## State of Colorado



Elizabeth Espinosa Krupa, Chair Selina Baschiera, Vice-Chair Annie Kao, Commissioner Sarah Mercer, Commissioner Cole Wist, Commissioner Independent Ethics Commission 1300 Broadway, Suite 240 Denver CO 80203 Phone: (720) 625-5697 www.colorado.gov/iec

Dino Ioannides, Executive Director

#### **REPORT OF INVESTIGATION**

To:Independent Ethics CommissionFrom:Dino Ioannides, Executive Director

Date: October 8, 2021

Re: Complaint 20-76

#### BACKGROUND

On December 31, 2020, Mr. Jordan Hedberg ("Complainant") filed <u>Complaint 20-76</u> ("Complaint") against Dr. Clifford Brown ("Respondent"), the Custer County Public Health Director. The Complaint generally alleged that Respondent, who holds a doctorate in optometry, fraudulently claimed that he also held a master's degree in public health ("MPH") from Dartley University ("Dartley"); that the MPH diploma is fake; and that Dartley is a "criminal and illegal online diploma mill". The Complaint alleges that Respondent knowingly used a fake MPH to obtain the Custer County Public Health Director and suggests that Respondent knowingly used a fake MPH to obtain the Custer County Public Health Director position, for which he was hired in July, 2020. The Complaint further alleged that the purpose of Respondent's deception was "for the private financial gain of a government paycheck and the benefits that come with the job."

On January 19, 2021, the Independent Ethics Commission ("IEC") deemed the Complaint non-frivolous.

On January 26, 2021, Respondent filed his Response. In summary, the Response states that:

- 1. State law permits "other qualified public health professionals" to serve as public health directors. § 25-1-508(5)(c)(1), C.R.S.
- 2. Proof of Respondent's qualifications is contained in the curriculum vitae ("CV") Respondent presented to the county. The CV is attached to the Response.
- 3. The statutory requirements make no mention of an MPH and Respondent did not rely on his MPH as qualifying him for the position.
- 4. A press release issued by the County Board of Health ("BOH"), which Respondent incorporated by reference in his Response, indicated, *inter alia*, that: (a) the BOH had

already dealt with the allegations of the Complainant; (b) Respondent acknowledged he had not verified whether Dartley was an accredited institution; (c) Respondent had served thirteen years as a senior health administrator in the United States Public Health Service; and (d) Respondent's federal public health experience, not his MPH, was the deciding factor in the county's hiring decision.

5. Respondent "cannot vouch for Dartley University." Respondent took two years of online classes, took tests online, and received an MPH in 2008. "There was nothing about the way Dartley University conducted business that caused [Respondent] to be suspicious about the validity of the institution or about the legitimacy of the degree…"

On April 4, 2021, Respondent filed a Supplemental Response, which is attached hereto as Exhibit A. On April 5, 2021, Complainant filed a "Response to Supplemental Response", which is attached hereto as Exhibit B. On the same day, April 5, Respondent filed a reply, which is attached as Exhibit C.

#### INVESTIGATION

#### **Interview:** Complainant

During the investigative interview, Complainant clarified his motivation for filing an ethics complaint, namely: (1) the Custer County Board of Health ("BOH")<sup>1</sup> never followed up on verifying Respondent's credentials for the Director of Public Health position; and (2) the Custer County Sheriff closed the complaint against Respondent when Respondent refused to provide documentation about his credentials and Dartley to the Sheriff. *See* Exhibit D.

Complainant realleged that Respondent "knowingly" falsified his credentials to procure a government job. Complainant indicated the BOH's claim—that the BOH did not consider Respondent's MPH in awarding the Public Health Director position—is not credible (though the Complainant did not explain why the claim is not credible). Complainant conceded it is possible Respondent might have been misled by Dartley. However, Complainant also stated that the Respondent now knows of Dartley's fraud but has never "recanted" his allegedly fraudulent credentials.

As pertaining to Dartley, Complainant indicated that the National Student Clearinghouse<sup>2</sup> has no records of any such University. Complainant provided an excerpt from the book, *Degree Mills*,<sup>3</sup> which lists Dartley as a degree mill. *See* Exhibit E. Complainant stated that he has researched secretary of state records in all 50 states and U.S. territories and found that no state or territory has a record of Dartley. Moreover, Complainant has been unable to locate any professor that claims to have ever taught at Dartley.

Complainant acknowledged that the Colorado Department of Public Health and Environment ("CDPHE") has a waiver process for those individuals not otherwise qualified to serve as a county public health

<sup>&</sup>lt;sup>1</sup> The Custer County BOH and the Board of County Commissioners ("BOCC") are technically different bodies. However, in Custer County, the commissioners of the BOCC also comprise the BOH.

<sup>&</sup>lt;sup>2</sup> See <u>www.studentclearinghouse.org</u>. The fact sheet for the National Student Clearinghouse provides a summary of the Clearinghouse's services, at this website: <u>studentclearinghouse.info/onestop/wp-content/uploads/NSCFactSheet.pdf</u>.

<sup>&</sup>lt;sup>3</sup> Ezell, Allen, and Bear, John. *Degree Mills: The Billion-dollar Industry That Has Sold Over A Million Fake Diplomas.* Prometheus Books, 2005.

director. However, Complainant alleged that CDPHE had not received an application for a waiver pertaining to Respondent.

#### **Interview: Respondent**

Respondent and Custer County Attorney, Clint Smith, participated in the investigative interview (Mr. Smith entered his appearance on behalf of Respondent prior to the investigative interview).

Respondent indicated that he first learned of the Custer County Public Health Director position from a friend. Before Respondent could contact the County about the position, the County called him. The County representative indicated that the nurse in the Public Health Director position had resigned and the position would be opening in April, 2020. Respondent does not recall if the County sent him any written information about the position, such as a position announcement; but he does recall that the County requested his curriculum vitae ("CV"), which he ultimately provided, and Respondent's attendance at an interview. Respondent did not recall the identity of the County representatives with whom he was dealing at the time.

Mr. Smith offered the following additional information: During the interview with the County, there was no discussion regarding Respondent's MPH. Rather, the County based its decision on Respondent's experience. Respondent did not rely on the MPH to obtain the job offer. The materials that Respondent provided to the County included photocopies of his diploma and transcripts, which Mr. Smith provided and which are attached as Exhibit F.

As pertaining to his MPH from Dartley, Respondent indicated as follows: Respondent's motivation in seeking an MPH degree was to help rectify some of the practices he witnessed in his public health work in the military and private practice, including what Respondent called "silo-ing" of health care. Respondent wanted to engage with the broader health context of the communities he was serving, including alternative, holistic approaches to treatment on Indian reservations. The MPH program at Dartley did not include written academic materials; there were no written exams and there were no written substantive class materials. Rather, substantive activities at Dartley were all oral, including phone calls and exams. There were no class lectures. Exams were conducted by four examiners. Respondent does not remember examiners' names or qualifications.

Respondent stated that, as opposed to what has been claimed by Complainant, the qualifications for the Public Health Director position do not require a master's degree. Rather, it is Respondent's belief that the position qualifications include five or more years of public health experience; Respondent's experience far exceeded that. In his estimation, there was probably no need to seek a waiver from the Colorado Department of Public Health and Environment ("CDPHE"), but he provided the relevant information for doing so to the Custer County BOH.

Mr. Smith added that the BOH chairman insisted that he sent the waiver request to CDPHE in December, 2020. But it was later discovered that CDPHE did not have the request, so it was sent again. Mr. Smith identified the CDPHE reviewer as Ms. Michele Shimomura.

#### Interview: Michele Shimomura, CDPHE

Ms. Michele Shimomura is CDPHE's Director, Office of Public Health Practice, Planning, & Local Partnerships. In connection with the qualification issues regarding Respondent, Ms. Shimomura indicated that, within 30 days of Respondent's hire, the County should have submitted CDPHE's Minimum Qualifications Review Form for Local Public Health Directors (the "Review Form"), which includes information about qualifications, substitutions, or waiver). This form must be submitted to CDPHE for

all local government public health directors, regardless of whether qualification substitutions or waivers are sought.

However, Ms. Shimomura was unable to confirm whether the Review Form for Respondent was timely submitted because her office was vacant during the time in question and because the email inbox for such submissions only keeps emails for 90 days. Ms. Shimomura indicated that there was no way for her to confirm whether the Review Form was ever sent prior to her start date on October 6, 2020.<sup>4</sup> Ms. Shimomura confirmed that, in November or December, 2020, she received Respondent's resume and minimum qualifications, but the Review Form submission itself needed to have come from the County BOH. Ms. Shimomura indicated that she ultimately received the Review Form from the County BOH in mid-April, 2021. *See* Exhibit G (which includes the completed Review Form and Respondent's CV).

Ms. Shimomura indicated that CDPHE understands the MPH from Dartley is controversial. But CDPHE's review process does not, according to Ms. Shimomura, "validate educational background". Rather, CDPHE "requires and assumes honesty". Ms. Shimomura stated that, if the information provided to CDPHE is inaccurate, that would be a human resources problem for the county.

Ms. Shimomura ultimately provided documentation of CDPHE's Review Form approval, showing approval by substitution. *See* Exhibit H.

#### **Additional Research**

My research regarding Dartley was limited to an online search. I discovered relatively little data directly relevant to this complaint, other than media reports. One online resource I discovered, *Bogus Institutions and Accrediting Bodies*,<sup>5</sup> included Dartley in its "List of Bogus/Unaccredited Institutions". While I was able to find multiple online references to Dartley, including references to other individuals who claimed to have a degree from Dartley, I was unable to find any online resources indicating that Dartley was ever a functioning university, whether accredited or not.

For reference, CDPHE's rules regarding Minimum Qualifications for Public Health Director and Minimum Qualifications for Medical Officer are attached as Exhibit I.

<sup>&</sup>lt;sup>4</sup> I did not press Ms. Shimomura on this point, but it should be acknowledged that 90 days before October 6, 2020, was July 8, 2020. If any Review Form email pertaining to Respondent was submitted after July 8, 2020, that email should have been available on October 6, 2020. The complaint indicates that Respondent was hired in July, 2020, and the Review Form indicates he was hired on August 17, 2020. But either way, if a Review Form had been properly submitted within 30 days of Respondent's hire date, that Review Form should have been available for CDPHE's review. However, it is unknown whether a completed Review Form was successfully transmitted to CDPHE during that time period.

<sup>&</sup>lt;sup>5</sup> Bell Hendrickson, Peggy. *Bogus Institutions and Accrediting Bodies*. Transcript Research, 2011. (https://docuri.com/download/bogus 59c1ea83f581710b286dcc96 pdf).

# Exhibit A



Info, IEC <iecinfo@state.co.us>

### Entry of Appearance and filing of Supplemental Response

**Clint Smith** <clint@custercountygov.com> To: iecinfo@state.co.us Cc: editor@wetmountaintribune.com, clifford@custercountygov.com Sun, Apr 4, 2021 at 8:39 PM

**Dino Ioannides** 

**Executive Director** 

**Colorado Independent Ethics Commission** 

1300 Broadway, Suite 240, Denver, CO 80203

Re: IEC case no, 20-76

I hereby enter my appearance as attorney of record for Dr. Clifford D. Brown in this matter for the purpose of filing a Supplemental Response to the Response previously filed by Dr. Brown in IEC case no. 20-76.

Clint Smith County Attorney for Custer County Attorney Registration No. 2508

#### SUPPLEMENTAL RESPONSE

On behalf of Dr. Clifford D. Brown, the subject of the above-referenced Complaint filed on December 31, 2020, I hereby supplement said Response by submitting a copy of a letter dated March 31, 2021, from Sgt. Brandon Schoch of the Custer County Sheriff's Office stating that the allegations of criminal conduct made against Dr. Brown were investigated and determined to be unfounded. The case has been closed by the Sheriff's Office. I believe this finding is dispositive of the Complaint now pending before the Independent Ethics Commission, and on behalf of my client I request that said Complaint be dismissed forthwith.

Letter from Custer County Sheriff.pdf



Ö SHERIFF SHANNON K. BYERLY

#### **CUSTER COUNTY SHERIFF'S OFFICE**

702 Rosita Avenue, P.O. Box 1489 Westcliffe, Co. 81252 (719)783-2270 Fax (719) 783-9085

Dr. Clifford Douglas Brown,

Report Number: CCSO 20-0974

Reference Custer County Attorney Clint Smith's request for a letter to be sent to Dr. Brown, concerning the disposition of this investigation:

Deputy James Barr completed investigation 20-0974 regarding Forgery and- at this time- he was unable to establish Probable Cause to charge you with any violations of the Colorado Revised Statutes. This investigation has been closed as unfounded at this time.

If you have any questions concerning this request, please contact me at **bschoch@custersheriff.com** or **719-371-4884**.

Thank you for your assistance in this matter.

Sincerely, Sgt. Brandon Schoch Deputy Sheriff

Signature of Sworn Officer

Brandon Schoch Printed Name of Sworn Officer

Custer County Sheriff's Office \_\_\_\_\_

Date

03/31/2021

1

# Exhibit B



Info, IEC <iecinfo@state.co.us>

#### **Response to Supplemental Response Brown 20-76**

editor@wetmountaintribune.com <editor@wetmountaintribune.com>

Mon, Apr 5, 2021 at 9:08 AM

Reply-To: editor@wetmountaintribune.com

To: iecinfo@state.co.us

Cc: Clint Smith <clint@custercountygov.com>, "clifford@custercountygov.com" <clifford@custercountygov.com>

IEC 20-76 Brown

Response to County Attorney Clint Smith's Supplemental Response Brown 20-76,

The fact that the Custer County Sheriff's office did not investigate, or examine Brown's Diploma and transcripts, does not prove that Clifford Brown did not mislead the people and the State of Colorado for personal financial gain during a pandemic by knowingly fabricating his educational training and background. Dartely University does not, and never has, existed as any type of educational organization.

The Sherrif's report is clear that they did not feel there was "probable cause" to start an investigation. The Sherrif's office did not investigate Brown or review his educational background and documents. The Sherrif's report that County Attorney Clint Smith uses is not an investigation report.

To this date, there has been no independent government investigation into Clifford Brown and I ask that the Independent Colorado Ethics Commission continue its investigation.

Sincerely,

Jordan Hedberg Publisher Wet Mountain Tribune

# Exhibit C



Info, IEC <iecinfo@state.co.us>

#### **Response to Supplemental Response Brown 20-76**

Clint Smith <clint@custercountygov.com>

Mon, Apr 5, 2021 at 11:19 AM

To: iecinfo@state.co.us Cc: "clifford@custercountygov.com" <clifford@custercountygov.com>, editor@wetmountaintribune.com

Respectfully, Mr. Hedberg is asking the IEC to conduct a criminal investigation and to make a determination beyond a reasonable doubt that Dr. Brown has committed a very serious crime. That is the function of the criminal justice system— the Sheriff, the District Attorney, the Courts, and ultimately a jury. It is not the role of the IEC to usurp this function and to assume the role of being the investigator, the prosecutor, the judge and the jury.

Clint Smith County Attorney

Sent from my iPad

On Apr 5, 2021, at 9:08 AM, "editor@wetmountaintribune.com" <editor@wetmountaintribune.com> wrote:

IEC 20-76 Brown

Response to County Attorney Clint Smith's Supplemental Response Brown 20-76,

The fact that the Custer County Sheriff's office did not investigate, or examine Brown's Diploma and transcripts, does not prove that Clifford Brown did not mislead the people and the State of Colorado for personal financial gain during a pandemic by knowingly fabricating his educational training and background. Dartely University does not, and never has, existed as any type of educational organization.

The Sherrif's report is clear that they did not feel there was "probable cause" to start an investigation. The Sherrif's office did not investigate Brown or review his educational background and documents. The Sherrif's report that County Attorney Clint Smith uses is not an investigation report.

To this date, there has been no independent government investigation into Clifford Brown and I ask that the Independent Colorado Ethics Commission continue its investigation.

Sincerely,

Jordan Hedberg Publisher Wet Mountain Tribune

# Exhibit D

Jordan,

Sorry for the late response, I was out of the office the last half of the week and am just now getting through all the emails.

We can get together to talk about any of this you would like, I will have Undersheriff Hill and Sergeant Schoch sit in on the meeting, Sergeant Schoch took over the case after Deputy Barr started it and Undersheriff Hill manages the patrol side of things. I can listen and offer thoughts on it but I was not involved in the case.

I imagine the reason Clint Smith knew the case was closed was because he asked what the status was about the time it was closed. Bill probably knew because Clint told him as part of keeping the BOCC informed on the status of a county employee. Typically we don't inform the reporting party of the status of a case unless they request it but one of the others can address that.

As to the ethics complaint, as you probably know, we don't investigate ethics violations, they don't fall under our purview. We were denied access to the Dartley information and without a search warrant, we can't get access to that information. It has nothing to do with tolerance, it has to do with following the law. It happens all the time, and if we don't have probably cause to get a search warrant, we don't get the information. At least half the individuals we deal with do not cooperate. We have to establish a victim, what was lost or taken from that victim, and the victim has to be willing to cooperate and prosecute an alleged suspect. In this case, the BOCC denies any wrongdoing, they provided a statement through their attorney to this point, also pointing out they did not require any proof of the degree for the position. Additionally they do not consider themselves to be victims of any crime.

Because of this, we could not submit a search warrant application to the courts in an attempt to obtain any of the documents you refer to. In short, we didn't have a case to work from and thus we had to close it out. Even the District Attorney's Office would not offer an opinion on what should be done about it.

This is my understanding of the situation however Sergeant Schoch and Undersheriff Hill can probably offer more details.

We can meet with you pretty much any time on Tuesday, and Wednesday afternoon if you would like. Just let us know what time works best for you.

Thanks,

Shannon K. Byerly, Sheriff 702 Rosita Ave Westcliffe, CO 81252 719-783-2270 Ext 6

# Exhibit E



The Billion-Dollar Industry That Has Sold Over a Million Fake Diplomas

## Allen Ezell and John Bear



59 John Glenn Drive Amherst, New York 14228-2197

## Acknowledgments

### FROM ALLEN EZELL

M, thanks go to all those FBI employees who participated in or supported DipScam, from investigation through prosecution, especially those at the Charlotte, North Carolina, office. DipScam would have been possible—or not a success-without their dedicated efforts. To Jim, thanks for bringing my first case to me. Special thanks to Supervisor Raymond J. Bowley, Special Agent in Charge (SAC) Robert L. Pence, and AUSA's Jerry Parnell and Harold Bender, who were there at the inception of DipScam. To Assistant United States Attorney (AUSA) Debra J. Stuart for

Crown College of the Bible-TN Cultural International Center-CA, Lebanon Culture University-HI Culverton College-Malaysia • Dallas State College—Dallas, TX Darthmouth College (not to be confused with Dartmouth College in NH) Dartley University-SD; lacks authority to grant degrees • Dartmouth University (not to be confused with Dartmouth College in NH) Darton University Degree.com—TX, FL, Mexico Del Sur Christian College—TX Denmark College of Management and IT-Denmark Denver State University DePaul University—France • Devonshire University Diamond Head University Diplomatic State University Diplomatic University DiUlus Institute and University-NM, Italy Dixon Bird Medical University-St. Kitts • Donsbach University—CA Dorcas University Drake College (not to be confused with Drake University in IA or Drake College of Business in NJ) Dream Institute Dublin Metropolitan University-Ireland Dukson University • Earlscroft University-UK, Seychelles Earlstown University; sells degrees outright • Earthnet Institute-HI; closed by court order 2005 East Point University

# Exhibit F

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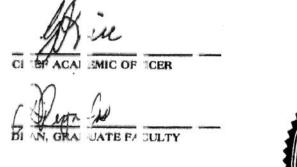
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# Exhibit G



#### Received April 16, 2021

#### Background

In accordance with the Minimum Qualifications for Public Health Director Rule, 6 CCR 1014-6, county or district public health agency directors are required to:

- Possess a minimum of five years within the past ten years of administrative experience in public health or a closely related field, including at least two years' experience in supervising public health professionals.
- Either be a physician or have a master's degree in a public health discipline such as nursing, environmental health, health education, epidemiology, health administration/policy, biostatistics, public administration or a closely related discipline.

<u>Substitution</u>: For public health director candidates who are otherwise prepared to carry out the duties of a public health director, the county or district board of health may substitute:

- year for year professional public health work experience for academic requirements; or
- exceptional academic preparation for experience requirements.

<u>*Waiver*</u>: For public health director candidates who do not have experience or academic preparation to substitute for the minimum qualifications, the county or district board of health may waive the minimum qualifications if:

- there are factors inherent to the jurisdiction that limit its ability to recruit a qualified public health director;
- the public health director candidate will seek to obtain additional public health education and experience within five years of the waiver; or
- the county or district board of health has explored joining with a county or establishing a district public health agency with a qualified public health director.

Within **30 days** of hire, the county or district board of health should submit the following:

- Minimum Qualifications Review Form for new public health directors
- Public health director's resume or curriculum vitae.

If the county or district board of health is requesting a substitution <u>or</u> waiver, the rationale must be described in the respective section on the Minimum Qualifications Review Form.

#### **Submission Instructions**

The form, resume or curriculum vitae, and *supporting documents* are to be submitted to the Colorado Department of Public Health and Environment's (CDPHE) Office of Planning, Partnerships and Improvement via <u>michele.shimomura@state.co.us</u>.

If you have any questions, please don't hesitate to contact Michele Shimomura at <u>michele.shimomura@state.co.us</u> or 303-746-4323.



### Contact Information for Review Request

Name of County or District Local Public Health Agency:	Custer County Public Health Agency
County Official name:	Clifford Brown
Name of individual completing form (if different from above):	Tom Flower, BOCC Chairman
Title:	Director of Public Health
Email:	clifford@custercountygov.com
Phone:	719-783-3369

### Section 1: Qualifications of Newly Appointed Public Health Director

Name of Person appointed as Public Health Director:	Clifford Brown
Date of hire as Public Health Director (mm/dd/yyyy):	17 Aug 2020

#### Education and Training:

Select the degree/s earned by Public Health Director and specify field of study. A minimum of a master's degree in a public health or a related discipline is required. A substitution or waiver will be needed if the Public Health Director does not meet the minimum education requirements. (Please check and complete.)

MD/DO	Board Certified Specialty:
Doctorate Degree	Field: OD
Master's Degree	Field: MPH
Bachelor's Degree	Field: pre-med/op (BSc)
Associate's Degree	Field:

Please specify any other completed graduate level coursework, certificate or training programs in public health?



Member of MT Gov's Advisory Council on Traumatic Brain Injury; 18 years on Diabetic team

#### Certification and Licensure:

**Physician Public Health Director** (Please complete if the Public Health Director is a physician)

Is the Public Health Director currently licensed to practice medicine in Colorado?					
	Yes. Colorado license #:				
Х	No, will not be practicing as a physician and the county will appoint a medical officer Medical Officer has been appointed and still active in position. S. Beck, MD				
	No, will be licensed within 6 months of hire. (Please submit Colorado license number to Office of Planning, Partnerships & Improvement once received.)				
	No, will appoint a separate medical advisor.				

<u>Please note</u>: (If the public health director is not a physician, the county or district board shall employ or contract with at least one medical officer to advise the public health director on medical decisions.) The Rule language is as follows:

"If the public health director is not a licensed physician, a designated medical officer (advisor) shall be employed or contracted (paid or volunteer) by the district or county board of health to advise the public health director on medical decisions and be available at all times to the public health director. The medical officer must be a graduate from an approved medical school (MD or DO) and licensed to practice medicine in the state of Colorado."

Nurse Public Health Director (Please complete if Public Health Director is a nurse.)

Is the Public Health Director currently licensed to practice professional nursing in Colorado?				
N/A	Yes. Colorado license #:			
	No, will not be practicing as a licensed/registered nurse.			
	No, will be licensed within 6 months of hire. (Please submit license number to Office of Planning, Partnerships & Improvement once received.)			

<u>Please note</u>: When a Public Health Director is a nurse who will not be licensed to practice nursing in Colorado within 6 months of hire, the person appointed cannot practice as a nurse under the Colorado Nurse Practice Act at the Local Public Health Agency.



**For All Applicants:** Please list relevant licensures and certifications held by Public Health Director:

CAPT/ USPHS (ret) Commissioned Corps Officer 18 years (Senior Health Administrator)

IMPORTANT: The Colorado Department of Public Health and Environment assumes no responsibility to monitor status of professional licenses. The Colorado Department of Public Health and Environment will only verify professional license status at time of appointment and for those submitted within 6 months of hire.

#### Experience:

The Public Health Director is required to have five years within the past ten years of successful and responsible administrative experience in public health or a closely related field, including at least two years experience in supervising public health professionals. An approved "Substitution" or "Waiver" will be needed if the Public Health Director does not meet the minimum professional experience requirements.

#### Experience

A total of five years experience in public health or closely related field AND two years supervising public health professionals is required.

Total number of years of experience in public health or closely related field.	18			
Please describe: Senior Health Administrator, acting Hospital CEO; Pharmacy, Behavioral Health, Optometry Supervisor, Exec. Med. Council (Crow Agency IHS); Senior Analyst/Supervisor (NBIC/DHS)				
Total number of years supervising public health professionals. 18 Feb 1993 - 31 Mar 2012				
Please describe: 10 analysts for DHS; Optometrist, Optom. Tech's, Opticians, PhD Psych, Counsellors, Pharmecists, Pharmacy tech's, secretaries, receptionists, student interns				

Please remember to attach a resume or curriculum vitae.



**COLORADO** Department of Public Health & Environment

If the Public Health Director meets the minimum qualifications, please continue to Section 4.

If the Public Health Director holds less than:

- a Master's degree in public health or a closely related field
- 5 years experience in public health; or
- 2 years supervising public health professionals

please continue to Section 2 or 3.

### Section 2: Substitution of Minimum Qualifications

This section is to be completed when the county or district board of health has substituted year for year professional public health work experience for academic requirements or exceptional academic preparation for public health work experience requirements for the Public Health Director.

The Public Health Director has:

YES	Administrative experience in public health or a closely related field <u>beyond</u> the five years within the past ten years requirement. (Please continue to Section 2 - Substitution Request)
	Academic preparation <u>beyond</u> the minimum degree requirement of Master's degree in a public health discipline. (Please continue through Section 2 - Substitution Request.)
	None of the Above. (Please continue to Section 3 - Waiver Request)

#### Substitution Request

Please provide a brief description of the experience or academic preparation that is being used to substitute the requirements specifying relevance to duties of Public Health Director. This may include reference to the relevant employment (e.g. job duties, time periods) and/or exceptional academic preparation (e.g. degrees, academic institutions).



### Section 3. Waiver of Minimum Qualifications

This section is to be completed when the county or district board of health has waived the minimum qualifications for Public Health Director.

#### Please provide the following rationale including, but is not limited to:

- Describe the jurisdiction served by the local public health agency and factors that impacted the local board of health's ability to recruit a qualified candidate.
- Indicate whether the person appointed to the position plans to seek additional public health education and experience within five years of the waiver.
- Indicate whether the county or district board of health has explored joining or establishing a district public health agency with a qualified public health director.

### Section 4: Recruitment Efforts

Please indicate how your agency recruited candidates for the Public Health Director position. The Office of Planning, Partnerships and Improvement uses this information to assist other local health agencies hire new directors.

#### Please check all that apply.

Yes	Provided job announcement to Office of Planning, Partnerships, and Improvement for distribution to local public health agencies, Colorado School of Public Health and CALPHO		
Yes	Advertised within the agency		
Yes	Advertised through the agency or county website		
Yes	Advertised using social media If so, which platforms?XFB, Linkedin		
Yes	Advertised in a local newspaper		
No	Advertised in a newspaper with wide circulation (e.g. Denver Post)		
Yes	Advertised through use of partner or professional organizations' emails or websites		
Yes	Advertised on job boards (e.g. CALPHO, Colorado Nonprofit Job Board)		
No	Advertised to other state or national resources		



**COLORADO** Department of Public Health & Environment

Other: Direct contact made while practicing as contractor in Tribal Hospital, Sells, AZ on suggestion of local PhD that I might be available

#### Please describe who you conducted individual outreach to.

Tom Flower, Chairman of Board of Health, County Commissioner (Custer County) asked for CV including military/Federal Service records

#### What steps did you take, if any, to increase the diversity of applicants?

None, we only had one applicant due to the increased number of Public Health directors resigning statewide due to COVID-related stress and pressures.

#### Section 5. Additional Comments and Submission Instructions:

Please provide any additional comments you would like to be considered regarding the Minimum Qualifications Review for the Public Health Director.

Chief/Optometry for USAF Security Services(1973-76) after Senior Scholarship Commissioning Program during last year in Pacific University's College of Optometry (1973) Dep. CDR of FARMC Optometry during Desert Shield/Desert Storm Chief/Optometry American Academy of Optometry, Fellow(1986), Diplomate of Public Health and Environmental Vision Section(2006) Member of APHA/CPHA, Health Promotion/Disease Prevention Committee as Alberta Optometric Association Representative to Alberta Public Health Association, COA AOA, Association of Military Surgeons, TOA, MOA USAF/Capt. 1973-76 (Active Duty, Hon Discharge) USA/Major 1988-1993(Active Duty, Hon Discharge) USPHS/CAPT 1993-2012(Commissioned Officer, O-6)/ (Retired, 26.6 years total of Federal Uniformed Service) Team Lead of NIST-C (National Incident Support Team) Senior Field Medical Badge Team Lead of Medical Augmentation Team (Hurricane Katrina Relief, Gulfport, MS Aug/2005); ESF 8 (Hur. Rita, NO, LA Sept/2005), Deputy Commander (Hur. Gustav, Baton Rouge, LA 2008) Director of VA Optometry, Central Alabama Veterans Home Service (2013-2018) (Retired)

### 2019 CURRICULUM VITAE

#### 2019/01/05 CLIFFORD DOUGLAS BROWN, OD, MPH, FAAO(D) CAPT/USPHS (Ret), Senior Medical Advisor

#### SUMMARY

Having served in both private (12 years) and Federal (32 years) workplaces in capacities that ranged from staff to supervisory and clinical to senior management roles, I have recently left the Federal arena and moved to Colorado to begin a life close to mountainous terrain. Population-specific practice groups have varied from infant to geriatric, so I am very comfortable with the full spectrum age-wise.

Throughout my experience I have had the opportunity to work closely with essentially all health care professions and found this to be personally rewarding and patient-beneficial. I enjoy research/academic surroundings and strictly clinical care (administrative and staff) settings.

The personal contact with and provision of service to patients and other providers forms the most positive aspect of health care for me, so this is what I am looking for at this time.

#### WORK EXPERIENCE

#### Chief of Optometric/Eye Care Services (VHA)

Central Alabama Veterans Administration Health Services Montgomery/Tuskegee, Alabama 36007 *February 2013- June 2018* 

#### <u>Mission Contribution</u> (supervisory) Duties:

- Directly under Chief of Surgery over eight clinical staff optometrists and 11 optometric technicians
- Expanded optometric staff positions by two
- Established joint DoD-VA clinic in coordination with Chief of Ophthalmological Services in Ft. Benning Hospital as pilot action for further expansion of provided diagnostic and treatment services for active duty and veteran population of approximately 75,000
- Obtained new and replacement instrumentation to support upgrading of services within this service population of atypically advanced levels of medical complexity/co-morbidity
- Coordinated the re-establishment of permanent party ophthalmology service into Eye Clinic
- Received Outstanding ratings from first, Chief of Surgery, then chain of command shifted to directly to Chief of Staff and Outstanding ratings continued

#### Chief of Operations/Senior Analyst (DHS/OHA/NBIS)

National Biosurveillance Integration Service, Headquarters, 01-106-13, NAC 20, 3501 Nebraska Ave NW, Washington, DC 20016 *October 2010- Mar 2012* 

#### Mission Contribution (supervisory)

#### **Duties:**

- Directly under Acting Director as senior federal official over eight contracting senior and junior analysts and two other federal officials
- Developing and directing the realignment and reorganization of the department as senior management official in conjunction with Acting Director and Director of OHA
- Production supervision of daily biosurveillance report to 11 federal agencies, integrating findings of national and international deviation from baseline data that might compromise our nation's infrastructural integrity
- AMSUS Awards Committee member, 2011
- Representative of PHS Optometry to AMSUS
- Presenter for USPHS Plenary, AMSUS 2011
- NBIC representative to National Biosurveillance Advisory Subcommittee Work Group and Regional Biosurveillance Collaboration Work Group for Global Biosurveillance, developing recommendations for establishment of national policy
- DHS/OHA/NBIC Representative to Food Safety Food Defense Exercise
- Staff Optometric Physician for Bethesda Naval Hospital
- American Academy of Optometry presenter of CME, 2011 meeting, Boston
- Representative/participant for OHA/NBIC to Global Biosurveillance Conference
- NBIC Federal Representative to National Fusion Center Conference
- Representative to National Association of County and City Health Officials
- Hold TS clearance

#### Chief District General, 0-6 (supervisory)

IHS Billings Area, Crow/Northern Cheyenne IHS Hospital, Crow Agency, Montana (*isolated hardship tour*) Jun 2005-September 2010

#### **Mission Contribution**

#### **Duties:**

- Currently serve Public Health Service as American Academy of Optometry (AAO) Diplomate (2002-present), [Fellowship(1985-present)]: Public Health and Environmental Vision Section
- Acting CEO (Dec) and Clinical Director (Aug-present) 2008, Crow/N Cheyenne Hospital
- Chief of Eye Clinic for Crow/N Cheyenne Hospital and Behavioral Health Department
- Supervise: one Psychiatrist, two Psychologists, four Sociologists, and staff receptionist
- Acting Allied Health Clinical Director: Departments managed include Pharmacy, Dental, Optometry, Behavioral Health, and Physical Therapy

- Hospital Executive Staff and Active Medical Executive Staff member
- Recipient (Association of Military Surgeons of the US) of H. David Sullins, Jr. Award for Outstanding Service to Optometry
- Adjunct professor for Salus University (PCO) and Associate Professor for SCCO (and multiple other Universities in past)
- Active member of Domestic Violence and Diabetes Teams
- TBI Research Study Montana guest contributor, June, 2008
- Consultant to Montana Governor's TBI Advisory Council
- Consultant to Crow Tribal TBI and Wellness Committee
- Presented to Commissioned Officers Association Scientific and Research Symposium re: Optometrists and Their Non-Clinical Roles in National Disasters 2008
- Veterans Administration program featured speaker, 2006: "mTBI: Our Part of the Solution"
- Senior Chairperson of 2010 USPHS Sectional Symposia and co-presenter of DV/mTBI course
- Chairperson of joint Optometric-Pharmacy Section Program and Optometry Award Chair of the international meeting of AMSUS 2008; topic: Forensic Science Pharmacological and Investigative Approach to Crime Scenes, Disasters, and Terrorism
- Presented to US Surgeon General and PHS Section, 2007, as a member of a panel composed of four national leaders (Pharmacy, Optometry, Nursing, and Medicine)
- Conducted original research comparing Indian and non-Indian population risk factors for progression of diabetic retinopathy into proliferative retinopathic degeneration requiring vitrectomy (2000-2002)
- Original investigator for major NIH research study submission (currently under review for funding) and a part of the clinical panel of experts named in the study advisory group
- Examiner for the Board of Diplomates in the AAO Public Health Section; one of only 24 international members (2002-present)
- Mentored four PHS Optometrists through their successful completion of the first section of their candidacy (written and oral examinations) for Diplomate status (2003-2004)

#### Support activities that contributed to PHS:

- Basic Qualified for deployment and successfully nominated for assimilation into USPHS
- NIST C team lead
- Invited presenter on OFRD panel discussion of leadership in the disaster (Ft A P Hill) response to H1N1 outbreak (May, 2010)
- Authored USPHS chapter in new public health text (text given APHA Award for Best New Public Health manuscript in 2010)
- Deployed to Gustav 2008 for three weeks, first scheduled to assume the position of Chief Planning Officer, but then served as LNO for ESF 8, and, finally, was chosen to be Deputy Commander of the Baton Rouge IRCT.
- Deployed for PHS Katrina relief support to first Gulfport, MS for two weeks as a team leader in MS-HAT, then again to New Orleans as PFO/AFO, Advanced SERT LNO for three weeks (03-18 Sep 2005, 03 –23 Oct 2005)
- Scientific/peer reviewer, Ophthalmology Section for the Journal of Military Medicine (2005-present)
- Researcher for Crow Eye Study; to be published this year

- Member of four person team developing national PHS research survey for Optometry (March, 2005-present)
- AMSUS Awards Committee member (1994-2007)
- Recruited and mentored interested Physician and two Optometrists into Corps
- Serving as member of four person team tasked by the Consultant to develop a national survey tool for PHS Optometry research and planning
- Developed, organized, and managed most highly attended AMSUS Optometry Section meetings ever held in the PHS-sponsored Convention (2003), presenting ophthalmic natural and man-made disaster care and management instruction to a multidisciplinary audience Association of Military Surgeons of the United States (AMSUS) Planning Committee, Member (2003); member of 2003 Surgeon General's Executive Advisory Council
- Strabismus/Binocular Vision Consultant for PHS Optometry (1994-1998)
- Big Sky Area COA Representative (1993)
- USPHS OPAG Representative to AMSUS (1993-present)
- USPHS Representative to VA Winter Sports Clinic (rehabilitation/adaptive sports instructor) for 12 years and to TBI conference at Ft Harrison as Billings Area IHS-VA liaison

#### Chief District General, 0-6 (supervisory)

IHS Pine Ridge Area, Sioux San IHS Hospital, Rapid City, Montana February 1998-May 2005

#### Chief District General, 0-6 (supervisory)

IHS Blackfeet Community Hospital, Browning, Montana February 1993-February 1998

#### Chief Optometry Service (supervisory)

Bayne-Jones Community Hospital, Ft. Polk, Louisiana July 1992-February 1993

**Deputy Chief/ Optometry Service**, Frankfurt Army Regional Medical Center **Chief Binocular Vision Service**, EFMD, Frankfurt, Germany *June 1989-June 1992* 

#### Medical Officers Advanced Course, CAS3, C4

Ft Sam Houston, San Antonio, Texas *September 1998- June 1999* 

#### Dr.'s Willis, Plotsky, & Brown (partner, private practice)

10060 Jasper Ave, Edmonton, Alberta June 1976-August 1988

#### **Chief Optometry Service**

Security Services, Goodfellow USAF Base San Angelo, Texas *June 1973-June 1976* 

#### PHS Commissioned Corps Honor Awards

PHS Achievement Medal (1998) For development of an Optometric peer review instrument, Blackfeet Community Hospital

Coast Guard Special Operations Service Ribbon (1993)

(Currently nominated for PHS Commendation, Outstanding Service, Meritorious with valor, and Distinguished Service Medals by past and currently serving Chief Consultants for PHS Optometry, as my previous SU gave no individual or unit awards to their CO's in the last seven years)

#### **Other Honor Awards**

USA Meritorious Service Medal (1993)

USA Commendation Medal with bronze oak leaf cluster (1991)

USA Achievement Medal with Bronze oak leaf cluster (1992)

USAF Achievement Medal (1975)

USA Outstanding Achievement Award

USA and USAF National Defense Ribbon with bronze oak leaf cluster

USA Commander's Award

USA Overseas Ribbon (1993)

USA Army Service Ribbon (1993)

Certificate of Appreciation from DAV, Dodds-USA (2), Southern College of Optometry, University of Houston, Southern California college of Optometry, Browning Public Schools

Letter of Recognition from USA

#### EDUCATION, TRAINING, AND PROFESSIONAL DEVELOPMENT

Masters of Public Health Dartley University	Jun 2008
Diplomate, Public Health Section American Academy of Optometry	Dec 2002

Glaucoma Certification Pacific University College of Optometry	May 1998
Advanced Pharmacological and Therapeutics University of Houston, Houston, TX	March 1996
Associate Fellow College of Optometry in Vision Development	May 1992
Combat Casualty Care Course with ATLS USA, Fort Sam Houston Academy of Health Sciences, San Antonio, TX	June 1989
Combined Arms Staff Services School USA, Fort Leavenworth, KS	March-May 1989
Government Contracting Course	January 1989
Fort Sam Houston, San Antonio, TX Updated: DHS Wash DC	November 2012
Property management Course Fort Sam Houston, San Antonio, TX	December 1988
Officer's Advanced Course Fort Sam Houston, San Antonio, TX	Sept 1988-Feb 1989
Diagnostics and Therapeutics Pacific University College of Optometry	July 1988
Fellowship/Board Certification American Academy of Optometry	Dec 1984-1985
Basic Medical Officer's Training Course Shepherd Air Force Base, TX	June 1973
Doctorate of Optometry Pacific University College of Optometry, Forest Grove, OR	May 1973
Bachelor of Science, Pre-opt Pacific university, Forest Grove OR	May 1971
Under-graduate course work University of Washington, Seattle, WA	May-Aug !969
Under-graduate course work Biola College, La Mirada, CA	Sept 1966-June 1968

<u>Required/mandatory Certification/Licensure</u>	
Licensure: Optometry	Expiration date: July 2019
Diplomate Board recertification	Expiration date: December 2025

### **<u>Continuing Education</u>** (past 14 years)

AAO (Annually)	Oct, 2012-2017
AAO, Boston	Oct, 2011
Integrated Training Summit, Las Vegas	May, 2011
AAO, San Francisco	Oct, 2010
AMSUS, Phoenix	Nov, 2010
AMSUS, St Louis	Nov, 2009
AAO, Orlando	Nov 2009
AMSUS, San Antonio	Nov 2008
AAO, Anaheim	Oct 2008
AOA, Seattle	June 2008
COA Scientific Symposium, Tucson	June 2008
Biennial IHS Eye Care Conference, SCCO	May 2008
AMSUS, SLC	Nov 2007
AAO, Tampa	Oct 2007
Biennial IHS Eye Care Conference, SCCO	May 2006
AMSUS, San Antonio	Nov 2006
AAO, San Diego	Dec 2006
American Academy of Optometry	Dec 2005
Optometry Sectional Educational Courses AMSUS, Nashville, TN	Nov 2005

USPHS Section AMSUS, Nashville, TN	Nov 2005
Ocular Disease and Public Health Sections AAO, Tampa, FL	Dec 2004
Public Health Training/Experience	
<ul> <li>IRCT and FEMA training</li> <li>Disaster Response</li> <li>Preventive Medicine for Filed Conditions</li> <li>Health Consequences and Response</li> <li>Disaster Triage</li> <li>Infectious Disease Management</li> <li>Terrorism</li> <li>ABC's of Bioterrorism</li> <li>Safety and Security Awareness</li> <li>Introduction to Incident Command System</li> <li>ICS for Single Resources and Initial Action Incidents</li> </ul>	Feb 2004-Apr 2008
National Incident Management System: an Introduction National Response System: an Introduction Advanced SERT/IRCT	
Battlefield Injuries of the OIF/OEF Warrior Contracting Officer training Supervisory Personnel training, time keeping with ITAS	Nov 2007 Apr 2007 Oct 2005

#### **CAREER PROGRESSION AND POTENTIAL**

#### **Billet level/Assignments/Mobility**

**<u>Billet Title and Grade:</u>** Chief of Eye Clinics, Central Alabama Veterans Health Services Montgomery/Tuskegee, Alabama

February 2013-June 2018

- Directly under Chief of Surgery over eight clinical staff optometrists and 11 optometric technicians
- Expanded optometric staff positions by two
- Established joint DoD-VA clinic in coordination with Chief of Ophthalmological Services in
- Ft. Benning Hospital as pilot action for further expansion of provided diagnostic and treatment services for active duty and veteran population of approximately 75,000
- Obtained new and replacement instrumentation to support upgrading of services within this service population of atypically advanced levels of medical complexity/co-morbidity
- Coordinated the re-establishment of permanent party ophthalmology service into Eye Clinic

• Received Outstanding ratings from first, Chief of Surgery, then chain of command shifted to directly to Chief of Staff and Outstanding ratings continued

<u>Billet Title and Grade:</u> Operations Chief/Senior Analyst/Senior Medical Advisor (Supervisory) Department of Homeland Security, National Biosurveillance Integration Center, 3801 NW Nebraska Ave, Washington D. C.

October 2010-March 2012

# **Duties:**

• Directly under Acting Director as senior federal official over eight contracting senior and junior analysts and two other federal officials

• Developing and directing the realignment and reorganization of the department as senior management official in conjunction with Acting Director and Director of OHA

• Production supervision of daily biosurveillance report to 11 federal agencies, integrating findings of national and international deviation from baseline data that might compromise our nation's infrastructural integrity

- AMSUS Awards Committee member, 2011
- Representative of PHS Optometry to AMSUS
- Presenter for USPHS Plenary, AMSUS 2011
- NBIC representative to National Biosurveillance Advisory Subcommittee Work Group and Regional Biosurveillance Collaboration Work Group for Global Biosurveillance, developing recommendations for establishment of national policy
- DHS/OHA/NBIC Representative to Food Safety Food Defense Exercise
- Staff Optometric Physician for Bethesda Naval Hospital
- American Academy of Optometry presenter of CME, 2011 meeting, Boston
- Representative/participant for OHA/NBIC to Global Biosurveillance Conference
- NBIC Federal Representative to National Fusion Center Conference
- Representative to National Association of County and City Health Officials
- Hold TS clearance

Billet Title and Grade: Chief of Optometry, District Complex (Supervisory)

HHS, Billings Area IHS, Crow /Northern Cheyenne IHS, Hospital, Crow Agency, MT June 2005 – September 2010 (*isolated hardship tour*)

#### **Duties:**

- Supervise: one contract Optometrist (staff), one contract Ophthalmologist, and two technical assistants
- Manage clinical (outpatient and inpatient), surgical, and optical provision of services in both the hospital and two outlying clinics
- Responsible for all eye examination entries into the appropriate medical records in compliance with professional community standards
- Clinically provide diagnostic and therapeutic care to patients of the Crow, Northern Cheyenne, and other registered Indians in a responsible, caring, and culturally sensitive manner

- Support the Emergency Room (ER) referrals and Outpatient Department (OPD) referrals, receiving their consults on a regular basis
- Supervise school screenings for Crow tribal district
- Provide instruction for professional staff and training for technical staff in matters specific to care of the eyes and vision
- Conduct quality assurance program for eye care in the Service Unit (SU)
- Report directly to Hospital CEO
- Timekeeping (ITAS) supervisor
- Member of Active Medical Staff
- Developed active positions on Domestic Violence, Crow Tribal Health, and Diabetes Teams

# Impact/Accomplishments:

- Organized/restructured the clinical provision of care for the three clinics
- Billet advanced to District Complex, Supervisory
- Successfully assumed responsibility and management of all Ophthalmological services
- Clinically proctored student externs
- Deployed for five weeks in PHS Katrina and Rita relief efforts
- Represented the Optometry Professional Advisory Group (OPAG) to the Association of Military Surgeons (AMSUS) 1993-2008
- Gained active medical staff position for Optometry (a first in this hospital's history) and Psychology
- Successfully presented to the Tribal Health Board and Tribal Diabetes Board, gaining funding for HCT III, OCT (Optovue), Pachymeter, and B Scan units. All will be used in reservation-wide research project (pediatric mTBI, TBI, and management of diabetes and glaucoma)
- Created portion of national survey instrument for rural practice specific to the IHS
- Established OPD/inpatient/ER immediate referral/walk-in service for eye care
- Initiated inpatient care of acute care patients to reduce Contract Health Service (CHS) costs and localize care
- Clinical manager of research project within the Optometry Clinic (providing comparison of diabetic retinopathy care through routine practitioner vs. central diabetic reader program
- Diplomate (one of only 26 internationally) in American Academy of Optometry (AAO), Public Health Section
- Mentoring Diplomate Candidates, PHS and non-PHS; serve on examining and research review board
- Nominated to become scientific reviewer for Journal of Military Medicine

**Billet Title and Grade**: Chief of Optometry, District General (Supervisory) HHS, Aberdeen Area IHS, Rapid City Indian Hospital, Rapid City, SD

22 Apr 1999-31 May 2005

# **Duties:**

• Supervised contract Optometrist, student intern program, and technicians

- Managed clinical (outpatient and inpatient), surgical and optical provision of services in the hospital
- Responsible for all entries into the appropriate medical records in compliance with professional community standards
- Clinically provided diagnostic and therapeutic care to patients of the Ogalala Sioux, N. Cheyenne, Rosebud Sioux, and other registered Indians in a responsible, caring, and culturally sensitive manner
- Supported the Emergency Room referrals and OPD referrals, receiving their consults on a regular basis
- Provided instruction for professional staff and training for technical staff in matters specific to care of the eyes and vision
- Conducted quality assurance program for eye care in the SU
- Reported directly to Clinical Director for five years, then Service Unit Director (SUD) for one year
- Supervised school screening programs for the reservations.
- Well Child Clinic provision of developmental and pathology management for five years
- Member of Active Medical Staff

- Established department providing full-scope Eye Clinic services where there had been only limited, part-time (contract) refractive care
- IHS Binocular Vision Consultant
- OPAG Representative to AMSUS, served as 2003 Executive Council Member and Awards Committee member (PHS) for six years
- Member of Active Medical Staff
- Developed Student Intern Program (Sioux San Hospital)
- Medical Mission (Nepal)
- As the sole IHS representative to the South Dakota State Learning Disabilities Association, instructed tribal and non-tribal educators on cultural identity and special needs of and classroom approaches to accessing successfully the learning modes specific to Indian children
- Veterans Administration(VA)/Disabled American Veterans (DAV)Winter Sports Clinic volunteer lecturer and instructor), designed/originated physical support systems and new techniques in sitski instruction for spinal injuries and specialized adaptive techniques for visually impaired veteran (Indian and non-Indian) participants; received Letter of Appreciation from VA/DAV (1996-2005)
- Developed student intern program
- Member of team that successfully composed seven-year Diabetes Team Grant
- Initiated proposal and gained highly specialized retinal edema assessment instrument
- Diabetes, Incorporated Board of Directors (member for 2002-2005, elected Board Chairperson for 2004-2005)
- Mentored IHS Pediatrician, Dietician, and Public Health Nurses (PHN's) into the Diabetes, Incorporated Advisory Board itself so as to create continuity between the regional health care community and the IHS Hospitals within the four state drawing area
- As a lead instructor for the visually impaired (Indian and non-Indian participants), initiated for the first time internationally direct student intern involvement, expanding the IHS sphere of influence and the educational experience of the student interns

- Originated diabetic retinopathy research, published in Journal of Military Medicine, July 2004
- First PHS/IHS Optometrist to successfully candidate for Diplomate status in the Public Health Section of the American Academy of Optometry (AAO), Optometry's international scientific and research organization
- Mentoring four IHS OD's through their Diplomate candidacy currently from my position on the examining board with the purpose of expanding the PHS role/voice within this national policy-making group Coordinated interprofessional interface between hospital and voluntary support organization for diabetic pediatric population
- Provided rehabilitative care for visually disabled patients
- Founding member of broad-scale NIH research grant proposal (pending) for Northern Plains tribes

**Billet Title and Grade**: Chief of Optometry, District Complex (Supervisory) Aberdeen Area IHS, Pine Ridge IHS Hospital, Pine Ridge, SD Mar 1998-Apr 1999 (*isolated hardship tour*)

### **Duties:**

- Supervisor/manager of hospital and two satellite clinics, positions for three full-time and one part-time (contract) Optometrists, one Ophthalmologist, a student intern program, three technical assistants, and one secretary
- Clinically provided diagnostic and therapeutic care to patients of the Ogalala Sioux and other registered Indians in a responsible, caring, and culturally sensitive manner
- Responsible for all eye care entries into the appropriate medical records in compliance with professional community standards
- In charge of providing complete eye care services for a SU and clinics
- Supported the Emergency Room (ER) referrals and Outpatient Department (OPD) referrals, receiving their consults on a regular basis
- Supervised school screenings for tribal district
- Provided instruction for professional staff and training for technical staff in matters specific to care of the eyes and vision
- Conducted quality assurance program for eye care in the Service Unit (SU)
- Supervised school screening programs for the reservations
- Responsible directly to Clinical Director

- OPAG Representative to AMSUS
- Established for the first time a responsive consultant program in which the hospital referrals to eye care specialties received immediate and complete consultation reporting
- Established clinical secretary position
- Developed an OB-GYN coordinated effort to effectively screen at-risk, and specifically pregnant women for Pseudotumor Cerebri
- Expanded ocular care program within Diabetes Team for the reservation
- Broadened the student extern program to include four University extern programs
- IHS Binocular Vision Consultant
- Volunteer instructor/lecturer for VA/DAV Clinic

- Designed Eye Clinic portion of new healthcare facility at Wamblee, SD
- Ordered new instrumentation for the clinic
- Developed manpower plan for the facility
- Recruited two new OD's for clinical staff and head of service
- Developed 24/7 call for ocular trauma support of ER staff
- Reorganized and streamlined Optical services
- Senior Clinician/Ophthalmic Consultant for internal medicine, pediatrics, geriatrics, ICU, and prenatal services
- AMSUS Awards Committee Chairperson
- Designed AMSUS Optometry Program, 1998
- IHS AMSUS Chairperson, 1998
- Served term as one of four members of State of Montana Optometric Professional Society Committee, 1998
- Successful promotion to O-6

**Billet Title and Grade:** Chief of Optometry, District Complex (upgraded in 1994) (Supervisory) DHHS, Billings Area IHS, Blackfeet Community Hospital, Browning, MT Feb 1993-Feb 1998 (*isolated hardship tour*)

#### **Duties:**

- Supervisor/manager of hospital and one satellite clinic, positions for two full-time Optometrists, one Ophthalmologist, a student intern program, two technical assistants, and one secretary
- Clinically provided diagnostic and therapeutic care to patients of the Blackfeet tribe and other registered Indians in a responsible, caring, and culturally sensitive manner
- Responsible for all eye care entries into the appropriate medical records in compliance with professional community standards
- In charge of providing complete eye care services for a SU and clinics
- Supported the Emergency Room (ER) referrals and Outpatient Department (OPD) referrals, receiving their consults on a regular basis
- Supervised school screenings for tribal district
- Provides instruction for professional staff and training for technical staff in matters specific to care of the eyes and vision
- Conducted quality assurance program for eye care in the Service Unit (SU)
- Supervised school screening programs for the reservations
- Responsible directly to Clinical Director

- Supervised and worked with Ft Benjamin Harrison Hospital executive officer to establish the first Cooperative VA-IHS Medical Program to furnish medical care to the Indian and non-Indian veterans on the reservation in a plan funded by the VA
- Instituted computerized diabetic registry for SU
- Began "eye care" section in patient records to facilitate efficiency (program adopted nationally)
- Established a Congressionally-approved national joint-service plan of cooperation between the National Guard and the IHS, enabling the Guard members to perform their

active duty within IHS facilities thus decreasing IHS professional staffing shortages; this program is used nation-wide today

- Designed the new clinical area for the provision of eye care when the hospital was expanded in 1998-2000
- Chairperson of hypertension/cardiovascular disease committee for the Blackfeet Hospital's Health Promotion/Disease Prevention (HPDP) Program in1994, then as the Chairperson of the HPDP program from 1995-98
- Active Medical Staff member
- Contract Care Committee member
- Equipment Committee member
- Diabetes Team member
- Supervised the development of an risk management care program for diabetic retinopathy including a computerized recall system
- Wrote SOP for ER eye care
- Instructed students of EMS course in emergency care of the eyes and adnexiae
- Associate Professor/proctor for eight university and college level student training programs
- Volunteer instructor for VA/DAV Winter ports Clinic
- Big Sky Delegate to COA Convention in 1993
- Founding member/advisor of the "Wings" Indian running club for youth
- Promoted to O-5

### Billet Title and Grade: Chief of Optometry (Supervisory)

Bayne-Jones Army Community Medical Center

USA, Army Regional Hospital, Ft Polk, LA (Jul 92-Feb 93)

#### **Duties:**

- Supervisor and Senior Clinician for eye care services, including hospital and troop medical clinic
- Managed one Optometrist, an entry level Ophthalmologist, six technicians and assistants, and three civilian clinical secretaries
- Provided high quality emergency and routine surgical and non-surgical care for active duty, a/d dependents, retirees and their dependents, and disabled veterans
- Responsible directly to Chief of Surgery

#### **Impact/Accomplishments**:

- Planned and supervised successful transfer of Eye Care Services for the Heavy Mechanized Division from Ft Polk, LA to Ft Hood, TX, receiving MSR
- Managed eye care and housing for area during Hurricane Andrew
- Established school eye care in community, lecturing and consulting throughout area school districts.
- AM for perfect 300 score in USA AFPT for three consecutive tests
- Adjunct Professor, U of H

**Billet Title and Grade:** Deputy Chief of Optometry, Frankfurt Army Regional Medical Center, USA, 97<sup>th</sup> General Hospital, Frankfurt,Germany (Jun 1989-Jun 1992)

### **Duties:**

- Supervisory responsibility for staff OD's both in this 2,000 bed hospital and in five surrounding hospitals, including during time of war (DS/DS)
- Treatment and care of A/D, dependents, Diplomatic Corps members, their dependents, foreign service members temporarily deployed or in training under USA command
- Preparation and deployment of 33,000 A/D troops for Desert Shield/Desert storm
- Specialty care for A/D and their dependents, Diplomatic Corps, etc. manifesting visuallyrelated learning difficulties as visual care provider on Exceptional Family Member Program Team serving DoDD's in Europe, Africa, and the Middle East
- Preparation of General Hospital for receiving 2,000 patients/day

# Impact/Accomplishments:

- Successfully managed preparation of 33,000 troops for war
- Managed cutting edge treatment of wide variety of childhood conditions which rendered the children academically and/or developmentally challenged
- In direct charge of hospital's juvenile diabetics, examining and designing treatment programs for all of them
- Received several ribbons for providing care to the divisions and to the Army Bolslager Team (military competition between US teams and those of other countries) from Fulda
- Lectured to several European Military Eye Care Providers Conferences
- Lectured on the EFMD system of behavioral vision care to the first International Behavioral Vision Congress in Monte Carlo (1989)

# **Billet Title and Grade:** Chief of Optometry Service (Supervisory) USAFSS, Goodfellow AFB, San Angelo, TX (Jun 1973-Jun1976)

# **Duties:**

- Chief of Optometry for the Security Services, USAF Hospital, providing 24/7 clinical and supervisory care/management for a cryptology training base A/D and dependents, retirees and dependents
- Supervised three Optometric technicians and one secretary
- Provided ER and full-scope routine Optometric services
- Environmental Vision Safety Officer duties
- Acute care clinic daily

- Prepared troops for code-deciphering in remote sites in Cambodia, Laos, Thailand and Viet Nam
- Determined visual needs of cryptology students and designed optical and adaptive devices for them
- Developed rehabilitative techniques to effectively restore function to patients with nystagmus and strabismus
- Worked in close relationship with major Neuro-ophthalmology clinicians to establish appropriate care for encephalitis patients

### **Collateral duties/Agency support activities**

- Deployment to MS HAT Team Leader (Sep 2005)
- Deployment to PFO, Advanced SERT, NOLA as LNO (Sep-Oct 2005)
- Rural Care/Optometric Survey Work Group-Consultant's team (Mar 2005-present)
- AMSUS Awards Committee member (1994-present)
- Nominated for PHS Optometry Consultant (2005)
- Served as Optometry Section member-representative to Executive Council of AMSUS (2003)
- Developed and presented workshop on Glaucoma for RCOS (2004)
- Organized and directed Optometry Sectional program on Disaster Preparedness: Biological, Chemical, and Terrorist Warfare (2003)
- Lectured for IHS on a panel of learning disability experts for the SD Learning Disabilities Association, presenting special needs of Indian populations (2003)
- Organized and directed as IHS representative the Optometry Section program on Public Health Services and Emergency Community Coordination (1998)
- PHS national Binocular Vision Consultant (1995-present)
- Scientific reviewer for Public Health and Environmental Optometry Section of AAO (2003-2005)

# CHARACTERISTICS OF THE CAREER OFFICER AND SERVICE TO THE CORPS

### Membership/Involvement in PAC/Advisory Groups

OPAG: AMSUS Representative: (1994-Present) AMSUS Optometrist of the Year Award: (2006) OPAG program manager for AMSUS: (1998, 2003, 2008) OPAG: AMSUS Awards Committee Member (voting) (1994-2008), Chair (1998, 2003, 2008)

# **BOTC/IOTC**

BOTC (1994), (2006) SOTC (1995)

#### **Professional Organizations**

Beta Sigma Kappa (Professional Honorary Society): (2006)
National Retinal Society: (2006)
American Academy of Optometry, Diplomate of Public Health Section/Environmental Vision: (2002)
Reserve Officers Association (ROA): (1996 – life membership in 1998)
AMSUS: (1994-presently life member)
Montana Optometric Association: (1994-present)
COA (Big Sky Branch): Delegate: (1993), member: (1993-present)
American Public Health Association (Vision section): (1993 – present)
College of Optometrists in Vision Development, Associate Fellow: (1992-97)
Armed Forces Optometric Society: (1989-present)
American Academy of Optometry, Fellow: (1985-present)
Canadian Public Health Association/Alberta Public Health Association: (1979-1988)
Health Promotion Category, Provincial Optometric representative: (1986-87)
Optometric Educational Foundation, National Chairman: (1987-88),

Regional Chairman: (1986-87) Alberta Optometric Association, Pediatric Vision Chairperson: (1987-88) Joint Council on Theoretical and Clinical Optometry, Chairman: (1988), member: (1986-88) Edmonton Society of Optometrists, President : (1983-88), member: (1973-88) Canadian/Alberta Optometric Association: (1976-93) American Optometric Association: (1973-present) Texas Optometric Association (1973-present) Editorial/Professional Reviewer for Journal of Military Medicine, Ophthalmology Section

#### **PHS Commissioned Corps Service Awards**

Field Medical Badge (2008) Surgeon General's Certificate of Appreciation (2003) Bicentennial Ribbon (1999) Unit Citation Isolated Hardship Award (1993, 1998, 2006)

**Daily Wearing of Uniform** 

Wears uniform daily

#### **Civic and Community Service**

Certificate of Appreciation for service to Diabetes, Incorporated for serving for four years on the Advisory board, (the last year as board chair) and instruction each year of four different age groups of children and parents at the Diabetic Kids Camp

Certificates of Appreciation from VA/DAV, 14 years of service as Nordic instructor and lecturer Certificates of Appreciation from Ski For Light, five years

Certificate of Appreciation, five years of service on Board of Elders, Extension Community Church

#### **Civilian Service:**

Private practice with emphasis on pediatric and behavioral vision; Edmonton, Alberta, Canada. Jul 76-Aug 88

Fellowship in AAO: 1985

#### **Presentations**:

Conference Proceedings:

**Brown, Clifford D.** Lessons learned from Hurricane Katrina. COA, Tucson, AR; 2008. **Brown, Clifford D**. Leadership Perspectives. AMSUS PHS Section Leadership Symposium. Salt Lake City, UT; 2007.

**Brown, Clifford D.** Vitreal Changes as a Presenting Sign of TBI. ANG Conference, Salt Lake City, UT; 2006.

**Brown, Clifford D.** Disaster Management: A Bird's Eye View of Katrina. ANG Conference, Salt Lake City, UT; 2006.

**Brown, Clifford D.** Mild Traumatic Brain Injury: a proposed mechanism. COA Optometry Section; Denver, CO; 2006 and to AMSUS, Optometry Section, San Antonio, TX; 2006. **Brown, Clifford D.** History of Management 0f Diabetes in the IHS: a plan for America. AAO PH/EV Section Symposium; San Diego, CA; 2003.

**Brown**, **Clifford D.** Reasons to pursue scientific advancement past the level of Fellowship in the AAO. IHS Eye Care Providers Conference; 2003 May 11; SCCO; Fullerton, CA; 2003.

**Brown, Clifford D**. Saccadic fixational movements and the neural components involved in the visual process. EFMD Educational Conference; 1992 Feb; Pruengesheim, Germany; 1992.

**Brown, Clifford D.** Computers and eye strain. European Military Optometric Convention; 1990 Mar; Wurzburg, Germany; 1990.

**Brown, Clifford D.** Behavioral vision and military practice. European Military Optometric Convention; 1989 October; Garmisch, Germany; 1989.

Brown, Clifford D. Vision, the eye, and binocularity. United States School of Health,

Physicians Assistant Course; 1989 May; USHSS; Ft Sam Houston, San Antonio, TX; 1989. **Brown, Clifford D.** Guest lecturer for University of Alberta Medical School, Department of Neurology; 1987 December; Edmonton, Alberta, Canada, 1987.

**Brown, Clifford D.** Neurophysiological basis of visually-related learning. Western Optical Society, Regional Convention; 1987 Feb; Edmonton, Alberta, Canada, 1987.

**Brown, Clifford D.** Visually-related learning disabilities and the classroom. Visual Consultant for five school districts and visiting consultant in two others: Edmonton Public, St. Paul's Separate, Stony Plain Public, Sherwood Park Public, Spruce Grove Public, Mill Woods Public, Prince Alpert Separate School Systems; all-school, teacher's in-service trainings and educational seminars; 1976-88.

# Journal Articles:

- 1. **Brown CD**. A comparative study of panretinal photocoagulation and vitrectomy for advanced diabetic retinopathy. Journal of Military Medicine, July, 2003.
- 2. Bertolli ER, Brown CD, et. al. <u>Clinical Detection and Imaging of Contussions in</u> <u>Suspected Physical Abuse</u>, Winter, 2011.

# Exhibit H



Dr. Clifford Brown and the Custer County Board of Health Custer County Department of Public Health 10 Hermit Ln Unit 5 Silver Cliff, Colorado 81252

May 11, 2021

Dear Dr. Clifford Brown and the Custer County Local Board of Health,

Thank you for completing the *Minimum Qualifications Review Form*. The Office of Public Health Practice, Planning, and Local Partnerships (OPHP) has reviewed the Public Health Director Minimo form and is pleased to inform you that through a substitution of the minimum qualifications (6 CCR 1014-6) you meet qualifications for the duties of a Colorado Public Health Director.



- Your current education and experience
- A Substitution
- A Waiver

Pursuant to 6 CCR 1014-6, the following was considered:

- Five years within the past ten years of successful and responsible administrative experience in public health or a closely related field
  - Including at least two years supervising public health professionals
- A Master's degree in a Public Health discipline or a closely related disciple

OPHP has determined that the most relevant public health experience occurred from 2005-2010 as the Chief District General with the IHS. However, since 2012, Dr. Brown's experience has been more related to health care, rather than preventive, population level public health. While this is beneficial experience, and there are elements of direct care in public health, it lacks the upstream population-based prevention that is the cornerstone of public health.

On Thursday April 29, 2021, in a conversation with Dr. Brown, OPHP asked him to clarify his public health experience since 2012. Dr. Brown sent a follow up email the next day.

In his follow-up response Dr. Brown provided more detail about his experience in the past 9 years. Dr. Brown elaborated on his experience beginning in 2013 in public health adjacent disciplines of: a) bioterrorism planning, and b) systems change to include wrap-around health services for traumatic brain injuries. Dr. Brown noted that the latter experience included work to expand services for homeless and wounded active duty and veterans with Traumatic Brain Injuries (TBI) to include "educational services, counselling, occupational therapy, physical therapy, visual therapy, speech therapy, psychological/mental health counselling, neurological assessment and treatment (Dr. Lievens), internal (and other subspecialties) medicine, family counselling, social services, and spiritual and behavioral health care."

Additional considerations from Dr. Brown's CV include:

- An advanced degree: doctor of optometry (a 4-year post bachelor's degree)
- Experience with the Public Health and Environmental Vision Section



- From 2010-2012 in his role as Chief of Operations/Senior Analyst (DHS/OHA/NBIS), he supervised senior and junior analysts.
- From 2010-2012, Dr. Brown was the representative for the National Association of County and City Health Officials (NACCHO), a public health organization.

In Dr. Brown's CV, within the past 10 years (from 2010-2012) he was a Senior Health Adviser and Operations Chief. In this role he had experience working on a "congressionally- mandated team" that brought the CDC, FBI, CIA, DHHS, FDA, etc. services together to develop a world-wide portrait of any human, animal, fish, plant, and so on based disease development throughout the world."

6 CCR 1016-6 states that for a substitution the local board of health shall take into account "the resources and needs of the county or district." To this end, on the minimum qualifications form, the Custer County Board of Health noted, "we only had one applicant due to the increased number of Public Health directors resigning statewide due to COVID-related stress and pressures." Substitutions may allow for substituting "year for year professional public health work experience for certain academic requirements or exceptional academic preparation for certain experience requirements when a candidate is otherwise prepared to carry out the duties of a public health director."

After reviewing all of the aforementioned information and taking into account Dr. Brown's advanced degree and work in a public health related experience, OPHP will move the minimum gualifications request forward as a substitution. Please note that while OPHP reviews the information presented in the minimum qualification form, it is incumbent upon the hiring agency to ascertain the veracity of all information.

We look forward to supporting you as the Public Health Director in any way we can. Our office has many resources available, including one-on-one technical assistance for all public health directors.

We appreciate your cooperation and look forward to partnering with you. If you have any questions or comments regarding this process, or if the Office of Public Health Practice, Planning, and Local Partnerships can assist in any other way, please contact me at Michele.Shimomura@state.co.us or (303) 746-4323.

In Partnership,

Michel I Shings

Michele Shimomura, MS, MPH Director. Office of Public Health Practice, Planning, and Local Partnerships

cc: Ann Hause, William Canda



# Exhibit I

#### DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

#### State Board of Health

# MINIMUM QUALIFICATIONS FOR PUBLIC HEALTH DIRECTOR AND MINIMUM QUALIFICATIONS FOR MEDICAL OFFICER

#### 6 CCR 1014-6

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

#### Adopted by the Board of Health on August 19, 2015

#### 1.1 General Statement of Duties:

- (1) Pursuant to Colorado Revised Statutes, part 5 of article 1 of title 25, the administrative and executive head of each county or district public health agency shall be the public health director. In addition to the other powers and duties conferred by part 5 or by the agency, a public health director has the following powers and duties:
  - (a) To administer and enforce:
    - (i) The public health laws of the state and, as authorized by the provisions of this title or article 20 of title 30, C.R.S., the public health orders, rules, and standards of the state department or the state board; and
    - (ii) The orders and rules of the county or district board.
  - (b) To exercise all powers and duties conferred and imposed upon agencies not expressly delegated by the provisions of part 5 to a county or district board;
  - (c) To hold hearings, administer oaths, subpoena witnesses, and take testimony in all matters relating to the exercise and performance of his or her powers and duties;
  - (d) To act as the local registrar of vital statistics or to contract out the responsibility of registrar in the area over which the agency has jurisdiction;
  - (e) To direct the resources needed to carry out the county or district public health plan developed pursuant to section 25-1-505, C.R.S.; and
  - (f) If requested by the county or district board, to serve as secretary to the board responsible for maintaining all records required by part 2 of article 72 of title 24, C.R.S., and ensuring public notice of all meetings in accordance with part 4 of article 6 of title 24, C.R.S., the director shall be the custodian of all properties and records for the agency.

#### **1.2 Minimum Qualifications:**

(1) 25-1-508(5)(c)(I) The public health director shall possess such minimum qualifications as may be prescribed by the state board. A public health director may be a physician, a public health nurse, or other qualified public health professional. A public health director may practice medicine or nursing within his or her license and scope of practice, as necessary, to carry out the functions of the office of the public health director. The qualifications shall reflect the resources and needs of the county or counties covered by the agency. If the public health director is not a physician, the county or district board shall employ or contract with at least one medical officer to advise the public health director on medical decisions.

Except as provided in section 1.3 of these rules, a public health director shall have the minimum experience and training standards set forth in subsections (2) or (3) of this section.

- (2) A Physician Director candidate shall:
  - (a) Be licensed to practice medicine in the state of Colorado within six months of hire;
  - (b) Have graduated from an approved medical school (MD or DO) and preferably be certified by the American Board of Preventive Medicine or American Board of Osteopathic Preventive Medicine; and
  - (c) Have five years within the past ten years of successful and responsible administrative experience in public health or a closely related field, including at least two years experience in supervising public health professionals.
  - (d) A candidate with one year of graduate study in a recognized school of public health is preferred.
- (3) A Non-Physician Director candidate shall:
  - (a) Have a master's degree in a public health discipline such as environmental health, health education, epidemiology, health administration/policy, biostatistics, etc; nursing, public administration, health administration or a closely related discipline; and
  - (b) Have five years within the past ten years of successful and responsible administrative experience in public health or a closely related field, including at least two years experience in supervising public health professionals.
  - (c) A nurse candidate shall be licensed to practice in the state of Colorado within six months of hire.
  - (d) Medical Officer: If the public health director is not a licensed physician, a designated medical officer (advisor) shall be employed or contracted (paid or volunteer) by the district or county board of health to advise the public health director on medical decisions and be available at all times to the public health director. The medical officer must be a graduate from an approved medical school (MD or DO) and licensed to practice medicine in the state of Colorado.

#### **1.3 Reporting requirements:**

Within 30 days of appointing a new public health director, the county or district board of health will submit documentation summarizing the recruitment efforts for and the qualifications of the newly appointed public health director, on a form prescribed by the department.

#### 1.4 Substitutions and Waivers:

#### (1) Substitutions

The county or district board of health, may substitute year for year professional public health work experience for certain academic requirements or exceptional academic preparation for certain experience requirements when a candidate is otherwise prepared to carry out the duties of a public health director. Within 30 days of appointing a new director, the county or district board of health shall submit the substitution and the information upon which the substitution was allowed to the Department for review.

When substituting education or experience to meet minimum qualifications, the county or district board of health will consider:

- (A) The relevance of the experience or education to the duties contained above in 1.1; and
- (B) The resources and needs of the county or district.

#### (2) Waivers

If recruitment for a public health director who meets minimum qualifications as described in Section 1.2 is not successful, the county or district board of health may waive the minimum qualifications set forth in these rules. Within 30 days of appointing the new director, the county or district board of health shall submit waiver information to the Department for review.

When waiving minimum qualifications, the county or district board of health will consider:

- (A) The population of the jurisdiction for the county or district served and its ability to recruit a qualified candidate;
- (B) Whether the candidate for public health director will seek to obtain additional public health education and experience within five years of the waiver; and
- (C) The county or district board of health has explored joining with a county or establishing a district public health agency with a qualified public health director.
- (3) When using a substitution or waiver, the county or district board of health is strongly encouraged to assess competencies and address gaps by enabling organizational and individual training and development opportunities pursuant to 6 CCR 1014-9 rule (3.1)(H)(2).

#### 1.5 Statewide reporting

The Department will make aggregate information about the qualifications of public health directors publicly available on an annual basis.

#### **Editor's Notes**

#### History

Entire rule eff. 06/30/2009. (Rule recodified from 6 CCR 1012-1. See 6 CCR 1012-1 for prior versions.) Sections 1.3 - 1.5 eff. 11/01/2015.