

**NOTICE OF A REGULAR MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY PUBLIC HEALTH DISTRICT**

Notice is hereby given to all interested members of the public that the Board of Directors of Montgomery County Public Health District will hold a regular meeting as follows:

Date: Thursday, November 3, 2016

Time: 3:30 P.M.

Place: MONTGOMERY COUNTY HOSPITAL DISTRICT
ADMINISTRATIVE BUILDING
1400 SOUTH LOOP 336 WEST
CONROE, MONTGOMERY COUNTY, TEXAS 77304

Open to Public: The meeting will be open to the public at all times during which such subjects are discussed, considered, or formally acted upon as required by Texas Open Meetings Act, Chapter 551 of the Government Code.

This Notice in detail was posted at least 72 hours prior to the beginning of said meeting with the County Clerk's Office and is on the Bulletin Board of the Courthouse and in the District's Administrative Office.

Subject: The agenda for such meeting shall include the consideration of, and if deemed advisable, the taking of action upon:

1. Call to Order
2. Roll Call
3. Invocation
4. Pledge of Allegiance
5. Public Comments
6. Approval of Minutes from September 15, 2016 Public Health District Regular Board meeting.

BOARD OF DIRECTORS BRIEFING TO INCLUDE:

7. Report on activities related to Public Health, Epidemiology and Emergency Preparedness. (Alicia Williams, Manager Public Health - MCPHD)
8. Report on activities related to Medicaid 1115 Waiver Project. (Andrew Karrer, Community Paramedicine)

FINANCIAL MATTERS

9. Receive and approve financial report regarding District's operations. (Brett Allen, CFO - MCPHD)
10. Consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2016. (Brett Allen, CFO – MCPHD)
11. Consider and act on ratification of payment of invoices related to expenditures. (Brett Allen, CFO – MCPHD)

ADMINISTRATIVE MATTERS

12. Consider and act on future meeting dates for 2017.
13. Presentation on term expirations for board seats.
14. Consider and act discussion of items to be placed on agenda of the next meeting of the Montgomery County Public Health District Board of Directors.
15. Adjourn

**MINUTES OF A REGULAR MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY PUBLIC HEALTH DISTRICT**

The regular meeting of the Board of Directors of Montgomery County Public Health District was duly convened at 3:30 p.m., September 15, 2016, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas.

1. Call to Order

Meeting called to order at 3:30 p.m.

2. Roll Call

Board Members Present

Dr. Don Stockton, Conroe Independent School District
Sandy Wagner, Montgomery County Hospital District, Treasurer
Howard Kravetz, City of Panorama, Chairman – *stepped down during agenda item 3.*
Duke Coon, City of Conroe
Mayor Lynn Scott, City Of Panorama

Board Members Not Present

James L. Noack, Commissioner Montgomery County Precinct 3

Non-Voting Members present:

Randy Johnson, Montgomery County Public Health District, Executive Director
Dr. Charles Sims, MD, Medical Director for Public Health District
Mr. Greg Hudson, Legal Counsel

3. Special Recognition for outgoing Chairman and Health Authority.

Mr. Randy Johnson presented the outgoing Chairman, Mr. Howard Kravetz with a plaque for his outstanding service and contributions while serving on the Public Health District board.

“Howard Kravetz, stepped down at this time as a board member from the Public Health District board. Mr. Johnson introduced his replacement Mayor Lynn Scott, City of Panorama Village.”

Mr. Randy Johnson acknowledged Dr. Escott for all his contributions and thanked him for his service as the Local Health Authority for the Public Health District board.

4. Acknowledgement of the two new board members to the Public Health District board.

Dr. Stockton welcomed our two newest board members, Mayor Lynn Scott representing City of Panorama Village and Mr. Duke Coon representing City of Conroe.

5. Consider and act on the appointment of Chairman of the Public Health District.

Mrs. Wagner made a motion to table agenda item 5 until next quarter’s Public Health District

Board meeting. Mr. Coon offered a second and motion passed unanimously.

6. Assistant to U.S. Congressman Kevin Brady, Todd Stephens to present an update on the 1115 Waiver.

Mr. Todd Stephens presented an update to the board on the 1115 Waiver.

7. Consider and approve the resignation of Local Health Authority.

Mrs. Wagner made a motion to consider and act on the resignation of Dr. Escott as Local Health Authority of the Public Health District board. Mr. Coon offered a second and motion passed unanimously.

8. Consider and approve staff's recommendation for appointment of Local Health Authority.

Dr. Stockton made a motion to approve staff's recommendation to appoint Dr. Charles Sims as Local Health Authority of the Public Health District. Mrs. Wagner offered a second and motion passed unanimously.

9. Approval of Minutes from May 5, 2016 Public Health District Regular Board meeting.

Mrs. Wagner made a motion to approve the minutes from the May 5, 2016 Public Health District Regular Board meeting. Dr. Stockton offered a second and the motion passed unanimously.

10. Public Health District services in Montgomery County. (Randy Johnson, Executive Director)

Mr. Randy Johnson made a presentation on the Public Health services Montgomery County to the board.

11. Report on activities related to Public Health, Epidemiology and Emergency Preparedness. (Alicia Williams, Manager Public Health - MCPHD)

Mrs. Melissa Miller, COO of Public Health District presented a report to the board.

12. Report on activities related to Medicaid 1115 Waiver Project. (Andrew Karrer, Community Paramedicine) (attached)

Mr. Andrew Karrer, Community Paramedicine Project Coordinator presented a report to the board.

13. Receive and approve financial report regarding District's operations. (Brett Allen, CFO MCHD)

Mr. Brett Allen, CFO presented financial report regarding District's operations to the board.

Mrs. Wagner made a motion to approve the financial report regarding District's operations. Mr. Coon offered a second and motion passed unanimously.

**14. Discussion and ratification of the Public Health District budget for fiscal year 2016-2017.
(Brett Allen, CFO - MCPHD)**

Mrs. Wagner made a motion to ratify the Public Health District budget for fiscal year 2016-2017. Mr. Coon offered a second and motion passed unanimously.

15. Consider and act on ratification of payment of invoices related to expenditures. (Brett Allen, CFO – MCHD) (attached)

Mrs. Wagner made a motion to approve ratification of payment of invoices related to expenditures. Mr. Coon offered a second and motion passed unanimously.

16. Discussion of items to be placed on agenda of the next meeting of the Montgomery County Public Health District Board of Directors.

- November 3, 2016 is the next scheduled Montgomery County Public Health District board meeting.
- Nominate Chairman of the board.
- 2017 Public Health District proposed quarterly board meeting dates.

17. Adjourn

Meeting adjourned at 4:24 p.m.

Agenda Item # 7

To: MCPHD Board of Directors
From: Alicia Williams
Date: November 3, 2106
Re: Public Health Clinic, Epidemiology, Emergency Preparedness, and MRC

Immunization Program:

The immunization program had an annual DSHS Texas Vaccines for Children (TVFC) compliance audit on October 4, 2106. The audit was conducted by the same auditor as 2015, Stephanie P. Martin, RN, Immunization Program Manager for DSHS Region 6/5S. The goal of the audit was to assess the clinic's staff and management understanding and implementation of key TVFC requirements and recommendations.

The staff, Gloria Crump RN, Veronica Torres and Alicia Williams, MCPHD Manager answered questions regarding the office's day-to-day operations, screening/documentation procedures, billing policies as well as storage and handling practices related to vaccines. They also participated in a site and document review which included, but was not limited to, checking the circuit breakers to ensure that each storage unit had a labeled, dedicated circuit, a review of temperature logs for each storage unit and randomly chosen medical records.

I am pleased to report that the diligence and hard work of the District's staff along with consistent guidance and involvement of Dr. Charles Sims resulted in an exceptional survey with no adverse findings or recommendations for improvement. The audit report is attached for your review.

Sexually Transmitted Infection/Disease:

MCPHD provides screenings for Chlamydia, Gonorrhea, Syphilis, and HIV. Treatment follows our signed standing delegation orders based on CDC treatment guidelines. Please see the chart for the number of appointments and patients treated.

Month	Appts Kept	Treatment provided	Syphilis	Gonorrhea (GC)	Chlamydia	HIV	Notes:
May	26	10	4	2	5	0	One patient received both GC and CT treatment.
June	31	5	0	5	1	0	One patient received both GC and CT treatment.
July	25	6	3	2	2	0	One patient received both GC and CT treatment.
Aug	24	4	1	0	3	0	
Sept	41	11	2	2	8	1	One patient received both GC and CT treatment.

TB Program:

The TB program is currently working with 12 patients with active TB and will need active treatment for TB for 9-12 months. They will have a directly observed therapy (DOT) worker go to their homes for the duration of their treatment 5 days a week to watch them take their medication. They come in to the public health department at least once a month for evaluation including lab and x-ray. The case manager orders all their medications from the state and prepares it for the DOT workers. These medicines can be very toxic and require close monitoring.

10 patients are being treated for TB exposure as contact cases. Latent tuberculosis infection (LTBI) is a state of persistent immune response to stimulation by Mycobacterium tuberculosis antigens without evidence of clinically manifested active TB. These patients have been infected with the Tuberculosis germ but do not have active TB. They generally require 3-4 months of medications; some which are required to be given by DOT. They also require monthly assessments. It is much more cost effective to treat people who have been exposed vs. treating active TB.

Electronic Disease Notifications are referrals from immigration. We have a total of 4 EDNs being worked up. We are notified, by immigration, that someone from another country has arrived in our county, and there are concerns about TB symptoms or TB exposure. It is our responsibility to locate and assess these immigrants. Some are cleared and released. Some are treated. When the process is completed, we fill out a form that goes back to immigration and the state public health department describing what was done and status of immigrant.

10 additional patients are in the screening process for possible exposure. These patients are evaluated and may or may not start medication. They are not considered active.

Epidemiology:

- September
 - Epidemiology staff participated in Personal Protective Equipment training.
 - Epidemiology staff visited two county daycares to discuss and educate staff about infectious disease prevention.
 - Epidemiology staff also participated in multiple conference calls with Regional and State colleagues. This is an opportunity to share information and learn about any new infectious disease updates.

Zika

The Texas Department of State Health Services (DSHS) reports 231 cases of Zika virus disease in Texas (2015-2016). Please note that DSHS case counts may differ from those reported by local jurisdictions, as DSHS does not report cases until the case investigations are completed. Fort Bend and Bexar counties report one additional case each.

Reported Cases of Zika in Texas by County and Acquisition,

2015-2016 (Media Use)*

County	Imported	Autochthonous		Total
		Sexual transmission	Vector-borne	
Angelina	0	1	0	1
Bell	6	0	0	6
Bexar	17	0	0	17
Brazoria	1	0	0	1
Brazos	3	0	0	3
Burnet	1	0	0	1
Cameron	3	0	0	3
Collin	5	0	0	5
Dallas	38	1	0	39
Denton	9	0	0	9
Ellis	1	0	0	1
El Paso	3	0	0	3
Fort Bend	8	0	0	8
Frio	1	0	0	1
Galveston	7	0	0	7
Gray	1	0	0	1
Grayson	1	0	0	1
Gregg	1	0	0	1
Hamilton	1	0	0	1
Harris	63	0	0	63
Jackson	1	0	0	1
Jefferson	2	0	0	2
Jones	1	0	0	1

Lee	1	0	0	1
Lubbock	1	0	0	1
Matagorda	1	0	0	1
Medina	1	0	0	1
Midland	1	0	0	1
Montgomery	1	0	0	1
Palo Pinto	1	0	0	1
Parker	1	0	0	1
Randall	1	0	0	1
Rusk	1	0	0	1
Tarrant	23	0	0	23
Travis	10	0	0	10
Upshur	1	0	0	1
Val Verde	1	0	0	1
Walker	1	0	0	1
Webb	3	0	0	3
Williamson	5	0	0	5
Wise	1	0	0	1
Total	229	2	0	231

*as of close of business 10/14/16

According to the CDC, Zika can be transmitted in several different ways. Zika can be transmitted by mosquito bites, from mother to child through pregnancy, sexual contact, blood transfusion and laboratory exposure. At this time, the CDC recommends these measures to prevent the spread of the virus:

- Prevent mosquito borne illnesses by removing standing water from flowerpots, gutters, buckets, pool covers, pet water dishes, discarded tires, birdbaths and any other items holding water on a weekly basis.
- Use EPA approved mosquito repellent, and wear long sleeved shirts and pants. Mosquitoes that spread Zika virus bite during the day and night.

- Install or repair screens on windows and doors to keep mosquitoes outside and use your air-conditioning.
- Zika can be passed through sex from a person who has Zika to his or her sex partners. Condoms can reduce the chance of getting Zika from sex. Condoms include male and female condoms. The virus is known to remain in semen longer than any other bodily fluid.

Symptoms are usually mild and include fever, body aches, joint pain, conjunctivitis and/or a skin rash. The Zika virus infection can cause serious pregnancy complications such as microcephaly. People typically develop symptoms between 3 and 14 days after they are bitten. According to CDC approximately 80 percent of people who are infected will not show any symptoms at all, but there is no way to know in advance if you will develop the illness or not. No vaccine exists to prevent Zika.

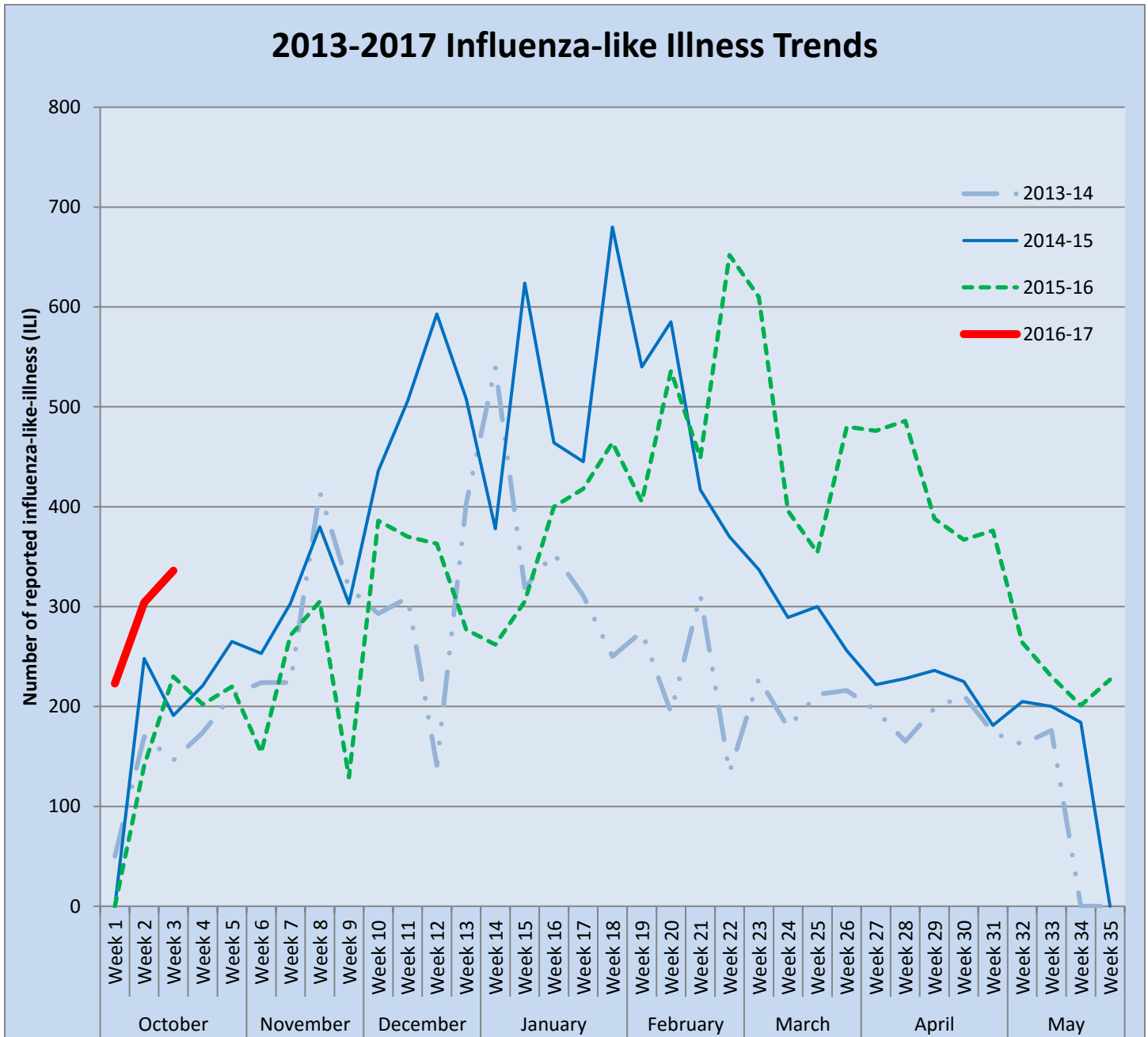
Influenza

FLU season is here!!! A few things are new this season:

- Only injectable flu shots are recommended for use this season. For the 2016–17 season, ACIP recommends that LAIV not be used.
- Flu vaccines have been updated to better match circulating viruses. For 2016-2017, three-component vaccines are recommended to contain:
 - A/California/7/2009 (H1N1)pdm09-like virus,
 - A/Hong Kong/4801/2014 (H3N2)-like virus and a
 - B/Brisbane/60/2008-like virus (B/Victoria lineage).
 - Four component vaccines are recommended to include the same three viruses above, plus an additional B virus called B/Phuket/3073/2013-like virus (B/Yamagata lineage).
- The recommendations for vaccination of people with egg allergies have changed. Recommendations for influenza vaccination of persons with egg allergy have been modified, including
 - Removal of the recommendation that egg-allergic recipients should be observed for 30 minutes post vaccination for signs and symptoms of an allergic reaction. Providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope, per the ACIP General Recommendations on Immunization (8).
 - A recommendation that persons with a history of severe allergic reaction to egg (i.e., any symptom other than hives) should be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), under the supervision of a

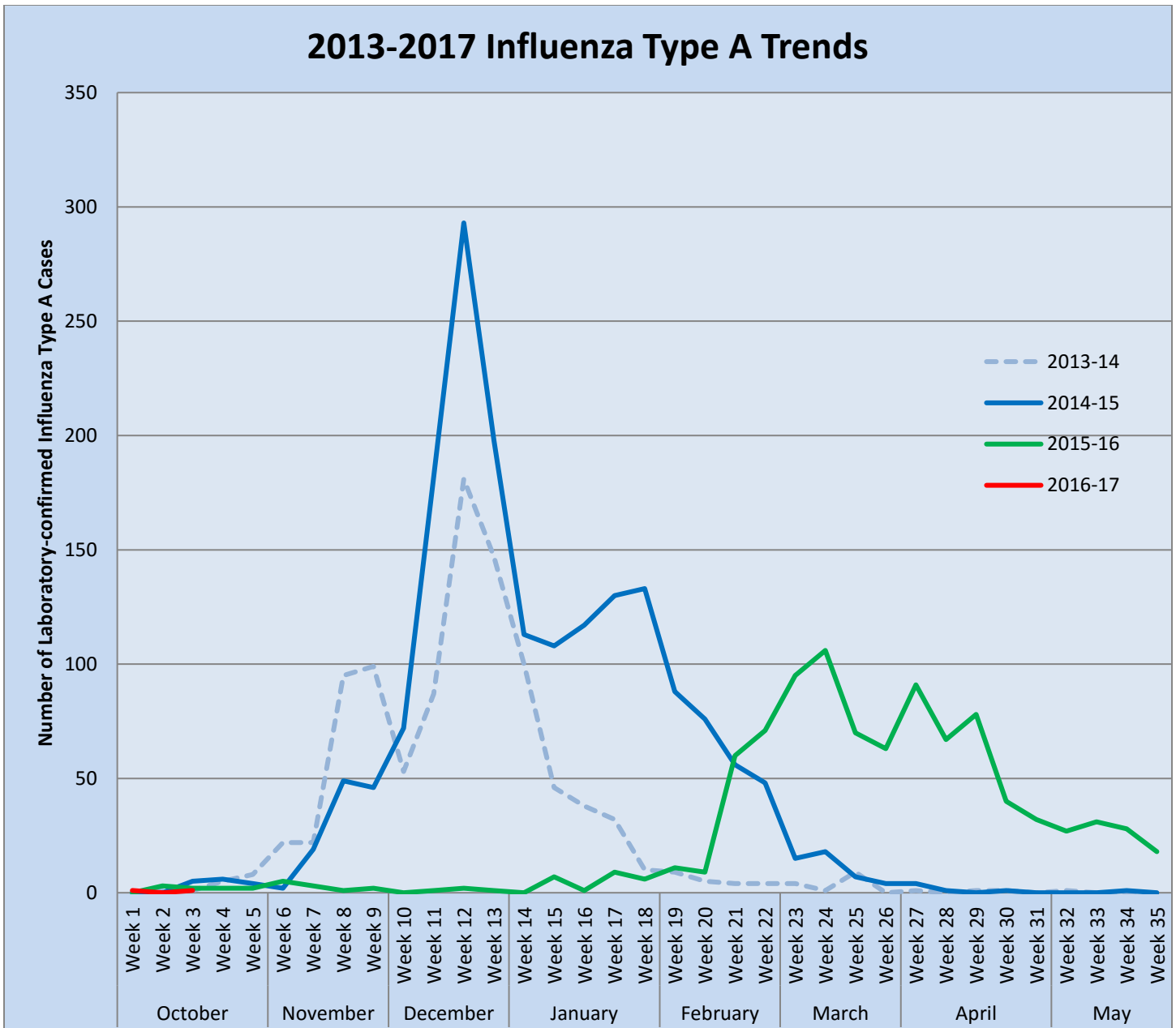
health care provider who is able to recognize and manage severe allergic conditions.

Information from http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w. (Aug 26, 2016)

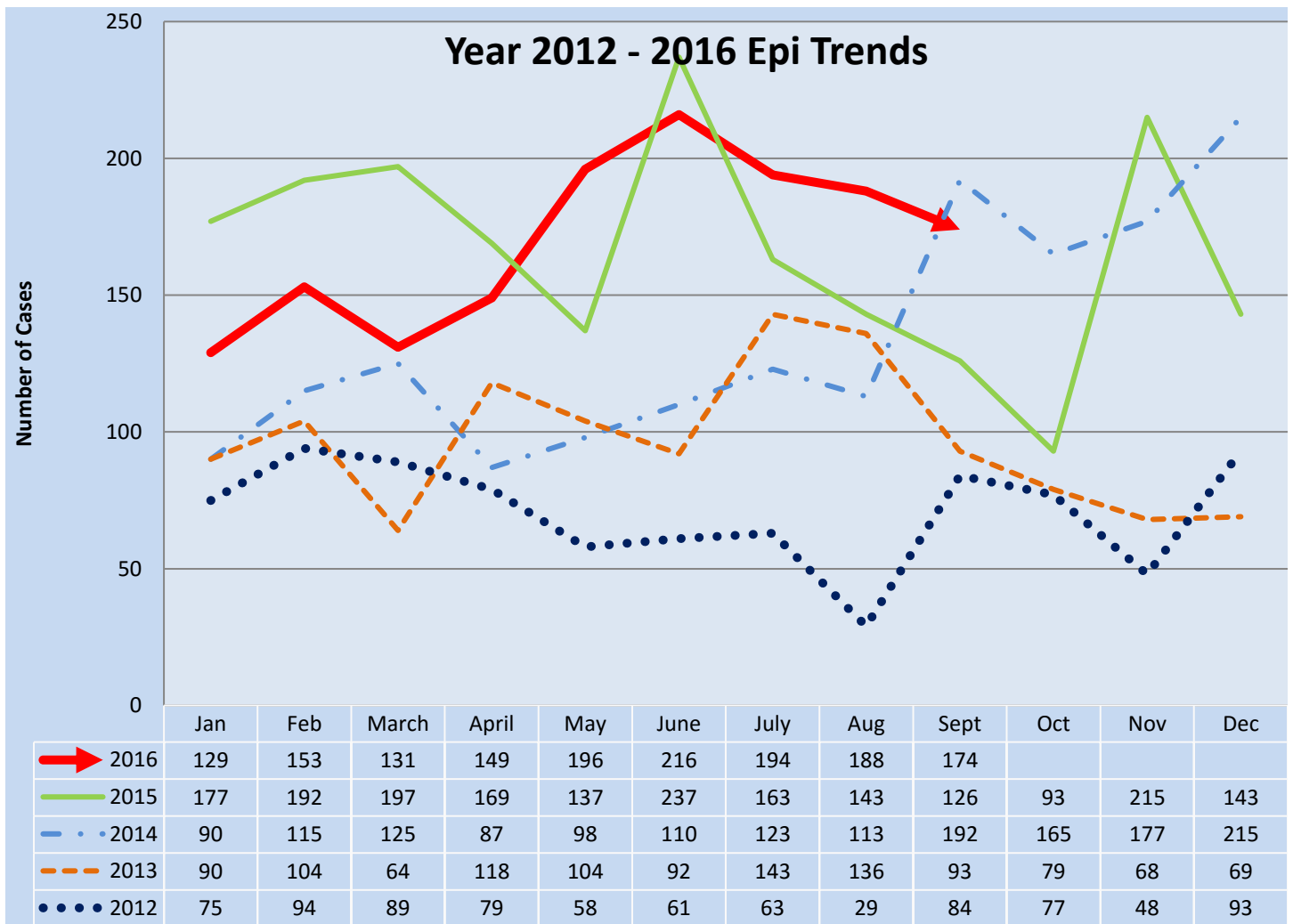


The number of reported cases is higher for 2016. This can be due to increased awareness of reporting requirements or a true increase in the number of cases when compared to this same week in years past.

2013-2017 Influenza Type A Trends

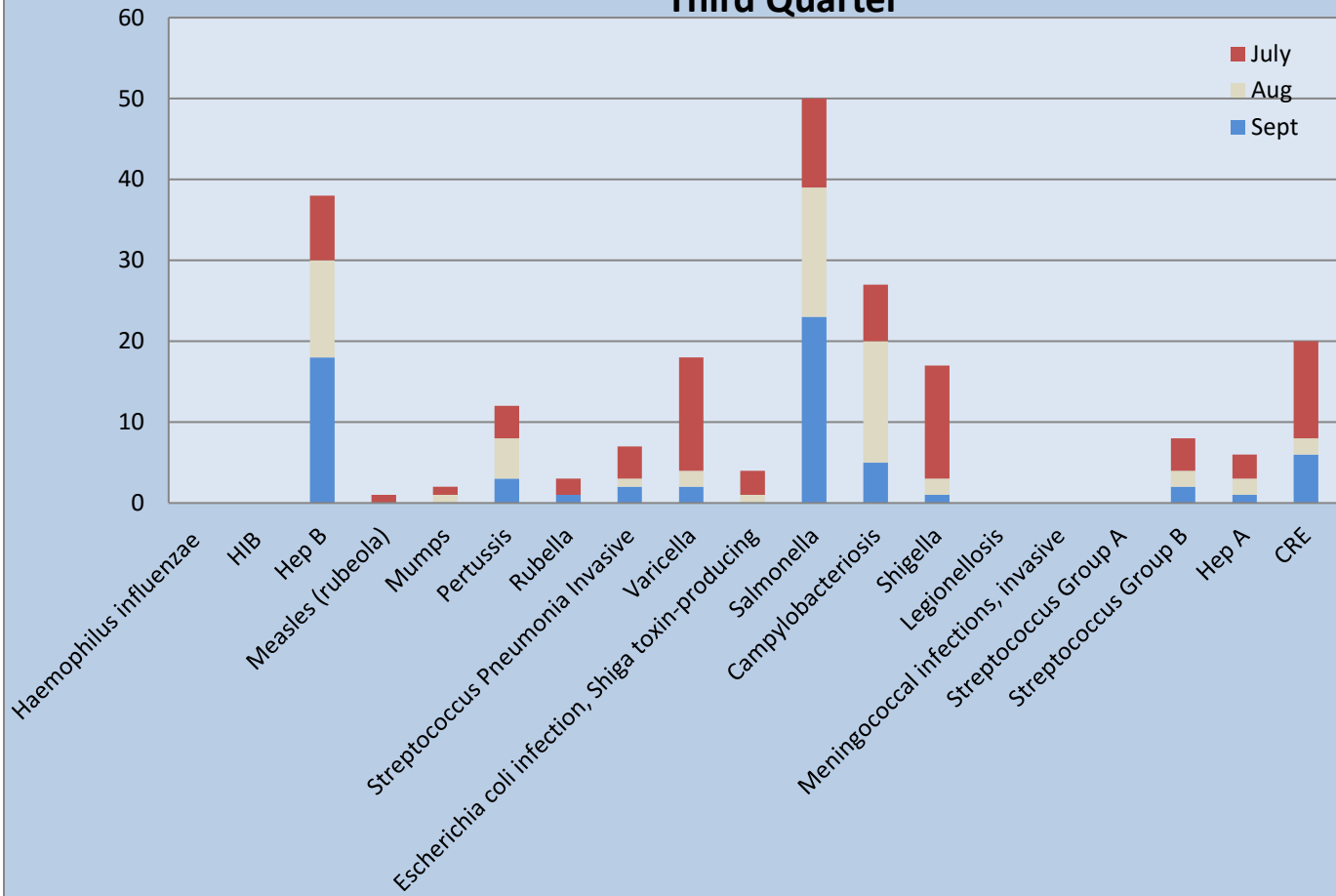


Flu season is October through May. In last season, the peak was later in the season when compared to the previous years. For 2016-17 season, there are no confirmed cases of Influenza Type A as of October 25, 2106.



The above graph includes all cases investigated by MCPHD.

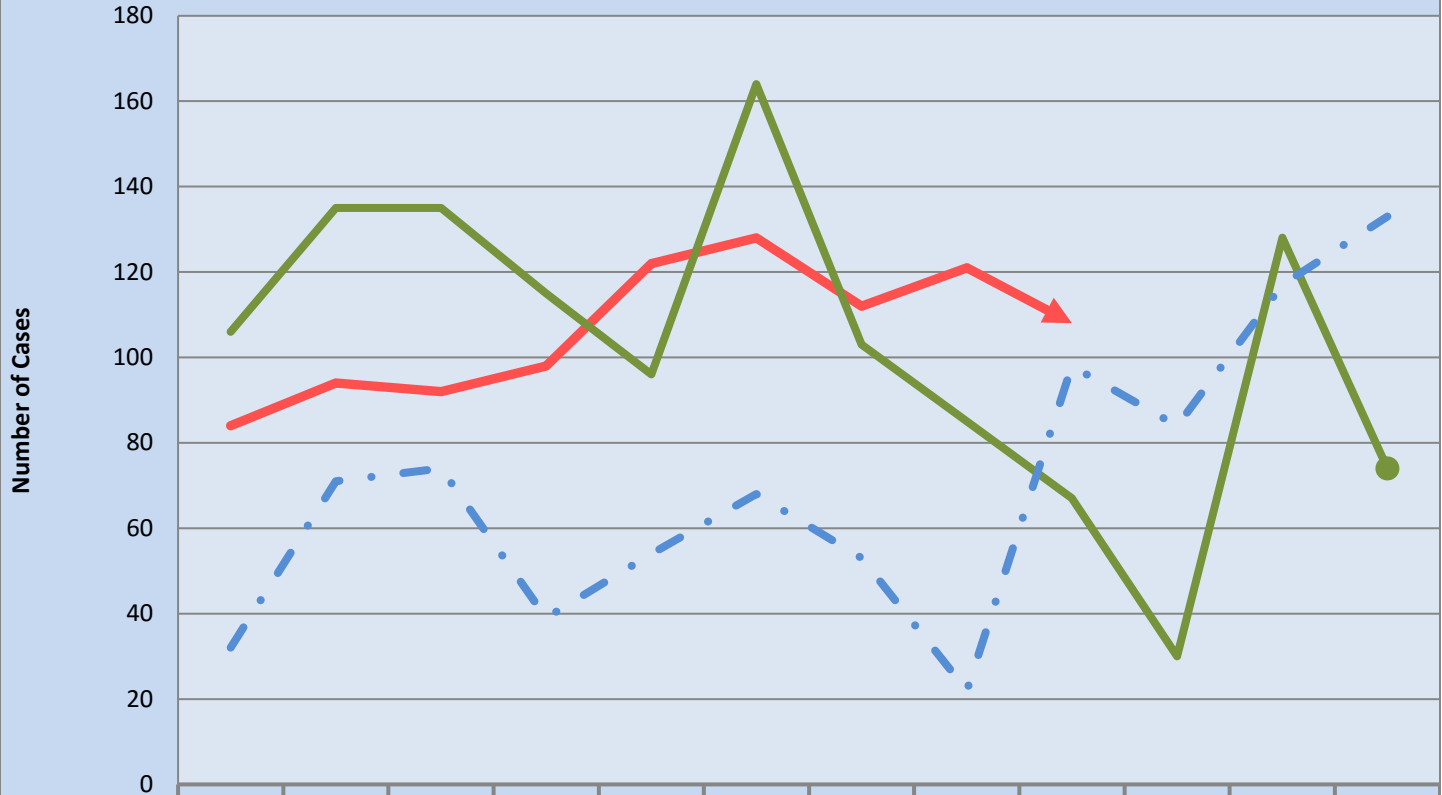
2016 Reported Notifiable Conditions Third Quarter



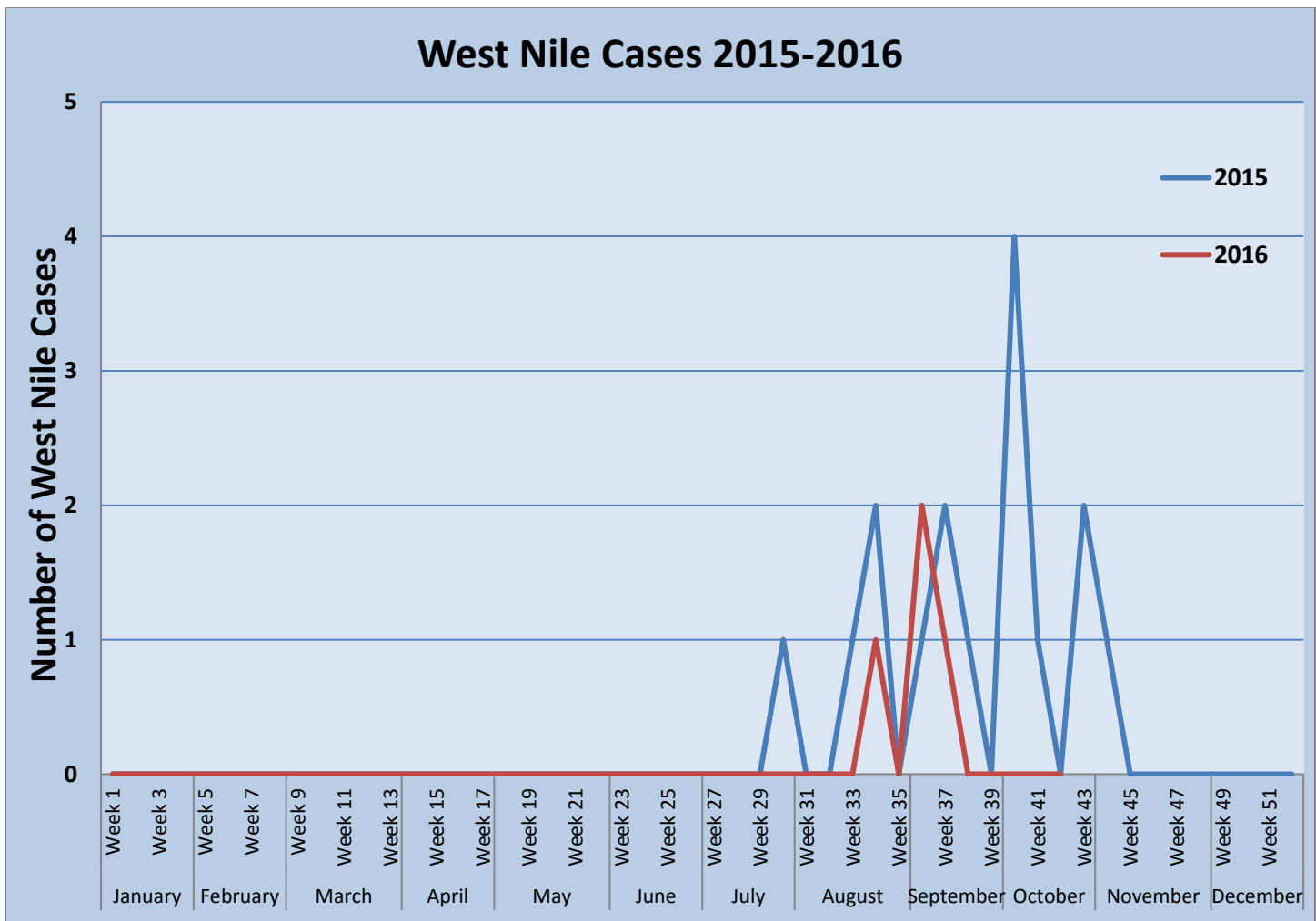
Our data follows the national trend for *Salmonella infections* and *Campylobacteriosis*. *These reportable diseases* most commonly occur in the summer rather than in the winter. In June and July there was an outbreak of *Varicella* at a single facility. The epidemiology staff discussed infection control measures with the staff at this facility. Other than the *Varicella* outbreak, all other cases have been considered sporadic and have not been found to have any common exposures.

All above conditions are investigated by MCPHD.

Hep C Trend



	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
→ 2016	84	94	92	98	122	128	112	121	108			
● 2015	106	135	135	115	96	164	103	85	67	30	128	74
• 2014	32	71	74	39	54	68	53	22	98	84	117	133



As of Oct. 31, 2016 we have a total of 3 report WNV cases as compared to 12 on the same date in 2015. In 2016, the first confirmed case was reported in late August, the second on Sept 8, 2016, and the third case of WNV was reported on September 9.

West Nile Signs and Symptoms:

- ~80% of infected individuals will not develop symptoms
- Typical febrile illness
 - Headache
 - Body aches
 - Joint pain
 - Vomiting
 - Diarrhea
 - Rash
- Rare but severe neurologic symptoms
 - Headache
 - High fever
 - Neck stiffness
 - Disorientation
 - Coma
 - Tremors
 - Seizures
 - Paralysis

West Nile Prevention

- Avoid mosquito bites
 - Use insect repellents containing DEET, picaridin, IR3535, and some oil of lemon eucalyptus and para-menthane-diol products when you go outdoors
 - When weather permits, wear long sleeves, long pants, and socks when outdoors
 - Take extra care to use repellent and protective clothing from dusk to dawn or consider avoiding outdoor activities during these times.
- Mosquito-proof your home
 - Install or repair screens on windows and doors to keep mosquitoes outside. Use your air conditioning, if you have it.
 - Help reduce the number of mosquitoes around your home by emptying standing water from flowerpots, gutters, buckets, pool covers, pet water dishes, discarded tires, and birdbaths on a regular basis.

Emergency Preparedness:

- PHEP Team assisted in the Annex H Concept of Operations, Organization & Assignment of Responsibilities’.
- Preparedness team conducted a meeting with Montgomery County Office of Emergency Management. The primary focus was to continue a successful relationship and lay down the working expectations for both entities, during and none emergencies events.
- Review and complete Budget Period 4 for Public Health Emergency Preparedness Contracts (Hazard and One-Time funding), and end-of-year reports.
- Participated in the ASPR Medical Countermeasures Dispensing Regional Planning Summits in Oklahoma City, OK.
- Preparedness Coordinator attended several conferences and meetings; PHEP Quarterly meeting, Regional Epi/BT Workgroup Meeting, Public Health Emergency Preparedness-Collaborative meeting, SETRAC 2016 Preparedness Coalition Symposium.
- Preparedness team completed the Capabilities Planning Guide (CPG) for BP 5. The Public Health and Capabilities Planning Guide (CPG) is a decision support tool designed to facilitate self-assessments of preparedness programs based on national standards.

Medical Reserve Corps:

July to September 2016

- Membership
 - 22 new volunteers registered as active MRC volunteers this quarter
 - The current total of volunteers is 297
- Training
 - 1 HeartSaver CPR/AED/First Aid class
 - 2 New Member Orientation
 - 2 High School Outreach

- 1 Quarterly Meeting
- Events
 - MRC coordinator developed a Preparedness Month Trivia game for MCPHD and MCHD employees during National Preparedness Month in September
 - Preparedness trainings and events were held throughout the month of September to celebrate National Preparedness Month. Volunteers were asked to bring friends and family members to each event.
 - Events included: CPR/AED training, New Member Orientation, Point of Dispensing leadership training, and Family Preparedness Kit Workshop

VACCINES FOR CHILDREN PROGRAM (VFC)

VFC Visit Follow-Up Plan

Site Visit No.10042016TXA061495

MONTGOMERY CO PUBLIC HLTH DISTRICT
1300 SOUTH LOOP 336 WEST
CONROE, TX 77304

10/04/2016

Dear Charles Sims, MD,

Thank you for participating in a VFC Site Visit on 10/04/2016. Congratulations: no compliance issues were identified during this visit! We appreciate your efforts to upholding the standards of the VFC Program. Below, you will find the following:

1. Notes from your site visit reviewer (if applicable)
2. A full listing of all VFC Program Requirements and Recommendations assessed during the visit

On behalf of the Texas Immunization Program, I thank you in advance for your attention to the items that follow and for your continued commitment to the VFC Program. Please do not hesitate to contact me at stephanie.martin@dshs.state.tx.us should you have any questions.

Sincerely,

Stephanie Martin

Site Visit Notes

There are no notes for this visit.

2016 VFC Compliance Visit Requirements & Recommendations

ELIGIBILITY & DOCUMENTATION

Changes to Key Staff [CDC Requirement]

All changes in key staff must be communicated to the Immunization Program in the manner and timeframe defined by the Immunization Program. Key staff include: the Medical Director or equivalent who signed the Provider Agreement; the Vaccine Coordinator; and the Back-up Coordinator. VFC Providers are required to ensure that all key staff are fully trained on VFC program requirements at all times. All training must be documented.

VFC Eligibility Categories [CDC Requirement]

VFC Providers must possess a working knowledge of ALL VFC eligibility criteria and use those criteria to screen children prior to administering VFC vaccines. In order to receive VFC vaccine, a patient MUST be under the age of 19 and must be at least one of the following: (1) MEDICAID ELIGIBLE; (2) UNINSURED (i.e. child has no health insurance); (3) UNDERINSURED (i.e. child has health insurance, but coverage does not cover any or certain vaccines – underinsured children may only receive VFC vaccines in FQHC/RHC or deputized VFC Provider offices and only for vaccines not covered by insurance; and (4) AMERICAN INDIAN OR ALASKA NATIVE (AI/AN).

Billing Practices [CDC Requirement]

VFC Providers must adhere to proper billing practices for vaccine administration fees and clearly understand that VFC vaccine is provided at no cost to both the VFC Provider and eligible children. At no time should billing occur for the cost of VFC vaccine. When administering VFC vaccine, Providers should NEVER bill two different “payers” (i.e. patient, Medicaid, insurance) for the same vaccine administration fee amount. For Medicaid-eligible children, Medicaid should be billed for the vaccine administration fee. For all other VFC-eligible populations, the patient may be billed within the state/territory cap established by the Centers for Medicare and Medicaid (CMS). However, established patients cannot be turned away or reported to collections for inability to pay the administration fee.

Vaccine Administration Fee [CDC Requirement]

The VFC Provider’s vaccine administration fee for non-Medicaid, VFC-eligible children must not exceed the state/territory vaccine administration fee cap established by the Centers for Medicare and Medicaid (CMS). For current fee caps, refer to:

<http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf>

Comprehensive Certificates, Eligibility Screening & Documentation [CDC

Requirement]

VFC Providers must screen for and document VFC eligibility at EACH immunization visit. Documentation must include all elements present on the CDC Eligibility Screening Form (i.e. date of the visit and the specific eligibility category). VFC Providers must use screening results to ensure that only VFC-eligible children receive VFC vaccine and that administration fees are billed for as appropriate. Eligibility status must be readily available to staff administering vaccine prior to selecting which vaccine stock to use. Comprehensive certificates, which provided screening exemptions for certain specialty providers, will no longer be permitted in the program as of January 1, 2017 (or earlier at Immunization Program's discretion).

Vaccine Dose Documentation [CDC Requirement]

In accordance with Federal law, all VFC Providers must maintain immunization records that include ALL of the following elements: (1) name of vaccine administered; (2) date vaccine was administered; (3) date VIS was given; (4) publication date of VIS; (5) name of vaccine manufacturer; (6) lot number; (7) name and title of person who administer the vaccine; (8) address of clinic where vaccine was administered.

Record Retention [CDC Requirement]

VFC Providers are required to maintain all records related to the VFC program for a minimum of three years (or longer if required by state law) and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

Borrowing Documentation & Reasons [CDC Requirement]

VFC Providers are expected to maintain an adequate inventory of vaccine for VFC and non-VFC-eligible patients – it is the responsibility of the VFC Provider to appropriately schedule and place vaccine orders. VFC Providers must also rotate stock to ensure timely use of short-dated vaccines. Borrowing of vaccine between private and public inventories must be a rare, unplanned occurrence and CANNOT serve as a replacement system for a VFC Provider's privately purchased vaccine inventory. All instances of borrowing must be properly documented, reported and replaced.

Vaccine Management Plan [CDC Requirement]

VFC Providers must develop, maintain and implement a Vaccine Management Plan for routine and emergency vaccine management. The plan must contain: the current Vaccine Coordinator and Back-up Coordinator; proper storage and handling practices; shipping and receiving procedures; emergency procedures; procedures for vaccine ordering; inventory control (e.g. stock rotation); how to handle vaccine wastage; and staff training/documentation on vaccine management, storage and handling. The plan must be reviewed/updated annually or more frequently if changes occur. A "review date" and signature are required on all plans in order to validate that they are current.

VIS & VAERS [CDC Requirement]

VFC Providers are required to distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). For a list of current VIS visit: <http://www.cdc.gov/vaccines/hcp/vis/>.

STORAGE & HANDLING

CDC-Recommended Storage Units [CDC Recommendation]

recommends the following vaccine storage unit types (in order of preference):
pharmaceutical grade stand-alone or combination units (preferred);
household/commercial stand-alone units; household/commercial combination units
using the refrigerator section only.

Thermometer in the Unit [CDC Requirement]

VFC Providers MUST have a working calibrated thermometer with a current and valid certificate of calibration testing issued either by an ILAC MRA-accredited laboratory or, if not ILAC MRA-accredited, the certificate must contain the measurement results and a statement indicating that it meets ISO 17025 standards. All certificates of calibration testing must contain: model number; serial number; date of calibration; measurement results indicating that the unit passed testing; documentation that uncertainty is within suitable limits (recommended uncertainty = +/-1 degree Fahrenheit or 0.5 degree Celsius); and the name of the device (optional).

CDC-Recommended Thermometer [CDC Recommendation]

CDC recommends the use of a continuous temperature monitoring and recording device with a detachable probe in a buffered material and a digital display that can be easily read from the outside of the unit. Routine review and accessibility of temperature data is critical for determining whether vaccine has been properly stored and for assessing usability of vaccine that was involved in an excursion.

When selecting a data logger, CDC also recommends the following features:

- Alarm for out-of-range temperatures
- Current, minimum and maximum temperatures
- Low battery indicator
- Accuracy of +/- 1° F (0.5° C)
- Memory stores at least 4,000 readings

Probes should be placed in buffered material so that they measure temperatures that are more representative of the temperature of the vaccine in the vial rather than the air temperature of the storage unit. Examples of buffers include:

- A vial filled with liquid (Example: glycol, ethanol, glycerin)

- A vial filled with loose media (Example: sand, glass beads)
- A solid block of material (Example: Teflon®, aluminum)

CDC does not recommend the following temperature monitoring devices: Fluid-filled bio-safe liquid temperature monitoring devices; Bi-metal stem temperature monitoring devices; food temperature monitoring devices; household mercury temperature monitoring devices; chart recorders; infrared temperature monitoring devices; temperature monitoring devices that are not calibrated. These devices can have significant limitations, can be difficult to read and most only provide information on the temperature at the precise time they are read. Therefore, so temperature fluctuations outside the recommended range may not be detected.

Certificate of Calibration Testing [CDC Requirement]

Certificates of calibration testing provide confidence that the temperature-monitoring device is measuring temperatures accurately. All units storing VFC vaccines MUST have a calibrated thermometer with a current and valid certificate of calibration testing issued either by an ILAC MRA-accredited laboratory or, if not ILAC MRA-accredited, the certificate must contain a statement indicating that it meets ISO 17025 standards. All certificates must contain: name of device (optional); model number; serial number; date of calibration testing; and measurement results indicate unit passed test and the documented uncertainty is within suitable limits (recommended uncertainty = +/-1° F (+/-0.5° C)).

Thermometer Placement [CDC Requirement]

The thermometer (or probe) should be placed in a central area of the section of the storage unit directly with the vaccines in order to properly measure vaccine temperature. Thermometers should not be placed in the doors, near or against the walls, close to vents, or on the floor of the unit. For pharmaceutical units with built-in probes that are not in the center of the section of the storage unit, consult your Immunization Program for guidance.

Temperature Documentation [CDC Requirement]

Vaccines must be stored under appropriate temperatures as described in the package inserts at all times. The acceptable temperature ranges vary by vaccine type and to better apply the manufacturer guidance provided by the package inserts the VFC Program recently revised the Fahrenheit temperature ranges for refrigerated vaccines and the range is now 36° F and 46° F (2° C and 8° C, which is unchanged) and for frozen vaccines the range continues to be between -58° F and +5° F (-50° C and -15° C). Exposure to temperatures outside of those included in the vaccine package inserts could affect vaccine viability and, ultimately, could leave children unprotected against vaccine-preventable diseases. In order to maintain awareness of storage unit temperatures and ensure that vaccines are being stored at appropriate temperatures at all times, VFC Providers are required to monitor and document temperatures for all vaccine storage units AT LEAST twice a day. Temperature documentation must

contain: (1) at least two temperature readings per day, (2) the time and date of each reading and (3) the name (or initials) of the person who assessed and recorded the readings. CDC also recommends that VFC Providers using a data logger record the minimum and maximum temperatures of each unit once each workday (preferably in the morning).

Temperature Excursions [CDC Requirement]

The Provider must document all excursions and actions taken including the following: (1) Quarantine and label vaccines as “DO NOT USE”; (2) Place vaccines in a unit where they can be stored under proper conditions (3) Contact the Immunization Program to report an excursion; and (4) Contact the vaccine manufacturer to obtain documentation supporting the usability of the vaccine.

Vaccine Placement [CDC Recommendation]

Vaccines should be stored in their original manufacturer (or CDC centralized distributor) packaging. They should be placed in the middle of the unit, with space between the vaccines and the side/back of the unit to allow cold air to circulate. Vaccines SHOULD NOT be stored in the doors, vegetable bins, or floor of the unit or under or near cooling vents and there should not be any food in the unit. Water bottles (for refrigerators) or frozen water bottles (for freezers) should be placed throughout each storage unit in order to: (1) stabilize or extend temperatures during a power outage and (2) to serve as physical blocks preventing the placement of vaccines in areas of the unit that are at higher risk for temperature excursions (such as in doors, vegetable bins, floor, or near/under cooling vents).

Disconnection from Power Source [CDC Requirement]

VFC Providers must take steps to protect the power source for all vaccine storage equipment by means of having clear warning labels on both the plug and the circuit breaker associated with all vaccine storage units. Large hospitals and healthcare systems can meet this requirement by demonstrating that they have comprehensive policies and standard operating procedures to prevent vaccine storage units from being physically disconnected from the power supply.

Dorm-Style Storage Units [CDC Requirement]

Dorm- and bar-style units are prohibited for vaccine storage. Vaccines stored in dorm-style units are considered non-viable and must be returned to the centralized distributor. CDC recommends the following vaccine storage unit types (in order of preference): pharmaceutical grade stand-alone or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only.

Storage Unit Space Availability [CDC Requirement]

VFC Providers must have sufficient storage space to accommodate vaccine stock at the busiest time of year without overcrowding. Vaccines should be in their original

packaging from the manufacturer and/or CDC centralized distributor and placed in the middle of the unit, with space between the vaccines and the side/back of the unit. Vaccines should not be stored in the doors, vegetable bins, or floor of the unit or under or near cooling vents and there should not be any food in the unit.

Expired Vaccines [CDC Requirement]

Vaccines should be rotated weekly and when a new shipment comes in so that longer-dated vaccines are stored behind shorter-dated vaccines. If vaccines expire, they can no longer be stored in the same storage unit with viable vaccines. They must be placed in a container or bag clearly labeled “Do not use” and separated from viable vaccines to prevent inadvertent use. Expired vaccine must be returned to the centralized distributor within six months of expiration.

Back-up Thermometer [CDC Requirement]

VFC Providers must have a readily available back-up thermometer (i.e. a thermometer not being used to monitor any other vaccine storage unit) with a current and valid certificate of calibration testing. CDC recommends that the backup thermometer be stored on site at the VFC Provider location. To avoid space issues and confusion resulting from differing temperature readings, the back-up thermometer should be stored outside of the storage unit until needed. To prevent the certificates of calibration testing of the primary and back-up thermometers from expiring at the same time, the date of calibration testing (or issue date) of the back-up thermometer should be different from the date of calibration testing (or issue date) of the primary thermometer.

Preparation of Vaccine [CDC Recommendation]

CDC recommends preparing vaccines immediately prior to administration in order to assure viability of vaccine and prevent vaccine wastage. Vaccines that are not administered immediately are at risk of exposure to temperatures outside of the required range, which can affect vaccine viability and, ultimately, can leave children unprotected against vaccine-preventable diseases.

INVENTORY

Inventory Comparison [CDC Requirement]

VFC Providers must order and stock routine vaccines in accordance with their most recent Provider Profile in order to prevent missed vaccination opportunities. Having sufficient amounts of all stocks prevents the inadvertent use of VFC vaccines for non-VFC-eligible patients and vice versa.

ACIP-Recommended Vaccines [CDC Requirement]

VFC Providers agree to comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) for the vaccines identified and agreed upon in the Provider Agreement and Provider Profile UNLESS:

- a. In the VFC Provider's medical judgment, and in accordance with accepted medical practice, the VFC Provider deems such compliance to be medically inappropriate for the child;
- b. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.

The VFC Program entitles children to the following vaccines: DTaP, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, Meningococcal, MMR, Pneumococcal, Polio, Rotavirus, Tdap/TD and Varicella. VFC Providers are also required to ensure that VFC-eligible children have access to non-routine vaccines as needed.

Separation of Stock [CDC Requirement]

In order to ensure that VFC vaccines are only administered to VFC-eligible children, VFC Providers that serve both VFC and non-VFC-eligible children must maintain their vaccine inventories in such a way that they can clearly differentiate public stock from private stock as well as VFC from other public stock.

**Public Health Emergency Preparedness (PHEP)
Budget Period 4 End-of-Year Report Evaluation
Montgomery County Public Health District**

Task description	Rating	Comments
Overall completeness of report for LHD accomplishments and attainment of capabilities	<input checked="" type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	4 capabilities addressed!!
Description of Goals to complete for capabilities	<input checked="" type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	Used appropriate activities to accomplish goals
Soundness of core strategies to be accomplished	<input checked="" type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	Capabilities linked in providing essential activities for the health department and community
Planned outcomes clear, understandable and attainable	<input checked="" type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	
Description of barriers, unique needs and requested assistance identified	<input checked="" type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	Staff shortages a problem

Additional Comments: A very successful report. It's very clear, activities support capabilities to achieve success.

Wes Hodgson

**Public Health Emergency Preparedness (PHEP)
Budget Period 5 Work Plan Evaluation, September 2016
Montgomery County Health Department**

cTask description	Rating	Comments
Overall completeness of report for LHD accomplishments and attainment of capabilities	<input checked="" type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	Very clear for plan
Description of Goals to complete for capabilities	<input checked="" type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	Goals/objectives should easily address the objectives
Soundness of core strategies to be accomplished	<input type="checkbox"/> Exceeds expectations <input checked="" type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	
Planned outcomes clear, understandable and attainable	<input checked="" type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	
Description of barriers, unique needs and requested assistance identified	<input type="checkbox"/> Exceeds expectations <input checked="" type="checkbox"/> Meets objective <input type="checkbox"/> Partially meets objective <input type="checkbox"/> Does not meet objective	

Additional Comments: A commendable plan. A systematic plan is utilized containing all the elements to obtain the objectives. Capabilities addressed are clearly a priority. Note: Helpful to have objectives and outcomes quantifiable in overarching documentation.

Thanks for submitting your work plan. Always feel free to contact me directly with any questions.

Wes Hodgson

Agenda Item # 8

To: MCPHD Board of Directors
From: Andrew Karrer
Date: November 3, 2106
Re: Community Paramedicine

The Community Paramedics continue to make a difference in Montgomery County. I am taking this opportunity to share a presentation of 2 cases as an example of the stellar work done by this program.

The first case, as reported by Nivea Wheat and Sarah Horton, is of a gentleman in his mid-thirties with multiple comorbidities and his difficulty managing the complex healthcare system.

The second case is best told through a video which will be shown during the Board meeting and the following article both which were posted by Scott Engle on the Montgomery County Police Reporter.

MCHD PARAMEDICINE GROUP HELPS THE COMMUNITY

Posted by Scott Engle

Date: October 25 2016, 4:12 pm

in: Local / Area News

Angie Hoffart is with the Montgomery County Hospital District Community Paramedicine Unit. Her job entails addressing patients' needs who utilize the EMS system and 911 system due to personal medical issues. Some of these issues are preventable, these include things like falls. Paul McCullough is one of those which they reached out to assist. McCullough has issues with his lungs causing him to not be able to do day to day activities. He has a wheelchair but has no way to get out of the house in that chair. He has tried a few times which resulted in a fall. Hoffart partnered with Montgomery County Precinct 4 Commissioner Jim Clark, Constable Rowdy Hayden and the Porter Fire Department to assist. McCullough lost his home to a fire last year and had gotten another home on his own. However, the lot was overgrown and covered in debris. He had a simple porch at the front of the home. The same on which he has fallen. With crews in place Hoffart started looking for additional resources. Home Depot donated all the material to build a ramp, Whataburger donated food for the crews, and Academy Sports donated water for the workers. Porter firefighters started bright and early building the porch and ramp. They were assisted by Montgomery County Precinct 4 Deputy Constable Jim Slack. By noon the ramp was almost complete and an entire dumpster was filled with debris from the yard. McCullough calls Hoffart his angel. He is excited to now be able to get out join the fresh air. McCullough said, "I have never had anyone help me do anything in my whole life". He said since 15-years-old he worked and took care of himself. Hoffart said this is the first project in the community and hopes to find additional projects in the county to help residents in true need.

These are just two examples of the great work provided to Montgomery County through the Community Paramedicine Program.

We have completed the annual October reporting for Cat. 2 enrollment metrics and the program is currently making adjustments for the new DY6A metrics.

Montgomery County Public Health District
Financial Dashboard for September 2016
(dollars expressed in 000's)

	Sep 2016	Sep 2015	Var	Var %
Cash and Investments	939	1,098	(159)	-14.5%

Legend	
Green	Favorable Variance
Red	Unfavorable Variance

Income Statement	September 2016				Year to Date			
	Act	Bud	Var	Var %	Act	Bud	Var	Var %
Revenue								
Grant Revenue	51	51	0	0.0%	484	714	(230)	-32.2%
1115 Waiver Revenue	0	0	0	0.0%	1,324	1,792	(468)	-26.1%
Other Revenue	12	9	3	33.3%	106	110	(4)	-3.6%
Total Revenue	63	60	3	5.0%	1,914	2,616	(702)	-26.8%
Expenses								
Payroll	63	66	(3)	-4.5%	637	743	(106)	-14.3%
Operating	111	122	(11)	-9.0%	1,518	1,616	(98)	-6.1%
Total Operating Expenses	174	188	(14)	-7.4%	2,155	2,359	(204)	-8.6%
Capital	0	0	0	0.0%	8	10	(2)	-20.0%
Total Expenditures	174	188	(14)	-7.4%	2,163	2,369	(206)	-8.7%
Net Surplus / (Deficit)	(111)	(128)	17	-13.3%	(249)	247	496	200.8%

Cash and Investments are \$159k less than one year ago primarily due to 1115 Medicaid Waiver revenue associated with the Community Paramedicine Program.

Revenue: Because the grants are based on reimbursement, grant revenue is less than expected year-to-date due to expenses being less than budgeted.

The most significant negative impact to revenue year-to-date results from the timing of 1115 waiver payments for the Community Paramedicine Program. A payment metric could not be reported as complete due to reporting requirements being changed by Health and Human Services. As a result, payments scheduled in this fiscal year in the amount of \$466 have been delayed until next fiscal year. These are anticipated and budgeted in FY2017 for the month of January.

Other Revenue is running below budget year-to-date because immunization fees are less than expected due to the inability to bill for re-vaccinations.

On a positive note, credit card processing for co-pays and Medicaid billing have been implemented; thus, a small increase in the Other Revenue category may be realized in the future.

Payroll: Year-to-date, payroll is below budget as the result of a Registered Nurse and the Public Health Manager positions being vacant for part of the year. The nurse position was filled in December and the manager position was filled in January.

Operating Expense: In general, Operating Expenses are below budget primarily due to timing. Several of the grants cover two year periods, so some expenses have been shifted and budgeted in FY 2017. Other Expenses - Community Paramedicine-1115 is \$64,200 more than budgeted, because there were 214 more clinical visits performed than expected.

Montgomery County Public Health District
Balance Sheet
As of September 30, 2016

10/20/2016

		Fund 22 9/30/2016
ASSETS		
Cash and Equivalents		
22-000-10400	Petty Cash-PHP-BS	\$200.00
22-000-11510	MCPHD Operating Account - WF-BS	\$938,544.01
	Total Cash and Equivalents	\$938,744.01
Receivables		
22-000-14300	A/R-Other MCpHD -BS	\$7,500.00
22-000-14330	A/R CRI Grant Revenue -BS	\$0.00
22-000-14331	A/R RLSS LPHS Grant Revenue BS	\$0.00
22-000-14332	A/R PPCPS/Hazards PHEP Grant Revenue-BS	\$0.00
22-000-14340	A/R MRC UASI 2014-BS	\$577.75
22-000-14341	A/R MRC UASI 2015-BS	(\$11,969.96)
22-000-14400	A/R-Grant Revenue-BS	\$110,209.57
22-000-14550	Receivable from Primary Government-BS	(\$174,468.49)
	Total Receivables	(\$68,151.13)
	TOTAL ASSETS	\$870,592.88
LIABILITIES		
Current Liabilities		
22-000-20500	Accounts Payable-BS	\$14,525.66
22-000-21000	Accrued Expenditures-BS	\$400.00
	Total Current Liabilities	\$14,925.66
Deferred Liabilities		
22-000-23200	Deferred Revenue MCPHD-BS	\$6,733.93
	Total Deferred Liabilities	\$6,733.93
	TOTAL LIABILITIES	\$21,659.59
CAPITAL		
22-000-30802	Reserved - NACCHO 2014-BS	\$6,733.93
22-000-39050	Unassigned Fund Balance-MCPHD-BS	\$842,199.36
	TOTAL CAPITAL	\$848,933.29
	TOTAL LIABILITIES AND CAPITAL	\$870,592.88

**Montgomery County Public Health District
Preliminary Income Statement - Actual vs. Budget**

For the Period Ended September 30, 2016

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	% YTD Annual Budget	Annual Budget Remaining	
Revenue										
Tax Revenue										
EMS Net Revenue										
Other Revenue										
41500	Miscellaneous Income	7,500.00	7,500.00	0.00	90,144.00	90,000.00	144.00	90,000.00	100.16%	(144.00)
41550	Proceeds from Grant Funding	50,948.65	50,573.00	375.65	484,252.46	713,972.00	(229,719.54)	713,972.00	67.83%	229,719.54
43750	1115 Waiver - Paramedicine	0.00	0.00	0.00	1,324,290.95	1,792,000.00	(467,709.05)	1,792,000.00	73.90%	467,709.05
43930	Immunization Fees	4,203.59	1,700.00	2,503.59	15,662.11	19,800.00	(4,137.89)	19,800.00	79.10%	4,137.89
Total Other Revenue		62,652.24	59,773.00	2,879.24	1,914,349.52	2,615,772.00	(701,422.48)	2,615,772.00	73.18%	701,422.48
Total Revenue		62,652.24	59,773.00	2,879.24	1,914,349.52	2,615,772.00	(701,422.48)	2,615,772.00	73.18%	701,422.48
Expenses										
Payroll Expenses										
51100	Regular Pay	46,353.59	46,252.12	101.47	449,564.12	520,539.00	(70,974.88)	520,539.00	86.37%	70,974.88
51200	Overtime Pay	33.07	0.00	33.07	1,286.35	0.00	1,286.35	0.00	0.00%	(1,286.35)
51300	Paid Time Off	2,136.03	0.00	2,136.03	29,095.37	0.00	29,095.37	0.00	0.00%	(29,095.37)
51500	Payroll Taxes	3,548.04	3,542.28	5.76	35,004.85	39,589.00	(4,584.15)	39,589.00	88.42%	4,584.15
51650	TCDRS Plan	3,667.76	3,742.62	(74.86)	38,640.00	44,189.00	(5,549.00)	44,189.00	87.44%	5,549.00
51700	Health & Dental	7,723.85	11,985.33	(4,261.48)	79,864.86	138,775.00	(58,910.14)	138,775.00	57.55%	58,910.14
Total Payroll Expenses		63,462.34	65,522.35	(2,060.01)	637,455.55	743,092.00	(105,636.45)	743,092.00	85.78%	105,636.45
Operating Expenses										
52300	Bank Charges	51.42	0.00	51.42	311.30	0.00	311.30	0.00	0.00%	(311.30)
52950	Community Education	0.00	222.00	(222.00)	0.00	1,998.00	(1,998.00)	1,998.00	0.00%	1,998.00
52975	Community Preparedness Supplies	0.00	0.00	0.00	48,860.22	52,469.00	(3,608.78)	52,469.00	93.12%	3,608.78
53050	Computer Software	400.00	400.00	0.00	5,135.00	5,550.00	(415.00)	5,550.00	92.52%	415.00
53150	Computer Supplies/Non-Cap.	666.26	400.00	266.26	5,653.65	15,548.00	(9,894.35)	15,548.00	36.36%	9,894.35
53330	Contractual Obligations- Other	1,935.00	1,833.00	102.00	21,811.67	52,000.00	(30,188.33)	52,000.00	41.95%	30,188.33
53900	Disposable Medical Supplies	157.51	75.00	82.51	743.23	20,958.00	(20,214.77)	20,958.00	3.55%	20,214.77
54000	Drug Supplies	(1,091.37)	0.00	(1,091.37)	67,978.97	73,000.00	(5,021.03)	73,000.00	93.12%	5,021.03
54100	Dues/Subscriptions	0.00	0.00	0.00	0.00	5,349.00	(5,349.00)	5,349.00	0.00%	5,349.00
54900	Insurance	0.00	0.00	0.00	9,933.66	5,710.00	4,223.66	5,710.00	173.97%	(4,223.66)
55700	Management Fees	8,333.33	12,945.00	(4,611.67)	99,999.96	119,818.00	(19,818.04)	119,818.00	83.46%	19,818.04
55900	Meals - Business and Travel	0.00	0.00	0.00	(106.50)	950.00	(1,056.50)	950.00	-11.21%	1,056.50
56200	Mileage Reimbursements	458.08	690.00	(231.92)	3,867.02	8,471.00	(4,603.98)	8,471.00	45.65%	4,603.98
56300	Office Supplies	1,051.43	1,430.66	(379.23)	4,732.06	11,316.00	(6,583.94)	11,316.00	41.82%	6,583.94
56525	Other Services - Community Paramedicine-1115	90,900.00	90,000.00	900.00	1,144,200.00	1,080,000.00	64,200.00	1,080,000.00	105.94%	(64,200.00)
56900	Postage	0.00	0.00	0.00	5,633.99	5,634.00	(0.01)	5,634.00	100.00%	0.01
57000	Printing Services	0.00	1,170.00	(1,170.00)	50.00	19,731.00	(19,681.00)	19,731.00	0.25%	19,681.00
57100	Professional Fees	471.35	74.00	397.35	1,701.58	2,388.00	(686.42)	2,388.00	71.26%	686.42
57500	Rent	7,481.25	11,054.25	(3,573.00)	88,773.75	99,493.00	(10,719.25)	99,493.00	89.23%	10,719.25
57650	Repair-Equipment	0.00	0.00	0.00	150.00	0.00	150.00	0.00	0.00%	(150.00)
57900	Station Supplies	0.00	166.00	(166.00)	1,788.31	15,096.00	(13,307.69)	15,096.00	11.85%	13,307.69
58200	Telephones-Cellular	464.47	660.00	(195.53)	4,654.68	7,920.00	(3,265.32)	7,920.00	58.77%	3,265.32

**Montgomery County Public Health District
Preliminary Income Statement - Actual vs. Budget**

For the Period Ended September 30, 2016

	Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	% YTD Annual Budget	Annual Budget Remaining
58500 Training/Related Expenses-CE	81.25	214.00	(132.75)	455.80	3,165.00	(2,709.20)	3,165.00	14.40%	2,709.20
58600 Travel Expenses	0.00	0.00	0.00	740.05	2,850.00	(2,109.95)	2,850.00	25.97%	2,109.95
58700 Uniforms	0.00	207.66	(207.66)	0.00	1,925.00	(1,925.00)	1,925.00	0.00%	1,925.00
51800 Unemployment Ins.	0.00	221.66	(221.66)	0.00	2,462.00	(2,462.00)	2,462.00	0.00%	2,462.00
59350 Worker's Compensation Insurance	126.87	118.37	8.50	1,350.81	2,039.00	(688.19)	2,039.00	66.25%	688.19
Total Operating Expenses	111,486.85	121,881.60	(10,394.75)	1,517,586.90	1,615,840.00	(98,253.10)	1,615,840.00	93.92%	98,253.10
Indigent Care Expenses									
Total Operating and Payroll Expenses	174,949.19	187,403.95	(12,454.76)	2,155,042.45	2,358,932.00	(203,889.55)	2,358,932.00	91.36%	203,889.55
Capital Expenditures									
52754 Capital Purchases / Equipment	0.00	0.00	0.00	7,706.93	9,907.00	(2,200.07)	9,907.00	77.79%	2,200.07
Total Capital Expenditures	0.00	0.00	0.00	7,706.93	9,907.00	(2,200.07)	9,907.00	77.79%	2,200.07
Total Expenditures	174,949.19	187,403.95	(12,454.76)	2,162,749.38	2,368,839.00	(206,089.62)	2,368,839.00	91.30%	206,089.62
Revenue over Expenses	(112,296.95)	(127,630.95)	15,334.00	(248,399.86)	246,933.00	(495,332.86)	246,933.00	-100.59%	495,332.86

Agenda Item #10

Montgomery County Public Health District

Budget Amendment - Fiscal Year Ending September 30, 2017

Supplement to the Amendment Presented to the Board on November 3, 2016

Account	Description	Total	Notes	Impact
22-113-53100	Computer Supplies	\$3,000.00	Approved Grant Funds	Increase to Expense
22-116-53050	Computer Software	(\$750.00)	Not on grant budget	Decrease to Expense
22-116-58500	Training Related Expenses	(\$1,432.00)	Not on grant budget	Decrease to Expense
22-412-53900	Disposable Medical Supplies	\$2,242.81	Approved Grant Funds	Increase to Expense
22-412-56300	Office Supplies	\$615.27	Approved Grant Funds	Increase to Expense
22-412-57100	Professional Fees	\$3,566.00	Approved Grant Funds	Increase to Expense
Increase / (Decrease) Net Revenue over Expenses		<u>\$7,242.08</u>		
FY 2017 Budgeted Net Revenue over Expenses		(620,914.00)		
FY 2017 Amended Budgeted Net Revenue over Expenses		<u>(\$628,156.08)</u>		

AGENDA ITEM #

Consider and act on payment of Grant invoices (Sandy Wagner, Treasurer-Public Health Board)

TOTAL FOR
PUBLIC HEALTH INVOICES
\$216,025.73

Montgomery County Hospital District
Invoice Expense Allocation Report
Board Meeting 11/03/2016- Public Health Paid Invoices

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment No.	Account Description	Account No.	Account Description	Amount
AMAZON.COM LLC	9/10/2016	039846 7 09/10/16 22	88914	10/5/2016	STATION/OFFICE SUPPLIES	22-412-56300	Office Supplies-PHC R	\$1,043.43
	10/10/2016	199871412315		11/5/2016	SUMMIT MOSQUITO DUNKS	22-115-53900	Disposable Medical Supplies-PHEP	\$184.20
	10/10/2016	19987279397		11/5/2016	SUMMIT MOSQUITO DUNKS	22-115-53900	Disposable Medical Supplies-PHEP	\$663.12
	10/10/2016	199874804254		11/5/2016	SUMMIT MOSQUITO DUNKS	22-115-53900	Disposable Medical Supplies-PHEP	\$534.18
	Totals for AMAZON.COM LLC:							
BCBS OF TEXAS (POB 731428)	9/1/2016	123611 09/01/16	2106	9/1/2016	BCBS PPO & HSA PREMIUMS 09/01/2016 - 10/01/16	22-113-51700	Health & Dental-PHEP	\$564.75
						22-116-51700	Health & Dental-PHEP	\$1,926.10
						22-307-51700	Health & Dental-MRC U	\$564.75
						22-404-51700	Health & Dental-PHC M	\$2,168.63
						22-412-51700	Health & Dental-PHC R	\$564.75
						22-501-51700	Health & Dental-1115	\$1,926.10
	10/1/2016	123611 10/01/16 (22)	2142	10/1/2016	BCBS PPO & HSA PREMIUMS 10/01/2016 - 10/31/16	22-113-51700	Health & Dental-PHEP	\$564.75
						22-116-51700	Health & Dental-PHEP	\$1,926.10
						22-307-51700	Health & Dental-MRC U	\$564.75
						22-404-51700	Health & Dental-PHC M	\$2,168.63
					22-412-51700	Health & Dental-PHC R	\$564.75	
					22-501-51700	Health & Dental-1115	\$1,926.10	
Totals for BCBS OF TEXAS (POB 731428):								\$15,430.16
BOUND TREE MEDICAL, LLC	10/11/2016					22-307-52975	Community Preparedness Supplies-M	\$24.79
	10/11/2016	82296118		11/10/2016	MEDICAL SUPPLIES	22-307-52975	Community Preparedness Supplies-M	\$8.56
	Totals for BOUND TREE MEDICAL, LLC:							
CLARKSON, BRITTANI	10/10/2016	CLA101216 Setrac	88950	10/10/2016	PER DIEM/SETRAC '16 10/12/16 - 10/14/16	22-307-53150	Conferences - Fees, Travel, & Meal	\$147.00
	9/30/2016	CLA093016 \$76.41	88971	10/11/2016	MILEAGE REIMBURSEMENT 09/06/16 - 09/30/16	22-307-56200	Mileage Reimbursements-MRC U	\$76.41
	10/4/2016	CLA100416	89000	10/11/2016	MILEAGE REIMBURSEMENT 10/01/16 - 10/04/16	22-307-56200	Mileage Reimbursements-MRC U	\$27.00
	Totals for CLARKSON, BRITTANI:							
CRUMP, GLORIA	10/13/2016	CRU101916	89065	10/19/2016	PER DIEM/CDC EPI VAC PINK BOOK CLASS	22-900-53150	Conferences - Fees, Travel, & Meal	\$147.50
Totals for CRUMP, GLORIA:								\$147.50
IBRAHIM, SYED	9/28/2016	IBR100516	88910	10/5/2016	MILEAGE REIMBURSEMENT 09/16/16 - 09/28/16	22-116-56200	Mileage Reimbursements-PHEP	\$17.55
Totals for IBRAHIM, SYED:								\$17.55
KRAUS, CATHY	9/14/2016	KRA091416 \$472.26	88642	9/14/2016	TRAVEL EXPENSE/DRURY 09/06/16-09/09/16 TB CLASS	22-900-53150	Conferences - Fees, Travel, & Meal	\$472.26
	9/14/2016	KRA091416 \$194.00	88642	9/14/2016	PER DIEM/HEARTLAND TB CLASS 09/06/16-09/09/16	22-900-53150	Conferences - Fees, Travel, & Meal	\$194.00
	9/14/2016	KRA091416 \$266.54	88642	9/14/2016	MILEAGE REIMBURSEMENT/HEARTLAND TB CALL 9/6	22-000-14900	Prepaid Expenses-BS	\$266.54
	Totals for KRAUS, CATHY:							
LEAL, RENE	9/14/2016	LEA091416	88643	9/14/2016	MILEAGE REIMBURSEMENT/PHEP-C 09/06/16	22-208-56200	Mileage Reimbursements-CRI D	\$42.77
	10/11/2016	LEA101216	88953	10/11/2016	PER DIEM/SETRAC 2016	22-208-53150	Conferences - Fees, Travel, & Meal	\$147.00
	10/21/2016	LEA102616		10/26/2016	MILEGE REIMBURSEMENT 10/11/16 - 10/14/16	22-208-56200	Mileage Reimbursements-CRI D	\$85.91
Totals for LEAL, RENE:								\$275.68
MCKESSON GENERAL MEDICAL C	9/8/2016	85193960	88737	9/21/2016	MEDICAL SUPPLIES	22-412-53900	Disposable Medical Supplies-PHC R	\$92.53

Montgomery County Hospital District
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Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment No.	Account Description	Account No.	Account Description	Amount
Totals for MCKESSON GENERAL MEDICAL CORP.:								\$92.53
MedTime-Sondra Brown-Crawford	9/10/2016	00008	88839	9/28/2016	TRANSPORTATION SERVICE 08/19/16-09/09/16	22-501-53330	Contractual Obligations- Other-1115	\$935.00
Totals for MedTime-Sondra Brown-Crawford:								\$935.00
OPTIQUEST INTERNET SERVICES,	9/1/2016	45207	88583	9/7/2016	NEXTGEN HOSTING	22-401-53050	Computer Software-PHC G	\$400.00
	10/1/2016	45121		10/1/2016	NEXTGEN HOSTING AUGUST 2016	22-401-53050	Computer Software-PHC G	\$400.00
	10/1/2016	45462		10/1/2016	NEXTGEN HOSTING OCTOBER 2016	22-401-53050	Computer Software-PHC G	\$400.00
Totals for OPTIQUEST INTERNET SERVICES, INC.:								\$1,200.00
OPTUM HEALTH BANK	9/30/2016	OPT093016-22	2139	9/30/2016	EMPLOYEE HSA ET FUNDING SEPT 2016 - FUND 22	22-113-51700	Health & Dental-PHEP	\$62.50
						22-307-51700	Health & Dental-MRC U	\$62.50
						22-404-51700	Health & Dental-PHC M	\$125.00
						22-412-51700	Health & Dental-PHC R	\$62.50
Totals for OPTUM HEALTH BANK:								\$312.50
OWENS & MINOR	9/14/2016	2020929981	88848	9/28/2016	GLOVES, EXAM PURPLE NITRILE-SMALL	22-412-53900	Disposable Medical Supplies-PHC R	\$64.98
Totals for OWENS & MINOR:								\$64.98
SARI'S CREATIONS	9/1/2016	683503	88752	9/21/2016	NAME ON FOLIO	22-112-56300	Office Supplies-PHEP	\$8.00
Totals for SARI'S CREATIONS:								\$8.00
SIMS, CHARLES M.D.	9/1/2016	SEPT 050116-006	88570	9/7/2016	MONTHLY RETAINER FEE FOR AUGUST 2016	22-900-53330	Contractual Obligations- Other-MCP	\$1,000.00
Totals for SIMS, CHARLES M.D.:								\$1,000.00
STANDARD INSURANCE COMPANY	9/1/2016	160-160682-1 09/16	2124	9/7/2016	DENTAL PREMIUMS 09/01/16 - 09/30/16	22-113-51700	Health & Dental-PHEP	\$27.80
						22-116-51700	Health & Dental-PHEP	\$109.23
						22-208-51700	Health & Dental-CRI D	\$109.23
						22-307-51700	Health & Dental-MRC U	\$27.80
						22-404-51700	Health & Dental-PHC M	\$27.80
						22-411-51700	Health & Dental-PHC R	\$27.80
						22-501-51700	Health & Dental-1115	\$109.23
						22-900-51700	Health & Dental-MCPHD	\$27.80
	9/1/2016	160-160682-2 09/16	2125	9/7/2016	VISION PREMIUMS 09/01/16 - 09/30/16	22-113-51700	Health & Dental-PHEP	\$6.79
						22-116-51700	Health & Dental-PHEP	\$16.92
						22-208-51700	Health & Dental-CRI D	\$16.92
						22-307-51700	Health & Dental-MRC U	\$6.79
						22-404-51700	Health & Dental-PHC M	\$23.71
						22-411-51700	Health & Dental-PHC R	\$6.79
						22-501-51700	Health & Dental-1115	\$16.92
						22-900-51700	Health & Dental-MCPHD	\$16.92
	9/1/2016	160682 L&D 09/01/16	2126	9/14/2016	LIFE & DISABILITY INSURANCE PREMIUMS 09/01/16 - 09/30/16	22-113-51700	Health & Dental-PHEP	\$34.42
						22-116-51700	Health & Dental-PHEP	\$89.25
						22-208-51700	Health & Dental-CRI D	\$35.96
						22-307-51700	Health & Dental-MRC U	\$34.79
						22-404-51700	Health & Dental-PHC M	\$78.68

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Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment No.	Account Description	Account No.	Account Description	Amount
						22-411-51700	Health & Dental-PHC R	\$48.87
						22-501-51700	Health & Dental-1115	\$54.26
						22-900-51700	Health & Dental-MCPHD	\$66.18
	10/1/2016	160682-22 10/01/16	2146	10/1/2016	LIFE & DISABILITY PREMIUMS 10/01/16 - 10/31/16	22-113-51700	Health & Dental-PHEP	\$34.42
						22-116-51700	Health & Dental-PHEP	\$89.25
						22-208-51700	Health & Dental-CRI D	\$35.96
						22-307-51700	Health & Dental-MRC U	\$34.79
						22-404-51700	Health & Dental-PHC M	\$78.68
						22-412-51700	Health & Dental-PHC R	\$48.87
						22-501-51700	Health & Dental-1115	\$54.26
						22-900-51700	Health & Dental-MCPHD	\$66.18
	10/5/2016	160-160682-1/22	2148	10/5/2016	DENTAL PREMIUMS(FUND 22) 10/01/16 - 10/31/16	22-113-51700	Health & Dental-PHEP	\$27.80
						22-116-51700	Health & Dental-PHEP	\$109.23
						22-208-51700	Health & Dental-CRI D	\$109.23
						22-307-51700	Health & Dental-MRC U	\$27.80
						22-404-51700	Health & Dental-PHC M	\$27.80
						22-411-51700	Health & Dental-PHC R	\$27.80
						22-501-51700	Health & Dental-1115	\$109.23
						22-900-51700	Health & Dental-MCPHD	\$27.80
	10/5/2016	160-160682-2/22	2150	10/5/2016	VISION PREMIUMS (FUND 22) 10/01/16 - 10/31/16	22-113-51700	Health & Dental-PHEP	\$6.79
						22-116-51700	Health & Dental-PHEP	\$16.92
						22-208-51700	Health & Dental-CRI D	\$16.92
						22-307-51700	Health & Dental-MRC U	\$6.79
						22-404-51700	Health & Dental-PHC M	\$23.71
						22-411-51700	Health & Dental-PHC R	\$6.79
						22-501-51700	Health & Dental-1115	\$16.92
						22-900-51700	Health & Dental-MCPHD	\$16.92
						Totals for STANDARD INSURANCE COMPANY (POB 645311):		\$2,041.72
STAPLES ADVANTAGE	10/1/2016	3316825250 10/1/16	89109	10/19/2016	OFFICE SUPPLIES	22-412-53900	Disposable Medical Supplies-PHC R	\$73.74
	10/1/2016	3316825266 10/1/16	89109	10/19/2016	OFFICE SUPPLIES	22-412-56300	Office Supplies-PHC R	\$12.49
	10/1/2016	3316825252 10/1/16	89109	10/19/2016	OFFICE SUPPLIES	22-208-56300	Office Supplies-CRI D	\$146.15
	10/1/2016	3316825254 10/1/16	89109	10/19/2016	OFFICE SUPPLIES	22-208-56300	Office Supplies-CRI D	\$17.88
	10/1/2016	3316825228 10/1/16	89110	10/19/2016	OFFICE SUPPLIES	22-412-56300	Office Supplies-PHC R	\$96.17
						22-207-56300	Office Supplies-CRI D	\$74.56
						Totals for STAPLES ADVANTAGE:		\$420.99
TEXAS DEPARTMENT OF STATE H	9/1/2016	CEN.CM5730_012014	88591	9/7/2016	AUGUST 2013 LAB FEES	22-404-57100	Professional Fees-PHC M	\$340.53
	9/1/2016	CEN.CM5730_022014	88591	9/7/2016	NOVEMBER 2013 DSHS LAB FEES	22-404-57100	Professional Fees-PHC M	\$116.53
	9/1/2016	CEN.CM5730_112013	88591	9/7/2016	MARCH 2013 DSHS LAB FEES	22-404-57100	Professional Fees-PHC M	\$14.29
						Totals for TEXAS DEPARTMENT OF STATE HEALTH SVCS (POB 149347):		\$471.35
VERIZON WIRELESS (POB 660108)	9/9/2016	9771721889-22	88867	9/28/2016	ACCT #920161350-00001 (FUND 22) 08/10/16-09/09/16	22-113-58200	Telephones-Cellular-PHEP	\$89.51
						22-116-58200	Telephones-Cellular-PHEP	\$89.51
						22-208-58200	Telephones-Cellular-CRI D	\$50.86
						22-307-58200	Telephones-Cellular-MRC U	\$88.85

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Board Meeting 11/03/2016- Public Health Paid Invoices

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment No.	Account Description	Account No.	Account Description	Amount
						22-501-58200	Telephones-Cellular-1115	\$89.51
						22-900-58200	Telephones-Cellular-MCPHD	\$56.23
						Totals for VERIZON WIRELESS (POB 660108):		\$464.47
WILLIAMS, ALICIA	9/29/2016	WIL092916	88944	10/5/2016	MILEAGE REIMBURSEMENT	22-900-56200	Mileage Reimbursements-MCPHD	\$40.93
	10/10/2016	WILL101216	88951	10/10/2016	PER DIEM/SETRAC '16 10/12/16 - 10/14/16	22-112-53150	Conferences - Fees, Travel, & Meal	\$147.00
						Totals for WILLIAMS, ALICIA:		\$187.93
WOMBLES, DEVIN	9/29/2016	WOM092916	88945	10/5/2016	MILEAGE REIMBURSEMENT	22-113-56200	Mileage Reimbursements-PHEP	\$13.88
						Totals for WOMBLES, DEVIN:		\$13.88
MCHD Comm Paramedicine	8/31/2016	16414	Wire	8/31/2016	MCHD Comm Paramedicine Services	22-501-56525	Receiving from Component Unit-BS	\$98,400.00
								\$98,400.00
MCHD Comm Paramedicine	9/30/2016	16610	Wire	9/30/2016	MCHD Comm Paramedicine Services	22-501-56525	Receiving from Component Unit-BS	\$90,900.00
								\$90,900.00

Account Summary

Account Number	Description	Net Amount
22-501-56525	Other Services - Community Paramedicine-115	\$189,300.00
22-000-14900	Prepaid Expenses-BS	\$266.54
22-112-53150	Conferences - Fees, Travel, & Meals-PHEP	\$147.00
22-112-56300	Office Supplies-PHEP	\$8.00
22-113-51700	Health & Dental-PHEP	\$1,330.02
22-113-56200	Mileage Reimbursements-PHEP	\$13.88
22-113-58200	Telephones-Cellular-PHEP	\$89.51
22-115-53900	Disposable Medical Supplies-PHEP	\$1,381.50
22-116-51700	Health & Dental-PHEP	\$4,283.00
22-116-56200	Mileage Reimbursements-PHEP	\$17.55
22-116-58200	Telephones-Cellular-PHEP	\$89.51
22-207-56300	Office Supplies-CRI D	\$74.56
22-208-51700	Health & Dental-CRI D	\$324.22
22-208-53150	Conferences - Fees, Travel, & Meals-CRI D	\$147.00
22-208-56200	Mileage Reimbursements-CRI D	\$128.68
22-208-56300	Office Supplies-CRI D	\$164.03
22-208-58200	Telephones-Cellular-CRI D	\$50.86
22-307-51700	Health & Dental-MRC U	\$1,330.76
22-307-52975	Community Preparedness Supplies-MRC U	\$33.35
22-307-53150	Conferences - Fees, Travel, & Meals-MRC U	\$147.00
22-307-56200	Mileage Reimbursements-MRC U	\$103.41
22-307-58200	Telephones-Cellular-MRC U	\$88.85
22-401-53050	Computer Software-PHC G	\$1,200.00
22-404-51700	Health & Dental-PHC M	\$4,722.64
22-404-57100	Professional Fees-PHC M	\$471.35

Montgomery County Hospital District
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 Board Meeting 11/03/2016- Public Health Paid Invoices

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment No.	Account Description	Account No.	Account Description	Amount
22-411-51700					Health & Dental-PHC R			\$118.05
22-412-51700					Health & Dental-PHC R			\$1,240.87
22-412-53900					Disposable Medical Supplies-PHC R			\$231.25
22-412-56300					Office Supplies-PHC R			\$1,152.09
22-501-51700					Health & Dental-1115			\$4,213.02
22-501-53330					Contractual Obligations- Other-1115			\$935.00
22-501-58200					Telephones-Cellular-1115			\$89.51
22-900-51700					Health & Dental-MCPHD			\$221.80
22-900-53150					Conferences - Fees, Travel, & Meals-MCPHD			\$813.76
22-900-53330					Contractual Obligations- Other-MCPHD			\$1,000.00
22-900-56200					Mileage Reimbursements-MCPHD			\$40.93
22-900-58200					Telephones-Cellular-MCPHD			\$56.23
GRAND TOTAL:								\$216,025.73

2017

January							February							March							April						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
1	2	3	4	5	6	7				1	2	3	4				1	2	3	4							1
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30	31					26	27	28					26	27	28	29	30	31	23	24	25	26	27	28	29	
																					30						
May							June							July							August						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
	1	2	3	4	5	6					1	2	3							1			1	2	3	4	5
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29	27	28	29	30	31			
													30	31													
September							October							November							December						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
					1	2	1	2	3	4	5	6	7				1	2	3	4						1	2
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
																			31								

Agenda Item # 13

To: MCPHD Board of Directors

From: Randy Johnson

Date: November 3, 2016

Re: Public Health Board Member Term Limits



Presentation on term expirations for board seats.

From the July 24, 2014 Minutes:

Discussion on Public Health board member attendance, term limits and length of positions on the board.

Judge Sadler made the following recommendations on Public Health board member attendance, term limits and length of positions on the board.

Attendance – If a board members misses more than 2 unexcused absences per year it would be grounds for immediate termination from the board. Also would like to see the board recommend a replacement immediately until the entity could find someone to take over the board position for the remainder of term limit.

Term Length – 2 year term limits beginning January 1, 2015. Staggered term length with two (2) board members to come off 2017 and then three (3) board members 2018. Board members are allowed to be reappointed by their respective jurisdictions. Draw on which members are the 1st two members to come off the board.

Entities should take an active part and issue a resolution or reappoint a board member.

Election of board officers will be made at the first meeting of the beginning of each 2 year term.

Judge Sadler made a motion to accept the above noted recommendations. Mrs. Wagner offered a second and motion passed unanimously.

From the October 30, 2014 Minutes:

Draw for Board member 2 year and 3 year terms.

2 years:

- Mayor Howard Kravetz, City of Panorama
- Alan Sadler, Montgomery County Judge, Chairman of Public Health District Board of Directors

3 years:

- Marsha Porter, City of Conroe Representative
- Sandy Wagner, Montgomery County Hospital District, Treasurer
- Dr. Don Stockton, Conroe Independent School District