



**Williamson County and Cities Health District  
Board of Health Meeting  
Wednesday, October 12, 2022, 1:30 p.m.  
355 Texas Avenue  
Round Rock, TX 78664**

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

- 1) Pledge of Allegiance  
Ms. Pierce led the Pledge of Allegiance
- 2) Roll call was taken.  
Present: Chair Kathy Pierce (Williamson County), Christopher Copple (Cedar Park), Laurie Hadley (Round Rock), David Morgan (Georgetown), Robert Powers (Leander/Liberty Hill), Jeffery Jenkins (Taylor), Ed Tydings (Williamson County) [Left Early], Dr. Caroline Hilbert (WCCHD).  
  
Absent: Bob Farley (Hutto)
- 3) Acknowledge staff and visitors; hear any comments.  
Staff members and visitors present: Richard Hamala of Tiemann, Shahady & Hamala, Brad Bullock of Texas Municipal Law, Leigh Wallace of the City of Georgetown, Lori Murphy, Nancy Ejuma, Dr. Amanda Norwood, Susanna Thornton, Cindy Botts, Michelle Broddrick, Kaitlin Murphee, Ivah Sorber, Tim St. Peter, Jason Fritz, Nicole Evert, Lesa Droste (Round Rock Resident), Sheri Chaney Jones of Measurement Resources Company (via Zoom), Elizabeth Pafford of Measurement Resources Company (via Zoom), Charly Bauer of Measurement Resources Company (via Zoom), and Christian Hall of Measurement Resources Company (via Zoom).

**CONSENT AGENDA**

- 4) Approval of minutes, Regular Meeting, 09/14/22

**Motion to approve the Minutes, as presented.**

Moved: Laurie Hadley  
Seconded: Robert Powers  
Vote: Approved unanimously

- 5) Approval of 2022-23 Holiday Calendar

Ms. Hilbert explained that while the Health District typically follows most of the holidays observed by the County, staff has an option to vote on potentially exchanging one of the County holidays for an extra day during the Thanksgiving or Christmas holidays. Staff voted and chose not to observe the Veteran's Day holiday this year, and instead receive an extra day during Thanksgiving. Ms. Hilbert clarified that though the County will be closed, WCCHD will still have access to the County buildings to continue to work on Veteran's Day. Ms. Hadley asked if there were any concerns for closing for three days around Thanksgiving, Ms. Hilbert replied that will sufficiently notice to our clients, and there should not be any issues. Ms. Hadley also asked if Juneteenth was a consideration for an observed holiday. Ms. Pierce added that Juneteenth was newly added to the County's observed holiday list. Ms. Hilbert stated that while Juneteenth was added as an option for a replacement for Veteran's Day, it was not included in the original observed list. Mr. Powers moved to add Juneteenth to the WCCHD proposed holiday list and next year include it as a regular holiday. There was no second to this motion. After some discussion, Ms. Sorber stated that the Health District had mistakenly been working from the proposed County holiday list, instead of the approved list. Mr. Morgan stated that to allow for employees to make holiday plans, the Board should approve the proposed calendar through the end of the year and then come back with a policy that sets a specific holiday list each year at the beginning of the year, instead of waiting for the County's list to be approved in October.

**Motion to adopt the proposed holiday schedule, except for exchanging Veteran's Day for an extra day at Thanksgiving, and for staff to come back in early 2023 with a new policy recommendation, based on the County and City schedules.**

Moved: David Morgan  
Seconded: Ed Tydings  
Vote: Approved unanimously

6) Approval of WCCHD Investment Reports – July 2022-September 2022

Ms. Broddrick stated that the \$7 million in WCCHD Reserves that the Board approved to be invested per the County Treasurer's Office's recommendation is still invested. In September, Mr. Heselmeyer recommended that \$3 million, which was about to mature, be reinvested. WCCHD Executive Leadership and Ms. Broddrick agreed. Mr. Morgan clarified if the investment reports showed the full amount of WCCHD Reserves. Ms. Broddrick explained that only \$7 million of the approximately \$10.2 million is currently invested in the more aggressive investments and the remainder is held in TX Pool. Both investment types are included on the report and show the full amount of the WCCHD Reserves. Mr. Jenkins asked if the investment interest was removed or reinvested. Ms. Broddrick stated it was reinvested.

**Motion to accept and approve the Investment reports.**

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

**REGULAR AGENDA**

7) Discuss, consider, and take appropriate action on the FY23 Budget Update – Compensation Plan, Environmental Health Capacity Surge and Cost-of-Living Increase

Ms. Ejuma began the presentation by stating that the primary strategy Staff is using to develop the FY23 Budget document is based on compensation. Staff wishes to ensure that this strategy is guided and supported by the Board. In working through the draft personnel only FY23 Budget document, Ms. Ejuma highlighted the Health District's strategic plan goals, which the FY23 Budget is intended to support. She noted that in FY23 staff proposes to support an investment in the Environmental Health Program to ensure that WCCHD is equitably regulating the individuals and organizations serving food to Williamson County residents, as part of addressing health disparities, and to demonstrate its commitment to being an employer of choice in public health by proposing a compensation plan aimed at competitively recruiting and retaining staff. Ms. Ejuma briefly went over FY23 Funding Sources and Funding Allocations. Ms. Hadley asked if there was a standard for when allocations start, and Ms. Ejuma stated that as the fiscal year for the Health District's various funders all start at different times, adjusting the District's fiscal year for a particular start date, as opposed to the current date of January 1, would not significantly ease the District's complex funding allocation calculations. Ms. Ejuma added that Staff would be bringing forth a reserve recommendation item to the following Board meeting, but to preview that item, staff is recommending that at least 50% of the Operating Budget be held in reserve annually to account for the majority of the District's grants funding on a reimbursement basis. As this requires the Health District to expend those funds prior to repayment, a larger than average reserve fund will be recommended, with additional justification in the next meeting. Based on the proposed budget, this reserve would be approximately \$6 million.

Ms. Ejuma began the discussion of the proposed WCCHD Compensation and Classification Plan discussion by stating that for over a decade, WCCHD has utilized the State of Texas Compensation and Classification Plan to ensure that the agency was aligned with two of its biggest public health workforce competitors - Texas Department of State Health Services (DSHS) and the Texas Health and Human Services Commission (HHSC). A comprehensive analysis of the State of Texas Compensation and Classification Plan is done every two years. To ensure that WCCHD can compete with other public health entities in both recruitment and retention, Staff is proposing a standardization of job classifications for Directors, Managers and Team Leads; compensation rates for technical leadership positions based on the appropriate job classification, annually, as part of the budget process; an evaluation of all positions to determine the difference between current compensation and the market average for their job classification; a pay increase for those currently earning below the market average and no change for those earning below; and a special consideration for sanitarians in the Environmental Health division, to be compensated at 75% of their job class to be competitive with Austin Public Health. In addition to addressing the current inequities within certain job classifications on base pay, Staff is proposing a 5% cost-of-living adjustment (COLA), using the FY23 proposed salaries and with an effective date of January 1, 2023. Mr. Jenkins asked if salary groups were based on job classifications. Ms. Ejuma clarified that salary groups are shared over several classifications, but the market average for each classification might be different than for another in the same job code, for example epidemiologists vs nurses. Ms. Hadley asked if the Health District was still using an outside consultant, Baker Tilly, for a salary survey. Ms. Hilbert stated that yes, they were and that this group will be helping to standardize job descriptions and comparing WCCHD to agencies outside of DSHS and HHSC but were not able to do the analysis WCCHD Staff completed in-house, because the timeline of their availability kept shifting back. Initially, they estimated they would be able to complete cost analysis in time for the FY23 budget, but that has now shifted to January 2023, which would not allow their work to be included in the FY23 Budget. As such, WCCHD Staff has taken on that project and is presenting it as part of this discussion. Mr. Morgan stated that the State of Texas Compensation and Classification Plan is based on state-wide data, and it would be beneficial for the Baker Tilly data to include those of our local competitors. Ms. Hilbert agreed, but also stated that the largest competitors of WCCHD currently are DSHS and HHSC. Mr. Tydings asked how the job codes would effect an employee who was paid from multiple grants, with different percentages of work paid from each grant. Ms. Ejuma stated that the funding is separate from the job classification and the employee would get paid 100%, assuming they are a full-time employee, in the job code that was associated with the most appropriate job classification. The work the employee is doing is matched to the job classification, which has a job code. How the District would pay that employee via various funding sources is independent. Mr. Tydings also asked if the data from the State is being pulled by HR weekly, could a new employee at the same job classification, potentially earn more than a tenured employee. Ms. Ejuma stated yes, it could happen, but the differences are typically small. After some discussion by the Board, they recommended that the pay stay static for the remainder of the fiscal year and that the Health District allow for flexibility within the job classification range to address hiring challenges.

Ms. Ejuma stated that above and beyond the proposed equity adjustment in the job classification plan, Staff is proposing special consideration for certain positions within the Environmental Health division. The Environmental Protection Specialist I and Sanitarian I, II, and III positions are highly competitive positions and are, therefore, being proposed to be compensated at the 75% of the HHS salary market range for their salary group. These compensation rates are significantly closer to the average paid by Austin Public Health, WCCHD's largest competitor for these positions. Mr. Morgan has how many vacancies there currently are for these positions. Ms. Ejuma clarified that there are no current vacancies, but with the Environmental Health surge WCCHD is also proposing, there would be vacancies. As part of the surge, WCCHD is requesting nine new positions, eight of which would be Sanitarians. There are currently eight Sanitarians, with another eight being requested. The ninth position would be the Environmental Protection Specialist and would focus on more general sanitation. Ms. Ejuma clarified, at the Board's request, that Staff is proposing a compensation adjustment, based on the State of Texas Compensation and Classification Study, with a 5% COLA for all employees, on top of any market adjustments resulting from compensation study. Mr. Tydings asked if Staff were also going to propose up to a 3% Merit increase for employees, based on what the County has done. Ms. Ejuma stated that because of the cost of bringing employees up to the market average, Staff is not proposing a recurring merit option, as has been done in the past. Instead, a one-time merit option could be implemented, if during the year, funds are not expended as projected, or additional funds are able to be procured. This is because recurring merits, year over year, with funding sources that are static are not sustainable and will eventually lead to having to inactivate positions to cover those costs. Mr. Morgan asked what the District attrition rate was. Ms. Sorber stated that she would have to get back to the Board with this information. The Board then requested that at the next meeting, the total cost of the 5% COLA and potential 3% Merit be included and subtotaled so they can review the total cost of each amount, as compared to the full Salary and Fringe cost. They indicated that they wanted to see the complete budget, prior to making any decisions on compensation, surge, or COLA, as originally requested in the agenda report for this item. Additionally, the Board requested that the merit be included as part of the Budget's compensation considerations, as typically done, not as a one-time adjustment, as Staff proposed. Ms. Ejuma stated that these requests would be implemented and brought back to the November 9, 2022, meeting.

Ms. Ejuma began the Environmental Health Surge discussion by stating that using GIS data, WCCHD is estimating approximately 2,700 fixed food establishments, of which only 1,800 facilities have made themselves know to the Health District. The goal, with the surge, is to ensure that the Health District has established a relationship with each of the 2,700. With the current staffing, WCCHD will not be able to inspect 100% of the County's food establishments. Therefore, WCCHD has proposed a five-year capacity surge with eight additional sanitarians. Staff would not be able to onboard them all at once, so it would be adding two per quarter for the first year. Estimates of supplies needed for those additional inspectors, including cameras, vehicles, etc, have also been included. In order to pay for the additional staff and the estimated vehicles and supplies, the funding would come out of the Health District's Reserves, currently sitting at approximately \$10.2 million. The cost for all five years would be approximately \$3.5 million. At the end of the five-year period, WCCHD is anticipated to have full situational awareness of the facilities, have categorized them as high, medium or low risk, know actual revenue opportunities for permitting those facilities that are not yet permitted, and have a plan for finalizing staffing needs. Ms. Pierce stated that given the FDA recommendation of one sanitarian per 150 facilities, the Health District's staffing would be 18 FTEs. Ms. Ejuma agreed and stated that while the program would have a total of 21 FTEs, including a Director and administrative staff, the Health District is requesting 16 Sanitarians, as opposed to the 18 recommended by the FDA in order to be as conservative as possible with both the funding request and the number of estimated food establishments. Mr. Morgan requested workload metrics related to these additional proposed sanitarians – how many additional facilities will each sanitarian be able to do per day, how far behind is the District with the current staffing, etc.

Lastly, Ms. Ejuma reviewed the "Budget in Brief" with the Board. As the Salaries and Fringe categories did include the market adjustment and the 5% COLA, but not the 3% merit the Board requested be added for the next meeting, the remaining available funds for all Operating Budget categories, including travel, supplies, equipment, etc., would need to be shrunk by that additional amount, as the total available for the annual budget is static. This can be done, based on the actuals from the current year, but the "contractual" total would need to be significantly lower than the current year. The Board briefly discussed the differences in totals between the FY22 and the proposed the FY23 budget. There was also discussion on how the loss of DSRIP funding for FY23 will impact this and future budgets. Ms. Hilbert explained that in going from a reactive to a proactive stance on grants, the Health District has covered almost all the positions with other funding. Additionally, the Health District has implemented a Grants Advisory Committee (GAC) to proactively look at future funding opportunities and not necessarily just relying on the District's reserves. Mr. Powers requested Staff adjust the EH surge from eight to six positions and re-evaluate the need at the end of 2023 to decrease the amount of reserves that is drawn down. Ms. Ejuma and Ms. Broddrick agreed and also stated that as newly found facilities are permitted, the District may not need to draw down on the reserves as much as originally anticipated, as the presented totals assume no new revenue, as the most conservative estimate. Mr. Powers asked if the revenue from the new restaurant inspections would be significant, if most of the not yet permitted establishments are then permitted. Ms. Murphy and Ms. Hilbert stated that while the cost of the permit currently does not entirely cover the cost of service, it is a significant amount, and over the past few years the coverage has been anywhere from 50%-80% of the cost of service.

8) Discuss, consider, and take appropriate action regarding WCCHD Evaluation Final Report

Ms. Pierce stated that while she did not spend as much time as she would have liked reviewing the new report, she still had a lot of questions from the version submitted in August. As such, she spoke to the CEO of Measurement Resources Company, Sheri Chaney Jones, on the phone, prior to this meeting about her questions and concerns. Ms. Jones, via a Zoom meeting, presented the Evaluation Report findings and the transition recommendations, along with her team. She explained that the original goals of the evaluation were to provide a systematic evaluation of current WCCHD services and conduct a review of the governance structure to increase efficiency, with potential recommendations. This was done via a stakeholder survey, various focus groups, interviews with the WCCHD Board and secondary research of data and comparison counties. Ms. Jones stated that one of the Board's questions from the prior report was if the sample size of surveys received back was large enough to provide relevant data, and she stated that it was. The findings of this evaluation concluded that the programs and services the Health District provides are both effective and highly regarded, however they believe that the current

structure of a Health District, where the current revenue and representational structure is unequal should be changed. This belief is based on the fact that all residents of the County receive services, but Member Cities, in addition to the County, contribute and have a “seat on the Board” - funding the District with both County and City taxes. Strengths of the District include high quality staff and leadership, Williamson County listed as one of the Healthiest Counties in Texas, WCCHD is a trust public health leader and WCCHD is primarily grant funded. Weaknesses include a low public awareness of services, a perceived division between County, City and State-level leadership, lack of staff support with competitive compensation, and a dependence on Member Government participation for some of the annual funding. Should a Member City withdraw there would be an impact on the budget. Opportunities and threats based on these strengths and weaknesses were also briefly discussed. Based on this analysis, Ms. Jones stated that the recommendation from Measurement Resources Company was to transition to a Department of the County. In doing so, the County would need to contribute another \$1.36 million to cover the cost of the Cities contribution. To do this, the County could spend some of its reserve funds, opt to decrease services, or add increased service fees to the clients WCCHD sees. Ms. Pierce stated that the numbers listed are not based on the current years’ budget of \$900,000. Mr. Hall stated that he adjusted the amount, based on the prior year’s data, but that the concept was the same and the numbers were similar enough. Ms. Pierce stated that neither the County’s Auditors Office or Budget Office were consulted in the assumption of the contribution numbers, or in the assumption of use of County Reserves for potential future funding. Ms. Jones stated that at the beginning of the process, relevant stakeholders were identified, and the County’s contact was named as Ms. Pierce only.

Ms. Jones added that should the Board wish to transition to a Health Department, MRC has the following recommendations to do so. First, that the transition be done over the course of five years, keeping the same services and staff, but phasing out the Member City contributions. Second, keep an advisory Board, but add representation from some of the growing cities within the County. Third, fully fund the previous Member City contributions to the Health District’s budget out the County’s budget. Historically, the County typically saves 4-5% of its budget per year. Absorbing the City portion of the Health District’s budget would leverage approximately 1% of the County’s savings each year, which MRC believes is feasible. In support of these recommendations, Ms. Jones recommended shifting the appointed city manager model to publicly elected leadership. Additionally, as Williamson County is one of the fastest growing cities in Texas, WCCHD would need to grow with the population increase and is best able to do so, under a County Department model, leveraging County resources and funding. In conclusion, regardless of which governance structure the Board wishes to employ, the success of WCCHD is highly dependent on strong collaboration and communication between the County and Member Cities.

Ms. Pierce asked if the Board or staff had any comments or questions on Ms. Jones’ presentation. Ms. Ejuma stated that for the record, the MRC Report listed Austin Public Health as a County Department, when they are actually a Public Health District. Ms. Hilbert added that there were a number of items in the report that were incorrect, including Appendix I and others. Hospital districts, for example, are not public health entities and should not be used as comparative agencies to that of Districts. Utilizing the Public Health Rankings as the primary example of what a Health District should be doing is also incorrect. Public Health Entities are only one part of many entities that create an overall rank of what “good health” looks like in a community. There is no causation between what a community’s ranking is and whether their local health entity is a high functioning agency. In some of the higher-ranking communities, there is no local health entity at all. Ms. Pierce added that because hospital districts are taxing agencies, the comparison, as listed in the Report isn’t appropriate, nor are out of state comparisons. Ms. Jones stated the Report was not intended to state causation between a community’s ranking and its Health District or Department. Ms. Pafford stated that it is clear that there is no right path forward to provide a “silver bullet”. There are the current WCCHD assets of good services, strong outcomes and highly trained staff, but the “data-driven” recommendation by MRC is that a restructure of the governance or business model will allow WCCHD to sustain its effectiveness over time. Ms. Hilbert asked Ms. Jones if with the presented SWOT analysis in the Report, based on WCCHD’s current governance structure, could MRC expand on how a restructure to a County Health Department would improve the SWOT analysis. Ms. Jones stated that many of the weakness and threats identified in the SWOT analysis are not dependent on a governance structure and are only assumed to be improved by moving to a Department. With the current reality of the world right now, many of the same challenges would occur as both a County Department and a Health District. There could likely be a decrease in operating costs, however, by leveraging back-office departments, already existing within the County. Ms. Pierce stated that her concern on this assumption was that the individual County departments were not contacted to determine if this assumption is correct. In fact, the County would have to add staff to absorb the needs of the additional employees and programs. As there were no additional questions, the MRC staff left the meeting.

Mr. Jenkins asked Ms. Hilbert if she could explain her concerns with the comparative agencies that were listed in the MRC Report. Ms. Hilbert called out several incorrect statements in the report, including to whom an agency reports and the type of work they do. She went on to say that the ranking of agencies is based on the 2022 Community Health Rankings, which includes sidewalks, parks and a lot of infrastructure that the Cities have control over, but that don’t necessarily relate to a strong public health agency. Ms. Pierce reiterated her concerns with the number of inaccuracies in the report and how those inaccuracies might create an inaccurate overall assessment. Mr. Morgan stated that his intent for this report was to gain an understanding of the various governance models of health agencies. He felt strongly that the existing governance model was severely stressed during the pandemic, particularly with decision-making and resource allocation. Unfortunately, this report may not address those issues, but as the County continues to grow, there is still a lot of work to do in this area. The Board discussed examples of these concerns that arose during the pandemic and agreed that while public health doesn’t recognize boundaries between cities, the funding abilities of those cities is limited. Cities should try to pay a fair amount to support their citizens and should be able to point to exactly what they receive in services for that payment. The Board agreed that additional discussion was needed on governance structure options before a decision could be made.

**4:12 p.m. – 5 Minute Break called**

**4:17 p.m. – Executive Session called**

**5:00 p.m. – Reconvened to Regular Session**

- 13) Discuss, consider, and take appropriate action on pending or contemplated litigation, settlement matters and other legal matters, including the following:
- a. The forensic audit being conducted on behalf of WCCHD by Weaver and Tidwell, L.L.P.
  - b. Litigation or claims or potential litigation or claims against WCCHD or by WCCHD, including claims by former Executive Director Derrick Neal
  - c. Status Update-Pending Cases or Claims
  - d. Employee/personnel related matters
  - e. Other confidential attorney-client matters, including contract and certain matters related to WCCHD defense issues in which the duty of the attorney to the governmental body within the attorney/client relationship clearly conflicts with Chapter 551 of the Texas Government Code.
  - f. EEOC Charge of Discrimination 451-2021-02587: Derrick Neal v. Williamson County and Cities Health District and investigation of claims and conduct of former Executive Director Derrick Neal.
  - g. EEOC Charge of Discrimination 451-2022-00024: Constance Quilter v. Williamson County and Cities Health District.

**Motion to authorize legal action, in the parameters discussed during Executive Session.**

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

**5:01 p.m. – Ed Tydings left the meeting**

- 14) Discuss, consider, and take appropriate action regarding the annual evaluation and the compensation of the Executive Director

**No Action Taken**

- 9) Discuss, consider, and take appropriate action on 2020-2022 Strategic Plan Extension  
Ms. Hilbert stated that the current Strategic Plan runs from 2020-2022 but given that COVID started right after the beginning of the Strategic Plan, focusing on the items identified in the Plan has not been a priority. Staff is, therefore, requesting approval for an extension of the current Strategic Plan for another year, through the end of 2023. The extension will allow for more items to be checked off that have been on hold through the COVID response and allow for the current Board to be involved in developing the next Strategic Plan.

**Motion to extend the WCCHD 2020-2022 Strategic Plan for one year, as recommended by the Executive Director.**

Moved: Jeffery Jenkins  
Seconded: Robert Powers  
Vote: Approved unanimously

- 10) Executive Director's Report  
Ms. Hilbert began by giving a brief overview of the items occurring in the Health District since the Board's last meeting in September. This included the current number of cases of monkeypox, the COVID/Flu dashboard update and a statement that COVID Booster shots are available for the public in WCCHD clinics. She also stated that a CDC Update was sent out regarding a potential risk of Ebola in the United States, from travelers coming in from Uganda. There are no cases currently in Williamson County, but Epidemiology and Emergency Preparedness staff are prepared to actively monitor any cases that arise. Leadership staff is also determining how communication will be rolled out, if needed. As a reminder, letters will be sent to City Managers for those cities that are up for reappointment in 2023. One of the District's grants of approximately \$175,000 was given a "no cost extension" and will now end in May of 2024. WCCHD also received a Notice of Award of \$75,000 for the volunteer corps, and that contract will be brought to the Board for approval, when it is received.

- 15) Adjourn

**Motion to adjourn.**

Moved: Jeffery Jenkins  
Seconded: Laurie Hadley

Vote:           Approved unanimously

**Board Chair Pierce adjourned the meeting at 5:07 p.m.**

Recorded by:   
Cindy Botts, Executive Assistant

Reviewed by:   
Christopher Cople, Secretary