

DOUGLAS COUNTY
HEALTH DEPARTMENT COLORADO

Public Health Improvement Plan

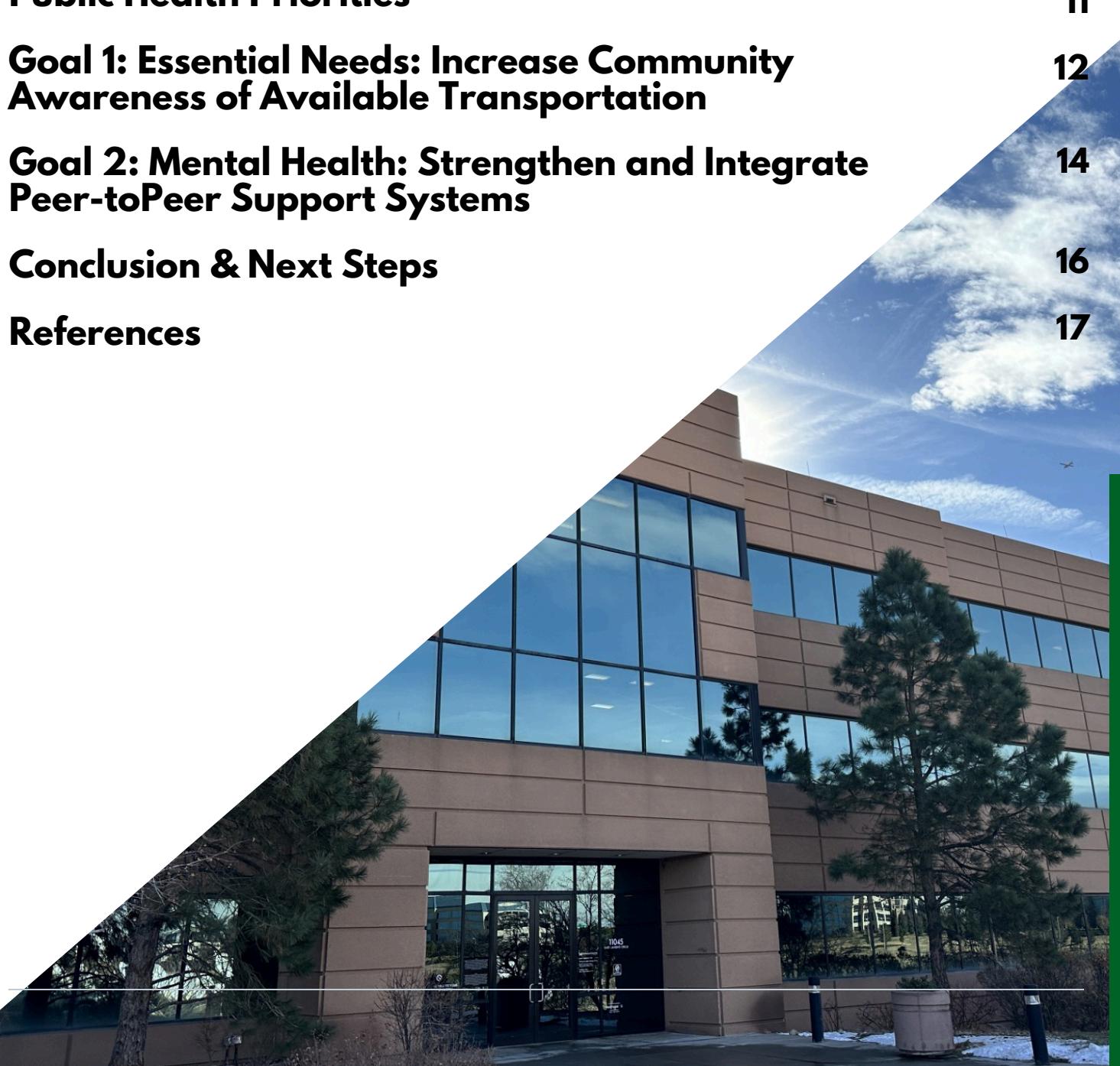
•
•
•

November 2025

•
•
•

Table of Contents

Executive Summary	3
Introduction	4
Planning Process	7
Douglas County Data Snapshot	8
Public Health Priorities	11
Goal 1: Essential Needs: Increase Community Awareness of Available Transportation	12
Goal 2: Mental Health: Strengthen and Integrate Peer-toPeer Support Systems	14
Conclusion & Next Steps	16
References	17



Executive Summary

Douglas County Health Department (DCHD) is pleased to share our 2025-2028 Public Health Improvement Plan (PHIP), developed in partnership with AdventHealth Castle Rock and AdventHealth Parker. Following the Colorado Health Assessment and Planning System (CHAPS) process, the Community Health Needs Assessment (CHNA) was conducted from January to July 2025 through close collaboration between DCHD and AdventHealth staff, along with input from diverse community partners. This PHIP aligns strategically with the Colorado State Health Improvement Plan (SHIP), AdventHealth's Community Health Needs Assessments, and Douglas County's broader strategic priorities, ensuring coordination across healthcare systems and public health efforts. By integrating these regional and state-level frameworks with local data and community input, this plan creates a unified approach to addressing health priorities and leveraging resources across our region to maximize the impact of Douglas County residents.



Introduction

Every five years, all public health agencies in Colorado are required to follow the Colorado Public Health Assessment and Planning System (CHAPS) process and create a Public Health Improvement Plan (PHIP) for submission to the Colorado Department of Public Health and Environment's Office of Public Health Practice, Planning, and Local Partnerships.

In 2025, AdventHealth Castle Rock, AdventHealth Parker, and the Douglas County Health Department (DCHD) partnered with Omni Institute (Omni) to conduct Douglas County's Community Health Needs Assessment (CHNA) and this corresponding PHIP for 2025–2028. The CHNA process, conducted between January and July of 2025, included a detailed review of recent data collected to support Douglas County's broader goals for community health, as well as input from residents, community organizations, and healthcare partners.

This report is the resulting PHIP, outlining the process, goals, and strategies that will steer the public health system through 2028. Guided by DCHD's vision—that Douglas County residents have access to opportunities for achieving their healthiest possible lives—and its mission to provide education and evidence-based services that improve community health, this PHIP reflects both the data-driven priorities identified through the assessment and the lived experiences of the residents DCHD serves. By combining community feedback with evidence-based practice, this PHIP offers a responsive roadmap for meaningful improvements in health and well-being across Douglas County.



In July 2020, the Board of Douglas County Commissioners announced its intent to withdraw from Tri-County Health Department (TCHD). The decision was finalized in September 2021, at which point the Board voted to establish the Douglas County Health Department. Shortly thereafter, the Douglas County Board of Health was formed. To ensure uninterrupted public health services during the transition, the

County Commissioners approved an Intergovernmental Agreement with TCHD to continue providing services through the end of 2022 while DCHD built its organizational structure and hired staff. DCHD officially began providing services to the public on June 1, 2022.

Following its establishment, DCHD led its first Community Health Assessment and Public Health Improvement Plan in 2022. Through an extensive public process involving residents, county leadership, and public health professionals, the department identified its initial priority areas: Behavioral Health (including mental health and substance use), Injury Prevention, and Disease Management and Prevention. These priorities informed the development of DCHD's 2023–2026 Strategic Plan, which established the department's mission, vision, and values and emphasized collaboration, education, professionalism, and responsiveness to community needs.

In response to evolving community needs, DCHD partnered again with AdventHealth Castle Rock and AdventHealth Parker in 2025 to conduct a new Community Health Needs Assessment. The findings from this process inform the priorities and strategies outlined in this PHIP and will guide DCHD's work over the next three years to better serve Douglas County residents.



Decision Makers

Members of DCHD worked closely with the Omni facilitators and researchers throughout the CHNA and PHIP processes. For the CHNA, two meetings were held with AdventHealth Castle Rock, AdventHealth Parker, DCHD, and Douglas community members, one virtual and one in-person in Douglas County to discuss the community health needs. The first meeting consisted of an initial data review and prioritization process, to narrow health priorities down for further analysis. The second in-person meeting consisted of a data gallery walk to review and discuss data collected during the CHNA reporting process, to identify priority areas, and begin to brainstorm potential goals, strategies, and activities to address these priority areas.

For the PHIP, DCHD leadership met in person twice, to select two priority areas highlighted in the CHNA, and to give feedback on the draft PHIP. In addition, Douglas County Board of Health gave feedback during a virtual meeting and through email on the PHIP. Community members contributed their time, critical insights, and perspectives on health needs in Douglas County, and we thank them for their invaluable contributions.

CHNA and PHIP Community Participants

- Michael Hill (Executive Director, DCHD)
- Kim Muramoto (Douglas County Board of Health Member, DCHD)
- Dr. Kamran Dastoury (Medical Officer, DCHD)
- Diane Smith (Assistant Director for Douglas County Early Childhood Council)
- Jon Surbeck (Manager, Emergency Preparedness & Disease Surveillance, DCHD)
- Laura Larson (Assistant Director for Community Health, DCHD)
- Skyler Sicard (Assistant Director for Environmental Health, DCHD)
- Andrea Farrow (Environmental Health Supervisor, DCHD)
- Chris Burnett (Quality Improvement Coordinator, DCHD)
- Juvaila Pavlicek (WIC Manager, DCHD)
- Rich Miura (Accounting Supervisor, DCHD)
- Kelly Caldwell (Maternal Child Health Coordinator DCHD)
- Mike Gobel (CEO AdventHealth Parker)
- Michelle Fuentes (CEO Castle Rock)
- Tricia Higgens, Bryan Trujillo, Keri Hissong, Matthew Mundall, Erin Day, Leeroy Coleman, Sarah Bixenman, Harmony Furlong, Andrea Catlett, Erica Beard, Jennifer Charles, Monica Kneusel (AdventHealth Parker & Castle Rock)
- Nikki Brooker and Savannah Becerril (You Are Not Alone - YANA)
- Kieth Dunner, Lisa Cardinal, and Katherine Willie (Douglas County Community Members)
- Tiffany Marsitto (Douglas County Health and Human Services)
- Laura-Elena Porras (Doctors Care)
- Christina Rimelspach (SecorCares)
- Nancy Falk (Meals on Wheels)
- Lonnie Martinez and Tim Baster (Reunion Rehab)

Planning Process

Review Data and Priority Areas from CHNA

1

Douglas County Health Department Leadership Team met to review the CHNA data and priority areas and select two priority areas to focus on for the PHIP. In addition, they selected strategy leads, for each priority area.

2

Identify Strategies

Once the two priority areas were identified, the strategy leads discussed goals, strategies, activities, and timelines for each priority area.

3

Review Draft PHIP

Douglas County Health Department Leadership Team met to review and refine the goals, strategies, activities, and timelines for each priority area.

4

Finalize PHIP

The final review was incorporated into the final PHIP to guide progress over the next 3 years.

Douglas County Data Snapshot

The data provided a high-level snapshot of relevant indicators on essential needs and on mental and behavioral health for adults and youth in Douglas County. See the corresponding CHNA Report for more information.

Essential Needs

The neighborhoods where people live have a considerable impact on health and well-being... [An] element of this social determinant of health is the built environment, including transportation...that can promote a higher quality of life. [1](#)

In the [Douglas County] community, 3.5% of the households do not have an available vehicle. [2](#)



Douglas County 2025 CHNA Organizational Interviews and Focus Group Data

Interviews with representatives from organizations and sectors in Douglas County were conducted to gain insight into how their work influences overall community health. Community focus groups were also held to gain a deeper understanding of how the CHNA focus areas impact community health.

Essential needs are the fundamental resources required for individuals and families to maintain stability and quality of life; including access to food, childcare, housing, and transportation.

Key Local Groups Impacted:

- People experiencing homelessness
- Individuals with low incomes
- Older adults



Participants shared the following challenges and barriers related to essential needs in the community:

- Limited transportation to access services

Participants mentioned several strategies to improve essential needs for individuals facing homelessness, poverty, and related barriers in Douglas County. These include advocating for increased funding to support organizations addressing basic needs and transportation...

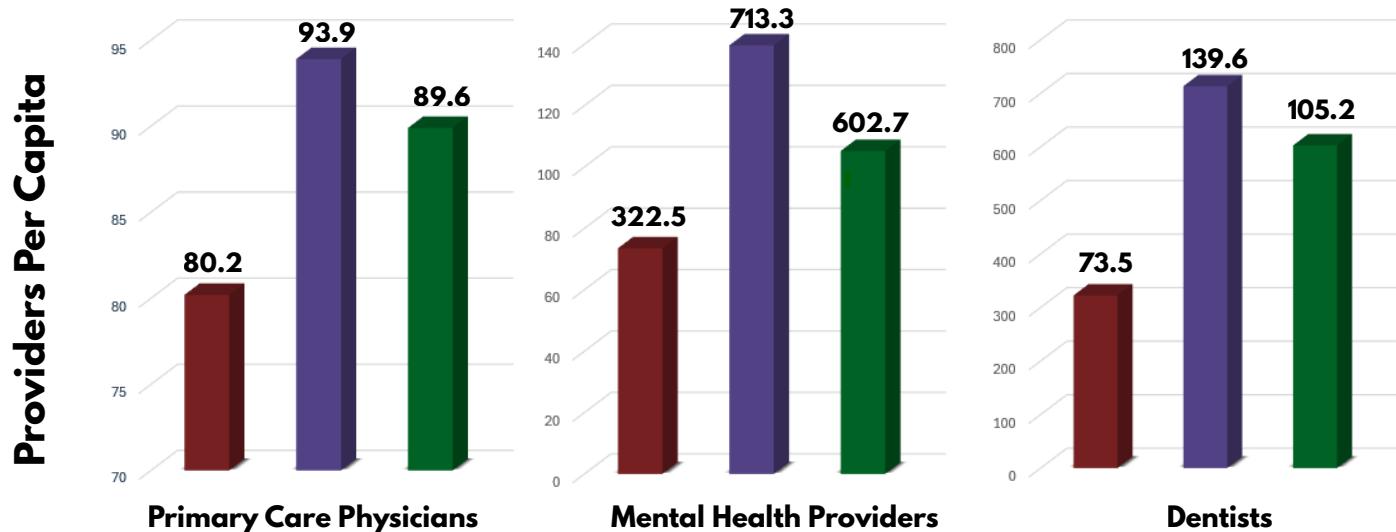
Participants also noted the importance of building relationships with local agencies... (and) increasing awareness of available resources... as critical to creating a more inclusive and responsive support system.



Mental Health

█ Hospitals' PSA
█ Colorado
█ United States

Available Health Care Providers

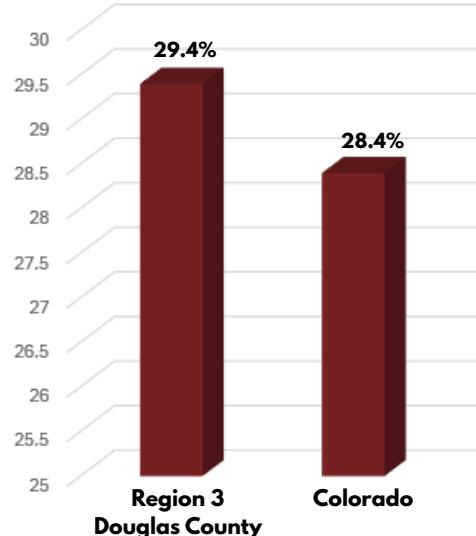


* Hospitals' PSA stands for AdventHealth Castle Rock and AdventHealth Parker Professional Services Agreement [3](#)

Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being. [4](#) When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community groups or others to build relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers, like language.

Percentage of students who most of the time or always had poor mental health during the past 30 days



Public Health Priorities

The Strategies and Activities outlined in this PHIP are aligned with the two goals that have been identified as the priorities for Douglas County. Each goal includes strategies associated with this goal, and activities that Douglas County Health Department can engage in to support achieving this goal in the long term. A proposed timeline is also included to help Douglas County Health Department prioritize activities that will support their long-term success.

The goals outlined in the 2025-2028 PHIP are as follows:



Goal 1: Essential Needs & Access to Care

Increase Community Awareness of Available Transportation Resources to Improve Access to Healthcare, Food, and Community Resources (Essential Needs)

Strategies

1. Enhance and diversify communication methods to reach the community effectively
2. Identify outreach strategies for priority populations
3. Strengthen partnerships and integration across systems
4. Monitor, evaluate, and adapt to address gaps



Goal 2: Mental Health

Strengthen and Integrate Peer-to-Peer Support Systems to Improve Mental Health and Well-Being Across the Community (Mental Health)

Strategies

1. Build and strengthen peer engagement networks
2. Expand communication and awareness of mental health resources
3. Develop and institutionalize a community mental health resource hub
4. Develop Outcome Measurements and Impact Goals



Goal 1: Essential Needs & Access to Care

Increase Community Awareness of Available Transportation Resources to Improve Access to Healthcare, Food, and Community Resources (Essential Needs)

Douglas County has a variety of transportation resources available to support residents' mobility and access to essential services. However, due to the county's broad geographic area, promoting and communicating information about these transportation options can be challenging. Below are strategies and corresponding activities designed to enhance community awareness and understanding of the transportation resources available locally.

Strategy	Year 1 Activities (2025-2026)	Year 2-3 Activities (2026-2028)
1 Enhance and diversify communication methods to reach the community effectively	<ul style="list-style-type: none">Develop and test a clear, multilingual one-pager summarizing Regional Transportation District (RTD), LINK on demand (free ride share program in Highlands Ranch and Lone Tree), and other transit options in Douglas County.Partner with County communications to design materials using accessible language and large print for older adults.Launch initial outreach visits by health educators to senior centers, food banks, and charitable organizations to distribute materials.	<ul style="list-style-type: none">Conduct annual awareness surveys with residents and service providers.Update and re-issue materials annually based on community feedback.Expand outreach to schools, churches, and employers with transit-dependent workers.Embed transportation resource info into provider discharge planning, social service intake, and county newsletters.
2 Identify outreach strategies for priority populations	<ul style="list-style-type: none">Identify community partners who can support outreach to populations of focus including older adults, people with English as a second language, and individuals who identify as Hispanic/Latino.	<ul style="list-style-type: none">Create custom outreach with resources/information these populations need including translated resources.Distribute resources through community partner channels.



Goal 1 Continued:

Essential Needs & Access to Care

Strategy	Year 1 Activities (2025-2026)	Year 2-3 Activities (2026-2028)
3 Strengthen partnerships and integration across systems	<ul style="list-style-type: none">Compile a comprehensive partner list (hospitals, older-adult serving organizations, food banks, churches, community centers) and develop formalized partnerships for coordinated communication.Engage community leaders and cultural liaisons for outreach to Latino and other underrepresented groups.	<ul style="list-style-type: none">Integrate transit information into hospital discharge and case-management systems.Support joint campaigns with the local hospitals highlighting success stories (e.g., "How I got to my doctor using Link on Demand").
4 Monitor, evaluate, and adapt to address gaps	<ul style="list-style-type: none">Develop a baseline awareness and access survey for residents served by medical providers and community-based organizations, including those partners outlined in this strategy.Create feedback loops with community partners to capture gaps in transit access or awareness.Document communication barriers identified during outreach (e.g., language, digital literacy).	<ul style="list-style-type: none">Use evaluation data to prioritize underserved zones (e.g., rural southern Douglas County).Partner with RTD on route expansion advocacy.Reassess community needs annually to evolve focus beyond transportation (e.g., essential-needs domains).



Goal 2: Mental Health

Strengthen and Integrate Peer-to-Peer Support Systems to Improve Mental Health and Well-Being Across the Community (Mental Health)

Douglas County has a strong foundation of mental health and suicide prevention efforts supported by numerous community partners. However, residents experiencing mental health or substance use challenges often face barriers connecting to available supports. This includes limited opportunities for peer support engagement from individuals with lived experience. The following strategies and activities aim to strengthen peer involvement, enhance awareness, and create sustainable pathways for connection, belonging, and access to behavioral health resources across Douglas County.

Strategy	Year 1 Activities (2025-2026)	Year 2-3 Activities (2026-2028)
1 Build and strengthen peer engagement networks	<ul style="list-style-type: none">Recruit and onboard individuals with lived experience (mental health & substance use) into suicide prevention and mental health subcommittees.Create regular opportunities for feedback from individuals with lived experience.Hold monthly coordination meetings with County Communications.	<ul style="list-style-type: none">Develop a Peer Navigation Program modeled on best practices in veteran, peer mentoring, and You Are Not Alone (YANA) programs.Create clear onboarding, training, and participation guidelines for peer members.Create regular feedback opportunities for peers to shape county initiatives.
2 Expand communication and awareness of mental health resources	<ul style="list-style-type: none">Partner with County Communications to launch a mental health awareness campaign.Integrate mental health and substance use messaging with feedback from individuals with lived experience.Highlight recovery and lived experience stories of substance use and suicide survivors and family to reduce stigma.	<ul style="list-style-type: none">Run annual focused campaigns for perinatal families, men, youth/transition-aged youth, veterans/first responders, and older adults.Integrate mental health communication into schools, workplaces, and community events.Use peer messengers and trusted local leaders to deliver information.



Goal 2 Continued:

Mental Health

Strategy	Year 1 Activities (2025-2026)	Year 2-3 Activities (2026-2028)
3 Develop and institutionalize a community mental health resource hub	<ul style="list-style-type: none">Identify categories of key resources (crisis lines, peer groups, treatment providers, suicide prevention, family supports).Map existing platforms ("Nobody's Perfect," through the National Association of Mental Illness Arapahoe/Douglas Counties (NAMI-ADCO), You Are Not Alone (YANA), OwnPath, and Colorado Access) to find partnership overlaps.Support the evolution and integration of mental health resources within the county's existing centralized resource hub.	<ul style="list-style-type: none">Maintain a digital resource hub through the county, updated quarterly.Integrate with hospital discharge systems and social service referrals.Connect to future Peer Navigation Program for seamless linkages
4 Develop Outcome Measurement and Impact Goals	<ul style="list-style-type: none">Establish baseline data on suicide rates, help-seeking behavior, and mental health service utilization.Identify key indicators to measure the impact of peer and community-based strategies.Collaborate with partners to align data collection methods.	<ul style="list-style-type: none">Track and analyze long-term outcomes such as reductions in suicide rates, emergency mental health crises, and unmet behavioral health needs.Evaluate peer program effectiveness using participant feedback and data dashboards.Develop and publish an annual Mental Health Outcomes Report.Evaluate utilization rates of the digital resource hub.

Conclusion & Next Steps



The Public Health Improvement Plan marks an important effort towards improving health in the Douglas County community over the next three years and beyond. With goals centered around improving access to essential needs and mental health for all members of the community, DCHD is committed to implementing activities that improve health in Douglas County. The implementation of this PHIP will continue to be guided through the ongoing work of DCHD in collaboration with community partners. The next steps required for successful implementation of this PHIP include reviewing the proposed timelines and making any adjustments to reflect a realistic process. From there, DCHD will identify community partners to support each goal area and begin conversations about implementing strategies.

The PHIP will be widely distributed to ensure accessibility and transparency with the community. The Plan will be made available on the DCHD website, shared through email distribution to community partners, presented to the Douglas County Board of Health for public review, and directly distributed to key partner organizations throughout Douglas County. This multi-channel approach ensures that residents, healthcare providers, community organizations, and other partners have access to the Plan and can engage in its implementation and ongoing evaluation.

DCHD will monitor and evaluate progress on this PHIP through systematic data collection, collaborative partnerships, and structured progress reviews. The next step in this process is the development of a comprehensive Strategic Plan that will establish specific, time-bound goals and implementation timelines for achieving the priorities outlined in this PHIP. Each goal area includes measurable objectives tracked through established community health indicators, partner reports, and surveillance data. Progress will be reviewed quarterly by the DCHD Leadership Team and summarized in annual public reports shared with the Douglas County Board of Health, community partners, and Douglas County residents. These evaluation findings will drive data-informed adjustments to strategies, resource allocation, and partnership initiatives, ensuring continuous improvement, transparency, and accountability throughout the 2025-2028 planning cycle and beyond.

References

1. Colorado Department of Public Health and Environment. (2025). Health equity strategic plan: Social determinants of health — Neighborhood and built environment. <https://cdphe.colorado.gov/SB21-181/social-determinants>
2. City-Data. (n.d.). *Douglas County, Colorado – detailed profile*. Data compiled from the U.S. Census Bureau's American Community Survey. https://www.city-data.com/county/Douglas_County-CO.html
3. Metopio. (n.d.). *Health care provider per-capita indicators* (using data from the Health Resources and Services Administration's Area Health Resources Files and the Centers for Medicare & Medicaid Services' National Plan and Provider Enumeration System). https://download.cms.gov/nppes/NPI_Files.html
4. Office of Disease Prevention and Health Promotion. (n.d.). *Social and community context — Healthy People 2030*. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context->
5. Healthy Kids Colorado Survey. (2023). *Healthy Kids Colorado Survey results*. Colorado Department of Public Health and Environment. <https://cdphe.colorado.gov/hkcs>
6. U.S. Census Bureau. (2024). *American Community Survey 2019–2023 5-year estimates: Table S1601 — Language spoken at home*. U.S. Department of Commerce. <https://data.census.gov>

For More Information projects@omni.org

Acknowledgements

Omni Institute would like to thank the members of Douglas County Health Department Leadership Team, and Douglas County Health Department's Board of Health who contributed their time and expertise to this report by sharing their insights on key health concerns and assets through facilitated meetings and emails.

Suggested Citation

Omni Institute (2025). Douglas County Public Health Improvement Plan. Submitted to Douglas County Health Department, Douglas County, Colorado.