



Shawn Davis, Chair  
Bebe Kleinman, Vice Chair  
Kristine Burrows  
Dr. Mark Levine  
Terrence Walker  
Michelle Weinraub  
Mark Mcmillan

# Arapahoe County

## Arapahoe County Board of Health

### Agenda

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**Wednesday, December 17, 2025**

**Arapahoe Board Room**

**3:00 PM**

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*The public is welcome to attend the Board of Health meeting in the Arapahoe Room at 6954 S. Lima St. Centennial, CO 80112 or virtually on Teams using the following meeting information:*

*Meeting ID: 270 688 752 384 0*

*Passcode: qf3ir7EE*

*The Board of Health agenda and materials can be viewed online at  
<https://arapahoe.legistar.com/Calendar>.*

**1. CALL TO ORDER\***

**2. APPROVAL OF MINUTES\***

**2.a November Meeting Minutes**

Board of Health Meeting Minutes

**25-690**

**Attachments:** [BOH\\_Meeting\\_MinutesNov2025](#)

**3. PUBLIC COMMENT\***

*Individuals are invited to speak to the Board of Health about any topic. To provide Public Comment, please contact the Board of Health Liaison ([hbanks@arapahoegov.com](mailto:hbanks@arapahoegov.com)) at least 30 minutes prior to the start of the respective board meeting. Speakers will be called in the order in which they signed up. Each person has a 3-minute time limit for comments, unless otherwise noted by the Chair. Individuals must state their name and address for the record prior to making remarks*

**4. BOARD OF HEALTH COMMENTS\***

**5. GENERAL BUSINESS ITEMS\***

**6. STUDY SESSIONS\***

**6.a Financial Report: FY25 Q3**

ACPH Financial Report

**25-691**

**Attachments:** [BOH\\_Financial\\_Report\\_FY25\\_Q3](#)

**6.b ACPH OWTS Regulation Adoption Primer (Q1 2026) & Timeline**

2026 OWTS Regulation Primer

[25-692](#)Attachments: [BOH\\_ACPH\\_OWTS\\_Regulation\\_Adoption\\_Primer\\_and\\_Timeline](#)**6.c ACPH Legislative Policy Engagement Presentation**

Legislative Policy Engagement Primer

[25-694](#)Attachments: [BOH\\_Policy\\_Primer\\_Dec2025](#)**6.d Director's Report**

December Director's Report

[25-695](#)Attachments: [BOH\\_Director's\\_Report\\_2025](#)**7. ADMINISTRATIVE SESSION****Directors Performance Review****8. EXECUTIVE SESSION AND COURT ATTORNEY LEGAL MEETING**

*Arapahoe County is committed to making its public meetings accessible to persons with all abilities. Please contact the Board of Health Liaison ([hbanks@arapahoegov.com](mailto:hbanks@arapahoegov.com)) at least three (3) days prior to a meeting, should you require special accommodations*

**9. ADJOURN\***

\*Items marked with an asterisk will be live streamed for public viewing.



# Arapahoe County

5334 South Prince Street  
Littleton, CO 80120  
303-795-4630  
Relay Colorado 711

## Board Summary Report

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**File #:** 25-690

**Agenda Date:** 12/17/2025

**Agenda #:**

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# Arapahoe County

*Arapahoe County Public Health - Lima Building  
6964 S. Lima St.  
Centennial, CO 80112*



## Meeting Minute Summaries

**Wednesday, November 19, 2025  
3:00 PM**

**Arapahoe Board Room**

### **Arapahoe County Board of Health**

*Shawn Davis, Chair  
Bebe Kleinman, Vice Chair  
Kristine Burrows  
Dr. Mark Levine  
Terrence Walker  
Michelle Weinraub  
Mark Mcmillan*

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<https://arapahoe.legistar.com/Calendar>.*

**1. CALL TO ORDER\***

**Present** Bebe Kleinman, Shawn Davis, Kristine Burrows, Terrence Walker, Michelle Weinraub, Mark Mcmillan, and Mark Levine

**2. APPROVAL OF MINUTES\***

**2.a October Meeting Minutes**

**Attachments:** [BOH Meeting Minutes Oct2025](#)

A motion was made by Davis, seconded by Walker, that the September Minutes be approved. The motion passed by the following vote:

**Aye:** Kleinman, Davis, Burrows, Walker, Mcmillan, and Levine

**Absent:** Weinraub

**3. PUBLIC COMMENT\***

*There were no requests for public comment.*

**4. BOARD OF HEALTH COMMENTS\***

**5. GENERAL BUSINESS ITEMS\***

**5.a Approval of use of reserve funds for personnel expenses**

A motion was made by Levine and seconded by Davis, for the Board of Health to approve, as necessary, use of Arapahoe County Public Health reserve funds for compensation of Public Health staff impacted by any future federal government shutdown, subject to prior notice to the Board of Health and agreement by the Board of Health Finance Sub-Committee for such use of the funds.

**Aye:** Kleinman, Davis, Burrows, Walker, Weinraub, Mcmillan, and Levine

**6. STUDY SESSIONS\***

**6.a CORE Metric Spotlight**

**Attachments:** [BOH CORE Presentation Sexual Health Nov2025](#)

**6.b Ambassador Update**

**Attachments:** [BOH Ambassador Update Nov2025](#)

**6.c Director's Report**

**Attachments:** [BOH Directors Report Doula Training Nov2025](#)  
[BOH Directors Report Nov2025](#)

**7. ANNOUNCEMENTS\***

Dr. Urbina expressed appreciation and gratitude for his time serving as Arapahoe County Public Health's Chief Medical Officer over the past 3 years, but announced that he plans to retire in the summer or fall of 2026.

**8. EXECUTIVE SESSION AND COUNTY ATTORNEY LEGAL MEETING**

*No executive session was held.*

**9. ADMINISTRATIVE SESSION****9.a End of Year Review Process****10. ADJOURN**

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# Arapahoe County

5334 South Prince Street  
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# ARAPAHOE COUNTY



# Financial Update

Breanna Paderewski, Director of Finance and Administration



# FY26 Budget Update



# 2026 Budget

Revenue	FY2026 Budget	% of Total
Grant	\$ 13,504,742	51.4%
Fee for Service	\$ 2,265,398	8.6%
Misc Revenue	\$ 733,491	2.8%
Medicaid, Other Insurance	\$ 187,592	0.7%
Public Health Funds	\$ 9,566,045	36.4%
<b>Totals</b>	<b>\$ 26,257,268</b>	<b>100.0%</b>
Expense		
Salaries	\$ 18,247,306	69.5%
Benefits	\$ 5,164,313	19.7%
Supplies	\$ 874,040	3.3%
Services	\$ 1,775,192	6.8%
Community Programs	\$ 9,290	0.0%
County Services	\$ 187,127	0.7%
<b>Totals</b>	<b>\$ 26,257,268</b>	<b>100.0%</b>



# Budget Year over Year Comparison

Revenue	2023 Actuals	2024 Actuals	2025 Budget	FY2026 Budget	\$ Difference: FY25 v FY26	% Difference: FY25 v FY26
Grant	\$ 15,914,439	\$ 15,718,745	\$ 14,411,643	\$ 13,504,742	\$ (906,901)	-6.3%
Fee for Service	\$ 1,831,200	\$ 2,132,615	\$ 2,323,244	\$ 2,265,398	\$ (57,846)	-2.5%
Misc Revenue	\$ -	\$ 188,149	\$ 528,474	\$ 733,491	\$ 205,017	38.8%
Medicaid, Other Insurance				\$ 187,592	\$ 187,592	
Public Health Funds Total	\$ 7,762,000	\$ 7,081,474	\$ 7,732,724	\$ 9,566,045	\$ 1,833,321	23.7%
<b>Totals</b>	<b>\$ 25,507,639</b>	<b>\$ 25,120,983</b>	<b>\$ 24,996,085</b>	<b>\$ 26,257,268</b>	<b>\$ 1,261,183</b>	<b>5.0%</b>
Expense						
Salaries	\$ 15,058,586	\$ 15,183,665	\$ 17,038,035	\$ 18,247,306	\$ 1,209,271	7.1%
Benefits	\$ 4,128,464	\$ 4,028,354	\$ 4,721,200	\$ 5,164,313	\$ 443,113	9.4%
Supplies	\$ 1,364,300	\$ 861,948	\$ 798,843	\$ 874,040	\$ 75,197	9.4%
Services	\$ 3,223,384	\$ 3,314,379	\$ 2,033,850	\$ 1,775,192	\$ (258,658)	-12.7%
Community Programs		\$ 56,571	\$ 62,482	\$ 9,290	\$ (53,192)	-85.1%
County Services	\$ 732,905	\$ 353,300	\$ 341,675	\$ 187,127	\$ (154,548)	-45.2%
<b>Totals</b>	<b>\$ 24,507,639</b>	<b>\$ 23,798,217</b>	<b>\$ 24,996,085</b>	<b>\$ 26,257,268</b>	<b>\$ 1,261,183</b>	<b>5.0%</b>



# FY25 Quarterly Financials



# 3rd Quarter High Level Summary

## Revenue

- Collected 84.49% of Budget
- Total Revenue \$21.1m
- \$7.4m in County Contribution
- \$11.67m in Grant Revenue

## Expense

- Expensed 74.92% of Budget
- Total Expenses \$18.7m
- Salary and Benefits Total \$15.7m, 83.6% of expenses



# 3Q25 Financial Summary

Commitment Item	FY 2025 Budget	3Q25 YTD Actuals	Budget % YTD (75% thru FY)
<b>Revenue</b>			
Fee for Service	\$ (1,961,040.00)	\$ (1,848,055.35)	94.24%
Medicaid, Insurance Reimbursement	\$ (362,204.00)	\$ (184,273.71)	50.88%
Federal Grant	\$ (7,607,428.00)	\$ (6,067,072.67)	79.75%
State Grant	\$ (6,804,215.00)	\$ (5,195,452.11)	76.36%
Other Grant	\$ (443,474.00)	\$ (403,877.53)	91.07%
County General Funds	\$ (7,764,425.00)	\$ (7,446,548.00)	95.91%
Investment Returns	\$ (85,000.00)	\$ -	0.00%
<b>Total Revenue</b>	<b>\$ (25,027,786.00)</b>	<b>\$ (21,145,279.37)</b>	<b>84.49%</b>
<b>Expenditures</b>			
Salaries	\$ 17,064,930.00	\$ 12,348,014.75	72.36%
Employee Benefits	\$ 4,698,957.00	\$ 3,318,138.47	70.61%
Supplies	\$ 738,884.00	\$ 581,207.26	78.66%
Services and Other	\$ 2,033,850.00	\$ 2,148,561.99	105.64%
Community Programs	\$ 62,482.00	\$ 48,883.27	78.24%
Capital Outlay	\$ 59,959.00	\$ -	0.00%
Central Services	\$ 341,675.00	\$ 304,988.43	89.26%
Transfer Out	\$ 27,049.00	\$ -	0.00%
<b>Total Expenditures</b>	<b>\$ 25,027,786.00</b>	<b>\$ 18,749,794.17</b>	<b>74.92%</b>



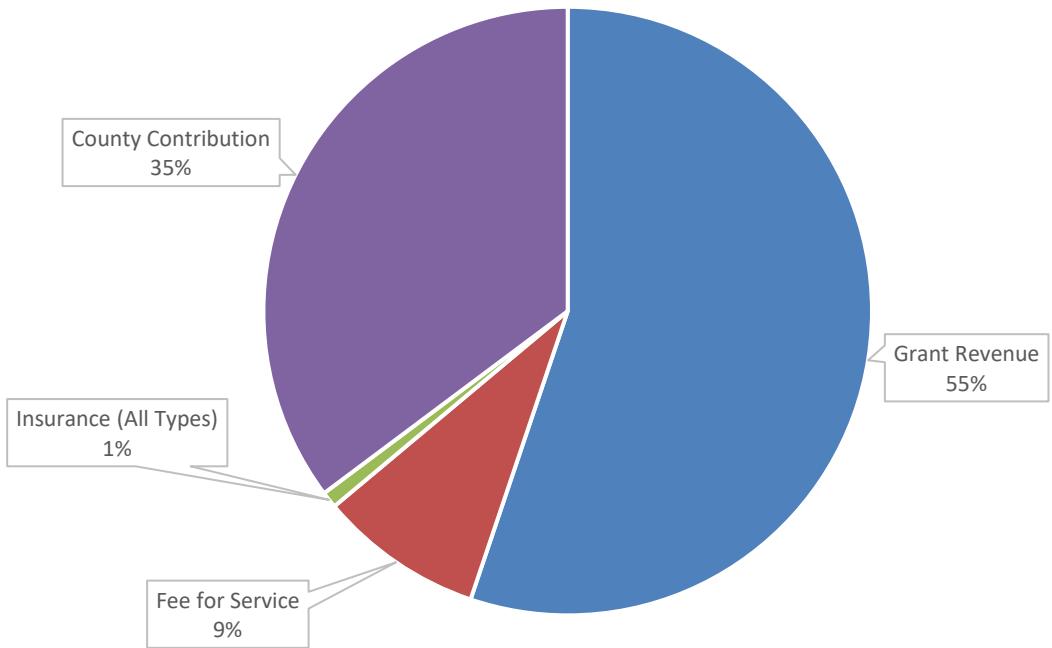
# Grant updates

- Local planning and support dollars:
  - 15% (\$226,103) cut for FY2026, most likely will see similar funding for FY2027
- CHAPP (HIV) – this had been considered stable funding
  - Received notice to expect possible 15% (22,944) reduction for FY2027
- Uncertainty continues regarding ongoing Federal funding
- Good News
  - Tobacco STEPP – funding continues to be increased (\$88,000 for FY2027)
  - Multiple, large dollar grants in the pipeline
    - COAC Infrastructure – Harm Reduction Program
    - Chronic Disease pilot – Community Health Promotion
    - Resilience Colorado – Youth Empowerment, Aurora Public School Partnership
    - Telligen – Family Connects
    - Colorado Access – Family Connects
    - National Breast Cancer Foundation - Screening and Diagnostic Services

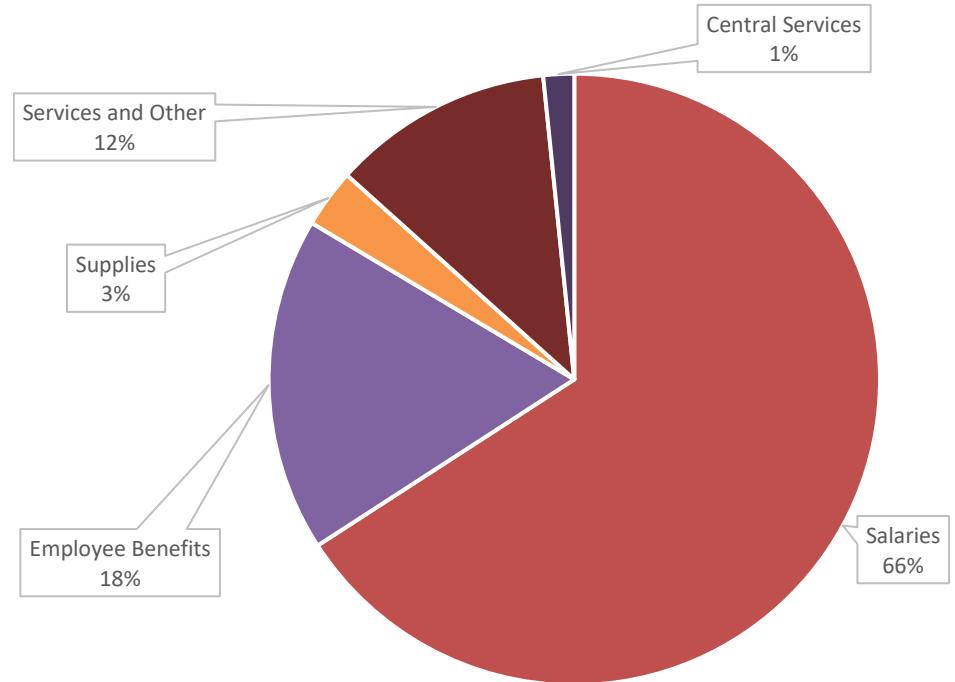


# 3Q25 Financial Summary

2Q25 Revenue



2Q25 Expenses



■ Grant Revenue ■ Fee for Service ■ Insurance (All Types) ■ County Contribution

■ Salaries ■ Employee Benefits ■ Supplies ■ Services and Other ■ Central Services



# Questions



# Arapahoe County

5334 South Prince Street  
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303-795-4630  
Relay Colorado 711

## Board Summary Report

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**File #:** 25-692

**Agenda Date:** 12/17/2025

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# ARAPAHOE COUNTY



# On-Site Wastewater Treatment Systems (OWTS) Regulation Revision Update

December 17, 2025

# Authority and Purpose

## Authority

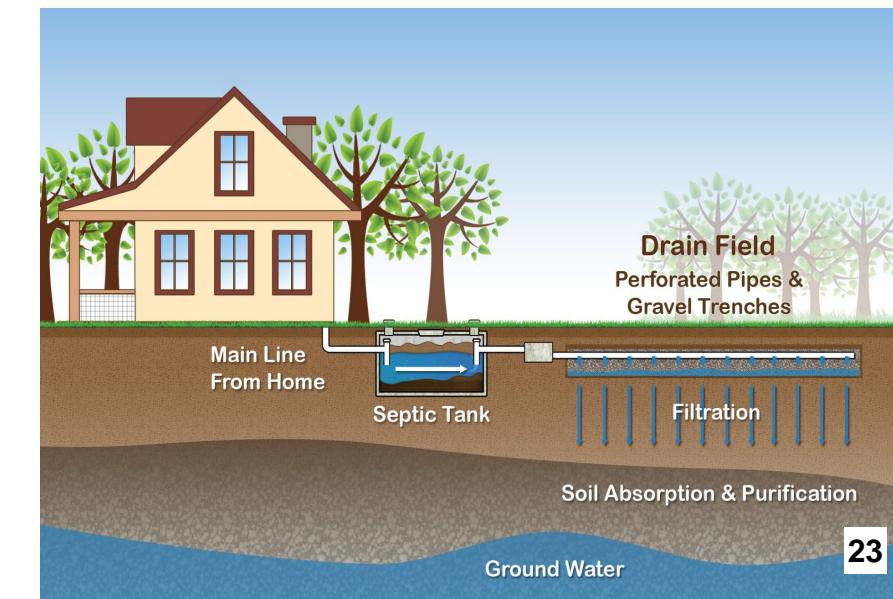
The ACPH regulation is promulgated pursuant to the On-Site Wastewater Treatment System Act, 25-10-101, et seq. C.R.S.

## Purpose

The purpose of these regulations is to provide guidance and establish minimum standards (including the enforcement thereof) for the location, construction, performance, installation, alteration and use of OWTS.

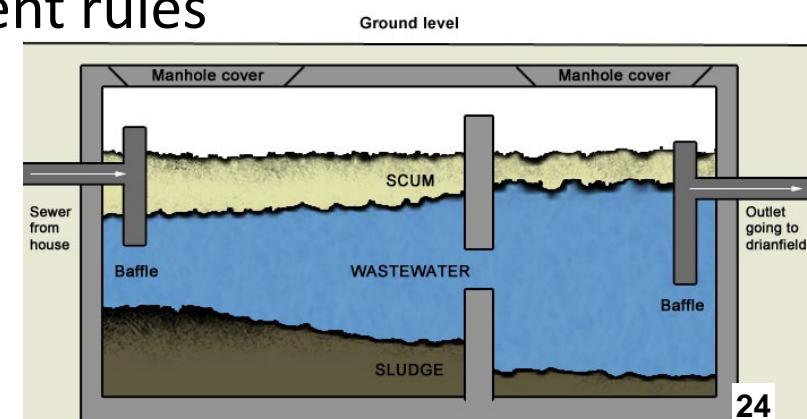
# Why Local Updates Are Required

- CDPHE Regulation 43 updated June 15, 2025.
- Local adoption required by June 15, 2026.
- Ensure consistency and maintain local permitting authority.
- Avoid state assumption of responsibilities.



# Required CDPHE Regulation 43 Changes

- Updated definitions & terminology
- Revised site/soil evaluation requirements
- Updated separation distances from setbacks
- New requirements for different treatment levels and soil applications
- Updated tank/media/distribution standards
- Revised variance and enforcement rules



# ACPH Local Regulation Updates



## Continuing Local Provisions:

- Licensing contractors/installers/cleaners
- Transfer of Title program
- Use Permit & Higher-Level Treatment oversight
- Variance procedures

## NEW 2026 Local Opt-Ins

- 3-ft minimum property line setback
- Expanded bedroom count criteria
- Joint soil pit or additional test pits
- Effluent filters + alarms
- NDDS under oversight
- Prohibit pit privies & slit trenches

# Stakeholder Engagement & Communications



- Draft Revised Regulation posted to website December 2, 2025
- Public Comment: January 5, 2026, through February 4, 2026
- Stakeholder Meetings:
  - January 6, 2026: Virtual
  - January 7, 2026: In Person (Lima Plaza)
- Outreach:
  - Qualtrics survey to collect public comment on draft
  - Webpage updates to link draft and resource materials
  - Social media posts on County platforms
  - Email blasts to licensed contractors and associated industry



# Arapahoe County Board of Health Responsibilities and Key Dates

## BOH Responsibilities:

- Hold public hearing and review comments
- Adopt updated local OWTS Regulations

## Key Dates:

- February 18, 2026 Study Session
- March 18, 2026 Public Hearing and Adoption
- May 7, 2026 effective date
- June 15, 2026 deadline for local adoption



# Questions?



# Arapahoe County

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# Public Health Role in Policy

Board of Health

December 17, 2025

# Topics Covered

- Policy & Public Health
- ACPH Roles
- Tracking & Reporting
- Bills on the Horizon

## Policy & Public Health

- ACPH plays an active role in policy at the municipal and state levels, and occasionally with federal partners
- Focus is on education and advocacy
- Training provided to staff annually

# ACPH Roles & Active Participation

## CALPHO Policy Group

- Meets regularly to discuss and take positions on bills that impact public health

## Board of Commissioners

- Meets weekly to discuss and take positions on bills that impact County operations

## Big P Policy Group (ACPH)

- Internal workgroup that meets to discuss or provide subject matter expertise on bills affecting public health

## Other

- National advocacy, statewide work groups, Day at the Capitol

# Tracking & Reporting

Using SmartSheet to track bills and any positions or actions taken

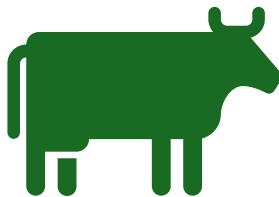
Will provide regular reports to Board of Health

Including CORE metrics in 2026

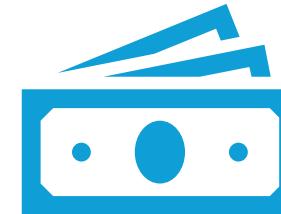
# Anticipated Bills & Other Advocacy



Cottage Food  
Expansion



Raw Milk



Public Health Funding



# Arapahoe County

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## Public Health Director's Report

Prepared by: Jennifer Ludwig

Date Prepared: December 10, 2025

Dates Covered: November 12- December 10, 2025

### **A. Mission Moments**

#### **ACPH Gives Back**

During the holiday season, ACPH participates in various food drives and volunteer opportunities to give back to our community. This year, all four locations collected and donated boxes of food to support Human Services Thanksgiving Food Drive; the Partnerships, Planning and Community Health Promotion division volunteered a collective total of 16 hours to Project Cure and organized a greeting card-making event for local and deployed U.S. troops; the Division of Health Protection and Response is supporting efforts through Project Our Town to decorate food delivery bags for *There with Care* and *Project Angel Heart*, greeting cards for patients at Craig Hospital, as well as collecting items for Kits Closet during its annual year-end meeting on December 16; WIC will be volunteering for Village Exchange Center on December 15; and the Sexual Health and Harm Reduction teams will give their time to Project Cure in February 2026.

### **B. Events and Engagement Opportunities**

Recent events: Arapahoe County Warrant Forgiveness Day November 22, Iron Sharp Foundation Lavished with Love December 6.

Upcoming events:

Arapahoe County Visit the Village December 13

Please reach out to [Grace Soulen](#) or visit our [Community Engagement Event Request Form](#) to suggest upcoming outreach opportunities. **This initiative aligns with the Community Health Improvement Plan (CHIP) cross-cutting objective to advance community engagement.**

### **C. Program Updates**

#### **Partnerships, Planning and Community Health Promotion**

1) Aurora Youth Seek Policy Change to Reduce Vaping Harms

The ACPH Tobacco Prevention and Control Team, in collaboration with Aurora Public Schools and Aurora Partners for Thriving Youth, supports local youth advocates like those currently working to educate policymakers on the impact of vape use in the City of Aurora. As reported in a December 3<sup>rd</sup> article of the Aurora Sentinel, the student group has provided public comment asking Aurora City Council to adopt an ordinance tightening licensing and compliance inspections for tobacco retailers, including the checking of psychoactive products sold in vape shops. The article highlights experiences like that of coalition member Geovani Arellano-Morales, who, inspired by the struggles of a family member, said, "...when I found out about this coalition, and I saw that I could help other people going through the same thing, it just made me really want to put myself out there and be able to prevent this from happening to other people." Source: [KID STUFF: Aurora teens ask city to step in and snuff student vape use - Sentinel Colorado](#)



Left to right, Vladimir Sandoval Guriano, Geovani Arellano-Morales, Sarah Padilla Zepeda and Novella Miller at the Aurora Municipal Center Nov. 17, 2025. PHOTO BY CASSANDRA BALLARD, SENTINEL COLORADO



Joy, who did not give her last name addresses the Aurora City Council Nov. 17, 2025, asking for legislation to prevent teen vaping. SENTINEL SCREEN GRAB

## 2) Arapahoe County Staff Connect, Learn, and Celebrate with 2026 Calendar of Connection

Arapahoe County is excited to introduce its [2026 Calendar of Connection](#), a new tool designed to help employees learn more about the cultures, values, and traditions of fellow colleagues and community members. Developed by a countywide workgroup that fosters staff belonging and retention, led by Grace Soulen, the calendar highlights a wide range of holidays, observances, and days of remembrance that reflects the diversity of the Arapahoe County workforce and its residents. By adding the calendar to Outlook, staff can choose to easily see and engage with events that are meaningful to others. This initiative builds on the success of ACPH's 2025 calendar, which helped employees feel more informed, connected, and included. The updated, countywide version has been expanded and refined to better represent a broader range of helpful information. **This initiative aligns with the Community Health Improvement Plan (CHIP) cross-cutting objective to increase community engagement.**

### Nutrition Division

#### 1) ACPH has their first IBCLC – Grace Perez!

- a. Grace Perez, WIC Supervisor at the Englewood office and Coordinator of the Baby Cafe, just passed the exam to become an International Board Certified Lactation Consultant (IBCLC)! The IBCLC certification is the premier global credential for lactation professionals, requiring rigorous education in health sciences, 90+ hours of lactation-specific training, significant clinical experience (300-1000+ hours depending on your pathway), and passing a comprehensive exam, overseen by the IBCLC Commission. We are proud of Grace and her accomplishment and are excited to have her expertise to support our community and staff!

#### 2) Nutrition by the Numbers - October

- a. WIC Enrollment at 12,509 – highest to date!
- b. 5,516 WIC completed appointments and staff handled 4,962 calls through the WIC call center
- c. The Breastfeeding Peer Counselors had 785 contacts with pregnant and breastfeeding mothers
- d. 23 Breastfeeding Class attendees and 22 mom/baby pairs attended the Baby Cafe

#### 3) Evening Virtual Breastfeeding Classes

- a. The Nutrition Division manages a regional (Adams, Douglas, Boulder, Broomfield County) virtual WIC breastfeeding class. We are piloting providing evening class times in November and December. We hope this change will better accommodate our clients' busy schedules

and provide a more convenient option for many. We will monitor how these new times are received and will consider adding these class times to our class schedule permanently.

4) A Precious Child Partnership – Diaper Donation

- a. ACPH is now receiving diaper/wipe donations as needed from A Precious Child. One way these diapers/wipes will be distributed to families is as an incentive to attend the breastfeeding class. Families who attend the class are eligible to stop by their WIC office to pick up diapers.

### **Community Health Nursing Division**

1) Family Connects

- a. In the first 12 weeks of implementation of Family Connects, we have had the following “good catch” moments, illustrating the critical need for support to postpartum families in Arapahoe County:
  - Postpartum preeclampsia identified: The clinical assessment of a birthing person revealed critically high blood pressure. The client spoke Haitian Creole, and a phone interpreter was essential to providing equitable care. The nurse called the nurse line and it was determined the parent needed emergency care. The nurse later confirmed that the parent had been admitted for severe postpartum preeclampsia and required a three-day hospital stay.
  - Early identification of respiratory distress in a newborn: A three-week-old infant was having difficulty feeding and appeared to struggle with breathing. The nurse home visitor conducted an immediate assessment, consulted the nurse line for guidance, and in collaboration with the parent, ultimately determined that calling 911 was necessary.
  - Undetected fever in a newborn: During the routine clinical assessment, the nurse home visitor identified that a three-week-old infant had a fever, which the birthing parent had not been aware of. The nurse facilitated a prompt referral to urgent care for further evaluation.
  - Housing support during eviction crisis: A family facing eviction shared their need for assistance during their home visit. The nurse home visitor connected them with community resources, ultimately allowing the family to remain in their home with their newborn.
  - Support for safe transportation: A mother disclosed that she planned to self-deport with her newborn due to the father's deportation proceedings. The nurse provided RTD transit tickets, instructional videos on bus use, and a baby-wearing carrier to support safe travel. These resources allowed the mother to make the decision she felt was best for herself and her baby.
  - Safe sleep: On three occasions, the family lacked a safe sleeping option for their newborn. Through our partnership with the Children's Safety Store, they received a pack-and-play, ensuring the baby had a safe, designated sleeping space.
  - Positive parent feedback: During a 30-day follow-up call, a mother shared the following feedback: *“You guys made my motherhood journey easier than I thought. I was in the hospital freaking out thinking that I forgot because it's been 9 years since I had my first daughter. I needed a reminder of the steps. The visit with Kena was educational and inspirational.”*

**This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic security and mobility by improving access to affordable physical and behavioral care.**

2) Maternal Child Health & Regional Health Connector

- a. Rebecca Rapport Verdejo and Laura Brayer-Don's partnership in the *Safe Starts at Home* program received national recognition this November when researchers presented findings from the initiative at the 2025 National Research Conference for the Prevention of Firearm-Related Harms in Tempe, Arizona. This is one of the most prominent national gatherings for firearm-injury prevention research and innovation.

**About the Presentation**

The research team shared a mixed-methods analysis of SafeHomesCO (now Safe Starts at Home), highlighting how counties, including Arapahoe, are using home-visitation programs to support families in reducing preventable injuries. The presentation specifically elevated:

- The role of home visitors in having supportive, non-judgmental conversations about safe firearm storage
- The importance of building safety discussions into regular public health practice
- Opportunities for statewide scale-up through county health departments

**Citation:**

McCarthy M, Ghosh R, Lester C, Don L, Rapport R, Wright Kelly E, Simonetti JA. *A Mixed-Methods and Opportunity Analysis of SafeHomesCO – a Safety Intervention for Households Receiving County Services*. National Research Conference for the Prevention of Firearm-Related Harms, Tempe, AZ, Nov 2025.

**This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance community safety.**

- b. In November, ACPH launched the Firearm Injury Prevention Campaign along with other metro area LPHAs and hospitals. As part of this initiative, ACPH created a Firearm Injury Prevention webpage. ACPH received \$10,000 of funding from a CDPHE mini-grant to purchase firearm locks and we will be working with our internal teams as well as partner organizations on a distribution plan.

Webpage access: [Firearm Injury Prevention](#)

**This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance community safety.**

- c. Arapahoe County was recognized by CDPHE in the November edition of the MCH Digest with the following excerpt:

"In preparation for the upcoming tax season, Arapahoe, Adams and Jefferson counties worked together to hold four Community of Practice (CoP) sessions with Community-Based Organization (CBO) partners. Topics shared during each session were based on input from CBOs. In addition, each CBO developed a draft action plan to implement in the fall and during the 2025 tax season.

Based on requests from CBOs and utilizing the Get Ahead CO ITIN Basics document for reference, the LPHA partnership drafted a [one-pager on the ITIN process \(English and Spanish\)](#) and shared it with CDPHE, Tax Help CO, Denver Asset Building Coalition (DABC) and our CBO Tax Ambassadors. It is important to note that this tax season CBO Tax Ambassadors are conflicted whether to encourage immigrants to apply for an ITIN and/or file taxes, not knowing if personal information will be accessed and used against undocumented individuals.

The 3-county partnership also attended the Gary awardee gathering in August to connect with other organizational awardees and identify our upcoming tax season strategies, including how to mitigate the real challenges around changes to federal tax credit eligibility and direct deposit requirements.

The beauty of this partnership is how the counties have leveraged their resources for broader impact: Arapahoe County offered compensation to CBOs for their participation and summer CoP planning effort; Jeffco covered the costs of interpretation for all sessions; Adams County has managed the Gary grant award while continuing to lend its tax knowledge and economic security expertise to this work. Congrats to Jefferson, Adams and Arapahoe County for their successful economic mobility partnership!"

**This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance economic security and mobility.**

d. The MCH team recently identified a donor interested in supporting our work with the Children's Safety Store. Through collaboration with our finance team and the county, ACPH now has a donation receipt form that can be used to document contributions, allowing donors to receive a tax deduction.

**This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance economic security and mobility.**

### 3) Immunizations

- a. The Program saw 385 clients and administered 1,242 vaccines in November. This represents one of several months this year with higher volumes of demand seen year of year since the inception of ACPH. Mobile clinic partnerships continue with schools, prioritizing those with the highest number on non-compliant students. Mobile school clinics continue to increase the language diversity of families served over fixed-site clinics.
- b. Participation in Colorado Chooses Vaccines. New collaboration of partners with seed funding from Rose Community Foundation. Workgroup meetings bring together advocacy, funding, communication, and scientific knowledge within the context of a federal landscape that promotes vaccine messaging that is not evidence-based. In November 2025 the CDC updated their website with statements linking vaccines to autism despite all scientific-consensus to the contrary. In December, the committee at CDC that oversees vaccine recommendations and controls what supply is available for children who are eligible for the Vaccines for Children Program (those on Medicaid and uninsured, about half of all kids in the U.S.) removed the birth dose of Hepatitis B vaccine from the formulary and schedule. Without prophylaxis at birth, approximately 90% of newborns infected perinatally will develop chronic hepatitis B infection, and 25% of those with chronic infection will die prematurely from chronic liver disease. Read a full analysis of the issue [here](#).

### 4) Sexual Health

- a. ACPH was highlighted in the first ever "Syndemic Solutions in Action" case study published by NACCHO. This case study will be shared widely and available on the NACCHO website to highlight innovative community based solutions to address the syndemic of STIs, HIV, Hepatitis C and overdose in our community. Field delivered treatment for syphilis and sexual health's collaboration with Harm Reduction is featured on their syndemic webpage: <https://www.naccho.org/programs/community-health/infectious-disease/hiv-sti/syndemic-approaches>
- b. On November 13, Sexual Health and Harm reduction participated in an all-day workshop with CDPHE on providing inclusive care to the LGBTQ+ community, delivering reactive HIV

- results, and more effectively working with the CDPHE disease intervention specialists and HIV Linkage to Care programs.
- c. The Sexual Health program came up with a shared 2026 program goal of increasing community engagement. Each staff member will contribute to this goal in a unique way and reflect on progress in their 2026 performance review. The goal is to increase visibility and engagement with the community by conducting outreach and educational activities at community events, through social media and the internet, and by doing personal outreach to community-based organizations.
  - d. Sexual Health RN Kiera presented on wound care and first aid basics to the Homelessness Services Outreach team at City of Aurora. She provided their staff with ideas on basic supplies to provide to their participants, information on how to prevent infection, and signs and symptoms of infection to help staff recognize when people should seek urgent medical care. City of Aurora staff appreciated her expertise and stated that they will use this information frequently in their outreach efforts as this is a high priority and concern for the unhoused community.

5) Harm Reduction

- a. On December 1, staff from Community Medical Services (CMS) joined the Harm Reduction team at the It Takes a Village fixed site to provide information on medication assisted treatment and other treatment options. Their peer support specialist had this feedback for the team after observing them in action: "It was good working with your team yesterday, and I want to commend each of them for being such caring and awesome people! I've got lived experience with addiction and homelessness, so it's great to see folks who really treat people with so much non-judgmental compassion ☺". We could not agree more with this assessment! Additionally, the CMS team spoke with 42 participants about their services and distributed resource bags with cold weather items, hygiene items and snacks.
- b. Staff attended the 2<sup>nd</sup> annual Syringe Access Program Summit, getting to connect with syringe access partners from across the state. They heard from Harm Reduction elders, national public health professionals and local public health staff. They also had a chance to hear from one another about phlebotomy for people who use drugs and vein access, STI testing and treatment (HRP spoke as experts), drug checking technology and wellness for frontline staff. It was a great month filled with knowledge sharing, community and connection.
- c. The Harm Reduction team had its BUSIEST month in October with approximately 842 syringe access program encounters. That is 842 times someone encountered our program and received safer use supplies, overdose reversal medications and the chance to connect with resources such as testing services.

**Health Protection and Response (HPR) Division (*Environmental Health, Communicable Disease Epidemiology and Emergency Preparedness and Response Programs*)**

- 1) Environmental Health (EH) Programs
  - a. Updates related to the On-Site Wastewater Treatment Regulations review process will be provided during the business meeting.
- 2) Emergency Preparedness and Response (EPR) Program
  - a. In early November, the Communicable Disease Epidemiology and EPR programs coordinated and facilitated an exercise focusing on the response to a measles outbreak in the Arapahoe

- County Detention Center. During this tabletop exercise, staff from ACPH including the Chief Medical Officer, Communicable Disease, Immunization, and EPR, as well as County and Sheriff's Office Communications, Detention Center, and CDPHE convened to walk through a scenario testing identification, isolation, case investigation, incident mitigation strategies and public communications. The exercise identified many strengths and opportunities to continue streamlining processes to include strengthening information sharing across departments and developing tools for clinical staff at the detention center. The relationship between the detention center and public health was lauded as an incredible partnership stemming from years of close coordination.
- b. In November, the North Central Region (NCR) Healthcare Coalition received long-delayed funding from our federal and state partners. With the execution of these contracts, staff came back to work to continue efforts for health and medical coordination between the ten counties of the metro Denver area and plan for a more sustainable model due to future funding uncertainty. The coalition includes public health, hospitals, behavioral health, EMS, coroners, emergency management, as well as other groups impacted by the health and medical piece of any incident. The ACPH EPR Manager currently serves as the co-chair of the NCR Healthcare Coalition.
  - c. The EPR program facilitated a boil water tabletop exercise involving the HPR Division Director, staff from the EH and EPR programs, County Communications, and the CDPHE Water Quality Program. This test of the internal ACPH Boil Water standard operating procedures (SOP) walked through a commonly experienced scenario to identify response triggers, opportunities for efficient information sharing, and clarification on roles and responsibilities. Next steps for this series include a follow-up exercise to also include emergency management and water providers.
  - d. EPR facilitated a workshop with LPHA and CDPHE EPR staff on Point of Dispensing forms and documentation. As recipients of the Cities Readiness Initiative (CRI) grant, LPAs in the NCR, along with El Paso and Park County, are held to a rigorous standard for the receipt, storing, distribution, and dispensing of medical countermeasures during large scale incidents. This workshop allowed jurisdictions to identify documentation gaps, validate existing processes, and share best practices. ACPH is continuing to lead the way in streamlining efforts for regional coordination on medical countermeasures.
  - e. Two of our EPR Specialists, Lindsay Brown and Serena Alvarodo, were selected for positions on the governance board for Women of Emergency Management (WOEM). The organization established earlier this year by Lori Hodges, Emergency Manager for Larimer County, has already grown to include women representing a variety of disciplines from state and local jurisdictions around the country. The group is focusing on networking, support, mentorship, and leadership development for women and people who identify as women in a traditionally male dominated field.

#### **D. Communicable Disease Epidemiology (CDE) Report**

- a. *Pertussis:* Individual cases and outbreaks of pertussis have continued to increase in Colorado and Arapahoe County, especially among school-aged students. Seventy-one (71) cases and 2 outbreaks (both in school settings) have been reported in Arapahoe County so far this year. The CDE Program works closely with impacted families and facilities to recommend post-exposure prophylaxis antibiotics, provide disease control recommendations to reduce the

- spread of illness, parent notification letters, education, and monitor trends to help stop transmission.
- b. *Influenza*: Outbreaks of influenza and influenza-like-illness (ILI) are increasing in Colorado and Arapahoe County for the season. Thirty-four (34) influenza or ILI outbreaks have been reported in Arapahoe County so far this year with 9 outbreaks reported in school settings since 11/1/2025. The CDE Program works closely with facilities to provide disease control recommendations, parent/resident notification letters, education, monitor trends to help stop transmission, and recommend vaccination as a safe and effective way of stopping disease spread or limiting illness severity.
  - c. *Infant Botulism Outbreak and Formula Recall*: Botulism is a rare but serious intoxication that causes a neuroparalytic illness. Five main forms for botulism can occur: foodborne, infant, wound, adult intestinal toxemia, and iatrogenic botulism. Infant botulism is the most commonly reported form of botulism and affects children less than one year of age (usually less than 6 months of age). Infant botulism occurs when ingested *Clostridium botulinum* spores germinate in the intestine and provide toxin. Illness in infants ranges from mild with gradual onset to rapidly progressive resulting in sudden death. Symptoms seen in infants can include constipation, loss of appetite, weak suck, decreased movement, loss of facial expression, weakness, an altered cry, and a loss of neck control. Affected infants are often described as being "floppy". Honey, honey-containing homeopathic teething products, and soil exposure (often from nearby construction) are common risk factors for infant botulism. Human botulism immune globulin (BabyBIG) is available to treat infant botulism and should be initiated as soon as botulism is suspected. An average of 2.5 cases are reported annually in Colorado (range 0-4 cases). Two (2) infant botulism cases were reported in Arapahoe County in 2024.

A multistate outbreak of infant botulism linked to ByHeart powdered infant formula was identified in the United States. As of 12/2/2025, 37 cases are identified in 17 states. All infants consumed ByHeart formula, were hospitalized, and treated with BabyBIG. No deaths are reported. There are not yet any cases reported in Colorado. However, this formula was available for purchase in Colorado and online. Additional cases will likely continue to occur despite a national recall of all ByHeart formula on 11/11/2025, given the long incubation period of infant botulism (up to several weeks). In addition to the nationwide recall, several communications were shared statewide to spread awareness of the recall and ongoing outbreak including:

- i. Health Alert Network (HAN) issued to medical providers on 11/14/2025,
- ii. LPHA communicable disease, EH childcare inspectors, and EH consumer protection inspectors requested to evaluate whether or not the recalled product is in the facility during routine inspections and share education and awareness of the recall and symptoms of infant botulism,
- iii. Child Care Health Consultants messaging,
- iv. Rocky Mountain Poison and Drug Safety messaging.

The CDE Program investigates all cases of botulism to recommend treatment, identify potential sources of exposure, and provide education to prevent future illness. The CDE Program continues to monitor for cases associated with this outbreak.

- d. *Marburg Virus Disease*: Marburg Virus Disease (MVD) is a rare but highly fatal viral hemorrhagic fever caused by infection with one of two zoonotic viruses, Marburg virus or Ravn virus. Both Marburg and Ravn virus are within the virus family *Filoviridae*, which also includes Ebola viruses. Marburg virus is spread through direct contact with broken skin or mucous membranes with the body fluids of someone who is sick with MVD, or who recently died from their infection. These body fluids include blood, urine, saliva, sweat, feces, vomit, breastmilk, amniotic fluid, or semen. People can also contract MVD if they have contact with an infected animal, needles, or with other objects or surfaces contaminated with the virus. Marburg virus is not spread through airborne transmission. Symptoms of MVD can include fever, headache, muscle/joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. There is currently no FDA-approved vaccine or treatment for MVD. In the absence of early diagnosis and supportive care, MVD has a high mortality rate of 20% to 90%, depending on the virus strain and level of case management for the patient. With early intensive supportive care and fluid replacement, mortality rates can be lower.

On 11/13/2025, the World Health Organization (WHO) reported an outbreak of MVD in Ethiopia. As of 11/30/2025, there are 12 confirmed cases, 8 deaths, and 122 suspected cases. The WHO deployed a multi-disciplinary team to the region to assist with the response efforts. Response measures include contact tracing, increased surveillance, enhanced infection prevention and control measures, and community education campaigns. On 11/17/2025, the U.S. CDC issued a Level 1 Travel Health Notice for MVD in Ethiopia.

There are no reported cases in the United States and the CDC has not currently issued traveler monitoring for travelers returning from Ethiopia. Should traveler monitoring be recommended, the ACPH CDE Program will utilize the Colorado Viral Hemorrhagic Response Plan along with our internal protocols to monitor asymptomatic travelers for 21-days should we receive a traveler in our jurisdiction. Our plans outline the guidance for travel monitoring of close contacts in Colorado and additional details on agency roles, communication, medical transport, and coordination should a suspect or confirmed case be identified in Arapahoe County.