



GOVERNOR  
JARED POLIS

EXECUTIVE COMMITTEE & JBC UPDATE  
COVID-19 Disaster Response

*Per HB20-1426*

August 11, 2020

# HB20-1426 CHARGE FOR THIS MEETING

## CRS 2-3-1801

(3) During any joint meeting of the committees held in accordance with this part 18, the Governor or his or her designee shall appear to provide information of a comprehensive nature and respond to questions from the committees with respect to a current disaster emergency.

(4) The Governor and any state agency shall promptly give notice to the General Assembly of the promulgation of any executive order or other order by the Governor or the agency, as applicable, issued in connection with the disaster emergency.

# COVID-19 RESPONSE UPDATE

**Kacey Wulff**

*Senior Advisor for COVID-19 Response, Recovery & Resiliency*

**Jill Ryan**

*Executive Director, Colorado Department of Public Health & Environment*

**Stan Hilkey**

*Executive Director, Colorado Department of Public Safety*

**Kevin Klein**

*Director, Division of Homeland Security and Emergency Management*

**Lauren Larson**

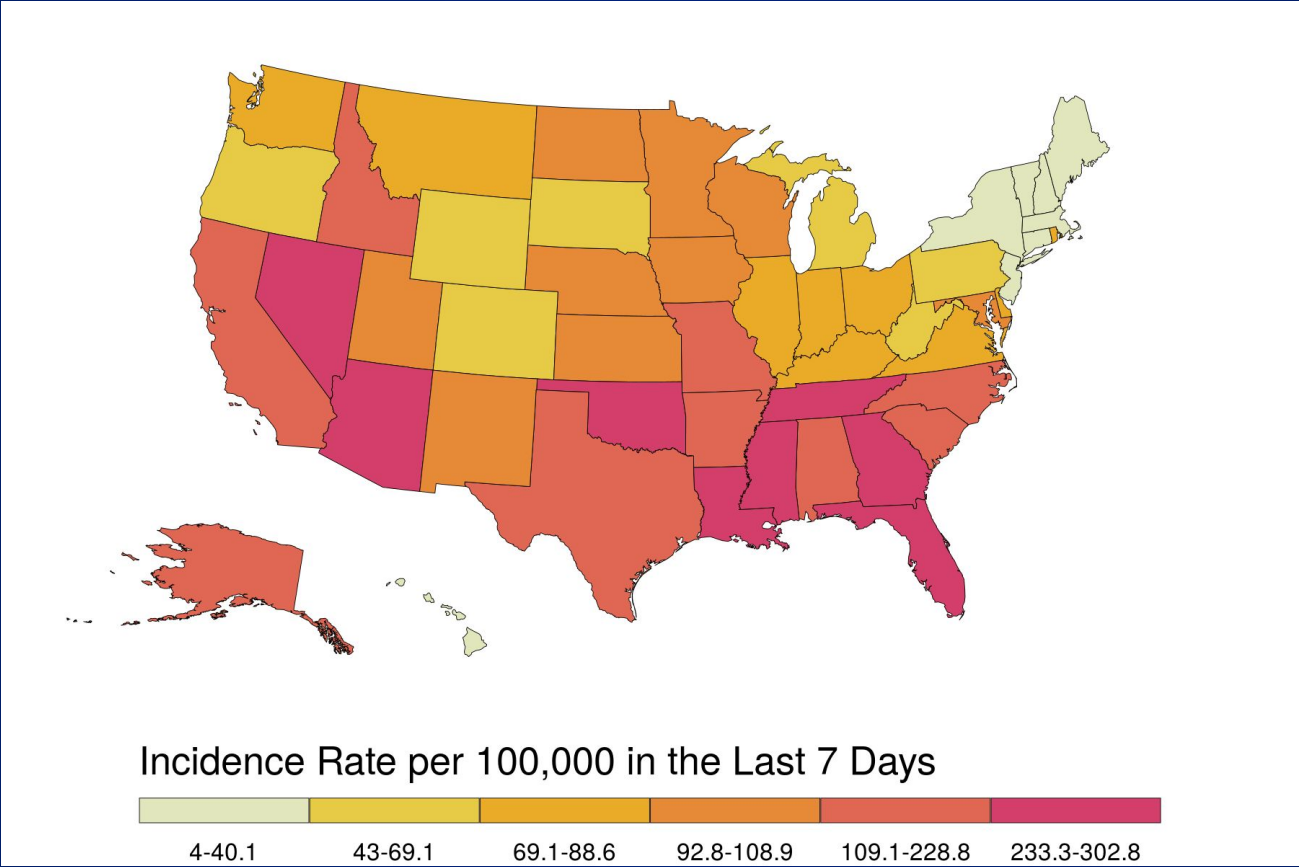
*Director, Office of State Planning and Budgeting*

# AGENDA

- Overview of Crisis & Response
- Public Health Response
- Public Safety Response
- Executive Orders/Process & Transparency
- Financial Response
- Questions

# OVERVIEW OF CRISIS & RESPONSE

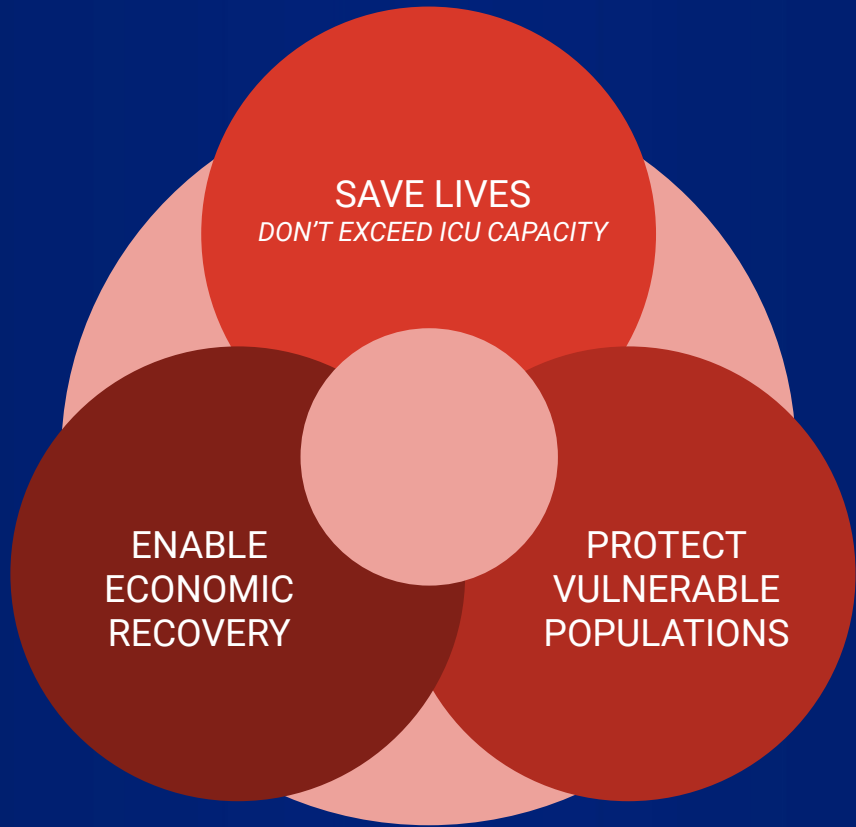
# NATIONAL TRENDS - AS OF AUGUST 3, 2020



## AT A GLANCE - AS OF AUGUST 9, 2020

	Cumulative
Cases	50,660
Currently Hospitalized	226
Counties	63
Deaths	1,858
COVID-19 coded death certs	1,736
Outbreaks	513 (338 resolved)

# ONGOING PRIORITIES



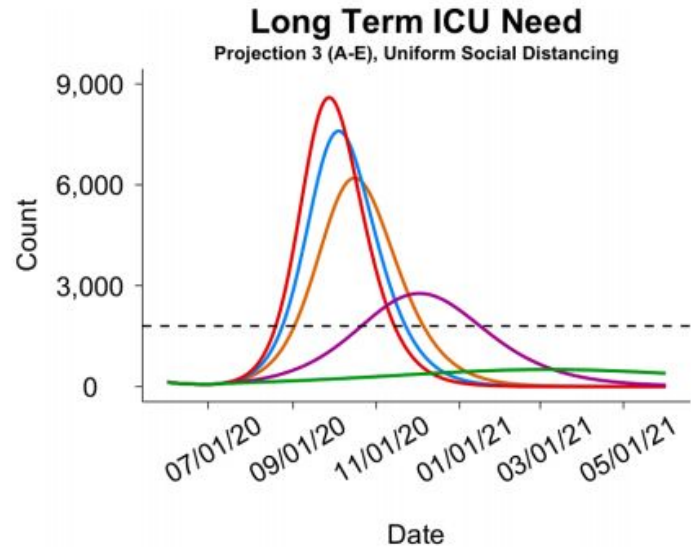
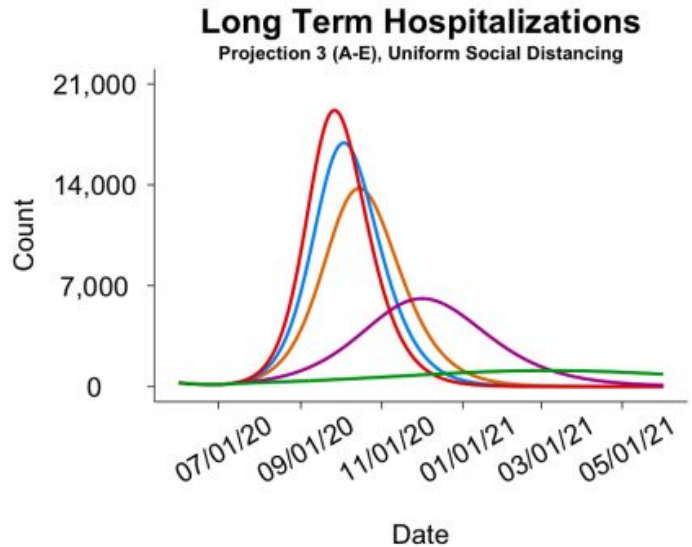
**SAVE LIVES**  
*DON'T EXCEED ICU CAPACITY*

**ENABLE  
ECONOMIC  
RECOVERY**

**PROTECT  
VULNERABLE  
POPULATIONS**



# MODELS HELP US MANAGE AGAINST THESE PRIORITIES



41% SD      35% SD      30% SD      55% SD      65% SD

This scenario assumes all mask wearing, and case isolation remains at current levels. Based on CDC recommendations, the 65%, 55%, 35% and 30% scenarios assume half of older adults practice high levels of social distancing.

# EARLY TIMELINE

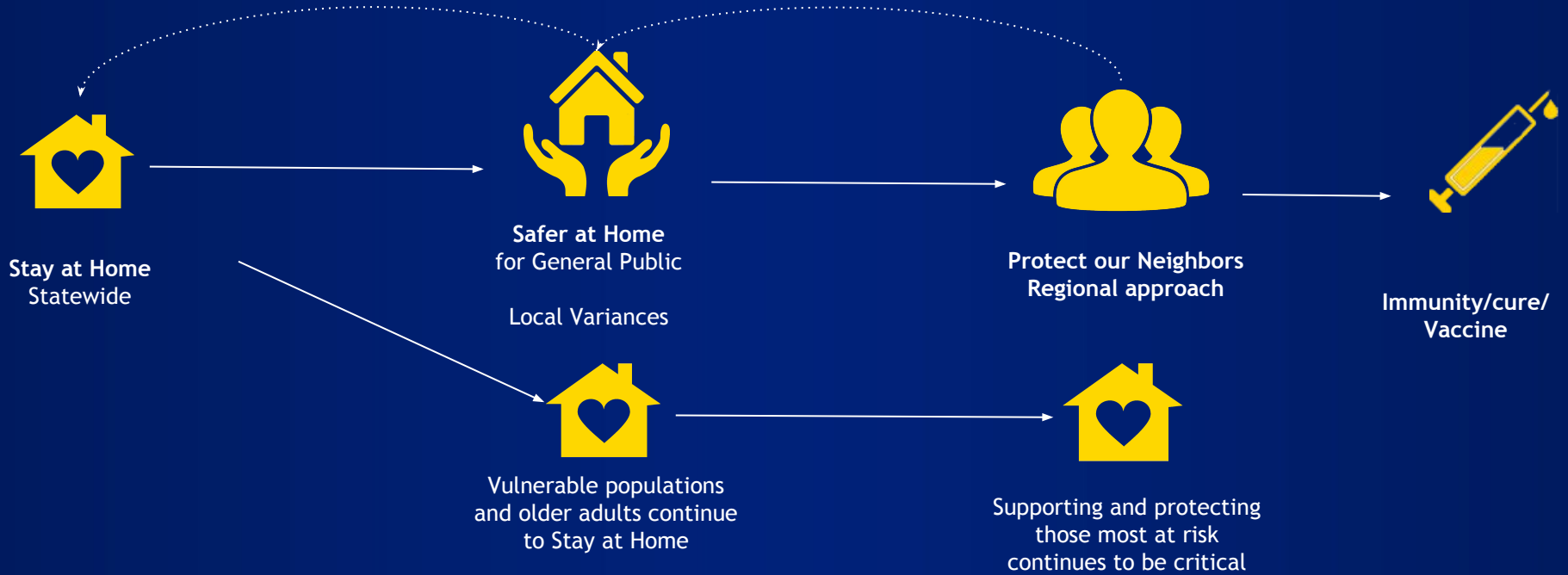
MARCH 05	MARCH 09	MARCH 10	MARCH 15 & 16	MARCH 18	MARCH 25	APRIL 27
<b>FIRST CASE IN COLORADO</b>	<b>FIRST CONFIRMED COVID DEATH</b>	<b>STATE OF EMERGENCY DECLARED</b>	<b>SKI RESORTS, RESTAURANTS &amp; BARS CLOSED</b>	<b>SCHOOLS CLOSED</b>	<b>STATEWIDE STAY AT HOME ORDER</b>	<b>STATEWIDE SAFER AT HOME ORDER</b>
Out of State visitor in Summit County	12 Cases	18 Cases	170 Cases	266 Cases	1,385 Cases	14,418 Cases

# THE THREE PHASES

April

Current

Future



**\*\*If disease transmission significantly increases, take steps back\*\***

# SCALING OUR CAPACITY TO LIVE MORE SUSTAINABLY

- Testing
- Contact Tracing
- Hospital Surge
- PPE Acquisition
- “New Normal” Policies

# OVERALL RESPONSE STRUCTURE

- Governor leads the response
  - Supported by CDPHE and CDPS
  - The Governor's office works with our whole-state infrastructure on response, resilience, and recovery
- We also convene our economic executive directors to advise on economic impacts
  - CDLE, OEDIT, and DOLA
- All state agencies are engaged, depending on the Coloradans they serve and authorities they exercise

# COMMUNICATIONS AND COMMUNITY ENGAGEMENT

## ➤ Communications

- The Governor has held 54 press conferences on COVID-19 since March
- COVID Concerns link (4,733 responses)

## ➤ Engagement

*The Governor's Office and State Agencies host regular webinars & calls with:*

- Local Government Leaders
- Local, State, and Federal Public Health Partners (Including Weekly JIC Calls)
- Clergy Council and Faith Leaders
- Colorado Hospitals
- Chambers of Commerce
- Local Public Health Agencies
- Business Community, specially highly impacted industries like restaurants
- K-12 Educators
- Agriculture
- Event venues and organizers
- Organizations representing communities particularly impacted by COVID-19

## *Partnership with The Colorado Health Foundation & The Mile High United Way*

- **Raised over \$ 22 Million**
  - Over 11,000 individual donors- individual, business, philanthropy
    - \$300k from Kaiser for contact tracing
    - \$300k from the Buell Foundation to support child care across the state
- **Allocated \$16.4 Million**
  - Over 700 community-based organizations
- **No administrative fees or overhead costs**
  - Priority areas: Impact - Prevention - Recovery
- **Community Voices Committee**
  - Data-driven to illuminate need from county to county
- **Round 6 opened for applications August 6th**
  - New collaborative proposals for up to \$100,000
  - Deadline to apply August 20th

# GOVERNOR'S COLORADO COVID RELIEF FUND



### Awarded Grants by County

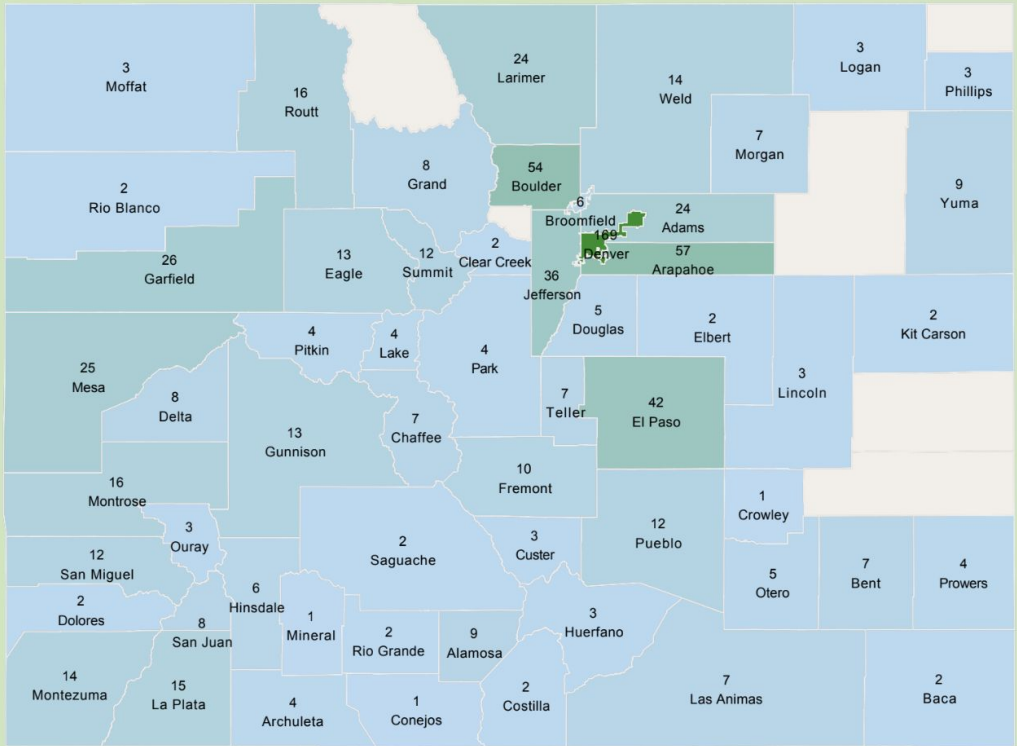
Count	Funded
765	\$16,386,435

### Priority Areas

Impact
Prevention
Recovery

### Deadline Date

- April 18
- April 4
- More...

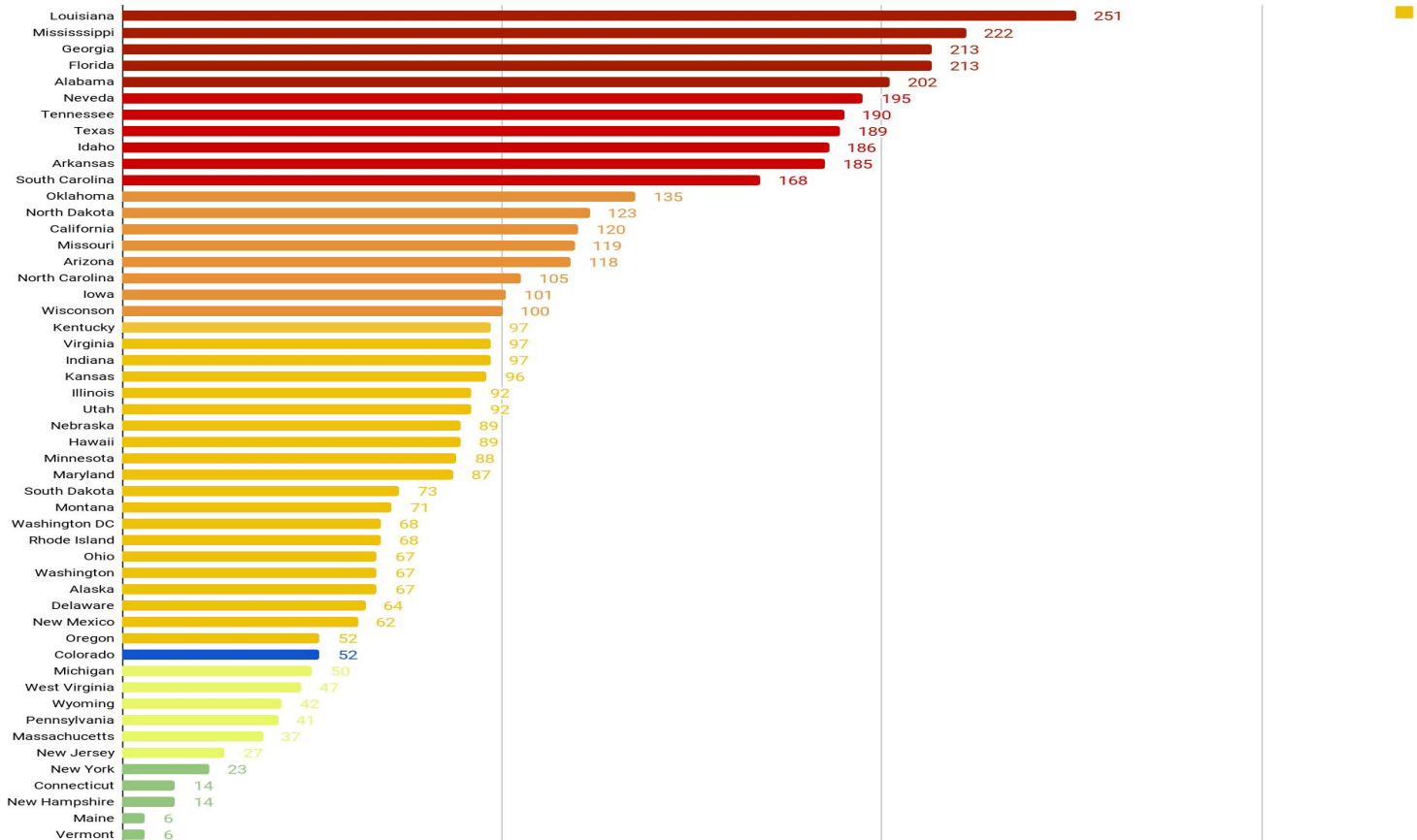




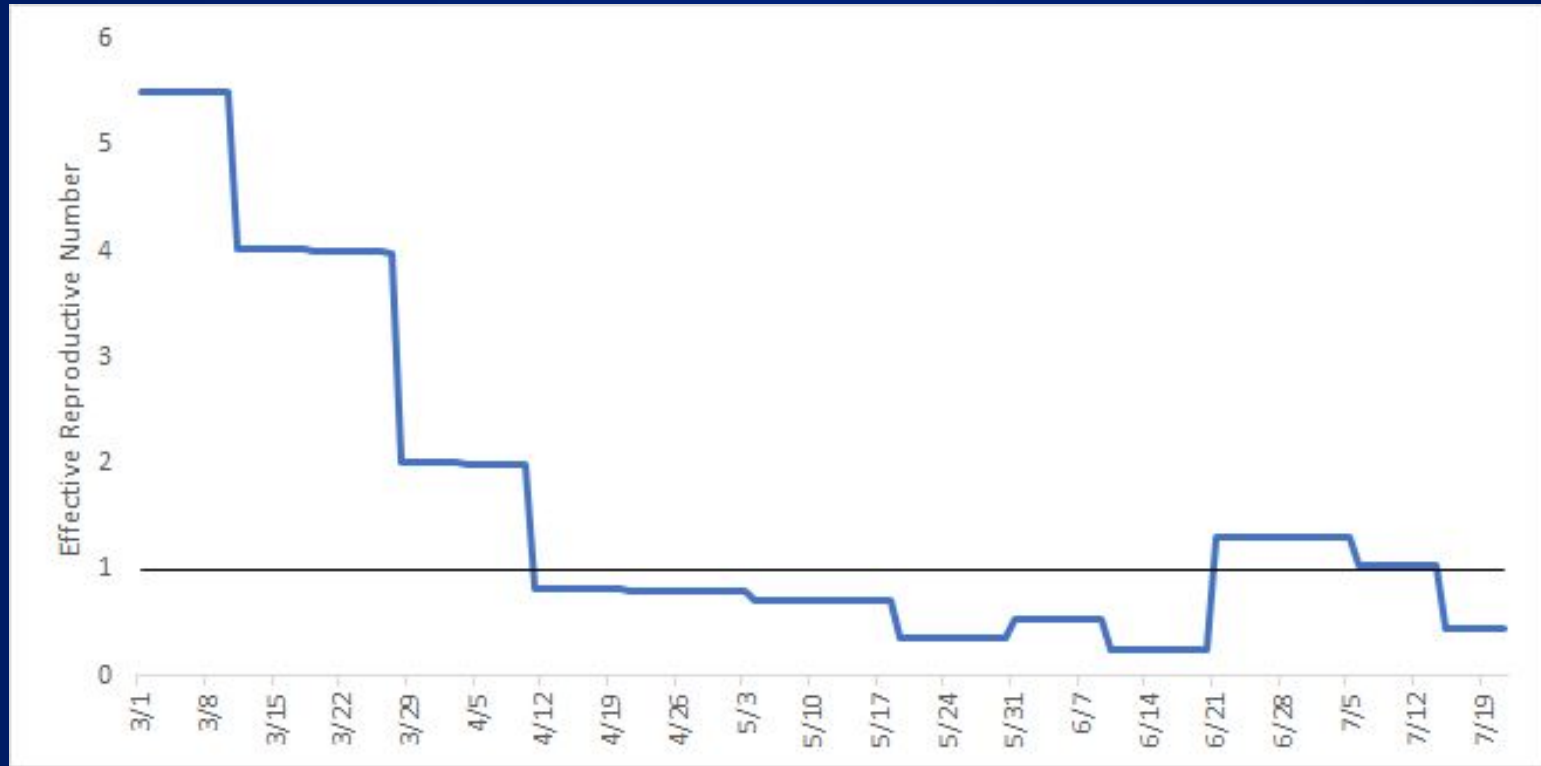
# **PUBLIC HEALTH RESPONSE**

# WHERE WE ARE NOW: NATIONWIDE COMPARISON OF 7 DAY INCIDENCE RATE

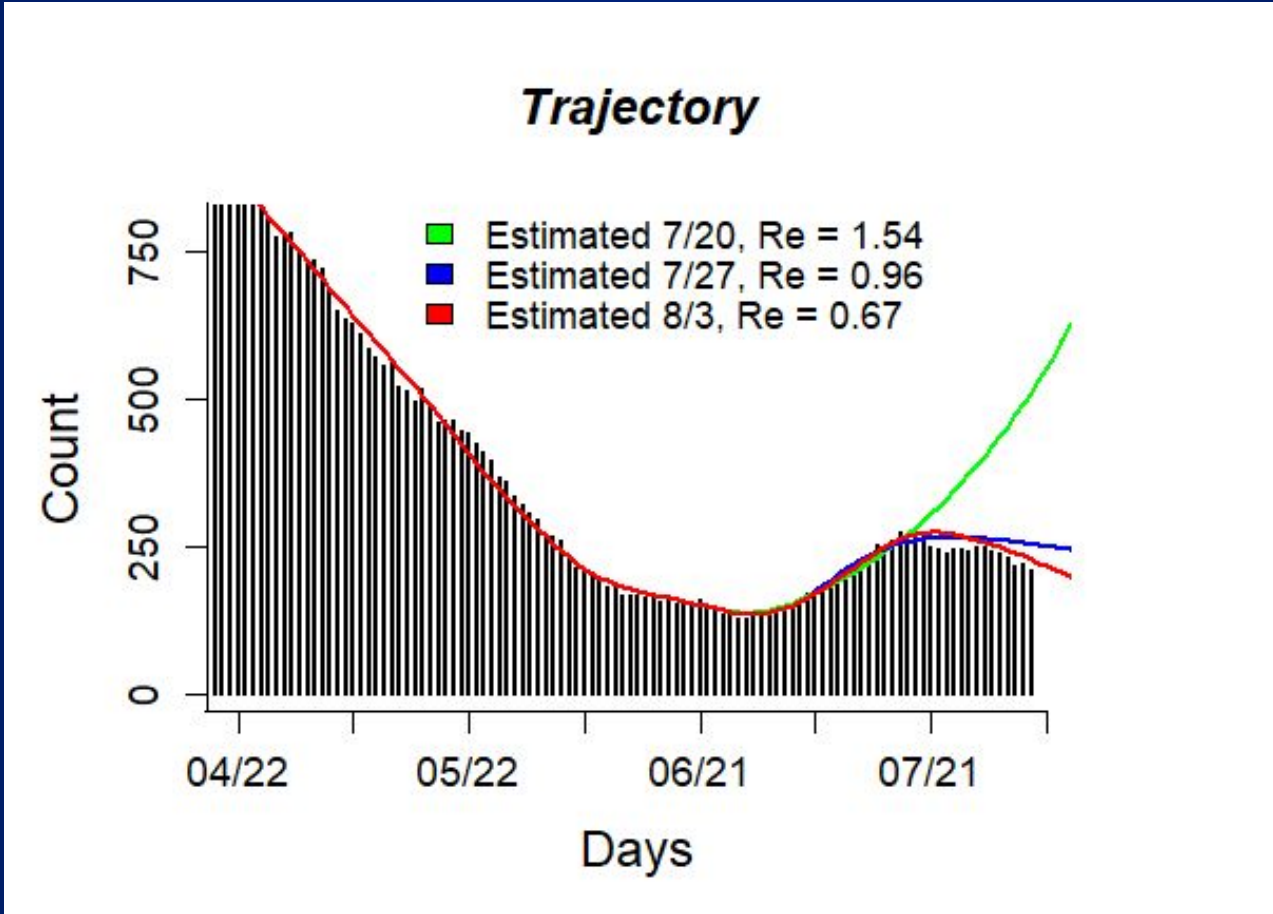
COVID-19, 7-Day Incidence Rate/100,000 (Date Ending 8/10/20): States and Washington DC



# WHERE WE ARE NOW: REPRODUCTIVE NUMBER



# WHERE WE ARE NOW: HOSPITALIZATION TRAJECTORY



# CDPHE RESPONSE STRATEGIES

- Issue Public Health Orders
- Track Key Epidemiological Indicators (Early Warning System)
- Coordinate Free Community Testing Sites (with CEOC)
- Coordinate the County Variance Process
- Provide State Laboratory Testing of Specimens
- Outbreak Response
- Infection Control Inspections at Long Term Care Facilities
- Coordination of Cache of Contact Tracers
- Coordinate with and fund Local Public Health Agencies
- Provide Public Information

# GUIDANCE & UPDATING PHOs

- **PHOs are issued to provide more detail regarding the restrictions required in each phase of response**
  - Stay at Home - PHO 20-24, only critical businesses open
  - Safer at Home - 9th Amended PHO 20-28, sets capacity caps for all businesses/activities
  - Protect our Neighbors - PHO 20-32, 50% open in all sectors with capacity capped at 500
- **Additional PHOs**
  - 20-20: nursing homes, assisted living residences and intermediate care facilities
  - 20-29: elective and voluntary surgeries and procedures
  - 20-30: hospital reporting requirements
  - 20-31: face coverings
- **Guidance is posted on the [covid19.colorado.gov](https://www.colorado.gov/covid19) website**
  - Requirements contained in the PHO, additional explanation and best practices contained in this guidance

# VARIANCE OVERVIEW

## ➤ **Counties with active variances: 44**

- Approved at Low Threshold: 19
- Approved at Medium Threshold: 4
- Approved at High Threshold: 3
- Approved prior to current framework: 18

## ➤ **Counties in active mitigation: 14**

- Summary of disease trends and mitigation efforts:
  - The majority of counties increase in incidence rates are unrelated to variance thresholds, and include community spread due to large private gatherings, out-of-state travel, employee outbreaks in LTCFs and DOC facilities, as well as testing delays.
  - Mitigation efforts have primarily focused on increasing testing and containment capacity, as well as public education and communication campaigns to increase awareness and compliance with the Public Health Order and Mask Order.

# WHERE WE ARE NOW: TESTING CAPACITY

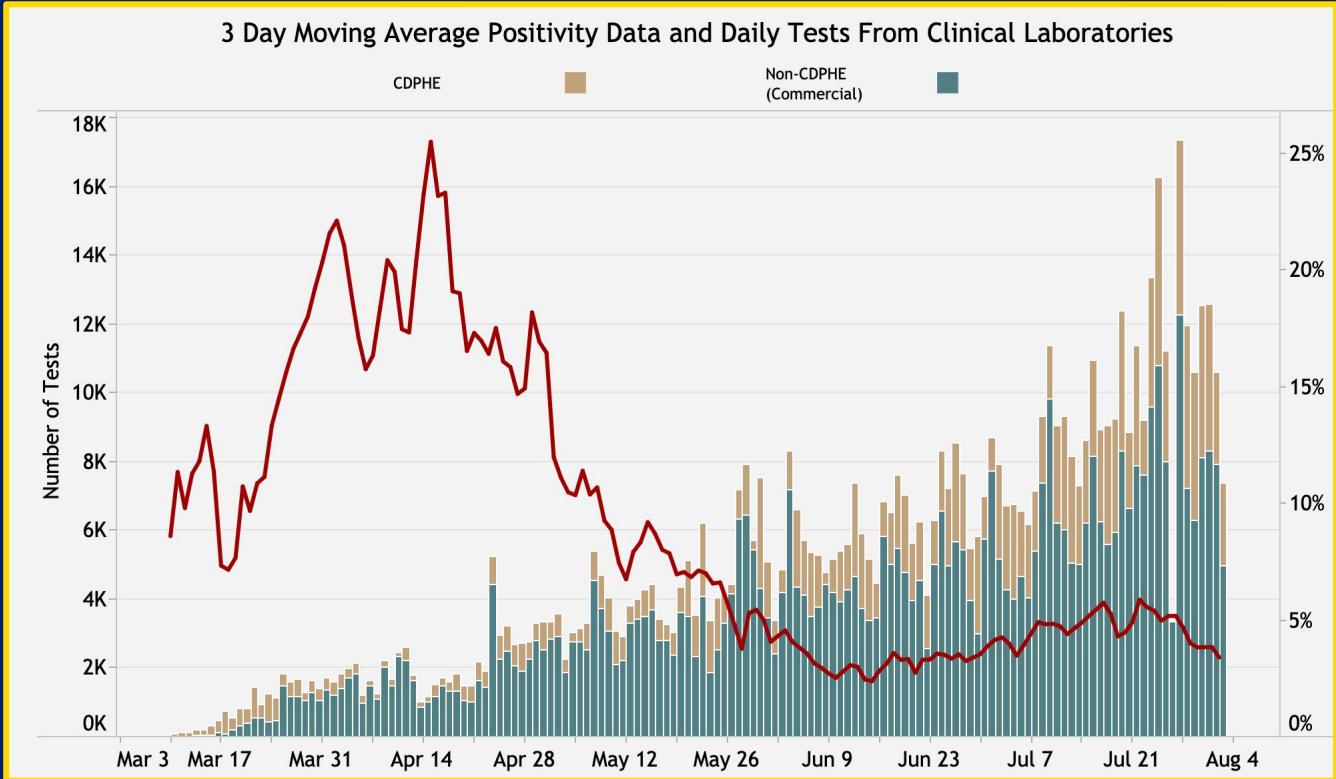
3 day moving average positivity rate: 2.99%

7 day averages:

- High: 16,291 tests administered on 7/24
- Average: 10,866/day

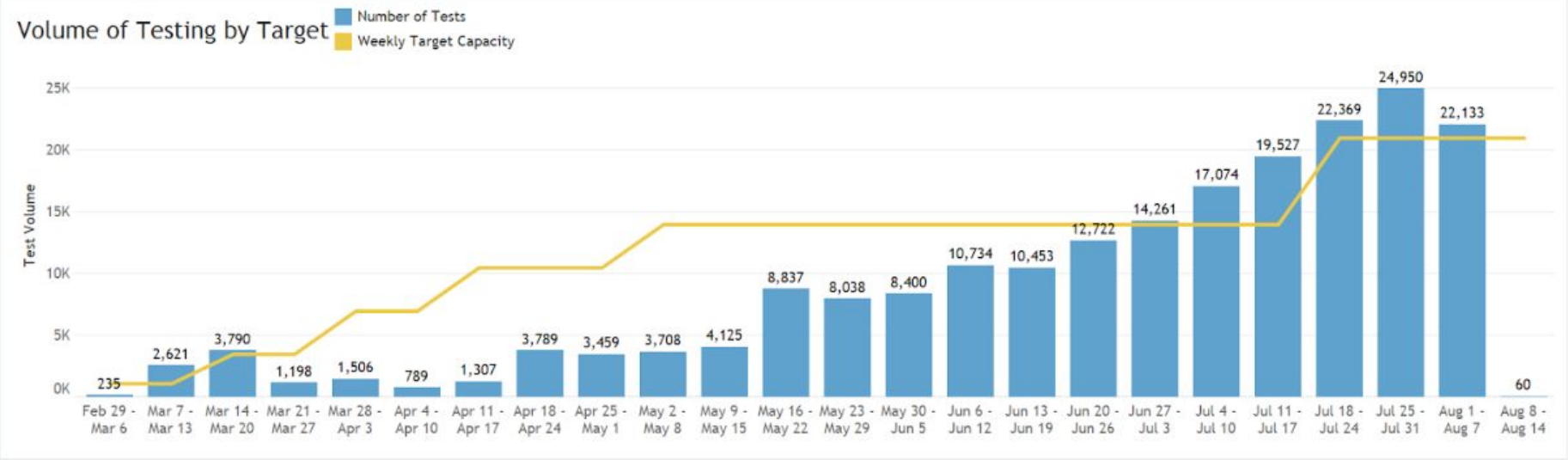
Turn-around Times:

- State Lab- 4 days
- Lab Corps- 7 days
- Quest- 6 days





# STATE OF COLORADO LAB CAPACITY



# COLORADO COMMUNITY TESTING

CDPHE has helped set up approx. 50 community testing sites across the state.  
Some of these cities include:

- Aurora
- Fort Collins
- Colorado Springs
- Adams County
- Fort Collins
- Pueblo
- Grand Junction

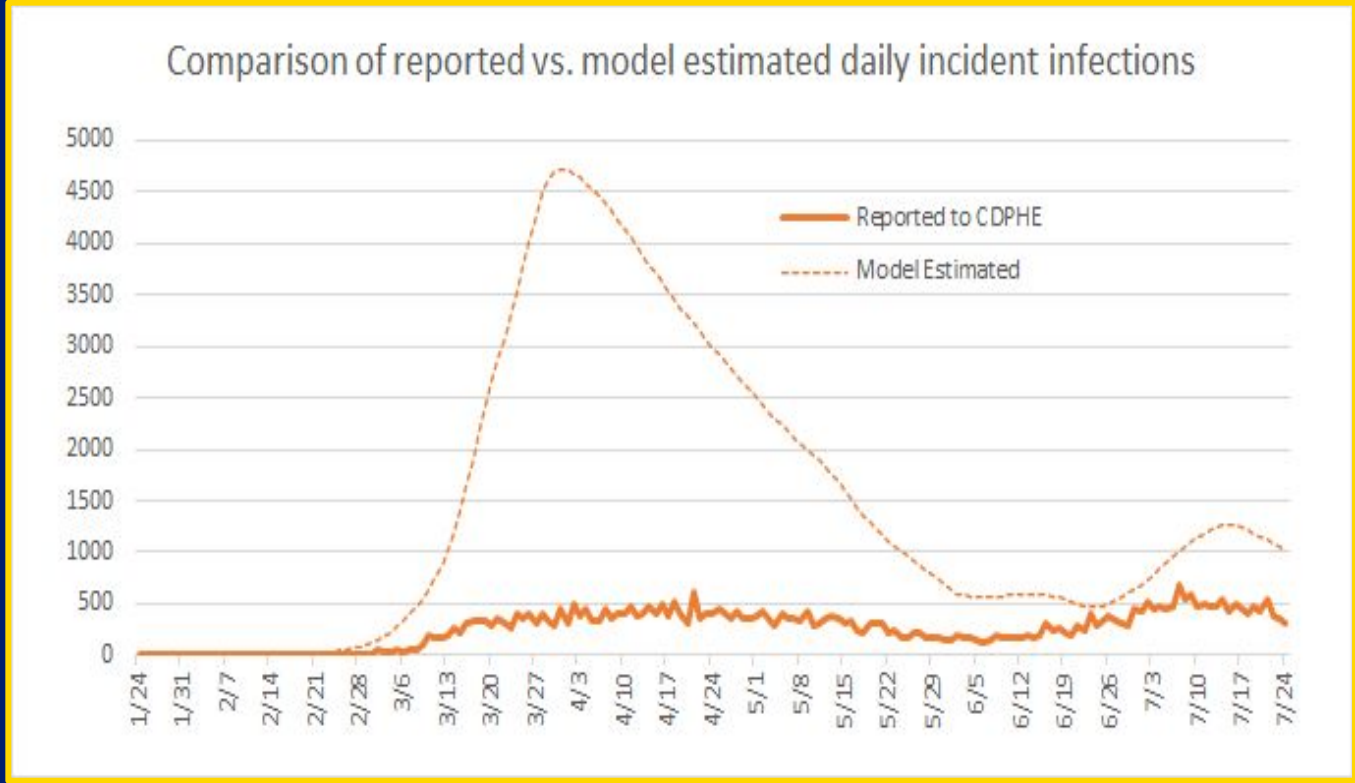
# REPORTED POSITIVE TESTS VS ESTIMATED # TOTAL CASES

## Current infectious individuals in CO:

- Estimated 6,400 at present
- 1 in every 900 Coloradans

## Total infected individuals to date:

- Approximately 273,000 people in Colorado, or 4.7% of the population



\*These estimates are sensitive to model assumptions, including assumptions about the probability an infected individual will be symptomatic and require hospital care, which we assume varies by age.

## ONGOING RESPONSE: TESTING OF VULNERABLE POPULATIONS

- The Residential Care Strike Team (focused on Seniors) has completed testing on more than 116,000 residents in 8 weeks
- CDPHE has worked in partnership with DOC and DHS to ensure access to testing, infection control expertise, and health access
- Provided specific support to Tribes for testing and regionalized epidemiologists
- Migrant and Seasonal Worker Taskforce established in response to outbreaks in San Luis Valley. This taskforce is now working proactively across the state

# CONTAINMENT GOAL

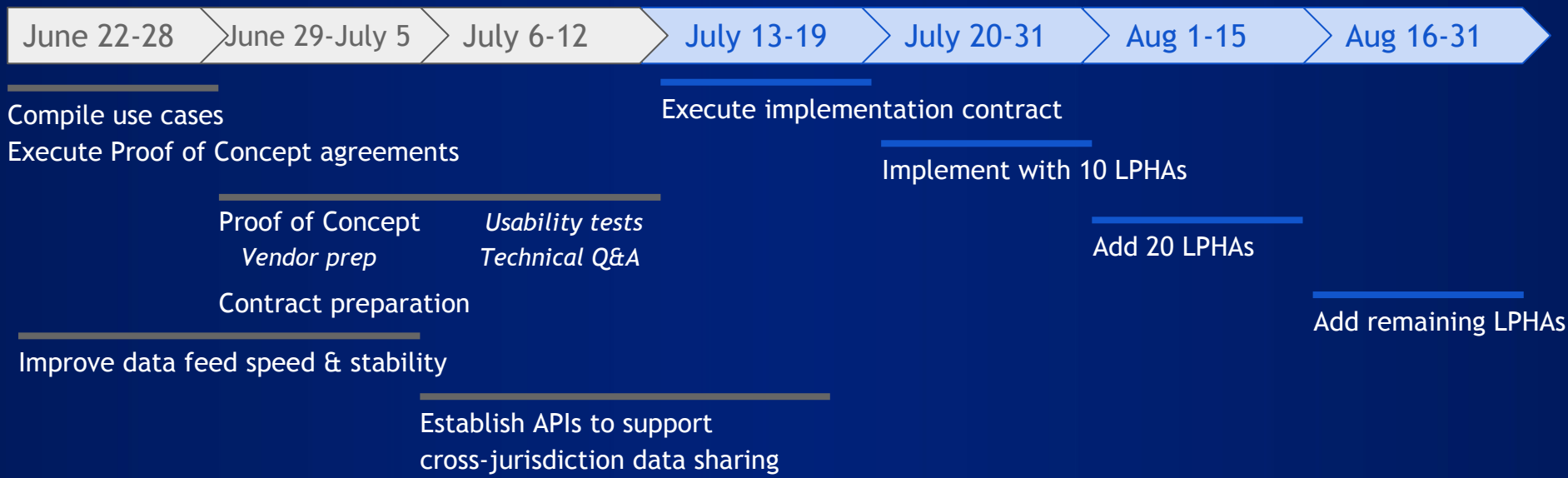
## ➤ **Epidemiologists:**

- CDPHE has hired and onboarded 45 new epidemiologists
- In March, CDPHE employed 16 communicable disease epidemiologists. With the additional staff, CDPHE is able to respond to outbreaks much more efficiently and assist local public health with case investigation

## ➤ **Contact Tracing:**

- CDPHE has on-boarded 429 Service Corp members for contact tracing
- VISTA Summer Associates & Americorp NCCC
- Additional 130 coming in August.

## Contact Tracing Solution Implementation Timeline



# SCHOOLS

- **CDPHE & CDE released planning guidance to LPHAs & school districts**
  - The guidance is organized by the level of COVID-19 incidence in the community: Stay at Home (high level of COVID-19), Safer at Home (mid-level of COVID-19), and Protect Our Neighbors (lower level of COVID-19)
- **CDPHE released outbreak guidance**
  - Defines what constitutes an outbreak and guide schools as to what to do to keep children and staff safe during an outbreak.
  - Guidance requires a 14-day quarantine for students who have confirmed or suspected COVID-19 as well as the cohort the student belongs to.
  - CDPHE has engaged in a robust stakeholder process to guide decision making on the outbreak guidance.
- **Medical Grade Masks for Educators**
  - For at least 10 weeks, Colorado Department of Public Safety, in coordination with the Department of Education, will provide one medical-grade mask per week to all educators in public and private schools across Colorado.

# **PUBLIC SAFETY RESPONSE**



# DHSEM MISSION

## *Governor's Priorities (Leader's Intent)*

- **Save lives.**
  - Efficient and bold public mitigation policy development and implementation to keep COVID-19 R-value at or below 1.
  - Protect vulnerable populations
  
- **Synchronize and coordinate state-level preparation, response, and recovery operations.**
  - Conduct statewide mass testing and maximize compliance through communications, economic support, behavioral support and comfort support.
  - Develop a comprehensive situational understanding of COVID-19 presence in Colorado
  - Prepare for and execute healthcare surge operations,
  - The healthcare system is stable and able to absorb COVID-19 surges without resorting to crisis standards of care.
  
- **Maintain public trust through effective communications.**
  
- **Ensure economic perseverance and recovery.**

# LINES OF EFFORT

## Public Health Rapid Response

Surveillance, Rapid Response Strike Teams, Community Mitigation

## Healthcare Management

Healthcare Capacity, Alternate Care Sites

## Consequence Management

Cascading Impacts, Lifeline Stabilization, ESF Support

## Resource Management

Resources, Caches

Public Information and Messaging

## End State

- Outbreaks are quickly identified and contained with minimal spread.
  - Keep  $R_0$  below 1.
- 
- The health care system is stable.
  - Patients are treated without resorting to crisis standards of care.
- 
- Community Lifelines are stable.
  - Cascading impacts are mitigated.
- 
- Resource needs are met and resource requests are filled in a timely manner.

# COMMAND STRUCTURE

## An Incident Dependent, Flexible Sliding Scale

- CDPHE led with SEOC support until indication that a unified structure is required.
- Sliding Scale is broken up into levels requiring different support.
- Policy group is active.
- Cabinet is aware of structure and functions.
- The JIC supports public information and messaging in all command structure levels.
- Positives: A sliding scale leaves room for incident requirements and allows for minimal disruption.
- Negatives: Re-organization in the middle of an incident can be challenging.

**CDPHE Lead, SEOC Support**

**CDPHE Lead, Enhanced SEOC Support**

**Unified Command**

Public Information and Messaging



# DHSEM RESPONSE

- Support to CDPHE
- Coordinate State Agencies
- Coordination with Federal Agencies
  - FEMA
- National Guard
- Joint Information Center (coordinated public information)
- Logistics
  - PPE
  - Medical Supplies
  - Personnel
- Alternative Care Sites
- Other Incidents

# WHERE WE ARE NOW: ALTERNATE CARE SITES

	Convention Center	The Ranch	Centura Health	St Mary Corwin	Western Slope Memory Center
Ready Date	*4 weeks from decision date	5 weeks from decision date	Aug 20	Aug 27	Sept 3
Initial Capacity	80 beds	80 beds	25 beds	25 beds	25 beds
Max Capacity	900 beds	200 beds	78 beds	120 beds	50 beds

# NATIONAL GUARD

## ➤ Title 32, 502(f) Status

- Current, 100% Federal
- After 21 August, 75% Federal/25% State

## ➤ Missions

- Task Force Test Support, 40 Service Members
- Task Force Emergency Operation Center, 17 Service Members
- Task Force Warehouse, 6 Service Members
- TF Joint Reception Staging Onward Integration, 3 Service Members
- Joint Task Force Centennial, 14 Service Members

# WHERE WE BEGAN

- Supporting CDPHE
- Crisis Management
  - Stay At Home
- Unified Command
- PPE, Ventilator, and Pharmaceutical Shortages
  - Completely Inadequate SNS
  - Completely Broken Supply Chain
  - Distorted Markets
  - Federal Support/Leadership Lacking
- Patient Care Capacity Short
- Local Shortages
- Limited Testing Capacity

# WHERE WE ARE NOW

- Improved but Still Broken Supply Chain
  - Markets Slowly Normalizing
- Improved Patient Care Capacity
  - Managing Alternative Care Sites
  - Patient Transportation Cell
- Supporting CDPHE
  - Moved Out of Crisis Management
  - Resumed Other Critical Activities
- Supporting Mass Testing and Outbreak Testing
  - Efforts With DOC
- Delivering PPE
  - Schools
  - Local Governments
- Building PPE Stockpile
  - Warehouse Operations



# WHERE WE NEED TO BE

- Complete PPE Stockpile
- Implement PPE Price Agreements for Local Government
- Maintain Alternative Care Sites
  - Demobilization Plan
- Support Testing
  - Outbreak Testing as Necessary
  - Transition Mass Testing
- Implement Vaccination Point of Distribution Plan, if Necessary
- Return to Other Business Needs
- Conduct After Action Review and Implement Improvement Plan
- Maintain Readiness
  - New Warehouse Operations

# ENFORCEMENT STRATEGY

- Issuance of Orders increases compliance, helping control disease spread
- Preferred strategy is through communication and engagement to gain voluntary compliance
- Public Health Orders can be enforced:
  - By State and Locals
  - Through regulatory licensure (State & Local)
  - Through civil and criminal process
    - (generally, if necessary, civil process is faster, more effective)
- Jurisdictions can also gain compliance through regular Title 18 CRS enforcement as well
- Most effective when local and state jurisdictions are sharing information work together

# EXECUTIVE ORDERS

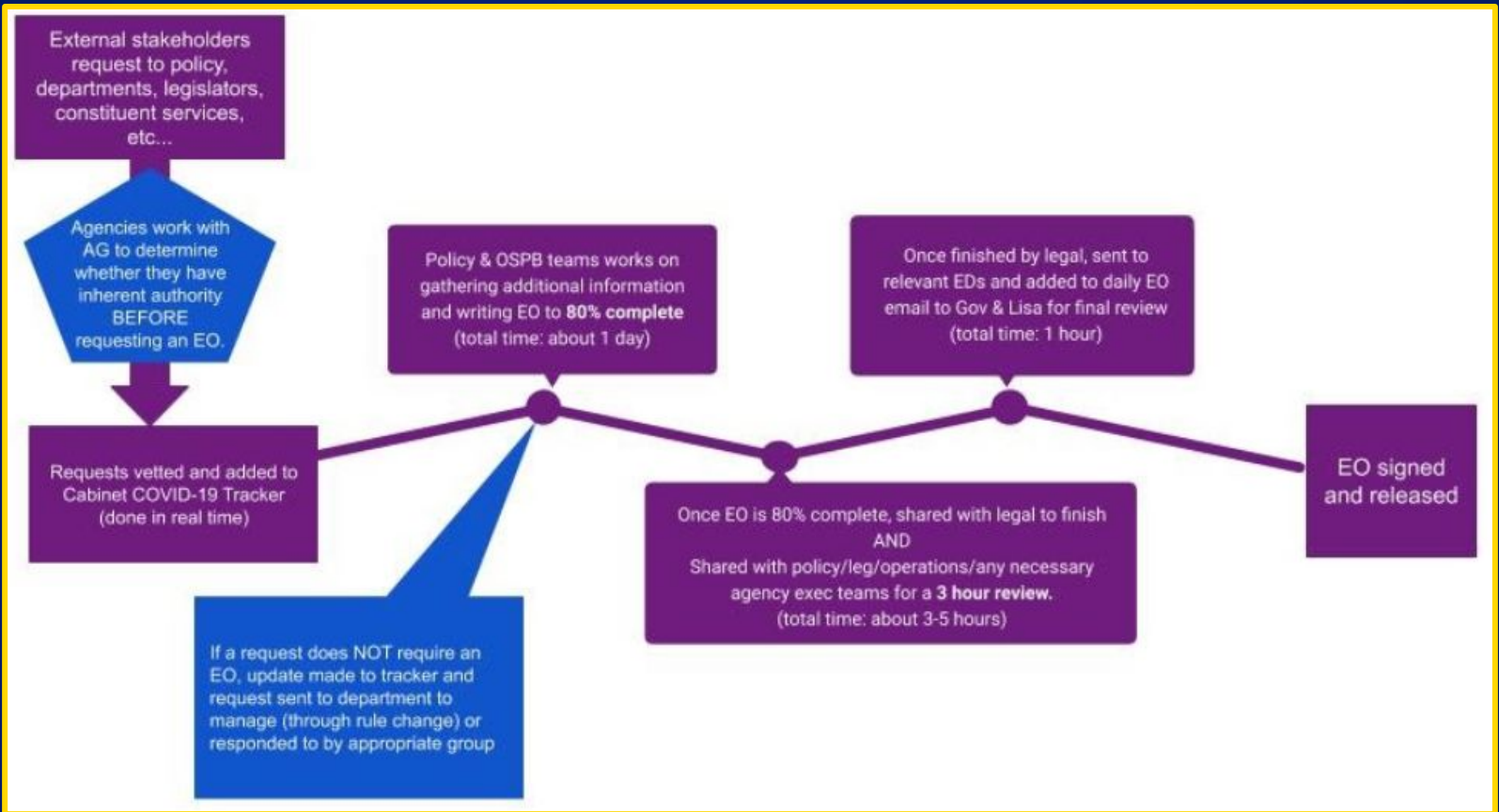
*Process & Transparency*

# GOVERNOR'S AUTHORITY IN AN EMERGENCY

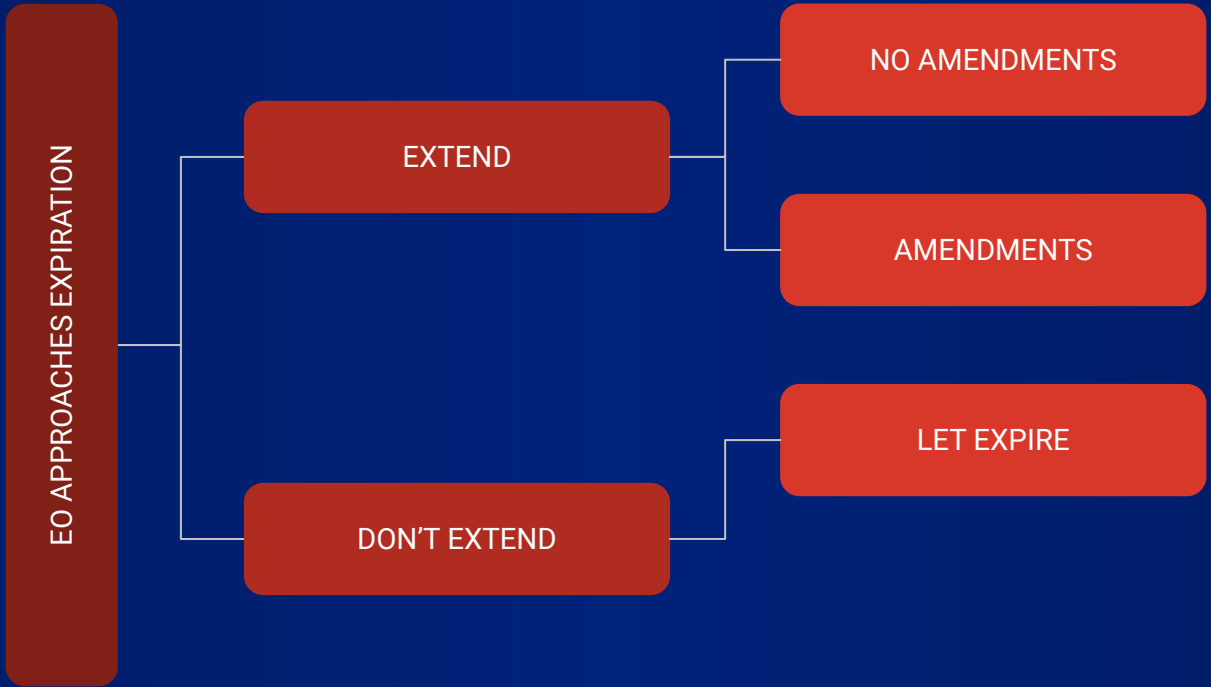
*Governor was elected in part to handle emergencies that affect the State and he “is responsible for meeting the dangers to the state and people presented by disasters.”*

- Colorado Constitution, Article IV, § 2:
  - the "supreme executive power of the state shall be vested in the governor, who shall take care that the laws be faithfully executed."
  
- Colorado Disaster Emergency Act, C.R.S. § 24-33.5-701, *et seq.*
  - Governor may issue, amend, and rescind executive orders, proclamations, and regulations. They have the force and effect of law.
  - Governor may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders, rules, or regulations of any state agency if strict compliance would hinder coping with the emergency.

# EXECUTIVE ORDER PROCESS MAP

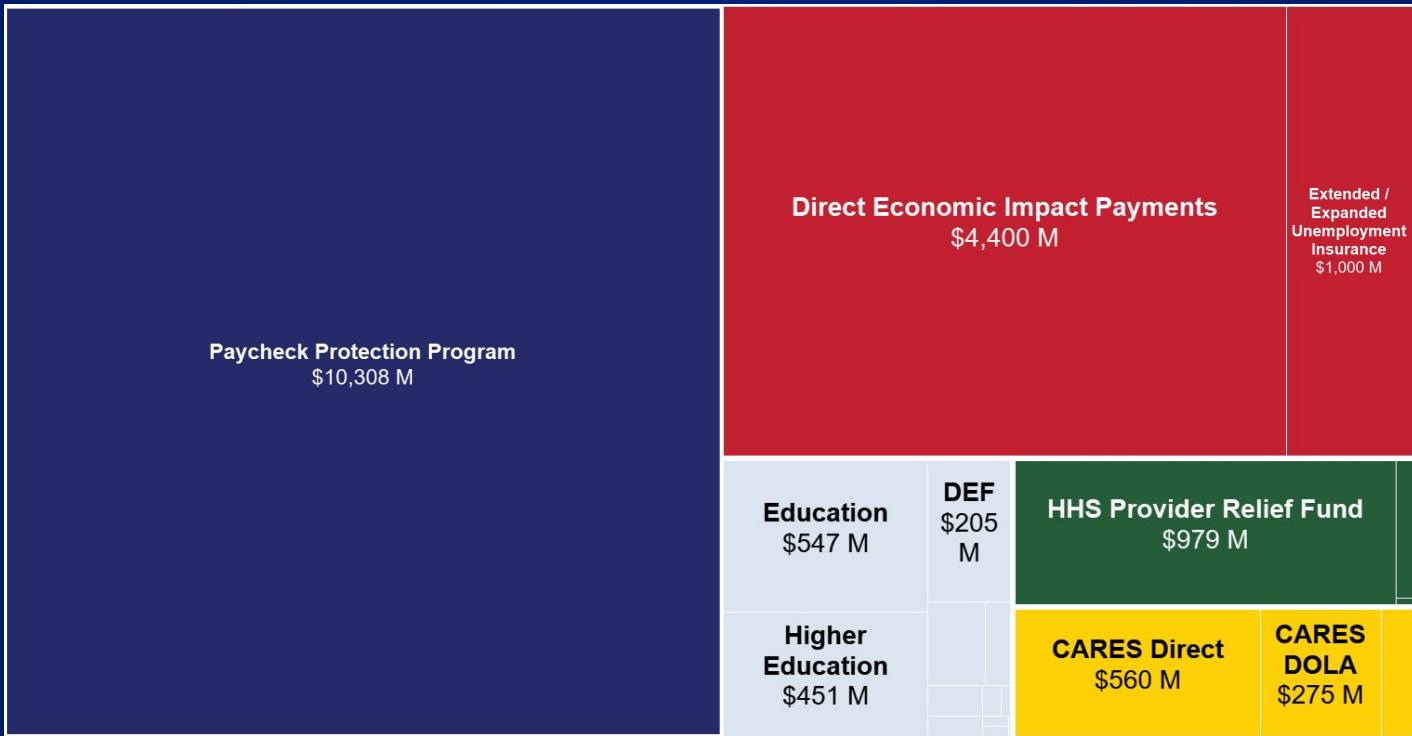


# PROCESS - EXTENDING/AMENDING AN EO



# FINANCIAL RESPONSE

# FEDERAL FUNDS TO COLORADO: \$19,042M



\*HHS Provider Relief Fund data incomplete. Total amount to providers likely higher.

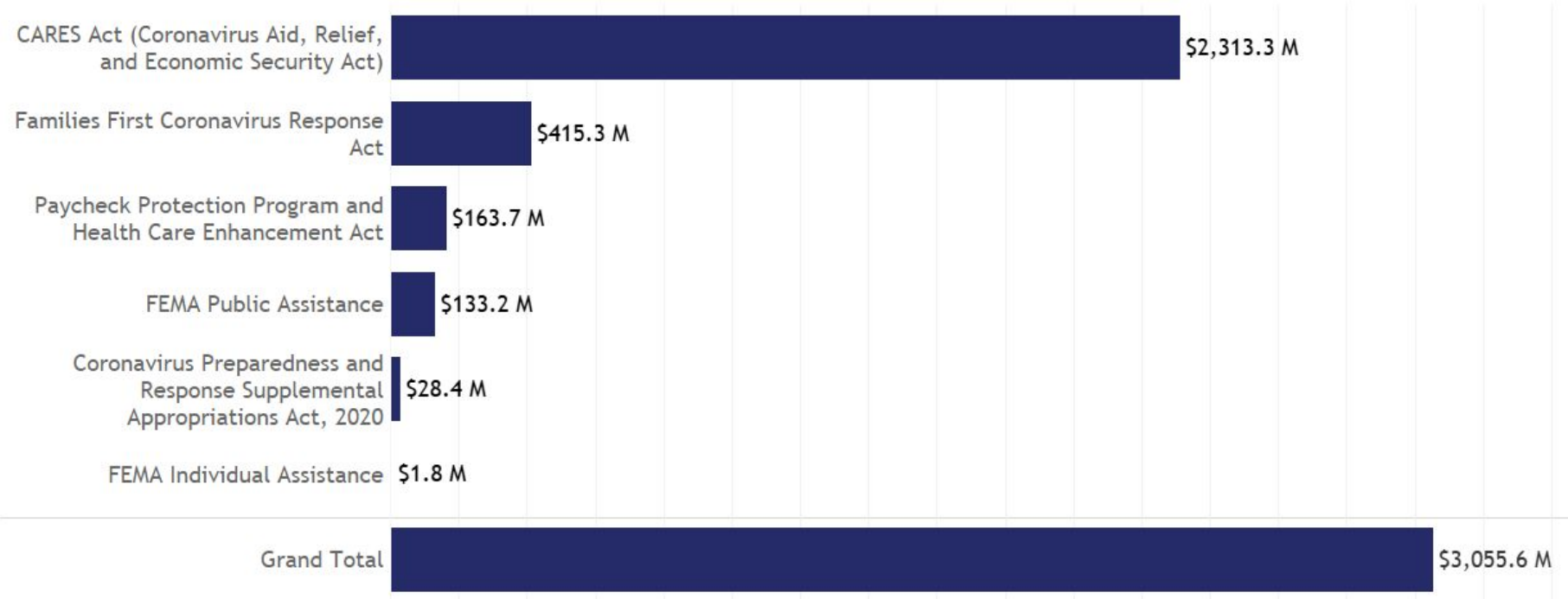


FEDERAL FUNDS TO COLORADO: \$19,042M



*Of that, \$3B has flowed through the State*

# FEDERAL FUNDS TO STATE GOVERNMENT: \$3,056M



# FEDERAL FUNDS TO STATE GOVERNMENT: \$3,056M



- Between the four Federal stimulus packages, funds flowed from:

11 Federal agencies



12 State agencies

- \$1.2 B (38%) was included in the Long Bill and School Finance Act by the Legislature

- See OSPB Report on Federal Funds:

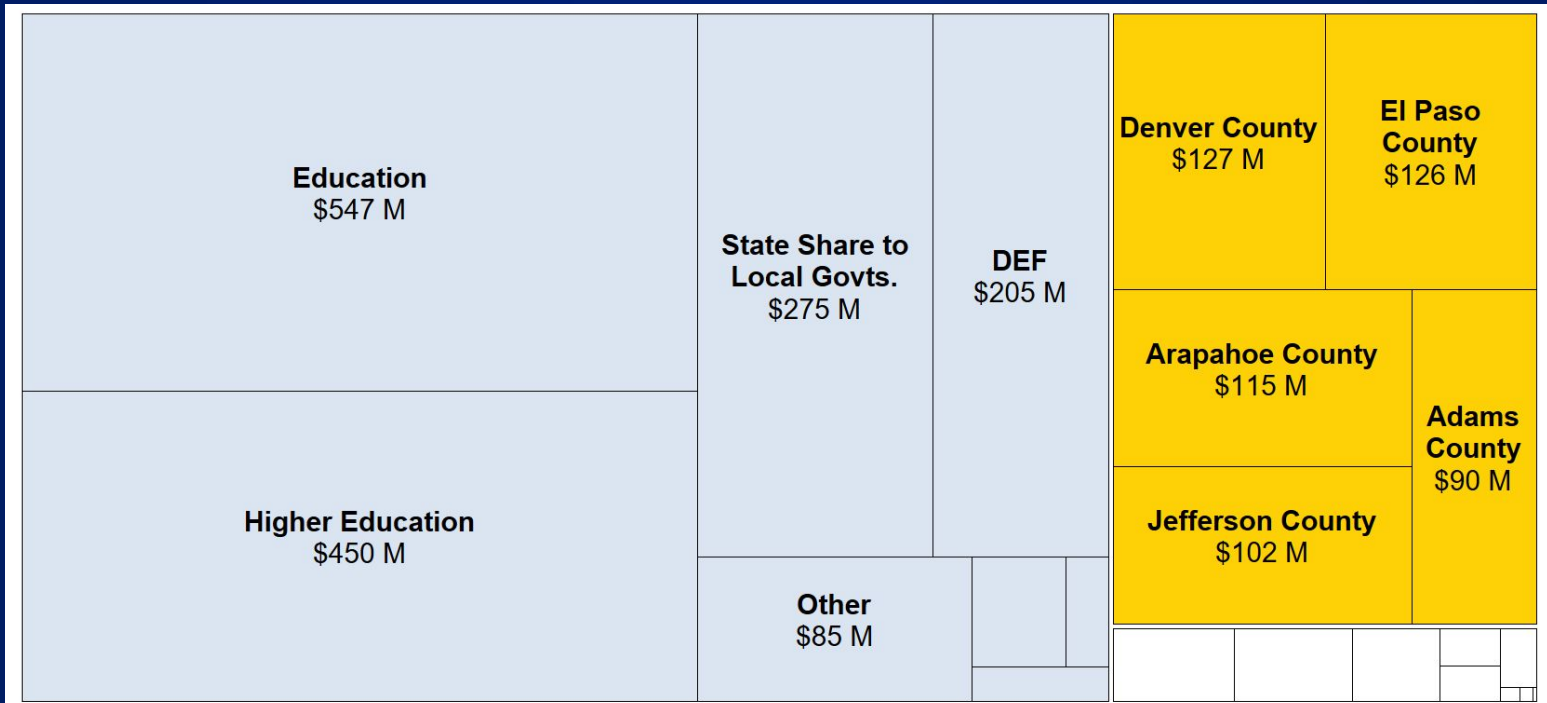
[https://www.colorado.gov/governor/ospb/emergency\\_funds](https://www.colorado.gov/governor/ospb/emergency_funds)

FEDERAL FUNDS TO STATE GOVERNMENT: \$3,056M



*Of the \$3B state funds, \$1.7B was CARES Act Title V  
Coronavirus Relief Funds (CRF)*

# TITLE V CORONAVIRUS RELIEF FUND ALLOCATION



\*Funds for education and higher education provided for public health expenses as well as the provision of economic support for Colorado's workforce.

# LEGISLATIVE APPROPRIATION OF CRF FUNDS



Bill #	Topic	Amount (millions)	Agencies
HB20-1410	Housing	\$20.0	DOLA, Dept. of Law
HB20-1411	Behavioral Health	\$15.2	CDHS, CDPHE, CDHE, Dept. of Law
HB20-1412	Utility Bill Payment Related Assistance	\$4.8	CEO
HB20-1422	Food Pantry Assistance Grant Program	\$0.5	CDHS
HB20-1197	2-1-1 Statewide Human Services Referral System	\$0.5	CDHS
SB20-212	Telehealth	\$5.0	HCPF
SB20-222	Energize Relief Funds Small Business Grants	\$20.0	OEDIT, CHFA
Budget Amendment	Immunization Outreach	\$2.0	CDPHE
Budget Amendment	Domestic Violence	\$0.5	CDHS
Budget Amendment	Rural local public health agencies	\$1.5	CDPHE
<b>TOTAL</b>		<b>\$70.0</b>	

# FEDERAL FUNDS TO LOCAL GOVERNMENTS



Local Government COVID-19 Financial Resources	COVID-19 Disease Navigation	COVID-19 Resource navigation for those in need/poverty/low-mod income	COVID-19 Testing	COVID-19 Tracing	Construction INFRASTRUCTURE (Broadband, Roads, Water, Wastewater)	Construction PUBLIC FACILITIES (Hospitals, Courts, City Halls, other General Fund Facilities)	Economic Development (Includes Unemployment)	Personal Protective Equipment (PPE)	Planning - Community Recovery	Staffing 5% or Greater Dedicated
(1) DOLA: Coronavirus Relief Fund Funds Expire: 12/30/2020	x	x	x	x	x	x	x	x	x	x
(1) DOLA: Community Development Block Grant-CV Funds Expire: 9/2022	x	x	x	x	x	x	x			
(1) DOLA: Community Services Block Grant-CV Funds Expire: 9/2022	x	x	x	x			x			x
DOLA: Energy & Mineral Impact Assistance Fund; Emergency Funds Funds Expire: N/A-Available Continuously					x	x	x	x	x	
(1)CDPHE: CDC Epidemiology and Laboratory Capacity "Enhancing Detection" Funds Expire: 12/2022	x	x	x	x						
(1)CDPHE: Coronavirus Relief Funds Funds Expire: 12/30/2020	x	x	x	x	x	x	x	x	x	x
(1)CDPHE: CDC Public Health Emergency Preparedness Round 2 Funds Expire: 3/2021	x	x		x						
CDOT: Revitalizing Main Streets Funds Expire: Goal to disburse funds by Dec 31, 2020					x			x		
CDOT: Community Telework Challenge Funds Expire: Dec 1, 2020							x		x	
(1)(2) CDPS: FEMA Public Assistance Funds Available: Until CDC Director Declares Public Health Emergency Over			X (2)			X		X		X
(1)(2) CDPS: SEOC 213RRs Funds Available: Until the CDC Director Declares Public Health Emergency Over					X			X		
CDLE: Unemployment and Dislocated Worker Grants								x		
CDHS: Colorado Food Pantry Expiration: Dec 31, 2020		x								

Rev 7/2/2020



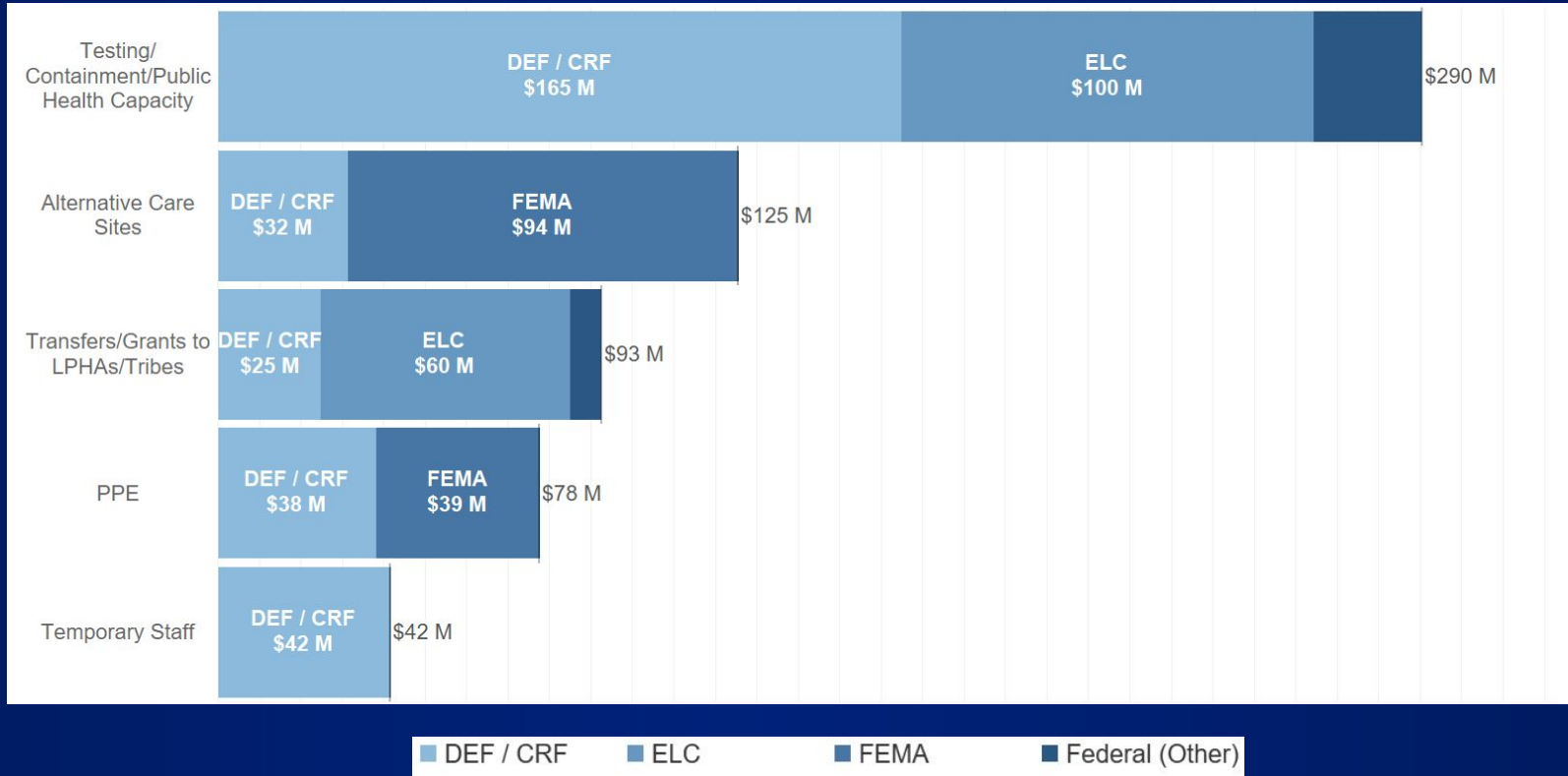
*Planned public health expenditures must remain flexible to address the pandemic*



# PUBLIC HEALTH INVESTMENTS BY USE



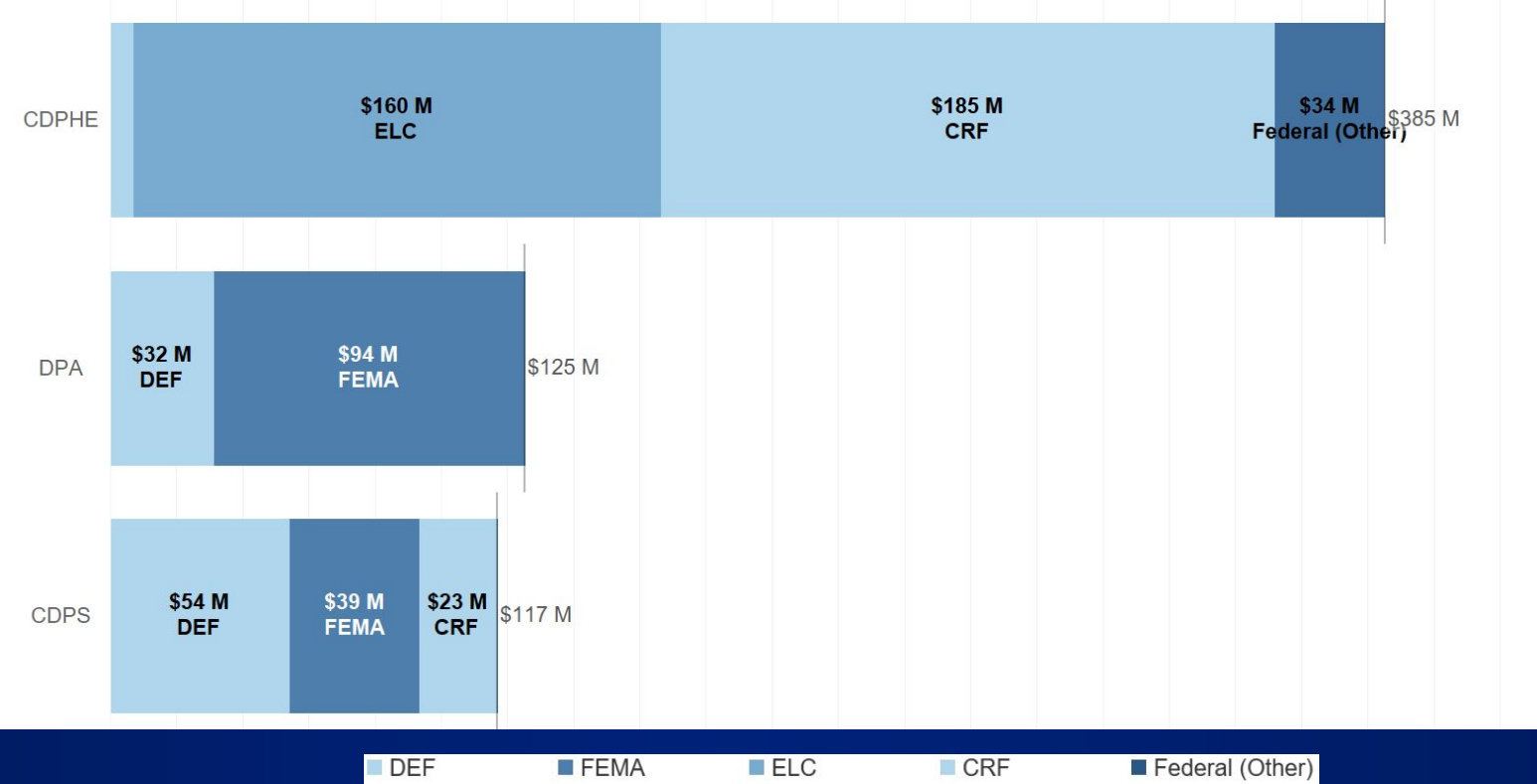
*State and Federal Funds Allocated for Response: \$628M*



# PUBLIC HEALTH INVESTMENTS BY AGENCY



*State and Federal Funds Allocated for Response: \$628M*





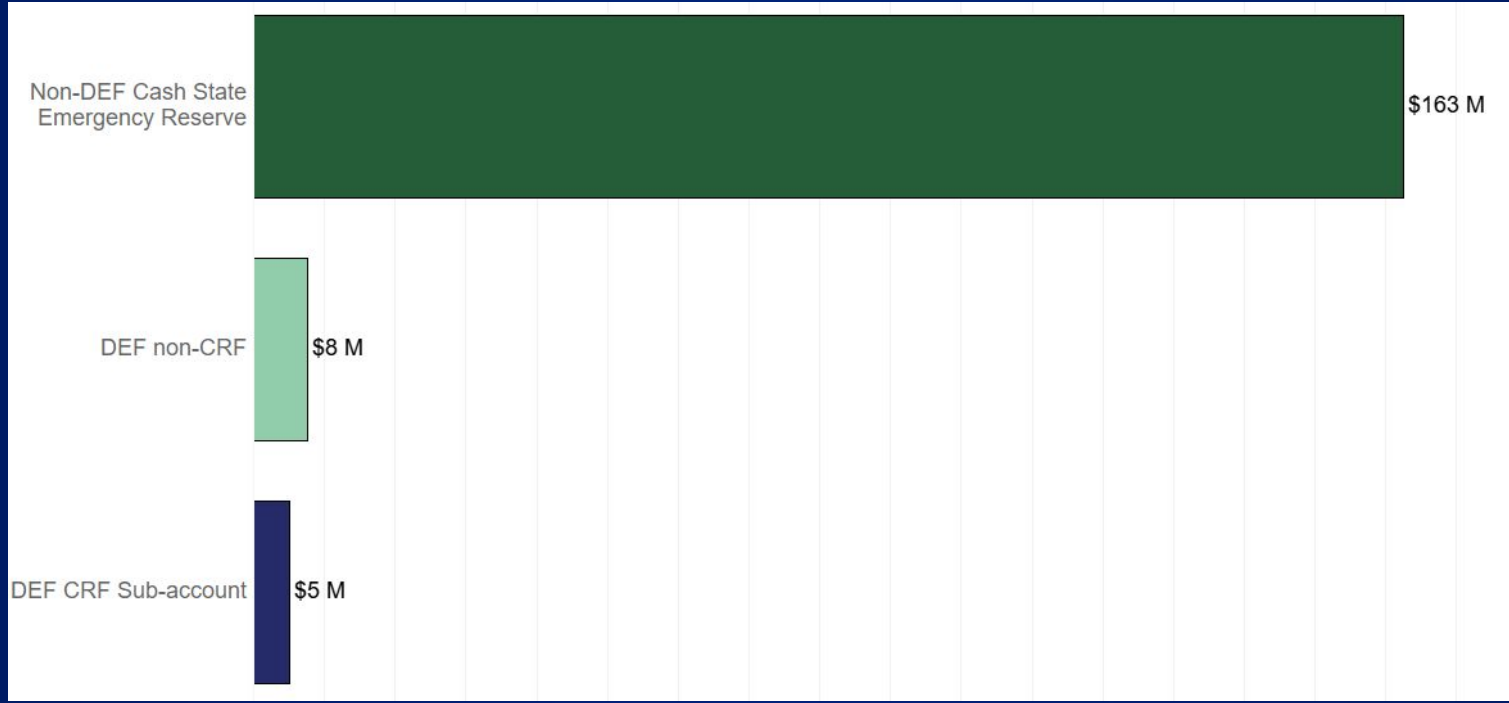
# ALTERNATIVE CARE SITES

	Total	State	FEMA	Notes
<b>Fixed Costs (millions)</b>				
Costs through June 30	\$37	\$10	\$27	Leases, build out, contracts
Anticipated costs July 1 to Dec 30	\$88	\$22	\$66	Leases, build out, contracts, decommissioning
<b>Total</b>	<b>\$125</b>	<b>\$32</b>	<b>\$93</b>	
<b>Monthly Operational Costs (millions)</b>				
Scenario 1	\$24	\$12	\$12	Activate 250 beds per Tier 3 site; 50 beds per Tier 2.5 site
Scenario 2	\$50	\$25	\$25	Activate max number of beds (1,348)
Operational Fixed Costs (total)	\$4	\$1	\$3	Additional costs incurred during the Operational Phase



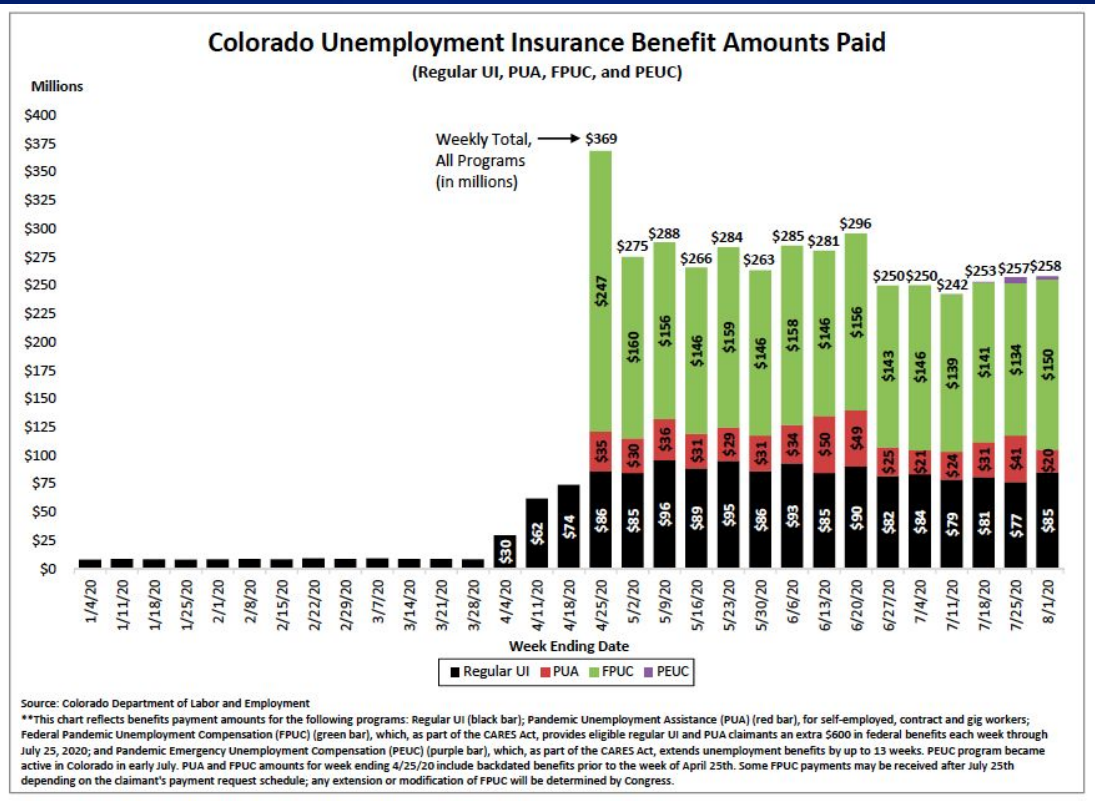
*Additional Federal support is needed, but the State has some emergency funding available*

# STATE EMERGENCY FUNDS



\*The Non-DEF Cash State Emergency Reserve amount above excludes \$160M in various capital assets identified in the FY 2020-21 Long Bill. It also excludes DEF funds included in the State Emergency Reserve but shown separately above.

# UNEMPLOYMENT DATA



## ➤ **Federal Relief**

- End of FPUC benefit could result in a 7% decline in personal consumption in August
- A 7% decline in Colorado sales tax collections would be approximately \$20M/month
- There is significant uncertainty regarding the implementation of the lost wages assistance benefit established through Presidential Memorandum on 8/8/2020

## ➤ **Rent/Mortgage Payments**

- Nationally, 95.7% of renters paid rent in July, compared to 96.6% in July 2019
- 20.0% of adults in Colorado report low confidence that that they can pay next month's rent or mortgage on time

## ➤ **Permanent layoffs and business closures**

- The number of people on permanent layoff held steady in July
- Although CO is better than national average for unemployment rate, CO has the 7th highest rate of business closures in the U.S.

# GENERAL FUND REVENUE UPDATE



	June	July*
<b>GF Cash Projections (OSP June Forecast)</b>	\$862M	\$1,349M
<b>GF Cash Collections</b>	\$1,005M	\$2,166M**
<b>Difference</b>	\$143M	\$817M

\*Income and excise taxes only

\*\*Preliminary report, subject to revision



**QUESTIONS**

**WE'RE ALL IN THIS  
TOGETHER**

