

**Date / Time: February 11, 2021 at 4:30 p.m.**

# Tri-County Health Department Board of Health Meeting

## Via Zoom Webinar

\*Public access:

[https://zoom.us/webinar/register/WN\\_VEKA0LmpTYutzpdbvpszBw](https://zoom.us/webinar/register/WN_VEKA0LmpTYutzpdbvpszBw)

Or join by phone: (669) 900-6833

Webinar ID: 975 9780 9792

*\*Panelists (i.e., Board members and TCHD executive staff) will receive their own unique link to the meeting via e-mail*

## Agenda

### **PUBLIC MEETING**

Call to Order	Dr. Kaia Gallagher	4:30 p.m.
Roll Call / Introductions	Dr. Kaia Gallagher	4:30-4:35 p.m. (5 min)

### **ACTION ITEMS (by Statute)**

Approval of the Minutes of the January 14, 2021 Meeting	Dr. Kaia Gallagher	4:35-4:40 p.m. (5 min)
Present Budget Development Calendar for Fiscal Year 2022 and Identify Board of Health Budget Subcommittee Members	Ms. Monique Didier Dr. Kaia Gallagher	4:40-4:45 p.m. (5 min)

### **INFORMATIONAL ITEMS**

Communicable Disease Update	Dr. Bernadette Albanese	4:45-4:50 p.m. (5 min)
Public Health Improvement Plan Progress Update: Access to Mental and Physical Health Care Services	Ms. Wendy Nading	4:50-5:00 p.m. (10 min)
COVID-19 Update	Dr. John Douglas	5:00-5:15 p.m. (15 min)
<b><u>EXECUTIVE DIRECTOR'S REPORT (To Be Read, Discussion PRN*)</u></b>	Dr. John Douglas	5:15-5:20 p.m. (5 min)

Improving Health Through Poverty Reduction  
Cancer, Cardiovascular, and Chronic Pulmonary Disease Grant Program Awards Announced  
Competitive Funding Awarded for Communities that Care Substance Abuse Program  
Retail Food Program Update: Restaurant Inspections in 2021  
January 2021 Video Recording of TCHD Staff  
Opioid Lawsuit Update  
Drug Overdose Mortality Data

### **OTHER ITEMS**

Set Agenda for the March 11, 2021 Board Meeting	All	5:20-5:25 p.m. (5 min)
Board Member Remarks	Board Members	5:25-5:30 p.m. (5 min)
Closing Remarks	Dr. Kaia Gallagher	5:30-5:35 p.m. (5 min)
Adjournment	Dr. Kaia Gallagher	5:35 p.m.

\*"PRN" is a medical term meaning "as needed."



**Board of Health Meeting  
January 14, 2021  
Minutes**

At a regular meeting of the Tri-County Health Department (TCHD) Board of Health, held virtually via Zoom, there were:

**Board of Health Members:**

Janice Brainard, RN, Arapahoe County	Present
Richard Delaney, JD, MPH Adams 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, MPH, Vice President, Adams County	Present
Zachary Nannestad, MPH, Secretary, Douglas County	Absent
Rosanna Reyes, RN, Adams County	Absent

**Executive Management Team Members:**

Michele Askenazi, Director of Emergency Preparedness, Response and Communicable Disease Surveillance	Present
Heather Baumgartner, Director of Community Health Promotion	Present
Lisa Bolstad, Administrative Assistant	Present
Jill Bonczynski, Director of Nutrition	Present
Ronnae Brockman, Executive Assistant	Present
Monique Didier, Director of Administration and Finance	Present
John M. Douglas, Jr., MD, Executive Director	Present
Mame Fuhrman, Director of the Office 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. Gallagher called the meeting to order at 4:30 p.m.

**Introductions**

None.

Dr. Gallagher thanked Mr. Delaney for serving on the Board of Health over the past year. Mr. Delaney's term ends January 31, 2021.

Dr. Gallagher thanked Ms. Mullica for agreeing to serve as the Board's parliamentarian.

**Approval of the Minutes of the December 10, 2020 Meeting**

**MOTION: Ms. Jaroch moved to approve the minutes of the December 10, 2020 meeting and Dr. Fawell seconded. The motion was approved by a unanimous vote.**

**Approve Locations for Posting Public Meeting Notices**

Ms. Brockman informed the Board that C.R.S. 24-6-402(2)(c) requires local public bodies to annually designate the public place or places for posting public meeting notices at their first regular meeting of each calendar year. TCHD currently posts public meeting notices on its website and at each of its eleven offices. This year, Ms. Brockman requested that the Board require public meeting notices to be posted only on TCHD's website. Ms. Brockman explained that this would make it faster and easier to post public meeting notices, particularly when an urgent or emergency meeting is necessary. State statute requires public meeting notices to be posted a minimum of 24 hours in advance and this is difficult to do when notices have to be posted at 11 different offices, particularly when those offices are closed or minimally staffed due to COVID-19 social distancing requirements.

**MOTION: Ms. Mullica moved to designate TCHD's website as the location where public meeting notices for the Board of Health will be posted in 2021. Ms. Joswick seconded and the motion passed by a unanimous vote.**

**Determine 2021 Board Meeting Schedule and Content**

Dr. Gallagher stated that she has been working with TCHD leadership to identify key agenda items for Board meetings and is exploring alternate communication methods to relay informational items. Her goal is to keep monthly Board meetings short while enabling Board members to access timely information between meetings. Dr. Gallagher stated that the weekly COVID updates Board members now receive via e-mail from Callie Preheim, TCHD's Population Health Epidemiologist, have been extremely helpful. She also encouraged Board members to attend the weekly COVID calls between TCHD and each of its three counties. Dr. Gallagher stated that she will be experimenting with the Executive Director's Report by moving some of the information onto the shared Google Drive created by Ms. Brockman. Currently, the Google Drive contains governance-related materials such as Board policies, relevant state regulations and statutes, and the Board of Health Bylaws. Dr. Gallagher plans to expand Google Drive content and asked the Board members to relay their ideas for other useful content.

Ms. Ludwig summarized the proposed 2021 monthly calendar of Board of Health agenda items. She explained that the meeting schedule could be adjusted throughout the year as needed to accommodate additional topics or to hold an executive session.

**COVID-19 Update**

Dr. Douglas provided an update on the COVID-19 pandemic and TCHD's response efforts. He discussed case numbers and other relevant data; COVID variant strain B.1.1.7; CDPHE's COVID-19 Dial; and vaccine prioritization and allocation in Colorado.

**Set Agenda for the February 11, 2021 Meeting**

Agenda items for the February 11, 2021 Board meeting will include: 1) the Budget Development Calendar for 2022, 2) identifying Board Budget Subcommittee members, 3) an update on Public Health Improvement Plan Priority Area 1: Access to Mental and Physical Health Care Services, 4) a COVID-19 update, and 5) an infectious disease report.

Dr. Douglas inquired whether the PHIP update should be written or oral. Ms. Mullica stated that she would prefer a formal presentation.

**Board Member Remarks**

None.

**Closing Remarks**

None.

**Adjournment**

**MOTION: Ms. Joswick moved to adjourn the meeting at 5:48 p.m. Dr. Fawell seconded and the motion passed with a unanimous vote.**

---

Kaia Gallagher, PhD, President

---

Jan Brainard, RN, Secretary

## 2021 PLANNING CALENDAR FOR TCHD 2022 BUDGET

### Budget Planning Calendar

#### February

- BOH reviews the TCHD Budget Calendar
- BOH identifies members of the Budget Working Committee

#### April

- TCHD staff start working on 2022 budget with Division Directors and program managers
- BOH reviews and approves the 2020 year-end financials

#### May

- BOH Budget Working Committee convenes to review planning assumptions and budget dynamics and to refine a budget justification for a request to the Board of County Commissioners (BOCC)
- Late May/Early June – County Leadership provides “Priorities and Policies” or Budget Guidance documents to TCHD and other department directors

#### June

- BOH reviews the 2022 Budget Dynamics Summary Report
- BOH reviews findings from the Rubin Brown, LLC 2020 Year-End Audit

#### July

- TCHD staff finalize FY22 budget and prepare slides for BOCC presentations
- BOH Budget Working Committee convenes to review the Budget Presentation and proposed recommendations

#### August

- BOH reviews the proposed 2022 budget which is then posted on the TCHD’s website
- TCHD staff present the proposed 2022 budget to county budget staff prior to presenting the request to the Board of County Commissioners

#### September

- BOCC Ten County Meeting occurs

#### October

- BOH reviews the 2021 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

- TCHD staff finalize budget data and prepare for December BOH presentation

#### December

- BOH reviews and adopts the 2022 Tri-County Health Department BOH budget

## Tri-County Health Department Communicable Disease Update

Board of Health Meeting - February 11, 2021

Date Prepared: January 29, 2021

### Influenza

- Nationally
  - Seasonal influenza activity in the US remains lower than usual for this time of year.
  - As of January 29<sup>th</sup> the percentage of respiratory specimens testing positive for influenza at clinical laboratories is 0.3%.
  - FluSurv-NET sites have reported 142 laboratory-confirmed influenza hospitalizations this season for an overall cumulative hospitalization rate of 0.5 per 100,000 population.
  - No influenza-associated pediatric deaths occurring during the reporting week of January 15-22, 2021. The total number of pediatric deaths for the 2020-2021 season is one.
- Colorado specific
  - As a reminder: surveillance for the 2020-2021 influenza season officially began on September 27, 2020 and will continue through May 22, 2021.
  - For the week ending January 23<sup>rd</sup>, 2021, the geographic spread of influenza activity in Colorado is “sporadic”.
  - Four new influenza-associated hospitalizations were reported during the week ending January 23<sup>rd</sup>, for a total of 22 hospitalizations this season. As a comparison for there were 1,794 hospitalizations for the same time for the 2019-2020 influenza season.
  - Influenza like illness (ILI) patient visits reported by outpatient clinics was 0.81%. This is below the baseline level of 5.05%
  - Syndromic surveillance of ILI patient visits in ED in Denver-metro area was 0.63%. This is below seasonal baseline level of 2.54%
  - There have been 0 outbreaks associated with influenza in LTCF reported for the 2020-2021 season. For the same time frame for the 2019-2020 influenza season there were approximately 20 outbreaks reported in LTCFs. There have been no pediatric influenza deaths.

### Hepatitis A Update

CDPHE and local public health agencies (LPHAs) have been investigating a statewide outbreak of hepatitis A since October 2018. The outbreak has disproportionately affected people experiencing homelessness, people with substance use issues, and people who have been incarcerated. As of January 28, 2021, there have been 418 hepatitis A cases in 27 counties; 296 (71%) of cases have been hospitalized. See graphs below for the epidemic curve and case distribution by county since October 2018.

In response to the outbreak, LPHAs and partner agencies (including jails and hospitals) have offered hepatitis A vaccine to populations at higher risk during this outbreak. Though there has been a decline in cases in this outbreak, it is important to continue vaccination efforts, prompt case reporting, and thorough case interviews to prevent a resurgence of this outbreak.

Of note, in December 2020, CDPHE identified a case that does not have outbreak risk factors or travel history but is reported with consuming frozen berries during exposure period. This recent case plus three other cases reported since September 2020 do not have outbreak risk factors or a travel history, but do report consumption of frozen berries; a common type of berry or source of berries has not been identified.

# Tri-County Health Department Communicable Disease Update

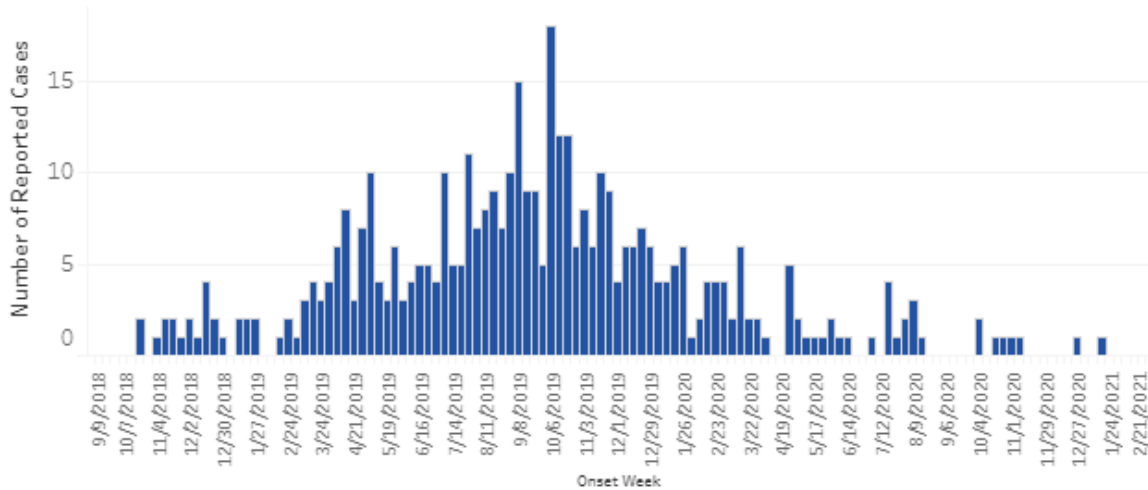
Board of Health Meeting - February 11, 2021

Date Prepared: January 29, 2021

## Outbreak-Associated Hepatitis A Cases in Colorado by Onset Week\*\*

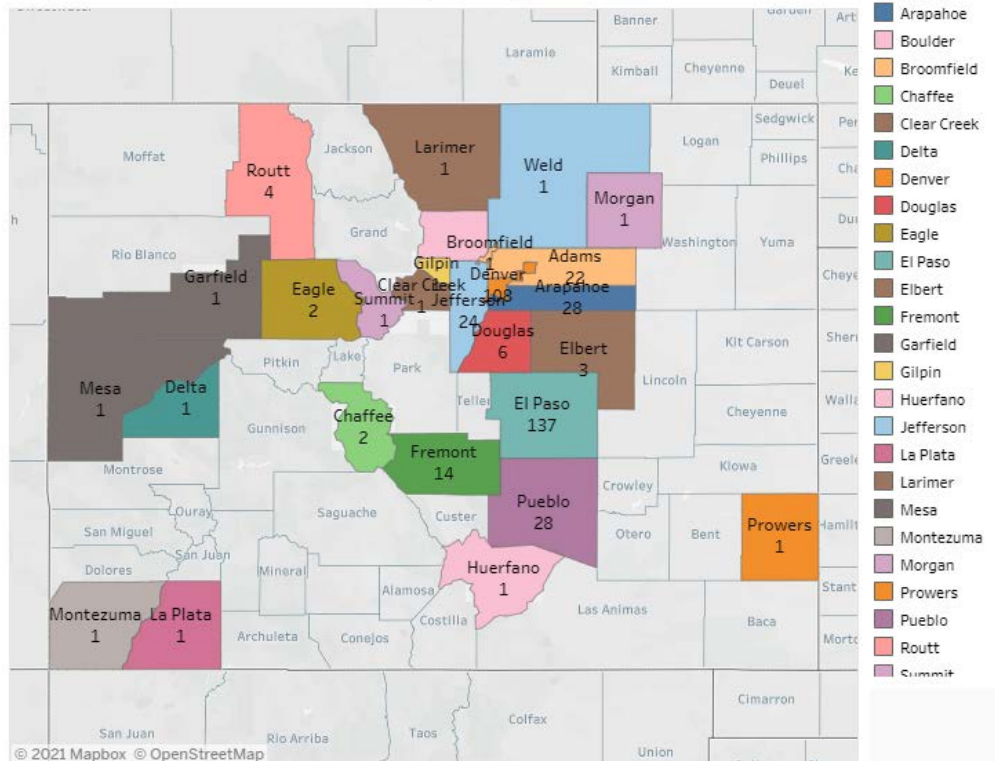
October 2018-Current Month\*\*\*

Last updated: 1/28/2021 7:21:32 AM



Epi curve reflects an updated outbreak case definition that was applied retrospectively and prospectively in December 2019.  
 \*Includes only vaccines administered through public health funding sources that are recorded in the Colorado Immunization Information System.  
 \*\*Due to delays in reporting numbers are incomplete, especially for most recent weeks.  
 \*\*\*Cases with missing onset dates are not displayed.

## Hepatitis A Cases in Colorado by County of Residence\*



\*Cases are classified based on county of residence. Some cases may have been exposed in other counties.

## Tri-County Health Department Communicable Disease Update

Board of Health Meeting - February 11, 2021

Date Prepared: January 29, 2021

### Immunization Update

The TCHD Immunization Program's most eventful time of year is currently upon us as the program continues to offer and administer routine vaccinations including annual flu vaccine, along with supporting schools and childcare facilities to report immunization data to the state portal. These activities have continued since the fall, all while adding COVID vaccine clinics to the mix in late December 2020. It is difficult to predict the effects that the COVID-19 pandemic will have on childhood and teen immunization rates, but the currently available data looks promising that the impact might not be as devastating as predicted early on in the pandemic. Newly released county level Colorado Immunization Information System (CIIS) data for January through June, 2020, indicates coverage rates at or above the rates reported the previous reporting period in 2019.

All TCHD Immunization Program staff have been deactivated from the COVID-19 Case Investigation Task Force and have fully transitioned to support routine immunization work along with COVID-19 vaccination efforts. TCHD immunization clinics have capacity to serve the current demand for routine immunization services in addition to the current ~1,000 COVID-19 vaccine appointments each week. Routine immunization services are offered two days a week at each of our five TCHD clinic locations, and COVID-19 only vaccination clinics are offered on alternate days of the week. The program has also offered multiple Saturday community-based Shots for Tots and Teens clinics since last fall.

With the increased complexity and logistics to administer vaccines while minimizing COVID-19 exposure risks to staff and clients, and avoiding crowded waiting rooms, the TCHD Immunization Program has implemented several changes. The latest addition is *Park and Call* clinic opportunities which give an alternative option for our clients who prefer a walk-in visit as opposed to scheduling an appointment. COVID-19 screening is completed over the phone when clients park in designated parking spots during *Park and Call* clinic hours, prior to individuals entering the clinic for their vaccination visit.

In addition to routine immunization services and COVID-19 vaccination clinics, the program continues to support schools and licensed childcare facilities with annual immunization rate reporting. Given the multiple competing priorities that schools are navigating, CDPHE has extended the reporting window which usually closes January 15<sup>th</sup> each year, to March 1<sup>st</sup>, 2021. TCHD has 942 schools and childcare facilities who are required to report data; nearly a third have already reported, another third utilize an auto-reporting option through their district, and the remaining third still have yet to report. The latest reporting data (2019) can be found [here](#).

All in all, immunization services at TCHD look different, however, clients continue to be served with the highest standards and the most up to date immunization recommendations. With expanded staffing, the program is pleased to offer COVID-19 vaccination, and looks forward to supporting our communities throughout the COVID-19 vaccine distribution process.



# Public Health Improvement Plan: Access to Care Board of Health Update

February 11, 2021

Wendy Nading, Nurse Manager: Access to Care & COVID-19 Community Testing  
Branch, Lead

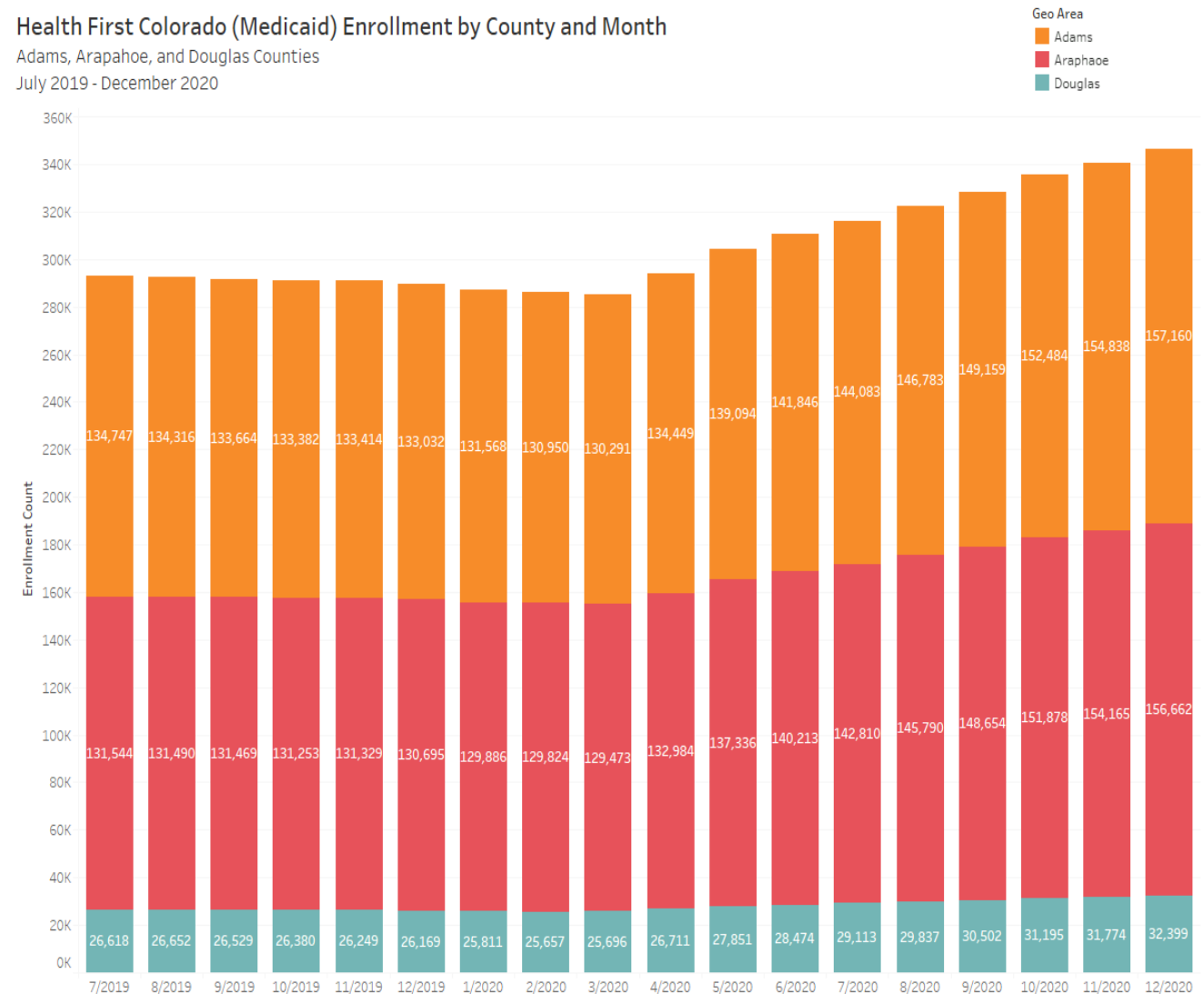


# Access to Care in Adams, Arapahoe & Douglas: Trends and Data



- Pre-pandemic trends:
  - Medicaid decline: most significant in children who are Hispanic
  - Eligible But Not Enrolled in Medicaid (EBNE), CHP+ & APTC: increase for first time in 5 years
- COVID & post-pandemic trend:
  - Medicaid enrollment surge: increase of 40% from 2020 or 500,000 Coloradans
- % change in Medicaid, January and December 2020: Adams (19.5%), Arapahoe (20.6%), Douglas (25.5%)

Health First Colorado (Medicaid) Enrollment by County and Month  
Adams, Arapahoe, and Douglas Counties  
July 2019 - December 2020



# Health and Access to Care: COVID Impacts



- Most staff conducting activities were activated; access to care focus remained but activities shifted to respond to COVID barriers
- Program cuts to Healthy Communities, single focus on application assistance
- System impacts:
  - Surge in Medicaid enrollment with decreased funding in connecting newly enrolled individuals to care
  - Continued increase in EBNE with decreased funding to provide education and outreach on enrollment
  - Steep decline in preventative care, especially in children
  - Behavioral health challenges: increased demand amidst a disperse and complex network of care
  - Exacerbation of the social needs linked to improved health
  - Rapid increases in telehealth

# Health and Access to Care: Post COVID



- Re-assess health access post COVID; requires deactivation of staff
- Assess federal Impacts:
  - end of the public health emergency: enrollment cliff
  - ruling on the ACA
  - reversal of Public Charge
  - Centers for Medicaid and Medicare Services priorities: permanent expansion of telehealth, efforts to improve maternal and infant health outcomes and adoption of strategies that address the social determinants of health
- Assess state impacts:
  - public option
  - Provider network adequacy amidst delayed preventative care, influx of backlogged services, workforce shortages and financial strain on practices
  - Behavioral Health Task Force blueprint and priorities implementation, including creation of a new behavioral health administration

## February 2021 - Access to Care Overview for TCHD Board of Health

The first goal of Tri-County Health Department's Public Health Improvement Plan (PHIP) Access to Care work is focused on **coverage**: to increase the proportion of persons who are insured, with a focus on Medicaid and Child Health Plan Plus (CHP+). The second goal is focused on **utilization**: to increase the proportion of people accessing preventive care.

### 2020 Access to Care Before COVID-19

In early 2020, we reviewed enrollment, survey and utilization data about access to plan new activities or adjust existing activities.

#### Data Findings

Enrollment Data:

- A concerning decline in Medicaid, with the rate of decline more than threefold the national average and most notable in children who are Hispanic. Reasons cited: federal immigration policy (public charge), administrative/system barriers to enrollment and an improving economy.
- Individuals eligible but not enrolled (EBNE) in Medicaid, Child Health Plan *Plus* (CHP+), or advance premium tax credits (APTC) increased for the first time since 2015 and children with parents who are noncitizens make up over one-third of the eligible but not enrolled population.

Survey Data, 2019 (as compared to 2018):

- Uninsured and people enrolled in Medicaid report the highest rates of poor health.
- More people reported not seeing a doctor in the past year because they could not get an appointment when they needed an appointment.
- More people on Medicaid and those individually insured reported that they struggle to find providers who accept their insurance.
- Behavioral health access is down with more people reporting not getting needed mental health care or Substance Use Disorder (SUD) care.

Medicaid utilization data comparing Colorado to other states, 2019:

- Colorado was in the bottom 25% in all 4 quality measures looking at primary care access and preventive care in children.
- For the adult population, Colorado was also in the bottom 25% in the single measure for maternal and perinatal health and in both behavioral health care access measures.

**Broadly, the activities TCHD staff were working on in early 2020, included the following areas**

- Providing consumer assistance to community members to increase the percentage of eligible Coloradans enrolled (who also stay enrolled), in Medicaid and CHP+.
- Working with consumers and partner organizations to understand and address administrative and system barriers to enrolling and staying enrolled in Medicaid and CHP+.
- Working with community partners to decrease barriers to care in four priority populations: Children & Youth with Special Health Care Needs (CYSHCN), Children and pregnant women newly enrolled in Medicaid and/or CHP+, individuals in need of behavioral health & SUD care and the perinatal community.
- Working with community partners on 3-6 co-location initiatives that increase access to care.
- Working with our healthcare partners, to increase screening and referral of patients into community programs and services.

- Working internally and with community partners to increase screening and referral for social determinants of health (SDoH).

## 2020 Impacts on Access to Care During COVID-19

### Broadly, we have seen the following impacts from COVID-19 on Access to Care

- Due to the rise in unemployment and the ‘freeze’ on disenrolling individuals from Medicaid/CHP+ during the public health emergency, Colorado is projecting an enrollment increase of up to 40% from 2020 or 500,000 Coloradans. Many individuals are enrolling in Medicaid for first time with little knowledge of where to go for care. See google link for TCHD enrollment trend data: [https://drive.google.com/file/d/1TiqM0ewl3Db2iuZ-dwLtYJ\\_WctHB-huE/view](https://drive.google.com/file/d/1TiqM0ewl3Db2iuZ-dwLtYJ_WctHB-huE/view)
- With the rise in unemployment as the pandemic hit, many community members lost their private insurance, and the number of those without insurance was expected to rise. Connect for Health Colorado opened a Special Enrollment period for health insurance from March 20th through April 3rd. = President Biden recently issued an [Executive Order](#) to re-open enrollment on healthcare.gov, the federal marketplace, in recognition of the COVID-19 pandemic. Colorado will match this order by re-opening enrollment in Colorado's state-marketplace, [Connect for Health Colorado](#), from February 8 to May 15, 2021.
- Also noted are increasing numbers of individuals eligible but not enrolled in Medicaid, CHP+ or in a Connect for Health marketplace plan. Survey data indicates cost as the primary reason individuals do not apply even though Medicaid has no monthly premium or deductible and small copays for some services.
- Exacerbation of need in the social determinates of health: The on-going COVID-19 pandemic has exacerbated long-understood disparities in health outcomes among low-income populations, particularly children. Recent Centers for Disease Control and Prevention [data](#) indicate that counties with greater social vulnerability, including high poverty rates and crowded housing units were more likely to become COVID-19 hotspots, potentially putting those who experience economic and housing constraints at a higher risk of contracting the virus. Additionally, with many schools closed for in-person learning due to COVID-19 restrictions, some low-income children have less access to free non-academic supports that affect their health and well-being, including food assistance, counseling services, and homelessness and maltreatment interventions.
- In September 2020, CMS released preliminary Medicaid and CHP+ data revealing that, during COVID-19, rates for vaccinations, primary, and preventive services among children in Medicaid and CHP+ have steeply declined. This decline may have significant impacts on long-term health outcomes for children, including children living in poverty and many with special health care needs that require health services.
- Overall care use dropped by 43% among some Colorado providers, indicating a large number of Coloradans postponing or forgoing care while public health orders were in effect. In addition, a large decrease in care for certain chronic conditions and cancers suggests many patients were forgoing care, potentially worsening health issues down the road.
- A rapid pivot to telemedicine was key to providers caring for their patients safely and keeping their doors open, particularly in the early days of the pandemic. The amount of care delivered by telemedicine during the COVID-19 pandemic increased more than 600- fold, with the most significant use by community mental health centers and patients seeking behavioral health care for conditions such as anxiety and depression. Older patients, as well as Black and Asian Coloradans, experienced more barriers to accessing telemedicine. The shift to telemedicine created new costs, such as investment in technology platforms, but also brought new rewards,

such as allowing access by patients who lacked transportation or lived in an area with poor access to care.

**Impacts of COVID-19 on TCHD Programs and Staff**

- Activation of program staff from Access to Care (fully activated), RHCs (fully activated) and MCH (partial activation) resulted in reduced capacity to work on PHIP activities.
- Program cuts to the Healthy Communities Program resulted in discontinuation of some PHIP activities.

**Status Update on Access to Care Activities During COVID-19**

A combination of both system and program impacts resulted in a number of PHIP activities being paused or discontinued. While activated staff from Access to Care, RHCs, and MCH continue to focus on access to care activities there has been a shift of focus to COVID priorities. These shifts are presented in the table below:

Activities: Paused/Reduced	Activities: Continued	Activities: New due to COVID
Work with consumers to understand and address enrollment barriers in Medicaid and CHP+: outreach and education directed at the EBNE population discontinued due to cuts to Healthy Communities	Work with consumers to understand and address enrollment barriers in Medicaid and CHP+: health enrollment team in place	Health enrollment support is included to assist individuals to safely isolate and quarantine at home through the Community Services Branch
Decrease system-level administrative enrollment barriers in Medicaid and CHP+: project work on declining enrollment in children who are Hispanic on pause	Support Medicaid, CHP+ and Connect for Health policies through participation on advisory boards, formal response to request for information, participation in stakeholder convenings	Decrease system-level administrative barriers in accessing community testing, vaccine and community services
Decrease barriers to care in four priority populations: Children and pregnant women newly enrolled in Medicaid and/or CHP+ on pause	Decrease barriers to care in four priority populations: Children and Youth with Special Health Care Needs (CYSHCN), behavioral health & substance use treatment services and perinatal continued	Decrease barriers to care, COVID: community testing, vaccine, community services and county based ESF#6 service support
Co-location initiatives: physical location initiatives on pause in most cases	Co-location initiatives: behavioral health in WIC, community hub serving Commerce City marketing and partnership supported	Shift from co-location to remote access: telehealth support to medical practices, contracting with family resource centers to provide remote access to community resources for individuals served by the CSB, access testing in the home or in prioritized settings (i.e.,

		homeless shelters, Latinx, and Refugee populations)
SDoH screening and referral: nursing programs on pause	SDoH screening and referral: WIC screening and referring for SDoH and regional collaboration through MDPH	SDoH screening and referral to assist individuals to safely isolate and quarantine at home through the Community Services Branch
Increase screening and referral of patients into community programs and services: work with providers (hospital and primary care) on pause	Local health alliances continue to convene through virtual meetings and RHCs continue to meet with primary care providers but the focus has shifted to COVID informed work. TCHD staff across multiple programs provided feedback, at the request of multiple hospital systems on hospital drafts of HTP plans.	RHCs supporting practices with COVID testing (reporting, billing), community resources and vaccine. Health alliances have prioritized COVID impacted areas: MCH, behavioral health, telehealth

**Access to Care wins to highlight from 2020**

- The Adams County Board of County Commissioners and Uninsured and Healthcare Access Response and Recovery Team [submitted a letter to Governor Polis](#) requesting an extension of the emergency enrollment period (March 20th through April 3<sup>rd</sup>). With this letter, Connect for Health Colorado extended the open enrollment period through April 30, 2020. TCHD actively participated, served on workgroups and provided timely COVID-19 guidance.
- The Uninsured and Healthcare Access Response and Recovery Team worked to stand up five mobile testing sites that would provide free COVID-19 testing to the uninsured, uninsurable, and community members experiencing homelessness, regardless of immigration status. From May-December of 2020, 23,375 individuals were tested across the Adams County Sites. TCHD actively participated, served on workgroups, provided timely COVID-19 guidance, and worked with testing provider to ensure reporting, set up and other CDPHE standards were met.
- As early as March 2020, TCHD submitted multiple requests to HCPF to authorize application assistance sites to accept a verbal signature in lieu of a physical signature for Medicaid and CHP+ applications; HCPF submitted the request to CMS and a waiver was granted in January 2021 that remains in effect through the end of the PHE.
- Contracts established with three community partners, the Spring Institute, Aurora Community Connection, and the Early Childhood Partnership of Adams County to provide cultural navigation services to households impacted by COVID-19. Through these partnerships, TCHD is able to connect people to a Family Resource Center or other “hub” agency that can support their social/human needs and connection to care.

**Future Work**

To inform future work, TCHD will be re-assessing the landscape of Access to Care post COVID-19 using lessons learned from staff activities that changed due to COVID-19 outlined above and changes in Federal and State policies during the pandemic.



## **Federal Impacts**

- Monitor and plan for the end of the public health emergency, currently extended in 90 day increments through December 31, 2021. The public health emergency includes the continuous coverage provision that keeps many Coloradans covered by Medicaid and CHP+ when they might otherwise be disenrolled. Activities directed at keeping eligible individuals enrolled once the PHE ends will be a priority.
- Monitor a decision by the U.S. Supreme Court on the ACA that is expected by June 2021. The ruling could leave the ACA intact, invalidate just part of the law, or repeal the act in its entirety. If repealed, the number of uninsured Coloradans under age 65 would double, from 484,000 people to 966,000 people. An estimated 20% of all adults under 65 would be uninsured. People of color and people with lower incomes would be most affected.
- State waiver: A written signature waiver was granted by CMS to Colorado in early 2021. Remote application assistance makes Medicaid enrollment more accessible, especially for working adults, families with children, and those without transportation. TCHD will work with partners to advocate for an extension of the waiver, especially with the anticipated MDK continuous eligibility cliff and increasing eligible-but-not-enrolled numbers as more people get laid off.
- Reversal of public charge and education directed towards individuals and communities on enrollment into health care.
- Alignment with select 2021 CMS priorities: permanent expansion of telehealth, efforts to improve maternal and infant health outcomes and adoption of strategies that address the social determinants of health.

## **State Impacts**

- Outcome of legislation on a Public Option.
- Behavioral Health Task Force and creation of a Behavioral Health Administration (BHA).
- HCPF 2021 Priorities: COVID, connect individuals and families to Medicaid, CHP+, Connect for Health Colorado commercial insurance offerings, health care affordability strategies and initiatives, Behavioral Health Task Force blueprint and priorities implementation, expansion of the Medicaid substance use disorder benefit to include inpatient and residential treatment and opportunities to address and close health disparities (SDoH initiatives).

**Tri-County Health Department  
Board of Health  
Executive Director's Report  
February 11, 2021**

**1. TCHD PROGRAMS:**

**Improving Health through Poverty Reduction**

Contact: Michele Ebendick, [mebendick@tchd.org](mailto:mebendick@tchd.org)

The Earned Income Tax Credit (EITC) is cited as one of the nation's most successful antipoverty tools, promoting employment while providing valuable tax refunds to lower-to-moderate wage earners, and is an important approach to addressing health equity. The EITC has been associated with improved outcomes in infant health, academic performance, higher educational 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 EITC benefits families in Colorado who make less than \$57,000 a year by providing a tax credit of up to \$6,600. This year, TCHD is partnering with Bright by Text to share an EITC text message to more than 14,000 households as well as adding information to our COVID-19 Resource Sheet that all cases and contacts receive through our COVID-19 Investigation Task Force. To learn more about EITC, watch this [two-minute video](#).

**Cancer, Cardiovascular, and Chronic Pulmonary Disease Grant Program Awards Announced**

Contact: Heidi Fritz, Community Health Promotion Manager, [hfritz@tchd.org](mailto:hfritz@tchd.org)

The statewide Cancer, Cardiovascular, and Chronic Pulmonary Disease (CCPD) Grant Program's Review Committee made decisions on funding for all grantees at their January meeting. A two-year extension of the current grant cycle was recommended to allow time for CCPD/CDPHE to complete community engagement and strategic planning prior to release of the next cycle's request for applications in summer 2022, as well as giving grantees an opportunity to complete work that was disrupted by COVID. However, funds are not available to provide extensions to all grantees due to projections for volatility and long-term declines in Amendment 35 (tobacco tax) revenues, based on passage of Proposition EE last year. The following grants through which TCHD obtains funding were recommended for two-year extensions with small increases from current budgets (through Colorado FY22 and FY23): 1) TCHD's Diabetes Education Program - \$344K per year, 2) Regional Healthy Beverage Partnership - \$296K per year for region, 3) Regional ABC Breastfeeding grant - \$700K per year for region, 4) Regional Food in Communities grant - \$725K per year for region, and 5) Regional HPV grant - \$1.1M per year for region. Two of our projects were not extended past the current fiscal year ending 6/30/21: 1) TCHD's Workplace Wellbeing Initiative and 2) Regional/Statewide Radon Roadmap. All funding recommendations are pending approval at the state board of health meeting in March. We are thrilled that many grants were extended, and discussions are underway on how to continue the important work of the projects not awarded continuation funding.

**Executive Director's Report  
Board of Health  
February 11, 2021**

**Competitive Funding Awarded for Communities that Care Substance Abuse Prevention Program**

Contact: Maura Proser, Community Health Promotion Manager, [mproser@tchd.org](mailto:mproser@tchd.org) and Annie Mombourquette, Communities that Care Specialist, [amombourquette@tchd.org](mailto:amombourquette@tchd.org)

TCHD is currently funded through CDPHE for the Communities that Care program, focused on risk and protective factors for substance use and violence along the I-70 corridor and in the Englewood and Sheridan communities. This current funding ends June 2021, and both communities successfully competed and have been awarded five additional years of funding through a new request for applications. TCHD will continue to serve as the lead agency and fiscal agent for the I-70 corridor project, partnering closely with Bennett Parks and Recreation District as the community home of the initiative. The nonprofit Sisters of Color United for Education will serve as the lead agency for Sheridan, with TCHD remaining an active coalition partner.

**Retail Food Program Update: Restaurant Inspections in 2021**

Contact: Brian Hlavacek, Environmental Health Director, [bhlavacek@tchd.org](mailto:bhlavacek@tchd.org)

COVID-19 has had a tremendous impact on business for our licensed retail food operators. It has also been extremely challenging for TCHD's Environmental Health staff to conduct routine facility inspection and education duties due to their roles in COVID-19 pandemic response. To help support the restaurant industry, the state legislature passed Senate Bill 20B-001, which, among other things, subsidizes license fees for certain retail food establishments (brick and mortar restaurants and bars) that were the most impacted in 2020 by capacity restrictions due to the COVID-19 pandemic.

Approximately 3,120 establishments in TCHD's jurisdiction are eligible to have their license fees paid by the state. To receive these funds, TCHD must meet inspection benchmarks of two contacts for each eligible establishment. TCHD plans to conduct most inspections/contacts through virtual means to minimize the risk of COVID-19 transmission to TCHD inspectors and retail food establishment staff. It is important to note that other elements of the food program, such as the opening of new businesses and ownership change inspections, have continued without interruption throughout the pandemic via virtual methods.

**January 2021 Video Recording of TCHD Staff**

Contact: Sheldon Irons, Safety and Security Specialist, [sirons@tchd.org](mailto:sirons@tchd.org)

On January 11 and 12, 2021, at TCHD's Englewood and Westminster Offices respectively, two men approached with video recording equipment to conduct "First Amendment Audits." The group that conducts these audits identifies themselves as the Amagansett Press and their goal is to provoke government employees into saying or doing something against their constitutionally protected rights. When a government employee responds incorrectly or loses their patience, the Amagansett Press gets the footage they need to post on the internet to support their narrative that the government is corrupt or incompetent. Unfortunately, the Amagansett Press' tactics can be

**Executive Director's Report  
Board of Health  
February 11, 2021**

successful, as evidenced by a [video](#) they recorded at the Arapahoe County Judicial Services office in November 2019.

When approached and recorded, TCHD staff responded appropriately and reasonably. Sheldon Irons, TCHD's Safety and Security Specialist, has educated TCHD staff about the Amagansett Press, their tactics, and what they legally can and cannot do. It is likely that we will see this group or one like them again in the future. It is important to note that TCHD is not the only local health department to be filmed by this group. The Jefferson County Department of Public Health and Environment and Boulder County Public Health have also received visits in the past couple of weeks. The videos taken at our [Englewood](#) and [Westminster](#) offices are posted on the Amagansett Press' YouTube channel.

TCHD has taken the following steps to prepare for future encounters with this group or a group similar to it:

- Reducing our publicly accessible space
- Installing additional signage to indicate areas that are not open to the public
- Escorting clients and visitors in and out of our secure spaces
- Conducting additional education with staff to include how to properly respond to these tactics and when to seek out law enforcement for assistance

**Opioid Lawsuit Update**

Contact: Maura Proser, Community Health Promotion Manager, [mproser@tchd.org](mailto:mproser@tchd.org)

The lawsuit against opioid manufacturers and distributors is moving forward, and currently counties are in negotiations with the state for a funding distribution model that will see some funds going directly to local governments (cities and counties), some to the state, and some through a regional funding model to encourage regional collaboration on larger-scale efforts. TCHD has participated in conversations between local governments and the Attorney General's Office, and has also been in communication with our counties directly. TCHD does not anticipate receiving funds directly from the lawsuit and will work with our counties on prevention and abatement activities.

**2. PUBLIC HEALTH ISSUES:**

**Drug Overdose Mortality Data**

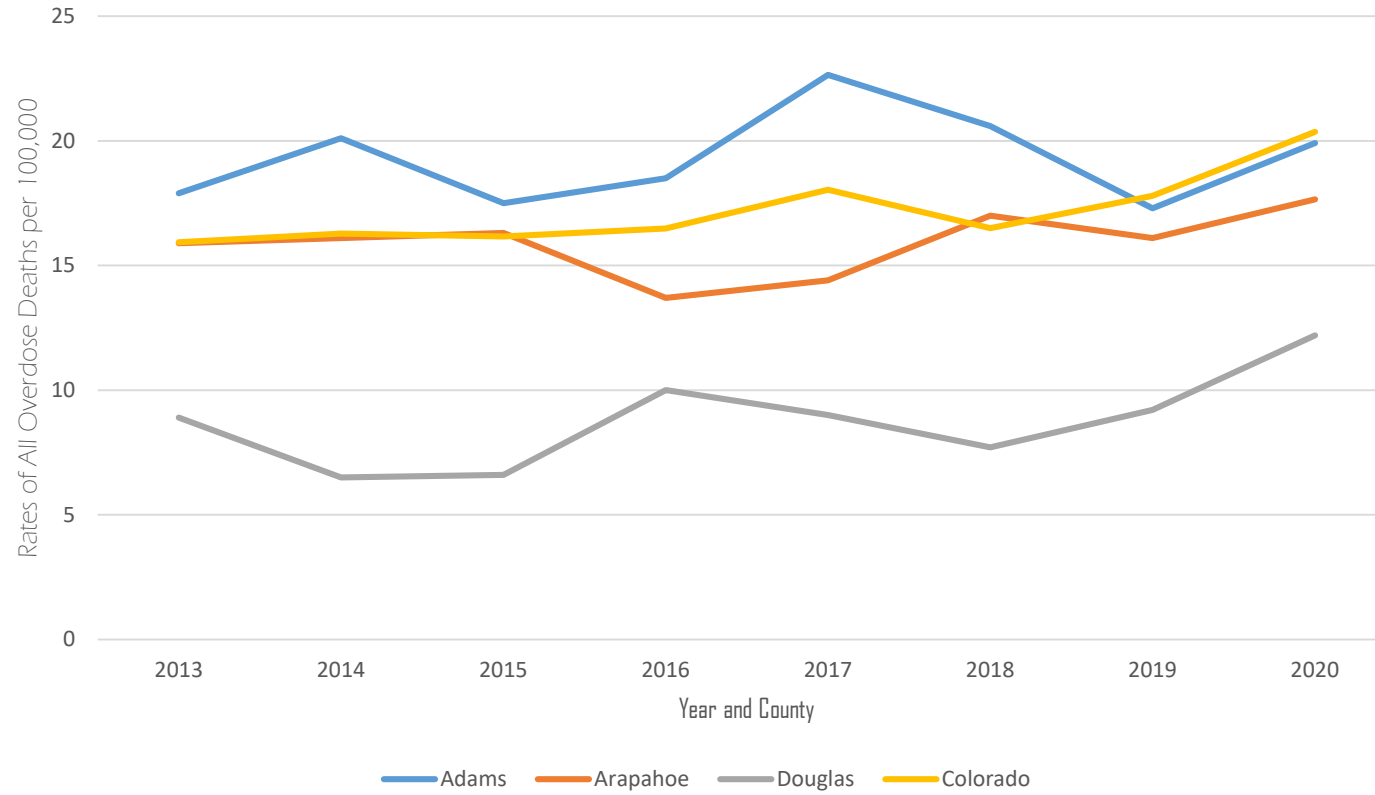
Contact: Kelly Weidenbach, Director of Planning and Information Management, [kweidenbach@tchd.org](mailto:kweidenbach@tchd.org)

Overall, deaths due to drug overdoses (including any over-the-counter, prescription, or illicit drugs) in Adams, Arapahoe, and Douglas Counties have increased from 2013 through 2020 (provisional data). These trends mirror drug overdose death rates in Colorado. From 2001 through 2020 (provisional data), drug overdose deaths increased for all drug types, except heroin. Opioid drug overdose deaths in Adams, Arapahoe, and Douglas Counties increased 3-5 fold. Drug overdose deaths due to fentanyl increased drastically from 2010 to 2020 (provisional data)

**Executive Director's Report**  
**Board of Health**  
**February 11, 2021**

in all three counties, in Adams and Arapahoe Counties fentanyl-related drug overdose deaths increased nearly 10 fold since 2015, while the rate nearly tripled in Douglas County. Methamphetamine-related drug overdose deaths also increased in Adams, Arapahoe, and Douglas Counties from 2001 to 2020 (provisional data). Drug overdose deaths due to heroin are declining in all three counties.

### Drug Overdose Deaths (Age-Adjusted Rates) 2013-2020\*



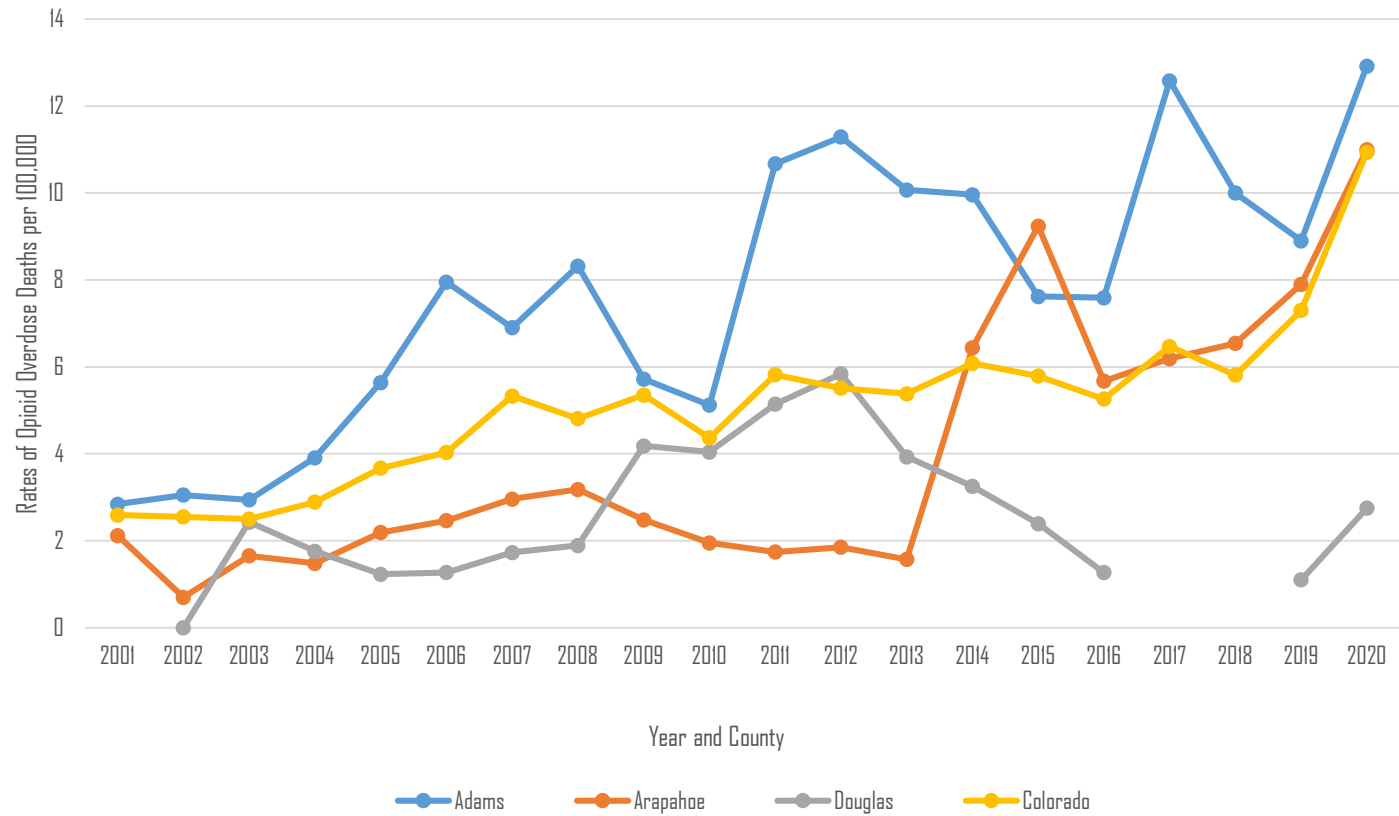
Source: CDPHE, Vital Records Program

\*2020 Rates are based on provisional death data and will increase with final 2020 data.

\*\*Missing data are suppressed rates due to a small number of events

	2013	2014	2015	2016	2017	2018	2019	2020
<b>Adams</b>	17.9	20.1	17.5	18.5	22.65	20.6	17.3	19.91
<b>Arapahoe</b>	15.9	16.1	16.3	13.7	14.4	17.0	16.1	17.65
<b>Douglas</b>	8.9	6.5	6.6	10	9	7.7	9.2	12.2
<b>Colorado</b>	15.93	16.28	16.16	16.48	18.04	16.5	17.8	20.36

### Opioid Overdose Deaths (Age-Adjusted Rates) 2001-2020\*

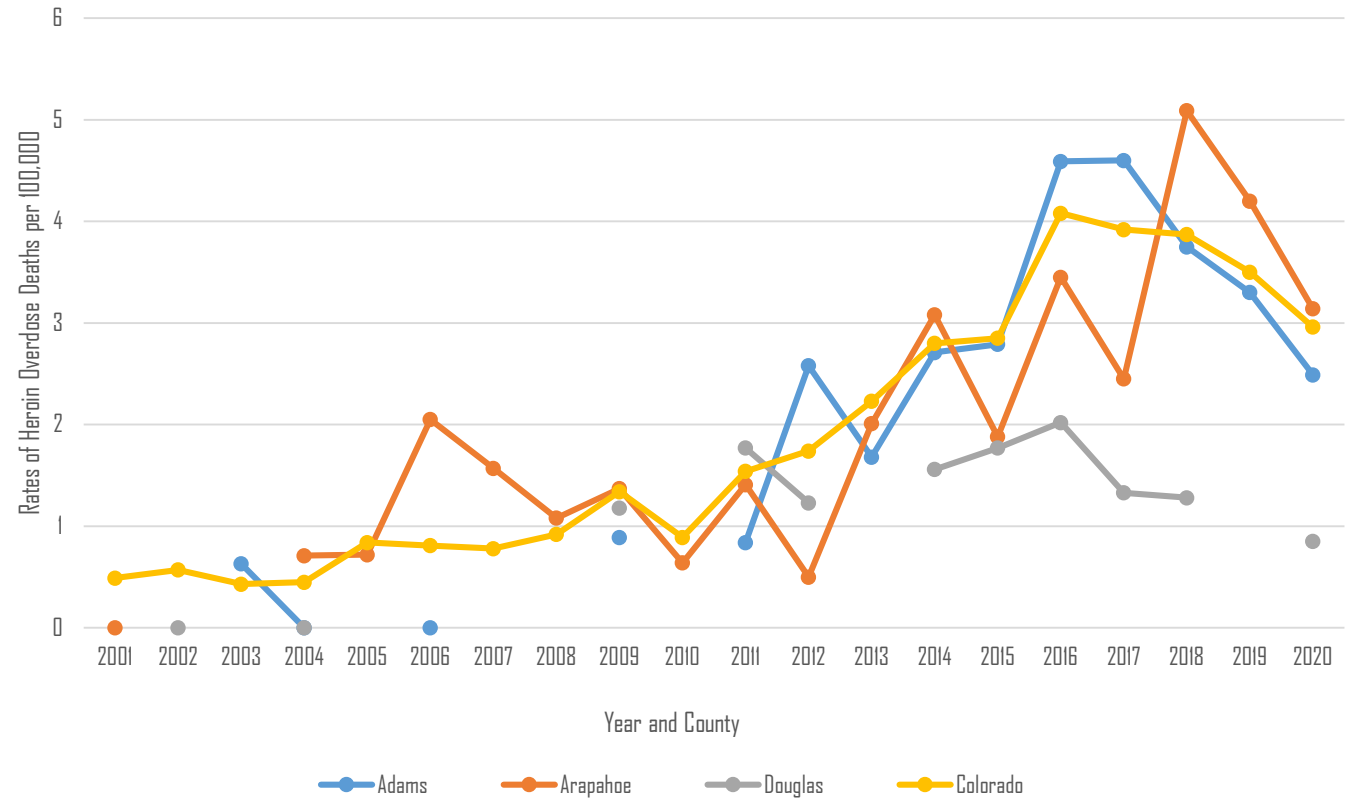


Source: CDPHE, Vital Records Program

\*2020 Rates are based on provisional death data and will change with final 2020 data.

\*\*Missing data are suppressed rates due to a small number of events

Heroin Overdose Deaths (Age-Adjusted Rates), 2001-2020\*



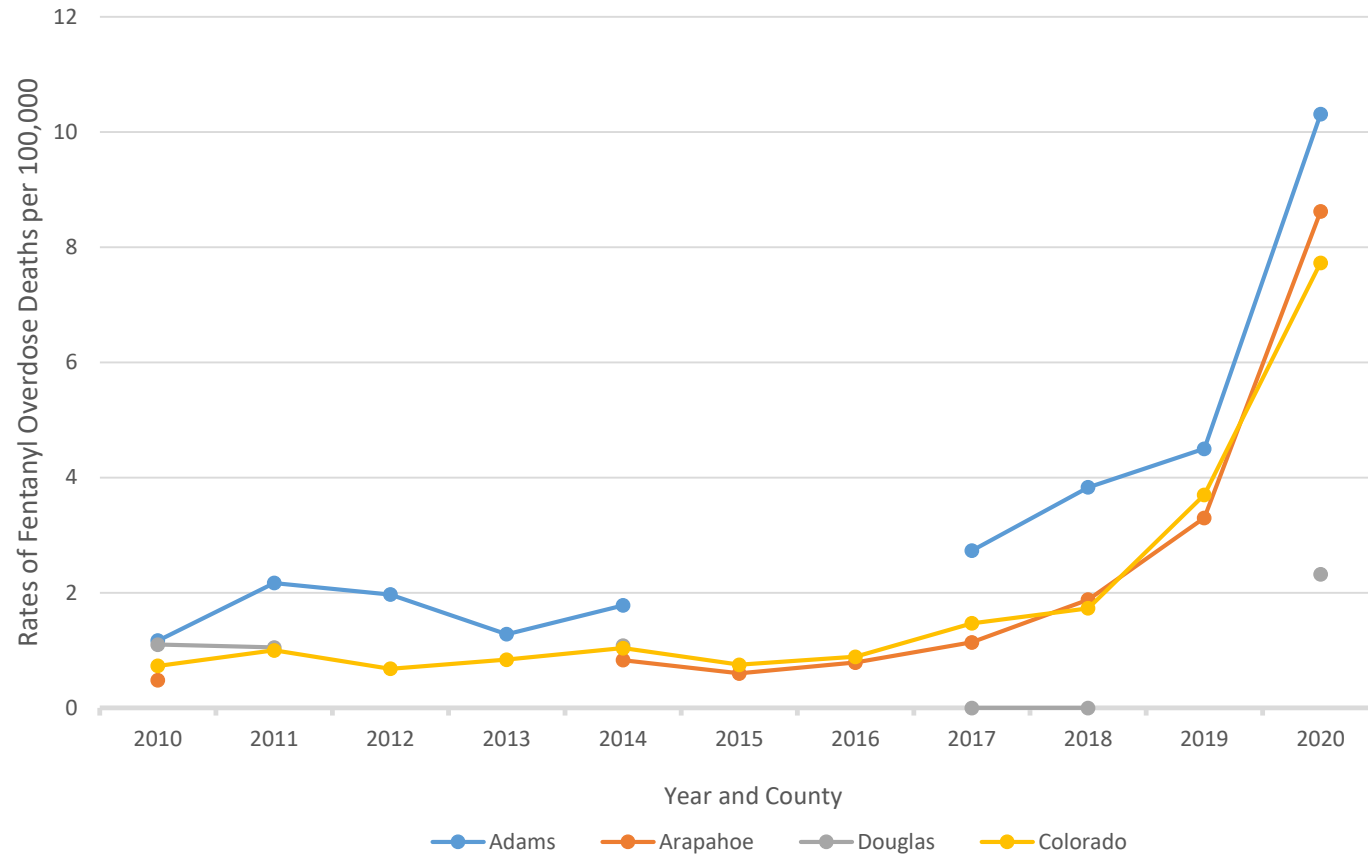
Source: CDPHE, Vital Records Program

\*2020 Rates are based on provisional death data and are will change with final 2020 data.

\*\*Missing data are suppressed rates due to a small number of events



Fentanyl Overdose Deaths, (Age-Adjusted Rates), 2010-2020\*

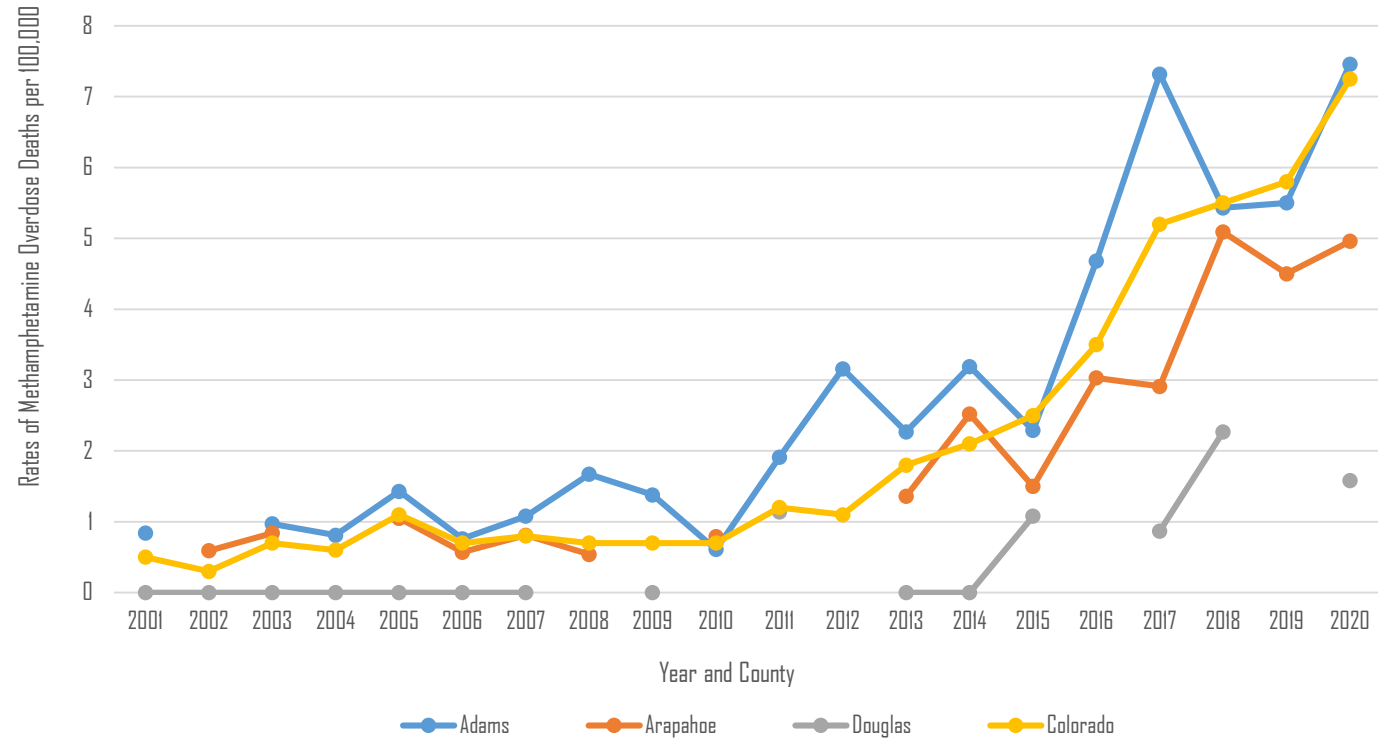


Source: CDPHE, Vital Records Program

\*2020 Rates are based on provisional death data and are will change with final 2020 data.

\*\*Missing data are suppressed rates due to a small number of events

Methamphetamine Overdose Deaths (Age-Adjusted Rates), 2001-2020\*



Source: CDPHE, Vital Records Program

\*2020 Rates are based on provisional death data and are will change with final 2020 data.

\*\*Missing data are suppressed rates due to a small number of events