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

BCPH Staff:
Interim-Executive Director, Lexi Nolen; Chief Medical Officer, Dr. Bob Belknap; Director of Administration and Finance, Katherine Palmer; Director of the Strategic Initiatives Branch, Kelli Hintch; Community Health Division Manager, Heather Crate; Family Health Division Manager, Daphne McCabe; Environmental Health Division Manager, Joe Malinowski; Communicable Disease and Emergency Management Division Manager, Indira Gujral; Consumer Protection Program Coordinator, Lane Drager; Harm Reduction Program Manager, Georgia Babatsikos; Business Operations Coordinator, Jorden Thomas.

Boulder County Staff:
Senior Assistant County Attorney, Kate Haywood.

Members of the Public who Provided Comment:
Carolyn Bninski
Ryan Scott
Marti Hopper

Meeting Called to Order.
President Thomas called the meeting to order at 5:32 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 (on unscheduled agenda items).
Members of the public expressed concerns for BCPH’s response to COVID-19, the use of focus groups, and vaccinations for children.
ITEM 2. Approval of Meeting Minutes.
Board Member Harrison made a motion, which was seconded by Vice President McMillan, to approve the October 10, 2022, Regular Board of Health minutes. With all Board Members present in favor of the motion, President Thomas declared the motion unanimously carried.


Kate Haywood is working with colleagues in the Boulder County Attorney’s Office and the Boulder County Sheriff’s Office to update the existing Animal Control Ordinance [No. 2019-01] to reflect changes passed by the state legislature. The updated ordinance will be presented to the Boulder County Board of County Commissioners (BOCC) for consideration once the Board of Health approves and adopts the updated ordinance.

The Board of Health’s authority within the ordinance is the requirement of rabies vaccinations for cats, dogs, and ferrets, which is not changing in the new ordinance. Changes to the ordinance include:

1. The use of veterinary personnel to administer rabies vaccinations as long as they are trained and are supervised by a licensed veterinarian.
2. Pursuant to Senate Bill 21271 (Misdemeanor Reform), changes to the allowable punishments and classifications for violation of county ordinances required an updated schedule of fines and language clarifications for law enforcement.
   • Board Member Harrison asked if the proposed reduction of Class 2 Misdemeanor Bodily Injury punishment from 3 months to 120 days was a typo.
     o Kate noted that this is not a typo.
   • Vice President McMillan asked if the penalty fines are being reduced to align with the state’s maximum penalty?
     o Kate confirmed that this change is due to the misdemeanor reform bill which reduced the classifications and the corresponding maximum punishments across many state statutes and offenses.
   • Vice President McMillan asked if the change to allow non-licensed veterinarian staff to administer rabies vaccines was started by a state veterinary lobbying group?
     o Kate confirmed it as her understanding. It was intended to help humane societies who are not able to retain a veterinary on-site to administer vaccines.
     o Vice President McMillan asked to confirm the veterinary industry is aware of and are anticipating the changes.
       ▪ Kate confirmed.
Board Member Harrison moved to approve Ordinance No. 2022-08 An Ordinance Repealing Ordinance No. 2019-01 and Amending and Re-enacting these Rules and Regulations Governing Animal Control, Vice President McMillan seconded. With all Board Members present in favor of the motion, President Thomas declared the motion unanimously carried.

ITEM 4.  Policy Planning and Expectations.

Boulder County Public Health is currently discussing approaches to better support strategic goals throughout the entire agency, which includes a stronger investment in supporting pro-health and pro-equity policy at the state- and local-level. Currently BCPH does not have dedicated resources or goals for this work, and is exploring what is needed in terms of staffing, operational resources, and work plans/processes to do this work effectively. The presentation reviewed the policy work that BCPH has engaged in the past and provided ideas on how the work will be progressed in the future.

Policy is part of the 10 Public Health Essential Functions, and it is present in a number of ways. Typical activities that public health engages in these spaces include sharing policy-relevant data and subject matter expertise with partners and decision makers. While BCPH does not have staff whose main focus is policy work, Lane Drager and Heather Crate dedicate time in addition to their primary job roles to support this work.

Lane discussed the ways in which BCPH has worked with different policy groups in the past, and how these relationships will continue in the future with a more proactive focus. At the state-level, BCPH has worked with partners such as: CALPHO (Colorado Association of Local Public Health Officials); CPHA (Colorado Public Health Association) Policy Committee; Denver Metro Partnership for Health; CC4CA (Colorado Communities for Climate Action); and CPTF (Colorado Partnership for Thriving Families). Within Boulder County, BCPH has worked with the Board of County Commissioners’ Policy Team, the Human Services Policy Committee, and the Climate and Environment Policy Committee. Further municipal partnerships include the Consortium of Cities, and other community partners.

- Board Member Harrison asked if BCPH or Boulder County is mainly reactive to policy or if they are proactive and are able to drive policy forward.
  - Lane noted that it is a bit of both. The work that the programs have completed with the Policy Analysts within the BOCC is much more proactive, but there are also times where it is reactive to items that have been passed at the state-level. In the future, BCPH would like to have the staff capacity to complete more proactive work.

Heather shared recent examples of BCPH’s involvement in policy engagement, including working with the Metro Denver Partnership for Health regarding regulating kratom products, kratom processors, and kratom retailers.
• Vice President McMillan asked what kratom was.
  o Heather provided that kratom is often sold as a natural herbal additive in supplements. The main concern is the lack of product regulation. The Program Manager for the Tobacco Education and Prevention Partnership, Rachel Freeman, has been working closely with partners for this effort.

At the local-level GENERATIONS and GENESIS staff within the Community Health Division have testified at the county-level to reduce or remove the taxation of menstrual products that would include baby diapers and adult incontinence products. Legislation for this taxation was passed at the state-level, so there are efforts to pass it in Boulder County and the City of Boulder as well.

BCPH Leadership and OASOS staff worked with Out Boulder to coordinate testimony to the state on the value of collecting and disaggregating information on gender and sexual orientation in public health data collection.

Youth Advocating for Change interns in the OASOS program gave public comments at a Colorado State Board of Education meeting to advocate for the inclusion of the contributions and histories of LGBTQ+ and Black and Indigenous People of Color in the Colorado Social Studies Standards.

The potential 2023 public health policy priorities that are likely to be present during the 2023 legislative session include: fentanyl legislation, tobacco taxation, health and environmental regulations needed for after fire cleanup, universal pre-k expansion, and public health funding.

• Board Member Harrison asked if the team foresees any upcoming additional legislation for natural medicines, including psilocibin, that was passed recently?
  o Heather noted that they anticipate legislation for regulation and will look forward to determining what public health’s role will be.
• Board Member Hinman noted that mental health is not on the provided list, and asked if it will be a priority for the next legislative session.
  o Heather confirmed that it is a priority. Legislation was passed in the previous legislative session, and the team is waiting to find out how the appropriation of funding will happen, either through specific funding sources or through grant processes. Further, Heather noted that there could likely be new mental health legislation in future sessions – One Colorado is potentially working on legislation that would be for LGBTQ+ youth mental health.
• Board Member Hinman asked if there will be an alignment with policy priorities and the strategic plan for BCPH?
  o Lexi noted that part of the purpose of recognizing the value of policy as a strategic priority is also recognizing that it is a piece of how the agency creates change, and that it is currently missing, so part of the vision of policy work in the future includes thinking of it in relation to the strategic plan.
Heather included that this is currently part of the challenge since there are not designated staff to focus solely on policy. The policy work that the agency is currently involved in is mainly through programs that have program managers or staff who can be involved with state or local legislative policies. Heather and Lane mainly monitor policies as they happen, and often rely on the expertise of staff to provide information to guide policy involvement.

BCPH staff who are involved in policy work provide data and/or subject matter experts to testify or write written testimony for specific policies. They also coordinate activities with Boulder County, the Board of Health, and other partners to align priorities, activities, and messages. Currently, Heather and Lane are the policy leads for the agency, and there are discussions happening within the agency to build out a formal workgroup to be proactive in this space.

- Vice President McMillan asked if other partner agencies, such as Housing and Human Services (HHS) and Community Services (CS), have dedicated policy staff, or if there is a possibility to share a staff person since most policies that BCPH focus on also impact those agencies?
  - Heather noted that there are county policy analysts who reach out to BCPH, HHS, and CS to coordinate on policies, but they do not have their own designated policy staff.

The team outlined the work that is required in each legislative session and the responsibilities of BCPH staff and the BOH.

- Board Member Harrison noted that there is a lack of mental and behavioral health providers in Boulder County, and would like to see the agency act strongly in this area. Board Member Hinman agreed and asked to receive more information on the funding investments made by the state for mental and behavioral health.
  - Lane confirmed that mental health is outlined in the county’s legislative priorities. Heather noted that meetings continue to occur between partner agencies to help determine which agency should apply for which funding source, and who will be responsible for leading work in this area.

Members of the Boulder County Policy Analyst team will present the county’s legislative priorities to the Board of Health in January, in which there will be an approval and formal adoption of those priorities by the BOH.

**ITEM 5. Program Spotlight: Inter-agency Fentanyl Response.**  
As mentioned in the October Director’s Report, BCPH is involved in county-wide conversations to support the county’s mental and behavioral health strategic framework and plan. The work
that the Harm Reduction program does is a high priority community need and aligns with the county’s framework in continuing the urgency of responding to the fentanyl crisis.

In January of 2022, a county interdepartmental meeting was held to discuss the concerning impacts of fentanyl in the community. An interdepartmental fentanyl planning group was formed, which included representatives from the BOCC, District Attorney, Boulder County agency staff, and school district partners. The group’s goal is to prevent opioid overdoses and deaths in the community with an equity-lens through four strategic areas: data, training, access, and reducing stigma. Further, the group will be able to collaborate and utilize a new data collection system to gain real-time information from law enforcement and emergency medical services to better understand the rate of overdoses in the community.

Indira presented data on the emergency department visits for fentanyl overdoses among Colorado residents between 2019-2021. Since 2021, the state has experienced 2.5 times the rate of fentanyl overdoses, and 10 times the rate since 2019. In 2021, 38 Boulder County residents presented at local emergency departments with fentanyl overdoses, which is 3 times the rate of 2020 and 5 times the rate in 2019.

In 2021, 98 Boulder County residents presented to the emergency room for opioid overdoses, which includes heroin, Oxycontin, fentanyl, and other forms of opiates. People typically think opioid overdoses mainly impact younger populations, but the data show that it is more prevalent in middle-aged populations. Of the 98 cases in 2021, 20 were for ages 18-24; 21 cases for ages 25-29; and 46 cases for ages 30-39 (the remaining cases are repressed data in which less than 3 individuals presented to the emergency room for a specific age group).

Georgia presented data on The Works Program which is the Harm Reduction Programming at BCPH. The program reported 149 unique clients in 2010, and the number has increased to roughly 1,600 unique clients in 2021. Since September of 2022, The Works Program has seen 1,321 unique individuals in 4,049 separate encounters; provided 327,464 sterile syringes; distributed 1,191 Naloxone kits; and conducted 72 HIV and 67 hepatitis C tests.

- Vice President McMillan asked if the 98 reported overdoses to the emergency room is an accurate representation or if it is an undercount?
  - Indira noted that it is most likely an undercount due to the CDC’s use of resident zip-code to assign a death certificate. If a university student were to pass in Boulder County due to overdose, the data would not be reflected in the Boulder County data, instead it would be reflected in the zip-code that the student permanently resides in.
- Vice President McMillan asked if the data presented is reflective of all hospitals in Boulder County.
  - Indira confirmed.
• Board Member Fagan noted that the lack of access to Naloxone is a problem in clinical settings and would like to work with BCPH staff to gain more support for access to these resources.
• President Thomas asked if there is an increased risk of secondary exposure for first responders if people are smoking/injecting fentanyl rather than oral ingestion.
  o Georgia noted that her team receives this question quite often, even from federal agents. There is no formal training at the federal level, so her team was able to train federal law enforcement officers last year on how to approach an individual using fentanyl. Unless the law enforcement agent/first responder is actively ingesting fentanyl, there is no risk of secondary exposure.
  o Board Member Fagan confirmed.
• Vice President McMillan asked if data is available to show where Naloxone kits have been used and have successful reversals?
  o Indira provided that the new mapping and data collection system will be able to track this more accurately. Currently, first responders are able to report and track the use and result of Naloxone administrations.
  o Georgia also noted that The Works Program participants report the use of Naloxone reversals, but often do not report these to law enforcement, so the data is not truly accurate.
• Board Member Harrison asked if there is data collection on demographics of unique clients to The Works program to determine any overlap of geolocation data to help predict higher rates of overdoses?
  o Georgia confirmed that demographic data is collected from participants, but the program does not track where the overdose took place.
• Board Member Harrison asked for the percent of The Works clients who have been referred to treatment and counseling.
  o Lexi will provide that information in the December Director’s Report.

ITEM 6. Director’s Report.
• Board Member Hinman asked when the Community Health Assessment (CHA) and Public Health Improvement Plan (PHIP) are being administered?
  o Lexi provided that the CHA will be completed by the end of the year, and the PHIP is scheduled to be complete in March or April of 2023.

ITEM 7. Old and New Business.
None.
ITEM 8. Executive Session pursuant to Colorado Revised Statues § 24-6-402(4)(f) to discuss the Boulder County Public Health Interim-Executive Director salary and Performance Evaluation Process.

Kate Haywood asked if Interim-Executive Director Nolen would like to have the executive session open to the public. Lexi declined, and the Board entered into executive session at 7:26 p.m.


There being nothing further to discuss, President Thomas declared the meeting adjourned at 8:06 p.m.

Gregg Thomas, President
Alexandra (Lexi) Nolen, Interim-Executive Director