

## Public Health Executive Summary

Since 1991, Montgomery County has outsourced certain public health functions to the University of Texas Medical Branch (UTMB), including screening for tuberculosis and sexually transmitted diseases, epidemiology, immunizations, and public health preparedness. In recent months, UTMB and Montgomery County have agreed that these functions need to come back under local oversight and administration. Judge Sadler has requested that MCHD consider assuming these grant-funded responsibilities through an interlocal agreement between the parties.

The attached proposal contemplates MCHD assuming oversight and administrative support for six current positions. The current staff is well integrated into the local community and has demonstrated excellent performance of the required duties.

Because of MCHD's role in the EMS community, the District has played a significant role in the County's health and medical planning and response capability. Bringing the PHP functions into MCHD is a good operational fit. The consolidation of UTMB PHP staff into MCHD would allow the District to maintain a combined presence in many of the activities, and many of the staff members from both organizations have been working together for some time.

In addition to the PHP functions, Montgomery County has requested that MCHD assume the grant fund TB and STD screening as well as immunizations. Although funded through separate grants, these functions are closely tied to the PHP program. Clinical care of these patients can be managed through existing contracts with Lone Star Family Health Clinic.

There is space available in River Pointe, and space can be allocated in the new Administration building to house these Public Health functions. The attached proposal addresses the financial and human resource issues that need to be addressed. We are working with legal counsel to draft the interlocal agreement between the County and MCHD.

This proposal would promote a more seamless and efficient planning and response capacity in the community and the region. The public health staff would provide important subject matter expertise to MCHD. Housing an epidemiologist and a public health nurse on staff provides an important internal resource for employee health and safety. Co-locating public health with EMS enables the organizations to better serve the community, and reduces public confusion by presenting a united front. Bringing the PHP under the umbrella of MCHD not only makes financial and programmatic sense, but it provides the best environment for the PHP's continued growth and efficient operations. This joining of forces will optimize the use of grant funds while providing the public with a high level of public health support in times of need.

Public Health Preparedness Proposal  
MCHD Board of Directors

I appreciate the opportunity to visit with the County regarding the future of the contracted health department functions and the public health preparedness program, currently administered by staff from UTMB. I concur with the desire to bring those services into local oversight and support.

MCHD works very closely with the UTMB staff on preparedness activities. We are heavily involved in regional and statewide planning to support medical surge capacity, medical special needs, and other bioterrorism activities.

### **Background**

In a Memorandum of Understanding signed with UTMB in 1991, Montgomery County authorized the UTMB Regional Maternal Child Health Program (RMCHP) Conroe office to act as the Montgomery County Health Department and to obtain health department grants on behalf of the county. Now in addition to obtaining a small amount of funding from the County for health department services (STDs, tuberculosis, immunizations and WIC services), UTMB obtains health department grants from the Department of State Health Services.

Shortly after 9-11, grant funding was made available to local communities for public health preparedness (PHP) planning and response. In 2002, UTMB (acting as the Montgomery County Health Department) applied directly for the Public Health Preparedness grant, which is provided by the Centers for Disease Control and Prevention (CDC) and passed through Texas to Department of State Health Services to local jurisdictions. For the past eight years, PHP staff members have worked on behalf of Montgomery County, though the PHP program is positioned operationally under the UTMB RMCHP program (headquartered in Galveston).

Initial PHP planning centered around the threat of an anthrax attack. Over the years, the planning activities have been focused on smallpox, pandemic flu, and health and medical response to local threats such as hurricanes.

After the SARS outbreak in Canada, officials in the United States mandated heightened disease surveillance and reporting activity. Communities were required to have plans to detect and address widespread disease outbreaks, including communication plans for the public.

The local planners work closely with MCHD, Montgomery County, local providers, hospitals, and school districts. They are also integrated into the planning and response elements throughout our region and with DSHS.

Their current functions include:

- Bioterrorism preparedness
- Coordination of health & medical response to disease outbreaks (ie: H1N1)
- Public information and media relations related to PHP activities
- Mass dispensing and immunization
- Pandemic influenza preparedness
- Disease investigation and surveillance
- Local planning and coordination of the Strategic National Stockpile

- Local sponsor for Shots Across Texas
- Volunteer coordination to support POD sites
- Support for medical surge capacity

Over the years they have written and tested detailed plans for mass dispensing of antibiotics and immunizations. Their goal is to dispense medication to 465,000 residents in 48 hours should it ever be required.

### **Local PHP Activity**

The PHP program is well integrated into the local community. On a daily basis, PHP staff members are in contact with local health providers and school nurses in an effort to monitor for disease outbreak. They have successfully detected and mitigated meningitis and gastrointestinal outbreaks, and they coordinate full-scale exercises every year.

Perhaps their most well-known exercise is Shots Across Texas, a one-day immunization campaign that provided 2,973 vaccines to 1,041 kids in 2009.

They have developed a network of 800 volunteers to support seven Points of Dispensing (PODs) for Montgomery County. (Security assessments and site plans have been developed for 17 sites.)

The PHP staff coordinated the local response for the 2009-2010 H1N1 outbreak. This included public information, disease surveillance and reporting, specimen transportation, laboratory and hospital coordination, antiviral distribution and administration of 10,000 immunizations.

The PHP grant funds and maintains a local stockpile of antibiotic and antiviral medications that may be dispensed during a public health emergency. The primary purpose of the pharmaceutical cache is to provide medication to first responders, POD volunteers and their family members so they can deploy and set up dispensing sites while medications from the Strategic National Stockpile arrive. The rest of the public will receive medication from the Strategic National Stockpile (SNS). Hospital personnel will receive medications at the hospitals. During hurricane response, the PHP staff worked with local emergency management to facilitate communication with the Catastrophic Medical Operations Center and the Department of State Health Services, to coordinate special needs situations in a county shelter and to publish press releases about public health concerns after hurricanes. PHP staff also opened the UTMB Clinic four days after the hurricane and provided free tetanus shots.

### **MCHD's Current Role in PHP**

Since the inception of the PHP, MCHD representatives have been actively involved in the planning and response functions. Allen Johnson was a charter member of the PHP Bioterrorism Task Force. This inter-agency group was charged with developing the county's smallpox response plan. MCHD personnel were heavily involved in the mass meningitis vaccination campaign in 2001.

Each time a hepatitis or meningitis outbreak is detected and a mass immunization site is established, MCHD personnel assist with injections and provide stand by ambulance coverage. Similarly, MCHD personnel have been involved in the planning and execution of Shots Across Texas.

During the 2009 H1N1 outbreak, MCHD worked closely with UTMB staff to benefit the community. As with the other outbreak events, MCHD offered personnel and subject matter expertise to augment the UTMB staff to meet the needs of the incident.

### **Benefits to MCHD**

Due to our EMS role in the community, MCHD is a significant player in the County's health and medical planning and response capability. Because of this, we have staff members that dedicate a portion of their time to a variety of PHP planning activities as MCHD needs to remain informed about and contribute to regional PHP planning. UTMB staff attend these functions as well.

The consolidation of UTMB PHP staff into MCHD would allow us to maintain a combined presence in many of the activities. There would still be current MCHD staff that would attend certain activities, as their subject matter expertise is needed in the planning activity, but our combined presence would be reduced without sacrificing MCHD participation.

During disaster activations, District staff work alongside UTMB staff to support complementing aspects of the medical response. This results in some inadvertent overlapping of duties and occasional lapses in coverage. If MCHD were to bring the PHP functions in-house, it would promote a more seamless and efficient planning and response capacity in the community and the region.

UTMB would provide important subject matter expertise to MCHD. We have done an adequate job building our internal pandemic flu plan and preparing to protect our staff from a disease outbreak. Bringing the PHP staff into MCHD would provide internal subject matter expertise in these areas. We feel this would be a major advancement for us.

In addition, having an epidemiologist and a public health nurse on staff would provide an important internal resource for employee health and safety. We currently rely on a staff paramedic and outside resources for counsel and decision making support after an infectious exposure. Bring internal expertise to this process would make it more efficient and provide enhanced safety and peace of mind for our employees and their families.

The proposed model of aligning public health preparedness alongside an EMS organization is not a new idea. The Hurricane Katrina experience at Reliant Center, the benefits of public health and EMS working closely was demonstrated. During any public health emergency, there will be a strong need for public health to support EMS in the initial response and for EMS to support public health as the event unfolds. The City of Houston internalized this relationship when they tasked their EMS Medical Director to be their Public Health Authority as well. We believe that co-locating public health with EMS will enable the organizations to better serve the community.

One of the most important benefits to MCHD involves protection of our employees in the event of a biological incident. The PHP program has purchased and maintains the supply cache to protect first responders and volunteers.

Finally, the PHP staff would provide a constant positive, public face for the District. The PHP staff works closely with the school district and hospitals. They have a strong regional and state presence in planning and response. Because they function as the Montgomery County Health Department, they are the other "MCHD" in the community. Joining the organizations together would reduce confusion and present a united front.

## **PHP Grant Funding**

The Public Health Preparedness grant from the Texas Department of State Health Services covers the entire cost of the PHP program. The grant is renewed annually, and the exact fund amount depends on the amount the state receives from the CDC, combined with the population of the county. The funding allocation is usually known by the April preceding "Grant Year" which begins August 1.

## **Personnel Elements**

PHP funding includes wages and benefits for six positions:

- Program Manager
- Epidemiologist
- Nurse Liaison
- Strategic National Stockpile Coordinator
- Public Health Tech
- Epidemiology Tech

## At Will, Grant Funded Employment

The employees understand that they are not only "at will" employees, but grant funded employees as well. They clearly understand that should the grant be cancelled in the future, it would result in the elimination of their positions unless other funding sources could be identified.

The grant covers personnel related expenses, including the following:

## **Wages – Exempt and Non-exempt Employee.**

The positions will need to be classified according to their current responsibilities within the job MCHD family structure and budgeted appropriately. For example, the Preparedness Manager is currently classified as a Community Education Specialist. Whether the staff members come to MCHD or to the County, the employees will need to be reclassified and compensation adjusted within the home agency's job families. We have reviewed this, and there is adequate funding within the grant to bring the employee in alignment with comparable MCHD positions.

## **Fringe Benefits**

For fringe benefits, UTMB appropriates from the grant using the following formula:

\$1 - \$41,500 = 30.84%

\$41,501 - \$75,000 = 25.17%

\$75,001 - \$105,200 = 21.90%

Mike has reviewed this information, and it adequately covers MCHD fringe benefit expenses.

## Retirement

The question was raised regarding retirement vesting. The Texas County and District Retirement System is very prescriptive on eligibility. All full and part time permanent employees are required to participate. Each participant contributes 7% of their wages to retirement. The District's contribution is based on total payroll, which would include the grant employees and would be funded by the grant. Vesting is achieved after 10 years of service.

Should the employee leave MCHD prior to ten years of service, they would retain ownership of their contribution. The employer contribution would be retained and be reinvested by MCHD. After ten years of service, the employee would be eligible for the employer match when they meet the requirements for retirement.

The current UTMB PHP employees are members of the Texas Teacher Retirement System. TCDRS and TRS offer reciprocity for years of service.

#### Health, Dental, and other Insurance

All benefits of full time employees would be provided to the grant funded employees. The cost is covered by the grant.

#### Training and Travel

The grant provides funding for training and travel necessary to carry out the grant deliverables.

The grant also covers office space, copiers, computers, radios, fax, cellular, letterhead, and a large variety of other office expenses. Travel, mileage and training for staff is included.

#### **Other Program Items**

##### Office Space

With the consolidation of HCAP administrative and eligibility personnel into a single suite on the third floor, Suite 303 would be available for lease. The cost to occupy this space would be minimal beyond the lease amount. MCHD currently has connectivity for internet and phone service in the suite.

We believe the PHP staff will be coming with office furniture as we believe it was purchased through the grant. If this is not the case, and the existing furniture was purchased by UTMB through another funding source, we would budget for furniture from the grant funds.

The new Administration and/or Service Center building has space available to house the PHP staff. MCHD could charge market rate lease expense to the grant for space used in the new building.

##### Equipment and Pharmaceutical Storage

The Service Center Building was designed with climate controlled, security monitored space with redundant power for this purpose. We had not planned to cost recover this space, but PHP grants cover leasing climate-controlled storage space to house local pharmaceutical caches. The PHP team currently houses the Montgomery County local pharmaceutical cache in existing leased office space.

The pharmaceutical cache currently includes 7,297 courses of antiviral medications and 106,760 courses of antibiotic medications, as well as materials that may be used to repackage antiviral or antibiotic medication that is stored in bulk form. The cache also contains 140 N-99 masks and 5 small suitcases with medical supplies (originally intended for the medical reserve corps). Additional medical supplies are stored in supply rooms and offices in the PHP team office space.

The medication is currently housed in a locked, alarmed room with security cameras. The room is 12' x 16', 192 square feet, and boxes are stacked to the ceiling. A larger storage space of at least 300 square feet would be more adequate.

Alarm service and monitoring for grant purchased items is included in the budget.

#### Computers and Office Support

The grant budget includes funding for office support including connectivity, desktop and laptop computers, printers, copiers, a fax machine, a server and server support, website support, office supplies and office furniture.

#### Cellular Phones and Mobile Data

The grant budget includes funding for cellular phone and data connectivity as well as for radio user fees on the Regional Radio System.

#### Uniforms

The current grant budget includes a small amount of funding to provide staff with apparel that identifies their official capacity during regional planning activities and response.

#### Contracted Services, Program Supplies and Equipment

All items necessary to execute the grant contract deliverables may be budgeted from grant funds to the extent that the budgeted amount is not exceeded. Other funding sources may be used to support PHP program outcomes. PHP funds may be combined with other grant sources (such as the Urban Area Security Initiative, Regional Catastrophic Planning Grant, and the Office of Assistant Secretary for Preparedness Grants) to achieve deliverables.

#### **Grant Budget Process and Timeline**

In April of each year, DSHS informs the County of the grant amount for the following fiscal year. They provide templates to use when categorizing expenses. The PHP staff work with local officials to prioritize needs and complete the templates up to the amount available.

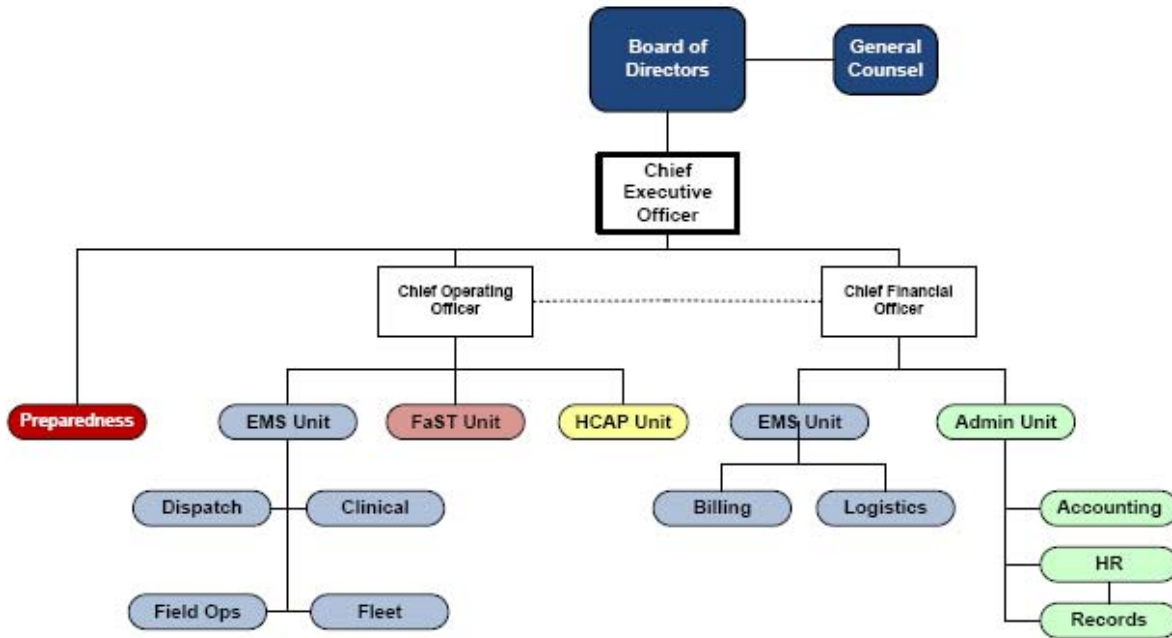
The budget is sent to DSHS for review. They kick it back if they see anything that's disallowable or does not meet the statewide strategy. Once finalized, DSHS starts the process of grant execution. Changes within expense categories is allowed, but if there is a need to make any major changes in the amounts allotted to each category, DSHS must approve an amendment. They allow one amendment per year, and it's best to submit it before April 30. Any amendments made in the last quarter need special approval and are much more difficult to get approved.

This is a reimbursement grant. The grantee is allowed to spend up to the amount allotted. If they don't spend the entire amount, DSHS sweeps the unused funds and may publish a request for proposals for a competitive discretionary funding project. Discretionary funds are usually made available for a very short amount of time, for a very short project period. They are typically used for one-time expenditures that don't require ongoing funding. The local PHP program applied for and received discretionary funding during fiscal years 2008 and 2009.

## Reporting Structure

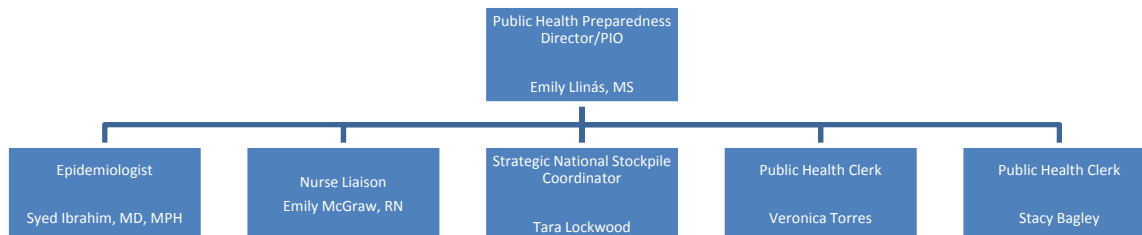
### Daily Reporting

The Public Health program would report directly to the Chief Executive Officer as a separate business unit. The Program Manager would serve on the Senior Staff and serve as the department head. The proposed MCHD organization chart is illustrated below.



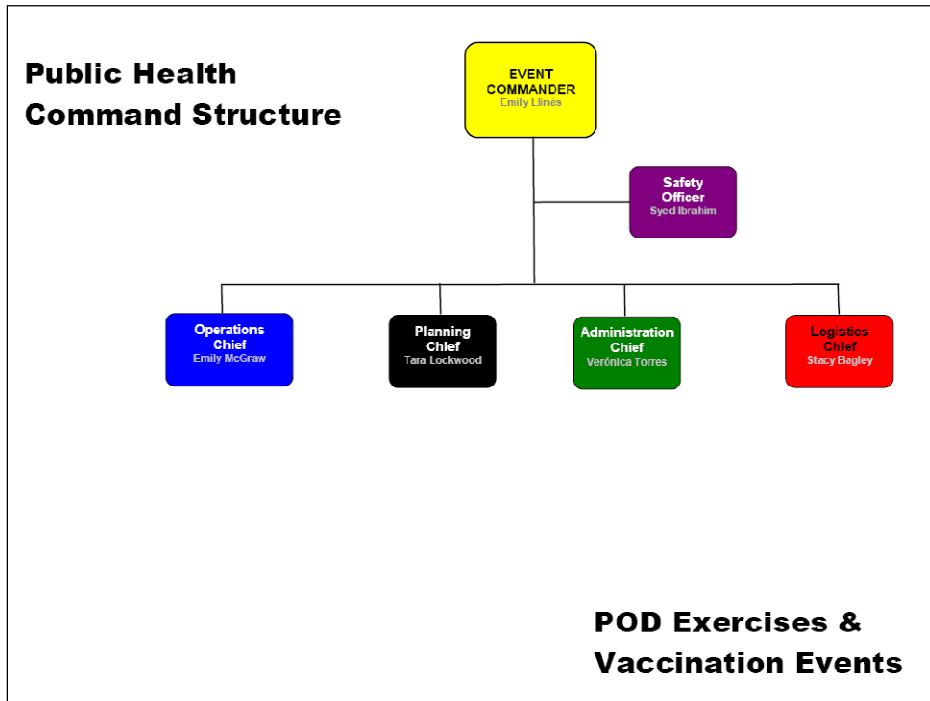
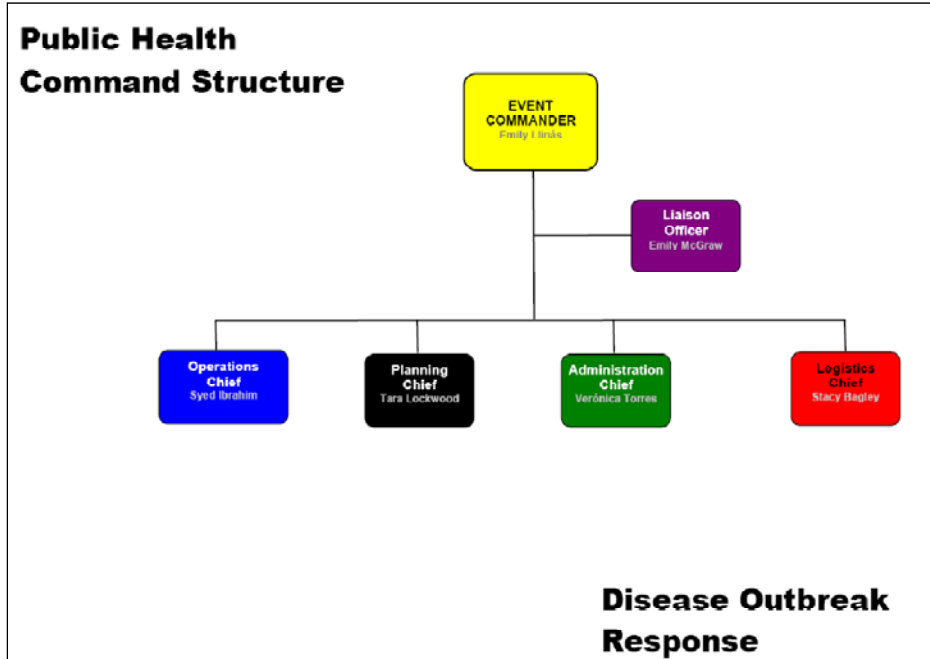
### PHP Staff Reporting

The PHP department reporting structure is illustrated below.



### Response Chain of Command

During response activations, the PHP department reporting structure will be adapted to meet the mission requirements. The NIMS compliant reporting structures currently in place are shown below:



The plans above do not account for the surge capacity that MCHD would be able to provide. Our account and supply chain staff would be capable of augmenting the PHP staff for Finance

and Administration as well as Logistics Support. Our EMS Command staff could merge their Operations and Planning activities with the PHP staff to further expand our response depth.

#### Partnership with MCOEM

UTMB PHP staff members have enjoyed a close working relationship with Montgomery County OEM. Emily Llinas is viewed by MCOEM and Judge Sadler to be a valuable, dedicated resource to the County. These relationships developed and thrived despite the distractions of UTMB after Hurricane Ike.

Emily Llinas and other members of the PHP embed when necessary into the Montgomery County Emergency Operations Center. They provide technical expertise and planning assistance to Nicky Kelly and other OEM staff members, as well as situational awareness and decision support to County Judge Alan B. Sadler. UTMB staff drafted and gained adoption of the County Pandemic Flu plan and other required planning documents.

MCHD also works closely with MCOEM for health and medical response. We embed in the EOC during activations to coordinate medical response and support other EOC activities.

Representatives from UTMB and MCHD are the appointed voting representatives from Montgomery County to the Urban Area Security Initiative Health and Medical Subcommittee. We believe that the merger of UTMB and MCHD activities to support emergency management would bring about a more efficient and effective system. It reduces the entities involved by 1/3 and will promote a tighter reporting and communication structure. Both entities are strongly committed to providing health and medical expertise to support the County Judge and OEM.

## Process Step for Implementation

If the decision is made to bring the PHP within MCHD, there are a number of steps that would be necessary in order to implement the change:

### **Policy Implications**

Our current Personnel Policy does not address grant funded positions. We recommend that the Board consider adapting our Personnel Policy 10-101 Definitions of Employment Status to provide specific definitions and disclaimers regarding grant funding for positions.

### **Human Resource Activities**

Each job description would need to be evaluated by MCHD Human Resources and the UTMB Program Manager to determine classification and compensation within the MCHD job families. The job descriptions would be adapted to the MCHD template and distributed. It is anticipated that the current staff would transition to MCHD.

An abbreviated New Employee Orientation would need to be scheduled to provide a briefing on MCHD benefits and specific topics.

### **Accounting Activities**

Mike Nicknish would create a new Unit Budget within the accounting system and execute a budget amendment to fund the new line items.

Appropriate PHP staff would need training on MCHD policy and account software.

Traci Hurst would need cross training with the PHP Program Manager for grant compliance and reporting support.

**Secure Office Space**

Kelly Curry will work with building management to secure office space in River Pointe. He will work with the accounting staff and PHP manager for funding from the grant. Kelly will also work with the PHP Manager to determine furniture needs if any.

Kelly will work with PBK and the PHP Manager to designate space needs in future buildings.

**Evaluate and Remedy Asset Gap**

There are a variety of other needs that will be addressed, including joining computers to our networking, porting cellular service to our contact account, updating business cards, etc. These will be coordinated by the appropriate person within MCHD.

**Budget Implications**

As previously mentioned, the PHP program is 100% grant funded. An outline of the current grant year budget is shown below.

| <b>2009 PHP Budget - By Category</b> |                 |                  |              |
|--------------------------------------|-----------------|------------------|--------------|
|                                      | <b>PHP Base</b> | <b>CRI Grant</b> | <b>Total</b> |
| Personnel                            | \$180,000       | \$90,000         | \$270,000    |
| Fringe Benefits                      | \$48,600        | \$24,300         | \$72,900     |
| Travel/mileage                       | \$13,720        | \$6,530          | \$20,250     |
| Equipment (≥\$500)                   | \$30,000        | \$0              | \$30,000     |
| Supplies                             | \$10,100        | \$8,450          | \$18,550     |
| Contractual                          | \$13,270        | \$4,000          | \$17,270     |
| Other                                | \$59,333        | \$4,600          | \$63,933     |
| Total Direct Costs                   | \$355,023       | \$137,880        | \$492,903    |
| Total Indirect Costs                 | \$0             | \$0              | \$0          |
| Program Income                       | \$0             | \$0              | \$0          |
| Total                                | \$355,023       | \$137,880        | \$492,903    |

The amounts for the 2011 grant year have not been released as of April 7, 2010. Currently everything the program does is funded by the grant with no general fund appropriation from UTMB.

There will be some minor expenses that may not be covered by the grant. For example:

- Wellness Allocation \$300 per person
- Employee Appreciation (banquet, picnic, etc)

These may be covered as employee related expenses, but we have not made a determination.

There will be a positive impact on MCHD for space that is currently unallocated. We will be able to cost recover space used by the PHP program. The appropriation for office space is currently \$21,000. Additional funds could be appropriated for secure, climate controlled storage space for supplies and pharmaceuticals.

### **Other Public Health Activities**

As discussions have developed, it has become apparent that DSHS desires to keep the PHP program closely affiliated with other public health activities, specifically the immunizations, TB and STDs. The County wants these services to remain with a healthcare entity.

The services are currently provided by UTMB at the maternal and child clinic. The services are also fully funded by other sources.

RLSS/LPHS Grant - \$83,000

County Funding - \$90,000

Vaccine – 100% funded by DSHS

The grant pays for the nurse and supplies. The County money provides office space and other program costs. The program employs two FTEs and requires one office, one patient room, a vaccine storage area, and a waiting area. Other UTMB RMCHP staff members assist with paperwork, reporting and patient scheduling.

Regardless of who holds the health department contracts, Dr. Daniel Walker would remain the Public Health Authority. He is paid a small monthly stipend by UTMB from the grant to serve in this role. In addition to receiving county funding and grant funding, Health Department services also provide revenue. TB, STD/HIV and immunization patients are charged \$10 per visit. Patients are not charged if they are unable to pay for services, but most patients pay \$10 per visit. (The health department saw 3210 patients in fiscal year 2009.)

There are two possible ways executing the deliverables of this grant. First, MCHD could assume the role directly and employ the current Public Health Nurse and public health clerk(s). There is a five year deed restriction on our office that prohibits us from opening a full service clinic. I believe that we could receive a variance for this specific use. If not, we could lease a small office space. The revenue from the County would offset the cost of space in our facility or a leased facility.

Alternatively, we could contract with Lone Star Family Health Center to provide STD, TB and immunization services. . This arrangement is not ideal, as it would separate health department activities from epidemiology and compromise PHP team members' authority to represent the health department. If this is the arrangement of choice, however, our current contract with Lone Star could be amended to add this activity on a fee for service basis.

## Medical Reserve Corps (MRC)

Montgomery County has struggled to develop a functional Medical Reserve Corps. We have secured \$210,000 three year grant to hire and support a MRC coordinator. The agreed upon proposal is to hire a coordinator and embed them in the PHP program. The PHP program has a large pool of POD site volunteers. Such an arrangement would allow for the merger of this group into the MRC and allow for effective coordination.

Should these items be approved, the revised organizational chart would be as follows:

