

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Online/Telephonic Meeting September 12, 2022

BOH Members:

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

BCPH Staff:

Interim-Executive Director, Lexi Nolen; *Director of the Strategic Initiatives Branch*, Kelli Hintch;
Director of Administration and Finance, Katherine Palmer; *Community Health Division Manager*,
Heather Crate; *Family Health Division Manager*, Daphne McCabe; *Communicable Disease and
Emergency Management Division Manager*, Indira Gujral; *Environmental Health Division
Manager*, Joe Malinowski; *Health Planning and Evaluation Program Manager*, Elise Waln;
Business Operations Coordinator; Jorden Thomas.

Boulder County Staff:

Senior Assistant County Attorney, Kate Haywood.

Members of the Public:

Ryan Scott.

Meeting Called to Order.

President Thomas called the meeting to order at 5:33 p.m. and asked all participants to identify themselves for the record (see above). He declared that a quorum was present, that notice of this meeting was posted on the Board of Health website, and that the call-in information was included to allow for public participation. This meeting was held in hybrid-fashion with members of the board and staff meeting in-person and members of the public attending online to test the hybrid-capabilities of the on-site meeting space.

ITEM 1. Public Comments.

Member of the public expressed concerns for BCPH's response to COVID-19 and commended BCPH's transition to hybrid-meetings.

ITEM 2. Approval of Meeting Minutes.

Board Member Fagan made a motion, which was seconded by Vice President McMillan, to approve the August 8, 2022, Regular Meeting Minutes. With all Board Members present in favor of the motion, President Thomas declared the motion unanimously carried.

ITEM 3. Strategic Planning.

Interim-Executive Director Nolen introduced Kelli Hintch, *Director of Strategic Initiatives Branch*, and Elise Waln, *Health Planning and Evaluation Program Manager*, to provide an update on the current (2017-2022) and future (2023-2027) strategic planning process for Boulder County Public Health. The purpose of the presentation was to provide an overview of the framework that the strategic planning process will utilize and to give space for the board to offer initial feedback.

The current strategic plan for BCPH (2017-2022) has priorities of: Mental Health, Stewardship, Transparency, Sustainability, Health Equity, and Climate Action. Work in each of these priority spaces was completed prior to the pandemic, and while work had to be shifted during the pandemic, teams were able to still provide services in each of the priority areas. In order to close the current strategic plan, the team will collect data and information to provide updates to the community on the progression of these priorities.

Internal conversations are ongoing to determine the steps needed to begin the work on the upcoming 2023-2027 strategic plan. The team contracted with a third-party consulting firm, OMNI, to provide the logistical support to these initiatives. In 2021, Mental and Behavioral Health (MBH) was identified as a priority for Boulder County as a whole and for BCPH through a county-funded ARPA community engagement process and will continue to be the focus of the strategic plan and the Public Health Improvement Plan (PHIP). This work will continue due to the strains that COVID-19 has placed on the community.

- Vice President McMillan asked if OMNI completed the last strategic plan for BCPH?
 - Kelli noted that the last strategic plan was completed internally by BCPH staff.

There are two pillars to the future strategic plan: Organizational Development and Community Impact. The Organizational Development pillar acts as an internal-facing plan for BCPH that is mirrored within the Roadmap that Interim-Executive Director Nolen presented previously. Key priorities are supporting BCPH staff, rebuilding systems, and developing a shared agency vision. The Community Impact pillar is the external community-facing plan that will guide programmatic work. Key priorities in this space include the MHB priority as set by the community, and others that will be determined throughout the Community Health Profile and conversations with community members. These two pillars are then supported by Foundational Priorities that are imbedded within each of the internal and external plans. Examples of these priorities are community engagement, power sharing, and health and racial equity. Metrics will be collected in each of these spaces.

- President Thomas asked if the 2017-2022 strategic plan was also completed in tandem with the Community Health Profile, Community Health Assessment, and Public Health Improvement Plan, and if the plans are generally updated every 5 years?
 - Kelli confirmed and noted that BCPH is statutorily required to complete the Community Health Assessment every 5 years. For the current strategic plan (2017-2022), BCPH gathered community feedback to direct the priorities, but for the future plan (2022-2027), MBH will be the focus and other priorities will be collected through the Community Health Assessment process and community engagement.
- Vice President McMillan asked for more information regarding the data collection and how it will be used to select priorities.
 - Kelli noted that there are two facets to this data collection and how it will be utilized. The first are to find other priorities that the community identifies in addition to MBH, and the second is to do a “deep-dive” into MBH specifically. This closer look at the MBH space of Boulder County will help to identify community members that are impacted the most, and to allow for programmatic shifts to address these needs. Once the additional priorities are selected, they will then be embedded within the entire agency and not just one program.
- President Thomas noted that the community continues to experience traumatic events such as COVID-19, the Marshall Fire, etc. and will be interested to see if the community engagement provides the same connections.
 - Kelli agreed and noted that Boulder County has an ARPA team that is focusing on MBH as a county strategic priority, and the goal for the BCPH team will be to find the space where public health fits into the larger county plan and how to increase this as a coordinated strategy.

ITEM 4. Community Health and Youth Voice.

Interim-Executive Director Nolen introduced Heather Crate, *Community Health Division Manager*, to present the way that the Community Health Division engages community voice, particularly of youth. Heather first presented the [Community Engagement Spectrum](#) provided by the CDC that ranges from Outreach to Shared Leadership. There are many programs within BCPH that act upon this continuum, and there is an increased motivation to progress programs toward the Shared Leadership domain.

In 2016, the Community Health Division began hiring youth advisors between the ages of 15 and 20. These youth are hired through the same process as regular county staff and are paid hourly based on the livable wage that is set by the Boulder County Board of County Commissioners. This group of youth are able to provide input and perspectives on all of the youth-facing programs within BCPH. Youth are involved in the Community Substance Abuse Prevention (CSAP) program,

Opening and Affirming Sexual Orientation and gender identity Support (OASOS), GENERATIONS, Immunizations, and the Tobacco Education Prevention Partnership (TEPP) program.

- President Thomas asked if the same youth advisor model was used in the Sugar Sweetened Beverages group in Lafayette or Louisville?
 - Heather noted that the program was similar in that the youth were involved in the project and received a stipend, but the program at BCPH hires the youth as staff employees.

Heather continued that through working with the youth, the agency has been able to learn how to better recruit youth through providing informational sessions on the programs and application process so that youth are empowered to apply. Further, in order to accommodate school schedules, programs that utilize youth advisors alter their work time to be more flexible so that youth are able to regularly attend meetings and workgroups.

- Vice President McMillan thanked Heather for the presentation and questioned whether or not it would be possible for the Board of Health to have a youth representative, while recognizing the statutory requirements as set by the state.
 - Heather noted that this has been discussed in previous years and is open to continuing this opportunity.

ITEM 5. Family Connects and the 4th Trimester Nurse Home Visit.

Interim-Executive Director Nolen provided that the Family Connects service is the culmination of several years of work with local hospitals that was started under the previous BCPH Executive Director Jeff Zayach, and introduced Daphne McCabe, *Family Health Division Manager*, to present more information on the service. Family Connects transforms the current system by increasing the level of care by empowering parents and connecting them to resources in the community at the beginning of the infant's life. The nurse connects with the family and identifies needs, in which the nurse then connects the family with resources to meet those needs, which ultimately increases the connection between parents and the infant. A local survey was conducted to determine the rate of participation of Boulder County families with young children, and it was found that 80% of families would participate in this service. Currently, less than 15% of families are being reached through the current home visitation model.

The current typical timeline for new infant care includes prenatal visits every two-to-four weeks prior to the due date, and then weekly care until the infant is born. Then the care is for one-to-three days until the infant is released to go home from the hospital. In the current system, there is a 6-week postpartum visit for the birthing parent, but no specific visit for the infant. Family Connects provides the 3-week home visit that will be in-between the delivery of the infant and the 6-week postpartum visit. Providing this service universally to community members, regardless of income, has been seen in other communities to decrease Child Protective Service

investigations by 44%, a decrease of maternal postpartum depression and anxiety by 30%, and an increase in community connections by 13%.

In 2022, the Family Health Division will launch Family Connects in the fall. This pilot launch will include the amplification of family and community voice with Boulder Community Health and will then be implemented with Long's Peak Hospital in 2023. Further, a Full Community Advisory Board (CAB) will be created to ensure community voice in this service, and a data system will be developed to further collect metrics.

- Board Member Fagan asked what the mechanism is for patients to be referred to the program?
 - Daphne provided that the services will be presented to the parents at the time of birth, and if the family agrees to participate in the program, the home visit will be scheduled before the family leaves the hospital.
- Board Member Fagan asked if this is something that case workers at hospitals could initiate prior to the birth?
 - Daphne noted that this type of referral could be in place and is seen in other communities where the conversation occurs at early OBGYN visits prior to the birth of the infant. This pilot timeframe is just offering the service at the time of birth, but in the future could be transferred into earlier in the pregnancy.
- Board Member Fagan asked how the Family Connects service is different than the Nurse Family Partnership and the Community Infant Program (CIP)?
 - Daphne noted that the Nurse Family Partnership and CIP are both two-year programs, whereas Family Connects is a one-time visit program. If families are already enrolled in CIP or Nurse Family Partnership, then they will not be enrolled in Family Connects since it would be a duplicative service. Family Connects is there to provide services to families that are not in other programs.
- Vice President McMillan asked when a referral is made to other services, how is the information relayed back to the pregnant person's primary care physician and/or the child's pediatrician?
 - Daphne noted that if the family signed the documentation to share information across providers, then it will happen as the visits and connections are being made.
- Vice President McMillan asked how the funding would be for families that have private insurance versus Medicaid.
 - Daphne noted that there is currently a blending of funding with the majority of it being offered through the ARPA grant and the Boulder

County Board of County Commissioners. Further, the service will be offered to all families, regardless of income.

ITEM 6. Director's Report.

- President Thomas asked for more information on the Opioid Settlement, specifically if it would be funding of \$1,000,000 per year for the next 18 years?
 - Interim-Executive Director Nolen confirmed that it is the estimated amount currently but could change due to more settlements being processed. Additionally, BCPH is working to fill a seat on the Regional Governance Council to review and provide comment on short-term strategies in this work.

Interim-Executive Director Nolen provided an update to the format and content that will be included in the Director's Report moving forward. The Director's Report will provide background information for the upcoming presentations, agency-wide conversations and updates, and end with shortened and focused divisional sections. Further, this shift in the Director's Report will also be reflected in the BOH presentations to include a more strategic aim and leave more time for discussions.

ITEM 7. Old and New Business.

President Thomas nominated the BCPH Environmental Health team for one of the Seahawk awards for innovation at the Colorado Environmental Health Association annual conference.

ITEM 8. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:13 p.m.



Gregg Thomas,
President



Alexandra (Lexi) Nolen,
Interim-Executive Director