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

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

***AGENDA IS SUBJECT TO CHANGE***
<table>
<thead>
<tr>
<th><strong>DATE:</strong></th>
<th>4/25/17</th>
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</thead>
<tbody>
<tr>
<td><strong>SUBJECT:</strong></td>
<td>Legislative Working Group (LWG) – General Assembly Legislative Review</td>
</tr>
<tr>
<td><strong>FROM:</strong></td>
<td>Jeanne Shreve</td>
</tr>
<tr>
<td><strong>AGENCY/DEPARTMENT:</strong></td>
<td>Intergovernmental Relations Office, County Manager’s Office</td>
</tr>
<tr>
<td><strong>ATTENDEES:</strong></td>
<td>Eliza Schultz, Jeanne Shreve, LWG</td>
</tr>
<tr>
<td><strong>PURPOSE OF ITEM:</strong></td>
<td>Brief BoCC on previous week’s General Assembly legislation of relevance to the County, and obtain County stances on said legislation</td>
</tr>
<tr>
<td><strong>STAFF RECOMMENDATION:</strong></td>
<td>Review, discussion, and obtain County stances on legislation</td>
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**BACKGROUND:**

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

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

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

**ATTACHED DOCUMENTS:**
**FISCAL IMPACT:**

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

### Fund:

### Cost Center:

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<td>Current Budgeted Capital Expenditure:</td>
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<tr>
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<tr>
<td><strong>Total Expenditures:</strong></td>
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New FTEs requested: ☐ YES ☐ NO

Future Amendment Needed: ☐ YES ☐ NO

**Additional Note:**

**APPROVAL SIGNATURES:**

Raymond H. Gonzales, Interim County Manager  
Bryan Ostler, Interim Deputy County Manager  

**APPROVAL OF FISCAL IMPACT:**  

[Signature]  

[Signature]  

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

**BACKGROUND:**

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

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

Community & Economic Development, Planning

**ATTACHED DOCUMENTS:**

Presentation
FISCAL IMPACT:

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

<table>
<thead>
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<td>Additional Note:</td>
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<table>
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<th>APPROVAL OF FISCAL IMPACT:</th>
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<tbody>
<tr>
<td>Bryan Ostler, Interim Deputy County Manager</td>
</tr>
</tbody>
</table>

Budget / Finance
Tri-County Health Department
Adams County Commissioner Briefing

John M. Douglas, Jr., MD
Executive Director
Tri-County Health Department
April 25, 2016
Overview

• Overview
• Emerging Data
• Addressing Strategic Priorities
  • Substance abuse
  • Mental health
• Federal Policy Landscape
Public Health 3.0

• Key recommendations
  • Emerging role of Chief Health Strategist
  • Strategic cross-sector partnerships
  • Assurance of broad quality through PH Accreditation
  • Prioritize actionable data with clear metrics accessible to communities
  • Develop strategies for sustainable funding, innovative funding models

• Perspective
  • “...increasingly, our job in PH is influencing without authority, working with organizations that we don’t control or fund, to align what they do with the health of the public.”
Public Health Accreditation Requirement Completion Progress
1/2017

[Diagram showing completion progress for different domains, with bars indicating measure requirements met and total number of requirements.]

Tri-County Health Department
Partnerships Are Key

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

Strategic Plan (SP)

Foundational Capacity Goals

1. Informatics and Technology
   - Community Health Assessment (CHA)
2. Strategic Communication
3. Policy and Partnerships
4. Organizational Sustainability
   - PH Accreditation (PHA)
   - Performance Improvement (PI)

Population Health Goals

5. Obesity/Chronic Disease
6. Tobacco/Substance Abuse
7. Health Care Interactions and Delivery
8. Healthy Human Environment
9. Mental Health
   - Public Health Improvement Plan (PHIP)

Core Public Health Services
- Administration, Vital Records, Communicable Disease Control, Epidemiology/Planning, Immunization, Family Planning, Maternal Child Health, WIC, Environmental Health, Emergency Preparedness and Response

Commitment to Promoting Health Equity
2016 Community Health Assessment

- Comprehensive review every 3-4 years
- Focuses on
  - Factors that Impact health
  - Overview of health of counties
  - Population health focus areas
- Accompanied by regularly updated website and county health fact sheets
Ten leading causes of death per 100,000 population*
Adams, Arapahoe and Douglas Counties and Colorado, 2015

- All cancers
- Heart disease
- Unintentional injuries
- Chronic lower respiratory disease
- Cerebrovascular disease / stroke
- Alzheimer’s disease
- Suicide
- Diabetes mellitus
- Influenza and pneumonia
- Chronic liver disease and cirrhosis

*Age-adjusted to the US 2000 standard population.

Source: Health Statistics Section
CO Dept of Public Health & Environment
Deaths Due to Cancer and Heart Disease

Deaths due to CANCER per 100,000 population*

Deaths due to HEART DISEASE per 100,000 population*

*Age-adjusted to the US 2000 standard population
Source: Vital Statistics Branch, Colorado Dept of Public Health & Environment
Deaths Due to Motor Vehicle Crashes and Poisoning

Deaths due to MOTOR VEHICLE CRASHES per 100,000 population

Deaths due to UNINTENTIONAL POISONINGS per 100,000 population

*Age-adjusted to the US 2000 standard population
Source: Vital Statistics Branch
Colorado Dept of Public Health & Environment
The Forces Driving Middle-Aged White People's 'Deaths Of Despair'

Mortality and morbidity in the 21st century

Anne Case, Princeton University
Angus Deaton, Princeton University
2017 County Health Rankings
Key Findings Report

Premature Death Trends Over a Decade

Age-Adjusted Mortality Rate
(Deaths under age 75 per 100,000)

Premature Death (YPLL)
under age 75 per 100,000


Premature Death Trends by Method of Injury from 2006 to 2015

Years of Potential Life Lost per 100,000

Method of Injury
- Drug Overdose
- Motor Vehicle Crash
- Firearm
- All Other Injuries

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

Years of Potential Life Lost per 100,000

Community Type
- Large Urban Metro
- Large Suburban Metro
- Smaller Metro
- Rural

Tri-County Health Department
You Draw It: Just How Bad Is the Drug Overdose Epidemic?

By JOSH KATZ  APRIL 14, 2017

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

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

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

... has been **slowly rising** after a drop in the 1990s. Gun deaths increased by **8 percent** in 2015, the largest single-year jump since the C.D.C. began keeping computerized death records. Over 60 percent of gun deaths are suicides.
Since 1990, the number of Americans who have died every year from H.I.V....

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

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

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

It's the worst drug overdose epidemic in American history, spurred by rising drug abuse, increased availability of prescription opioids and an influx of potent synthetics like fentanyl and carfentanil.
You Draw It: Just How Bad Is the Drug Overdose Epidemic?

By JOSH KATZ  APRIL 14, 2017

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

The number who die each year from...

Drug overdoses
52,404

Car accidents
37,757

Guns
35,763

H.I.V.
6,485

The opioid epidemic has not fallen equally on all races or regions. Like an infectious disease, drug overdoses have emerged in clusters around the country.
Per Cent of Deaths in 15-45 yo Due to Drug Overdoses

- Adams: 16%
- Arapahoe: 22%
- Douglas: 14%
- Denver: 17%
- Boulder: 19%
- Jefferson: 20%
- Las Animas: 40%

Tri-County Health Department
Impact of Behavioral Health Deaths in Colorado & Adams Co

Insufficient numbers for reliable rates in Black, Non-Hispanic
Opioid and Heroin Overdose Deaths, TC Area, 2010-15

N=475

N=119
Tri-County Opioid Prevention Partnership

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

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

Objective: Increase awareness among the community and streamline communication channels across the three counties

Actions:

- Website
  - Link to partners
  - Connect with existing resources, e.g. Take Meds Seriously
- Social Media, develop a calendar for partners to share the same message
- Ensure partners are sharing a consistent message (eg, Take Meds Seriously materials and other existing campaigns)
- Engage with local governments (city and county PIOs) for outreach of messages.
- Need to support public awareness within specific other strategies – e.g., Awareness around naloxone and safe disposal.

Measurement:

- Website statistics
- Tracking of media efforts
Public Awareness

Prescription Drug Safety Starts With You

5280
Metro Denver stores only

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

The abuse of prescription medicines is the fastest growing drug problem in the United States, particularly among teens. Nearly 22A,000 Coloradans misuse prescription drugs each year, and 1/6 of the state’s 7th graders have taken a prescription medicine that was not written for them.

Tri-County Health Department
TCOPP: Provider Education

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

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

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

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

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

Region 2 Denver Metro
Denver, Adams, Arapahoe, Broomfield, Douglas,
Jefferson, Clear Creek, and Gilpin Counties

NEEDS/GAPS

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

PRIORITIES for FUNDING

- Workforce: Shortages of providers, training including Medication Assisted Therapy (MAT), certifications, access to telemental health and mobile services
- Better information and data sharing
- Treatment within the criminal justice system
- Residential treatment short-, mid-, and long-term and transitional residential services
- Detox services/facilities with a medical component
- Continuum of housing options
- Case or care management, system navigation

BRIDGING THE DIVIDE: ADDRESSING COLORADO’S SUBSTANCE USE DISORDER NEEDS

February 2017
# TCOPP: Projected Timeline

<table>
<thead>
<tr>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<tr>
<td>Observations</td>
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<td>Events</td>
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<tr>
<td>DEA Take-Back – Apr 29</td>
<td>CME Event – May 4 Aurora Town Hall – May 30 or Jun 1</td>
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<td>International Overdose Day – Aug 31</td>
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<td>Tasks</td>
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<tr>
<td>Website</td>
<td></td>
<td>Research pharmacy outreach potential logistics/cost</td>
<td>Look at disposal map – determine target locations</td>
<td>Grant planning for year 2 of Provider Ed Grant</td>
<td>Promotion of DEA event</td>
<td>Promotion of Overdose Awareness Day</td>
<td>Continued outreach re-disposal locations</td>
<td>Continued outreach re-disposal locations</td>
</tr>
<tr>
<td>Complete Map of Disposal Locations</td>
<td>Complete Map of Naloxone Availability</td>
<td>Promotion of DEA Event</td>
<td>Promotion of DEA Event</td>
<td>Continued outreach re-disposal locations</td>
<td>Continued outreach re-disposal locations</td>
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</tr>
<tr>
<td>Promotion of DEA Event</td>
<td>Promotion of Overdose Awareness Day</td>
<td>Start planning now for August/Sept awareness events</td>
<td>Planning for August/Sept awareness events</td>
<td>Continued outreach re-disposal locations</td>
<td>Continued outreach re-disposal locations</td>
<td>Continued outreach re-disposal locations</td>
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<tr>
<td>Promotion of CME Event</td>
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**Strategy Color Code:**
- Public Awareness
- Provider Education
- Safe Disposal
- Naloxone

**Not on this timeline at the moment:**
- Treatment

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

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

Public Health Improvement Plan
Adams, Arapahoe and Douglas Counties, Colorado 2014–2018

Tri-County Health Department
December 10, 2013
Poor Mental Health Days TCHD Area 2012-15
Poor Mental Health Days TCHD Area by Demographic Group

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

Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment
*Indicates significant difference
# Mental Health Among Youth, Tri-County Area

<table>
<thead>
<tr>
<th>Table 18. Select mental health indicators among 9th-12th grade student population, Adams County, Arapahoe County, Douglas County, and Colorado, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adams County</strong></td>
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<tr>
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<tr>
<td>Students who reported their mental health was not good on 14 or more days during the past 30 days</td>
</tr>
<tr>
<td>Students who seriously considered attempting suicide during the past 12 months</td>
</tr>
<tr>
<td>Students who made a plan about how they would attempt suicide during the past 12 months</td>
</tr>
<tr>
<td>Students who actually attempted suicide one or more times during the past 12 months</td>
</tr>
<tr>
<td>Students who sustained an injury after attempting suicide and had to be treated by a doctor or nurse</td>
</tr>
</tbody>
</table>

Source: Healthy Kids Colorado Survey, Colorado Department of Public Health and Environment
*Douglas County data are from the 2013 survey*
Barriers to Seeking Mental Health Services, Tri-County Area

<table>
<thead>
<tr>
<th>Needed mental health care or counseling services but did not get it at that time during the past 12 months</th>
<th>Adams County</th>
<th>Arapahoe County</th>
<th>Douglas County</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You were concerned about the cost of treatment”</td>
<td>78.2%</td>
<td>45.9%</td>
<td>66.7%</td>
<td>57.3%</td>
</tr>
<tr>
<td>“You did not feel comfortable talking with a health professional about your personal problems”</td>
<td>29.2%</td>
<td>38.9%</td>
<td>NA*</td>
<td>40.2%</td>
</tr>
<tr>
<td>“You were concerned about what would happen if someone found out you had a problem”</td>
<td>26.8%</td>
<td>27.8%</td>
<td>NA*</td>
<td>27.6%</td>
</tr>
<tr>
<td>“You had a hard time getting an appointment”</td>
<td>21.8%</td>
<td>35.5%</td>
<td>NA*</td>
<td>34.0%</td>
</tr>
<tr>
<td>“You did not think your health insurance would cover it”</td>
<td>38.4%</td>
<td>11.0%</td>
<td>NA*</td>
<td>43.3%</td>
</tr>
<tr>
<td>“You did not seek an appointment because you were uninsured”</td>
<td>77.0%</td>
<td>NA*</td>
<td>NA*</td>
<td>65.2%</td>
</tr>
</tbody>
</table>

Source: Colorado Health Access Survey, Colorado Health Institute
*NA indicates region did not have large enough sample to provide data on the question.
Pregnancy-Related Depression in Tri-County Area

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Adams County</th>
<th>Arapahoe County</th>
<th>Douglas County</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced 1 or more major stressful event in the 12 months before becoming pregnant</td>
<td>69.5%</td>
<td>70.7%</td>
<td>58.1%</td>
<td>71.8%</td>
</tr>
<tr>
<td>Visited a health care worker and was checked for depression and anxiety in the 12 months before becoming pregnant</td>
<td>21.2%</td>
<td>14.9%</td>
<td>18.0%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Reported any depression during pregnancy</td>
<td>13.1%</td>
<td>11.7%</td>
<td>5.3%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>
Reducing Mental Health Stigma: Let’s Talk Colorado

• Mental health a top public health priority in CO
• Stigma reduces willingness to seek care for self, others

• Let’s talk
  • Collaborative campaign across Metro Denver
  • Kick-off May 2017: MH Awareness Month
  • Key message: *It’s OK to*
    • *Talk*
    • *Seek help*
    • *Ask for help*
  • 150+ collaborating organizations thus far
Let's Talk Colorado: May 1 Launch

It's time to talk about mental illness.

Are you in need of help NOW?
If you or someone you know is in need of support, please contact Colorado Crisis Hotline at 1-844-4CO-TALK (426-5753) or text TALK to 38253 to get to www.rockymountainhotlines.org to access a list that is available in 17 languages.
Help and hope are available 24/7/365.

PROCLAMATION EVENT
MAY IS MENTAL HEALTH MONTH
MAY 1, 2017
NOON-1PM
COLORADO STATE CAPITOL, 1st floor West Foyer, Denver

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

Campaign video

Tri-County Health Department
Aurora health campaign aims to help immigrants, refugees

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

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

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

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

“We would like to normalize the concept that your behavioral health, your mental health is a key aspect of your overall health and well-being,” Douglas said.
Pregnancy-Related Depression Public Awareness Campaign

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

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

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

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

• Substance abuse and mental health are important health issues in CO and Adams County
• Addressing both requires
  • Reducing stigma
  • Increasing prevention and treatment capacity
  • Enhancing community partnerships across multiple sectors
  • Better data and community wide information
  • Supportive federal health policy
• TCHD would like to grow its collaborative role to address these issues
Questions
<table>
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<tr>
<th>DATE:</th>
<th>April 25, 2017</th>
</tr>
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<tbody>
<tr>
<td>SUBJECT:</td>
<td>Human Services Center at Park 12 Hundred</td>
</tr>
<tr>
<td>FROM:</td>
<td>Seán Braden, Project Manager</td>
</tr>
<tr>
<td>AGENCY/DEPARTMENT:</td>
<td>Facility Planning &amp; Operations</td>
</tr>
<tr>
<td>ATTENDEES:</td>
<td>Human Services Department</td>
</tr>
<tr>
<td>PURPOSE OF ITEM:</td>
<td>Project Update</td>
</tr>
<tr>
<td>STAFF RECOMMENDATION:</td>
<td>n/a</td>
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</table>

**BACKGROUND:**

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

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

- Human Services
- County Manager’s Office

**ATTACHED DOCUMENTS:**

- Power Point Presentation
FISCAL IMPACT:

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

Fund: TBD

Cost Center: TBD

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<tr>
<th>Object Account</th>
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<tr>
<td>Current Budgeted Revenue:</td>
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</tr>
<tr>
<td>Additional Revenue not included in Current Budget:</td>
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<td></td>
</tr>
<tr>
<td>Total Revenues:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
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<th>Subledger</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Add'l Operating Expenditure not included in Current Budget:</td>
<td></td>
<td></td>
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<tr>
<td>Current Budgeted Capital Expenditure:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add'l Capital Expenditure not included in Current Budget:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenditures:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New FTEs requested: ☐ YES ☒ NO

Future Amendment Needed: ☐ YES ☐ NO

Additional Note:

n/a

APPROVAL SIGNATURES:

Raymond H. Gonzales, Interim County Manager

Bryan Ostler, Interim Deputy County Manager

APPROVAL OF FISCAL IMPACT:

Nancy Divine
Budget / Finance
Project Update
April 25, 2017

HUMAN SERVICES CENTER
AT PARK 1200
PROJECT UPDATE - OVERVIEW

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

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

IMPERATIVES

Deliver Client Services all on one level
Equity for all Employees
Able to be maintained for 100 years
All Divisions are to be co-located

GOALS

Redefine the Customer Experience
Transform the Delivery of Human Services

VISION

“Elevate perception and address what people can be.”
“Beautiful environments create beautiful people” – Bill Strickland
PROJECT PROGRESS

- Construction Progress
  + Approximately 80% Work-in-Place

- FF&E:
  + Furniture Procurement Completed
  + Furniture Selections *(Style, Finishes, etc.)* Completed
    - Ordering Ongoing / Phased Schedule
    - Approximately $5.6M
    - Installation: Part for C of O / Part after C of O
  + IT Equipment Procurement Completed
    - Ordering Ongoing
    - Approximately $0.5M
PROJECT PROGRESS

- Budget
  - Overall Budget ($84.65M): Under Budget

- Schedule
  - (approximately 5 months left)
    - Originally Planned Substantial Completion June 2017 – Extended 2 months for Statutory Growth
    - Certificate of Occupancy (C of O) anticipated middle August 2017
    - Planned Move: September 8 to September 17
    - Ribbon Cutting: anticipated Early October
PROGRESS PHOTOGRAPHS - EXTERIOR

Main Entrance – January 2016
Main Entrance – October 2016
Main Entrance – March 2017
Main Entrance – July 2016
Main Entrance – Sept. 2016
Main Entrance – April 2017
PROGRESS PHOTOGRAPHS - EXTERIOR

Front Lobby Design Rendering – October 2015

Front Lobby Construction – April 2017

Employee Entrance – June 2016

Employee Entrance – August 2016

Employee Entrance – March 2017
PROGRESS PHOTOGRAPHS - INTERIOR

Main Lobby – Sept. 2016

Main Lobby – March 2017

2nd Floor Staff Area – Sept. 2016

2nd Floor Staff Area – March 2016
BUILDING USERS GROUP (BUG)

- Critical Component of Project Input
  + 4 Subgroups:
    - Furniture
    - Change Management
    - Move Management
    - Solutions & Communications

+ Monthly Meetings (Entire Group & Subgroups)
  - Purge Days
  - Open Houses
  - Regular Communications
CHANGE MANAGEMENT

- Change Management Efforts
  - Focus on Employee Transition and Impact
    - Provide Assistance, Deal with Fears, and Ensure Customer Service is maintained through transition
  - Championed by BUG and Human Services
    - Supervisor Meetings
    - Surveys, FAQ’s, Communications
    - All Staff Meeting on May 3
    - Transition Planning
MOVE MANAGEMENT & MOVING

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

- Move Agent Procurement
  - RFP in Progress
  - Anticipate Procurement Complete in July 2017
PUBLIC AWARENESS

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

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

<table>
<thead>
<tr>
<th>9/3/2017 - 10/14/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>September 3</td>
</tr>
<tr>
<td><strong>Labor Day</strong></td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td><strong>Relocation</strong></td>
</tr>
<tr>
<td>17</td>
</tr>
<tr>
<td><strong>Relocation</strong></td>
</tr>
<tr>
<td>24</td>
</tr>
<tr>
<td>October 1</td>
</tr>
<tr>
<td><strong>Potential Ribbon Cutting</strong></td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td><strong>Potential Ribbon Cutting</strong></td>
</tr>
</tbody>
</table>
THE END
<table>
<thead>
<tr>
<th>DATE:</th>
<th>April 25, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJECT:</td>
<td>Homelessness Study – Next Steps</td>
</tr>
<tr>
<td>FROM:</td>
<td>Chris Kline, Human Services and Joelle Greenland, Community &amp; Economic Development</td>
</tr>
<tr>
<td>AGENCY/DEPARTMENT:</td>
<td>County Manager’s Office</td>
</tr>
</tbody>
</table>
| ATTENDEES: | Herb Covey, Human Services  
Nathan Mosley, Parks & Open Space  
Norman Wright, Community & Economic Development  
Joshua Kennedy, Sheriff’s Office |
| PURPOSE OF ITEM: | To discuss the Community Enrichment Committee’s (CEC) recommendation concerning the Homelessness Study (Study), and to receive approval from the Board to proceed accordingly. |
| STAFF RECOMMENDATION: | To hire a Community Enrichment Coordinator, who will lead the County’s homelessness efforts, as well as focusing on other community enrichment efforts as outlined in the Community Enrichment Plan. |

**BACKGROUND:**

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

**RECOMMENDATIONS:**

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

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

2) Approval for one new FTE (classification and cost to be determined) to serve as the Community Enrichment Coordinator who would be assigned overall strategic planning and coordination of the Community Enrichment Plan to include addressing specific priorities regarding homelessness;
3) Develop a work plan for implementing recommendations 1-5 and 7 from the Study.

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

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

AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:

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

ATTACHED DOCUMENTS:

Power Point
Burnes Center's 1-3 Year Recommendations
FISCAL IMPACT:

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

<table>
<thead>
<tr>
<th>Fund:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Center:</td>
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</tbody>
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| Current Budgeted Revenue: |
| Object Account | Subledger | Amount |

| Additional Revenue not included in Current Budget: |
|----------|----------|---------|

| Total Revenues: |
|----------|----------|---------|

| Current Budgeted Operating Expenditure: |
| Object Account | Subledger | Amount |

| Add'l Operating Expenditure not included in Current Budget: |
|----------|----------|---------|

| Current Budgeted Capital Expenditure: |
|----------|----------|---------|

| Add'l Capital Expenditure not included in Current Budget: |
|----------|----------|---------|

| Total Expenditures: |
|----------|----------|---------|

New FTEs requested: ☑ YES ☐ NO

Future Amendment Needed: ☑ YES ☐ NO

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

APPROVAL SIGNATURES:

Raymond H. Gonzales, Interim County Manager

Bryan Ostler, Interim Deputy County Manager

APPROVAL OF FISCAL IMPACT:

[Signature] Budget / Finance
ATTACHMENT
Burnes Center’s 1-3 Year Recommendations

1: The County should convene a group to develop a 10 Year Plan to address homelessness.

2: The County should develop a plan to evaluate its efforts to address homelessness.

3: The County should approach future efforts to address homelessness as a seamless system of services rather than as a series of individual services and agencies.

4: The County should hire a homelessness services coordinator.

5: The County should improve and expand its communication and coordination between county government offices and its network of housing providers including the Adams County Housing Authority.

6: The County should provide dedicated alternative safe, secure, dignified, habitable space for persons not willing to go to shelters.

7: The County should provide some assistance to the Sheriff and Deputy Sheriffs that patrol the encampments.
Homelessness Study
Recommendations
Follow-Up
Recommendation #1:

- Formalize an internal/external steering committee representing:
  - County Manager’s Office
  - Community and Economic Opportunity
  - Parks and Open Space
  - Sheriff’s Office
  - District Attorney’s Office
  - Human Services
  - Non-profit agencies
  - Municipalities
Recommendation #2:

- Approval for one new FTE (classification and cost to be determined) to serve as the Community Enrichment Coordinator
  - Position would be assigned overall strategic planning and coordination of the Community Enrichment Plan to include addressing specific priorities regarding homelessness and poverty.
  - This position would also serve as a liaison for mobile home park communities.
Recommendation #3A:

- Develop a work plan for implementing recommendations 1-3, 5 and 7 from the Burnes Center on Poverty & Homelessness county assessment.

- Convene a group to develop a 10 Year Plan to address homelessness.
- Develop a plan to evaluate its efforts to address homelessness.
- Address homelessness as a seamless system of services rather than as a series of individual services and agencies.
- Improve and expand its communication and coordination between county government offices and its network of housing providers including the Adams County Housing Authority.
- Provide some assistance to the Sheriff and Deputy Sheriffs that patrol the encampments.
Recommendation #3B:

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

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

Place FTE on 2\textsuperscript{nd} Quarter Budget Amendment

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