

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Boulder County Public Health Auditorium May 11, 2015

BOH Members Present: President Gregg Thomas; Vice President Don Misch, M.D.; and Board Member Olga Bermudez. **Absent:** Board Members Sonya Jacquez-Lewis and Jorge DeSantiago.

Staff Members Present: Public Health Director Jeff Zayach; Director of Administrative Services Stephanie Martz; Director of Health Divisions Heath Harmon; Medical Officer Chris Urbina, M.D., Environmental Health Division Manager Joe Malinowski, Community Health Division Manager Andrea Poniers, Communicable Disease & Emergency Management Division Manager Indira Gujral, Health Planning & Epidemiology Manager Namino Glantz, Family Health Division Manager Heather Matthews, Communicable Disease Control / HIV Prevention Coordinator Carol Helwig, and Administrative Division Manager Tammy Golden.

Meeting Called to Order.

President Thomas called the meeting to order at 5:31 p.m.

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

None.

ITEM 2. Consent Agenda.

A. Approval of April 13, 2015, Board of Health Meeting Minutes.

B. Approval of December 2014, January 2015, February 2015, and March 2015 Financial Reports. Vice President Misch made a motion, which was seconded by Board Member Bermudez, to approve the consent agenda, as presented. With all Board Members voting in favor of the motion, President Thomas declared the motion approved. **Absent: Board Members DeSantiago and Jaquez-Lewis.**

ITEM 3. Presentation on New Harm Reduction Laws and Approval of Standing Orders for The Works Program.

Communicable Disease Control/HIV Prevention Program Coordinator Carol Helwig presented this item and gave an update on the number of clients served by the four Works Program locations – two BCPH sites (Longmont and Sundquist), Boulder County AIDS Prevention (BCAP), and Mental Health Partners (MHP). She said the number of clients served by the program has increased from 150 in 2010 to more than 600 last year. Younger populations are the largest population accessing services, which mirrors national trends. The mean age of clients has declined from 45 in 2009 to 25 in 2014. Vice President Misch asked how many clients were University of Colorado (CU) students. Ms. Helwig said the Works Program is an anonymous program, so they don't collect identifying information; however, there are CU students participating in the program.

Although mobile vehicle deaths have been declining, the number of overdose deaths has been increasing. There were 45 deaths in Boulder County in 2013 attributed to drug poisoning; 16 were people

younger than 25 years, a high mortality when considering potential years of life lost (PYLL).

Ms. Helwig said Colorado enacted a new law on April 3, 2015, allowing for implementation of standing orders for naloxone prescriptions. Naloxone is an “opioid antagonist” that is used to counter the effects of opioid overdose; it can be administered by a lay person with minimal training. The new law allows staff and volunteers of harm reduction programs (e.g. The Works Program) to possess and distribute naloxone to people at risk of an opioid overdose.

The Works Program has been collaborating with Mental Health Partners (MHP) to provide a joint training on overdose prevention and administration of naloxone to individuals attending a 1.5-hour class. Adoption of and implementation of standing orders in Boulder County would eliminate a barrier faced by clients who wish to obtain the training but can’t because it’s only offered once a month. The standing orders would allow for more timely training of clients, as well as more efficient use of staff time and resources.

The dosage of naloxone provided is very forgiving with a low user-error rate. Since The Works Program started offering naloxone in 2013, only 1 case has been unsuccessful, although that person’s system did also contain alcohol and other drugs. The availability of standing orders would be more efficient since clients won’t be required to wait for a monthly class and staff could provide one-on-one training.

BCPH’s proposed standing orders have been reviewed by and are endorsed by BCPH Medical Officer Chris Urbina, M.D., who also said the Colorado Department of Public Health and Environment (CDPHE) has authorized standing orders for Colorado pharmacists and harm reduction agencies.

Vice President Misch asked about auto-injectors since manually drawing injections is more likely to intimidate lay persons. Ms. Helwig said Medicaid clients could receive an auto-injector for a \$3 copay.

Vice President Misch also asked if any colleges or universities have started issuing standing orders. Ms. Helwig said she wasn’t sure but said it’d be good if they did. She also quoted the cost of nasal/auto-injectors was roughly \$40, compared to \$20-\$25 for injections.

Ms. Helwig said she hoped to start working with emergency room staff so people presenting with an overdose could receive naloxone.

Board Member Bermudez asked about training Works Program volunteers, and Ms. Helwig said two volunteers and one intern have gone through a significant onboarding process and would be following very specific guidelines and protocols. Not all Works Program volunteers will receive naloxone training.

President Thomas asked there’d be a waiting period for the standing orders to become effective, if approved. He was told the orders could go into effect immediately after approval. Dr. Urbina said the issue was resources. He also said he didn’t think any other health departments besides the City and County of Denver were adopting naloxone standing orders currently.

Vice President Misch asked about the lifespan of Narcan, which is the trade name for naloxone. Ms. Helwig said it was at least a few years, and staff will prescribe oldest doses first.

Public Health Director Zayach asked about trends, and Ms. Helwig said the biggest increases have been in prescription drug use and heroin, as people previously addicted to prescription drugs are crossing over to heroin. Now that recreational marijuana is legal in Colorado, drug traders in Mexico have started

switching from trafficking marijuana to cheap heroin.

Ms. Helwig commented on the HIV/hepatitis C outbreak occurring in Indiana. The issue is that the drugs “gum up,” which allows the HIV virus to survive longer in shared needles.

The Board thanked Ms. Helwig and Dr. Urbina for their update.

Vice President Misch made a motion, which was seconded by Board Member Bermudez, to approve naloxone standing orders for Boulder County. With all Board Members voting in favor of the motion, President Thomas declared the motion carried. Absent: Board Members DeSantiago and Jaquez-Lewis.

ITEM 4. Presentation of 2014 Annual Report.

Director of Health Divisions Heath Harmon introduced this item and said BCPH programs listed 175 objectives in their operational (op)plans in 2014; this is a lower number than in previous years because the Addiction Recovery Centers (ARC) transitioned from BCPH to Mental Health Partners (MHP). Of BCPH’s 175 program objectives that were listed, 154 were either met (101) or exceeded (53).

Many staff members from across the agency, especially in Administration and Information Technology (IT), devoted an enormous amount of time and energy throughout the year assisting in the transition of Addiction Recovery Centers (ARC) programs, staffing, and resources to Mental Health Partners (MHP). Other significant areas of emphasis included: 1) the major remodel project at the County’s St. Vrain Complex in Longmont to be finished in August, and 2) the agency’s focus on Culture and Change, which culminated in an all-staff meeting in September and ongoing “work walls” (i.e. each division takes a turn showcasing its programming and staff in fun, interactive open houses that are open to all other staff).

President Thomas acknowledged and congratulated Namino Glantz on the creation of the Health Planning and Epidemiology Program and her promotion to manager of the new program.

Communicable Disease & Emergency Management Division:

- Division Manager Indira Gujral, who is formerly from CDPHE, was hired last May.
- There were several pertussis cases last year, as well as Ebola and measles. Ms. Gujral said as a result of several community response efforts, the division has developed stronger ties with community partners, which included updating the infectious disease response plan. BCPH reached out to the community providers to help them develop an impressive and unique quarantine plan.
- Staff collaborated with local health providers and hospitals on emergency response efforts, which culminated in an emergency preparedness event hosted last fall by Longmont United Hospital.
- The number of vaccines provided has not changed a great deal during the past few years, although the number of clients has significantly decreased (from an average of 3,000 in previous years to 1,700 last year). This is attributed to implementation of the Affordable Care Act (ACA).
- The number of Medicaid clients has remained steady.
- The HIV Prevention Program provided leadership in the community on overdose prevention.
- BCPH is negotiating a new TB contract with the City/County of Denver, which manages Boulder County’s TB Program and provides TB services in six other counties; the State of Colorado provides flat funding to Denver. Costs for monitoring and treatment of TB have increased significantly; however, state funding has remained flat, so BCPH has offered to advocate on behalf of Denver to seek additional funding for the program.

Administration:

- President Thomas asked Director of Administrative Services Stephanie Martz for an update on the financial system conversion (i.e. IFAS). Ms. Martz said IFAS is the County's accounting software, which is integrated with purchasing. She said the ultimate goal is the ability to provide financial reporting down to the grant level. The IFAS conversion was supposed to be completed in 2013; however, the project was postponed after the flood impacted Boulder County; it will now be finalized this year.
- Board Member Bermudez asked about the use of encrypted email. Mr. Harmon and Mr. Zayach reported that an information technology (IT) assessment was conducted last year to ensure agency compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements and identify if any areas for improvement were needed. As a result of that assessment, BCPH has encrypted all of the agency's laptops and has the availability to distribute encrypted emails and faxes.

Community Health Division:

- The Positive Youth Development Assessment was conducted, which has been helpful in planning for the future.
- The Prevention/Intervention Program broadened its focus and subsequently changed the name of the program to Inspire Youth Connections in order to better reflect its positive outlook and protective factors, including Sources of Strength (SOS), which is an evidence-based program aimed at decreasing suicide rates in youth.
- Smoke-free ordinances have been bolstered in Lafayette, Louisville, and Boulder, and vaping has also been added where possible. Smoke-free perimeters have been expanded, and smoke-free ordinances are being aligned with marijuana ordinances to ensure that "smoking is smoking."
- A lot of change is occurring within the division with regard to the focus of programs. For example, the Alcohol Diversion Program changed its name to Community Substance Abuse Prevention (CSAP) in order to deliver consistent messaging regarding reduction of all substance abuse, especially among youth. Programming is also transitioning from direct service to population-based services.
- Teen pregnancy rates continue to drop, both in Colorado and nationally. LARC (long-acting, reversible contraception) is being utilized by roughly 90% of BCPH's teen clients; nationally that number is only about 10%. Vice President Misch asked about funding reductions for LARC, and Community Health Division Manager Andrea Poniers said some of the funding was from Title 10. A private donor helped to fund LARC for the past five years, which resulted in expanded use of LARC. Dr. Urbina said community health centers would be most affected by the upcoming loss of revenue.

Environmental Health Division:

- 2013 flood work continued last year with onsite wastewater treatment systems (OWTS). Earlier in the year a lot of work was being done on mold and air quality.
- Erin Dodge was promoted as the new program coordinator for the Water Quality Program.
- The EnergySmart Program helps to define sustainability throughout the community. Since the EnergySmart Rebate Program began in 2010, more than \$2.5 million in rebates have been distributed to help increase sustainability.
- Staff continues to strive towards developing partnerships with retail food establishments (Partners in Food Excellence) as opposed to relying on regulatory approach for food safety.
- The Built Environment Program was created. "Built environment" includes all of the physical parts of where people live and work (e.g., homes, buildings, streets, open spaces, and infrastructure), which influences their level of physical activity.
- Oil and gas is still a major topic along the Front Range. Staff is using special equipment to conduct oil and gas air quality monitoring that the County Commissioners have helped to fund. Boulder County's oil and gas investigator position is now being shared with the City and County of Broomfield.

- The position was intended to “get boots on the ground” during the county’s oil and gas moratorium.
- The water testing laboratory was closed at the end of last year. Several options within close proximity are available to residents for water testing; this includes a mail-in option with CDPHE.
 - Flood response efforts continue, and there are still some people who can’t access their homes. Flood funding must be spent by 2016.
 - There were efforts to add a ballot measure for additional business sustainability funding; however, the County Commissioners decided to provide bridge funding instead.
 - The goal is for food safety consistency of retail food establishments (RFE) across the state, which is something the industry also wants and said it would be open to a new fee to ensure that. The Partners for Food Safety Program is very successful and added 32 new partners last year. It is a very good program for the rest of the state to emulate. President Thomas asked about the optimal level of RFE inspections; he was told that was 150/FTE or 305 inspections/FTE. State Statutes require annual inspection or risk-based matrix, with more in-depth inspections occurring at higher-risk places. BCPH currently is unable to meet State Statutes; some counties focus on providing higher inspection numbers, but quality of those inspections isn’t as good.
 - It was a record year for terrestrial rabies. Plague is also a worry this year, as is tularemia.
 - Board Member Bermudez asked about the number of body art facilities and was told there were 23.

Family Health Division:

- Each program in the division is now more “systems-level.”
- Staff has demonstrated leadership through home visitation collaboration with other agencies.
- There is increased focus on breastfeeding-friendly environments, and BCPH hosted the first-ever breastfeeding summit in Boulder County to increase and promote breastfeeding duration and work place environments. The summit led to revitalization of the Boulder County Breastfeeding Coalition and strategies that have led to state-level funding to promote breastfeeding environments in work places; thus far, 11 child care centers have received that designation.
- The Community Health Promotion’s (CHP) Child Health Liaison Program is now available online at the state level.
- The number of pregnancies in WIC clients has decreased.
- WIC collaborated with the Environmental Health Division to increase the number of vouchers for WIC clients at the Boulder County Farmers’ Markets in Boulder and Longmont.
- Two collaborative trainings were held with MHP, Imagine!, and Housing & Human Services about marijuana, now that it is legal in Colorado. Safe-sleep infant training was also conducted.
- The Early Childhood Health Initiative Partnership is increasing capacity as a public health issue.
- Raising of America Partnership in Boulder County is a series of documentaries on social determinant impacts on parenting and how a strong start for all children leads to better outcomes with regard to learning, earning, physical health, and mental health. Some of the partnership members include BCPH, Foothills United Way, Early Childhood Council of Boulder County, City of Longmont, and Sister Carmen Community Center.

President Thomas asked for an update on the state’s “Don’t be a Lab Rat” campaign launched last year to discourage teens from using marijuana. The state’s current campaign is the “Good to Know” campaign. It is not connected with the lab rat slogan, and instead is aimed at educating tourists and residents about safe use of marijuana. Community Health Division Manager Andrea Poniers said they were different messages for different audiences. A different youth campaign will be launched soon, although it isn’t connected with the Good-to-Know campaign. A Latino campaign is also coming out, and the retailer education campaign continues. Most material is available on the CDPHE website.

Mr. Zayach gave an update on the agency's updated strategic plan, saying the three strategic plan priorities for the next five years are all infrastructure-related:

- 1) *Engage in thorough population health assessment and planning activities to prioritize health issues and determine agency role in addressing these issues:* Efforts included reducing substance abuse and increasing healthy eating and active living (HEAL); early childhood assessment; healthy and intended pregnancy (HIP) assessment; and youth assessment.
- 2) *Enhance staff competency to implement population-based and collective impact strategies and promote practices to advance health equity:* Efforts included health systems training for staff and addressing health equity, conducting assessments to help ground staff in guiding principles and developing capacity (Culture & Change and Emotional Intelligence training), and identifying ongoing needs.
- 3) *Assure that the agency has adequate resources (e.g. funding, staffing, facilities) to implement the strategic plan:* Efforts included creation of the new Strategic Initiatives Branch, changing program names to better identify program purpose (e.g. CSAP), and positioning the agency for future needs (both internally and externally). The Strategic Budgeting Workgroup is working to align internal resources with emerging needs and how best to support them, both short-term and long-term.

Mr. Zayach highlighted the agency's work since 2013. He said the strategic plan was approved by the Board of Health in April 2013, and associated trainings have started. The September 2013 flood derailed a lot of work for many months; flood work continues today. From late 2012 to current, a lot of staff's energy and effort – especially in Administration – has been dedicated to integrating the Addiction Recovery Centers (ARC) from BCPH to Mental Health Partners, which culminated in the transition taking place on January 5, 2015. The St. Vrain Building remodel project that began in 2011-12 and ramped up in 2013/14 will culminate with the move taking place this summer. Additionally, Ebola and measles responses resulted in a great deal of staff time.

Strategic plan challenges include:

1. Prioritization and workload.
2. Resources: expanded and new work, allocation to meet greatest needs.
3. Keeping staff connected.

The Board acknowledged the passion of staff and congratulated them on a job well done to protect the health and safety of the community. They asked staff to alert them if Board support would be beneficial. Mr. Zayach also thanked staff for the outstanding services they provide and thanked the Board for their continued support.

ITEM 5. Director's Report.

There were no questions regarding the written report.

ITEM 6. Old and New Business/Announcements.

A. Discussion on Tabled Consent Agenda Items (if any).

None.

B. Old and New Business.

None.

C. Announcements.

Dr. Urbina: Public Health Director Zayach thanked Dr. Urbina for attending the meeting. He said Dr. Urbina has always been a great public health leader in Colorado. He has met with numerous BCPH staff

members regarding provision of medical and clinical services to clients (e.g. Communicable Disease/HIV Prevention, Immunization, etc.). Mr. Zayach said feedback from staff on the support they receive from Dr. Urbina has been very positive. Dr. Urbina said Boulder County Public Health was one of the leading public health departments in the state, and he thoroughly enjoys working with staff.

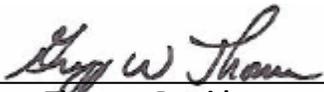
June 8 Regular Meeting Cancellation: Mr. Zayach said there were no pressing matters to discuss at the June 8 Board of Health meeting and asked if the Board wanted to cancel the meeting, especially since a special study session is scheduled for June 22 to review and discuss the 2016 proposed budget.

Vice President Misch made a motion, which was seconded by Board Member Bermudez, to cancel the June 8 Regular Board of Health meeting. With all Board Members voting in favor of the motion, President Thomas declared the motion carried. Absent: Board Members DeSantiago and Jaquez-Lewis.

July 13 Meeting: President Thomas said he would be absent for the July 13, 2015, Regular Board of Health meeting. Public Health Director Zayach said the other Board Members would be polled to ensure a quorum is available for the meeting.

ITEM 8. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:19 p.m.



Gregg Thomas, President



Jeffrey J. Zayach, Public Health Director