

**AMENDMENT 1 TO MEMORANDUM OF UNDERSTANDING
BETWEEN ARAPAHOE COUNTY AND THE TRI-COUNTY HEALTH
DEPARTMENT REGARDING CARES ACT FUNDS CONTRIBUTION OF
ARAPAHOE COUNTY**

THIS AMENDMENT 1 is made and entered into this ____ day of _____, 2020, by and between Board of County Commissioners of the County of Arapahoe, State of Colorado, (the "County") and the Tri-County Health Department, the district public health agency serving Adams, Arapahoe and Douglas Counties, (the "Health Department"), and collectively referred to as the "Parties".

RECITALS

A. WHEREAS, by means of a Memorandum of Understanding between the Parties regarding disbursement of Coronavirus Aid, Relief and Economic Security Act ("CARES") funds dated March 27, 2020 ("MOU") the parties set forth the terms and conditions for the County to disburse CARES funds to District for use paying costs for and ameliorating effects of the COVID-19 pandemic; and,

B. WHEREAS, the parties now wish to increase the amount of the disbursed funds as set forth in this Amendment 1;

NOW, therefore, in consideration of the promises, conditions and covenants contained herein, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. The amount of CARES funds to be disbursed by the County to the Health Department shall be increased from \$3,661,990 to \$3,744,740, to conduct activities as outlined in attached Exhibits B and C (50% of Exhibit B cost and 25% of Exhibit C cost). The additional funds shall be paid within 14 days of the date this Amendment 1 is fully executed.
2. Except as modified by this Amendment 1, the terms of the MOU shall remain in full force and effect.
3. This Amendment 1 shall take effect immediately upon execution by the Parties.

IN WITNESS WHEREOF, the parties hereto have caused their names to be affixed hereto.

ATTEST:

TRI-COUNTY HEALTH DEPARTMENT:

By: _____

By: _____

ATTEST: Clerk to the Board

ARAPAHOE COUNTY:

By: _____

By: _____
Chair, Board of County Commissioners
(Or representative authorized by resolution)

Exhibit B

Infrastructure Grant Overview *

<https://covid19.colorado.gov/protect-our-neighbors/protect-our-neighbors-grant-program>

Provide a summary of the grant request. Include the issues and opportunities to be addressed, the overarching goals and objectives and approach to the infrastructure strengthening activities. Explain how the local public health agency identified the proposed work and how community partners and community members impacted by COVID-19 have been engaged in the development of the proposed work. Limit 1000 words.

As communities look to long-term needs to control the spread of COVID-19, Tri-County Health Department (TCHD) has identified three important strategies for which further investment would enhance prevention and reduce case incidence in Adams and Arapahoe Counties:

- 1) Community-based navigation for cases and contacts
- 2) Investment in communication through trusted, local messengers
- 3) Support for whole-person health through access to care work such as health insurance enrollment

These strategies were identified based on existing work both within the COVID-19 response and TCHD priorities prior to the pandemic. Within our PHIMT structure, the branches that liaise with community resources, testing sites, businesses, schools, and more have identified ongoing supports that are needed for community members through grass tops and grass roots feedback. As well, the public health professionals in these response roles bring a vast network of community partnerships from previous work that informed development of strategies.

Activity Overview 2-5 (If applicable)

Please describe the Infrastructure Strengthening activity and how the activity will improve the public health and health care infrastructure. Please also list the the anticipated results of this infrastructure strengthening activity. If applicable, please identify which metric of the Protect Our Neighbors framework the infrastructure strengthening activity will impact or how the proposed activities will move the communities closer to achieving the metrics of Protect Our Neighbors.

Activity 2: Utilize trusted community messengers to disseminate information on flu vaccine, access to care, and potential COVID-19 vaccine and provide feedback to TCHD on community concerns, barriers, etc.

Through our health equity work before and during the response, we know that communication with various communities and development of trust is essential for clear understanding of public health guidance, acceptance of vaccines, and more. As COVID-19 vaccine planning advances, we would like to take messages developed by CDPHE and in statewide groups such as the Vaccine Equity Task Force convened by Immunize Colorado and enable local groups to customize the delivery to best suit the population they serve. This messaging work with local groups would create the opportunity for an ongoing feedback loop about what they are hearing in terms of concerns, barriers to care, or what messages are resonating.

TCHD would offer small contracts or mini-grants' to organizations in a variety of sectors who are interested in supporting this communication work. The goal is a process for receiving funds that would

be low administrative burden while establishing and strengthening connections to grassroots organizations. TCHD has already begun engaging community leaders to design an equitable approach to gathering and reviewing 'mini-grant' requests and then disseminating funds.

Activity 3: Support access to care for community members through health insurance enrollment and navigation to medical homes.

As has always been a mission of public health, we know supporting whole-person health is important for long-term outcomes. With the economic instability, many people have challenges with insurance and being able to see a medical provider. People without health insurance are less likely to receive needed preventive care for chronic diseases, increasing cost and poor health in the upstream and more likely to have outstanding medical bills. During the response to COVID-19, it has become clear that prevention and management of chronic conditions impacts risk for complications with the disease at the same time that preliminary data shows that many individuals and families who have job loss have also lost their health insurance. Further, having health insurance is connected to receiving vaccines, especially for adults, including flu vaccine and by extrapolation, a COVID-19 vaccine.

TCHD has worked since 2015 with a network of health insurance enrollment navigators who provide free assistance to help ensure people maintain or gain coverage and find a medical home. With enrollment for the health exchange opening again from November 1, 2020 to January 15, 2021, there will be an opportunity to better resource the effort to maximize its effectiveness. TCHD already has an agreement to co-locate a health insurance navigator, but the position is only funded at 0.5 FTE. Increasing the FTE to 1.0 would enable more eligible consumers to be reached. The Aurora Coverage Assistance Network, hosted at Aurora Mental Health, has been providing enrollment assistance since the passage of the Affordable Care Act and would supervise the position and receive the funds. They have developed innovative ways to offer their assistance virtually and employ many bilingual staff. Additionally, TCHD has three organizations in our jurisdiction that provide Connect for Health enrollment assistance each year. With unprecedented job loss and economic instability, TCHD would like to supplement the marketing resources each of these organizations has to reach a maximum number of consumers.

Coinciding with open enrollment, the public health emergency that was declared in March will sunset on October 25, 2020 for families who normally would have had to re-certify income eligibility for Medicaid. This will mean up to 200,000 families may need to be re-enrolled in Medicaid. Families will be required to submit various documents to keep their Medicaid coverage. TCHD's Medicaid Enrollment Specialists have experience in helping individuals understand what needs to be shared and how to submit, and are prepared to coach people through this process to ensure they have continued coverage. Their positions were sun-setted by HCPF in June 2020. TCHD has maintained the staffing because of their needed expertise and is seeking bridge funding to maintain the positions while longer-term funding opportunities are sought. Our county human services partners are supportive of maintaining maximum staffing levels to assist with the Medicaid re-determination period at the end of 2020.

Finally, all of the health insurance enrollment navigators are embedded in organizations that address mental health, finding a medical home, SNAP enrollment, and much more. They are another connection point that can link people with needed community resources.

Proposed Budget

Budget Category	Budget Narrative	Requested Amount from Arapahoe County	State Match (already received from CDPHE)	Total
Activity 2				
Contracts	Offer 'mini grants' to community organizations to take state-wide messages and creatively disseminate them to their target population.	\$27,500	\$27,500	\$55,000
Activity 3				
Contracts	Increase FTE of Connect for Health Navigator to be located in TCHD offices from 0.5 to 1.0 FTE	\$7,500	\$7,500	\$15,000
Other Direct Costs	Supplement marketing efforts of local partners that provide free health insurance enrollment assistance during open enrollment.	\$5,000	\$5,000	\$10,000
Staffing*	Medicaid Enrollment Specialists to provide Medicaid redetermination support and Medicaid application support. 2.0 positions for 4 th quarter 2020.	\$17,750	\$17,750	\$35,500
Total				
		\$57,750	\$57,750	\$115,500

*Indirect was just determined unallowable for CARES \$. Previously budgeted indirect has been rolled into programmatic staffing costs and will be utilized under allowable administrative time.



FUNDING REQUEST for
Immunize Colorado to Convene
COLORADO VOICES FOR VACCINE EQUITY TASKFORCE

Immunize Colorado proposes to amplify the voices of historically impacted Coloradans to promote the importance and safety of immunization to their communities and to advocate for vaccine equity practices. By launching and overseeing the Colorado Voices for Vaccine Equity Taskforce to develop and conduct vaccine outreach and engagement strategies and to advocate for equitable vaccine practices, vulnerable communities that have been adversely impacted by COVID and targeted for vaccine misinformation, will be better prepared for the upcoming flu season and to accept a forthcoming COVID vaccine. With new data showing 58% of African Americans refusing a COVID vaccine, it is urgently important to use voices from the community to serve as a trusted source of wisdom and lived experience. These same voices must also be used to build public will on how to protect Colorado communities, especially vulnerable ones, that are less likely to have access to vaccines and have worse outcomes from preventable diseases, such as flu. As is the case with COVID, higher rates of vaccine-preventable diseases occur disproportionately in communities of color, among low-income individuals and in families experiencing language and cultural barriers. Immunize Colorado proposes to convene the Colorado Voices for Vaccine Equity Taskforce comprised of up to 30 Taskforce members who represent communities most adversely impacted by COVID and vaccine-preventable diseases. Taskforce strategies will bring awareness to diseases that disproportionately affect vulnerable communities and the role immunizations play in improving population health.

Specifically, the taskforce aims to:

- Serve as an expert voice to build public will and hold decision makers accountable for achieving vaccine equity in Colorado
- Generate and prioritize strategies for equitable immunization delivery, access, education and communication at both the provider and community levels
- Inform research and implementation efforts to reduce barriers contributing to immunization disparities in the Colorado, including combatting misinformation and mistrust

Process outcomes will include Taskforce Member speaking opportunities and stakeholder engagement, earned and paid media outreach and the creation and dissemination of targeted messages and resources.

\$100,000 is needed to fund:

1. A professional facilitator (\$20,000)
2. A communications and outreach plan (\$20,000 media consultant)
3. Media campaign (\$50,000)
4. Taskforce honoraria (\$10,000)