



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

Wednesday, October 15, 2025

Arapahoe Board Room

3:00 PM

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

September Board of Health Meeting Minutes

[25-531](#)

Attachments: [September Meeting Minutes](#)

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) 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

Environmental Health Fees Primer and Discussion

Environmental Health Fees Primer

[25-564](#)

Attachments: [Environmental Health Fees Presentation](#)

CORE Metric Presentation

CORE Measure Presentation - Harm Reduction

[25-565](#)**Attachments:** [Harm Reduction CORE measure presentation](#)**Directors Report**

Board of Health Directors Report

[25-566](#)**Attachments:** [Board of Health Directors Report](#)**Other Business; Discussion****7. EXECUTIVE SESSION AND COUNTY ATTORNEY LEGAL MEETING**

As required by law, specific agenda topics will be announced in open meeting prior to the commencement of the closed and confidential portion of this session. C.R.S. § 24-6-402(4)

8. ADJOURN

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



Arapahoe County

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

Board Summary Report

File #: 25-531

Agenda Date: 10/15/2025

Agenda #:

Arapahoe County

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



ARAPAHOE COUNTY

Meeting Minute Summaries

Wednesday, September 17, 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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1. CALL TO ORDER

Present Bebe Kleinman, Shawn Davis, Kristine Burrows, Mark Mcmillan, and Mark Levine

Abs/Exc Terrence Walker, and Michelle Weinraub

2. APPROVAL OF MINUTES

2.a August Meeting Minutes

Attachments: [August Meeting Minutes 2025](#)

A motion was made by Davis, seconded by Kleinman, that this Minutes be approved as amended. The motion passed by the following vote:

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

3. PUBLIC COMMENT

There were no individuals for public comment.

4. BOARD OF HEALTH COMMENTS

5. GENERAL BUSINESS ITEMS

6 STUDY SESSIONS

6.a FY26 Budget as presented to EBC

Attachments: [FY26 Budget Presentation](#)

6.b Financial Report: FY25 Q2

Attachments: [Q2 Financial Update - Sept 2025](#)

6.c OWTS August Hearing Follow-up

6.d CORE Presentation

Attachments: [CORE Presentation: EPR - Sept 2025](#)

6.e CHIP Spotlight

Attachments: [CHIP Spotlight Healthy Aging- Sept 2025](#)

6.f Director's Report

Attachments: [Directors Report - Sept 2025](#)

7 EXECUTIVE SESSION AND COUNTY ATTORNEY LEGAL MEETING

A motion was made by Davis, seconded by Kleinman, that the Board of Health go into executive session pursuant to C.R.S. 24-6-402(4)(b) and (4)(c) to obtain legal advice regarding and discuss a public health investigation for potential rabies exposure that is confidential under C.R.S. 24-72-204(2)(a)(IX). The motion was carried by the following vote:

Aye: Kleinman, Davis, Burrows, and Mcmillan

Excused: Levine

**Levine experienced technical trouble and was logged off before voting. He did attend the executive session.*

8 ADJOURN

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Board Summary Report

File #: 25-564

Agenda Date: 10/15/2025

Agenda #:



ARAPAHOE COUNTY

Environmental Health Approach to Fees 101 - Process Overview

October 2025

Kristin Byer, Business Operations Manager
Division of Health Protection and Response
Arapahoe County Public Health

Agenda

- Overview of Types of Environmental Health (EH) Fees by Relevant Statute
- History of EH Fees at Arapahoe County Public Health (ACPH)
- Approach to EH Fees at ACPH
- Next Steps
- Questions

Environmental Health Fees

There are two types of Environmental Health (EH) Fees:

- Fees that are set in state statute by the legislature.
- Fees the Arapahoe County Board of Health (BOH) has authority in statute to set and adopt to offset costs.



Fees



Environmental Health Fees Set by State Statute

- Statutory Authority: 25-4-1607 and 25-4-1611.5 (Food Protection Act)
- These statutes refer to only Retail Food Establishments
 - Licenses, plan review application/inspections fees, civil penalties
- 25-4-1607.5 – Process to review/revise statewide fees
 - CDPHE, local health agencies, retail food industry
 - Statutorily required to meet at least once every three years
 - Most recent fee increase approved in 2025 with phased effective dates.
 - ~25% in 2026
 - ~17% in 2027
 - ~20% in 2028
- Arapahoe County Board of Health cannot amend fees set by state statute.



Environmental Health Fees Set by Board of Health

- BOH Statutory Authority: C.R.S. 25-1-508 (5)(j): “To provide environmental health services and to assess fees to offset the **actual, direct cost of such services**; except that no fee for a service shall be assessed against any person who has already paid a fee to the state or federal government for the service, and except that the only fee that shall be charged for annual retail food establishment inspections shall be the fee set forth in section 25-4-1607”
- This statute applies to fees for programs such as Body Art, Child Care, Swimming Pools, and hourly services.



Environmental Health Fees Set by Board of Health

- BOH Statutory Authority: C.R.S. 25-10-107 (1): “A local board of health may set fees for permits. The permit fees may be no greater than required to offset the **actual indirect and direct costs** of the local public health agency’s services. With respect to any permit, the local board of health shall set the fee for the permit so as to recover, as nearly as can be practically established, the costs associated with that permit...”
- This statute is specific to Onsite Wastewater Treatment Systems

History of ACPH's Environmental Health Fees

- As a new Public Health organization, we made a recommendation to adopt the fees from Tri-County Health Department in December 2022.
- The Board adopted the recommended fees and ACPH has been charging these same EH fees since operations began in January 2023.
- ACPH will conduct a cost / fee review in Spring 2026 based on three years of data gathered for operations at Arapahoe County Public Health.

Approach to Fees

ACPH process when recommending fees to the Board of Health:

1. Calculate the cost to deliver services in alignment with statutory guidance
2. Costs are reviewed considering the ACPH approach to fees.
3. The results of this review support recommendations for fee changes (if needed).
4. Fees, including recommended fee changes, are submitted to the Board of Health for review, discussion, and approval. The review and approval discussions are hosted in a public forum.

Calculations for Cost to Deliver Services

- Use of standard tool to calculate program costs in accordance with the appropriate statutes (see sample data below)
- 3-year average to smooth year to year fluctuations

Program Name: EXAMPLE Fee Type: Annual Inspection Year: 20XX		
1	Program Cost from Financial Statement	\$ 27,781.80
2	Other Fee (Cost Recovery) Revenues:	
	Penalty, Plan Review, Assessment, Change of Owner, Education, Misc.	\$ (965.00)
3	Net Costs	\$ 26,816.80
4	Total Units (i.e, Facilities, Permits)	80
5	Per Unit Cost - 2025 Actual	\$ 335.21
6	Per Unit Cost - 2024 Actual	\$ 301.26
7	Per Unit Cost - 2023 Actual	\$ 285.13
8	3-year Mean Per Unit Cost	\$ 307.20
9	Current Fee	\$ 285.00
10	Difference 3-year Mean Per Unit Cost/Current Fee	\$ 22.20

Cost Calculation Guardrails

Accountability

- Costs will be supported by documentation such as receipts and program cost actuals and use of standard financial practices.

No duplication

- Fees may not recover costs already covered by state or federal assessments, and calculations exclude fees for services paid at the time of delivery.

Statutory alignment

- Consistent with state law, fees must be set only to recover actual costs and not generate surplus revenue.



Fee Setting Approach

- Meet statutory obligations and balance fiscal responsibility with equity.
- Cost recovery as foundation with minimization of barriers to service.
- Decisions will be data-informed, equity-focused, and aligned with Arapahoe County priorities when applicable, to support operations and promote well-being.
- We incorporate equity by working to ensure fees are structured in a way that does not create disproportionate barriers to access, including the financial ability to operate.
- This may include artificially lowering fee amounts to support programs that serve community members directly.



Fees Set By Colorado State Legislature

Description	Fee Amount	Unit of Activity	Authority
Body Art - Civil Penalty Assessment	Max of \$250	Per Day	25-4-2102
Retail Food - Civil Penalty, Civil Penalty, Enforcement Non-Compliance / Late License Renewal	Max of \$1000	Per Issue	25-4-1611.5
Retail Food - HACCP Plan Review Hourly Fee (Max set in statute; hourly set by BOH)	Max of \$620	Per Hour	25-4-1607
Retail Food - Plan Review Application Fee	\$155	Per Application	25-4-1607
Retail Food - Plan Review Hourly Fee (Max set in statute; hourly set by BOH)	Max of \$900	Per Hour	25-4-1607
Retail Food - Site Review (Initial Inspection)	\$120	Per Inspection	25-4-1607
Retail Food License - CDPHE Portion of License	\$55	Annual - Per License	25-4-1607
Retail Food License - Grocery Store (>15,000 sq ft)	\$386	Annual - Per License	25-4-1607
Retail Food License - Grocery Store (0-15,000 sq ft)	\$189	Annual - Per License	25-4-1607
Retail Food License - Grocery Store w/ Deli (>15,000 sq ft)	\$839	Annual - Per License	25-4-1607
Retail Food License - Grocery Store w/ Deli (0-15,000 sq ft)	\$414	Annual - Per License	25-4-1607
Retail Food License - Limited Food Service	\$283	Annual - Per License	25-4-1607
Retail Food License - Mobile Unit (full service food)	\$426	Annual - Per License	25-4-1607
Retail Food License - Mobile Unit (limited/prepackaged TCS)	\$283	Annual - Per License	25-4-1607
Retail Food License - No Fee License (K-12 schools, non-profit)	\$0	Annual - Per License	25-4-1607
Retail Food License - Oil & Gas Temporary	\$1,008	Annual - Per License	25-4-1607
Retail Food License - Restaurant (>200 seats)	\$526	Annual - Per License	25-4-1607
Retail Food License - Restaurant (0-100 seats)	\$426	Annual - Per License	25-4-1607
Retail Food License - Restaurant (101-200 seats)	\$483	Annual - Per License	25-4-1607
Retail Food License - Special Events Vendor	\$165	Annual - Per License	25-4-1607

Note: Arapahoe County Board of Health cannot amend these fees



Fees Set By ACPH Board of Health

Description	Fee Amount	Fee Type	Authority
Body Art - Hourly	\$60	Per Hour	25-1-508
Body Art - License	\$345	Annual - Per License	25-1-508
Body Art - Temporary Event Inspection Hourly	\$60	Per Hour	25-1-508
Child Care - Full Day > 4 Hours or > 24 Hours	\$255	Per Inspection	25-1-508
Child Care - Hourly	\$60	Per Hour	25-1-508
Child Care - Partial Day <= 4 Hours	\$190	Per Inspection	25-1-508
Child Care - Plan Review Application	\$120	Per Application	25-1-508
Environmental Health Hourly Services	\$60	Per Hour	25-1-508
Land Use - Plan Review Level 1	\$150	Per Plan Review	25-1-508
Land Use - Plan Review Level 2	\$210	Per Plan Review	25-1-508
Land Use - Plan Review Level 3	\$360	Per Plan Review	25-1-508
Land Use - Plan Review Level 4	\$750	Per Plan Review	25-1-508
Methamphetamine Lab - Case Review	\$310	Per Case	25-1-508
Recreational Water/Pools - Hourly	\$60	Per Hour	25-1-508
Recreational Water/Pools - Inspection - 1st Filtration System	\$175	Annual Inspection	25-1-508
Recreational Water/Pools - Inspection - Add'l Filtration Systems	\$175	Per Additional System	25-1-508
Recreational Water/Pools - Plan Review Application	\$120	Plan Review Fee	25-1-508



Fees Set By ACPH Board of Health (Continued)

Description	Fee Amount	Fee Type	Authority
Retail Food - Education, 2 Hour In-Service Training	\$120	Per Hour	25-1-508
Retail Food - Hourly	\$60	Per Hour	25-1-508
Retail Food - Plan Review Special Event Application (2-15 Vendors)	\$100	Per Application	25-4-1607
Retail Food - Plan Review Special Event Application (16+ Vendors)	\$200	Per Inspection	25-4-1607
Retail Food - Plan Review Special Event Late Fee	\$50	Per Application	25-1-508
Retail Food - Site Evaluation Hourly	\$60	Per Hour	25-4-1607
Retail Food - Special Event Hourly (Per Inspector)	\$60	Per Hour	25-1-508
Septic - Hourly	\$60	Per Hour	25-10-107
Septic - Installers' and Cleaners' License - New	\$35	Annual - Per License	25-10-109
Septic - Major Repair or Expansion Permit	\$740	Per Permit	25-10-107
Septic - Minor Repair Permit	\$415	Per Permit	25-10-107
Septic - New Permit	\$1,120	Per Permit	25-10-107
Septic - Permit Renewal (New/Repair)	\$50	Per Permit	25-10-107
Septic - Plan Review Hourly (first hour free)	\$60	Per Hour	25-10-107
Septic - Re-Inspection	\$120	Per Inspection	25-10-107
Septic - Use Permit	\$85	Per Permit	25-10-107
Septic - Use Permit - Higher Level	\$85	Per Permit	25-10-107
Septic - Variance Request (New/Repair Permit) Hourly	\$70	Per Hour	25-10-107

Timeline & Next Steps



Oct 2025

- Approach to Fees 101 for Board of Health

May 2026

- Present Recommendations for New Fees; meeting will be open to public

June 2026

- Seek BOH Approval for New Fees



Questions?





Arapahoe County

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Board Summary Report

File #: 25-565

Agenda Date: 10/15/2025

Agenda #:



ARAPAHOE COUNTY

Harm Reduction Program CORE Measures 2025
Elicia Chacon (she/hers), Harm Reduction Program
Supervisor

Harm Reduction Program

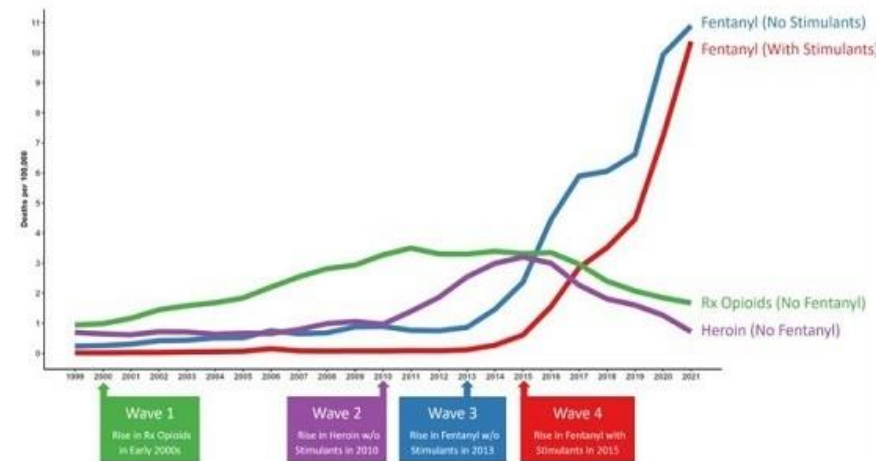
Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. (*National Harm Reduction Coalition, 2024*)

- Aims to meet people where they are to reduce barriers to resources.
 - Provides rapid testing services for HIV/Hep C/Syphilis/STIs
 - Provides tools for safer substance use and opioid overdose prevention
 - Referrals and connections to various resources



Story Time!

- Once upon a time in the old days...HRP participants were asking for supplies other than syringes (i.e., bubbles for meth use). Unfortunately, we were unable to provide them...Until one day, the CO Paraphernalia exemptions expanded to protect SSP participants from ticketing and arrests for their supplies (specifically glassware).
- In January of 2025, the ACPH HRP finally began distributing these crucial supplies, and began seeing major increases in participants accessing services!
- Since Jan. 1st, 2025, there have been approximately*:
 - 866 newly enrolled participants in the HRP SAP!
 - 118 people tested for HIV, Hep C, Syphilis, and/or gonorrhea & chlamydia.
- Targeted intervention allowed us to support participants in their requests, meet our metric goals, and addresses 4th wave of OD crisis!

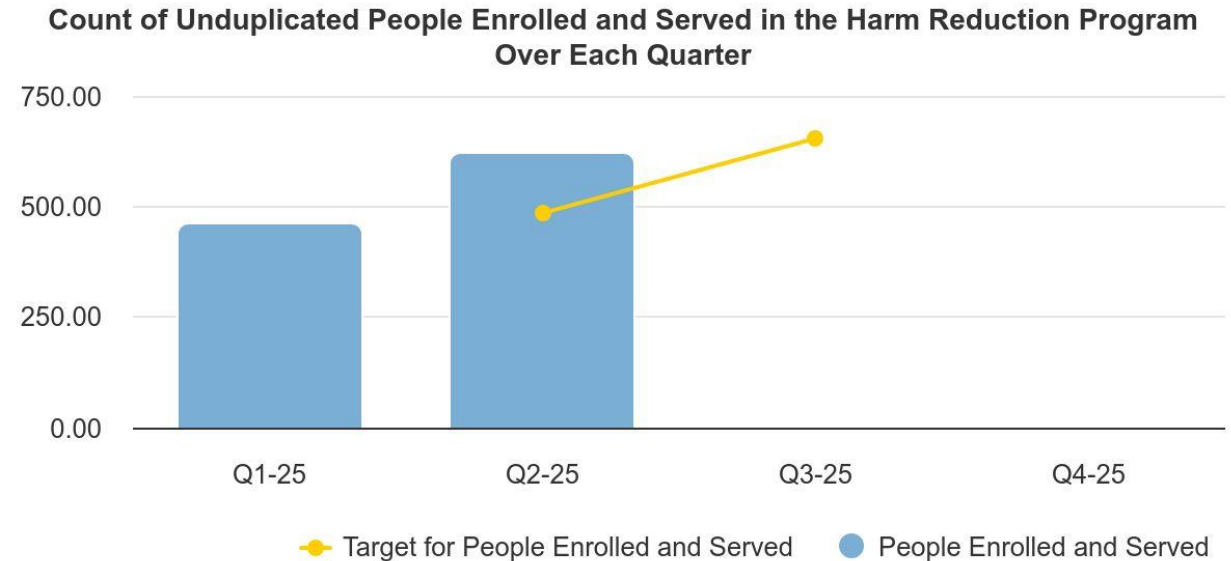


*Data includes preliminary Q3 data through 8/31/2025.

Metric Overview

Core Strategy: Optimize

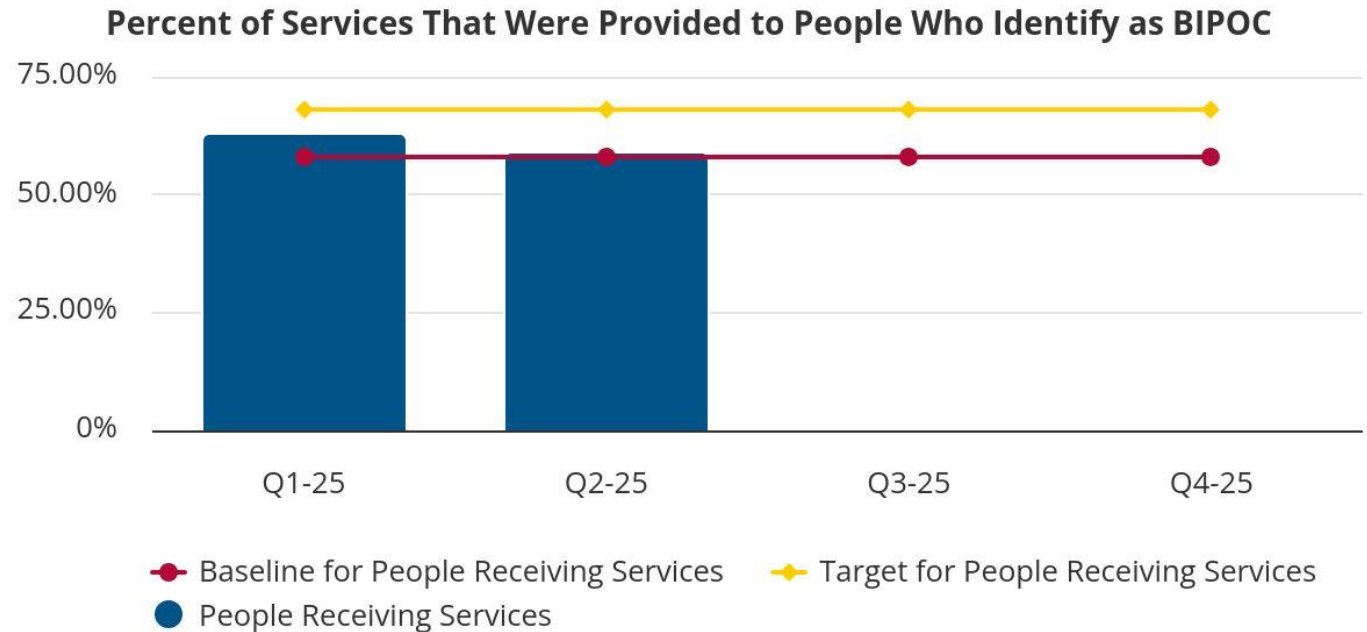
- Count of unduplicated people enrolled and served in the harm reduction program over each quarter.
 - Ensure our program is reaching people most vulnerable to HIV and opioid overdoses by enrolling them in our program.*
- When people access our program, they're getting connected to life-saving resources such as naloxone, substance use treatment referrals, and a place for nonjudgemental, noncoercive services.
 - The goal is to reduce opioid overdose deaths and prevent new HIV infections in Arapahoe County.*



Metric Overview

Core Strategy: Cultivate

- Percent of services that were provided to people who identify as BIPOC .
 - *Ensure BIPOC are receiving services in culturally and linguistically appropriate way.*
- BIPOC continue to experience higher rates of overdose deaths and HIV infections.
 - *Ensure harm reduction services are equitably addressing racial disparities in HIV cases and opioid overdoses.*



Learning Opportunities

Challenges

- Increased need for services by participants despite limited HRP staffing, limited and reduced funding.
- Increased overdose deaths in BIPOC, despite national declines in overdose deaths.
- Increased hesitancy around harm reduction interventions both locally and federally.

Actions

- Utilizing multiple funding streams to ensure program operations and variety of offerings (i.e., Binx rapid STI, mobile outreach); i.e., braided funding!
- Leaning on partners to expand capacity and reach for our impacted participants (i.e., ACPH SHP, other SSP providers, local community resources).
- Continued advocacy and education on harm reduction interventions and our programming.
- Data Insights
 - From Q1 2025 to Q2 2025, we've had a 129% increase in participants accessing services for a total of 623 unduplicated enrolled participants.
 - Through 2025, we have a steady baseline of approx. 58% of participants identifying as BIPOC, non-white.

Path Forward

Opportunities

- More collaboration with different providers and organizations to expand service offerings and sustain growth. (Reinforce & Enhance)
- Establishing more sense of a collective community to see greater program impacts. (Cultivate & Optimize)

Wins

- Program growth and breaking internal records! (Cultivate, Optimize, Reinforce and Enhance)
- Service expansion to include pregnancy testing, rapid gonorrhea and chlamydia testing and treatment, rapid response for syphilis; 100% contact with participants compared to 2024 (0% contact for treatment) (Cultivate, Optimize & Reinforce)
- Placement of 6/9 public health kiosks for increased access to naloxone and other harm reduction and safe sex supplies! (Cultivate, Optimize & Reinforce)

Thank you!!!

- Elicia Chacon (echacon@arapahogov.com)
- Harm Reduction Team
(harmreduction@arapahogov.com)
- Harm Reduction Phone 303-734-5450





Arapahoe County

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Board Summary Report

File #: 25-566

Agenda Date: 10/15/2025

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Mission Moments

1) Nurse Liaison Program

Since the program relaunch on July 7, the nurse home visitation program known as the Nurse Liaison Program transitioned to a new co-responder service delivery model. At that time, our target engagement rate was 40%. Now, with the auto-referral model, NLP nurse home visitors are involved from the very beginning of a family's interaction with Human Services — and our engagement rate has held steady at an impressive **82%** since August 1! Achieving and maintaining this level of engagement is no small feat. It's a true reflection of the NLP program's dedication, skill, and meaningful relationships they've built with case workers and families alike.

Not only that, but the NLP team recognized a real need and took the initiative to launch **Ask the NLP Nurse Office Hours**. Each Thursday, NLP nurses are on-site at the CenterPoint (CPT) building to offer in-person consultation and support to department staff. Many of these conversations have led to referrals to NLP, allowing nurses to provide home visits to families identified by caseworkers as needing additional support during intake. To date, NLP home visitors have provided 34 in-person case consultations to case workers across Arapahoe County Department of Human Services during regularly scheduled office hours. This was a brilliant idea and a tremendous show of support for case workers, many of whom are new to the field and still learning to navigate complex, emotionally charged situations.

Not long ago, we were uncertain about the future of NLP and anxious about the changes ahead. Yet, in less than three months, this small but mighty team has turned this co-responder approach to nurse home visitation into a successful model for others to follow.

We have heard repeatedly from DHS administrators and case workers how deeply they appreciate the NLP team's expertise and partnership, and their professional, graceful, and compassionate approach to their work.

2) WIC Win at Baby Cafe

At a recent Baby Café, we welcomed 5 moms—12 people total including support partners and little ones. Early in the session, a mom arrived in tears, struggling with severe engorgement, plugged ducts, and pain. Thanks to Heather's quick help, conversation and peer support flowed while Grace was able to provide hands-on help for the mom and her husband. With the right flanges and a better pump setup, she left feeling both physically and emotionally relieved. Her words say it best:

"I came in tears because I was having issues exclusively pumping. The WIC team was amazing and knowledgeable. They were professional and kind to both my husband and me, and I left with both physical and mental relief."

This moment highlights the incredible breastfeeding support and teamwork our WIC program offers—creating a safe, welcoming space where families feel cared for and empowered.

3) School Inspection Program

Following extensive collaboration with seven school districts, private schools, and parochial schools, through webinars, mock inspections, resource development, communication flyers / postcards, and multiple partnership meetings with school personnel, Arapahoe County has officially begun regulatory high-risk school inspections. Beginning in September, staff from the Environmental Health Early Childhood and Schools Program conducted six high-risk inspections at Arapahoe County schools as part of our contractual obligations with CDPHE for delegated programs. As expected, common violations such as chemical inventory, storage, and disposal have emerged as priorities for correction. Due to the strong partnerships and proactive communication efforts, school personnel have shown a positive response to the School Regulations and associated inspections and are actively working to implement effective compliance strategies.

A. Program Updates

Partnerships, Planning and Community Health Promotion

1) Community Engagement and Event Participation

Recent events: Aurora Public Schools Behavioral Health Event, Older Adult Safety Symposium, Longer Tables Littleton, Englewood Homeless Connect Event, Food Justice NW Aurora Fall Festival, 2nd Annual Littleton Public Schools Community Resource Expo, Sheridan Celebrates, Resource Fair at Pickens Technical College, NW Aurora Community Resource Fair

Upcoming events: Solutions to Food and Nutrition Access: A community conversation at ABC Community Hub.

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.**

2) Street Fraternity Members Discuss Tobacco and Vape Prevention and Cessation

Thanks to an introduction from Board Member Shawn Davis, ACPH's Tobacco Prevention and Control Team joined youth at Street Fraternity on October 7 to share information and discussion on nicotine and vape prevention. The organization supports young men ages 14-25 in the East Colfax neighborhoods of Aurora and Denver who may experience obstacles to safety, independence, and community connection by helping create a space for building personal goals, positive leadership, and brotherhood. The 22 participants actively engaged in sharing questions and valuable insights on issues like unfair tobacco marketing to youth, nicotine and its impact on brain development, addiction, vape chemicals, and cessation resources. We look forward to continuing the partnership.

3) Uniting to End Food Insecurity in the Tri Cities

Those who live, work, or play in Englewood, Littleton, and Sheridan are invited to a free community forum November 6 hosted by the Arapahoe County Food Security Coalition and South Metro Community Foundation. Arapahoe County Commissioner Carrie Warren-Gully will emcee the event, [Hungry for](#)

[Change: Uniting to End Food Insecurity in Our Community](#), at South Fellowship Community Church in Littleton. Leslie Levine, ACPH Sr. Community Health Promotion Specialist and Hungry for Change co-planner, looks forward to speaking at the event, which will highlight findings from a recent assessment of emergency food providers and include discussion on how each of us can help ensure no neighbor goes hungry regardless of age, race, or income. Additional supporters of the forum include South Fellowship Church, Nourish Meals on Wheels, Lift Up Littleton, Love Inc., Integrated Family Community Services, and Englewood Public Schools. **This initiative aligns with the Community Health Improvement Plan (CHIP) objective to increase access to healthy, affordable food.**

4) Now Hiring: Community Engagement Specialist (Food Systems)

ACPH is currently seeking a [Community Engagement Specialist](#) to lead efforts of the [Arapahoe Food Security Coalition](#) as it works to combat food insecurity across Arapahoe County. This role involves guiding the coalition's strategic plan in partnership with a diverse network of members united in their mission to eliminate hunger. The Community Engagement Specialist will engage coalition members, community stakeholders, and county and municipal partners in strategies to sustain and grow the AFSC into the future as an independent organization. This position is a temporary, grant-funded, full-time, benefited position. Funding is guaranteed through December 31, 2026, with the possibility for extension or development of other food access-related positions and work assignments. Please help spread the word about this exciting opportunity! **This initiative aligns with the Community Health Improvement Plan (CHIP) objective to increase access to healthy, affordable food.**

Nutrition Division

1) By the Numbers: August

- a. WIC had 12,371 participants enrolled in WIC
- b. WIC completed 4,874 appointments
- c. WIC handled 4,418 calls through their call centers
- d. Food Navigators assisted 73 WIC participants with SNAP applications
- e. The Breastfeeding Peer Counselors caseload was at 1,513 and had 874 contacts
- f. The Baby Cafe had 54 breastfeeding pairs and 18 participants attended a breastfeeding class

2) Government Shutdown and WIC

Colorado WIC Clinics are open despite the federal government shutdown. The State of Colorado acted quickly to temporarily fund WIC benefits so that the program can continue through at least October. WIC participants will be able to buy WIC foods at this time. Please visit this website regularly for updates.

<https://www.coloradowic.gov/alerts/2025-10-01/federal-government-shutdown-colorado-wic-clinics-open-benefits-available>

3) Billing for Lactation Services

On December 1, 2024, the Colorado Department of Health Care Policy and Financing implemented a lactation support services benefit for Health First Colorado members. The Nutrition Division has partnered with Community Health Nursing to review processes and steps needed to begin billing for Lactation Support Services. ACPH will begin with piloting of billing for services provided through the

Baby Cafe and then explore other opportunities to bill for services provided Certified Lactation Counselors and International Board-Certified Lactation Counselors on staff.

4) Colorado Access Supporting Continuation of SNAP Outreach

The ACPH WIC program has been supporting SNAP Application for WIC clients since opening our doors in January 2023 through funding from Hunger Free Colorado. With budget cuts in order to continue to provide this service, ACPH needed to find matching funds to continue. ACPH has partnered with Colorado Access to provide matching funds to support this important service in getting WIC families connected to SNAP benefits. The MOU and funding will begin October 1, 2025 through September 30, 2026, to fund .4 FTE to support this work.

5) ACPH Baby Cafe Highlighted in National Newsletter

Baby Cafe USA recently highlighted the ACPH Baby Cafe in their Fall Newsletter on September 24, 2025. The article highlighted the World Breastfeeding Week Celebration and quoted Grace Perez, WIC Supervisor. Newsletters can be found at: <https://www.babycafeusa.org/> and a snip of the article below:

Baby Cafés Celebrate World Breastfeeding Week

Baby Cafés across the country marked World Breastfeeding Week with special events that brought families, providers, and community partners together to celebrate and support breastfeeding.

Arapahoe County Public Health Baby Café in Aurora, Colorado and Santo Niño Baby Café in Laredo, Texas highlighted this year's celebration with creative, community-centered gatherings.



Arapahoe County Public Health Baby Café
– Aurora, Colorado



Santo Niño Baby Café – Laredo, Texas

The Arapahoe team hosted a Breastfeeding Celebration that featured a community clothes giveaway. Café Leader Grace Perez shared, "It was a huge hit! We were expecting only about 40 so when we had so many people show up, we ended up having to expand to our breakroom and out into the back hall!" In the end, 86 people attended, more than doubling expectations. The event reflected the Café's commitment to supporting families in practical ways while creating an open and welcoming space for breastfeeding support.

Community Health Nursing Division

- 1) Maternal and Child Health Program & Regional Health Connector Program
 - a. The MCH team completed a second round of their Financial Wellbeing Community of Practice, which focused on preparing for next year's tax season. Community partners learned about ITIN filing, upcoming changes to tax credits, IRS discontinuation of paper checks, and identified areas they would like to improve next year to help families receive their tax refunds. A total of five agencies participated, three serving primarily Spanish speaking individuals and one supporting children and youth with special health care needs. The Community of Practice was conducted in partnership with the Adams County Health Department and Jefferson County Public Health's MCH teams. **This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance economic security and mobility.**
 - b. ACPH partnered with the Aurora Health Alliance and the Firearm Injury Prevention Initiative to host an all-day workshop focused on engaging Maternal and Child Health focused partners in Aurora to identify strategies to prevent firearm injuries in the community. **This initiative aligns with the Community Health Improvement Plan (CHIP) objective to increase access to community safety.**
 - c. ACPH hosted our fall schools webinar which was focused on school inspections updates, program updates from our communicable disease epidemiology team and tobacco and vaping resources. Over 60 partners attended the webinar and the recording went out to over 300 school partners.
 - d. ACPH was accepted as one of the grant recipients of the Charlie's Book donation award. We have been awarded 300 Safe to Sleep books in Spanish and 300 in English. The MCH/RHC team will be developing a distribution plan for getting books and information about safe sleep into the community.
 - e. ACPH's RHC participated in the PRIME Health Symposium-Responding to Medicaid Work Requirements with Purpose, helping to identify innovative ideas for the State to respond to the NEW Medicaid work requirements.
- 2) Immunizations
 - a. In September, the Immunization Program administered 800 vaccines and began seasonal vaccine administration of Influenza and COVID-19.
 - b. Staff were trained to begin offering Titer services later this fall. This blood test can help determine if an individual is protected against measles, mumps, rubella, and varicella (chickenpox). This service will be offered at low cost to expand access to community members and will be a benefit during outbreaks, when immunity status is needed to avoid quarantine. This new service will also help ensure staff readiness for emergency preparedness, ensuring that nurses are up to date on blood draw skills.
 - c. ACPH will be joining 'Colorado Chooses Vaccines'- a new coalition of medical groups working to ensure vaccine access and quality public information. It is funded by the Rose Community Foundation.
- 3) Sexual Health
 - a. Renee Lenthe and Elicia Chacon were invited by CDPHE to serve on a panel as subject matter experts at the Syringe Access Summit on the integration of syphilis testing and treatment into Harm Reduction Programs. According to data presented by CDPHE at the conference, 25-35% of people with syphilis also report active drug use, making this collaboration essential in fighting the syphilis epidemic in Colorado. They reported lots of good questions and interactions from other Syringe Access Programs around the state.

- b. The sexual health schedule continues to stay full, with few empty nurse practitioner appointment slots, and appointments available for scheduling approximately two weeks out.
 - c. Funding from the Choose When grant was used to purchase 38 Nexplanon contraceptive implants and 21 IUDs to provide no cost Long Acting Reversible Contraception to 59 patients.
- 4) Harm Reduction
- a. The Harm Reduction team attended the Syringe Access Summit to convene with Syringe Access programs (SAP) from across Colorado. Elicia Chacon, program supervisor, was invited by CDPHE to serve on a panel as a subject matter expert (see above). The team connected with local SAP partners for collaboration including outreach efforts, and information sharing.
 - b. Harm Reduction and Sexual Health staff attended the CO Public Health in the Rockies conference in September where Elicia Chacon, Renee Lenthe and Kara Lenhoff presented on Syphilis Testing and Treatment in the field. Attendees also had the opportunity to learn about various public health programs and interventions across the Rocky Mountains.
 - c. Harm Reduction team leadership, along with the Harm Reduction Community Engagement specialist and leadership from Partnerships, Planning, and Community Health Promotion met with Aurora Police Department to discuss ongoing collaboration and mutual collaboration to understand the programs and support offered by both departments. A future meeting is scheduled with additional Aurora PD representatives and the UCHHealth Crisis Response Team. Future meetings are also scheduled with Englewood Police Department and Littleton Police Department.
 - d. The Harm Reduction team has connected with multiple Arapahoe County partners including ACPH Englewood office staff and the AC Community Resources staff to offer Harm Reduction 101 and Overdose Prevention and Response trainings. This is to better support staff in the placement of the Public Health Kiosk in the Community Resources office, as well as offer ACPH staff a better understanding of harm reduction interventions and programming.

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

- 1) Environmental Health Programs
- a. Staff provided 3 separate presentations at the recent Colorado Environmental Health Association (CEHA) Annual Education Conference (AEC) from September 30 – October 3, 2025:
 - 1. *ACPH Pool Inspections and Community Outreach (Rachel Gamache)*: Staff from the Water Quality Program presented on the impact of Arapahoe County's Pool Inspection Program to approximately 40 environmental health professionals at the CEHA conference. The session highlighted inspection outcomes such as pool closure ratios and prevention of waterborne illnesses, along with community engagement efforts including trainings, webinars, partnerships with recreation districts and child-care centers, and the *Swimming Sue* lesson plan, all of which build trust with operators and strengthen public health.
 - 2. *Healing Tattoos and Piercings (Odina Trotman/Karl Schiemann)*: Drawing from information Odina obtained while attending the Association of Professional Piercers Annual Conference and Expo in Las Vegas, Odina and Karl presented on the most current techniques for proper wound care following body art procedures as well as complications that can result when proper wound care is not practiced.

3. *30 Years of Body Art (Karl Schiemann)*: Drawing from his 30 years of professional experience working with body artists in a regulatory capacity, Karl shared his perspective on several topics including changes in the industry, health department attitudes, regulatory shifts, changes in wound care and changes in equipment.
 - b. End of Season Mosquito Surveillance Summary

The 2025 mosquito trapping season concluded during the week of September 14. A total of 5,678 mosquitoes were collected, of which 568 were identified as *Culex* species, the primary vector for West Nile virus (WNV). For the 2025 season, four traps were strategically placed weekly throughout Arapahoe County, resulting in 52 total trap collections. Of these, three trap collections tested positive for WNV. All three positive traps were collected from the Cherry Creek Valley Ecological Site (7500 S. Jasper St.), and the Department of Open Spaces, responsible for mosquito mitigation activities, was notified immediately to implement additional treatment measures at the site. Each time a positive result was confirmed, coordinated outreach occurred promptly with leadership, communicable disease, county communications, Open Spaces, along with communication with key business partners to ensure timely public messaging regarding mosquito bite prevention measures was disseminated. The team also collaborated closely with the Communicable Disease Epidemiology program to assess proximity between human WNV cases and trap locations, supporting a comprehensive and coordinated response. While less than 6% of our trap collections resulted in a positive pool, we want to acknowledge four Arapahoe County residents were infected with the virus to date in 2025 (*Note: Human cases cannot be attributed to infection in a specific county/location*). In response to positive cases, Communicable Disease staff work closely with affected individuals to provide outreach, guidance and education.
 - c. Graywater Resolution

Following a June study session the Board of County Commissioners adopted to prohibit the use of graywater systems in unincorporated Arapahoe County, as defined in section 25-8-103(8.3), C.R.S. This will go into effect January 1, 2026. A draft of the unsigned resolution, which will be adopted on October 14, is attached below for reference.
- 2) Emergency Preparedness and Response (EPR) Program
- a. The EPR Program continues to prioritize community engagement as a key element to building a resilient population. During National Preparedness Month, ACPH EPR staff participated in the Older Adult Safety Symposium hosted by the City of Englewood. The team shared resources on home and vehicle preparedness and a newly created emergency medical kit tips sheet developed in partnership with our Chief Medical Officer and the county communications team. EPR also participated in the Community Resource Expo at the East Community Center, an event designed for families with children who attend Littleton Public Schools with similar resources and information. The information shared and the materials provided were well received at both events and EPR staff encouraged attendees to continue the conversations with people in their own smaller communities.
- B. Communicable Disease Epidemiology (CDE) Report**
- Ongoing Activities of Note:
- a. *Hand, Foot, and Mouth Disease:*

Hand, Foot, and Mouth Disease (HFMD) is a common illness that usually causes fever, mouth sores, and skin rash. HFMD is spread through contact with droplets with virus particles from sneezing, coughing, or speaking, objects and surfaces contaminated with the virus, fluid from blisters, and feces from an infected person. HFMD is most common in infants and children younger than 5 years old and outbreaks are common in schools and childcare centers. Most individuals have mild symptoms for 7 to 10 days and can include fever, sore throat, painful mouth sores that blister, and rash usually on the hands and feet.

Outbreaks of HFMD have been increasing in Colorado and Arapahoe County over the past few weeks in both schools and childcare centers. Nine confirmed and 8 suspect outbreaks have been reported in Arapahoe County since mid-July. The Communicable Disease Epidemiology (CDE) Program works closely with impacted facilities to identify and monitor outbreaks of HFMD. CDE provides disease control recommendations to reduce the spread of illness, parent notification letters, education, and monitors trends to stop transmission.

b. *Rabies:*

Rabies is regularly found in Colorado wildlife, especially skunks and bats. However, rabies virus can be transmitted among all mammals. Rabies season typically runs from May through October, but rabid animals are found throughout the entire year. As of 10/7/2025, 63 animals have tested positive for rabies in Colorado compared to 58 positive animals in 2024. Of these 63 rabid animals, 57 were bats, 2 were skunks, and 4 were unknown mammals. Arapahoe County had four rabies positive bats so far this year compared to 3 positive bats and 1 domestic dog in 2024.

The Arapahoe County CDE Program conducts in-depth investigations for rabies to determine the need for testing and post-exposure prophylaxis (PEP) vaccine to prevent infection. When rabies PEP is recommended, CDE coordinates all vaccine doses and remains in close contact with the individual to ensure that the full series is completed. CDE has recommended rabies PEP for 56 Arapahoe County residents so far this year in response to a direct exposure to an animal that tested positive for rabies or a direct exposure to a rabies reservoir species or animal suspected of having rabies that could not be tested.

NOTE: Colorado Rabies Data can be found at: [CDPHE Web Page](#)

c. *Respiratory Season:*

Respiratory virus season, including influenza and RSV, runs from October to May each year. While COVID-19 is another respiratory season pathogen, data of COVID-19 cases, hospitalizations, and deaths show that COVID-19 does not follow the same seasonal trend as influenza and RSV. COVID-19 has thus far shown to have winter peaks (late December and early January), as well as summer peaks (July and August). CDPHE conducts enhanced surveillance for COVID-19, influenza and RSV during respiratory season by tracking statewide hospital admissions, outbreak reporting, test positivity, and syndromic surveillance data. Arapahoe County is one of five counties in Colorado that participates in the Emerging Infections Program (EIP) with the CDC. This is a national viral respiratory surveillance program that helps to provide more information about hospital admissions associated with influenza, RSV, and COVID-19. Data from this program is used to make public health recommendations and to better understand respiratory viruses nationwide.

The CDE Program works closely with facility and community partners to identify and monitor outbreaks of respiratory viruses. CDE provides disease control recommendations to reduce the spread of illness, provide education, and monitor trends to stop transmission. The CDC has released the [2025-2026 respiratory disease season outlook](#), providing a forecast that this fall and winter respiratory disease will likely have a similar number of combined peak hospitalizations due to COVID-19, influenza, and RSV as compared to last year.

Colorado Viral Respiratory Diseases Data Dashboard can be found at: [CDPHE Web Page](#).
Once updated for the 2025 –2026 season, Colorado and Arapahoe County data will be summarized in future reports.

d. *New World Screwworm:*

New World screwworm (NWS) infestation is a type of myiasis that occurs when NWS fly larvae (*Cochliomyia hominivorax*) infest the living flesh of warm-blooded animals—most commonly livestock and less commonly birds, pets, and humans. The screwworm flies are attracted to and lay their eggs on and in open wounds and mucous membranes. The name screwworm refers to the feeding behavior of the larvae (maggots) as they burrow (screw) into healthy tissue. NWS larvae cause extensive damage by tearing into the host's tissue with sharp mouth hooks. The wound can become larger and deeper as more larvae hatch and feed on living tissue. As a result, NWS can cause serious damage to the animal or person it infects. Bacterial superinfection can also occur because of the NWS infestation. People at higher risk include:

- i. Those living in rural areas in regions or countries where NWS is endemic, and where livestock are raised.
- ii. People who frequently work with livestock.
- iii. Anyone with open sores or wounds, including from recent surgery, as the flies will lay eggs on open sores.
- iv. Vulnerable populations, including people who are immuno-compromised, those at extremes of age, and people experiencing malnutrition.

NWS is endemic in the American tropics and subtropics which includes the countries of South America, Cuba, Haiti, and the Dominican Republic. However, there have been recent outbreaks in Central American countries for the first time in many years where NWS was previously controlled. This re-emergence is attributed to both farming in areas that were previously barrier regions for fly control and increased cattle movement. Due to this re-emergence, the previously established biological containment barrier is likely no longer effective. Further northern spread increases the risk of re-emergence in the United States. The U.S. Department of Energy's National Nuclear Security Administration's Office of Radiological Security has partnered with Texas A&M University to advance the sterile insect technique to control outbreaks of NWS.

The Arapahoe County CDE Program remains up to date on the situation in Central America to monitor surveillance trends and public health response should a case be reported in Colorado and to monitor the reintroduction risk to the U.S.

RESOLUTION NO. 25-____ It was moved by Commissioner ____ and duly seconded by Commissioner ____ to adopt the following Resolution:

WHEREAS, pursuant to Colorado House Bill 24-1362, there is a statewide authorization of graywater use, except that each local government has the authority to “opt out” and prohibit the use of graywater systems within its jurisdiction; and

WHEREAS, the Board of County Commissioners held a meeting on June 10, 2025 to consider the use of graywater in unincorporated Arapahoe County and received information regarding public and environmental health considerations, applicable plumbing code provisions that apply to graywater use, the benefits and drawbacks of graywater use and alternative methods to conserve water, the fiscal impacts of various options, the County’s capacity to implement and enforce such system uses, and the extent of public demand for graywater use systems; and

WHEREAS, the Board of County Commissioners also accepted and considered the recommendations of the Arapahoe County Board of Health, which held its own meeting regarding the use of graywater on April 16, 2025; and

WHEREAS, the Board determined that presently there was not sufficient justification to permit the use of graywater systems within unincorporated Arapahoe County, but indicated its commitment and willingness to re-evaluate permitting graywater use in the future if there is a marked increase in public demand, the technology of graywater use systems develops to address their current limitations, and/or other considerations arise to support revising this policy.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Arapahoe County that, effective January 1, 2026, the use of graywater, as defined in section 25-8-103(8.3), C.R.S, in the unincorporated parts of Arapahoe County is prohibited. Arapahoe County staff are directed to notify the Division of Administration within the Colorado Department of Public Health and Environment of this Resolution.

The vote was:

Commissioner Baker, ____; Commissioner Campbell, ____; Commissioner Fields, ____; Commissioner Summey, ____; Commissioner Warren-Gully, ____.

The Chair declared the motion carried and so ordered.