TCHD; including sampling done under the Real Estate law
• New reporting requirements allows TCHD to identify contaminated properties that previously were not reported
Thank You

Questions?
January 28, 2020

Rosanna Reyes, President
Board of Health of the Tri-County Health Department
c/o Brian Hlavacek, Environmental Health Director
Tri-County Health Department
6162 S. Willow Drive, Suite 100
Greenwood Village, CO 80111

RE: Letter of Support - Tri-County Health Department Regulation IDL19 for the Decontamination of Methamphetamine-Affected Properties

Dear Ms. Reyes:

The Hazardous Materials and Waste Management Division of the Colorado Department of Public Health and Environment (the Division) is providing this letter in support of the proposed Tri-County Health Department Regulation IDL19 for the Decontamination of Methamphetamine-Affected Properties.

In 2004, legislation requiring the cleanup of methamphetamine (meth) contaminated properties was passed in Colorado, and required Colorado’s Board of Health to set specific cleanup standards for cleanup. This legislation did not establish an oversight program on the state level, instead it relies on local programs to oversee and enforce cleanup requirements. Therefore, local oversight agencies such as the Tri-County Health Department (TCHD) play a crucial role in ensuring that adequate cleanup is conducted and that properties are safe for future occupants.

After the Board of Health passed Colorado’s meth cleanup regulation in early 2005, TCHD supported and supplemented the Colorado Board of Health regulations by drafting local regulations that were adopted by TCHDs Board of Heath. Through its existing Board of Health regulations, TCHD has played a vital role in overseeing the assessment and cleanup of meth contaminated properties within its jurisdiction. TCHDs involvement has been instrumental in ensuring that cleanup activities are conducted in a manner that is protective of public health and that properties are returned to their intended use.

In 2014, Colorado’s meth cleanup regulations were revised to incorporate statutory changes and best industry practice. The proposed revisions to the existing TCHD regulation incorporate these changes and provide a mechanism for TCHD to continue its crucial oversight role. Therefore, the Division supports the proposed revisions and wholeheartedly supports TCHDs continued oversight role.

Thank you for your consideration.

Sincerely,

Doug Knappe, PE
Manager
Hazardous Waste Program
BOARD OF HEALTH OF THE
TRI-COUNTY HEALTH DEPARTMENT

RESOLUTION

Adoption of Regulation IDL-20
Decontamination of
Methamphetamine-Affected Properties

WHEREAS, Tri-County Health Department (“TCHD”) adopted Regulation IDL-06 for the Clean-up of Illegal Drug Laboratories on February 14, 2006, as amended on April 5, 2011; and

WHEREAS, pursuant to C.R.S. §25-18.5-105(1), properties contaminated by the use or manufacture of methamphetamine that have not been properly decontaminated is a public health nuisance; and

WHEREAS, the Illegal Drug Laboratory Act, C.R.S. §25-18.5-101 et seq. (“Act”), sets forth a regulatory structure for the clean-up of methamphetamine-affected properties contaminated by the use or manufacture of methamphetamine; and

WHEREAS, pursuant to the provisions of C.R.S §25-18.5-102, the State Board of Health in the Colorado Department of Public Health and Environment has adopted Clean-up of Methamphetamine Affected Properties, 6 CCR 1014-3 (“State Regulations”), which establishes the standards for the clean-up of methamphetamine-affected properties contaminated by the use or manufacture of methamphetamine; and

WHEREAS, in order to protect both present and future users of properties contaminated by methamphetamine during its use or manufacture, the properties must be decontaminated pursuant to the requirements of the Act and State Regulations; and

WHEREAS, pursuant to C.R.S. §25-1-506 and C.R.S. §25-18.5-105, TCHD has the authority to regulate the decontamination of methamphetamine-affected properties in the Counties of Adams, Arapahoe and Douglas, Colorado, to protect the public health; and

WHEREAS, TCHD has prepared Regulation IDL-20 for the Decontamination of Methamphetamine-Affected Properties which has been reviewed by the Board of Health of the Tri-County Health Department and is attached hereto as Exhibit A, and incorporated herein by reference; and

WHEREAS, TCHD has given the general public ten (10) days written notice of the time and place of the public hearing to review Regulation IDL-20 prior to adoption by the Board of Health; and

WHEREAS, the Board of Health held a public hearing on February 13, 2020 to consider adoption of Regulation IDL-20; and

WHEREAS, the Board of Health desires to adopt Regulation IDL-20.
NOW, THEREFORE BE IT RESOLVED, that after proper notice and a public hearing as required by applicable law, the Board of Health of the Tri-County Health Department hereby promulgates and adopts Regulation IDL-20 for the Decontamination of Methamphetamine-Affected Properties, in the form attached hereto as Exhibit A, on the 13th day of February, 2020, to be effective as of March 1, 2020; and

BE IT FURTHER RESOLVED, that as of the effective date of Regulation IDL-20, March 1, 2020, Regulation IDL-06 shall be deemed repealed and replaced in its entirety.

Adopted and made effective this 13th day of February, 2020.

_____________________________________   _______________
Rosanna Reyes, President           Date
Tri-County Health Department Board of Health
TRI-COUNTY HEALTH DEPARTMENT

REGULATION IDL-20
FOR THE DECONTAMINATION OF METHAMPHETAMINE-AFFECTED PROPERTIES

Adopted by the Board of Health of the Tri-County Health Department on February 13, 2020
Effective March 1, 2020

Section 1. Definitions

As used herein, the definitions adopted in C.R.S. §25-18.5-101, relating to Illegal Drug Laboratories, and the definitions adopted by the Colorado State Board of Health in the Clean-up of Methamphetamine Affected Properties, 6 CCR 1014-3, are hereby adopted by reference (some of which are restated herein for convenience).

1.1 “Act” shall mean the Illegal Drug Laboratory Act, C.R.S. §25-18.5-101, et. seq.

1.2 “Assessment” shall mean an evaluation of a property to determine the current condition, including the nature and extent of observable or detectable contamination, chemical storage, and disposal.

1.3 “Board of Health” shall mean the Board of Health of the Tri-County Health Department.

1.4 “Building Department” shall refer to the Building Departments of the various Cities and Counties contained within TCHD’s Jurisdiction, and where applicable, shall mean the Building Department with jurisdiction over a property with suspected or confirmed Contamination, including all of its authorized agents and employees.

1.5 “CDPHE” shall mean the Colorado Department of Public Health and Environment.

1.6 “Certificate of Compliance” shall mean an official document prepared by TCHD that certifies that a property has met the Contaminate Criteria required in the Act, the State Regulations and this Regulation IDL-20, and that all fees have been paid.

1.7 “City” or “County” shall refer to all of the counties, cities and local jurisdictions within TCHD’s Jurisdiction, and where applicable, shall mean the specific City or County with jurisdiction over a property with suspected or confirmed Contamination.

1.8 “Closure Placard” shall mean a sign posted on a property, or any portion thereof, by the Building Department having jurisdiction over the property, and which indicates that
no person may lawfully occupy or use the property, except for the purpose of Decontamination or demolition.

1.9 “Consultant” shall mean a Certified Industrial Hygienist or Industrial Hygienist who is not an employee, agent, representative, partner, joint venture participant, or shareholder of the Contractor or of a parent or subsidiary company of the Contractor, and who has been certified by CDPHE under the provisions of the Act and State Regulations, as evidenced by inclusion on the certified Consultants list maintained by CDPHE, as may be found on the CDPHE website.

1.10 “Contamination” or “Contaminated” shall mean a property contaminated by the manufacturing, processing, cooking, disposing, use, or storing of Methamphetamine, as more fully set forth in Section 7.0 of the State Regulations.

1.11 “Contaminate Criteria” shall refer to the criteria for determining the Contamination and/or Decontamination of a Methamphetamine-affected Property as set forth in Section 7.0 of the State Regulations.

1.12 “Contractor” shall mean one or more individuals or commercial entities hired to perform the Decontamination of a property in accordance with the State Regulations who has been certified by CDPHE under the provisions of the Act and State Regulations, as evidenced by inclusion on the certified Contractors list maintained by CDPHE, as may be found on the CDPHE website.

1.13 “Controlled Substances” shall mean those substances as defined by C.R.S. §18-18-102(5).

1.14 “Decontamination” or “Decontaminate” shall mean the process of reducing the level of Contamination to the standards specified in Section 7.0 of the State Regulations using the approved methods set forth in Section 5.0 of the State Regulations.

1.15 “Default Governing Body” If no agency or office is designated by the Cities or Counties to act as the Governing Body under the Act, then the Default Governing Body shall be TCHD, the applicable Building Department and the applicable Law Enforcement Agency with jurisdiction over a property with suspected or confirmed Contamination.

1.16 “Fit For Use” shall mean a property where Contaminant levels do not exceed the Contaminate Criteria specified by Section 7.0 of the State Regulations, either because of (1) a lack of Contamination, or (2) because a property has been Decontaminated or demolished in accordance with the Act, State Regulations and this Regulation IDL-20, and all applicable fees have been paid.

1.17 “Governing Body” shall mean the agency or office, other than the Default Governing Body, as defined herein, designated by the Cities or Counties to act as the Governing Body under the Act.
1.18 **“Illegal Drug Laboratory”** shall be as defined in the Act.

1.19 **“Initial Observation”** shall mean a determination by a Law Enforcement Agency, Building Department or Consultant that a property may be Contaminated. In addition to the foregoing, the receipt of positive test results of Methamphetamine Contamination by a Certified Industrial Hygienists, Industrial Hygienist, or any other individual providing Methamphetamine Contamination testing or pre-screening within TCHD’s Jurisdiction, including pursuant to the provisions of C.R.S. §38-35.7-103, shall be deemed an Initial Observation, and shall be disclosed to TCHD in writing within 20 days of the receipt of such positive test results, as provided for in Section 6.2.4, herein.

1.20 **“Law Enforcement Agency”** shall refer to the Law Enforcement Agencies within TCHD’s Jurisdiction, and where applicable, shall mean the Law Enforcement Agency with jurisdiction over a property with suspected or confirmed Contamination including all of its authorized agents and employees.

1.21 **“Methamphetamine”** shall mean dextro-methamphetamine, levo-methamphetamine, and unidentified isomers of the same, any racemic mixture of dextro-levo methamphetamine, or any mixture of unidentified isomers of methamphetamine associated with CAS registration number 537-46-2.

1.22 **“Methamphetamine-affected Property”** shall mean a type of Illegal Drug Laboratory where Methamphetamine has been manufactured, processed, cooked, disposed of, used, or stored and all proximate areas that are likely to be Contaminated as a result of the manufacturing, processing, cooking, disposal, use, or storage of Methamphetamine or the chemicals used to manufacture Methamphetamine.

1.23 **“Notice of Contamination”** shall mean a notification letter sent by TCHD to a Property Owner, as well as the applicable Building Department and Law Enforcement Agency, stating that a property is suspected of being Contaminated based on an Initial Observation, and if found to be Contaminated, must be demolished or Decontaminated in accordance with the Act, the State Regulation and this Regulation IDL-20.

1.24 **“Personal property”** shall mean any property that is not real property, including but not limited to: vehicles, clothing, appliances, furniture and electronics.

1.25 **“Post-Decontamination Report”** shall mean a certified written report prepared by the Consultant, in conjunction with the Contractor, and in compliance with the provisions of Section 8.0 of the State Regulations, that documents the Decontamination of a Methamphetamine-affected Property pursuant to the requirements of the State Regulations.

1.26 **“Preliminary Assessment”** shall mean a documented evaluation of a property, in accordance with Section 4.0 of the State Regulations, with suspected Contamination by a Consultant to determine the current condition of Contamination, including the nature and extent of observable and detectable Contamination, chemical storage and disposal.
1.27 “Property” shall mean anything that may be the subject of ownership, including, but not limited to, land, buildings, structures, vehicles and personal belongings.

1.28 “Property Owner”, for the purposes of real property, shall mean the person holding record fee title to the real property, and also shall mean the person holding title to a manufactured home. With respect to personal property, the term shall mean the person who lawfully owns such personal property.

1.29 “Screening Level Sampling” shall mean an assessment of a property, in compliance with Section 3 and Section 6 and Part 2 of the State Regulations for the purpose of determining whether it is a Methamphetamine-affected Property.

1.30 “State Regulations” shall mean the Clean-up of Methamphetamine-Affected Properties, 6 CCR 1014-3, adopted by the State Board of Health in the Colorado Department of Public Health and Environment.

1.31 “TCHD” shall mean the Tri-County Health Department, including all of its authorized agents and employees.

1.32 “TCHD’s Jurisdiction” shall mean the Counties of Adams, Arapahoe and Douglas, Colorado, and all of the cities and local jurisdictions contained therein.

1.33 “Verification Testing” shall refer to independent testing conducted by TCHD of a Contaminated property.

Section 2. Purpose

This Regulation IDL-20 will outline the regulatory function of TCHD as a member of the Default Governing Body. In addition to the foregoing, it is the intent of this Regulation IDL-20 to better define the various roles of TCHD, and the Building Departments and Law Enforcement Agencies within TCHD’s Jurisdiction, who make up the Default Governing Body.

Section 3. Authority


3.2 The State Board of Health and CDPHE has adopted regulations pertaining to Cleanup of Methamphetamine Affected Properties, 6 CCR 1014-3 (pursuant to the authority granted in C.R.S. §25-18.5-102), which establishes the rules for the Decontamination of Methamphetamine-affected Properties.

3.3 Pursuant to C.R.S. §25-18.5-105(2) and C.R.S. §25-1-507, the Board of Health of TCHD is authorized and empowered to adopt rules and regulations for the Decontamination of Methamphetamine-affected Properties.
Section 4. Powers and Duties

4.1 TCHD shall have the power and authority to administer this Regulation IDL-20, and may:

4.1.1 Make appropriate investigations, inspections, reviews and evaluations of properties with suspected or confirmed Contamination.

4.1.2 Maintain records regarding properties with suspected or confirmed Contamination within TCHD’s Jurisdiction, and the subsequent Decontamination of said properties.

4.1.3 Issue notices to Property Owners, Building Departments, Law Enforcement Agencies and other interested parties regarding properties with suspected or confirmed Contamination and the Decontamination, or lack thereof, of said properties in accordance with the Act, the State Regulations, and this Regulation IDL-19.

4.1.4 Provide the regulatory oversight of Decontamination activities required by the Act, the State Regulations, and this Regulation IDL-20.

4.1.5 Issue Certificates of Compliance to Property Owners and Building Departments regarding the successful Decontamination of properties, and maintain copies of said Certificates of Compliance in the files of TCHD.

4.1.6 Charge fees as approved by the Board of Health for the regulatory oversight services provided by TCHD in accordance with this Regulation IDL-20.

4.1.7 Establish additional procedures for the Decontamination of properties not inconsistent with the Act, State Regulations or this Regulation IDL-20.

4.2 Because of the regulatory and enforcement power, authority and experience of Law Enforcement Agencies, TCHD will rely on Law Enforcement Agencies for the following enforcement and regulatory functions under the Act and State Regulations:

4.2.1 The discovery and initial inspection of Methamphetamine-affected Properties, and other properties with suspected Contamination.

4.2.2 The restriction of access to Illegal Drug Laboratories, including Methamphetamine-affected Properties, and other properties with suspected or confirmed Contamination.

4.2.3 The enforcement of the Act or State Regulations.
4.3 Because of the regulatory and enforcement power, authority and experience of Building Departments, TCHD will rely on Building Departments for the following enforcement and regulatory functions under the Act and State Regulations:

4.3.1 Ordering the closure of any property with suspected or confirmed Contamination, or ordering the closure of any Contaminated property that fails to meet any of the Decontamination requirements of the Act, State Regulations or this Regulation IDL-20.

4.3.2 The placement of a Closure Placard on any property with suspected or confirmed Contamination.

4.3.3 The regulation and/or restriction of access to any property with suspected or confirmed Contamination.

4.3.4 The encumbrance of title to a Contaminated property, the condemnation of a Contaminated property, or the revocation of a Certificate of Occupancy for a Contaminated property.

4.3.5 The enforcement of the Act, State Regulations or this Regulation IDL-20.

Section 5. Methamphetamine Contamination

5.1 A Contaminated property is a public health nuisance until it has been restored to a condition that is Fit For Use in accordance with the standards of the State Regulations.

5.2 A Property Owner may be required by a Building Department to restore a Contaminated Property to a condition that is Fit For Use in order to obtain a Certificate of Occupancy for the Property or remove an encumbrance to the title of the Property.

5.3 A Property Owner is required by the Act and State Regulations to restore a Contaminated property to a condition that is Fit For Use by either Decontamination or demolition, at the option of the Property Owner, in order to obtain immunity for future alleged health-based civil actions as described in C.R.S. §25-18.5-103(2).

5.4 In order to obtain a Certificate of Compliance from TCHD, certifying that a property is Fit For Use, a Property Owner shall comply with the requirements of this Regulation IDL-20.

5.5 The processing by a Law Enforcement Agency of a Methamphetamine-affected Property or other Property with suspected Contamination does not constitute Decontamination.

Section 6. Notice

6.1 Action by TCHD.
No action shall be taken by TCHD under this Regulation IDL-20 until the following have occurred:

a. TCHD has been notified by a Law Enforcement Agency, a Building Department, a Property Owner or a third party, pursuant to the provisions of Section 6.2, that a Property may be Contaminated; and

b. The potentially Contaminated property has been investigated and processed, an Initial Observation has been made and TCHD has received notice thereof.

In the event TCHD is notified of a Property with suspected Contamination by a Property Owner or third party, TCHD will then notify the applicable Law Enforcement Agency and Building Department of such fact.

6.2 Notice to TCHD

6.2.1 Law Enforcement Agencies and Building Departments are encouraged to report to TCHD the presence of Methamphetamine-affected Properties and other Properties suspected of being Contaminated.

6.2.2 If a Property Owner knows, or reasonably suspects, that his or her Property has been Contaminated with Methamphetamine, the Property Owner is encouraged to report the existence of the suspected Contamination to TCHD.

6.2.3 Any person who knows, or reasonably suspects, that a Property has been Contaminated with Methamphetamine is encouraged to file a report with TCHD or the applicable Law Enforcement Agency, of the existence of the suspected Contamination.

6.2.4 Certified Industrial Hygienists and Industrial Hygienist providing Methamphetamine Contamination testing or pre-screening within TCHD’s Jurisdiction, including pursuant to the provisions of C.R.S. §38-35.7-103, shall report any positive test results of Methamphetamine Contamination to TCHD in writing within thirty (30) days of the receipt of said positive test results.

6.3 Notice by TCHD of Contamination

After the receipt of notice of a Property with suspected Contamination by a Law Enforcement Agency, Building Department, Property Owner or third party pursuant to the provisions of Section 6.2, and after an Initial Observation has been made, TCHD will then send a Notice of Contamination to the following:

a. the last known Property Owner (by certified mail, return receipt requested);
b. the applicable Building Department with jurisdiction over the Property; and
c. the applicable Law Enforcement Agency with jurisdiction over the property.
The Notice of Contamination will state that the property is suspected of being Contaminated with Methamphetamine based on an Initial Observation and will require the Property Owner to comply with this Regulation IDL-19, the State Regulations and the Act. The Notice of Contamination will describe the Decontamination procedure for a Contaminated property.

6.4 Notice to Personal Property Owner

It shall be the responsibility of the Property Owner of real property to notify any Property Owners of Contaminated personal property that said personal property has been Contaminated. TCHD will NOT notify a Property Owner of personal property suspected of Contamination.

6.5 Notice to Vehicle Owner

If TCHD is notified of a vehicle suspected of being Contaminated, TCHD may, at its discretion, notify the registered owner or owners of said vehicle by certified mail.

6.6 Notice to Third Parties

TCHD may, in its discretion, notify affected third parties of a Property with suspected or confirmed Contamination, including, but not limited to, homeowners associations and property managers.

Section 7. Property Closure

7.1 It shall be the responsibility of the Building Department where the Property is located to post a Closure Placard when an Initial Observation has been made, and close the property suspected of being Contaminated.

7.2 The closure of a property suspected of being Contaminated, and the placement of a Closure Placard, shall be regulated by each Building Department where such Property is located.

7.3 Any person entering a property posted with a Closure Placard shall do so in compliance with the State Regulations, and shall wear appropriate personal protective equipment to protect himself or herself from inhalation and dermal Contamination.

7.3.1 Any person entering a property posted with a Closure Placard does so at his/her own risk. TCHD takes no responsibility for any injury incurred at any time by any person entering a property posted with a Closure Placard.

7.3.2 TCHD takes no responsibility for securing a property posted with a Closure Placard.
7.4 The applicable Building Department or Law Enforcement Agency may take additional measures to ensure that access to a Property with suspected or confirmed Contamination is secured, including, but not limited to, requiring perimeter fencing.

Section 8. Demolition

8.1 A Property Owner who chooses to cause his or her property to be Fit For Use by demolition shall complete such demolition pursuant to the demolition regulations of the applicable Building Department (including, but not limited to, any permitting requirements), and shall comply with the requirements of the Act and State Regulations.

8.2 The demolition of a Contaminated property shall be completed by the Property Owner within the time period set by the Building Department.

8.3 The oversight of the demolition of a Contaminated property by TCHD shall be limited, except that technical expertise of the disposal of Contaminated personal property and demolition debris may be requested by a Property Owner or a Building Department.

8.4 A Property Owner may request a Certificate of Compliance (COC) certifying that the property was demolished in accordance with the requirements of the Act and State Regulations for the applicable fee set forth in the Fee Schedule described in Section 11. Documentation that the demolished property was properly disposed of must be provided to TCHD prior to issuing a COC.

Section 9. Personal Property

9.1 No personal property may be removed from a Contaminated structure or vehicle unless it is thereafter promptly disposed of, or appropriately decontaminated, in accordance with the State Regulations.

9.2 The oversight of the Decontamination of Contaminated personal property by TCHD shall be limited, except that technical expertise of the Decontamination of personal property may be requested by a Property Owner.

9.3 A Property Owner may request a Certificate of Compliance certifying that personal property was Decontaminated in accordance with the requirements of the Act and State Regulations for the applicable fee set forth in the Fee Schedule described in Section 11.

Section 10. Real Property – Decontamination Procedure

If a Property Owner chooses to Decontaminate real property located within TCHD’s Jurisdiction, with suspected or confirmed Contamination, the following procedure shall be followed:

10.1 The Property Owner shall obtain a Screening Level Assessment and/or Preliminary Assessment prepared by a Consultant in accordance with the State Regulations. The
Screening Level Assessment and/or Preliminary Assessment may be used by TCHD to determine if the property is Fit For Use.

10.1.1 If the Screening Level Assessment or Preliminary Assessment reasonably indicates that Contaminant levels do not exceed the Contaminant Criteria specified in the State Regulations, TCHD shall designate the property Fit For Use, and issue a Certificate of Compliance to the Property Owner and Building Department for the applicable fee set forth in the Fee Schedule described in Section 11. This Certificate of Compliance shall be kept on file at TCHD for a minimum period of ten (10) years, or as directed by the State Archivist.

10.1.2 TCHD may, in its discretion, inspect the Property and/or require additional Verification Testing prior to issuing a Certificate of Compliance for a property with a favorable Screening Level Assessment and/or Preliminary Assessment. The Building Department may also require TCHD to conduct Verification Testing before they remove a Closure Placard from the property.

10.1.3 If the Screening Level Assessment or Preliminary Assessment reasonably indicates that Contaminant levels do exceed the Contaminant Criteria specified in the State Regulations, the property must be Decontaminated in accordance with the procedures set forth in the State Regulations and a Post-Decontamination Report, prepared in accordance with Section 8.0 of the State Regulations, must be submitted to TCHD. Only certified Consultants and Contractors listed on the CDPHE website may complete Decontamination work and Post-Decontamination Reports related to Methamphetamine-affected Properties.

10.2 Post-Decontamination Report

Once a Property has been Decontaminated pursuant to the provisions of the State Regulations, a certified Post-Decontamination Report, prepared by a Consultant in conjunction with a Contractor, shall be prepared in accordance with the requirements of Section 8 of the State Regulations. The Post-Decontamination Report shall be submitted to CDPHE and TCHD as required by the State Regulations. TCHD shall review the Post-Decontamination Report to determine if the property complies with the Decontamination standards in the State Regulations, and is therefore Fit For Use. TCHD shall maintain the Post-Decontamination Report for a minimum period of ten (10) years, or as directed by the State Archivist.

10.2.1 TCHD may, in its discretion, or at the request from a Building Department who has placed a Closure Placarded on a property, inspect a property and/or conduct Verification Testing prior to issuing a Certificate of Compliance for a Decontaminated property.

10.2.2 TCHD may, in its discretion, require that additional sampling and/or Decontamination be performed by the Consultant and/or Contractor.
10.2.3 TCHD shall determine that a property is not Fit For Use if (1) the property has not been Decontaminated in accordance with this Regulation IDL-20 and the requirements of the State Regulations, (2) if the results of Verification Testing show Methamphetamine Contamination in excess of the Contaminate Criteria set forth in the State Regulations, or (3) if the applicable fees have not been paid.

10.2.4 If TCHD determines that a property is not Fit For Use after review of the Post-Decontamination Report and/or review of the results of Verification Testing, the Property Owner shall have the Consultant and/or Contractor conduct such additional Decontamination as may be required, and shall submit a new Post-Decontamination Report for review and approval.

10.2.5 It is the intention of TCHD that every property be Decontaminated in accordance with the Contaminate Criteria established by the State Regulations, and TCHD shall work with each Property Owner to achieve that end.

10.3 Certificate of Compliance

If TCHD determines that a property is Fit For Use and has been Decontaminated in accordance with the Act, the State Regulations and this Regulation IDL-20, and that all fees have been paid, then in that event, TCHD shall issue a Certificate of Compliance to the Property Owner, Building Department, and applicable Law Enforcement Agency.

10.4.1 Additional copies of the Certificate of Compliance may be requested for the applicable fee set forth in the Fee Schedule described in Section 11.

10.4.2 TCHD shall maintain a copy of each Certificate of Compliance in its files for a minimum period of ten (10) years, or as directed by the State Archivist.

10.4 Local, State and Federal Regulations

A determination by TCHD that a property meets the requirements of the State Regulations and this Regulation IDL-20 does not supersede the regulatory authority of other local, State or Federal agencies which may also have required closure of the property.

Section 11. Fees and Costs

The Board of Health has promulgated a Fee Schedule For Environmental Health Services, which sets forth the applicable fee for the regulatory oversight services provided by TCHD. The Fee Schedule For Environmental Health Services may be amended from time to time by the Board of Health. The Fee Schedule can be found on the TCHD website at www.tchd.org.

Section 12. Enforcement
12.1 TCHD shall not issue a Certificate of Compliance to a Property Owner for a Contaminated property unless it has been demolished or Decontaminated in accordance with the Act, the State Regulations and this Regulation IDL-20.

12.2 TCHD shall rely on each Building Department to follow its own enforcement procedure for any Property Owner who refuses to Decontaminate a property in accordance with the Act, the State Regulations and this Regulation IDL-20.

Section 13. Opt Out Election

Pursuant to the Act, specifically C.R.S. §25-18.5-101(7) and the State Regulations, this Regulation IDL-19 shall govern the Decontamination of all properties located in both incorporated and unincorporated areas of TCHD’s Jurisdiction, unless a City or County has internal statutes and/or procedures that supersede or “opt-out” of all or any portion of this Regulation IDL-20. Any City or County may elect to appoint a “Governing Body” other than the Default Governing Body, as provided in C.R.S. §25-18.5-101(7). Notwithstanding the foregoing, no City or County shall appoint TCHD as the sole Governing Body, or require TCHD to take any actions other than those authorized by this Regulation IDL-20.

Section 14. Effect.

Regulation IDL-06, effective as of the date of February 14, 2006, as amended April 6, 2011, is hereby repealed in its entirety, and superseded by this Regulation IDL-20.
Section 1. Definitions

As used herein, the definitions adopted in C.R.S. §25-18.5-101, relating to Illegal Drug Laboratories, and the definitions adopted by the Colorado State Board of Health in the Regulations Pertaining to the Clean-up of Methamphetamine Laboratories Affected Properties, 6 CCR 1014-3, are hereby adopted by reference (some of which are restated herein for convenience).

1.1 “Act” shall mean the Illegal Drug Laboratory Act, C.R.S. §25-18.5-101, et. seq.

1.2 “Assessment” shall mean an evaluation of a property to determine the current condition, including the nature and extent of observable or detectable contamination, chemical storage, and disposal.

1.3 “Board of Health” shall mean the Board of Health of the Tri-County Health Department.

1.34 “Building Department” shall refer to the Building Departments of the various cities and counties contained within Adams County, Arapahoe County and Douglas County TCHD’s Jurisdiction, and where applicable, shall mean the Building Department with jurisdiction over a property with suspected or confirmed Contamination, including all of its authorized agents and employees.

1.4-1.5 “CDPHE” shall mean the Colorado Department of Public Health and Environment.

1.6 “Certificate of Compliance” shall mean an official document prepared by TCHD that certifies that a property has met the clean up levels required in the Act, the State Regulations and this Regulation IDL-0617, and that all fees have been paid.

1.5-7 “City” or “County” shall refer to Adams County, Arapahoe County and Douglas County, and all of the counties, cities and local jurisdictions within said counties TCHD’s Jurisdiction, and where applicable, shall mean the specific City or County with jurisdiction over a property with suspected or confirmed Contamination.
1.68 “Closure Placard” shall mean a sign posted on a property, or any portion thereof, by the Building Department having jurisdiction over the property, and which indicates that no person may lawfully occupy or use the property, except for the purpose of decontamination or demolition.

1.7 “Consultant” shall mean an Industrial Hygienist as defined in C.R.S. §24-30-1402.

1.9 “Consultant” shall mean a Certified Industrial Hygienist or Industrial Hygienist who is not an employee, agent, representative, partner, joint venture participant, or shareholder of the Contractor or of a parent or subsidiary company of the Contractor, and who has been certified by CDPHE under the provisions of the Act and State Regulations, as evidenced by inclusion on the certified Consultants list maintained by CDPHE, as may be found on the CDPHE website.

1.10 “Contamination” or “Contaminated” shall mean a property contaminated by the manufacturing, processing, cooking, disposing, use, or storing of Controlled Substances, and/or which contains the presence of chemical residues which may present an immediate or long-term threat to human health or the environment, as more fully set forth in Section 37.0 of the State Regulations.

1.11 “Contaminate Criteria” shall refer to the criteria for determining the Contamination and/or Decontamination of a Methamphetamine-affected Property as set forth in Section 7.0 of the State Regulations.

1.12 “Contractor” shall mean one or more individuals or commercial entities hired to perform the clean up and/or remediation of a Contaminated property in accordance with the State Regulations who has been certified by CDPHE under the provisions of the Act and State Regulations, as evidenced by inclusion on the certified Contractors list maintained by CDPHE, as may be found on the CDPHE website.

1.13 “Controlled Substances” shall mean those substances as defined by C.R.S. §18-18-102(5).

1.14 “Decontamination” or “Decontaminate” shall mean the process of reducing the level of Contamination to the standards specified in Section 7.0 of the State Regulations using the approved methods set forth in Section 5.0 of the State Regulations.

1.15 “Default Governing Body” If no agency or office is designated by the Cities or Counties to act as the Governing Body under the Act, then the Default Governing Body shall be TCHD, the applicable Building Department and the applicable Law Enforcement Agency with jurisdiction over a property with suspected or confirmed Contamination.
1.1216 “Fit For Use” shall mean a property where contaminant levels do not exceed the cleanup level specified by Section 7.0 of the State Regulations, either because of (1) a lack of Contamination, or (2) because a property has been decontaminated or demolished in accordance with the Act, State Regulations and this Regulation IDL, and that all applicable fees have been paid.

1.1317 “Governing Body” shall mean the agency or office, other than the Default Governing Body, as defined herein, designated by the Cities or Counties to act as the Governing Body under the Act.

1.1418 “Illegal Drug Laboratory” shall mean the areas where Controlled Substances have been manufactured, processed, cooked, disposed of or stored, and all proximate areas that are likely to be contaminated as a result of such manufacturing, processing, cooking, disposing or storing defined in the Act.

1.1519 “Initial Observation” shall mean a determination by a Law Enforcement Agency, Building Department or Consultant that a property may be Contaminated. In addition to the foregoing, the receipt of positive test results of Methamphetamine Contamination by a Certified Industrial Hygienist, Industrial Hygienist, or any other individual providing Methamphetamine Contamination testing or pre-screening within TCHD’s Jurisdiction, including pursuant to the provisions of C.R.S. §38-35.7-103, shall be deemed an Initial Observation, and shall be disclosed to TCHD in writing within 20 days of the receipt of such positive test results, as provided for in Section 6.2.4, herein.

1.1620 “Law Enforcement Agency” shall refer to the Law Enforcement Agencies of the various cities and counties contained within Adams County, Arapahoe County and Douglas County TCHD’s Jurisdiction, and where applicable, shall mean the Law Enforcement Agency with jurisdiction over a property with suspected or confirmed Contamination, including all of its authorized agents and employees.

1.171.21 “Methamphetamine” shall mean dextro-methamphetamine, levo-methamphetamine, and unidentified isomers of the same, any racemic mixture of dextro-levo methamphetamine, or any mixture of unidentified isomers of methamphetamine associated with CAS registration number 537-46-2.

1.22 “Methamphetamine-affected Property” shall mean a type of Illegal Drug Laboratory where Methamphetamine has been manufactured, processed, cooked, disposed of, used, or stored and all proximate areas that are likely to be Contaminated as a result of the manufacturing, processing, cooking, disposal, use, or storage of Methamphetamine or the chemicals used to manufacture Methamphetamine.

1.23 “Notice of Contamination” shall mean a notification letter sent by TCHD to a Property Owner, as well as the applicable Building Department and Law Enforcement Agency, stating that a property is suspected of being Contaminated based on an Initial Observation, and if found to be Contaminated, must be demolished or
Decontaminated in accordance with the Act, the State Regulation and this Regulation IDL-0617.

1.18 “personal property” shall mean any property that is not real property, including but not limited to: vehicles, clothing, appliances, furniture and electronics.

1.19 “Post-Decontamination Report” shall mean a certified written report prepared by the Consultant, in conjunction with the Contractor, and in compliance with the provisions of Section 8.0 of the State Regulations, that documents the Decontamination of a Methamphetamine-affected Property pursuant to the requirements of the State Regulations.

1.20 “Preliminary Assessment” shall mean a documented evaluation of a property, in accordance with Section 4.0 of the State Regulations, with suspected Contamination by a Consultant to determine the current condition of Contamination, including the nature and extent of observable and detectable Contamination, chemical storage and disposal.

1.21 “Property” shall mean anything that may be the subject of ownership, including, but not limited to, land, buildings, structures and vehicles and personal belongings.

1.22 “Property Owner”, for the purposes of real property, shall mean the person holding record fee title to the real property, and also shall mean the person holding title to a manufactured home. With respect to personal property, the term shall mean the person who lawfully owns such personal property.

1.23 “Screening Level Sampling” shall mean an assessment of a property, in compliance with Section 3 and Section 6 and Part 2 of the State Regulations, for the purpose of determining whether it is a Methamphetamine-affected Property.

1.24 “State Regulations Pertaining to” shall mean the Clean-up of Methamphetamine Laboratories-Affected Properties, 6 CCR 1014-3, adopted by the State Board of Health in the Colorado Department of Public Health and Environment.

1.25 “TCHD” shall mean the Tri-County Health Department, including all of its authorized agents and employees.

1.26 “TCHD’s Jurisdiction” shall mean the Counties of Adams, Arapahoe and Douglas, Colorado, and all of the cities and local jurisdictions contained therein.

1.27 “Verification Testing” shall refer to the independent testing conducted by TCHD of a Contaminated property.
1.25—“Work Plan” shall mean a plan written by a Consultant or a Contractor that documents the actions to be taken to decontaminate a Contaminated property pursuant to the requirements of the State Regulations.

Section 2. Purpose

This Regulation IDL-0619 will outline the regulatory function of TCHD as a member of the Default Governing Body. In addition to the foregoing, it is the intent of this Regulation IDL-0619 to better define the various roles of TCHD and the Building Departments and Law Enforcement Agencies within Adams County, Arapahoe County and Douglas County TCHD’s Jurisdiction, who make up the Default Governing Body.

Section 3. Authority

3.1 The Illegal Drug Laboratory Act, C.R.S. §25-18.5-101, et. seq., sets forth a regulatory structure for the clean up of Illegal Drug Laboratories and other Contaminated properties Decontamination of Methamphetamine-affected Properties.

3.2 The State Board of Health in the Colorado Department of Public Health and Environment CDPHE has adopted Regulations Pertaining regulations pertaining to the Clean up Cleanup of Methamphetamine Laboratories Affected Properties, 6 CCR 1014-3 (pursuant to the authority granted in C.R.S. §25-18.5-102), which establishes the standards rules for the clean up of Illegal Drug Laboratories and other Contaminated properties Decontamination of Methamphetamine-affected Properties.

3.3 Pursuant to C.R.S. §25-18.5-105(2) and C.R.S. §25-1-507(d), the Board of Health of the Tri-County Health Department TCHD is authorized and empowered to adopt rules and regulations for the clean up of Illegal Drug Laboratories and other Contaminated properties Decontamination of Methamphetamine-affected Properties.

Section 4. Powers and duties

4.1 TCHD shall have the power and authority to administer this Regulation IDL-0619, and may:

4.1.1 Make appropriate investigations, inspections, reviews and evaluations of properties with suspected or confirmed Contamination.

4.1.2 Maintain records regarding properties with suspected or confirmed Contamination within the jurisdiction of TCHD TCHD’s Jurisdiction, and the subsequent clean up Decontamination of said properties.
4.1.3 Issue notices to Property Owners, Building Departments, Law Enforcement Agencies and other interested parties regarding properties with suspected or confirmed Contamination, and the clean-up Decontamination, or lack thereof, of said properties in accordance with the Act, the State Regulations, and this Regulation IDL-0619.

4.1.4 Provide the regulatory oversight of decontamination Decontamination activities required by the Act, the State Regulations, and this Regulation IDL-0619.

4.1.5 Issue Certificates of Compliance to Property Owners and Building Departments regarding the successful clean-up Decontamination of Contaminated properties, and maintain copies of said Certificates of Compliance in the files of TCHD.

4.1.6 Charge fees as approved by the Board of Health for the regulatory oversight services provided by TCHD in accordance with this Regulation IDL-0619.

4.1.7 Establish additional procedures for the clean-up Decontamination of Contaminated properties not inconsistent with the Act, State Regulations or this Regulation IDL-06.

4.2 Because of the regulatory and enforcement power, authority and experience of Law Enforcement Agencies, TCHD will rely on Law Enforcement Agencies for the following enforcement and regulatory functions under the Act and State Regulations:

4.2.1 The discovery and initial inspection of Illegal Drug Laboratories, Methamphetamine-affected Properties, and other properties with suspected Contamination.

4.2.2 The restriction of access to Illegal Drug Laboratories, including Methamphetamine-affected Properties, and other properties with suspected or confirmed Contamination.

4.2.3 The enforcement of the Act or State Regulations.

4.3 Because of the regulatory and enforcement power, authority and experience of Building Departments, TCHD will rely on Building Departments for the following enforcement and regulatory functions under the Act and State Regulations:

4.3.1 Ordering the closure of any property with suspected or confirmed Contamination, or ordering the closure of any Contaminated property that fails to meet any of the clean-up Decontamination requirements of the Act, State Regulations or this Regulation IDL-0619.
4.3.2 The placement of a Closure Placard on any property with suspected or confirmed Contamination.

4.3.3 The regulation and/or restriction of access to any property with suspected or confirmed Contamination.

4.3.4 The encumbrance of title to a Contaminated property, the condemnation of a Contaminated property, or the revocation of a Certificate of Occupancy for a Contaminated property.

4.3.5 The enforcement of the Act, State Regulations or this Regulation IDL-0619.

Section 5. Methamphetamine Contamination

5.1 A Contaminated property is a public health nuisance until it has been restored to a condition that is Fit For Use in accordance with the standards of the State Regulations as described in C.R.S. §25-18.5-103(1).

5.2 A Property Owner may be required by a Building Department to restore a Contaminated property to a condition that is Fit For Use in order to obtain a Certificate of Occupancy for the property or remove an encumbrance to the title of the Property.

5.3 A Property Owner is required by the Act and State Regulations to restore a Contaminated property to a condition that is Fit For Use by either decontamination or demolition, at the option of the Property Owner, in order to obtain immunity for future alleged health-based civil actions as described in C.R.S. §25-18.5-103(2).

5.4 In order to obtain a Certificate of Compliance from TCHD, certifying that a property is Fit For Use, a Property Owner shall comply with the requirements of this Regulation IDL-0619.

5.5 The processing by a Law Enforcement Agency of an Illegal Drug Laboratory or Methamphetamine-affected Property or other property with suspected Contamination does not constitute decontamination.

Section 6. Notice

6.1 Action by TCHD.

No action shall be taken by TCHD under this Regulation IDL-0619 until the following have occurred:
6.2 Notice of Contamination to TCHD

After the receipt of notice of a property with suspected Contamination by a Law Enforcement Agency, Building Department, Property Owner or third party, and after an Initial Observation has been made, TCHD will then send a Notice of Contamination to the following:

- the Property Owner (by certified mail, return receipt requested);
- the applicable Building Department; and
- the applicable Law Enforcement Agency.

The Notice of Contamination will state that the property is suspected of being Contaminated based on an Initial Observation, and will require the Property Owner to comply with this Regulation IDL-06, the State Regulations and C.R.S. §25-18.5-103(1). The Notice of Contamination will describe the clean up procedure for a Contaminated property.

6.3 Notice Encouraged

6.3.1 Law Enforcement Agencies and Building Departments are encouraged to report to TCHD the presence of Methamphetamine-affected Properties and other suspected contaminated properties.

6.3.2 If a Property Owner knows, or reasonably suspects, that his or her Property has been Contaminated with Methamphetamine, the Property Owner is encouraged to report the existence of the suspected Contamination to TCHD.

6.3.3 Any person who knows, or reasonably suspects, that a Property has been Contaminated with Methamphetamine is encouraged to file a report with TCHD or the applicable Law Enforcement Agency, of the existence of the suspected Contamination.
6.2.4  Certified Industrial Hygienists and Industrial Hygienist providing Methamphetamine Contamination testing or pre-screening within TCHD’s Jurisdiction, including pursuant to the provisions of C.R.S. §38-35.7-103, shall report any positive test results of Methamphetamine Contamination to TCHD in writing within thirty (30) days of the receipt of said positive test results.

6.3   Notice by TCHD of Contamination

After the receipt of notice of a Property with suspected Contamination by a Law Enforcement Agency, Building Department, Property Owner or third party pursuant to the provisions of Section 6.2, and after an Initial Observation has been made, TCHD will then send a Notice of Contamination to the following:

- a. the last known Property Owner (by certified mail, return receipt requested);
- b. the applicable Building Department with jurisdiction over the Property; and
- c. the applicable Law Enforcement Agency with jurisdiction over the property.

The Notice of Contamination will state that the property is suspected of being Contaminated with Methamphetamine based on an Initial Observation and will require the Property Owner to comply with this Regulation IDL-19, the State Regulations and the Act. The Notice of Contamination will describe the Decontamination procedure for a Contaminated property.

6.4   Notice to Personal Property Owner

It shall be the responsibility of the Property Owner of real property to notify any Property Owners of Contaminated personal property that said personal property has been Contaminated. TCHD will not notify a Property Owner of personal property suspected of Contamination.

6.5   Notice to Vehicle Owner

If TCHD is notified of a vehicle suspected of being Contaminated, TCHD may, at its discretion, notify the registered owner or owners of said vehicle by certified mail.

6.6   Notice to Third Parties

TCHD may, in its discretion, notify affected third parties of a Property with suspected or confirmed Contamination, including, but not limited to, homeowners associations and property managers.

Section 7. Property Closure

7.1  It shall be the responsibility of the Building Department where the Property is located to post a Closure Placard when an Initial Observation has been made, and close the property suspected of being Contaminated.
7.2 The closure of a property suspected of being Contaminated, and the placement of a Closure Placard, shall be regulated by each Building Department where such property is located.

7.3 Any person entering a property posted with a Closure Placard shall do so in compliance with the State Regulations, and shall wear appropriate personal protective equipment to protect himself or herself from inhalation and dermal Contamination.

7.3.1 Any person entering a property posted with a Closure Placard does so at his/her own risk. TCHD takes no responsibility for any injury incurred at any time by any person entering a property posted with a Closure Placard.

7.3.2 TCHD takes no responsibility for securing a property posted with a Closure Placard.

7.4 The applicable Building Department or Law Enforcement Agency may take additional measures to ensure that access to a property with suspected or confirmed Contamination is secured, including, but not limited to, requiring perimeter fencing.

Section 8. Demolition

8.1 A Property Owner who chooses to cause his or her property to be Fit For Use by demolition shall complete such demolition pursuant to the demolition regulations of the applicable Building Department, and shall comply with the requirements of the Act and State Regulations.

8.2 The demolition of a Contaminated property shall be completed by the Property Owner within the time period set by the Building Department.

8.3 The oversight of the demolition of a Contaminated property by TCHD shall be limited, except that technical expertise of the disposal of Contaminated personal property and demolition debris may be requested by a Property Owner or a Building Department for the applicable fee, to be paid by the Property Owner, set forth in the Fee Schedule described in Section 11.

8.4 A Property Owner may request a Certificate of Compliance (COC) certifying that the property was demolished in accordance with the requirements of the Act and State Regulations for the applicable fee set forth in the Fee Schedule described in Section 11. Documentation that the demolished property was properly disposed of must be provided to TCHD prior to issuing a COC.

Section 9. Personal Property
9.1 No personal property may be removed from a Contaminated structure or vehicle unless it is thereafter promptly disposed of, or appropriately decontaminated, in accordance with the State Regulations.

9.2 The oversight of the decontamination of Contaminated personal property by TCHD shall be limited, except that technical expertise of the decontamination of personal property may be requested by a Property Owner for the applicable fee, to be paid by the Property Owner, set forth in the Fee Schedule described in Section 11.

9.3 A Property Owner may request a Certificate of Compliance certifying that personal property was decontaminated in accordance with the requirements of the Act and State Regulations for the applicable fee set forth in the Fee Schedule described in Section 11.

Section 10. Real Property – Decontamination Procedure

If a Property Owner chooses to decontaminate real property located within TCHD’s Jurisdiction, with suspected or confirmed Contamination, the following procedure shall be followed:

10.1 The Property Owner shall obtain a Screening Level Assessment and/or Preliminary Assessment prepared by a Consultant in accordance with the State Regulations. The Screening Level Assessment and/or Preliminary Assessment shall be used by TCHD to determine if the property is Fit For Use.

10.1.1 If the Screening Level Assessment or Preliminary Assessment reasonably indicates that contaminant levels do not exceed the clean-up levels specified in the State Regulations, TCHD shall designate the property Fit For Use, and issue a Certificate of Compliance to the Property Owner and Building Department for the applicable fee set forth in the Fee Schedule described in Section 11. This Certificate of Compliance shall be kept on file at TCHD for a minimum period of ten (10) years, or as directed by the State Archivist.

10.1.2 TCHD may, in its discretion, inspect the property and/or require additional Verification Testing prior to issuing a Certificate of Compliance for a property with a favorable Preliminary Assessment. TCHD may also require TCHD to conduct Verification Testing before they remove a Closure Placard from the property.

10.1.3 If the Screening Level Assessment or Preliminary Assessment reasonably indicates that contaminant levels do exceed the clean-up levels specified in the State Regulations, TCHD shall notify the Property Owner that a Work Plan must be prepared and submitted to TCHD by the
Property Owner’s Consultant or Contractor then the property must be Decontaminated in accordance with the procedures set forth in the State Regulations.

10.2 Work Plan

When notified of the requirement for a Work Plan, the Property Owner shall submit the Work Plan to TCHD for TCHD’s approval. Once the Work Plan has been reviewed and approved by TCHD, with any required modifications by TCHD, the Property Owner may commence decontamination of the property pursuant to the terms of the Work Plan.

10.3 Final and a Post-Decontamination Report, prepared in accordance with Section 8.0 of the State Regulations, must be submitted to TCHD. Only certified Consultants and Contractors listed on the CDPHE website may complete Decontamination work and Post-Decontamination Reports related to Methamphetamine-affected Properties.

10.2 Post-Decontamination Report

Once a property has been decontaminated pursuant to the provisions of the Work Plan, a Final State Regulations, a certified Post-Decontamination Report, prepared by the Consultant, shall be submitted by the Property Owner to TCHD. The Final Report a Consultant in conjunction with a Contractor, shall be prepared in accordance with the requirements of Section 8 of the State Regulations. The Post-Decontamination Report shall be submitted to CDPHE and TCHD as required by the State Regulations. TCHD shall review the Final Post-Decontamination Report to determine if the property complies with the clean-up standards in the State Regulations, and is therefore Fit For Use. TCHD shall maintain the Final Post-Decontamination Report for a minimum period of ten (10) years, or as directed by the State Archivist.

10.32.1 TCHD may, in its discretion, or at the request from a Building Department who has placed a Closure Placarded on a property, inspect the property and/or conduct Verification Testing prior to issuing a Certificate of Compliance for a Decontaminated property with a favorable Final Report.

10.32.2 TCHD may, in its discretion, require that additional sampling and/or decontamination be performed by the Consultant and/or Contractor.

10.23.3 TCHD shall determine that a property is not Fit For Use if (1) the property has not been decontaminated in accordance with this Regulation IDL-0619 and the requirements of the State Regulations, or (2) if the results of Verification Testing show Methamphetamine Contamination in excess of the Contaminate Criteria set forth in the State Regulations, or (3) if the applicable fees have not been paid.
10.32.4 If TCHD determines that a property is not Fit For Use after completion of the Final Post-Decontamination Report and/or review of the results of Verification Testing, the Property Owner may do additional clean-up work and shall have the Consultant submit a re-evaluation in order to come into compliance with the applicable requirements. TCHD shall then re-evaluate its determination and/or Contractor conduct such additional Decontamination as may be required, and shall submit a new Post-Decontamination Report for review and approval.

10.32.5 It is the intention of TCHD that every property be decontaminated to the level required in accordance with the Contaminant Criteria established by the State Regulations, and TCHD shall work with each Property Owner to achieve that end.

10.43 Certificate of Compliance

If TCHD determines that a property is Fit For Use and has been decontaminated in accordance with the Act, the State Regulations and this Regulation IDL-0619, and that all fees have been paid, then in that event, TCHD shall issue a Certificate of Compliance to the Property Owner, Building Department, and applicable Law Enforcement Agency.

10.4.1 Additional copies of the Certificate of Compliance may be requested for the applicable fee set forth in the Fee Schedule described in Section 11.

10.4.2 TCHD shall maintain a copy of each Certificate of Compliance in its files for a minimum period of ten (10) years, or as directed by the State Archivist.

10.54 Local, State and Federal Regulations

A determination by TCHD that a property meets the requirements of the State Regulations and this Regulation IDL-0619 does not supersede the regulatory authority of other local, State or Federal Agencies which may also have required closure of the property.

Section 11. Fees and Costs

The Board of Health has promulgated a Fee Schedule — Regulation IDL-0619 For Environmental Health Services, which sets forth the applicable fee for the regulatory oversight services provided by TCHD, as described herein. The Fee Schedule — Regulation IDL-0619 For Environmental Health Services may be amended from time to time by the Board of Health, is incorporated herein by reference. The Fee Schedule can be found on the TCHD website at www.tchd.org.
Section 12. Enforcement

12.1 TCHD shall not issue a Certificate of Compliance to a Property Owner for a Contaminated property unless it has been demolished or decontaminated in accordance with the Act, the State Regulations and this Regulation IDL-0619.

12.2 TCHD shall rely on each Building Department to follow its own enforcement procedure for any Property Owner who refuses to decontaminate a property in accordance with the Act, the State Regulations and this Regulation IDL-0619.

Section 13. Opt Out Election

Pursuant to the Act, specifically C.R.S. §25-18.5-101(2.57) and the State Regulations, this Regulation IDL-0619 shall govern the clean-up Decontamination of all Contaminated properties located in both incorporated and unincorporated areas of Adams County, Arapahoe County and Douglas County - TCHD’s Jurisdiction, unless a City or County has internal statutes and/or procedures that supersede or “opt-out” of all or any portion of this Regulation IDL-0619. Any City or County may elect to appoint a “Governing Body” other than the Default Governing Body, as provided in C.R.S. §25-18.5-102(2.5101(7)). Notwithstanding the foregoing, no City or County shall appoint TCHD as the sole Governing Body, or require TCHD to take any actions other than those authorized by this Regulation IDL-06-19.

Section 14. Effect

Regulation IDL-06, effective as of the date of February 14, 2006, as amended April 6, 2011, is hereby repealed in its entirety, and superseded by this Regulation IDL-19.
The additional revenue is the result of funding received after the adoption of the 2020 budget.

Overall net revenue/expense increase of $865,004 comprised of the following:

- 10 grant/contract agreements
  - 10 grant/contract increases equaling $865,004

- Revenue increases came from the following organizations:
  - Adams County - $183,000 (2 new positions)
  - Douglas County - $125,000 (1 grant)
  - Delta Dental of CO - $65,000 (1 grant)
  - CDPHE - $440,004 (5 grants)
  - University of Colorado School of Medicine - $52,000 (1 grant)

Original BOH adopted 2020 budget: $44,093,008
Net increase (above): $865,004
Total 2020 appropriations: $44,958,012
TRI-COUNTY HEALTH DEPARTMENT BOARD OF HEALTH
SUPPLEMENTAL BUDGET APPROPRIATION RESOLUTION

2020 FISCAL YEAR BUDGET

WHEREAS, the Tri-County Board of Health is charged with adoption of a budget by Colorado Revised Statues (C.R.S.) Title 29-1-108, as amended; and,

WHEREAS, such 2020 budget was fully discussed by the Board; and,

WHEREAS, a 2020 budget has been adopted by the Tri-County Board of Health on December 10, 2019; and,

WHEREAS, the Tri-County Health Department has received unanticipated changes in revenues for the adopted Fiscal Year 2020 budget and is authorizing expenditures of these revenues as allowed by C.R.S. Title 29-1-109(1)(b), Changes to budget – transfers – supplemental appropriations, Local Government Budget Law of Colorado.

NOW, THEREFORE BE IT RESOLVED AS FOLLOWS:

1. That the Tri-County Board of Health adopts the additional revenues in the form of a supplementary budget to its 2020 estimate of revenues for Fiscal Year 2020 as listed on Attachment A, “Supplemental 2020 Budget and Appropriation Resolution”.

   TOTAL REVENUES  $ 865,004

2. That the Tri-County Board of Health adopts the following amounts as its estimate of expenditures for the Fiscal Year 2020, and appropriates the following sums of money:

   Personnel Cost, Operating Expenses, Supplies, and Fees for Services Costs related to the revenues above:

   TOTAL EXPENDITURES  $ 865,004

3. That the adoption of this resolution is in compliance with the statutory provisions set forth in Title 29-1-110 and 29-1-109 et seq. C.R.S. 1973 as amended.

ADOPTED This 13th day of February, 2020.

_________________________  _________________________
Rosanna Reyes, RN, President  Naomi Steenson, RD, Secretary
Tri-County Board of Health  Tri-County Board of Health
### TRI-COUNTY HEALTH DEPARTMENT

**SUPPLEMENTAL 2020 BUDGET AND APPROPRIATION RESOLUTION**

**ATTACHMENT A**

### REVENUE CHANGES

<table>
<thead>
<tr>
<th>Program</th>
<th>Project / Contract Name</th>
<th>Object Code</th>
<th>Adopted 2020 Budget</th>
<th>Change to 2020 Budget</th>
<th>Revised 2020 Budget</th>
<th>Change Percent</th>
<th>Funding Source</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>427</td>
<td>Douglas County Nurse Support</td>
<td>5500</td>
<td>$</td>
<td>$ 125,000</td>
<td>$ 125,000</td>
<td>100%</td>
<td>Douglas Cty Human Services</td>
<td>New funding from Douglas County</td>
</tr>
<tr>
<td>477</td>
<td>Sexual Health</td>
<td>5700</td>
<td>$ 1,453,442</td>
<td>$ 62,000</td>
<td>$ 1,515,442</td>
<td>4%</td>
<td>CDPHE</td>
<td>Term: 11/01/19-03/31/20</td>
</tr>
<tr>
<td>477</td>
<td>Sexual Health</td>
<td>5700</td>
<td>$ 1,515,442</td>
<td>$ 80,000</td>
<td>$ 1,595,442</td>
<td>5%</td>
<td>CDPHE</td>
<td>2020 Federal funding (Option Letter #6)</td>
</tr>
<tr>
<td>477</td>
<td>Sexual Health</td>
<td>5700</td>
<td>$ 1,595,442</td>
<td>$ 113,881</td>
<td>$ 1,709,323</td>
<td>7%</td>
<td>CDPHE</td>
<td>2020 Federal funding (Option Letter TBD) - Title X (flat)</td>
</tr>
<tr>
<td>460</td>
<td>Immunization</td>
<td>5500</td>
<td>$ 406,764</td>
<td>$ 83,632</td>
<td>$ 490,396</td>
<td>21%</td>
<td>CDPHE</td>
<td>Term: 01/01/20 - 06/30/20</td>
</tr>
<tr>
<td>451</td>
<td>Regional Health Connectors</td>
<td>4100</td>
<td>$</td>
<td>$ 52,000</td>
<td>$ 52,000</td>
<td>100%</td>
<td>University of Colorado School of Medicine</td>
<td>Practice Innovation Program</td>
</tr>
<tr>
<td>495</td>
<td>Arapahoe Senior Dental</td>
<td>4100</td>
<td>$ 446,456</td>
<td>$ 65,000</td>
<td>$ 511,456</td>
<td>15%</td>
<td>Delta Dental of CO</td>
<td>Additional funding from Delta Dental to purchase new dental equipment and chairs for Arapahoe Dental Clinic</td>
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<tr>
<td>245</td>
<td>Food Security Specialist</td>
<td>4012</td>
<td>$</td>
<td>$ 103,000</td>
<td>$ 103,000</td>
<td>100%</td>
<td>Adams County</td>
<td>New funding from Adams County (+ 1 FTE)</td>
</tr>
<tr>
<td>222</td>
<td>WIC Central Referral System</td>
<td>4100</td>
<td>$</td>
<td>$ 100,491</td>
<td>$ 100,491</td>
<td>100%</td>
<td>Colorado Health Foundation/CDPHE</td>
<td>New funding from Colorado Health Foundation passed through CDPHE</td>
</tr>
<tr>
<td></td>
<td>All other programs</td>
<td></td>
<td>$ 38,675,462</td>
<td>$</td>
<td>$ 38,675,462</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
<td>$ 44,093,008</td>
<td>$ 865,004</td>
<td>$ 44,958,012</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: All 2020 revenue increases and/or decreases are for direct or grant funded programs and general fund revenues.

### EXPENSE CHANGES

<table>
<thead>
<tr>
<th></th>
<th>Adopted 2020 Budget</th>
<th>Change to 2020 Budget</th>
<th>Revised 2020 Budget</th>
<th>Change Percent</th>
<th>Funding Source</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL-TCHD Agency Wide</td>
<td>$ 44,093,008</td>
<td>$ -</td>
<td>$ 865,004</td>
<td>$ 44,958,012</td>
<td>TCHD</td>
<td>Operating Expenses related to revenue changes above</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 44,093,008</td>
<td>$ -</td>
<td>$ 865,004</td>
<td>$ 44,958,012</td>
<td></td>
<td>2%</td>
</tr>
</tbody>
</table>

Funding Source Definitions:

CDPHE = Colorado Department of Public Health and Environment

DCHS = Douglas County Human Services

1/29/2020
**Budget Planning Calendar**

**February**
- Present Budget Calendar to BOH

**April**
- Division Directors and Program Manager Budget session

**May**
- Meet with BOH Budget Subcommittee to review budget
- Late May/Early June – County Leadership provides “Priorities and Policies” or Budget Guidance documents to internal department directors

**June**
- BOH Meeting – Present the 2021 budget dynamics document
- BOH Meeting – Rubin Brown, LLC presents 2019 year-end Audit

**July**
- Finalize budget data and prepare for August presentations
- Meet with BOH Budget Subcommittee to review Budget Presentation content and approach

**August**
- BOH Meeting – Present the proposed 2021 budget and post on TCHD’s website following BOH approval
- The proposed 2021 budget is presented to and discussed with county budget staff prior to presenting to the Board of County Commissioners
- The proposed 2021 Budget is presented to Adams, Arapahoe, and Douglas Board of County Commissioners

**September**
- Ten County Meeting (BOCC only)

**October**
- BOH Meeting – 2020 Supplemental Budget resolution presented to the BOH based on new/renewal contracts and grants
- County Budgets are presented to BOCC and become publicly available, including recommended TCHD funding

**November**
- Finalize budget data and prepare for December presentation

**December**
- Tri-County Health Department BOH adopts 2021 budget
<table>
<thead>
<tr>
<th>Planning</th>
<th>Guidance</th>
<th>Proposed</th>
<th>Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>January –</td>
<td>February 13&lt;sup&gt;th&lt;/sup&gt; – BOH</td>
<td>April-May – TCHD Spring Update BOCC</td>
<td>August 13&lt;sup&gt;th&lt;/sup&gt; – Proposed Budget Approval</td>
</tr>
<tr>
<td>Finance Internal Planning begin</td>
<td>BOH Budget Subcommittee Meeting</td>
<td>Early-May - First Pass of Division Budgets</td>
<td>Mid-August – County Budget Managers Meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mid to Late-August – BOCC Presentations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-March – BOH Budget Subcommittee Engagement</td>
<td>Late-May – BOH Budget Subcommittee Engagement</td>
<td>October 8&lt;sup&gt;th&lt;/sup&gt; – BOH 2020 Budget Supplemental</td>
<td>December 10&lt;sup&gt;th&lt;/sup&gt; – BOH Meeting - Approval for the Adopted Budget</td>
</tr>
<tr>
<td>Early-April – Division Budget Sessions</td>
<td>April 9&lt;sup&gt;th&lt;/sup&gt; – BOH FY2019 Unaudited Financials Presented</td>
<td>Late-July – BOH Budget Subcommittee Meeting</td>
<td>Mid-October – Update FTE data and adjustments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Late-October - Assess any supplemental budget needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Early-November - Division Reviews</td>
</tr>
</tbody>
</table>
To: Dr. John Douglas and the Tri-County Health Department (TCHD) Board of Health  
From: Heidi Fritz/Kathy Staats/Mellissa Sager  
Cc: Heather Baumgartner  
Date: January 30, 2020  
Re: Proposed Resolution in Support of Healthy Beverage Public Health Policies

Background:
The scientific links between sugary drink consumption and obesity and chronic disease are quite clear.1,2 Reducing sugary drink consumption through education as well as policy, systems, and environmental changes is a key element of TCHD’s work to reduce obesity and chronic disease across our healthy eating/active living initiatives. TCHD has been a key member of the regional Healthy Beverage Partnership since its inception and has also championed innovative policies in partnership with workplaces, schools, childcare centers, and hospitals. Policies have been proven to have a lasting impact on community health, change norms in beverage consumption, helping children grow up healthy, and could help to reduce healthcare costs.

This resolution was drafted for the TCHD Board of Health to take a stand on this important issue. Other Boards of Health in the Denver metro area, representing other agencies partnered with the regional Healthy Beverage Partnership have passed resolutions on various aspects of the sugary drink issue. Our resolution, which this document serves as supplement to, is the first to outline the spectrum of actions that can be taken with our communities to turn the tide on this issue.

Sugary Drink Consumption and Inequities:
Sugary drinks include soda, sweetened fruit drinks, lemonade, flavored milk, sports drinks, energy drinks, sweetened coffees and teas, and other drinks with added caloric sweeteners such as sugar and corn syrup. Sugary drinks are the top source of added sugar in Americans’ diets as well as the single largest contributor to daily caloric intake in the United States.2,3

In TCHD’s 2019-2024 strategic plan, obesity is named as one of the greatest public health challenges impacting our communities. Despite Colorado having the lowest adult obesity rate in the nation, the same is not true for the obesity rate in children, and prevalence of both adult and childhood obesity continue to rise. At the same time, substantial disparities exist in the burden of obesity and related chronic diseases across populations in our jurisdiction.4

Notably, Hispanic and Black children are exposed to higher amounts of advertising for sugary drinks, which contributes to the inequities in both consumption and associated negative health outcomes.5 Latinx/Hispanic and African-American children ages 1-14 in Colorado are more likely to consume one or more sugary drinks per day, at 17.9% and 22.8% respectively, compared to 14.3% of non-Hispanic white children.6 Additionally, 18.9% of Coloradan children in families with annual incomes less than 250% of the Federal Poverty Level (FPL) drink one or more sugary drinks per day, compared to 11.2% of those in families with annual incomes greater than 250% FPL.6

Rationale for a Board of Health Resolution:
As a public entity, TCHD must ensure that evidence-informed interventions are implemented to support the public’s health and reduce health inequities. Adopting this resolution and sharing it with TCHD staff
and the public (per attached communication plan) will increase awareness of the harms of sugary drinks, associated health inequities, and effective public health policy strategies to address these challenges in our communities.

This resolution supports healthy beverage policy processes that encourage community conversations on the role that sugary drinks play in creating health inequities and spur community stakeholder action to reduce sugary drink consumption. Adopting a resolution demonstrates TCHD’s commitment to action and reverse trends in childhood obesity and chronic disease burden. The children and families in our communities will know that their Board of Health influences and contributes to the spectrum of policy and environmental changes needed to address this issue.

The strategies recommended in this resolution are aligned with the following:

- TCHD’s 2019-2024 Strategic Plan and Public Health Improvement Plan
- CDPHE’s 2018-2020 Chronic Disease State Plan
- Governor Polis’ Wildly Important Goals to save Coloradans money on health care and to decrease obesity
- The American Academy of Pediatrics and American Heart Association’s 2019 joint position statement on policies to reduce sugary drink consumption in children and adolescents
- Healthy Eating Research’s beverage recommendations for children 0-5 years old, released in late 2019, representing consensus of the Academy of Nutrition and Dietetics, American Academy of Pediatric Dentists, American Academy of Pediatrics, and American Heart Association on limiting 100% juice and avoiding all sugary drinks
- Change Lab Solutions’ Sugary Drink Strategy Playbook, which outlines a continuum of policy strategies communities can utilize to lower sugary drink consumption
- A substantial body of scientific evidence on the harms of sugary drinks and related health inequities

We appreciate the TCHD Board of Health’s consideration of the proposed resolution (attached) at the February 2020 meeting. Our staff are thankful to the Board for establishing their leadership in this issue area and for using their voice and authority to make a statement on the public’s health and community action through this resolution.

References:

https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/sugary-drinks/
4 Tri-County Health Department 2018 Community Health Assessment, Adams, Arapahoe and Douglas Counties. 
https://www.tchd.org/DocumentCenter/View/5134/TCHD_Community-Health-Assessment-2018
5 UConn Rudd Center for Food Policy and Obesity. Increasing disparities in unhealthy food advertising targeted to Hispanic and Black youth. Jan 2019. 
6 Colorado Child Health Survey 2015-2017


DRAFT Communication Plan for the BOH Resolution on Healthy Beverage Public Health Policy:

On February 13, 2020, the Tri-County Health Department Board of Health will consider a resolution on the harms of sugary drinks and supporting public health policy efforts aimed at reducing sugary beverage consumption. The following actions are proposed to disseminate the Resolution to the community should it be adopted by the Board of Health:

1. Dr. Douglas to send emails directly to all three Boards of County Commissioners and to all local public health directors in Colorado informing them of the passage of the Resolution.
2. HEAL staff to work with Communications staff to issue a TCHD press release about the Resolution and evidence-based approaches to decrease sugary drink consumption the in community.
3. A news item will be added to the TCHD Website.
4. The Resolution will be promoted, with a link to the news item on the TCHD website, on TCHD social media accounts.
5. HEAL staff will provide direct partner communications to key partners on healthy beverage efforts. This will include acknowledgment of the work the partners are doing to help address sugary drink consumption in the community.
6. The Resolution will be promoted, along with additional relevant education for the appropriate audience, through other relevant newsletters and partner communication across TCHD (e.g., schools’ newsletters, childcare newsletter, healthcare provider communications, social media etc.)
7. An article will be drafted for the TCHD staff newsletter, The Triangle, for internal communication to staff.
8. The Resolution will be incorporated into supporting materials TCHD regularly provides to local partners when discussing public health policy and other community-based best practices.

Key Messages:
- There is substantial evidence linking sugary drink consumption to multiple chronic diseases and unhealthy weight status, with disproportionate impact in populations of color and those with lower incomes/socio-economic status.
- Even one sugary drink per day increases risk for overweight/obesity and dental caries in children.
- Public health policy and environmental changes are needed to shift social norms and make healthy beverage choices easier and more accessible.
- TCHD is committed to working collaboratively with partners and community members to improve the health of children and families through reduced sugary drink consumption.
WHEREAS, the mission of the Board of Health and the Tri-County Health Department (TCHD) is to promote, protect and improve the lifelong health of individuals and communities in Adams, Arapahoe and Douglas Counties (“TCHD Community”) through the effective use of data, evidence-based prevention strategies, leadership, advocacy, partnerships and the promotion of health equity; and

WHEREAS, the Colorado Public Health Act of 2008 requires the TCHD Board of Health to develop and promote public policies necessary to secure the conditions necessary for a healthy community; and

WHEREAS, TCHD has identified obesity as one of the greatest public health issues facing our communities and directed increased resources to policy and advocacy work in its strategic plan; and

WHEREAS, the annual health care costs from diseases related to obesity surpassed $190 billion nationally - 21% of total health care spending - and are expected to continue rising substantially; and

WHEREAS, 35.3%, 29.1% and 19.1% of children between the ages of 4 and 18 in Adams, Arapahoe and Douglas Counties, respectively, experience overweight/obesity; and

WHEREAS, substantial and consistent evidence shows that consumption of sugary drinks is associated with chronic disease including type 2 diabetes and cardiovascular disease, increased dental caries, insulin resistance, unhealthy weight, and overall unhealthy eating behaviors; and

WHEREAS, there is increasing evidence on the negative associations between sugary drink consumption and mental health and behavioral outcomes including aggressive or suicidal behavior among teens, as well as risk-seeking behaviors and overall poor mental health; and

WHEREAS, sugary drinks, including soda/pop, fruit punches, sports drinks, energy drinks, sweetened teas, juice drinks, lemonade, and other carbonated or non-carbonated drinks that are sweetened with sugar, corn syrup, or other caloric sweeteners, are the single largest source of added sugar in the American diet and a significant portion of TCHD Community children consume sugary drinks daily: 16.5%, 16.8%, and 13.2%, respectively, of Adams, Arapahoe, and Douglas County children ages 1-18 years.

WHEREAS, the sugary drink industry continues to market heavily to children, with children under 12 seeing more than four times as many ads for sweetened drinks as adults and Hispanic and Black children targeted at disproportionately higher rates than their white/non-Hispanic counterparts; and

WHEREAS, policy changes aimed at decreasing sugary drink consumption, like limiting access to sugary drinks in schools, vending machines, kids’ meals and other settings; excise taxes to increase the cost of sugary drinks; and plain packaging and warning labels; could significantly reduce unhealthy weight status and healthcare costs and improve overall diet quality by increasing awareness of the importance of healthy eating and making unhealthy food and beverage options less acceptable; and

WHEREAS, national health and nutrition organizations, including the American Academy of Pediatrics and the American Heart Association, recommend that all sugary drinks be avoided by children 0-5
years\textsuperscript{xxii} and support policy recommendations to improve child nutrition through reduced sugary drink intake; and

\textbf{WHEREAS}, this resolution aligns with the Colorado Department of Public Health and Environment’s Chronic Disease State Plan 2018-2020, Healthy Eating & Active Living Priority Area 5 - Advance policies and education to curb the consumption of sugary drinks\textsuperscript{xxiv}, as well as Governor Polis’ goal to decrease obesity\textsuperscript{xxv}; and

\textbf{WHEREAS}, TCHD is committed to implementing unbiased, evidence-informed interventions to increase opportunities for a healthy life in Adams, Arapahoe, and Douglas Counties.

\textbf{NOW, THEREFORE, BE IT RESOLVED} that the Board of Health of TCHD endorses and supports efforts to promote evidence-informed public health education and policy strategies that lead to decreased consumption of sugary drinks, especially among children, and hereby recommends the following actions by key community stakeholders, and that TCHD is committed to working with these and other stakeholder groups to advance these strategies on behalf of all children in our communities.

1. \textit{Local governments, including cities and counties:} Consider adopting public policies aimed at decreasing sugary drink consumption, such as healthy standard drinks in restaurant children’s meals, healthy procurement and vending policies for public facilities, limitations on sugary drink advertisements on public property, or sugary drink excise taxes, to protect the health and well-being of children and families in the Tri-County community.

2. \textit{Hospitals/health systems and other anchor institutions:} Adopt and implement policies that decrease availability of sugary drinks and sugary drink advertising while increasing access to healthy beverages at public venues and on healthcare and educational campuses.

3. \textit{Business community:} Increase employee access to healthy beverages through workplace wellness actions like healthy meeting guidelines and increased healthy options in vending and concessions operations.

4. \textit{Childcare providers:} Implement and enforce policies to ensure that young children are not offered sugary drinks and that they are not exposed to sugary drink advertising at childcare sites.

5. \textit{School districts and schools:} Implement and enforce policies that limit or remove sugary drinks from school environments and events. Ensure access to free and safe drinking water. Restrict marketing of sugary drinks in schools, including during athletic events.

6. \textit{Parents and guardians:} Educate yourselves about the harms of sugary drinks on children. Join with other parents and guardians in local community efforts to reduce sugary drink consumption and marketing aimed at children.

7. \textit{Research community:} Partner with public health and other stakeholders to evaluate the impact of healthy beverage policy on health and economic outcomes at both the organizational and public policy levels.

\textbf{ADOPTED AND MADE EFFECTIVE BY THE BOARD OF HEALTH OF TCHD} this 13\textsuperscript{th} day of February, 2020.

\begin{flushright}
Rosanna Reyes, RN, President \hfill \text{Date}
Tri-County Health Department Board of Health
\end{flushright}

\begin{flushright}
Naomi Steenson, RD, Secretary \hfill \text{Date}
Tri-County Health Department Board of Health
\end{flushright}
3 National League of Cities; Economic costs of obesity; https://www.healthycommunitieshealthyfuture.org/learn-the-facts/economic-costs-of-obesity/
4 Colorado Health Observation Regional Data Service (CHORDS) 2018.
13 Colorado Child Health Survey 2017, Healthy Kids Colorado Survey 2017
16 Wootan M. Children’s Meals in Restaurants: Families Need More Help to Make Healthy Choices. Childhood Obesity; February 2012, vol. 8(1), pp. 31-33
21 Hedrick VE, Davy BM, Myers EA, et al. Changes in the healthy beverage index in response to an intervention targeting a reduction in sugar-sweetened beverage consumption as compared to an intervention targeting improvements in physical activity: Results from the talking health trial. Nutrients 2015;7:10168–10178.
23 Muth N, Dietz W, Magge S, Johnson R, American Academy of Pediatrics, Section on Obesity, Committee on Nutrition, American Heart Association; Public policies to reduce sugary drink consumption in children and adolescents; Pediatrics Apr 2019, 143(4) e20190282; https://pediatrics.aappublications.org/content/143/4/e20190282
24 CDPHE Chronic Disease State Plan 2018-2020. https://docs.google.com/document/d/1siuIArZ8VeyihfySye_5RBK5yVpuNqi3NBEVDs587U/edit#heading-h.qo5fzp3qubtv
25 Governor’s Dashboard, https://dashboard.state.co.us/departments.htm
Priority Area Overview

• Priority Area: Health and Food
• Co-Sponsors: Jill Bonczynski and Brian Hlavacek
• Lead: Jill Bonczynski

• TCHD Programs: Achieving Health through Worksites and Government Settings, Advancing Breastfeeding Across Colorado, DRCOG Health Related Social Needs, Diabetes Prevention Program, Early Childhood (Childcare and Education), Food in Communities, Healthy Beverage Partnership, Hunger Free Outreach for SNAP, Regional Health Connectors, WIC and WIC 2 U
Health and Food: Vision and Goals

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

• **Goals:**
  - Increase access to safe, nutritious, affordable and culturally relevant food, especially in communities with limited resources and communities of color
  - Promote food security and healthy eating habits through messaging, education, advocacy, and policy development
PROPORTION OF CHILDREN AGES 1-14 REPORTING FOOD INSECURITY
PROPORTION ELIGIBLE BUT NOT ENROLLED IN WIC
PROPORTION ELIGIBLE BUT NOT ENROLLED IN SNAP

CDHS FNS388 Average Yearly Caseload
PROPORTION OF ADULTS WHO ARE OVERWEIGHT OR OBESE

Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment
Key Partners

• Blueprint to End Hunger
• Hunger Free Colorado
• Regional LPHAs
• Community and Medical Providers
• Colorado Department of Education and other Education Institutions
• Colorado Department of Public Health and Environment
• Health and Human Services
Food Insecurity and Overweight/Obesity
Key Highlights

• Story Map and GIS Asset Mapping
• Metro WIC Directors and Hunger Free Colorado completing focus groups of EBNE with area partners
• Food in Communities Regional Partnership with Denver and Jefferson County
• DRCOG and screening for Health Related Social Needs (SDOH)
• Dual Enrollment in SNAP and WIC at TCHD offices
• Staff and public education about implications of Public Charge rule change
Next Steps/Upcoming Work

• Endorsed Blueprint to End Hunger Legislative Priorities
  • Increased SNAP Outreach Funding to Focus on the Enrollment of Eligible Colorado Students of All Ages
  • Improved the Capacity of Colorado’s Emergency Food Providers in Supplying Families in Need with Colorado-Produced Fruit, Vegetables, Dairy and Meat
  • Expand Additional Healthy Food Incentive Programs (i.e. Double Up Food Bucks)

• Improving the WIC Grocery Shopping Experience
  • Increased redemption of foods = retention on the WIC Program

• Hiring of Food Insecurity Specialist in Adams County
ClaritySoft: Partner Tracking Tool

Tri-County Health Department (TCHD) is interested in helping Board of Health understand the depth and breadth of partners and partnerships it has across the three counties, and beyond, served by TCHD. In 2019, TCHD purchased a software tool to help manage the large number of partnerships in an effort to better track community meetings, policies, collaborations, and opportunities. That tool, known as ClaritySoft, is currently being tested by 25 ‘users’ and will officially go live in April 2020, at which time staff members would like to provide a demonstration of the tool for the Board of Health.

In the meantime, the following spreadsheet is a sample of the number of partners currently loaded into ClaritySoft. The spreadsheet is not complete, as the tool continues to be populated by TCHD users. This is meant to provide a snapshot of the almost 200 partners that are currently in the ClaritySoft system. The tracking tool will continue to evolve as more partners are added and more users are trained in utilizing the system.

TCHD staff will continue to provide updates to the Board of Health and hope that this partner tracking tool will be a useful resource for staff members as well as the Board.
## TCHD Partnerships Snapshot February 2020

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<th>Sector</th>
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<th>PHIP Health and Food</th>
<th>PHIP Health and Housing</th>
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Report: Accounts Report | Doug Glenn

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Generated Date: 01/22/2020
125 Every Child Pediatrics

126 Families Forward Resource Center

127 Front Range Community College

128 Giving Heart

129 Growing Home

130 Health Links

131 Heart Centered Counseling

132 Heartlight Family Clinic Castle Rock

133 Hunger Free Colorado

134 Illuminate Colorado

135 Immunize Colorado

136 Invest in Kids

137 Jefferson County Public Health

138 John Snow, Inc (JSI)

139 Kaiser Permanente

140 Kids First Health Care

141 Larimer County Department of Health and Environment

142 Littleton Public Schools

143 Liv's Farms

144 Mapleton Public Schools

145 Medical Center of Aurora

146 Mental Health Colorado

147 Metro Area Health Alliances

148 Metro Denver Homelessness Initiative (MDHI)

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153 Missouri Recreation Center

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155 North Suburban Medical Center

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157 Operation Nehemiah West

158 Parker Adventist Hospital

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160 Plate Valley Medical Center

161 Rio Above Colorado

162 RVH Health

163 Rocky Mountain Health Centers Pediatrics

164 Rocky Mountain Poison and Drug Center

165 Rose Medical Center

166 Safe Kids Colorado

167 Safeguards Family Health Centers

168 SECURCare

169 Adams, Denver, Des Plaines

170 Signal Behavioral Health Network

171 Sky Ridge Medical Center

172 Sky Ridge Pediatric Advisory Council

173 South Metro Denver Chamber

174 South Metro Fire Rescue Authority

175 South Metro Housing Options

176 Spring Institute for Intercultural Learning

177 St. Anthony North Health Campus

178 Strasburg School District 31J

179 STRIVE Community Health Center

180 Swedish Medical Center

181 Telgeen

182 Thurston Fire Department

183 Town of Castle Rock

184 Trailhead Institute

185 UCHI Health

186 Union Housing Partners

187 University of CO School of Medicine, Harris Program

188 University of CO Stages School of Pharmacy

189 University of CO Practical Innovation Program

190 Weld County Department of Public Health and Environment

191 Westminster 50 School District
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Retail Food Program Enforcement Changes

During the 2019 Legislative Session, Colorado Revised Statute 25-4-1611, the “Civil Penalty Statute” was repealed and replaced. Colorado Revised Statute 25-4-1611.5 is the replacement statute and became effective on January 1, 2020. The previous enforcement protocol focused resources to individual violations and was extremely resource intensive. The newly modified system focuses on assessment of a facility’s overall compliance versus individual violations and provides a process to address issues of significant noncompliance in a timely manner that is protective of public health. Moreover, this statute alleviates some of the administrative burden of the previous law by reducing the number of notices of non-compliance a retail food operation would receive prior to a suspension or revocation of license. Additionally, a statewide uniform system of communicating inspection results to the public has been revamped and can be utilized by any local public health department wishing to do so. This system utilizes the terms Pass, Re-inspection Required, and Closure, and is based on a point-grading system.

The grading system is based on an algorithm that has an assigned number of points prescribed for each violation and incorporates a pervasiveness and severity element in terms of low, medium, and high. More pervasive and severe violations will be weighted at a higher point value than a less common or simple mistake-type violation. Therefore, a complete subjective review of the facility is conducted versus a checklist-type inspection that focuses more on singular violations as was previously performed, and greater educational communication with the retail food establishment personnel is encouraged by this approach.

This methodology now incorporates immediate closures as corrective actions, and the retail food establishment must meet prescribed criteria to be considered for re-opening, to ensure that proper food safety practices have been incorporated into the day-to-day activities. Once the retail food establishment is given approval to re-open, a complete re-inspection is then conducted within 10 days. This inspection should hopefully result in a “pass”, but may require an additional “re-inspection”, or “closure”, as the attached flowchart indicates. Each step is dictated by the performance of the retail food establishment personnel to demonstrate effective food safety practices. In addition, an establishment that has four consecutive or 4 out of 5 inspections that do not “pass” will be closed for up to 3 days and may be assessed $1,000 civil penalty. Three suspensions and associated civil penalties within a 12-month period will then result in a license suspension or revocation hearing, similar to the previous statute requirements. With this new statute, those facilities that do poorly on inspections, but correct all violations for anticipated follow-up inspections, will be regulated more effectively, in turn improving food safety in a more efficient approach.
Routine Inspection

110+ Points or Imminent Health Hazard

0-49 Points

1st Complete Re-Inspection

50-109 Points

0-49 Points

2nd Complete Re-Inspection

50-109 Points

0-49 Points

3rd Complete Re-Inspection

50+ Points or IHH

Pass

A closed facility may not re-open until a follow-up inspection occurs and all Priority and Priority Foundation violations are corrected and all conditions are met to re-open. After re-opening, the facility will have a complete re-inspection within 10 days.

Closed for up to 3 days.
$1000 Civil Penalty.

After 4 consecutive or 4/5 non-passing inspections in a 12 month period, facility is closed for up to 3 days and issued a Civil Penalty. If 3 Civil Penalties are issued in a 12 month period, a Notice of Hearing and Charges will be issued and proceedings to suspend or revoke the RFE’s license to occur.

Revised 1/31/2020
The Colorado General Assembly convened on January 8, 2020 to begin the second regular session of the 72nd General Assembly. The legislative session will continue for 120 days, ending May 8th, 2020. As of January 30, 2020, 333 bills have been introduced. Of those bills, TCHD is monitoring 114. We anticipate the introduction of more than 200 additional pieces of legislation before the conclusion of the legislative session. Please see below for notable bills of interest:

**HB20-1001 - Nicotine Product Regulation**
*Status:* Hearing Scheduled February 12, 2020 in House Health & Insurance Committee
*Bill Sponsors:* Rep Mullica (D), Rep Larson (R), Senator Bridges (R), Senator Priola (R)
*Summary:* This bill would (1) repeal the criminal penalty for youth purchasing or attempting to purchase nicotine products; (2) prohibit retailers from allowing a person under the age of 18 to sell nicotine products; (3) increase the number of compliance checks required at each retail location to two per year; (4) require retailers to obtain a state license to sell nicotine products; (5) prohibit new retail locations within 500 feet of a school; (6) prohibit retailers from displaying advertisements visible from outside of the retail location; (7) prohibit direct to consumer delivery of products; (8) increase fine amounts for sales to minors; and (9) temporarily prohibit retailers from selling after a second sale to minor violation.
*TCHD Engagement:* CALPHO is actively supporting this bill and will provide testimony at the bill hearing. TCHD is drafting a letter of support to be distributed to the five TCHD representatives sitting on the House Health & Insurance Committee.

**HB20-1065 – Harm Reduction Substance Use Disorders**
*Status:* Hearing Scheduled February 19, 2020 in House Health & Insurance Committee
*Bill Sponsors:* Rep Kennedy (D), Rep Herod (D), Senator Pettersen (D), Senator Priola (R)
*Summary:* This bill would (1) Require insurance carriers to reimburse a hospital when the hospital discharges a covered patient with an opiate antagonist; (2) allow a pharmacist to sell a syringe or needle to any person; (3) extends civil and criminal immunity for a person who administers an opiate antagonist when the opiate antagonist was expired; (4) remove the requirement that entities first receive local board of health approval before operating a clean syringe exchange program – operators are limited to non-profits contracting with an LPHA and hospitals; and (5) allocate $2.05 million to the harm reduction grant program.
*TCHD Engagement:* CALPHO is supporting this bill.

**HB20-1085 – Prevention of Substance Use Disorders**
*Status:* Hearing Scheduled February 19, 2020 in House Health & Insurance Committee
*Bill Sponsors:* Rep Kennedy (D), Rep Herod (D), Senator Winter (D), Senator Priola (R)
*Summary:* This bill would (1) improve insurance coverage of pain management alternatives to opioids, such as physical therapy, acupuncture and occupational therapy as well as medications such as atypical opioids or non-opioids; (2) expand continuing education for prescribers of pain medication; (3) continue indefinitely the requirement that a health care provider query the program before prescribing a second
Tri-County Health Department  
Board of Health Meeting  
February 13, 2020

fill for an opioid and prescribe no more than a 7-day supply for first fill; (4) require providers to query the PDMP before prescribing a benzodiazepine; (5) provide funding for the delivery of prevention services through LPHAs; and (6) expand screening, brief intervention and referral to treatment (SBIRT) as a standard of health care.  
TCHD Engagement: CALPHO is actively supporting this bill. TCHD’s Maura Proser will be providing testimony in support of this legislation as an LPHA representative. TCHD was asked by CALPHO to testify.  

HB20-1094 – Repeal Fee Cap On-site Wastewater Treatment System  
Bill Sponsors: Rep Catlin (R), Rep Arndt (D), Senator Ginal (D), Senator Coram (R)  
Summary: This bill would repeal the $1,000 cap on the amount that local boards of health may charge for on-site wastewater treatment system permits. This would allow local boards of health to recover the actual direct and indirect costs associated with inspections. Amended to require local boards of health to provide permittees with permit fee calculations upon request.  
TCHD Engagement: CALPHO is actively supporting this bill.  

HB20-1239 – Consumer Protections Concerning Vaccinations  
Status: Introduced 2/03. Committee hearing not yet scheduled.  
Bill Sponsors: Representative Dave Williams (R)  
Summary: This bill would require health care providers to provide information on (1) parents’ right to refuse vaccine with parent signature; (2) the vaccine manufacturer, ingredients, risks, and recalls; (3) the federal health resources; (4) patients’ exemption rights for medical, personal OR religious reasons; (5) CDPHE data collection; (6) liability for vaccine administers; (7) any incentives received by the provider for vaccine; (8) the risk of contracting the disease/illness for which the vaccine is given; (9) and patients’ right of action against a vaccine manufacturer. The bill also requires CDPHE to develop a vaccination contradiction checklist for providers to complete prior to any vaccination. The bill states that providers must report adverse events, may not deny health care services to a patient that chooses not to vaccinate, and may not coerce patients into vaccination. Insurers would be prohibited from denying coverage or increasing premiums for those that choose not to vaccinate. Schools would be prohibited from dismissing or refusing to admit a student who has claimed a vaccine exemption. And the bill expressly prohibits any type of in-person submission requirements for vaccine exemptions. The bill imposes civil liability for any violations.  
TCHD Engagement: CALPHO is actively opposing this bill.  

SB20-084 – Prohibit Requiring Employee Immunization  
Status: Hearing Scheduled February 10, 2020 in Senate State, Veterans, & Military Affairs Committee  
Bill Sponsors: Senator Marble (R), Rep Saine (R)  
Summary: This bill would prohibit employers, including health facilities, from taking any adverse action against an employee or applicant based on immunization status. The state board of health passed Rule 6 CCR 1011-1 Chap 02 (2012) to require healthcare facilities to implement internal flu vaccine requirements for employees. Most healthcare facilities have implemented more comprehensive employee immunization policies. TCHD requires anyone with direct clinical contact to have all CDC recommended vaccines for healthcare personnel - hepatitis B, influenza, measles, mumps, rubella,
pertussis, and varicella. These requirements are an essential part of infection prevention and control for slowing or stopping the transmission of vaccine preventable diseases, especially among those working with the most susceptible patients. This new bill would prevent employers from requiring these immunizations or even requiring employees who are not immunized to wear a surgical mask when working with patients.

**TCHD Engagement:** CALPHO is actively opposing this bill.

**Other areas of interest:**

CALPHO is supporting three additional opioid bills not listed above: (1) HB20-1017 - [Substance Use Disorder Treatment In Criminal Justice System]; (2) SB20-007 - [Treatment Opioid And Other Substance Use Disorders]; and (3) SB20-028 – [Substance Use Disorder Recovery].

TCHD is monitoring a variety of other bills addressing access to and cost of care, social determinants of health, schools and health, injury prevention, equity, employment, early care and education, environmental health, mental and behavioral health, food, housing and immunizations. All bills tracked by TCHD can be found [here](#).

TCHD anticipates the introduction of several other bills of interest including (1) additional immunization requirements, (2) a paid family leave program, (3) a public option for health insurance, (4) additional SNAP outreach funding, (5) additional funding for Long Acting Reversible Contraception (LARC), (6) additional funding for public health infrastructure, and (7) a ban on flavored nicotine products.

On a procedural note, two TCHD state representatives left office this year. Representative Susan Beckman (R), House District 38, Arapahoe County, resigned on January 17th. Senator Lois Court (D), Senate District 31, Arapahoe County and Denver, resigned on January 16th. Vacancies in the Colorado state legislature are filled by a vacancy committee consisting of members representing the political party that last held the seat. Senator Court’s vacant seat was filled by then House Representative Chris Hansen. The representatives chosen by the vacancy committees will serve the remainder of Rep Beckman’s and Rep Hansen’s terms, both set to end in November 2020. It is not clear when Rep. Beckman’s vacancy will be filled.

TCHD’s Policy and Intergovernmental Affairs Manager will provide additional updates at the next Board of Health Meeting. TCHD will continue to use the Policy on High Profile Communications to update the board of engagement activities in the interim.
Purpose of program
The Water Quality Program is one component of the overall Water Program at TCHD that consists of water quality, onsite wastewater treatment systems, and recreational water (pools and spas). The water quality program serves as a resource and provides education on water quality issues to our partners and citizens. Providing citizens of Adams, Arapahoe, and Douglas Counties accurate information about the quality of their drinking water, and ensuring access to clean drinking water is a crucial aspect of protecting public health. The water quality program is involved in a wide range of topics including responding to contaminants of emerging concern such as per-and polyfluoralkyl (PFAS) substances, providing education about private wells, sampling of private wells in Adams County for contaminants related to oil and gas development, water conservation, and responding to citizen complaints and concerns.

Additionally, the Water Quality Program participates in many stakeholder groups including Cherry Creek Basin Water Quality Authority, Chatfield Watershed Authority, and several others. This allows the program to stay up to date and to participate in local issues regarding water quality and environmental health. The water quality program also regularly works with the land use program to provide insight on issues such as water quality, water quantity and water conservation.

Major accomplishments and changes in last 1-2 years
- **Contaminants of Emerging Concern/PFAS**
  - Conducted outreach to 217 homes on private wells that may be impacted by PFAS contamination in Adams County. No exposures were identified.
  - Continuing to follow the Buckley AFB response regarding PFAS contamination and are currently waiting on the press release and sampling plan from Buckley AFB.
  - Conducted PFAS sampling with CDPHE for public water systems with source water wells in the vicinity of possible PFAS contamination from Buckley AFB. All results were free from PFAS contamination.
  - Continue to participate in workgroups regarding PFAS contamination within South Adams County Water and Sanitation District boundaries.
  - Participating in State policy workgroup
- **Private Well Sampling in Adams County**
  - Updated agreement with Adams County to continue sampling private wells within ½ mi of an active oil and gas well. Samples are analyzed for 59 VOCs, pH, total dissolved solids, chlorides, fluoride, alkalinity, sulfate, nitrate/nitrite, arsenic, barium, calcium, chromium, iron, magnesium, selenium, sodium, sulfur and uranium.
  - Sampled approximately 83 wells to date under this program.
- **Private Well Sampling in Adams County**
  - Received a $12,000 grant from the Colorado Water Conservation Board (CWCB) to conduct outreach and education about water conservation practices for homeowners on private wells.
  - Served on the South Adams County Water & Sanitation District’s committee to address water hardness. A cost-effective solution was implemented to address the citizen’s concerns.
  - Conducted outreach presentations to real estate agent groups to educate them on private wells and transferring ownership during a real estate transaction.

Goals for the next 1-2 years
- Continue to implement the Adams County private well sampling program as funds allow.
- Implement CWCB grant for education and outreach on water conservation issues for homeowners with private wells and septic systems.
- Continue TCHD’s involvement and participation with CDPHE’s policy group for PFAS.
- Continue to support our partners and citizens with evolving developments related to PFAS.
Purpose of program
The primary purpose of the wastewater program at Tri-County Health Department (TCHD) is to oversee the installation, repair, and use of On-site Wastewater Treatment Systems (OWTS) in TCHD’s jurisdiction and is one component of the overall Water Program. OWTS that are properly designed, installed, and maintained minimize risks to the public health and the environment by ensuring that wastewater produced is treated and disposed of in a safe manner. OWTS are defined as those wastewater collection systems that receive 2,000 gallons per day or less, and their oversight is provided using TCHD’s Regulation O-17. In addition to regulatory oversight, TCHD actively engages with the industry and private homeowners to increase awareness and education around OWTS. The following chart shows the last 5 years of permit activity for New, Repair/Expansion, and Use (sale of property) Permits.

Major accomplishments and changes in last 1-2 years
- Improved access to historical records
  - TCHD implemented the ability to search OWTS permitting records online, which has resulted in an internal cost and time savings and provides a better service to citizens and the industry looking to access these records.
- Implemented changes with Regulation O-17
  - With the passage of Regulation O-17 in October of 2017, TCHD has been hard at work educating the industry and adjusting internal processes to reflect the new changes.
    - Education now required for industry professionals.
    - More OWTS options for home sites that are restricted by geography.
    - Additional design criteria for soils with high rock content.
- Increased outreach to real estate professionals to increase knowledge of Use Permit program

Goals for the next 1-2 years
- Continue to improve the quality of OWTS being installed in our jurisdiction by providing training opportunities to the regulated community.
- Develop educational materials and increase outreach to private property owners to educate them on the importance of maintaining their OWTS.
- Increase permitting efficiency and the user experience by working towards implementing new permitting software and decreasing reliance on paper based processes.
- Support pending legislation in 2020 (HB20-1094) to eliminate the permit fee cap, allowing local boards of health to recover the cost of providing OWTS permits without taxpayer subsidization.
1. **TCHD PROGRAMS:**

**Douglas County Nurse Support Program**

On December 16, 2019, the Douglas County Board of Commissioners agreed to implement a Nurse Support Program for Douglas County. This marks more than five years of negotiation and creative collaboration to fully fund a nurse home visitor who will receive referrals from both Child Protection Services and the Temporary Assistance for Needy Families (TANF) human services teams. The Nurse Support Program will help families with parenting education, child development, and access to resources to increase family self-sufficiency, improve family dynamics and reduce the need for human services intervention. Additionally, Nurse Support Program staff will attend the Douglas County Collaborative Management Program, Douglas County Health Alliance and others in partnership with the Douglas County community and TCHD’s Regional Health Connector. TCHD will begin receiving referrals to see clients in late January to early February.

**Improving Health through Poverty Reduction**

The Earned Income Tax Credit (EITC) is cited as one of the nation’s most successful anti-poverty tools, promoting employment while providing valuable tax refunds to lower-to-moderate wage earners, and is an important approach to addressing health equity. The EITC has been associated with improved outcomes in infant health, academic performance, higher education attainment, and increased work hours. Our Maternal and Child Health team is leading a department wide effort to spread the word among employees and clients, with client-facing divisions being provided co-branded campaign materials from The Piton Foundation, talking points, and other awareness materials on EITC benefits. The Get Ahead Colorado campaign has been a vital support tool. This year, we are partnering with Bright by Text to share an EITC text message to more than 14,000 households and, through our Healthy Communities program, text messages and robocalls will be sent to over 10,000 households in zip codes experiencing higher rates of poverty.

**Children and Youth with Special Health Care Needs**

The MCH Medical Home team recently completed a strengths assessment to help inform and enhance our support of children and youth with special health care needs and their families. An asset-focused model was used to incorporate robust engagement and emphasize strengths embedded in community. Themes were identified through an analysis of information collected via a family survey, family focus groups, and learning conversations with professionals identified as consistent sources of support for families. Connectedness and support as well as resilience and advocacy were identified as overriding assets to acknowledge, foster, and maximize. The MCH team will use the results to incorporate strategies such as increasing the percent of families that are referred to peer support networks when there is an indication of social isolation and lack of support. Increasing parent and caregiver connections to peer support
networks can build capacity within families and communities, resulting in increased resilience, stronger self-advocacy skills, and better health outcomes.

**Advancing Breastfeeding in Colorado**

TCHD is celebrating the following breastfeeding promotion outcomes achieved over the past quarter:

- 4 new child care sites were certified as Breastfeeding Friendly. See photo for Cribs 2 Crayons’ certification announcement.
- TCHD is working with CDPHE’s Breastfeeding in Child Care Advisory Committee to develop a training module and pilot program for a statewide version of the Breastfeeding Friendly Child Care certification.
- Every Child Pediatrics implemented a new Breastfeeding Friendly Medical Office Policy across all of their sites, including the Thornton and Aurora clinics. They also added TCHD’s Lactation Resource Guide to their electronic medical record system. Additionally, TCHD staff conducted an in-person lactation training for 22 of their medical providers and nurses on 11/20/19.

**Tobacco Policy Update**

**Local Tobacco Policy**
The City of Castle Pines passed a comprehensive tobacco retailer license and minimum legal sales age ordinance on December 12, 2019. This is the first such ordinance in the jurisdiction. The Council was committed to protecting young people and learned about the importance of these policies through the Douglas County Youth Substance Abuse Prevention Coalition and from education and support of TCHD. Our staff is currently engaging in conversations with 10 municipalities about these policies, reaching out to all municipalities with offers of support, and expects to see many more ordinances coming over the next several months. The recent BOH resolution on vaping has been a valued component of the education provided to municipalities.

**Federal and State Tobacco Policy**
On December 20, 2019, the U.S. Food and Drug Administration announced it would immediately begin implementing and enforcing a federal minimum legal sales age of 21 for all tobacco products, including electronic devices. T21 is now the law nationwide. This does not remove the need for local action - local ordinances provide for local oversight and more frequent enforcement, which we know is the primary factor making these policies so effective. On the first day of the state legislative session, HB20-1001 was introduced, which would raise the...
statewide minimum legal sales age to 21 and institute a statewide tobacco retailer license. Though local licenses are not required through this law (as they are with alcohol), dual license is permissible, and the local license would take precedence, meaning the state would not issue a state license until the local license has been issued, and the retailer must always remain in good standing with the local license. TCHD still encourages all local communities to adopt their own measures to ensure local compliance.

**Healthy Aging**

Good news: research shows that education and intergenerational connection are effective in reducing ageism. Our Healthy Aging team hosted a learning event for staff across six divisions in December as part of a campaign to increase understanding of ageism and its adverse effects, think about why ageism exists, and motivate collective action to address it through our work. Led by Changing the Narrative Colorado, the “on the same pAGE, let’s talk about AGEism” campaign sought to host 100 conversations in 10 days. To learn more, visit https://changingthenarrativeco.org

**Status of County-funded Positions**

**Adams County-Funded Positions**

Adams County has funded two specific positions to work on public health issues that are of high priority for the County. These positions include a Food Security Specialist and an Air Quality Policy and Program Specialist. The Nutrition Division posted the Adams County Food Security Specialist position on January 9, 2020. As of January 31, 2020, we have received 35 applications. Applications are being reviewed and will be phone screened and then narrowed down to top candidates for an interview by a cross-divisional team in the following weeks. The Environmental Health Division posted the Air Quality Policy and Program Specialist position on January 31, 2020 and is in the process of receiving applications. TCHD looks forward to hiring these positions as soon as possible to support the goals of Adams County.

**Mental Health Promotion and Suicide Prevention Position**

Beginning January 1, 2020 general funds were allocated to support TCHD’s role in promoting mental health and preventing suicide across all ages and TCHD-area counties. Staff are currently launching work with an external contractor and a broad system of partners to a) create a structural framework that clarifies and catalyzes broad implementation of shared mental health promotion strategies and b) develop actionable recommendations for the optimal public health role in improving mental health and preventing suicide within our unique counties. The product and process will be driven by data, evidence, and national guidance; informed by existing assets, gaps, and community momentum; and engage partners as key informants and co-planners.

**Summary of Point of Dispensing Exercise**

TCHD’s Emergency Preparedness and Response (EPR) program is in the midst of a medical countermeasures training and exercise series to ensure our staff and partners understand our
collective roles during a large-scale public health incident that requires the activation of a point of dispensing (POD). On January 8, 2020, TCHD conducted a full-scale POD exercise (Operation POD-Cast) at the Front Range Community College in Adams County and activated our Public Health Incident Management Team at our alternate Department Operations Center, which is located at our Westminster Office. During the exercise, we tested POD set up and operations, with specific focus on how we serve the needs of unaccompanied minors who present at the POD. In all, we processed 147 individuals and dispensed 305 doses of ‘medication.’ These exercises enable us to practice POD operations, test our continuity planning around incident response, test TCHD staff’s ability to respond to long-term incidents of increasing complexity, validate planning and training efforts, and identify areas that need improvement.

**Annual Public Health Emergency Operations Plan Approval**

TCHD’s Public Health Emergency Operations Plan (PHEOP) sets the framework and infrastructure for how TCHD prepares for and responds to incidents. This plan and its annexes, appendices, and attachments direct public health response and recovery efforts within our jurisdiction or when TCHD acts in its role as the Emergency Support Function #8 (ESF #8) – Health and Medical lead. TCHD also provides support to Elbert County for public health emergency preparedness and response activities.

TCHD’s EPR staff and other agency subject matter experts review and update the PHEOP annually. Modifications are based on changes in the emergency response, legal, and political environments; lessons learned from exercises and real world incidents; and input from internal and external partners. Changes are reviewed by TCHD’s Executive Management Team each January and, once approved, signed into effect for the next calendar year. This process was just completed in January 2020.

**TCHD Branding Guide**

To ensure consistency across Tri-County Health Department and to continue to build credibility with our residents and partners, we are implementing new branding standards on Feb. 20, 2020. Standards will include specific TCHD colors, fonts, voice and look as well as email signatures. The new [branding guide](#) can be found on the TCHD Employee Link on Feb. 20, 2020.

**TCHD WIC Funded to Implement a Colorado WIC Centralized Referral Pilot**

The State Agency for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) at the Colorado Department of Public Health & Environment (CDPHE) has been awarded grant funding from the Colorado Health Foundation to pilot a centralized referral process. The pilot aims to improve and centralize WIC referrals from health care and community partners that screen for food insecurity to equitably maximize program access for eligible participants statewide (referrals come through the PEAK portal and on-line referral form). CDPHE WIC will oversee the pilot and provide funding to TCHD’s WIC Program to operate the centralized referral process for selected local agencies throughout the state including: TCHD’s Westminster clinic, Larimer, Summit, Northeast, Park, Clear Creek, Baca and Otero.
counties. Starting in late summer, TCHD will also pilot a two-way texting platform as a means of communication and outreach to potential WIC clients versus phone follow-up. TCHD will be funded through September 30, 2021.

**Strategic Initiatives Funding Support for Plan Implementation**

The 2020 Adopted Budget included $136,000 for Strategic Initiatives to support efforts related to the Public Health Improvement Plan and Strategic Plan. This will be the fourth year that TCHD has been able to offer funds that promote innovation and the ability to implement strategies in our plans. The funds are distributed through a Request for Proposals (RFP) process. The first round of funding occurred in December 2019, with projects to begin in January 2020. We received seven proposals totaling $91,660. After review by the Executive Management Team, four projects were approved totaling $66,260. The remaining balance is $69,740. Two additional application periods will be available in 2020; one in March and the other in May. The first projects funded are outlined below:

1. **Policy and procedure training** (Strategic Plan: Standardize and enforce policies and procedures), $5,260: provides critical training on policy fundamentals for Policy and Procedure Task Force.
2. **Compensation review** (Strategic Plan: Address competitive pay and benefits), $50,000: hires expert compensation consultant to refresh and update TCHD’s pay plan and guiding documents.
3. **Special population outreach** (PHIP: Access to Mental and Physical Health Care), $6,000: conduct outreach to families who have disenrolled from Medicaid to better understand causes and barriers.
4. **Homelessness study** (PHIP: Health and Housing), $5,000: supports the Tri-Cities (Cities of Sheridan, Englewood, and Littleton) and University of Denver’s Burns Center of Poverty and Homelessness to conduct a study with a goal to better understand the nature of chronic and family homelessness.

**Compensation and Benefits Consultant**

In the Strategic Plan, the first step in achieving Goal 1a.1, “Address competitive pay and benefits”, is to ensure enactment of clear policies and procedures that outline all phases of our pay and benefit practices to share with employees. In order to complete this goal by the 2nd quarter 2020, we have engaged a compensation consultant, Joann Nelson from Rooted Resolve, who will work with Human Resources personnel, our Strategic Plan Task Force, and TCHD management to produce a refreshed and standardized, market-based Pay Plan along with a completed Compensation Resource Guide for all employees to review. The Human Resources kick off meeting was held on 1/30/2020 and Joanne Nelson will begin working with the strategic plan team and subject matter experts in February. The cost is covered by Strategic Initiatives Funding.
Summary of Kaiser Survey Results

In December 2019, TCHD surveyed employees enrolled in Kaiser for medical coverage to gauge their level of satisfaction in comparison to 2018 when we first contracted with Kaiser. Survey results indicate that employee satisfaction has improved in all areas except for access to specialty care. On January 7, 2020, we met with our Kaiser representatives to discuss the survey results and they agreed to focus on improving all areas in which our employees raised concerns, particularly access to behavioral health care. In 2020, Human Resources and Kaiser will provide extensive education to our employees to ensure they know how to navigate Kaiser’s system and to provide support if issues arise.

Immunization Campaign Summary

From October 22 to December 31, 2019, TCHD ran a Measles, Mumps and Rubella (MMR) immunization campaign to raise immunization rates among kindergarten-aged children. This was done in partnership with Denver Public Health and Jefferson County Public Health with a grant from CDPHE. The campaign, which included radio ads, digital advertising, social media and ads on Rocky Mountain PBS, resulted in more than 13 million impressions and 3,000 website visits to www.keepmeaslesout.org. While results are not final, early numbers indicate that kindergarten MMR rates have gone up in the last reporting cycle.

Partner Requests and Community Events

Above and beyond TCHD’s proactive community campaigns, programs, and services, our agency also receives a high volume of ad hoc requests from partners for participation in a wide variety of health-influencing events. TCHD’s Sue Howk coordinates a systematic process of prioritization and triage to ensure our teams can respond in a rapid and efficient manner that results in high partner satisfaction. From these ad hoc requests, TCHD participated in 133 health-supporting community events in 2019, reaching a total of 5,965 community members.
Examples of requesting partners include Adams County Human Services, Colorado Access, Developmental Pathways, Food Bank of the Rockies, Stride Clinic, Innovative Housing, Brighton Housing Authority, Asian Pacific Development Center, and the African Community Center. TCHD fulfilled requests to participate in wellness events for city employees in Aurora, Englewood, Greenwood Village, Littleton, and Northglenn, providing valuable information to employees and their families. Our staff also met with students, faculty, and parents in a number of schools in Adams 12 School District, Aurora Public Schools, Douglas County School District, Englewood Public Schools, and Sheridan School District, sharing information and exchanging ideas on topics such as vaping, nutrition, and healthy beverages. Partners also requested information on our general services such as WIC, immunizations, access to care and reproductive health, as well as specific issues such as diabetes education, disease prevention, and mental health awareness. Events with particularly wide reach included Northglenn Derby Days, Aurora Pride Fest, The Central American Festival, and the Community Baby Fair. See chart for sectors served through event partnerships over the previous year.

**TCHD’s Learning Management System Goes Live**

A new way to experience training has arrived at TCHD. As part of the Workforce Development Plan and strategic initiatives, a new Learning Management System (LMS) went live for all TCHD employees on January 31st. Our new LMS will provide employees easy access to a multitude of quality on-line trainings that will help advance employee skills and competencies in a variety of areas. This is one large step in meeting the goal of promoting professional and leadership development by providing training opportunities to all.

**Update on Electronic Health Record Implementation**

The Nursing Division is currently working with Netsmart to evaluate an upgraded version of their Electronic Health Record (EHR) called, “myInsight”. Our current EHR, “Insight”, is antiquated and will not be supported by the company in coming years. It operates on an in-house server that will no longer be supported, which puts our system at risk. The benefits of going to a new EHR using a cloud-based system includes increased efficiency and manageability. Cloud services from a data center are specifically designed to ensure scalability, reliability, redundancy, and 24/7 monitoring. In addition, cloud services supported by an EHR vendor ensures the security of Protected Health information (PHI) and HIPAA compliance.
In addition to evaluating myInsight, the Nursing Informatics team is also assessing other EHRs on the market and talking to other agencies to ensure we select the best fit for our agency. The Nursing Informatics team includes staff members from other divisions to ensure appropriate implementation of contract management, change management, project management and integration of I.T. solutions. Our current projection focuses on implementation taking place in 2020/2021.

**CABO Update**

TCHD’s Project CABO! (Enterprise Resource Planning/Human Resource Information System) is continuing to move forward. Vendor proposals were due on January 21, 2020, and we received five proposals. We are using an internal vendor scoring committee to independently review each proposal and to provide an initial score for each element in the RFP. Our consultant, BerryDunn, was onsite on February 11, 2020 to complete first round vendor scoring. We have identified a shortlist of vendors based on that meeting to invite back for demonstrations. Staff from across the agency will be involved with the vendor demonstrations, which will be held the week of March 23rd, 2020. We hope to go under contract with a vendor or vendors by the end of April. Once a vendor is chosen, we will be working with the vendor to establish a detailed project plan, which will include configuration, testing, and training phases. Our anticipated go-live date is likely in April 2021.

**2. PUBLIC HEALTH ISSUES:**

**Public Charge and Staff Guidance**

On January 27, 2020, the Supreme Court ruled that the “Public Charge” rule may go into effect. This means some immigrants can now be penalized for utilizing benefits such as SNAP, Medicaid, and housing assistance when going through the immigration process. A full explanation of the rule is attached (Overview for TCHD Staff document). The Public Charge rule was initially proposed in late 2018 by the Department of Homeland Security. TCHD submitted comments to the federal register opposing the changes because of good evidence that reduced benefit participation would hurt the health of families in our jurisdiction. The media coverage surrounding the rule has caused fear and confusion and made people more reticent to participate in any government program. As the issue has proceeded through the rule-making process and the judicial system, TCHD staff have been provided regular updates in order to ensure we can provide accurate information and quality referrals to our clients.

**2020 National Radon Action Month Activities**

January is National Radon Action Month (NRAM). In recognition and support of NRAM, TCHD continued its campaign to educate the public about radon-related risks and options for testing and mitigation. For the third straight year, TCHD received $5,000 in grant funding from CDPHE to purchase 327 short-term radon test kits for public dissemination, contract with Lamar Advertising for a radon banner, and contract with RTD for 30 bus advertisements which ran...
throughout January. TCHD also wrote an op-ed, added NRAM-specific content to our radon web page, and stepped up social media outreach. By late January, the total number of media hits in the Denver Metro area had reached 113, with a total local TV audience of 1,848,413 and a total online news audience of 424,556. The response to the free radon test kits was immediate and all were disseminated within the first two weeks of January. We plan to explore ways to provide a higher number of free radon test kits in future years.

Response to the December 2019 Suncor Incident

In early January 2020, Dr. Douglas and Brian Hlavacek attended a meeting at the State Capitol that was convened by State Representatives Adrienne Benavidez and Alex Valdez. Also in attendance were Adams County Commissioner Steve O’Dorisio; Jill Hunsaker Ryan, Executive Director of CDPHE; John Putnam, Director of Environmental Program at CDPHE; Bob McDonald, Executive Director and Public Health Administrator for Denver Department of Public Health and Environment (DDPHE); and Liz Scherer, Section Manager for DDPHE. The purpose of the meeting was to discuss the events of the Suncor incident on December 11, 2019 that resulted in catalyst material being released from a fluidized catalytic cracker unit (FCC) at the refinery as well as the efforts being undertaken to minimize such incidents in the future. The release resulted in the catalytic material being deposited in some areas of Commerce City, which raised public concern about the potential health effects. Also of concern is the recurring pattern of Suncor incidents over the last several years. During the meeting, CDPHE voiced a commitment to determining the root causes of these incidents; a renewed philosophy of enforcement and penalties, including a legislative effort (HB20-1143) to increase the penalty cap in statute; and ongoing enforcement actions at Suncor.

TCHD, in coordination with CDPHE, has collected dust samples from the incident and has also placed particulate monitors in Commerce City to watch for abnormal levels of particulate matter during startup operations at Suncor. Dust sample results should be available in the near future. TCHD is also continuing to push for an Industrial Area Coordination Plan that would set the framework for response to complex incidents within Adams County, specifically Commerce City, that require cross-jurisdictional and cross-disciplinary efforts.
Overview for TCHD Staff – Changes to “Public Charge” Rule

If a client has questions about their specific immigration case, how can I help?
Each person’s immigration case has specific legal issues which need to be addressed by an attorney who specializes in immigration law. Resources for making a referral to an immigration attorney can be found here, including information about low cost options. We cannot provide legal advice to our clients.

What is “Public Charge?”
A “public charge” assessment is made by U.S. Citizenship and Immigration Services (USCIS) to identify immigrants who may depend on the government as their main source of support. Several factors including a person’s age, health, education, financial status, and whether someone in the U.S. can provide economic support are considered in a public charge determination. Use of certain public benefits including Supplemental Security Income (SSI) and Temporary Assistance for Needy Families (TANF) can be used to classify an applicant as a potential public charge and deny that person admission to the U.S. or lawful permanent residence (“green card” status).

What’s new about Public Charge?
The federal government has added additional public benefits to “public charge” determinations. The rule change also states income levels at or below 125% of the federal poverty guidelines and an age under 18 or over 61 may be used as negative factors.

Public charge is now defined as someone who receives 12 months of benefits in the previous 36 months. Participation is considered cumulatively; meaning participating in SNAP and Medicaid in the same month would count as 2 months of benefit participation.

What public benefits have been added to the Public Charge test?
- Medicaid (except for use by immigrants under the age of 21 or by pregnant women up to 60 days post-partum, as well as Emergency Medicaid)
- Supplemental Nutrition Assistance Program (SNAP)
- Housing Assistance

What public benefits are NOT included in the new Public Charge test?
- Disaster relief
- Children’s Health Insurance Program (CHIP)
- Emergency Medicaid
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Programs that are entirely state, local, or tribal (other than cash assistance)
- Benefits received by the immigrant’s family members, including benefits received by citizen children
- Any other benefit not specifically listed in the new rule

When do these rule changes take effect?
The Department of Homeland Security will implement the rule starting February 24, 2020.
Who is exempt from the public charge rule?
Congress specifically exempts some immigrants from the public charge rule such as refugees and people who have been granted asylum. For a more complete list, see below*. It is important to note that public charge is also not a consideration when lawful permanent residents (“green card” holders) apply to become U.S. citizens.

Can past participation in any of these programs negatively impact an immigration application?
No. The rule is not retroactive. Benefits received by immigrants prior to February 24, 2020 will not be counted against them.

If you have any questions or would like any additional information, please reach out to Kaitlin Wolff or Mellissa Sager, who are following this issue closely.

*Refugees, asylees, Afghans and Iraqis with special immigrant visas, nonimmigrant trafficking and crime victims, individuals applying under the Violence Against Women Act, and special immigrant juveniles. In addition, other protected groups not subject to “public charge” determinations include U.S. citizen children of non-citizens who will acquire citizenship under the Child Citizenship Act of 2000.

Sources: Office of Refugee Resettlement, Colorado Center for Law and Policy, National WIC Association, National Immigration Law Center, United States Customs and Immigration
STRATEGIC PLAN PHASE II

What is happening?

- Work Plan Development
- Roles and responsibilities, delegation of work plan tasks
- Development of performance metrics for Strategic Plan
  - Using employee engagement survey from Fall 2019 to baseline specific progress on elements of the plan
- Work Plan Execution
STRATEGIC PLAN PRIORITIES 2019-2024

1. Employee Retention and Development
- Address competitive pay and benefits
- Promote professional and leadership development and training opportunities for all
- Succession planning
- Assess workload & balance across agency
- Ability to innovate within one’s program or role

2. Excellence in Business Practices
- Enhance technology and information systems
- Align resources with goals
- Standardize and enforce policies and procedures
- Cultivate a culture of change management and quality improvement
- Seek flexible and sustainable funding

3. Strengthen Organizational Culture
- Improve trust and transparency
- Create a culture of shared leadership & informed decision-making
- 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
- Increase policy and advocacy work
- Strengthen strategic partnerships
- Prioritize health equity and meaningful community engagement
- Refine external communication strategies
- Share data and analytic capacity

* Strategies in yellow denote Year 1 focus areas
## GOAL 2A: ENHANCE TECHNOLOGY AND INFORMATION SYSTEMS

Lead: Kelly Weidenbach and Jordan Luke  
Informatics Governance Group (IGG): Holly Adams, Adam Anderson, Debby Ardon, Jill Bonczynski, Kathleen Boyer, Yushiuan Chen, Tim Glazier, Doug Glenn, Lori Haas, Janet Harm, Luisiana Pedemonte, Melissa Spencer, Alyson Shupe, Ryan Smith

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<th>Strategy</th>
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| 2A.1 Develop an informatics governance structure that includes an accountability framework, delineates lines of authority, outlines the decision making process, and ensures compliance with state and federal laws, regulations, and mandates. | • Determine parameters for what is in scope and out of scope of informatics governance  
• Develop standard operating procedures for governance  
• Implement data capability model to ensure compliance with state and federal laws, regulations, and mandates. | • Governance structure and procedures finalized by March 31, 2020  
• Roles and responsibilities defined by May 30, 2020  
• Signed informatics governance policy by June 30, 2020 |
| 2A.2 Develop a model technology and information systems training program for all TCHD staff | • Identify training needs  
• Determine a standardized training curriculum needed for new employee orientation (NEO) and continuing education related to technical competencies  
• Work with workforce development coordinator to build training curriculum into the Learning Management System (LMS) | • Training needs by various groups (by work group, by longevity, etc.) identified by June 30, 2020 |
| 2A.3 Develop standardized methods for informatics project management | • Research and select standard methods for informatics project management  
• Develop resource materials, templates, and toolkit for informatics project management  
• Train relevant staff on informatics project management method  
• Develop procedure document to formalize informatics project management at TCHD | • Select a project management framework by December 31, 2019  
• Develop resource materials, templates, and toolkit by March 31, 2020  
• Conduct at least one informatics project management training by August 31, 2020  
• Draft procedure document on informatics project management by August 31, 2020 |
| 2A.4 Develop strategy for multi-year planning for software and systems acquisition | • Explore a centralized informatics budget  
• Collaborate with Division of Administration and Finance to develop multi-year capital budget for software and information systems  
• Prioritize software and information systems and align with capital budget  
• Ensure capital budget and operational budgets consider funding for administrative support, training, maintenance, and essential upgrades of software and prioritized information systems | • Develop systematic prioritization criteria for software and information systems by March 31, 2020  
• Prioritize known/expected informatics projects by March 31, 2020  
• Develop 5-year software and informatics plan for TCHD by May 31, 2020  
• Complete first draft of capital budget by May 31, 2020 |
2019 Employee Engagement Survey, Tri-County Health Department (n=315)

Promote professional and leadership development

- I am pleased with the career advancement opportunities available to me at TCHD: 6% Strongly Disagree, 7% Disagree, 15% Somewhat Disagree, 22% Somewhat Agree, 25% Agree, 30% Strongly Agree
- TCHD is committed to my professional development: 3% Strongly Disagree, 3% Disagree, 10% Somewhat Disagree, 19% Somewhat Agree, 26% Agree, 37% Strongly Agree
- I am satisfied with my opportunities for learning and professional development: 3% Strongly Disagree, 5% Disagree, 11% Somewhat Disagree, 12% Somewhat Agree, 23% Agree, 37% Strongly Agree
- I know what training resources are available to me: 1% Strongly Disagree, 5% Disagree, 12% Somewhat Disagree, 12% Somewhat Agree, 21% Agree, 38% Strongly Agree

Enhance technology and information systems

- I have the computer skills I need to do my job: 0% Strongly Disagree, 2% Disagree, 12% Somewhat Disagree, 13% Somewhat Agree, 35% Agree, 50% Strongly Agree
- I have access to the technology I need to do my job: 1% Strongly Disagree, 3% Disagree, 5% Somewhat Disagree, 13% Somewhat Agree, 31% Agree, 46% Strongly Agree
- I get the training I need to improve the computer and information management skills appropriate to my job duties: 1% Strongly Disagree, 5% Disagree, 6% Somewhat Disagree, 13% Somewhat Agree, 20% Agree, 47% Strongly Agree
ACHIEVEMENTS

- Governance
  - Completed an Informatics-focused strategic plan for agency, developed Year 1 work plan
  - Chartered the revamped Informatics Governance Group (IGG)
  - Group meets twice per month, one meeting focused on project management and one meeting focused on data governance and decision-making
  - Redefined scope of the IGG, what projects should be submitted to IGG
  - Defined roles and responsibilities of work group members
  - Established standard operating procedures
  - Established work group communications to the rest of the agency

- IT and Informatics Learning Program
  - Established multi-disciplinary subcommittee to work on IT/informatics training for TCHD
  - PIM Lunch and Learns held once a month for all staff with data and IT topics began in January

- Project Management
  - Selected project management framework (i.e., Project Management Institute framework)
  - Developed templates for project charter, status report, communications plan, project plan, risk analysis, etc

- Multi-year planning and budgeting
  - Began discussions on multi-year planning for IT and informatics infrastructure
NEXT STEPS

- Governance
  - Continue development of templates and tools to assist IGG members with evaluation of future proposed IT projects
  - Establish standardized approval and prioritization processes for IT and informatics projects

- IT and Informatics Learning Program
  - Explore training content in the newly implemented Learning Management System (LMS)
  - Identify training paths pertinent to IT in LMS
  - Identify if TCHD-specific LMS content is needed

- Project Management
  - Continue development of tools and templates for project management
  - Provide training across agency on project management tools
  - Continue to provide project management TA

- Multi-year planning and budgeting
  - Establish evaluation criteria for appropriately prioritizing important IT projects to ensure that we have adequate resources to implement and sustain new software, hardware, and applications
  - Develop a 5 year capital budget for IT and informatics needs

- Learning community
  - Meet with county IT and informatics staff to explore learning opportunities across our jurisdiction
## GOAL 2B: STANDARDIZE AND ENFORCE POLICIES AND PROCEDURES

**Lead:** Sue Bettermann  
**Task Force:** Amy Armstrong, Roslyn Asuncion, Joan Eskens, Melissa Spencer, Kelly Weidenbach (PIM Staff)

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<th>Strategy</th>
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| **2B1 Create a TCHD work group for policy and procedure management that** | • Create diverse and inclusive work group that is representative of TCHD workforce (Division, geography, staff level).  
  **establishes new policies/procedures, revises pre-existing policies/procedures, and vets the need for policy/procedures.** | • Creation of work group (i.e., charter that describes make-up of group, roles and responsibilities, how policies are prioritized, how decisions are made) by October 1, 2019.  
  • Process (i.e., flow chart, written process) for creating new policies, revising old policies by March 31, 2020. |
| **2B.2 Organize all existing TCHD policies and procedures to ensure that** | • Catalog existing policies and procedures and place them in established central location.  
  **TCHD staff have access to the most up-to-date version** | • Completion of catalog of existing policies and procedures by August 31, 2020.  
  • Establish a central location of all policies and procedures with clear version control standards by December 31, 2019  
  • Completion of software vetting to examine document management options by August 31, 2020 |
| **2B3 Provide relevant training to TCHD staff on existing, new, and revised policies and procedures** | • Update checklist of training on policies/procedures for New Employee Orientation  
  • Determine training needed for supervisors and incorporate into supervisor training  
  • Determine process for training staff on new policies/procedures | • Create outline for policies/procedures focused training plan by August 30, 2020  
  • Coordinate with Workforce Development Coordinator to align training needs on policies/procedures with revised Workforce Development Plan by April 30, 2020 |
ACHIEVEMENTS

- Created work group that includes representatives from each Division
- Defined roles and responsibilities
- Began process for organizing existing policies and procedures
- Scheduled all-day training on Policies and Procedures to inform TCHD on best practices for organizing and formatting internal policies and procedures
NEXT STEPS

- Create a “future state” flow chart to get new / revised Policy / Procedure through
- Read all Policies / Procedures
- Develop the Outline for the Policy / Procedure Manual
- Create a place for this on the Intranet
## GOAL 2C: CULTIVATE A CULTURE OF CHANGE MANAGEMENT AND QUALITY IMPROVEMENT

Lead: Kelly Weidenbach  
Task Force: Daniel Barton, Laura DeGolier, Caitlin Gappa, Michele Haugh, Sandy Shafer, Alyson Shupe, Ryan Smith, Matt Jackson (PIM Staff)

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<tr>
<td><strong>2C.1 Research, select, and implement a change management framework for TCHD</strong></td>
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* Utilize short-term taskforce to research and select change management frameworks  
* Pilot framework on change project  
* Adjust, implement, and use framework consistently |  
* Select change management framework by December 31, 2019  
* Completion of pilot project of use of framework by March 31, 2020  
* List of recommendations from pilot project by April 30, 2020  
* Practice use of adapted framework on relevant projects by August 30, 2020  
* Evaluate utility of framework at TCHD by August 30, 2020 |
| **2C2 Foster formal quality improvement culture to empower staff to identify meaningful changes for improvement, which utilizes components of chosen change management framework** |  
* Create a Performance Management/Quality Improvement council  
* Revise and update agency-wide QI plan  
* Increase training for QI, including beginner and advanced training  
* Identify methods to empower staff to innovate within their own role |  
* Creation of PM/QI council by October 1, 2019  
* Completion of revised QI plan by March 31, 2020  
* Creation of annual calendar of QI training by December 31, 2019  
* Completion of Year 1 of QI training by August 30, 2020 |
2019 Employee Engagement Survey, Tri-County Health Department (n=315)

**Change Management**
- I view my work colleagues as willing to embrace change. (Strongly Disagree: 1%, Disagree: 3%, Somewhat Disagree: 12%, Somewhat Agree: 6%, Agree: 15%, Strongly Agree: 34%)
- Most changes in the organization have been implemented successfully. (Strongly Disagree: 3%, Disagree: 6%, Somewhat Disagree: 15%, Somewhat Agree: 11%, Agree: 17%, Strongly Agree: 12%)
- I believe that employee input is consistently used regarding organizational changes. (Strongly Disagree: 3%, Disagree: 5%, Somewhat Disagree: 9%, Somewhat Agree: 12%, Agree: 23%, Strongly Agree: 20%)

**Standardize and Enforce Policy and Procedures**
- TCHD has the policies and procedures staff need to do their jobs effectively. (Strongly Disagree: 3%, Disagree: 7%, Somewhat Disagree: 7%, Somewhat Agree: 20%, Agree: 20%, Strongly Agree: 14%)
- I know where to find current agency policies and procedures. (Strongly Disagree: 3%, Disagree: 5%, Somewhat Disagree: 7%, Somewhat Agree: 5%, Agree: 19%, Strongly Agree: 6%)
- I know where to find my division's policies and procedures. (Strongly Disagree: 3%, Disagree: 6%, Somewhat Disagree: 14%, Somewhat Agree: 10%, Agree: 10%, Strongly Agree: 10%)
- Agency policies are consistently followed across the organization. (Strongly Disagree: 6%, Disagree: 10%, Somewhat Disagree: 14%, Somewhat Agree: 10%, Agree: 6%, Strongly Agree: 10%)
ACHIEVEMENTS

- **Change Management**
  - Researched and selected ProSci® Change Management framework to inform TCHD change management activities
  - 4 TCHD staff have attended ProSci® training and are Certified Change Practitioners
  - Piloting ProSci® change management framework and tools on Project CABO! and other internal projects
  - Training on change management provided to: Exec Team, CHP Managers, IGG, and project leads who have large projects in process

- **Quality Improvement**
  - Dashboards and performance metrics established for 55 of 64 TCHD programs (86%) and all 4 PHIP Priority Areas
  - Established monthly Performance Forums for all staff as space dedicated to sharing agency progress, to share lessons learned from using dashboards in making decisions related to quality improvement
  - Performance Management/Quality Improvement (PMQI) Council formed in October 2019
  - Conducted PMQI Champions Training in January 2020
  - Began work on PMQI Plan, QI Self Assessment Tool report (summary of baseline survey taken by staff in summer 2019), and PMQI Council Work Plan
NEXT STEPS

- Change Management
  - Continue training on and using ProSci® Change Management framework
  - Develop templates and tools such as Change Resistance Plan, Coaching Plan to assist Project Leads with change management planning and execution
  - Evaluate change management tactics on large projects in summer 2020
  - Adapt changes as necessary based on results from evaluation

- Quality Improvement
  - Complete the TCHD PMQI Plan
  - Conduct annual QI Self Assessment Tool Survey in summer 2020
  - Execute planned training identified in PMQI training plan