

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Online/Telephonic Meeting March 14, 2022

BOH Members: President Gregg Thomas; Vice President Morgan McMillan; Board Members Landrey Fagan, M.D., Brooke Harrison, Ph.D., and Lindy Hinman.

BCPH Staff: Executive Director Camille Rodriguez; Deputy Director Lexi Nolen, Ph.D., MPH; Chief Medical Officer Michelle Haas, M.D.; Environmental Health Division Manager Joe Malinowski; Consumer Protection Program Coordinator Lane Drager; Community Health Division Manager and K-12/ECE (Early Child Care Education) Liaison Heather Crate; GENESIS Program Coordinator Mary Faltynski; COVID-19 Data Epidemiologist Steffie Goodman, Ph.D.; Communicable Disease Program Manager Carol Helwig; Air Quality Program & Healthy Home Coordinator Bill Hayes; and Interim BOH Liaison Rita Mangeyn.

Boulder County Staff: Board of County Commissions (BOCC) Lead Policy Analyst Mark Ruzzin; Air and Climate Policy Advisor Cindy Copeland; and Senior Assistant County Attorney Erica Rogers.

Meeting Called to Order.

President Thomas called the meeting to order at 5:31 p.m. and asked all participants to identify themselves for the record (see above). He declared that a quorum was present, that notice of the meeting was posted on the Board of Health website, and that call-in information was included to allow for public participation. Due to COVID-19, the need for social distancing, and the current public health order, President Thomas said the meeting was being conducted online and telephonically.

ITEM 1. Public Comments (on unscheduled agenda items).

None.

ITEM 2. Approval of February 14, 2022, Regular Board of Health Meeting Minutes.

Vice President McMillan made a motion, which was seconded by Board Member Harrison, to approve the February 14, 2022 Regular Board of Health minutes. With all Board Members present voting in favor of the motion, President Thomas declared the motion unanimously carried.

ITEM 3. 2022 Legislative Update and Approval of 2022 Legislative Agenda.

Consumer Protection Program Coordinator and CALPHO (Colorado Association of Local Public Health Officials) Policy Committee Co-Chair Lane Drager along with the policy team gave an overview of the legislative efforts and the collaboration underway with the Boulder County's Board of County Commissioner's (BOCC) office and CALPHO. He explained that the policy team is seeking the Board's approval of the recommended 2022 Legislative Agenda that the BOCC has already adopted. Mr. Drager then introduced BOCC Lead Policy Analyst Mark Ruzzin to give an overview of the policy priority efforts. The BOCC Policy team also includes Air and Climate Policy Advisor Cindy Copeland joining tonight and Policy Analyst Summer Laws who regrettably was unable to present at the meeting due to an unforeseen conflict. Mr. Ruzzin noted the strong collaborative working relationship the BOCC Policy team has with BCPH staff on legislative and other priority areas.

Mr. Ruzzin gave some background on the Colorado General Assembly that convened on January 12 and will meet through early May. There are 100 members and eight of them represent Boulder County. The county adopts a set of priorities annually. The Policy team collaborates broadly across Boulder County teams that include BCPH, the Health & Human Service Policy Committee comprised of BCPH, Housing and Human

Services, and Community Services. The Health & Human Service Policy Committee was formed in order to advocate for priorities across the agencies; closely track legislation that impacts these departments allowing for subject matter expertise; and ensuring the county's voice is well represented at the state level. Mr. Ruzzin also noted other organizations that he and his team closely partner with. These organizations are CALPHO, CCAT (Counties and Commissioners Acting Together), CHSDA (Colorado Human Services Directors Association), and CC4CA (Colorado Communities For Climate Action).

Mr. Ruzzin and Air and Climate Policy Advisor Cindy Copeland outlined some of the county legislative and budget priorities that the BOCC has identified for 2022. He highlighted the legislation around behavioral and mental health including health care access, healthcare affordability, mental healthcare access, and substance abuse treatment access.

Air and Climate Policy Advisor Cindy Copeland spoke to the priorities areas for environmental legislation. This includes ongoing ozone non-attainment in the Denver metro area and the need for greenhouse gas emission reduction. She said that several bills are being tracked that speak directly to the climate crisis to address the much needed near term emission reductions.

Mr. Ruzzin then spoke to wildfire resiliency which has been a county priority for many years. Work is ongoing on additional funding for wildfire mitigation and improvements for fighting wildfires. The team is currently supporting Colorado (CO) House Bill (HB) 1111 which provides reforms and new coverage requirements for property and casualty insurance coverage in the event of home loss in a declared fire disaster.

On the budget side, the team spends a significant amount of time lobbying the state budget. Mr. Ruzzin noted that this is a yearly process beginning with budget development in the summer and ending the following spring with budget bill adoption. He added that there is support being planned for disaster recovery and resiliency funding.

Ms. Copeland noted that Colorado Governor Jared Polis requested one-time general fund investments of \$424MM for environmental efforts around transportation system improvements, funding for electric school buses, decarbonizing the industrial and aviation sectors, and additional resources for CDPHE (Colorado Public Health and Environment) such as increased air monitoring and increased funding for air permitting staffing. Ms. Copeland added that these budget proposals are necessary steps for air quality improvement and reduction of greenhouse gas emissions. The budget request for this Air Quality Transformation is currently being debated in the joint budget committee so the final investment funding amount is not yet known. Mr. Ruzzin noted that the county administration funding line supports human services programming in the county and in particular ensures that there is enough funding to support the county child welfare system which is a high priority.

Mr. Drager spoke to CALPHO's 2022 primary policy priorities which include local public health funding, authority, infrastructure; local partnership and connection; and state public health infrastructure. He also noted the strategic policy priorities such as access to and linkage with health coverage and health care services; climate change; behavioral health; health and environmental equity, and social determinants of health. Mr. Drager noted that there are instances where bills would need to be stopped from passing such as CO HB 1238 which aims to add additional layers of oversight for disasters and move primary oversight authority from local Boards of Health to other authoritative bodies such as the County Commissioners which can further complicate efforts. CALPHO will assist in testifying against this bill.

Community Health Division Manager Heather Crate who is also on the CALPHO policy committee addressed the 2022 public health specific priorities such as family planning; issues around immunizations; oil and gas; access to health care; mental health; health equity; and food safety. The priorities span a wide range of areas and align with the work that BCPH is directly involved in. Heather Crate noted that BCPH staff works in partnership with Policy Analyst Summer Laws to develop talking points, identify different legislators to reach

out to at the state level; and work to submit written testimony. BCPH staff are also sometimes asked and called on to testify at the state legislature such as with CO HB 1279 regarding reproductive health equity and CO HB 1064 pertaining to the tobacco flavor ban. These efforts have direct impacts on the community centric work that both Community Health and Family Health Divisions provide at BCPH. The partnership that BCPH enjoys with the county offices and CALPHO allows for robust input to the state that has significant impact at the local level.

- Vice President McMillan noted the thoroughness of the priority areas and having the legislative principles. She then asked how the Board can strengthen its support for the policy team and its efforts at the state level. Lane Drager recognized that having a supportive BOH that is willing to even entertain this agenda item is already a significant act and it is unique across Colorado. He said that there are opportunities to make impactful testimony with personal stories from community members in the Board's networks who are impacted by the various priority areas brought forth at the state level. Personal stories are a compelling way to support the policy team's efforts and the Board will be made aware of what is on the horizon so testimony can be prepared.
- Board Member Harrison said that it will be good for the policy team to keep the Board apprised of the policy team activities taking place during a legislative session especially around the bills that directly impact BCPH. She then asked about potential bills that involve the non-compete contracts around mental health county providers and if BCPH would not take a stance on them due to potential conflict of interest. Lane Drager said that CALPHO may actually take a stance around this and not see a conflict. Mark Ruzzin said it is important to keep an eye on how the system is functioning and that it is working well. He added that the county's Housing and Human Services department is watching this area closely and the role the nonprofit partners play in delivering services to the county residents. He added that the policy team will plan to stay in touch as the related bills are brought forward. There will be ways to engage and involve the Board's perspectives at the state level which Mr. Ruzzin will share at a later time.
- President Thomas referred to the earlier figure (\$424MM) pertaining to the Governor Polis' one-time investment request and asked if it is only for infrastructure studies and not for staffing resources and staff development. Cindy Copeland said that \$52MM of it is for the air monitoring portion and increased staffing. Funding for electric buses could account for approximately \$100MM of the sum but it may prove to be too high a figure to get final approval on unfortunately.
- President Thomas also asked about the legislative updates and if they can be included in the Director's Report or use some other mechanism to share with the Board. Lane Drager said that legislation information documents that are available on a weekly basis can be shared with the Board.
- Board Member Harrison asked about the policy statements and if they are provided to the Board as for information only or do they require some input especially for ones that can be potentially controversial; the Board may choose to also hear from the community members that may be impacted by the legislation. Lane Drager said that staff definitely seeks to hear from the Board if there are any concerns with adopting agenda items as written. The policy statements are in line with the County Commissioners and are used to cover the subject matter areas that public health is concerned with rather than political "hot button" issues. The statements cover foundational public health issues where advocacy for and/or strengthening is important.
- Board Member Harrison gave an example of a potential "hot button" item such as implementing harm reduction (i.e. safe injection sites) legislation and that it would be good to have a discussion beforehand given its potential controversy in the community. Lane Drager has not seen this particular area introduced but if it is brought forth, staff would work with Executive Director Rodriguez on the best approach and course of action if BCPH were to become involved.

President Thomas thanked the Policy team for their presentation and their ongoing efforts at the state level.

Board Member Fagan made a motion, which was seconded by Board Member Harrison, to approve the 2022 Legislative Agenda. With all Board Members present voting in favor of the motion, President

Thomas declared the motion unanimously carried.

ITEM 4. Update on the GENESIS Program Accreditation.

Executive Director Rodriguez thanked Community Health Division Manager Crate for bringing this topic before the Board and then introduced GENESIS Program Coordinator Mary Faltynski to present it. Mary Faltynski began by giving a brief overview of her background and experience as a public health nurse who holds a Nursing degree from Johns Hopkins University and a master's degree from University of California, Berkeley. She began her career in home visiting policy with the federal Department of Housing and Human Services and has worked on home visiting programs in Maryland, California, and Colorado.

GENESIS Program Coordinator Faltynski addressed the plan for the BCPH GENESIS Program to become fully accredited by *Healthy Families America (HFA)* by first giving some background on the GENESIS Program which began in 1990 to meet the needs of the growing teen parent population. During that time, teen pregnancy rates were very high across the country and health and human services departments sought ways to address this issue. BCPH created a homegrown program that matched teen parents with former teen parents in a mentoring relationship that entailed one on one home visits. Fast forward to the present time and the GENESIS Program continues to serve the teen parent community in Boulder County. Mary Faltynski noted that half of the GENESIS staff is not college-degreed, but the program makes room for paraprofessionals to be trained on the job and work successfully in this capacity.

While teen pregnancy rates have fallen dramatically, there is still a need that exists in the community. Ms. Faltynski cited that the GENESIS Program served 237 families/445 clients in 2021. The clients mostly reside in Boulder, Lafayette, and Longmont. The program is specifically targeted to teens and uses a peer support model with GENESIS staff who are experts in working with youth. Staff members are also bicultural/bilingual and serve a teen population that is 60-65% Hispanic with up to 50% of the clients speak some Spanish at home.

In addition to the home visiting component, the program also includes prosocial group opportunities for clients to meet with one another for various activities such as outings to the pumpkin patch, the museum, and the library. This provides teen clients a social outlet since isolation is an issue for parenting teens. Another component of the program is to provide tangible supports to clients who struggle financially. These supports include diapers, car seats, and children's books.

Ms. Faltynski then spoke to the *HFA* accreditation requirements. She explained that the program must comply with 153 program standards; provide high intensity service; staff members have to have 1.5 hours of supervision per week and conduct a monthly review of clients. The accreditation process takes two years. The process includes training; alignment of data collection and data systems; caseload balancing; exploration of new funding opportunities; and participation in the UHV (Universal Home Visitation) launch. Mary Faltynski explained that having *HFA* accreditation will help the county meets its UHV efforts in a number of ways. It will support a range of high quality programming; ensure that referral agencies have the resources when needs are identified; and focus on family goals so families have choice in programming. Ms. Faltynski added that the services are always voluntary and teen parents can choose not to participate in the GENESIS Program if they wish.

- Board Member Fagan said that based on her experience with *HFA*, they are a great partner.
- Board Member Harrison agreed about the *HFA* partnership upside but asked if there are any potential drawbacks to having this affiliation such as limiting flexibility. Ms. Faltynski said that there is tremendous amount of work involved to receive accreditation and some particularities to work out, but she is confident that the program can meet all of the necessary requirements as outlined above.
- President Thomas asked if there is periodic reaccreditation required. Ms. Faltynski said that there is a three to four year reaccreditation process. She added that the initial accreditation process is the most rigorous.

President Thomas thanked Ms. Faltynski for her presentation.

ITEM 5. COVID-19 Update.

Executive Director Rodriguez introduced COVID-19 Data Epidemiologist Dr. Steffie Goodman along with Community Health Division Manager and K-12/ECE Liaison Heather Crate, and Communicable Disease Program Manager Carol Helwig to present an update on COVID-19.

Dr. Goodman began by addressing the current surveillance data. She noted the following data points:

- Seven-day cumulative case rate is 63.3 cases per 100,000.
- Case trends among age groups in the last seven days show rates declining for most age groups though some slight increases seen in ages 12-17, 55-64; and highest among ages 23-44.
- Hospitalizations decreased in the county, the North Central Region and the state; 19% decrease in the North Central Region and 25% decrease in the state.
- Boulder County has seven hospitalized patients; and limited bed availability mostly for delayed medical needs that are not necessarily related to COVID-19.
- North Central Region reporting tight staffing for 45% of hospitals.
- No new deaths reported; 126 since May 2021, 383 total deaths in the county. Average age of deaths is 72 for unvaccinated and 83 for vaccinated people.
- Seven-day average positivity rate in the county is 4.4%, the leveling off is due to the decreased number of tests being conducted. North Central Region's positivity rate is 3.5% and state's is 3%.
- Vaccinations for the total county population that received the full course is close to 70% and 39% have received a booster.
- There are 551 county residents who have received their first dose this past week; average of 126 doses administered a day.
- State data show that those who are boosted are twice less likely to become infected with the virus; nine times less likely to be hospitalized; and 15 less likely to die.
- State modeling data show that 90% of Colorado residents are immune against the omicron variant with the caution that uncertainties exist with waning immunity from infection as well as vaccines, new variants, and future vaccine doses. Monitoring and preparation for the future are important.

Dr. Goodman noted that the CDC (Centers for Disease Control and Prevention) has transitioned from tracking transmission levels to tracking community levels using high/medium/low measurements which are based on case numbers, hospital beds in use, and hospital admissions. She noted that the Boulder County community level is currently in low. This means that rates of severe illness, hospitalizations, deaths, and stress on the healthcare systems are low; but COVID-19 cases are still being seen in the community. She explained that community levels are low due to the fully vaccinated population staying up to date on booster doses; the availability of therapeutics; and the recent widespread infection.

Dr. Goodman addressed the way the community levels are calculated which is to look at numbers of cases per 100,000; hospitalization admissions; and staffed inpatient beds. She explained that the Boulder County community transmission is low because according to the CDC metrics in place, there are fewer than 200 cases per 100,000; less than 10 new hospital admissions; and less than 10% of staffed inpatient bed availability. She then showed a slide that spoke to the CDC guidance changes according to each community transmission level. Most of Colorado is in low community levels including the surrounding metro communities.

Dr. Goodman addressed how the CDC arrived at this new measurement and how it compares and tracks with transmission levels. She went through several slides starting with the 2020-2021 winter season. At that time, data showed that in the U.S. northeast transmission levels were highest and mixed throughout the county with hospital systems in the northeast showing some strain. The onset of delta revealed that in the south there was high community transmission with community level in the severe zone impacting the healthcare systems. Community transmission in the northeast was moderate with less strain on the healthcare systems during delta. At its peak, severe transmission was seen all across the country and aligned with community levels for the

healthcare systems. After delta, there was improvement seen in community transmission levels in the south and strain on healthcare systems was lessened. In the west, significant impacts were seen on the healthcare systems. During the omicron surge, the U.S. saw impacts of high case numbers and showed significant strain on the healthcare system. This illustrated how well the new community levels are tracking with what is occurring.

Community Health Division Manager Crate addressed the current K-12 and ECE (Early Childcare and Education) recommendations. BCPH is now referring schools and ECEs to CDPHE guidance for mitigation efforts and how to handle positive cases. These school settings are still required to report positive cases to BCPH. Staff is working with the school/ECE partners to establish routine communicable disease responses to return to the case investigation/contact tracing model. Heather Crate and the team are also working with schools to send notifications to parents of known exposures in classrooms or cohorts but are not requiring routine quarantines of cohorts. Strong recommendations are given to have additional mitigation if case spread is detected. There is continued partnership with school health services staff and school leadership.

Heather Crate discussed school outbreaks (OBs) that were reported in the media. They explained that during the omicron surge, there were several schools that experienced OBs according to CDPHE's definition which is five cases within a two-week time period in a school building. Since this is a low threshold, many schools fell under this definition especially when there was already significant community spread occurring. As a result, there were over 90 OBs that were recorded in January/February of this year, but due to data lags the OBs were not identified until later. Heather Crate said that this is not indicative of what is currently happening, and that no additional mitigation is advised for retroactively reported OBs. They added that for the OBs to be closed, the setting has to go without a single case for 28 days. Most of the ECE OBs are likely qualifying to be closed on Wednesday which is when CDPHE looks at OB data. All of this has posed some communication challenges, but staff is working with the school partners on letters to parents to explain this ongoing situation.

- Vice President McMillan asked if the spread that was occurring in classrooms/ECEs was due to classroom spread or community spread. Heather Crate said that the spread was mirroring the community spread at the time, so it was not necessarily tied to just classroom spread.

Heather Crate gave kudos to the Epidemiology staff and school partners for working together to report and track all of the cases during the omicron surge.

They then addressed some data points noting that cases in the K-5 settings remain the highest currently since about 50% of children in K-5 are not yet vaccinated. Case rates in the school settings overall remain much lower than during the omicron peak.

The focus for K-12 and ECEs is to transition from response to recovery. Vaccination rates are plateauing for pediatric age groups (e.g. ages 5+). The positivity rate at COVID-19 check sites is showing record lows at .1% from a high of 19%. Work is being done to reset and refresh overall routine communicable disease follow-up practices. With mask removal, some diseases such as RSV (Respiratory Syncytial Virus) and pertussis that were mitigated earlier with COVID-19 efforts are being seen more, so staff is working with school settings on mitigation plans. Heather Crate added that in speaking with school partners, the removal of masks has not led to a lot of the bullying or other concerns in school settings as was the concern earlier.

Communicable Disease Program Manager Carol Helwig gave an update on the recovery and contingency planning work on behalf of Emergency Management Coordinator Chris Campbell who was unable to attend the BOH meeting.

The community testing and vaccination sites are being demobilized with the Longmont fairgrounds vaccine site ending its operations on March 20 and the fairgrounds community testing site ending its operations on March 31. The Stazio site in Boulder and the Nederland testing site will remain open until at least through April; the Stazio site is one of the busiest testing sites in the state. Staff is working with CDPHE to continue to provide

access to rapid antigen testing to community based partners. There is also contingency planning for a potential fall surge in alignment with the state roadmap and planning for staffing resources, as needed.

Vaccine equity remains a priority focus area and staff continues to meet with youth ages 12 to 29 to co-create strategy around vaccine education as well as connecting with BIPOC (Black, Indigenous, People of Color) and other priority populations. Staff has a plan in place for the EUA (Emergency Use Authorization) for under the age five group; and BCPH clinics continue.

Carol Helwig addressed the recovery planning and said that staff is working with state and local partners to establish routine responses for communicable diseases such as evaluating surveillance update cadence. This could mean changing the frequency of sending communications from biweekly to weekly for certain partners when moderate transmission levels are reached. BCPH is ready to ramp efforts back up if shifts in conditions occur; and planning for potential surges is ongoing. Staff is currently engaging in action planning, staff resourcing, and evaluating objectives to make sure the diseases can be managed going forward.

Ms. Helwig lastly shared information about the [free mask initiative](https://covid19.colorado.gov/freemasks) for community partners and website (<https://covid19.colorado.gov/freemasks>) that lists the current providers and provides details on the initiative.

President Thomas was pleased to hear about the contingency plans and appreciates all of the monumental efforts of staff.

ITEM 6. Marshall and Middle Fork Fires Situational Awareness and BCPH Response

Environmental Health (EH) Division Manager Joe Malinowski began by thanking the Air Quality, Healthy Homes, and Water Quality teams for their work on the response and recovery including addressing public concerns and answering questions from the community. He also thanked the Communications team particularly Communications Specialist Shawn Hollister who has worked to bring recovery information to the community.

Joe Malinowski said that the presentation will focus on the work currently underway around soil testing, outdoor air, health home, water/stormwater, and communicating post fire hazard mitigation/cleanup guidance.

Air Quality Program & Healthy Home Coordinator Bill Hayes addressed the soil and surface testing. BCPH has partnered with *Environmental Restoration* to test soil at 26 locations including 20 within the burn area and six outside of the burn area to provide background levels.

Bill Hayes explained that the 26 locations that were tested involved four different sampling depths of 0-3", 3-6", 6-9", and 9-12". The samples submitted were from the 0-3" and 3-6" depths, but should the results indicate contamination, the additional depths will be submitted. The work was divided in this way to save on costs. The samples were tested for asbestos and heavy metals and the results should be available in the next week.

The team is also coordinating with the Town of Superior and BVSD (Boulder Valley School District) on a surface sampling effort. In Superior, eight public playgrounds in the burn area were tested for ash, soot, and char. If there are significant hazards present after the results are returned, additional testing will be conducted. Mr. Hayes noted that in the Town of Superior, visible ash accumulation was seen at Founders Park so additional sampling may be needed. For BVSD and the eight schools in the burn area, none have showed visible ash accumulation so only a surface scrape was completed, and those results should be available later in the week. The team hopes to provide more guidance to the public after all of the results are evaluated. .

Bill Hayes noted that Communications Specialist Hollister developed a flow chart on determining risk levels while gardening in areas affected by the Marshall Fire in an effort to answer the public's concerns about soil hazards. Staff is also working on a plan with CSU (Colorado State University) to collect gardening soil samples to determine if any hazards are present.

For outdoor air quality, VOC (volatile organic compound) levels are remaining low and dissipating according to additional evaluations conducted by NOAA (National Oceanic and Atmospheric Administration) and CDPHE. After debris removal commences, more evaluations will be conducted if the levels begin to change. Particulate levels are the long-term concern. With the winter weather and snow holding the matter down, drier, windier, and warmer air as well as debris removal efforts could disturb the matter and raise airborne particulate levels.

Mr. Hayes was happy to report that in addition to the six monitors already in place, 20 additional air monitors arrived recently to be installed in the burn area. The data collected from these monitors will soon be available on an online platform in partnership with DDPHE's (Denver Department of Public Health and Environment) *Love My Air* site. In addition, public protocol alerts are being developed and public messaging on air quality safety is ongoing.

For indoor air quality, VOCs are continuing to dissipate. The team is partnering with CU (University of Colorado, Boulder) researchers to study the indoor levels in several homes in the burn area and categorizing the VOCs as well as studying homes outside of the burn area to have baseline information to compare the data. Different filtration methods inside homes are being used to decrease the VOC levels and provide updated guidance to the public.

BCPH recently hired a part-time Certified Industrial Hygienist, Mike Richen, who previously retired from the agency in 2017. Mr. Richen will not only be on board to answer the public's questions, but his expertise and compassionate approach will also help homeowners navigate the system (i.e. insurance and remediation companies) as they return to their homes.

Mr. Malinowski addressed the water quality work and gave kudos to Scott Coulson, the Stormwater Program Administrator for the County, who has done an excellent job coordinating with Public Works to stabilize the waste on the burn site. Joe Malinowski noted that efforts around hydro mulching, which is used to prevent water and wind mobilization, are proving to be logistically challenging with some private properties, but approximately 690 destroyed residential structures have already received the hydro mulching application.

Ongoing communications efforts around outdoor air have included air quality updates, notices, Parks & Open Space recreation precautions; healthy home information on well water precautions and testing, gardening guidance, information on selecting contractors, and ash/soot cleanup. Mr. Hollister developed an additional flow chart to help homeowners assess fire damage to their private water wells and provide water testing guidance.

- President Thomas asked about the timeline on sampling work and debris cleanup. Joe Malinowski said that samples were being collected but the debris cleanup was delayed due to some earlier contract issues which have been resolved. He anticipates the work to be completed by the end of July. The rebuilding will take some time, but there is some fast tracking for some of the building planning processes to allow homeowners to navigate the rebuilding process more quickly. Bill Hayes added that the air quality monitors that were deployed in the burn area are leased and BCPH pays for the data processing. The plan is to return the monitors at the end of the subscription period. BCPH is also purchasing 30 *PurpleAir* monitors to continue monitoring the air quality amid the debris cleanup efforts.

President Thomas thanked the EH team for their continued work.

ITEM 7. Director's Report

- Board Member Harrison asked to clarify some data on the immunization table about the flu vaccinations and if the county is lagging far behind on them as compared to previous years. Carol Helwig said that she did not have the data in front of her but will follow up with an answer.
- Board Member Harrison asked about the Works program and when it tallies the referrals what does "referrals" pertain to. Carol Helwig said that referrals includes treatments, case management, and

food/housing support, and a variety of other services in the community.

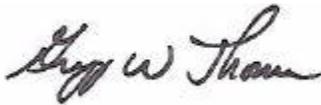
- Board Member Hinman wanted to know a bit more about the Valmont power plant closure and the reason for the meeting in March with Xcel Energy. Joe Malinowski said that the plant was decommissioned and is no longer providing power, but it is still burning coal. There is a large coal ash pile and the meeting will discuss the beneficial use for it such as mixing it with concrete materials. The group will also discuss air quality issues and address the offsite ground water contamination that was identified after testing the private wells on homes north of the site. These homes are being provided with bottled water in the meantime.

ITEM 8. Old & New Business / Announcements.

President Thomas inquired about when the BOH meeting can return to in-person sessions and what legal steps, if any, would need to occur before returning to in-person. Executive Director Rodriguez said that she and her team are actively working on a return to in-person plan that will include hybrid capabilities. The challenges include space supply and demand, and the need for conference rooms to have hybrid meeting capabilities, but she hopes to resolve these issues in the next month or two. Senior Assistant Attorney Erica Rogers added that she will consult the BOH Bylaws to ensure in-person meetings will be procedurally correct and follow up with a confirmation.

ITEM 9. Adjournment.

President Thomas announced an adjournment into Executive Session Pursuant to Colorado Revised Statutes §24-6-402(4)(f), for Personnel Matters To Develop a Staff Feedback Survey as Part of the Boulder County Public Health Executive Director Performance Review; and declared the regular meeting adjourned at 7:37 p.m.



Gregg Thomas, President



Camille Rodriguez, Executive Director