

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting

Hybrid Meeting

November 16, 2023

BOH Members:

President Morgan McMillan; *Vice President* Landrey Fagan, M.D.; *Board Members*, Brooke Harrison, Ph.D., Lindy Hinman, and Amber Johnson.

BCPH Staff:

Executive Director, Lexi Nolen; *Chief Medical Officer*, Bob Belknap, M.D.; *Deputy Director*, Indira Gujral; *Director of Administration and Finance*, Katherine Palmer; *Director of the Strategic Initiatives Branch*, Kelli Hintch; *Health and Racial Equity Manager*, Kevalyn Maw; *Community Health Division Manager*, Heather Crate; *Family Health Division Manager*, Daphne McCabe; *Family Health Nurse Services Coordinator*, Felice Cain; *Community Alignment Coordinator for Family Connects*, Aurora Ramirez; *Early Childhood Mental Health Consultant for Family Connects*, Beth Garrett-Myers; *Health Planner*, Rachel Mintle; *Health Planning and Evaluation Manager*, Elise Waln; *Harm Reduction Program Manager*, Georgia Babatsikos; *Community Substance Abuse Prevention & Inspire Youth Connections Program Manager*, Allison Bayley; *Community Substance Abuse Prevention Specialist*, Ellianna Lederman; *Business Operations Manager*, Jorden Thomas; *Administrative Specialist*, Dalia Mohamed.

Boulder County Staff:

Senior Assistant County Attorney, Kate Haywood.

Members of the Public who Provide Comment:

Ryan Scott.

Meeting Called to Order.

President McMillan called the meeting to order at 5:32 p.m. and asked all participants to identify themselves for the record (see above). Jorden Thomas conducted a rollcall and 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 and address was included to allow for public participation. This meeting was held in hybrid-fashion with members of the board, staff, and members of the public meeting in-person and online.

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

Member of the public thanked the board and staff for transitioning to fully hybrid meetings and expressed concerns for BCPH's response to the COVID-19 pandemic.

ITEM 2. Approval of Meeting Minutes.

Vice President Fagan made a motion, which was seconded by Board Member Hinman, to approve the October 16, 2023, Regular Board of Health minutes. With all Board Members present in favor of the motion, President McMillan declared the motion unanimously carried.

ITEM 3. Universal Home Visiting (Family Connects) Program Highlight.

Lexi Nolen introduced Felice Cain, Aurora Ramirez, and Beth Garrett-Myers to present updates on the Family Connects program. Felice began the presentation by highlight the Family Connects model is included in the governor's proposed budget which would include a \$4 million dollar expansion to the program across the state. Boulder County is proud to be paving the way for statewide integration of the program.

BCPH's Family Connects program is current funded through American Rescue Plan Act and has hired 6 bilingual staff, two of whom are mental health professionals. The program has launched in partnership with Boulder Community Health, Avista, and Longmont United Plus Clinic. As of Monday, November 13, 2023, the program has scheduled 386 home visitations and 307 have been completed. Of participant referrals to the program, 76% were for mental health supports.

Aurora presented the structure of how Family Connects interacts within Boulder County. Families with newborns connect with BCPH staff who provide Family Connect services with fidelity and responsiveness to family and community needs, built through the Community Advisory Board which harnesses the community data, expertise, and leadership to support community systems building and development. Throughout the entire system, the Family Voice Ambassadors are present to provide community insight into each step of the program to ensure the program is effective in meeting the actual needs of the community.

Beth presented on the mental health consulting aspect of Family Connects. The role stems from the successful outcomes of mental health consultations in the Boulder County Nurse Family Partnership program and is now incorporated into the Family Connects and GENESIS program. The Infant and Early Childhood Mental Health Consultant works to normalize and promote social, emotional, and mental health in the parental period. The role works to understand and respond to mental health needs of families with newborns of 3-12 weeks through consultations, case presentations, home visits, and education.

In 2024, the program plans to continue scaling services up in Boulder County, ensuring continued funding, and to further integrate Family Voice Ambassadors throughout the entire program. Felice requested continued support and advocacy from the board.

- Board Member Harrison thanked the team for all of their work in this field.
- Vice President Fagan asked if a patient gives birth at a participating hospital, but does not live in Boulder County, can they receive services through Family Connects.
 - Felice confirmed patients are eligible for the program if they are a Boulder County resident who gives birth at a Boulder County participating hospital, but if the Governor's funding is passed then services will be able to expand and the program could serve a larger population.
 - Vice President Fagan noted it would be important to include a scenario such as that in the letter of support to the governor.
- Vice President Fagan asked how referrals to the program are made.
 - Felice noted it depends on the hospital and who is responsible for making referrals. For example, at Boulder Community Health, the lactation team is the main point of contact for program referrals, and at Avista it is mainly the Behavioral Health Specialists. Felice also noted the team is open for any other recommendations for the referral process.
- Vice President Fagan asked if and how outcomes of Family Connects visits are communicated back to primary care providers.
 - Felice said after care visit summaries are uploaded to the Salesforce charting system, which are then sent to the primary care provider and/or the maternity care providers with the consent of the patient.
- Daphne thanked the board for their support and engagement with the program, and also provided the home visitation program has also helped to refer mental health services for not only the birthing parent, but also the non-birthing parent, so the model has become more holistic.
- President McMillan asked about the ways the program is seeking to have sustainable funding moving forward.
 - Daphne noted it is unclear how much BCPH would receive if the governor's funding is passed, but the program is looking at other funding streams to help sustain the program.
- All board members are willing to sign support letters for funding.

ITEM 4. Naloxone Standing Order Update and Approval.

Georgia and Allison presented the updates to BCPH's Naloxone Standing Order and requested the board's approval. The current standing order was approved by the Board of Health in 2015 and only listed The Works Harm Reduction Program as the only recipient. With the Works Program and the Community Substance Abuse Prevention program working closely in partnership, they are requesting the standing order language to change to list any BCPH program.

Additionally, the new standing order includes updated language on precautions and trainings to be in alignment with guidance from Colorado Department of Public Health and Environment.

Vice President Fagan moved to approve the updated Naloxone Standing Order. Board Member Hinman seconded. With all board members present, President McMillan declared the motion carried.

ITEM 5. Public Health Improvement Plan (PHIP) Vote for Approval.

Lexi introduced Elise and Rachel to review the board's questions regarding the PHIP and seek a vote for approval before submitting the PHIP to Colorado Department of Public Health and Environment.

The following questions were submitted by the board regarding the PHIP:

- How will these evaluations be made available to the public?
 - MBH indicators will be incorporated into BCPH's Data Dashboard, and progress on the PHIP goals and objectives will be communicated to the public in conjunction with BCPH's 2024-2029 Strategic Plan.
- What would success look like?
 - The Health Planning and Evaluation Team plans to identify mental and behavioral health (MBH) indicators in collaboration and alignment with the Boulder County Behavioral Health Roadmap, and plans to identify process, output, and outcome measures for the PHIP objectives as part of the 2024-2029 Strategic Plan's Monitoring, Evaluation, and Learning (MEL) Plan.
- Why is promotion/advocacy for addiction treatment (or MBH treatment) missing from the PHIP? Should diversion to treatment be included?
 - BCPH does support diversion to treatment, but it is not the primary purpose of programs, it is just a component of programs which are primarily focused on prevention, early intervention, and harm reduction. Additionally, advocacy/promotion is included in our partnership with the Boulder County policy team.
- Board Member Hinman and Harrison both agree there needs to be further communication or clarification on how treatment or referral to treatment fits/does not fit within BCPH's approach to addressing mental and behavioral health in the community, so community members are able to see the larger MBH system and how BCPH fits in.
 - Elise and Lexi noted the PHIP's work feeds into the County's Behavioral Health Roadmap, which is much broader in scope than what is outlined in BCPH's PHIP. The Behavioral Health Roadmap does include elements of treatment that are the responsibility of community partners, not BCPH.

- Kelli said there will be a communications plan that is used as part of the implementation of the PHIP, and community messaging can highlight the work of BCPH and link other resources like the Behavioral Health Roadmap.

Vice President Fagan moved to approve the Boulder County Public Health Public Health Improvement Plan. Board member Johnson seconded. With all board members present, President McMillan declared the motion carried.

**ITEM 6. Health and Racial Equity (HRE) and Community Engagement (CE)
Introduction.**

Lexi introduced Kevalyn and Heather to present on how HRE and CE fit together and how they influence one another in making strides in HRE work in the community. HRE and CE are priorities for BCPH's 2024-2029 Strategic Plan, and it is important for the board to gain insight of BCPH's approach to community change processes and how the agency values inform these practices.

BCPH has a history of committing to equity and community engagement throughout its programs. Examples include that Family Health prioritizes the health of children and families; Community Health focuses on supporting young parents, LGBTQIA+ youth, and substance abuse prevention; Environmental Health monitors and improves the living conditions across the county; and Communicable Disease and Emergency Management contracted with local partners and co-developed action responses to support testing and vaccination for COVID-19. Additionally, The Health Equity Coordinating Committee (HECC) was established to further advance BCPH's mission to address health inequities in Boulder County. The HECC focuses on five goals: Organizational Culture and Accountability; Talent Acquisition, Retention, and Career Advancement; Learning and Growth; Policies, Procedures, and Practices; Community Engagement.

Heather presented the Spectrum of Community Engagement model that multiple programs within BCPH utilize to engage with the community: Inform, Consult, Involve, Collaborate, Defer To. BCPH utilizes this approach since advancing HRE requires a community-engaged and power sharing approach, community engagement gives us the ability to leverage community voices, ensures we are on the right track in addressing the needs of the community, builds confidence and trust, and allows us to focus on directing resources to where they can be most effective.

Kevalyn presented definitions of Power Sharing, Community Power Building Organizations, and Community-Based Organizations for the board's reference.

BCPH will continue to build out the Community Engagement Strategic Plan goals and objectives, defining how the agency can intentionally do community engagement across the entire agency, and to work with partners to increase alignment of services. Current partnerships in defining a broader approach to community engagement include Colorado Association of Public Health

Officials (CALPHO) Community Engagement workgroup, Metro Denver Public Health (MDPH) Community Engagement workgroup, and others throughout the community.

- Board Member Hinman asked if the agency only reviews and utilizes learning about community engagement from a public health lens or if it is broader.
 - Lexi noted community engagement is an important priority for the county and therefore would increase the level of community engagement across the county, and ensuring BCPH is not duplicating those efforts.
 - Indira also provided the range of community engagement will differ between programs – some only consulting or informing partners and others having full community involvement.
- President McMillan thanked the staff for their work in this space and appreciated the visual of how programs utilize community engagement. Additionally, requests having partners attend or present at future board meetings.
- Board Member Hinman noted it will be important for the agency to collect data and metrics on these efforts to identify ways to replicate practices within the agency.
- President McMillan asked if there is a plan to evaluate where the strategic priorities fall on the Spectrum of Community Engagement and if there are plans to progress priorities further along the spectrum.
 - Lexi confirmed the strategic priorities are adaptive enough to move along the spectrum and will likely fall towards the right-hand side of the spectrum.
- Board Member Johnson asked if the agency has identified priority populations to focus on community engagement efforts.
 - Lexi noted the priority populations identified in the Community Health Assessment (CHA) were identified based on needs in the community. The data collected in the CHA will allow the agency to develop and implement more intentional community engagement work, collaborate with partners, and move programs along the spectrum.

ITEM 7. Director's Report.

- Board Member Johnson asked if there is a universal calendar the board can have access to view agency-wide events.
 - Jordan Thomas will be presenting the new BOH SharePoint page at the January board meeting.

ITEM 8. Old and New Business.

- Katherine Palmer was elected to be the Co-Vice President of the Colorado Public Health Administrative Directors organization.

- Lexi provided BCPH's initial steps to address the proposed budget cuts from the Boulder County Board of County Commissioners which was announced on Thursday, November 9th. The proposed budget cut is \$1.5 million dollars which equates to 18% of the county's base allocation to BCPH, and 7% of the agency's overall budget.
 - Board members expressed concerns with the proposed budget cut announcement.
 - President McMillan asked if the agency's reserve funds could be used to offset some of the reductions.
 - Katherine confirmed the reserve funds can be used to work strategically in identified areas, but want to remain careful and not deplete these funds.
 - Katherine and Lexi asked what information the board would like to see in the December meeting prior to approving the 2024 Recommended budget.
 - Vice President Fagan noted the work the agency is doing to identify and reduce programmatic duplication.
 - President McMillan requested staff present their preferred path moving forward and other options for the board to consider, and present the budget resolution during the meeting.
 - Kate Haywood will confirm if this approach is possible.

ITEM 9. Adjournment.

There being nothing further to discuss, President McMillan declared the meeting adjourned at 7:53 p.m.



Morgan McMillan,
President



Alexandra (Lexi) Nolen,
Executive Director