Public Health Funding and Policy Committee Meeting

June 10, 2020

Minutes

Committee Members Attending

Stephen Williams, MEd, MPA - Houston Health Department – Chair

Jennifer Griffith, DrPH, MPH – Texas A&M University

Phil Huang, MD, MPH – Dallas County Health and Human Services

Julie St. John, DrPH – Texas Tech University

Lou Kreidler, RN, BSN - Wichita Falls – Wichita County Public Health District

Deb McCullough, DNP, RN - Andrews County Health Department – Vice Chair

Sharon Melville, MD, MPH – DSHS, Public Health Region 7

Emilie Prot, DO, MPH – DSHS, Public Health Region 11

Umair A. Shah, MD, MPH - Harris County Public Health

Committee Members Not Attending

Attendees:

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| --- | --- | --- |
| Albert Cheng | Annette Rodriquez | Clayton Travis |
| Abel Chack | Ariel Bazaldua | Crystal Brown |
| Adrienne Sturrup | Becky Earlie-Royer | Daniel Morales |
| Alice James | Bonne Bruce | Daniel Garza |
| Allison Bonner | Candy Blair | David Gonzales |
| Amanda Gonzalez | Carolyn Bivens | David Gruber |
| Angel Angco-Barrera | Carrie Kroll | Dawn Emerick |
| Anna McAndrew | Christina Ly | Deirdre Flannery |
| Delilah Perez | Heather Vasek | Josh Ediger |
| Donna Shaver | Isabel Hernandez | Joshual Gautreaux |
| Elisa Hernandez | Jacquelyn Johnson-Minter | Julia Von Alexander |
| Emil Bailes | Jennifer Sims | Junda Woo |
| Emily Sentilles | Jennifer Lucy | Kate Raum |
| Evelyn Hahn | Jennifer Smith | Katherine Wells |
| Gordon Mattimoe | Jooeun (Grace) Jeong | Kathy LaCivita |
| Gwen Sims | Joseph Bingham | Kipyn Miller |
| Lara Lamprecht | Margaret Cowart | Millie Sirmons |
| Lauren Kalbfell | Maria Lemus | Missy Apodaca |
| Linda Litzinger | Mario Martinez | Moriah Hernandez |
| Lindsay Lanagan | Mayra Martinez | Nancy Ejuma |
| Lisette Osborne | Mayra Valenzuela | Natasha Boston |
| Lydia Munoz | Meredith Vinez | Nicole Delaney |
| Mackenzie Spahn | Michele Austin | Patricia Aguilar |
| Manda Hall | Michelle Carnahan | Paul Jackson |
| Peter Hajmasy | Ruben Vogt | Shannon Brown |
| Rachel Jew | Sam Cooper | Shannon Hitt |
| Rekha Lakshmanan | Sandra Villarreal | Sharon Whitley |
| Robert Kirkpatrick | Sebastien Rouzier | Shelle Tarbox |
| Roslynn De Luna | Shane Manning | Shirley Bonney |
| Glenna Laughlin |  |  |

Chair, Stephen Williams, called the meeting to order at 9:05am and called roll.

**February 12 Meeting Minutes**

Dr. Emilie Prot motioned to accept the minutes as written and Dr. Sharon Melville seconded the motion. Motion carried.

**1115 Waiver Transition**

Ms. Lauren Kalbfell gave an overview of the Delivery System Reform Incentive Payment (DSRIP) program and included LHD participation to date. She included the goals of the DSRIP Transition and process. Ms. Kalbfell discussed the status of Transition work to include

* 1. Best Practices Workgroup
  2. DSRIP Quality Data Analysis
  3. Assessment of Social Factors
  4. Research across the Medicaid landscape and other states
  5. Proposals for new programs under development

Please contact the DSRIP Waiver email address, which fields all questions pertaining to the waiver at HHSC Texas Healthcare Transformation and Quality Improvement Program, with any questions. [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us).

**Texas Health Trace System for Contact Tracing (THT)**

Ms. Jennifer Sims gave an overview and explained the options in which local health entities (LHEs) have to integrate into THT, the statewide system of record for COVID-19. Ms. Sims added that we know locals bring the best insight as to what is going on at the local level. DSHS is contracting with universities to provide the contact tracing workforce because they have knowledge and support. We also have volunteers from AmeriCorp to which DSHS is providing epi support. We feel good about the training we are providing. All are required to complete HIPAA and Cybersecurity training as well. As of yesterday, there is also motivational interviewing training. We have NEDSS interface working and data is being fed into the system. The regions are now using THT and we are working with LHEs to get credentialed and provisioned. It is critical to the state to make decisions based on what is going on. Until we have that statewide picture, we are unable to do that. We respect the work locals are doing and the intent is to offer support. We are providing a system that did not exist. Locals will always be able to access the data. Dr. Shah asked what is the goal of THT. Ms. Sims said it is definitely to have a big picture, but also to see trends. Dr. Shah said there is confusion about the term contact tracing verses case investigations. He said the case investigation is key and we cannot conduct contact tracing without the case. Ms. Sims said this is really public health follow up. It does start with the case investigation and then the goal is to prevent further spread. Dr. Shah said they have had trouble getting the person to identify their contacts. It takes some skill and finesse in communicating with the case investigation. Dr. Melville said they have been using the THT system and it has gone well, overall, especially considering the speed in which it came out. One concern has been around getting reports and metrics out. Ms. Sims said she understands. We focused on the case management piece first and every two weeks there is a new rollout to improve the system. This sprint is focusing on metrics for reporting. Dr. St. John added that in Lubbock, the feedback is that there is difficulty narrowing down contacts now that so much is opening up. Ms. Sims said we may not be able to identify every single one, but any one we can reach out to is helpful. We do recognize the challenges. The message of social distancing is still core. Dr. Shah said we are seeing increases in Texas and we are worried about hospitalizations and ICU admissions. There has been a significant increase. We understand there are challenges like lags in lab testing. The hospital numbers are showing an increase. He said he is calling it the layering effect to include the Governor’s reopening, the rallies, Memorial Day, etc. At what point does DSHS go back to the Governor’s office and advise on intervention? Ms. Sims said at the state level, a huge team is tracking and trending data, and we are committed to protect the citizens. We provide the information at every opportunity, and are looking at next steps. Mr. Williams said contact tracing is more effective in certain environments. We have to encourage people to have realistic expectations. Dr. Shah asked about the priority of state messaging. We are working on adapting the messaging based on new guidance.

**COVID-19 Testing**

Mr. Kirk Cole advised that mobile testing teams and Texas Military Forces were collecting tests, after which a range of labs processed those tests. We were able to cover most of the state and get an idea of what was going on in those communities. Then we transitioned to meat packing plants where there were some significant outbreaks. We have been conducting testing with outbreaks all along. The Governor directed to test all nursing residents and staff. The nursing homes will be completed tomorrow. Next efforts will transition military teams to focus on urban underserved areas. Texas Division of Emergency Management (TDEM) assistant chiefs are coordinating with local officials. Dr. Shah said he appreciates the state’s assistance but is concerned that refusals are starting to occur. We would like to ask the state to assist beyond nursing homes, which allows us to expand to other congregate settings. Mr. Cole said with nursing facilities, it was a directive of the Governor, and there is direct regulatory oversight in nursing homes. Dr. Shah said another challenge is the delay in receiving the test results. Mr. Cole said just to clarify we have not had a broad issue with the quality of testing, but we will pass along the message. Part of the issue is building lab capacity. He asked to please continue to let us know how we can work to try to address these issues. Mr. Williams said he would like to be involved in developing a level of flexibility from a jurisdiction’s standpoint. If we could bring local partners to the table and engage their resources to assist when TDEM leaves. Dr. Shah said he is concerned with the Federal Emergency Management Agency (FEMA) leaving on June 30. Flexibility is going to be critical.

**Public Comment**

Ms. Blair asked if there would be a round two of the nursing home testing. Mr. Cole advised that, for now, the Emergency Medical Task Force should still be able to provide that assistance, and that requests for the facilities should go through Health and Human Services Commission as they serve as the gatekeeper. Ms. Blair asked when the National Guard is leaving. Mr. Cole said the end of July.

Ms. Sandra Villarreal asked how a LHE can go about getting test results performed at a commercial lab? She said Public Health Region 9/10 stated that if COVID tests from nursing homes were sent to a commercial lab, the Region would not be able to get us the results. Mr. Cole said to email him and he will look into that. She also asked if they can get swabs. Mr. Cole said to request swabs through the State of Texas Assistance Request (STAR) process.

Dr. Jennifer Griffith motioned to adjourn the meeting, and Ms. Lou Kreidler seconded. Motion carried and meeting was adjourned at 11:04.

Approved:

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Stephen L. Williams, Committee Chair Date