

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Online/Telephonic Meeting

April 8, 2024

BOH Members:

President Morgan McMillan; Board Members Brooke Harrison, Ph.D., Lindy Hinman, and Amber Johnson

BCPH Staff:

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, Communicable Disease and Emergency Management Deputy Director, Indira Gujral; Finance Manager, Desiree Kazarosian; Mental and Behavioral Health Coordinator, David LaRocca; IT Manager, Dina Reavis; Health Planner, Rachel Mintle; Communications Manager, Shawn Hollister; Administrative Specialist, Dalia Mohamed; Business Operations Manager, Jorden Thomas; Administrative Assistant, Patrick Kuhnell

Boulder County Staff:

Senior Assistant County Attorney, Erica Rogers

Members of the Public who Provided Comment:

Carolyn Bninski

Meeting Called to Order.

President McMillan called the meeting to order at 5:33 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 spoke about the HPV vaccine Gardasil and requested the Board of Health to reconsider recommending this vaccine.

ITEM 2. Approval of Meeting Minutes.

Board Member Harrison made a motion, which was seconded by Board Member Hinman, to approve the March 11, 2024, Regular Board of Health minutes. With all Board Members present in favor of the motion, President McMillan declared the motion unanimously carried.

ITEM 3. Standing Agenda Item: Budget Update

Desiree Kazarosian presented an update on data inaccuracies in the payroll system Dimensions used by Boulder County, an update on the current budget timeline, tracking County Operating expenses, and BCPH inclusion in Budgeting for Equity (Priority Based Budgeting).



- Boulder County Public Health (BCPH) Finance is working with Boulder County Office of Financial Management to finalize payroll data coming from the Dimensions payroll system; BCPH Finance identified errors in the data and is waiting for corrections and upload of January (including last week of December) and February payroll in Oracle. This is a county-wide issue that BCPH identified.
- Audit date has moved to May 1st to align with the County deadline in response to the delay in Dimensions data.
- The Finance and Budget team were able to reclassify \$1.7 million in transactions to PH13 to track County Operating expenses in 2023.
 - President McMillan asked if there were still approximately \$100,000 in expense that were not able to be reclassified and will this be an issue again next year? Desiree responded that they are still working on itemizing some of those should the BOCC request it, and confirmed that, and that this will not be an issue next year because we have set up all systems to shift operating expenses into PH13, with the exception of possibly Marshall Fire and the mosquito tax, those are still to be determined.
- Work is still in process to update the 2023 and 2024 budget information in OpenGov.

ITEM 4. Reserves Goal Approval

Katherine Palmer presented a new policy recommendation for the target balance in the reserve to range from 15-20% of the total operating expenditures reported in the Department's annual financial report.

The new policy recommendation was based on data from the Government Financial Officers Association (GFOA) database, Boulder County's policy, and the State of Colorado education division. BCPH did reach out to other Local Public Health Agencies (LPHAs) about their reserve policies, but no other LPHA shared their specific policy.

- President McMillan asked for clarification that no other LPHAs were willing to share their policy, but that we do know what they are using in terms of their reserve fund percentage? Katherine responded that (Colorado Association of Local Public Health Officials (CALPHO) put out a survey about reserve funds that provided us with figures for other LPHAs, but not how their approach works.

The resolution was drafted using the standard format and identified the purpose to align our fund balance for overall financial sustainability and stewardship. We utilized GSA B number 54 which is what most governmental agencies reference when they're doing their fund balance policy.

In addition to making the recommendation about the reserve fund balance, we are making two new recommendations within the resolution:

1. Put into language how and when the Emergency Preparedness Contingency can be used. (Not previously defined.)
2. Establish annual contingency fund. Setting aside 1 to 3% allows for uncertainty in any budget area that can cover minor unanticipated needs of a non-reoccurring nature.

- Board member Hinman asked: On the 1 to 3%, can we use that for a budget shortfall or salary? Katherine responded: You could use it for salary if it was identified that was for a short period. For example, if you had a grant for an individual and the grant ended sooner than you were expecting it to, you could cover the individual while the program looked for additional grants.

Katherine reviewed in detail the fund definitions and fund balance projections. In summary the Unrestricted Reserve Fund balance can be broken out into Committed 2023 to 2024 Rollover, Committed 2024 to Balance, Unassigned Fund Balance, and Total Assigned Reserve Fund balance.

- President McMillan asked: The \$5.3 total unrestricted fund balance or the \$4.8, is this part of the conversation that we were having with the Commissioners in terms of what we had in our fund balance, and why it looked like we had more funding than we did? Katherine responded: Yes and no. The Board of County Commissioners, as well as OFM don't see this. They see what is submitted in Oracle and what's in OpenGov. When we first submitted our budget into open Gov, we were told it had to balance, therefore it fully showed our revenues plus reserves as well as our expenses for a fully balanced budget. What the BOCC did not understand is that the reserves were in there to cause it to fully balance. In 2024 the budget will not count the reserves. Desiree added: The implication of the Commissioners looking at the numbers in Oracle led them to think that we had revenue of an extra \$2,000,000, which was actually the reserves.
- President McMillan asked about a difference in the budget presentation on fund projections versus the written resolution, the fund projections show 3 months' worth of expenses, but the resolution refers to 2 months. Katherine responded: The budget projections are showing where we are now, our actual budget looks different from this now. We wanted to stay consistent with showing you what you had seen last, but that is not what we are suggesting with the resolution.

Katherine next reviewed the resolution document with a specific focus on order of spending. When expenditure is incurred for purposes for which both restricted and unrestricted fund balance is available, restricted funds are spent first. Our general funds are last resort when we have an expenditure. We are identifying reserves will be used very last and that we will keep our reserves healthy and whole as long as possible. Upon recommendation of either the Executive Director, the Board of Health can authorize a different order of spending and specific cases. You may decide that you want to use a different approach, and that's always your ability within this policy.

Regarding reserve funds. The purposes of these reserves may include but are not limited to: 1) Environmental health remediation 2) Audit disallowance 3) Debt abatement 4) Unanticipated expenditures to address revenue shortfalls. Number 4 is really the catch all to protect Boulder County Public Health from the potential impacts of unanticipated events such as rapid budget declines.

We are suggesting the target balance for reserves be set at 15% of the total operating expenditures with the maximum level of 20%. 15% reserve is considered a prudent amount to fund essential health and safety services for approximately 2 months. Beyond the 20% reserve would only be allowable when projecting significant funding cliffs for priority work, or for large projects. On an annual basis the director

of Admin and Finance shall calculate the required reserve rate and provide this information to the BOH during the annual budget recommendation and amendment.

If the reserve funds are depleted below the levels established by the policy, the Director of Admin and Finance and the Executive Director shall develop a plan to restore the balances over a period of three years with BOH approval. The restoration plan shall include recommendations on rate or fee adjustments, as well as expenditure reductions, reductions in force and other operational expenses as may be appropriate, and revenue generation plans. The restoration plan will be reviewed semi-annually until the reserve policy levels are reached. Katherine stressed that based on conversations with the BOCC there is a possibility we could move into this space quickly if the BOH approves this resolution.

Revisiting the 3 months versus 2 months question referenced above. Katherine explained that it is the expectation within GFOA, as well as the state, that we maintain 3 months' worth of expenses. However, the percentage of 3 months' worth of expenses is equal to 25% and we did not think that would be palatable for the Board, so we modified it to 15-20%. That is the difference between maintaining 3 versus 2 months of expenses.

- President McMillan asked for clarification that the 3 months includes all BCPH expenses, including grants etc. so it's slightly inflated and that is unlikely for all revenue to go away at once? Katherine confirmed that yes, it is all inclusive and could be considered inflated, but from an auditor's perspective, that's irrelevant. For example, during COVID grant funders instructed us that they would be pausing grants since they didn't know what to expect, but BCPH was still required to provide emergency services.
- Member Hinman: Can you please re-explain the three months versus the 15 to 20% and who sets the standard? Katherine: The standard is 3 months of expenses set by the GFOA, and is also seen in the majority of the policies that we've reviewed. When you calculate 3 months that amounts to 25% of total operating expenses, but we recognized that the climate is not supportive of that high of a rate, so we moved it down to 15-20%.
- Member Harrison: When you presented to us at the retreat, you had noted an 11 to 12% sweet spot, so it seems 15% is reasonable. Is it reasonable that we will build to 15% three years and if not, what are the ramifications should we approve this? Katherine: It depends on where things go in the next period. I think the Priority Based Budgeting will assist in this space to acknowledge where our reserves are supposed to be. If we did need to implement a restoration plan it could include; expenditure reductions, changes on rate or fee adjustments, areas that we can make changes with your approval. Getting us to that rate, it puts us in a good healthy space in terms of our budget. It acknowledges why we're doing it and it also identifies that if any of these situations were to occur, we are in a space where we can make the decisions to address whatever the situation is. If it's a natural disaster or something in the community we weren't expecting we will have the ability to answer it and not feel hesitant. Member Harrison: So we're really looking at 8% up to 18% year over year because we're also including that new 1 to 3% on assigned reserve that would be set aside? Katherine: That would be set aside yes. Member Harrison: I think that the reserve is necessary. I can just foresee it causing some strife between the board and the budgeters if we're striving for the 15%. President McMillan: I agree this is a concern I have too

because the last time we talked about this topic we identified that there are very few sources of revenue that we can put towards the reserve. If the Commissioners don't approve us using unspent funds to put into the reserve, we have very few options to build up this reserve without budget reductions or a reduction in force. Deputy Director Indira Gujral: I think it will also be important to realize the timing of everything. If we were having this conversation pre COVID, it would be very easy to forecast what the percentages are. But we know that we're coming out of COVID still, so we know we have a fiscal cliffs of about \$2.5 million for next year that we're forecasting. As we come down, that percentage is also going to shift over time. As a percentage it is going to shift the amount of money that available. Doing a range is also very helpful because then it helps you to not lock into one percentage. Desiree: I just wanted to add, I haven't checked on this, but by putting a policy into place, you may have audit implications by not reaching your goal in three years.

- Member Hinman (Lindy): What policy is changing with this resolution? Katherine: We don't have a specific policy currently in place for reserve targets and general fund components. Member Hinman: So this is codifying the policy? Katherine: Yes. Member Hinman: It's just a question of why, why are we doing this? Katherine: That's a question back to you. This was a component that we brought forward as an idea to have it in place so that we could identify with the board of County Commissioners how our reserves were being impacted by certain decisions. The resolution acknowledges that we are constantly tracking where our reserves are, and recognizing the impacts that can happen if we are not set up to be able to respond if a situation were to occur. Member Hinman: I'm also trying to understand from an auditor's perspective if the standard is 3 months and we are not going to achieve that, how is that viewed when external parties come in to look at our finances? Katherine: It depends. Typically, what happens when we have externals look at our budget, they do an overall risk assessment. They're not just looking at our financials, but they'll look at our audit in terms of our compliance rates anywhere we've done anything with contracts or purchasing that has not been appropriate, they're going to look at all of those aspects. They're not just going to look at this one component. If we have a policy, we're acknowledging this is what our standard is, rather than the standard that has been out there. We're saying this is what our expectation is. I would also acknowledge that this is a resolution, it's not in stone. We're trying this out to see what the best fit is, but we may find that after time it's really not necessary to have this, or it is necessary, and we may even want to go higher. Indira: I think historically we didn't have a policy, but Jeff (prior BCPH Executive Director) would keep it around 10%. I think that was because we are an independent agency in terms of having our own board, but we're still part of a larger county.
- Member Hinman: What are the other public health departments telling you in terms of their standards? Katherine: It did vary, the average that we found was between 10 to 15%. We had some that went up to 25 to 30% and then we had some LPHAs that didn't have a fund reserve and were asking us for information because they didn't know that we could have this and that their county typically holds the reserve fund. Executive Director Nolen: Were those in counties where the public health department is embedded within the county? Katherine: Some, yes, but what we have found in COPHAD and with CALPHO is that per statute, the expectation is that they do have some resources that are set aside. Member Johnson: Did we have a conversation about whether

the county commissioners would allow us to use county funds? President McMillan: We have to ask them, because I think in the past actually the leftover funds had been rolled into reserve funds and that's part of how we were able to achieve a 12% balance, but I think we need to get explicit information from the Commissioners. Finance Manager Kazarosian: The county doesn't hold any funds dedicated to public health and reserves.

- Lexi: Looking ahead to the horizon, it looks like budgets are going to be much tighter and with the adoption of priority based budgeting, there may be more scrutiny about where funds are going. We're already moving into a space where we are working to be much more transparent and accountable for how we are using county funds. President McMillan: Which gets back to I'm very concerned that how we're going to get to 15% without severely impacting programs. I think it's important for us to have a goal and I think it's good to codify it in a policy. So I am in favor of moving in this direction, I just have concerns about the timeline and how we're going to get there, but I also think it's part of what the the Board of Health is directing BCPH to do in terms of budgeting.
- Member Harrison: Could we also have a future standing item that in two years we would revisit this? President McMillan: That's one of my questions, plus would we enter into a restoration plan upon immediately having passed this policy? Katherine: I would say we would wait till the proposed budget amendment, if the budget comes through, or it doesn't, because right now we're in limbo. But yes, if the amendment puts us below the rate (we would have to start on a restoration plan). President McMillan: If they amend our budget would we still be below the 15%? Katherine: We did a review last week and we were right at the 15%.
 - General discussion on review timing and fund definitions followed until all questions were resolved.

Board President McMillan made a motion, which was seconded by Board Member Hinman, to approve Resolution 2024-01. With all Board Members present in favor of the motion, President McMillan declared the motion unanimously carried.

ITEM 5. Program Spotlights: Strategic Initiatives Branch

Kelli Hintch introduced Shawn Hollister, Dina Reavis, David LaRocca, Rachel Mintle, and Dalia Mohamed. Kelli prefaced the presentation by providing an overview of SIB. Our teams provide strategic leadership, planning, prioritization, and coordination as well as some technical expertise and support. We cover three areas of Communications, Mental Behavioral Health, and IT. In addition to our internal work, we do a lot of external work such as connecting with Good Samaritan hospital and Boulder Valley Independent School District.

- Shawn Hollister, Communications Manager, shared that since June 2023 they have received 337 communications related support requests that also included 36 media requests. In 2024 Communications will refresh the BCPH logo, launch a one-stop-shop communications handbook, and ensure 3,000+ documents and 300+ webpages are ADA compliant.
- Dina Reavis, IT Manager, provided an update on two top priorities. 1) Transitioning Environmental Health core functions to the Vision Connect software. This software has been in prior use by BCPH and will now be used for lead investigations, body art inspections & plan reviews, and retail food



establishment inspections & plan reviews. 2) Working with finance and the county departments to purchase and implement a 3rd party Medicaid billing system. Buying a 3rd party Medicaid billing system will decrease staff workload and will enable public health to look at other services that we can bill for to maximize revenue. The goal is to implement the new system by the end of the calendar year.

- Dave LaRocca, Mental & Behavioral Health (MBH) Coordinator, provided an update on three top priorities. 1) Implementation of MBH Strategic Priority which includes convening our mental and behavioral health work group and aligning our roadmap with county and community partners such as school districts and state partners such as the Metro Denver Public Health. 2) MBH and American Rescue Plan Act (ARPA) Project. Last year BCPH was awarded about \$1.3 million ARPA funds to support our mental behavioral health programs. Those funds will support two new pieces of programming for 2024; a cultural broker who will be focused on working with our internal programs and with community members to create deeper engagement opportunities, and a communication scope of work that will include campaigns focused on reducing mental health stigma and advancing positive mental health, while preserve MBH work BCPH has advanced over the last couple years. 3) Working closely with our county policy team and with our internal programs to support key mental and behavioral bills and occasionally providing in-person testimony in support of bills such I Matter (provides up to 6 therapy sessions for kids in Colorado.)
- Dalia Mohamed, Administrative Specialist, provided an update on migrating all files that were previously stored on the G drive to the MS Teams platform, building a BCPH intranet page, and a top priority of securing new language translation services. Dalia coordinated with Boulder County regarding Language Access Strategy Services and will be the point of contact to schedule interpretation and translation services for Public Health programs. This represents a savings for BCPH as translations services will now be paid for by the county.
- Rachel Mintel, Health Planner, provided an update on the priorities 1) 2024-29 Strategic Plan, 2) Data Dashboards, 3) 2023 Healthy Kids Colorado Survey. Within the strategic plan we have six strategic priorities that each have a work group which we are currently in process of launching and developing documentation, goals and objectives for. We are also excited to roll out our Monitoring, Evaluation and Learning (MEL) process later this fall to help us track and monitor the strategic plan progress. We have two data dashboards that we're going to work on standing up this year by September and December. The programmatic dashboard will show measures of success within our divisions. The population health dashboard will include high level data indicators that will be helpful for our internal and external partners. The third priority is our 2023 Healthy Kids Colorado survey that goes out every other year to Boulder Valley School District

ITEM 6. Board Business: Upcoming Meetings and Executive Director Performance Evaluation

Jorden Thomas, Business Operations Manager reviewed the upcoming meeting schedule and the Executive Director performance evaluation. Jorden reviewed the schedule through August with a focus on a meeting previously scheduled for April 24th with the BOCC that was moved to the May 14th retreat and the dates for upcoming budget reviews. In addition to the regularly scheduled board meetings is Lexi's Executive Director performance evaluation. We will begin collecting data for the evaluation in April and will have it for the board to review at the May 14th retreat.

ITEM 7. Director’s Report.

None.

ITEM 8. Old and New Business.

Katherine Palmer shared that she is resigning as Director of Administration and Finance and her last full day of employment will be April 19th. All shared appreciation for Katherine’s hard work, amazing accomplishments, and that she is leaving us with a much stronger and more resilient admin and finance team.

Lexi led a discussion on the April 5-7th wind related emergency response.

- The intentional power outages from Xcel that were done to prevent fires created their own response needs for us at BCPH and across Boulder the County. I want to take a moment to give a shout out to Chris Campbell, Kari Middleton, and Colleen Sinclair, for their hard work and long hours, they were working 24/7.
- Our focus was on public messaging and support regarding food safety, and we made that available in English, Spanish and Mandarin, bringing well water systems back online, safely working with CDPH on options for refrigerated medicines, making sure folks with durable medical equipment had what they needed for electricity had a place that had security for those needs. In addition, we were monitoring early childhood education providers, long term care, assisted living, and skilled nursing partners, making sure that they're generators were functioning. As well as our own vaccine supply.
- Member Hinman expressed concern that the community did not have enough time to prepare for this, which was a major problem and maybe put lives at risk as a result. This ranged from people without generators that have medical equipment to people not knowing how to properly drive on the streets without functioning traffic lights. I would like to at some point understand the impact Xcel’s decisions had on public health and the cost to Boulder County and BCPH. All agreed that this is an important topic that needs to be addressed further and the Xcel needs to be a better partner in communication.

ITEM 9. Adjournment.

There being nothing further to discuss, President McMillan declared the meeting adjourned at 7:44 p.m.



Morgan McMillan,
President



Alexandra (Lexi) Nolen,
Executive Director