



**Williamson County and Cities Health District  
Special Board of Health Meeting  
Wednesday, July 13, 2022, 1:30 p.m.  
City of Round Rock  
231 E. Main Street, HR Training Room  
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
- 2) Roll call was taken.  
Present: Chair Kathy Pierce (Williamson County), Chris Copple (Cedar Park), Laurie Hadley (Round Rock), David Morgan (Georgetown), Robert Powers (Leander/Liberty Hill), Jeffery Jenkins (Taylor), Bob Farley (Hutto), Ed Tydings (Williamson County), Dr. Caroline Hilbert (WCCHD).  
  
Absent: None.
- 3) Acknowledge staff and visitors; hear any comments.  
Staff members and visitors present: Carl Shahady of Tiemann, Shahady & Hamala, Mehgan Murray, Nancy Ejuma, Janie Olguin, Sandra Mendoza, Jason Fritz, Susanna Thornton, Lori Murphy.

**CONSENT AGENDA**

- 4) Approval of minutes, Regular Meeting, 05-11-22 and Regular Meeting, 06-08-22
- 5) Approval of Williamson County Interlocal Agreement for First Responder Flu Vaccines

**Motion to approve the Consent Agenda.**

Moved: Christopher Copple  
Seconded: Bob Farley  
Vote: Approved unanimously

**REGULAR AGENDA**

- 6) Introduction of Deputy Director – Nancy Ejuma  
Ms. Hilbert stated that she was excited to have someone with Nancy’s skillset, talent and passion in the Deputy position. Ms. Ejuma introduced herself to the Board, stating that she has been in public administration for 12 years, both at the local agency level and at the State level. As the Board received a copy of her resume in the Board agenda packet, she stated that she would only add a few additional personal points, including a daughter attending the University of Texas at Austin and is living in Leander. The Board added that they were very glad to have her in the position.

**1:36 p.m. – Executive Session called**

**1:58 p.m. – Reconvened to Regular Session**

**REGULAR AGENDA**

- 14) Discuss, consider, and take appropriate action on pending or contemplated litigation, settlement matters and other legal matters, including the following:
  - a. The forensic audit being conducted on behalf of WCCHD by Weaver and Tidwell, L.L.P.
  - b. Litigation or claims or potential litigation or claims against WCCHD or by WCCHD, including claims by former Executive Director Derrick Neal
  - c. Status Update-Pending Cases or Claims
  - d. Employee/personnel related matters
  - e. Other confidential attorney-client matters, including contract and certain matters related to WCCHD defense issues in which

the duty of the attorney to the governmental body within the attorney/client relationship clearly conflicts with Chapter 551 of the Texas Government Code.

- f. EEOC Charge of Discrimination 451-2021-02587: Derrick Neal v. Williamson County and Cities Health District and investigation of claims and conduct of former Executive Director Derrick Neal.
- g. EEOC Charge of Discrimination 451-2022-00024: Constance Quilter v. Williamson County and Cities Health District.

#### **No Action Taken.**

#### 7) Zoom Presentation – WCCHD Evaluation Preliminary Themes

Ms. Elizabeth Pafford began her presentation with an explanation that the presentation will cover key findings and highlights, which will be further detailed in a large final report that would be shared during the in-person meeting. This presentation will be used to gather additional questions from the Board that may arise from this initial discussion of the key findings and any final analysis that needs to be done.

Mr. Christian Hall began the slide deck presentation by stating that he would be discussing the initial findings, including the results of the stakeholder survey that was sent out, trends from the WCCHD Employee Engagement Survey, SWOT analysis and health-related return on investment data. The majority of the approximately 330 respondents were female, white, and living in Georgetown or Round Rock. Results were that WCCHD is effective at achieving its mission. Board members were supportive of staff and recognized the value of WIC, WilCo Care and Clinical Services. The Board expressed concerns with the Pool Program, current marketing strategies to the community and potential issues with reporting to the Commissioners Court. Community partners and funders specifically stated that they were also satisfied with their experiences working with WCCHD. Strengths included good data collection and dissemination and perceived strong community engagement and responsiveness. Threats to future collaboration included challenges with local policies and regulations and bandwidth limitations. Less than a third of community member respondents used WCCHD services in the past five years, but those that did, utilized services in Round Rock, Georgetown or Taylor and found it a positive experience. Most service utilization by community members was in the areas of vaccinations, tuberculosis, the Healthcare Helpline, and WIC. Overall, barriers to receiving WCCHD Services included that the public was unaware of services offered, did not need services, did not realize they were eligible for services or preferred to use healthcare services from another provider.

Ms. Pafford added that in the employee focus groups, staff expressed concern for more competitive pay, additional communication, transparency, and consistency within the agency. Additionally, the levels of stress, workload, and challenges in communication during COVID response continues to color employee feelings and concerns. Mr. Morgan asked for clarification on the continued coloration from COVID on employees. Ms. Pafford explained that during ICS, as employees were in new roles, the flow of communication internally changed and those who were asked to step into these new roles did not always disseminate information in a clear or consistent manner to those under and above them. Ms. Hilbert also added that depending on when in the response it was, the traditional organizational chart may not have applied, and team leads may have been above Division Directors for decisions specific to COVID. This, along with trying to balance normal workload led to a lot of confusion as to where direction is coming from, who is making the final call on bandwidth for employees, etc.

Mr. Hall continued with the overall SWOT analysis. Strengths included an experienced and engaged Executive Director, Board and Staff, high quality services and consistently high positive health outcomes, and excellent data collection and dissemination practices. Weaknesses included challenges in marketing services to the community and perceived lack of pay among staff. Opportunities included the ability to restructure services and marketing/promoting awareness of services. Threats included perceived politicization with involvement with the Commissioners Court and rapid population growth and changing demographics and health needs. Mr. Morgan stated that during his interview with MRC, he brought up a concern that under the current structure, there was an inconsistency with resources and communication during COVID. There was also conflict between the County and the Health District, as well as between Cities, and while COVID was a highly irregular event, it showed the weaknesses in the current governance structure. Ms. Hadley added that while it was not the fault of anyone in the room, during the height of COVID, the previously appointed Board Members did not know what was going on at the District and it was a struggle for Cities to make decisions.

Mr. Hall explained that Health District funding, while largely received from grants, is also from Member City contributions. He calculated an estimated flat tax per capita for the entirety of the County, as well as for the individual Member Cities, to estimate the contribution per capita by District or Williamson County Department governance structure. Under the different structures, areas of the County would pay different rates compared to others. He also discussed a health-related Return on Investment (ROI) related to per-capita Member City contributions, under both the District and Department models. Lastly, Mr. Hall discussed health-related ROI as compared to Collin and Denton counties.

Mr. Morgan requested that the impacts on funding under various governance structures also be brought to the Board for discussion.

#### 8) Discuss, consider, and take appropriate action regarding WCCHD Pool Program

Ms. Pierce stated that she asked for this item to be placed on the agenda. Though the Board is working through transition planning, WCCHD has limited resources and the Board may need to be strategic in where those resources are placed. Ms. Hilbert added that while the pool program does have value from a public health point of view, limited resources are a challenge with this program, from a business perspective. The program, when brought to the previous Board for approval, was supposed to be fully supported by pool-related program fees. At this time, however, fee revenue is only covering about a third of the expenses, the rest is pulled from various other programs, creating a ripple effect throughout the agency. While staff has been hopeful that revenue will increase, the way the business model is currently structured, it's not as much of a benefit to the customers as was hoped and internally, staff is struggling to meet the demands. Ms.

Hilbert stated that she would like to come back to the Board at a future meeting with a business recommendation on restructuring the program to increase its efficiency. Ms. Pierce added that this is not a program that has to be done by the Health District and the statutes are already covered by Cities. She then asked for Board Members' thoughts on the program. Mr. Jenkins asked for additional background on the program and how it came to be.

Ms. Hilbert stated that it was her understanding that a couple of child deaths and one adult death led to media focus on the region in relation to public pool safety. That, with a Legionellosis outbreak at a public pool setting led Leadership staff, at the time, to consider adding this as a program. This was in the 2016-2017 timeframe. After a couple of years of research that went into setting up this type of a program, it was officially approved by the Board, at the time, and launched at the end of 2019, with the intent to hit the ground running on January 1, 2020. Within a couple of months, the world had shut down due to COVID. Now, several years later, as staff gets back into the inspections, every public pool needs to be inspected and updates and adjustments need to be made on many of them, costing anywhere from less than one hundred dollars to tens of thousands of dollars. While the pools are given plenty of time to get up to compliance, until they are, a permit is not issued, and the Health District does not receive any revenue. Currently, there is no enforcement for those who choose not to make the recommended changes since it is still a new program and pool owners are struggling to stay up to date with changing State regulations. Mr. Tydings asked if the Health District is required to do these inspections, as it sounds like the Cities are already doing them. Ms. Hilbert explained that while Cities may be permitting pools through Development Services from a building perspective, the Health District's inspection is focused on public health and safety, including inclusion of working gates, PH of pool water, etc, which is listed in State Code. Ms. Murphy clarified that those Swimming Pool code changes regularly, the Health District only asks the pools to adhere to the State standards from the date they were built, no additional updates are required. Mr. Morgan clarified that from his perspective, the Health District is not meeting its own internal standards for number of inspections, which is likely due to a staffing shortage, which is difficult to correct if the fee schedule does not allow for hiring additional inspectors. Ms. Murphy stated that inspectors are finding that four out of five pools are not able to meet the code that they were built and initially permitted by the Cities under. Mr. Jenkins asked what would happen if the program was discontinued. Would the State take over? Mr. Copple added that he had hoped, as part of the Evaluation, the Board would learn what programs were required to be done by the Health District and which the District has chosen to provide. In addition, what overlap is there with what the Cities currently provide and what the overlap is for those public pools that fall into HOAs or those that are not within City boundaries. Mr. Copple added that until he understands what each agency is doing, he is not comfortable with making a decision on what the Health District should be doing, which is separate from the level of service the District is currently able to actually provide with this program.

Ms. Pierce stated that it was her understanding that not many Health Districts have pool programs- that it is mainly the larger, City-based agencies, such as Houston and Austin. Though WCCHD chose to jump into this program, she stated that she is looking at existing resources and the "biggest bang for the buck". If the Health District is behind on retail food inspections, then, in her opinion, the allocation of resources needs to be towards the greater need, which is food inspections. Mr. Morgan asked if current food inspectors are being reallocated to the pool program. Ms. Hilbert clarified that initially, there were two full time pool inspectors for the program, but in anticipation of the program lead's upcoming retirement, additional inspectors have been cross training on how to do pool inspections. Ms. Hadley asked if the State of Texas requires the Health District to do pool inspections. Ms. Pierce stated it does not. Ms. Murphy also added that the State's regulations require that pools be kept up to code, if the Health District does not conduct inspections to ensure compliance, it falls to the State, who have even fewer resources than the Health District and so, in practice, these inspections would not be completed at all.

Mr. Powers asked if the analysis to recommend the pool program initially was available. Ms. Hilbert stated that she included in the Board packet all the information that was readily available, but staff could look for additional rationale, if needed. Mr. Powers stated that he did not wish to vote on ending the program today and felt that programmatic decisions are more appropriate to be discussed with the Annual Budget. Ms. Pierce stated that because there has been discussion about the County taking over the Health District and the City of Round Rock has already opted out of the program – conducting their own inspections – there is no appetite for the County to take over a pool program. She asked for Mr. Farley's option on the subject. Mr. Farley stated that prioritization of programs is something the Board needs to consider but deciding on the pool program "on the spot" without a lot of information is a challenge. He went on to say that it seems that there are other places where comparable dollars could make more of an impact on programs across the board. Mr. Morgan asked from a risk standpoint, where is the greater risk – food-borne illness or pool-related impacts? The Board concurred that food-borne illness was more impactful to the greatest population with limited resources. He stated that this should be the filter that the Board looks at programmatic decision making with. If the Health District provides a service, they should be responsive and able to do that service well. It doesn't appear that is the case with the current pool program. Ms. Hadley added each City can also choose to do pool inspections themselves, but they cannot do retail food inspections with existing staff. Having the Health District do food inspections, and do them well, is more impactful to the Cities than a service that they can do themselves, if they choose to.

Ms. Hilbert stated that from a public health perspective and trying to keep people safe, if there is an onus on the part of the City to pick up the work, staff will feel more comfortable letting the program go, if that is what the Board chooses to do. Ms. Hadley asked if the Health District could shift to only responding on a complaint basis. Ms. Hilbert stated that this could be incorporated into a change in business model for the program, which is kept, but altered so that it makes more sense from a business and allocation of resources perspective. Mr. Tydings asked if the food inspectors who have been cross trained as pool inspectors are even interested in doing pool inspections. These are significant duties that the individuals were not aware they would be doing when they were initially hired. This could lead to loss of fulfillment for good employees because their job description has been altered. Ms. Hadley stated that she liked the idea of staff bringing back a plan for the Board to consider. Each Board member could go back to their respective Cities and discuss what options they might have to take on additional pool inspections, if needed. Mr. Tydings and Mr. Jenkins agreed. Ms. Pierce clarified that this item, including a plan of action from the Health District, would come back to the Board for discussion at the next meeting.

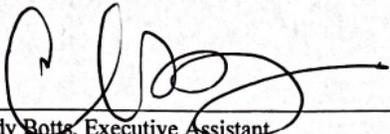
- 9) Division Highlight – Program Eligibility and Social Services, Tara Jemty  
Ms. Hilbert stated that Ms. Jemty was out ill, and this item would be postponed until the next meeting.
- 10) Discuss, consider, and take appropriate action on WCCHD Procurement Policy  
Ms. Broddrick began by stating that when the draft policy was provided to the Board for their review and comments, prior to the meeting, Mr. Powers had a couple of questions that she would like to address for the full Board. Firstly, were the dollar amounts for purchase, as identified in the Operating Guidelines, were individual purchase or annual amounts, and if the amounts were different, based on the latitude of the position. Ms. Broddrick clarified that these were individual purchase amounts, except for if they are “project-based”. Secondly, Mr. Powers asked if there would be any changes based on the latitude of the position. Ms. Broddrick explained that there currently are not. The identified individual purchase amounts are the same for every staff member that is authorized to make purchases on behalf of the Health District – which not every employee is authorized to do. Ms. Hadley stated that she had not previously seen a procurement policy include information on ethics, as outlined in in the “Concept of Operations” section. This section would typically be in the agency’s Ethics Policy, which is applied to everything the agency does, not in the individual policies. Ms. Hilbert stated that as WCCHD already has an Ethics Policy, the section might be redundant. If there anything in the “Concept of Operations” section that isn’t already in the Ethics Policy, it could also be added. Ms. Hadley also asked for clarification on “Williamson County Related Purchases” section of the Operating Guidelines. Ms. Broddrick stated that this section relates to purchases that are line-items in the County’s Budget but are items that are allocated to the Health District. At this time, these items are limited to equipment purchases, through Dell, for computers and similar items. Mr. Tydings added that he agreed that the ethics portion is redundant and should be kept within the Ethics Policy. Ms. Ejuma added that she would suggest that an adjustment of purchase amounts, based on position, also be added. Ms. Pierce asked for this item to be brought back to the Board at the next meeting with the recommended changes.
- 11) Discuss, consider, and take appropriate action regarding the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant Opportunity  
Ms. Hilbert began by stating that the Health District is the recipient of a Public Health Workforce grant that the Board may have heard her mention previously. The Strengthening U.S. Public Health Infrastructure grant is a different grant, with a similar name. Grantees have the option to go directly to the CDC for funding or go through DSHS. Historically, with similar grants, WCCHD has gone through DSHS because WCCHD represents too small of a county population. Ms. Ejuma suggested partnering with a larger county that could apply directly to the CDC for funding, such as Austin Public Health. With Ms. Pierce’s approval, as Board Chair, WCCHD submitted a Letter of Intent to partner with Austin Public Health directly to the CDC. If the CDC approves the partnership, WCCHD would receive significantly more funding than applying alone, through DSHS. The estimation, if the partnership is approved, would be approximately \$7.4M, over 5 years, as opposed to approximately \$1.5M through DSHS. Ms. Hilbert added that the details are still unclear at this time, but she wanted to be sure the Board was aware that staff was working on applying for this granting opportunity. Mr. Farley asked when the Health District would be notified if the partnership was approved by the CDC. Ms. Hilbert stated that a decision should be made prior to the official application due date of August 15, 2022.
- 12) Executive Director’s Report  
Ms. Hilbert began by stating that COVID numbers are up in the County and the Health District is struggling with staff being out over the past couple of weeks. As of the Board Meeting, no Monkey Pox has yet been officially confirmed in the County. Ms. Hilbert reminded the Board that letters and emails were sent out notifying the Cities of the Member Contribution amounts for the upcoming fiscal year. In response to a request from the City of Hutto, the Health District will be sending out an Impact Report, specific to each Member City, identifying the work the Health District has done in each municipality. The Public Health Reaccreditation Board will be doing their site visit in the next week or two and Staff is hoping to find out in the next couple of months if WCCHD is approved for reaccreditation, or if additional steps are required. The Commissioner’s Court appears to be moving forward with an intent to sell their building in Georgetown, which WCCHD is housed out of, requiring WCCHD to find another location. While there is no set date for this move, Ms. Hilbert wanted to be sure the Board was aware. Mr. Morgan added that the City of Georgetown has also been in discussions with several Commissioners on this item. Ms. Hilbert reminded the Board that there is still a population that needs to be served in Georgetown, so a new location will need to be found to continue to serve them. Back to School vaccinations are ramping up, so she will be sending out flyers and information to be shared via social media to their constituents by the Board and their respective Cities. These events will be on Saturdays, and staff is available for either appointments or walk-ins. WCCHD is partnering with Texas Children's Hospital to work with Round Rock ISD and potentially Leander ISD on their back-to-school vaccinations – specifically for children who are uninsured or under-insured. Lastly, WCCHD’s Emergency Preparedness team will be reaching out to the City’s Emergency Managers, in preparation for the bi-annual Community Assessment for Public Health Emergency Response (CASPER). This year, the focus is natural disasters.
- 15) Adjourn

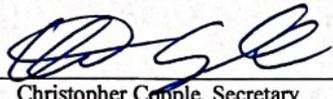
**Motion to adjourn.**

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

**Board Chair Pierce adjourned the meeting at 3:44 p.m.**

**Board Chair Pierce adjourned the meeting at 3:44 p.m.**

Recorded by:   
Cindy Botte, Executive Assistant

Reviewed by:   
Christopher Cople, Secretary