

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting

In Person and Virtual Meeting: Dec 15, 2025

BOH Members in Attendance:

President Lindy Hinman, Vice President Amber Johnson, Board Members Morgan McMillan, Steven Yoon.

BCPH Staff in Attendance:

Executive Director, Lexi Nolen; Deputy Director, Indira Gujral; Director of Administration and Finance, Armando Guardiola; Finance Manager, Desiree Kazarosian; CDEM Division Manager, Stephanie Faren; Policy Lead, Tessa Hale; Chief Medical Officer, Dr Bob Belknap; Executive Administrative Assistant Patrick Kuhnelli, Administrative Specialist, Dalia Mohamed.

Boulder County Staff in Attendance:

Senior Assistant County Attorney, Kate Haywood.

Members of the Public who Provided Comment:

None

Meeting Called to Order.

President Hinman called the meeting to order at 5:32 p.m. and asked all participants to identify themselves for the record (see above). President Hinman 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).

No public comments.

ITEM 2. Approval of Meeting Minutes.

Board Member McMillan made a motion, which was seconded by Vice President Johnson, to approve the November 17, 2025, Regular Board of Health minutes. With all Board Members present in favor of the motion, Vice President Johnson declared the motion unanimously carried.

ITEM 3. Policy Framework, Policy Priorities, County Policy Team

Tessa Hale, Mark Ruzzin, and Cindy Copeland presented to the Board of Health key legislative and policy priorities for 2026. Mark Ruzzin opened by outlining the county's overarching legislative principles—racial equity, climate action, financial stewardship, and democracy—which guided the development of legislative and budget priorities in consultation with a range of stakeholders. Cindy Copeland detailed specific legislative aims, such as health insurance affordability, energy efficiency improvements targeting low-income households, and financial autonomy for county governments. She also addressed ongoing

efforts to enhance access to safety net services and affordable housing, while noting the challenges posed by a constrained budget environment that would require creative solutions and focused advocacy.

Tessa Hale then introduced herself as the new policy and systems change lead for Boulder County Public Health and provided a background in social justice and public health work. She explained BCPH's internal process of consulting with divisions to identify public health policy priorities, which included sustaining public health funding, communicable disease prevention, emergency preparedness, and expanding community engagement. Hale emphasized the need for a dedicated policy team to proactively shape local policy, improve collaboration with the county, and develop advocacy tools such as decision trees and talking points for the Board. She also discussed the importance of tracking progress with key performance indicators and outlined plans to implement new systems for policy management and staff training to better align policy strategy with organizational goals.

Discussion and Action Items:

Board President Hinman:

Q: How can we better help advocate for policy positions, whether it's locally or at the state level or nationally, as a Board of Health?

A: Tessa Hale agreed the board could be more involved in advocacy and suggested developing a process and infrastructure—like decision trees and talking points—to help board members advocate more effectively. Lexi Nolen added that BCPH was working toward aligning policy strategy with organizational goals and ensuring board members knew when and how to take action.

Board Member McMillan:

Q: What are you anticipating as the big focus of the session? Where's all the energy going to be?"

A: Mark Ruzzin explained that, due to current fiscal constraints, the state budget would be the primary focus of the legislative session and that legislators would need to be creative with limited funds. He noted ongoing efforts to reform Colorado's TABOR restrictions and anticipated a continued emphasis on prioritizing people and addressing the budget crisis.

Q: It'd be interesting to hear how the commissioners team looks at when and what type of action to take. For example, when do you write a letter versus attend a hearing? Do you have a decision tree to help make these determinations? If BCPH had a similar decision tree that would help us determine when and how to get involved.

A: Mark Ruzzin and Tessa Hale discussed the value of structured processes for advocacy actions and agreed to develop resources and templates to guide when and how to elevate policy positions.

Board Member Yoon:

Q: Are you looking for more sort of downstream or upstream... into the actual development of policies and discussions around those?

A: Tessa Hale responded that the idea was to have working groups involved during the planning phase, where board members could contribute expertise or participate if interested, especially as key policy topics were developed.

ITEM 4. Updates on CDC Immunization Recommendations

Dr. Bob Belknap, Chief Medical Officer for Boulder County Public Health, presented updates on current immunization recommendations, focusing on recent changes to hepatitis B vaccine protocols made by the Advisory Committee on Immunization Practices (ACIP). He explained the original success of universal hepatitis B vaccination in reducing disease rates and voiced concern over ACIP's new guidance, which would scale back universal birth dosing in favor of conditional recommendations. Dr. Belknap emphasized that these changes lacked a scientific basis and had been broadly rejected by over 40 national medical organizations, who argued they would harm children and families. He further detailed the state of Colorado's decision to maintain more rigorous standards by incorporating the American Academy of Pediatrics (AAP) schedule into state regulations, in part to counteract the federal-level policy shift.

Dr. Belknap also discussed the broader context for public health communications, pointing out the ongoing rise of influenza, COVID-19, and RSV, and Boulder County's comparatively high vaccination rates. He highlighted collaborative state and local efforts to combat vaccine misinformation, such as coordinated messaging and the formation of the "Colorado Chooses Vaccines" coalition. Dr. Belknap highlighted research indicating that trusted physician relationships could mitigate vaccine hesitancy and stressed the need for targeted communications—especially to expectant mothers and parents—to maintain public trust. He concluded with updates on efforts to align vaccination information across agencies, challenges with public funding, and the continuing imperative to protect vulnerable populations through effective policy and outreach.

Stephanie Faren and Indira Gujral presented on Boulder County Public Health's recent adaptations in immunization communications and strategy. Stephanie explained that the department had updated its website to direct the public to authoritative immunization guidance from the American Academy of Pediatrics, especially considering changing CDC recommendations, and described the sharing of local respiratory illness surveillance tools for real-time data. Stephanie demonstrated a local respiratory illness surveillance dashboard that is publicly accessible and provides real-time data for both healthcare partners and the public.

Indira emphasized the importance of unified, statewide messaging among public health agencies and highlighted research showing that vaccine hesitancy was often rooted in lack of physician engagement rather than fundamental opposition. Together, they underscored the dual need to combat misinformation and to utilize trusted healthcare providers to improve vaccination rates, while supporting these efforts through enhanced data sharing and coordinated communications across local health systems.

Discussion and Action Items:

Dr. Belknap, with additional context from Indira Gujral and Lexi Nolen, highlighted research and focus groups showing that parents who have conversations with their OB-GYN or primary physician are more likely to vaccinate their children. The group noted the importance of physician-led communication in reducing vaccine hesitancy, particularly among privately insured families

Board President Hinman:

Q: How are we thinking about the communications aspect of this? Where are people supposed to get their source of truth?

A: Dr. Belknap responded that there are ongoing efforts to build coordinated, statewide communication to counter misinformation, ensure consistent messaging, and use the opportunity to strengthen local trust and expertise even as national agencies face credibility challenges. He described working groups dedicated to metrics and communications and acknowledged the need for long-term strategies.

A: Indira Gujral and Stephanie Faren explained that efforts were underway to coordinate messaging statewide so that accurate, consistent information would reach the public no matter where they were in Colorado. Indira emphasized focusing on trusted communication through physicians and public health collaboration to combat widespread misinformation.

Board Member McMillan:

Q: Does Colorado set Medicaid reimbursement based on the vaccine schedule? Do we have control over that?

A: Dr. Belknap explained that Colorado has some control over Medicaid reimbursement for vaccines, but federal decisions could constrain state flexibility and could require state funds to fill gaps. He noted that, so far, the governor and legislature have been supportive of supplementing costs, if necessary, but state budgetary limits could present ongoing challenges.

Q: In Colorado, we joined the Western States coalition, right? ... Do we have a sense of what the anticipated impact of that has been?

Indira confirmed that Colorado had joined the Western States coalition to support unified regional responses but said a formal evaluation of its specific local impact had not been completed.

ITEM 5. 2026 Budget Approval

Armando Guardiola presented the proposed 2026 budget for Boulder County Public Health, highlighting that it reflected a \$3.8 million reduction compared to 2025 and included the loss of 40.6 full-time equivalent positions through attrition, reassignment, and program sunsetting. He explained that these difficult decisions were guided by a priority-based budgeting approach, which focused on preserving core public health services and ensuring long-term financial sustainability. The budget relied on drawing a smaller portion from reserves in 2026 than in 2025 (\$691,563 vs. \$2,126,339) resulting in an ending fund balance of \$4,449,029, thereby aligning with the board's reserve policy and aiming to keep the agency self-sustaining for at least the next two to three years.

Armando also outlined the department's commitment to ongoing financial discipline, improvement of internal controls, and proactive monitoring of expenditures and revenues. He indicated that future budgeting would shift toward a hybrid of priority-based and zero-based budgeting to remain flexible amid fiscal uncertainties and evolving strategic priorities. The presentation concluded with acknowledgment of the challenging impacts on staff and the importance of aligning budgetary decisions with community outcomes, innovation, and the board's long-term vision for revenue generation and organizational resilience.

Discussion and Action Items:

The Board and BCPH leadership discussed the sustainability of Boulder County Public Health's budget and reserves policy. Board members voiced concerns that relying on reserves to balance the budget was not a sustainable long-term approach, especially in the event of unforeseen emergencies, and stressed

the need for a strategy to rebuild depleted reserves. Leadership acknowledged these challenges and distinguished between using reserves for one-time emergencies versus ongoing structural shortfalls. They emphasized that as the agency faces continued underfunding and reduced staff, it must set clearer boundaries on what it can take on, prioritize essential services, and maximize new grant opportunities to further reduce reliance on reserves in the future. It will be part of the agenda for the governance and budget committee to address these financial strategy issues.

Board President Hinman:

Q: How can the board and agency focus on revenue generation to optimize long-term sustainability, now that the budget is balanced?

A: Armando explained that revenue generation is a main priority going forward, with several ideas already identified for exploration, and that board strategy discussions would address using these ideas for long-term financial stability.

Q: How does the budget planning process reconcile with evolving strategic goals and key performance indicators?

A: Armando responded that priority-based budgeting provides flexibility to adjust resources as strategic priorities evolve, but emphasized the importance of not overextending the agency with too many new initiatives.

Board Member Yoon:

Q: How will the agency align technical needs and strategic goals when funding for certain initiatives is uncertain, and how can the budget process handle changing technical requirements?

A: Armando said that identifying flexible funding sources allows the agency to adapt to new priorities or technical needs as they arise, but stressed the need for discipline in launching new projects; Lexi Nolen also noted the importance of limiting active priorities to fit available resources.

Board Member McMillan

Q: What is the plan for replenishing reserves if used for emergencies, and how can sustainability be ensured?

A: Armando explained that distinguishing between emergency and structural reserve use is essential, and that new grant funds should replenish reserves rather than expand programs unsustainably; Lexi added that the team is working on scenario planning for reserve use.

Action Taken:

At the conclusion of discussions Board Member McMillan made a motion to approve the 2026 Boulder County Public Health budget, the motion was seconded by Board Member Yoon, with all board members present voting “aye” the 2026 budget was approved.

ITEM 6. Approval to Enter Executive Session.

The Board of Health entered an executive session pursuant to Colorado Revised Statutes (C.R.S.) § 24-6-402(4)(b) to receive legal advice on specific legal questions regarding a proposed settlement agreement and general release with Xcel Energy to resolve BCPH's claims in the Marshall Fire Litigation

ITEM 7. Approval of Settlement Agreement and General Release with Xcel Energy claims in Marshall Fire Litigation.

Senior Assistant Boulder County Attorney Kate Haywood presented a request for the Board of Health to approve the global settlement and general release agreement between Boulder County Public Health (BCPH) and Xcel Energy related to the Marshall Fire litigation. Approval would authorize the Executive Director to sign the agreement on behalf of BCPH.

Kate Haywood confirmed that the Board had previously reviewed the agreement and received legal advice during the prior executive session. The settlement amount and related details remain confidential until all parties approve the agreement. The County Attorney's Office advised that entering into the settlement is in BCPH's best interest.

Action Taken:

Board President Hinman made a motion to approve the settlement agreement and general release with Xcel Energy, Board Member McMillan seconded the motion and will all board members present voting "aye" the motion carried.

ITEM 8. Director's Report.

Lexi Nolen expressed appreciation to the Board of Health members for attending the annual all staff retreat, noting that staff valued their participation and presence. Lexi highlighted the importance of continued collaboration and coordination between the board and staff to maintain engagement and shared leadership. Lexi also announced plans to provide KPI baseline data early in the new year and reintroduce operational plans for programs, which were last implemented in 2016. These plans aim to improve accountability, align work with KPIs, and enhance efficiency thereby reinforcing the agency's vision.

Lexi addressed 2025 staffing changes, acknowledging the departure of long-serving staff and the loss of institutional knowledge. Lexi emphasized that while the agency will look and feel different in the coming year, its dedicated team remains committed to carrying forward its mission.

ITEM 9. Old and New Business.

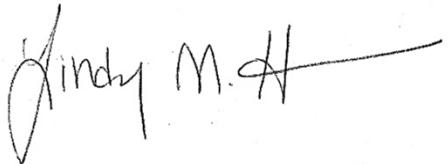
None.

ITEM 10. Approval to Enter Executive Session.

Immediately following the Board of Health Regular Meeting, the Board of Health entered an executive session pursuant to C.R.S. § 24-6-402(4)(f) for the purpose of discussing the Boulder County Public Health executive director mid-year report. At the request of Lexi Nolen the executive session was not recorded.

ITEM 8. Adjournment.

Board President Hinman declared the meeting adjourned at 7:23 p.m.



Signed, Lindy Hinman,

President



Signed, Alexandra (Lexi) Nolen,

Executive Director