



**Williamson County and Cities Health District
Board of Health Meeting
Wednesday, March 9, 2022, 1:30 p.m.
City of Round Rock Public Library
216 E. Main Street, Room B
Round Rock, TX 78664**

The meeting was called to order at 1:30 p.m. by Board of Health Chair Kathy Pierce.

- 1) Pledge of Allegiance
Ms. Pierce led the Pledge of Allegiance
- 1) Roll call was taken.
Present: Chair Kathy Pierce (Williamson County), Jeffery Jenkins (Taylor), Chris Copple (Cedar Park), Ed Tydings (Williamson County) [Arrived Late], Laurie Hadley (Round Rock), David Morgan (Georgetown), Robert Powers (Leander/Liberty Hill) [Arrived Late], Caroline Hilbert (WCCHD)

Absent: Bob Farley (Hutto)
- 3) Acknowledge staff and visitors; hear any comments.
Staff members and visitors present: Richard Hamala and Carl Shahady of Tiemann, Shahady & Hamala, Cindy Botts, Michelle Broddrick, Dr. Amanda Norwood, Lori Murphy, Nicole Evert, Kaitlin Murphee, Matt Wojnowski of the City of Hutto

REGULAR AGENDA

- 4) Approval of minutes, Regular Meeting 02/09/22 and 02/17/22

Mr. Jenkins began by stating that he reviewed the minutes as part of the distributed Board agenda packet for the current meeting and found a couple of errors or clarifications that he requested be included in a corrected version of the minutes, to be distributed at the meeting, for approval. The first was a correction on the minutes of 02/09/22, where he was listed as making a motion to approve the 01/12/22 minutes. As he did not attend the meeting, this was an error in the recording. The second was a clarification for the 02/17/22, where both he and Mr. Morgan were listed in the Roll Call as "not present". They both arrived late, and Mr. Jenkins asked if their attendance could be included in the Roll Call section, as well as in the body of the minutes. Mr. Copple agreed that the clarification in the Roll Call section of the minutes would be helpful. Ms. Botts added that Board Members who were in attendance at the meeting for the Roll Call section, were listed for the purposes of establishing and recording a quorum, but the revised minutes now included those who attended, including if they arrived late or left early, with further detail being in the body of the minutes.

1:33 p.m. – Ed Tydings Arrived

Motion to approve the revised minutes from Regular Meeting 02/09/22 and 02/17/22.

Moved: Jeffery Jenkins
Seconded: Christopher Copple
Vote: Approved unanimously

- 5) Approval of 2022 NACCHO MRC Operational Readiness Grant

Ms. Hilbert began by stating that the Operational Readiness Grant is a 6 month, \$10,000 grant the Health District has been awarded for the WCCHD Medical Reserve Corps (MRC). She added that the Health District has received this grant for the past two years and the funds have been historically used to train MRC volunteers, who were instrumental in amplifying the work the Health District did during COVID. The majority of the 2022 funds will go to funding a part-time administrative assistant. Ms. Hilbert explained that this would not be a new position, as the Workforce Development grant funding covers a part-time administrative position for the Emergency Preparedness section, that would do similar work to this funded position. Utilizing the Operation Readiness grant funding allows the same position to be extended out further than the anticipated 10-week timeframe covered by the Workforce Development grant. Ms. Pierce asked how many volunteer hours the MRC has contributed. Ms. Evert stated that she can provide that information after the meeting, but that there are currently 112 registered volunteers, with approximately half of them actively contributing to various internal teams. Ms. Hilbert also stated that the total number of volunteer hours will also be in the Health District's Impact Report, which will be published in the coming months. Ms. Hadley asked if this grant is one that must be applied for annually.

1:38 p.m. – Robert Powers Arrived

Ms. Hilbert stated it was. Ms. Hadley asked what the current process was for requesting permission to apply for a grant from the Board. Ms. Hilbert stated that, historically, requests have not been brought before the Board for approval, prior to application, due to the short application time frame- typically 1-2 weeks only. Additionally, any routine grants, including the Operational Readiness grants, have not been brought to the Board, but with the change in the Board, Staff is open to any changes the Board would like to make to the process. Ms. Pierce asked if Staff was aware a grant could be opening shortly, that it be put it on the Consent Calendar for Board approval. Ms. Hilbert stated that this could be done, though in the case of NACCHO grants, the open time is variable over a 3–4-month period. Ms. Hadley asked for clarification on the part-time administrative position, as to whether the position was over when the funding runs out. Ms. Hilbert stated that, yes, this was the way the position was currently being written, assuming that no other additional funding can be found to continue the position a bit longer.

Motion to approve the 2022 NACCHO MRC Operational Readiness Grant

Moved: Laurie Hadley
Seconded: Ed Tydings
Vote: Approved unanimously

- 11) Receive presentation regarding conducting an evaluation of WCCHD services; discuss, consider, and take appropriate action on awarding a contract for an evaluation of WCCHD services

Ms. Pierce stated that as both Mr. Copple and Mr. Jenkins were on the WCCHD Evaluation subcommittee, did they wish to add anything prior to the presentation by Measurement Resources Company (MRC). Mr. Copple stated that evaluation of the received RFPs and interviews were conducted the prior week and found quickly that MRC was the preferred consultant. He added that initially, the subcommittee was going to ask the Board to grant authorization to the subcommittee to continue the negotiation process with MRC for a Professional Services Agreement (PSA), but the turnaround was completed so quickly that a draft PSA has now been handed out for the Board to review at this meeting. He added that an extended version of the introduction presentation was sent as part of the Board agenda packet, but that Ms. Sherri Jones of Measurement Resources Company (MRC) was happy to present a shortened version of her process for the Evaluation via Zoom.

Ms. Pierce asked Ms. Jones to introduce herself and begin her presentation. Ms. Jones thanked the Board for the opportunity to present her company’s vision of the Evaluation project and explained that she was joining via a virtual environment today, as her company is based out of Ohio. Ms. Jones presented her team, explained MRC’s expertise and strategy for the program evaluation. Phase 1 would be the data collection and review, followed by a community survey, interviews with staff and community, Board, and program services focus groups. Phase 2 would include review of the findings, a facilitated session with the Board and planning recommendations for next steps. The Project Work Plan would begin with a kickoff meeting for Board and WCCHD leadership in late March or early April, with a facilitated session in June and final report to be presented to the Board in July or August.

Mr. Copple informed the Board that Ms. Hilbert also participated in the interviews and following discussions. Mr. Jenkins also informed the Board that various reference checks were done on MRC with favorable reviews. Mr. Morgan asked if the Professional Services Agreement was on the Health District’s form. Ms. Hilbert stated it was, with the Engagement Letter, provided by MRC, included as Attachment A.

Motion to authorize the Executive Director to enter into an Agreement with Measurement Resources Company to provide an evaluation of the Williamson County and Cities Health District in the amount of \$60,000.

Moved: Christopher Copple
Seconded: Jeffery Jenkins

Mr. Wojnowski added that he appreciated that the travel-related fees are included in the initial contracted amount of \$60,000.

Vote: Approved unanimously

- 6) Board Member Orientation – Clinical Services Division, Kaitlin Murphee

Ms. Murphee began her presentation by introducing herself and her Clinical Services team. She then focused on the three programs housed within the Clinical Services (CS) division – Immunization Advocacy, Clinic/Health Services, and the Tuberculosis (TB) program. She discussed locations and hours of each of the Clinical Services programs and future needs of the Division, including meeting current County needs, future needs, and alternative funding options once DSRIP concludes in the current budget year.

Mr. Tydings asked what the options might be for Clinical Services, should DSRIP not be extended. Ms. Murphee stated that some of the CS staff are partially supported by other grants, and there may be options for funding positions out of Reserves or via Local dollars, though she deferred to Ms. Hilbert for additional comments. Ms. Hilbert stated that many of the positions have been moved to alternate grant funding,

but that this is a temporary solution and prior administrations have attempted to determine more long-term solutions. Her understanding is that the plan of the prior administrations was to begin utilizing Reserves and as that funding was depleted, to request additional Member City contributions. Ms. Pierce asked how many of the staff are currently funded via DSRIP. Ms. Hilbert stated that the staff were primarily from the Clinical Services division. She explained that there were originally 34 employees funded by DSRIP, and there are currently 21, with the others being moved to alternative funding sources. Of the remaining 21, there are approximately 8 that are still 50%-100% still funded by DSRIP. The Customer Service Representatives, Nurse Practitioner, Licensed Vocational Nurse and the Medical Director are all positions that have been difficult to find alternative funding for. Ms. Broddrick added that in terms of dollars, WCCHD was able to shift approximately \$755,000 from DSRIP to alternative funding for FY22. Dr. Norwood added that the issue isn't just that the alternative funding is short-term, but that funding is a challenge for the scope of what the Health District does. For example, the Health District is not a Ryan White clinic, where there is significant long-term grant funding available. Ms. Hilbert added that the Health District, being in Williamson County, misses out on both the large-agency/metropolitan funding, as well as the small-agency/rural funding options.

Ms. Pierce stated that in the presentation, Ms. Murphee mentioned that fees are significantly less than the local federally qualified health center, Lone Star Circle of Care (LSCC). As LSCC does a sliding scale fee structure, what does the Health District do? Ms. Murphee stated that in the case of children and adult general vaccines, as a requirement of the grants associated with them, only a small fee can be charged- the Health District cannot increase fees to cover revenue losses. If the clients are unable to pay the small fee, the Health District will see them regardless. In general, however, if clients cannot pay, the Health District will not require they do so for access to services. The DSRIP-replacement program, Charity Care, is based off the "sliding scale" model of fees, however, with the Health District's population, the financial documentation isn't always available. Mr. Morgan asked how many individuals do pay the fully requested fee. Ms. Murphee stated that staff is attempting to pull that information but doing so has been difficult through the Health District's electronic medical records system. Staff is also looking at, through the WCCHD Finance division, who might have had their fees "waived", but this information is not yet available. Mr. Morgan added that the Health District is about to be at a large fork in the road, as there has not yet been a plan established for a sustainable way to move this program forward.

Ms. Hadley asked what other Health Districts are doing in the absence of DSRIP. Ms. Hilbert stated that while they are not hopeful about the amount of funding to be received, the larger metro areas are going to try to move to the Charity Care Program, as they already have infrastructure established with a billing team and they have the resources available to go through the collections process, if their clients don't pay. If the funding isn't the same as through DSRIP, they will be moving towards staff layoffs. The smaller, rural areas never received DSRIP funding, so they have continued to do Public Health much in the same way it was done 20 years ago. WCCHD is in a unique situation. Ms. Hilbert added that with the increase in fees for general vaccinations from \$10 to \$14 per shot, which is the maximum allowable by the grant, the revenue only increased \$30,000 for the year, which isn't enough to make a difference to such a large program within the Health District. Ms. Pierce asked if there was duplication in the patients that go to LSCC and if there are duplication of services, could WCCHD enter into an agreement with LSCC to pay the Health District a certain amount, or send certain patients directly to WCCHD? Ms. Hilbert stated that the challenge for LSCC is that they cannot see patients fast enough, so the Health District continues to be the stopgap. Even if clients can pay, the waitlist for the Health District is 2-3 weeks, as opposed to a 6-8-week waitlist. Because of this, she feels its okay if the non-primary care services are duplicated. Mr. Tydings asked if there is anyone else in Williamson County who currently does TB care? Ms. Murphee explained that no one else does active TB care, though other agencies do latent TB treatment. The current TB grant is not in danger of going away anytime soon, but the funding is inadequate to cover the costs of the full program. Should WCCHD no longer do TB care, those patients would have to go to the hospital for care, instead. Ms. Hadley asked if the hospitals contribute any funding to the District. Ms. Hilbert and Ms. Broddrick confirmed that grant funding for projects have been received from a non-profit associated with a hospital, but not the hospital system, itself. Ms. Hadley asked if staff has looked at potential funding from Dell's charitable organizations. Ms. Hilbert stated that staff would investigate this for the future. Ms. Pierce asked if there was data the Health District had on how many people WCCHD services kept out of emergency rooms, this could be useful in requesting funding from the hospital systems. Mr. Tydings added that even if fees were increased significantly, if the clients can't afford to pay the fees, the revenue isn't guaranteed. Additionally, Ms. Murphee added, a large percentage of WCCHD clients are recent immigrants and don't have employment.

No Action Taken – Informational Item Only

Ms. Pierce informed the Board that having not heard the need for any updates regarding Items 7 and 8 from Legal Counsel, there would be no need for Executive Session this meeting. Consequently, Item 9, would also be skipped.

10) Discuss, consider, and take appropriate action to authorize and award a contract for a forensic audit on behalf of WCCHD

Mr. Shahady began by saying that following the prior meeting, a revised Letter of Engagement was sent to Weaver and Tidwell, L.L.P., to provide professional services related to a forensic audit. The revised letter included changes relating to taking direction, not just from the Finance and Audit subcommittee, but also from the full Board of Health, WCCHD Legal Council and the Executive Director; that the audit will be a furtherance of the provision of legal services to the Health District; and the inclusion of a confidentiality clause. Ms. Hilbert stated that the revised version of the Letter of Engagement was distributed to the Board via email prior to the meeting. Mr. Wojnowski mentioned that the Letter states that the rates may change at the beginning of Weaver and Tidwell's fiscal year. Will the work they are doing for the Health District expand past June 1st? Mr. Morgan answered that he didn't think the work would go past the end of June, but even if it does, the contract is based on a not-to-exceed amount, so the individual per hour rate should not have an impact.

Motion to approve the contract for a forensic audit on behalf of WCCHD with Weaver and Tidwell, L.L.P., per the revised Letter of Engagement.

Moved: David Morgan
Seconded: Laurie Hadley
Vote: Approved unanimously

12) Discuss, consider, and take appropriate action on WCCHD Draft Reserve Policy

Ms. Broddrick began by explaining to the Board that WCCHD currently is working under a 90-day unrestricted reserve fund. This has been in place since prior to 2004. She explained that most of the Health District's grants are cash-reimbursements, not entitlement funds, where the money is provided to the Health District in a large lump sum, up front. The District's billing timeline is such that it is typically 85 days or so by the time the Health District has expended, reconciled, billed and received payment. The 90-day reserve serves as cash-flow assistance. As the Board had previously requested information as to why the current unrestricted reserves were so large, she and Ms. Hilbert investigated other Health District models to determine what peers were doing, in terms of unrestricted reserve funds. Unfortunately, no standard was found. She explained that it has been Staff's experience that no two Health Districts are alike, which makes comparisons a challenge. Instead, WCCHD Staff calculated 6 months of expenses (August 2021-January 2022), for a total of \$4.9M. Given the amount of uncertainty in the Health District's future, including DSRIP going away, a Board-request salary survey, in addition to the turn around time for standard payments and the fact that the Health District is mostly paid on a cash-reimbursement model, Staff is requesting approval of a 6-month operating expenses Reserve Fund balance. She reminded the Board that for FY22, DSRIP funding is budgeted at \$1.9M, which will not be paid in FY23, and payrolls run every two weeks at approximately \$225,000 per payroll.

Ms. Hadley asked if DSRIP is federal or state funding. Ms. Broddrick explained that it is a Medicare waiver, and as such, is considered federal monies. Through a process of intergovernmental transfers, WCCHD is required to send 34% of the anticipated "earned" money and receives 100% back several months later. A transfer in April 2022, with receipt of funding by June 2022, will be the final DSRIP payment. The "loss" of DSRIP moving forward is due to the Texas State government voting to restructure the funding to a different type of program – Charity Care model. When the Health District first participated in DSRIP, there was not enough available funding in reserves to send up the first transfer payment. It was waived so that the Health District could have access to those desperately needed funds. As the program went on, WCCHD expanded its staff to meet the required metrics to "earn" DSRIP funding. Ms. Hilbert added that June 2022 is the last certain DSRIP payment, but there has been discussion on a potential extension of DSRIP, though it is not likely. Mr. Morgan asked what the current reserve level was. Ms. Hilbert stated it is almost \$8.5M. Should the requested 6-month reserve fund be approved, the variance would be \$2.76M. Mr. Jenkins asked if Staff had seen a delay in reimbursement from grants after COVID, that might also impact the needed cash-flow. Ms. Broddrick said that there hasn't been a noticeable delay, however one of the largest funders is Texas State Department of Health Services (HHSC) and if there are federal or state shutdowns, or legislative changes, there can be a delay from that funder. Ms. Broddrick also explained that when looking for new grants, often the grantor requests matching funds. Having funds set aside for grant matching would also be helpful.

Mr. Morgan asked if WCCHD has a policy around how the unrestricted funds are spent and who authorizes the spending. Ms. Broddrick stated that currently, WCCHD has no policy that allows the Executive Director to spend out of Reserve Funds or outside of the Approved Budget, without the Board's approval. She added that the procurement policy would also be in play for both Board approved spending out of the Reserve fund and the Approved Budget. Mr. Morgan asked under whose authority it is to spend down the \$2.7 variance, should the 6-month reserve be approved. Ms. Broddrick confirmed it would be the Board's authority. Ms. Hadley stated that while the \$4.9M is a total of 6-months of operating expenses, when DSRIP goes away, the "loss" would be just \$1.9M, not the full \$4.9M. Mr. Morgan added that the prior administration was smart in saving enough in Reserves to cover the loss of DSRIP funding for several years. His concern was focused on creating and implementing a plan, to move in the direction of long-term sustainability. The policy brought forth by Staff, he added, does not provide a lot of structure in how the Reserve funds are spent. It provides authority and gives a mark of how much should be maintained, but not how those funds are spent. His opinion, given the various studies that are ongoing, would be to keep the Reserve at the current amount, not set a target at this time. Mr. Jenkins and Ms. Hadley concurred. Mr. Morgan also added that he would be interested in Staff and the Board looking at investment management and cash management options. He asked if anyone externally has assisted the Health District in setting targets. Ms. Hadley added, this would be a type of financial advisor. Ms. Pierce stated that the County Treasurer, Scott Heselmeyer, provides that service for the County, but not for the Health District. Ms. Broddrick explained that Mr. Heselmeyer is the Health District's investment officer but does not provide investment advice.

Mr. Power asked for clarification on financial terminology. His understanding is that a Fund Balance Reserve is separate from an approved annual budget. During the year, cash follows in and out as expenses are made, and income is received. If a project costs a set amount and money is pulled from that Fund Balance Reserve to cover the cost, which is then reimbursed, he doesn't not consider that "use of Reserves". He then asked if Staff is looking for "untouched cash" or just "working capital"? Ms. Broddrick stated that Staff is requesting the 6-month reserve be "untouched" and the variance between the current amount and the 6-month untouched amount is what is currently being used as "buffer" or working capital. Mr. Powers asked if the only way unrestricted reserves can grow is through Member City contributions. Ms. Broddrick concurred that the bulk of the money in Reserves came from either DSRIP or the Member Governments, though primarily DSRIP over the past 4-5 years. Mr. Morgan asked if anyone external has reviewed the process of moving money from the TexPool accounts to the WellsFargo accounts, regarding cash-flow and investment practices. Ms. Broddrick stated that has not been done. Mr. Morgan stated that he thought the size of the organization, along with the amount of funding received, necessitated external review of

cash-flow and investment practices. In general, it was his opinion that making cash-flow management easier should not be the reason for a large reserve fund, and as the Board determines what reserve level, they would be comfortable funding, having an outside agency look at some of those additional factors would be of benefit. Ms. Broddrick agreed. Ms. Pierce asked if this external review would be out of the scope of the Financial Audit that is being conducted. Mr. Morgan and Ms. Hadley stated that the Audit would not address these questions. Mr. Copple stated that cash-management policies would likely not be covered in the scope of work done by the Program Evaluation either and suggested that the Finance and Audit Subcommittee might be a more appropriate place to consider next steps in contracting with an outside firm. Mr. Morgan and Ms. Hadley stated that they would be in favor of this. Ms. Pierce stated that what she heard from the Board Members is to leave the Reserve levels, as is, for now, and have recommendations for cash-management and investment strategies come back to the Board, at a later time, from the Finance and Audit Subcommittee. Ms. Broddrick stated that she and Ms. Hilbert would draft a policy stating that no funds are to be spent that are not already approved as part of the Annual Budget and that there is no defined, unreserved, restricted dollar amount at this time. This will also a policy to be drafted on the Board's wishes for the upcoming annual audit.

No Action Taken – Informational Item Only

13) Discuss, consider, and take appropriate action on FY23 Member City Contributions

Dr. Hilbert began by stating that with so much in flux at this time and with the ending of DSRIP, the Health District's being at a fork in the road, her concern for this item, at this time, was not to discuss a particular number, but to discuss how to ensure that there IS a number in City budgets. From a Health District perspective, she is recommending level-funding for FY23. The letters will be sent to the Member Cities later in the Spring, as usual, and that provides enough time for the Cities to include an amount in their City Budget process, which will begin prior to the Program Evaluation being completed, or decisions on any of the other items in flux. In late Summer/early Fall, when additional information is known, the Health District can provide a more concrete number to the Member Cities. Mr. Powers asked what the population year would be. Ms. Hilbert replied that it would be using 2020 as a population year. Ms. Hilbert also provided information on where the Member City contributions are going, within the Health District budget. Of the \$3.7M offered, \$3.5M covered Salary and Fringe, with priority to non-grant funded administrative positions required for operation of the District. Approximately half of what the County provides goes to cover medical insurance spots for the 108 employees. In the FY22 budget, the Board approved covering approximately \$135,000 of deficit in the Environmental Health Fund. Additionally, if just looking at Member City contributions, there is approximately \$1M in an operating budget deficit, which should be covered by General Funds, but with the cash flow from DSRIP, that deficit has been covered for FY22.

Mr. Morgan asked if US Census numbers were used to establish population for the Member City contributions. Ms. Hilbert confirmed they were. Ms. Hadley asked if FY22 would be the first billing cycle with the new 2020 Census numbers. Ms. Hilbert confirmed this, as well, and clarified that the new 2020 numbers should be available in May. Mr. Morgan and Mr. Copple added that estimates of the new numbers were given to the cities early, and in many cases, the projected census numbers were significantly lower than anticipated. Mr. Morgan raised the concern that WCCHD may be receiving significantly less funding if the new Census numbers are used.

No Action Taken – Informational Item Only

14) Discuss, consider, and take appropriate action on Environmental Health Cost of Service-related industry standards

Ms. Hilbert began by stating that at the February 9, 2022, meeting, the Board discussed in detail the Environmental Health Division, including its history of being an Enterprise Division. There were several requests coming out of that meeting that were brought back for this meeting for further discussion.

3:21 p.m. – David Morgan left the meeting

Ms. Hilbert explained that the first was the Board's request for a more detailed Cost-of-Service. Included in the Board's agenda packet is a detailed Cost-of-Service for each of the permits and services offered by the Environmental Health Division. Secondly, the Board asked if two inspections per day was typical of other Health Districts, and after additional investigation and discussion with the Health District's counterparts around the State, the answer is yes. The reason for this is that when an inspection is done, the inspectors must see the failure in real time. They also need to be there for the health education piece, to address what they saw and provide information on how to correct it, in addition to writing up the report, which is provided to the customer before they leave. Ms. Hilbert explained that two inspections per day is doing well and like most Health Districts, WCCHD is taking a tiered approach, in which there are high risk, medium risk and low risk customers. Unfortunately, do to WCCHD having a smaller staff, priority is given to the high-risk customers, but not every location is able to be inspected every year. Ms. Hilbert explained that she also discussed this issue with other Health Districts and found that while many of the smaller agencies are doing the same prioritization, but that the larger, metro areas are better staffed and can do every site annually or more. Ms. Hilbert added that without the Salary Study or Program Evaluation yet to be completed, it may be best to wait to make any decisions on staffing for this Division.

Ms. Hadley asked if the restaurant in eastern Williamson County that wouldn't let the Health District do an inspection had been inspected yet. Ms. Murphy stated they had not yet done that inspection and the warrant process was in the hands of the District's legal team. Mr. Hamala stated that in was being drafted and brought through the County's Court process. Ms. Hadley also asked if the Environmental Health team also prioritizes those customers that habitually have inspection issues. Ms. Murphy explained that when a restaurant fails and

inspection, they are put on a compliance schedule, which does have more inspections. Mr. Jenkins stated that every couple of years the City of Taylor will do a study on the current City fee structures. This might be something the Health District does in the future to address the Cost-of-Service to Fee difference.

No Action Taken – Informational Item Only

15) Executive Director's Report

Ms. Hilbert stated that the WCCHD Salary Study has been posted to the District's website and Staff is hoping to have a contract signed in April. It will close by the end of March and it was sent out to four recommended firms, including two from TACCHO and two from Board Members. She also added that the Cedar Park clinic doors should be opening from the alternate/County-side of the lobby soon. Ms. Hilbert stated that WCCHD Executive Leadership met with Bluebonnet Trails the prior week to learn more about the mental health side of public health and will be meeting again with them in the coming weeks to determine how the two agencies can collaborate moving forward. Regarding Divisional updates, there was an infant formula recall that the Women, Infants and Children (WIC) program has been busy addressing and getting new formula for those affected. Ms. Hadley stated that the press release regarding this issue was well done and thanked the staff responsible. There are fewer COVID vaccinations or boosters being requested, but the team is still being kept busy with outreach and education. Mr. Tydings asked if the Health District had now taken over all the mobile outreach vaccinations for the County. Ms. Hilbert confirmed they did, including Jail vaccinations and home bound. Ms. Hilbert added that there are currently nine positions posted, many of which are related to the new Workforce Development grant. Lastly, the Public Health Accreditation Board (PHAB), was finally able to review the Health District's reaccreditation application and send back some questions and requests for additional information, which Staff is in the process of procuring it. The Community Health Assessment (CHA) was released to the District's hospital partners for review. The CHA will be pushed out to the public, but addendums based on new Census information, will be added in the coming months. Lastly, the Impact Report from Marketing and Community Engagement, will be released soon and combines the District's Strategic Plan and Service Report and the Deputy Director position is anticipated to be posted by the end of March.

No Action Taken – Informational Item Only

16) Adjourn

Motion to adjourn.

Moved: Ed Tydings
Seconded: Laurie Hadley
Vote: Approved unanimously

Board Chair Pierce adjourned the meeting at 3:38 p.m.

Recorded by: 
Cindy Botts, Executive Assistant

Reviewed by: 
Christopher Coppla, Secretary