OFFICIAL RECORD OF PROCEEDINGS

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

August 12, 2024

BOH Members:

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

BCPH Staff:

Deputy Director, Indira Gujral; Interim Director of Administration and Finance, Desiree Kazarosian; Director of the Strategic Initiatives Branch, Kelli Hintch; Environmental Health Division Manager, Joe Malinowski; Health Planner, Rachel Mintle; Communicable Disease Program Coordinator, Carol Helwig; Business Operations Coordinator, Jorden Thomas; Administrative Specialist, Dalia Mohamed

Boulder County Staff:

Chief of Staff / Commissioners, Robin Valdez.

Members of the Public who Provided Comment:

Rosa (Padi) Fuster Aguilera, Lindsey Loberg

Meeting Called to Order.

Vice President Fagan called the meeting to order at 5:31 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).

Members of the public requested an end to using tax dollars to support Israel and encouraged the Board of Health and Boulder County Public Health to make a statement in support of a ceasefire in Palestine.

ITEM 2. Approval of Meeting Minutes.

Board Member Harrison made a motion, which was seconded by Board Member Johnson, to approve the June 10, 2024, Regular Board of Health minutes. With all Board Members present in favor of the motion, Vice President Fagan declared the motion carried.



ITEM 3. Introduction of Stephanie Faren, CDEM Division Manager

Indira introduced Stephanie as joining BCPH on July 1st, coming to us from Boulder Valley School District where she was the Director of Health Services. Stephanie is a nurse, has a Master's degree in nursing and public health also and has been in the public health community for over 20 years. We are excited to have Stephanie join the team.

ITEM 4. 2024-2026 Roadmap Proposal

Indira presented the 2024 through 2026 roadmap, first focusing on the outcomes from the 2020 to 2023 roadmap. For 2024-2026 we have prepared a streamlined version of the road map, which is internally and operationally focused. It does not duplicate what you see in the strategic plan. It includes four focus areas with 2 year goals, including:

- 1. Prioritize and align resources
- 2. Increases sources of revenue and workforce capacity
- 3. Improve organizational culture
- 4. Continue and expand county collaboration

Focus area 1: Prioritize and align resources has three components:

- Priority Based Budgeting. This is taking a closer look at what our funds are, where we are putting the resources, and identifying where we have gaps.
- Process improvements on financial internal controls. We have identified that we have some system improvements that we'd like to take a closer look, as well as improving financial internal controls and systems improvements that will help us within the agency and help all of the programs and staff navigate the financial systems.
- Space Optimization. This is something that county has started due to the fact that we
 went from being in person almost every day to then being remote every day, and now
 we're in this hybrid environment.

Thanks to Desiree Kazarosian, who's been working on the process improvements of the financial internal controls, and Jordan Bullard, who's been doing the space optimization.

Focus area 2: Increases sources of revenue and workforce capacity:

- One primary focus for increasing revenue is working with the other departments within
 the county to increase Medicaid reimbursement. Desiree Kazarosian and Indira Gujral
 have been working with those partners to make sure that we can find a contractor to help
 us maximize reimbursement. This has the potential to help fund our programs that are
 eligible but not receiving that funding today.
- Through the priority based budgeting work, we recognized that in order to be successful with the work that we want to do in the future we will need to create some new positions.



We'll be focusing on some critical positions to accomplish our goals over the next few vears.

• In order to preserve and bolster our workforce we've joined the state and some other local public health agencies to establish academic health center relationships for graduate and undergraduate students. This will allow us to create a workforce pipeline over the next few years.

Focus area 3: Improve organizational culture:

- This area focuses on implementing our workload plan that we developed last year with supervisors and the supervisor team strengthening the accountability of the teams. This means not just having key performance indicators for our priorities, but also starting to bring those down to the program level so that we can demonstrate accountability of the resources that we have.
- Pushing the advancement of health and racial equity through internal capacity development, and having leaders at all levels, particularly at every divisional level, really take ownership of what that means and how it will be applied over the next few years.
 That includes the management team engaging the Roots of Health Inequities course as a group so that we can bring solidarity and collaboration by learning with each other.
- The last pieces we've been working on is transparency of roles and responsibilities, which is being advanced with Jorden Thomas and Patrick Kuhnell.

Focus area 4: County collaboration: There's a lot of county collaboration that happens between BCPH staff and other departments, and we aim to create more transparency about what is happening and provide more regular internal system updates.

Lastly, we have built a RACI to spell out who's responsible, who's accountable, and where are areas where people need to be informed and consulted. Our goal is then to build an implementation plan out for each focus area as needed.

Discussion:

- Brooke Harrison: Would like to see more detail on Priority Based Budgeting. Will we see
 the cost of the critical positions in the 2024 budget or 2025? Desiree: we can provide
 those.
- Lindy Hinman: What is the focus on grant funding? Indira Gujral: We have a contracted grant writer to help bring in harm reduction and Mental & Behavioral Health revenue, and we will be keeping them on contract. Medicaid revenue prior to COVID was stable, but during COVID people and systems left and changed. It's a complex issue. People are



- currently hand entering into the system, so we trying to partner with county agencies to automate and maximize revenue.
- Lindy Hinman: Regarding grant funding I would just like to understand the longer-term strategy there and if we're thinking that that's too overweighted to grant funding, or if we want to actually put more energy towards grant funding, et cetera. Indira Gujral: We would have to take a historical look to see where we are now vs before to help figure out a future state. Kelli Hintch: The roadmap and strategic plan are aligned and will be working congruently; optimizing grant funding is a focus of Stewardship, Transparency, and Sustainability.
- Lindy Hinman: How are staff defining "agency culture"? How are you thinking about defining what the culture specifically is for public health? Indira Gujral: A lot of our culture is really aligned with our core values that we have identified. Over the past few years, we've developed agency commitments that say this is what we agree to as an agency and what is in alignment with the work that we do. Those help to define what our culture looks like. What we focused on over the last year was building an effective hybrid work culture, and are working on more specification, for example: when do you come in and meet in the office for collaboration, or how do you use technology to facilitate collaboration and create efficiency. Lindy Hinman: I think there's more to talk about here. I'd like to understand more what the actual culture of the organization aspires to be and how that aligns with external stakeholders as well.

ITEM 5. Budget updates (Audit results; prepping for 2025 Budget Study Session)

- **2023 Audit Results:** Sam Hellwege auditor from Clifton Larsen Type Allen presented the results of the 2023 Financial Statement Audit. Financial statements were in accordance with U.S. generally accepted, auditing standards and government audit standards.
- Desiree Kazarosian reviewed the budget topics covered in the director's report and steps finance is undertaking in preparation for the upcoming budget study session on August 21st.

• Discussion:

- Brooke: Going into the Budget Study session this month, we would like to see:
 - A detailed spreadsheet 2024/2025 comparisons
 - Revenue to date for 2024
 - Reserves pulled out and shown separated use of 2024; plan for 2025; and plan for rebuilding reserves.

ITEM 6. Proposal for Board of Health Meetings and Board Connection to Program Jorden presented two proposals:

- 1. Revising future board of health meeting cadence and topics to accomplish several objectives:
 - Help the board stay up to date on the budget.



- Create space for more strategic planning.
- Create regular rhythms for work.
- Plan updates related to action plan to the road map to different program goals and ensuring that the board feels connected to the staff. Could include exploring the boards own interests or focus areas.
- More deeply optimizing the use of all our time and taking capacity needs into account for everyone involved.
- If you approve of this program at the September BOH meeting we will implement with the October meeting.

2. BOH Program Champions Proposal:

- Being a champion would involve the opportunity for BOH members to meet with teams outside of Board of Health meetings to take a deeper dive on programs. You would build relationships with staff members and be champions of these priority areas in the community and on the board.
- o If you approve this in September, Jorden can start drafting out rules, responsibilities, guidelines.

Discussion:

Proposed shift

- Brooke Harrison: Yes overall to this. Director's Report: Regarding Month 2, is that where we would see a Director's Report like we are used to? Jorden Thomas: Maybe; it depends on what is emergent. Indira Gujral: Could be a hybrid meeting. Brooke would like to see more reporting of tangible outcomes.
- Lindy Hinman: What do we need to do to review policy and procedures for BOH; and once per year talking about priorities for the board of health? We should formalize a schedule of when we review policies, procedures, and priorities. Maybe at a quarterly retreat.

Champion

- Brooke Harrison: BOH capacity is a concern. Supportive to draft what it looks like and then come back.
- Lindy Hinman: Can also be an invitation for the BOH to come to community events.
 Need to treat this with a very light touch but could help us be champions for the agency outside of the agency.
- Agreed to draft some guidelines and revisit. Requesting feedback by August 26th.

ITEM 7. Director's Report.

Stephanie Faren and Carol Helwig presented an update on Avian/Bird Flu (HPAI/H5N1) and Rabies since there were some questions about it at the last board meeting.

• Discussion:



- Brooke Harrison: What is the potential contamination of unpasteurized milk from Bird Flu? Carol: Residents have to own a farm share or cow share to buy unpasteurized milk.
 I don't think there have been advisories sent out, but will look into it.
- Brooke Harrison: What is timeline from exposure to treatment of rabies? Indira Gujral:
 Response has to be very quick and depends on infection location. Landrey Fagan:
 Treatment needs to be started within 1-2 days of potential exposure.
- Brooke Harrison: Have high schoolers been vaccinated for Whooping Cough? Carol
 Helwig: people can still get whooping cough if vaccinated, but it is a milder disease if
 vaccinated. Brooke: Do we need to be concerned that it is popping up in older students?
 Carol: Rates we are seeing now are similar to pre-pandemic rates and we are back to
 baselines; we did see a decrease during the pandemic because Covid mitigation
 strategies are the same.

ITEM 8. Old and New Business.

None.

ITEM 9. Adjournment.

There being nothing further to discuss, Vice President Fagan declared the meeting adjourned at 6:57 p.m.

Signed, Morgan McMillan,

President

Signed, Alexandra (Lexi) Nolen,

Alexandra Moba

Executive Director

