

JEFFERSON COUNTY HEALTH DEPARTMENT
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January 27, 2022

CALL TO ORDER

Chairman Diehl called the meeting of the Board of Trustees of the Jefferson County Health Department to order at 3:00pm .

ROLL CALL

Dennis Diehl, Chairman - Present
Dr. Amber Henry, Vice-Chairman – Present
James Prater, Secretary-Treasurer – Present
Tim Pigg, Member – Present
Susan (Suzy) Davis, Member – Present

OTHERS ATTENDING

Kelley Vollmar, Executive Director
Steve Sikes, Deputy Director Operations
Jennifer Pinkley, Deputy Director Admin.
Christi Coleman, Legal Counsel

Others in attendance:

Katelyn Mary Skaggs, Leader Publications Brienne Zwiener, PIO Melissa Parmeley, Clinical Services Manager Jaclyn Brown, Community Services Manager
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APPROVAL OF AGENDA

Mr. Pigg made a motion to amend the agenda to move Item #1 under New Business Building Subcommittee – Architecture Presentation to before Director’s Report. Mrs. Davis seconded. Hearing no further discussion, the motion carried unanimously. Chairman Diehl announced the motion had passed.

APPROVAL OF December 17, 2021 Meeting Minutes

Mr. Pigg made a motion to approve the **December 17, 2021** meeting minutes. Mr. Prater seconded. Hearing no discussion, the motion carried and Chairman Diehl announced the motion had passed.

December 2021 APPROVAL EXPENDITURES

Dr. Henry motioned to approve the December 2021 expenditures in the amount of \$150,105.55. Mr. Pigg seconded.

Ms. Davis asked for the floor to discuss the December 9, Sandberg Phoenix bill for \$20,008.29. The summary shows 46 hours for a lawsuit and 4 hours for Board member issue. She is requesting a detailed statement. Ms. Vollmar stated that Ms. Davis has been offered the opportunity to be able to see the detailed statement, but we cannot provide that in our open documents because it does contain privileged information, so that is why the summary was prepared. Ms. Davis requested a copy of that today before she leaves to which Ms. Vollmar stated that she can view the statement if the Finance office, but she cannot make a copy. Ms. Davis stated that she finds it quite excessive that our attorney charged us for 46 hours and \$11,000 within the month of December, Ms. Coleman clarified for Ms. Davis and the community that the comments that Ms. Davis made here today and the ones on Facebook, that entry is actually not for the Cole County suit it is actually to defend the suit that was filed against the JCHC. The Cole County suit has a separate entry that is actually 7.65 hours.

Hearing no further discussion, the motion carried with Ms. Davis being the only dissenting vote Chairman Diehl announced the motion had passed.

December 2021 APPROVAL ELECTRONIC PAYMENTS

Mr. Prater motioned to approve the electronic payments for December 2021 in the amount of \$489,766.31. Mr. Pigg seconded.

Motion carried and Chairman Diehl announced the motion had passed.

February 2022 PRE-APPROVAL ELECTRONIC PAYMENTS

The list of vendors for pre-approved electronic payments for February 2022 presented to the board with an estimated amount of \$584,392.25. Mr. Pigg motioned to pre-approve the February 2022 Electronic Payments. Mr. Prater seconded. Motion carried and Chairman Diehl announced the motion had passed.

Building Subcommittee- Architecture Presentation

Mr. Jim Huber from Archimages, Inc. presented on the services they could provide as the contractor for the new Hillsboro building.

DIRECTOR'S REPORT – KELLEY VOLLMAR

Clinical Services Report – Melissa Parmeley

JCHD COVID-19 Testing Background:

JCHD added COVID-19 rapid molecular testing utilizing the Abbott ID NOW™ Point of Care testing platform in April 2020. In 2021, the majority of JCHD COVID-19 tests have been performed utilizing the Arnold drive-up laboratory setting. However, some

testing has been performed in the community utilizing the COVID-19 testing van over the past year.

JCHD utilizes an online application process that can be completed by any Jefferson County resident and is available on the JCHD website. Testing is provided by appointment only to ensure appropriate utilization of limited testing supplies and an adequate transition between patients. COVID-19 testing performed in our Arnold location is by drive-up only. Patients remain in their vehicle for the written consent and specimen collection process. Total on-site time for each patient is typically less than 10 minutes. Each test takes approximately 15 minutes to run on the analyzer. Patient test results are provided both verbally and on a written report through a secure email system. Results are provided to patients the same day of collection and testing.

JCHD staff that perform COVID-19 testing must complete vendor specific training and competency prior to performing independently. Additionally, all COVID-19 testing performed at JCHD is overseen by a Clinical Laboratory Scientist who reviews and signs off on every test performed. The Abbott ID NOW™ testing policy is approved by the agency CLIA Medical Director. JCHD is approved to perform waived testing through our current Clinical Laboratory Information Act (CLIA) certificate. COVID-19 testing kits are delivered to JCHD through a Missouri DHSS program at no cost to the agency. Since April 2020, when JCHD began receiving Abbott COVID-19 test kits through this Missouri DHSS program, no patient has been charged for COVID-19 testing at a JCHD testing location.

JCHD COVID-19 Testing Methodology:

The Abbott ID NOW™ COVID-19 assay performed on the ID NOW™ Instrument is a rapid molecular *in vitro* diagnostic test utilizing an isothermal nucleic acid amplification technology intended for the qualitative detection of nucleic acid from the SARS-CoV-2 viral RNA in direct nasal swab specimens. The reaction tubes in the Test Base contain the reagents required for amplification of SARS-CoV-2, as well as an internal control. The templates (similar to primers) designed to target SARS-CoV-2 RNA amplify a unique region of the RdRp segment. Fluorescently labeled molecular beacons are used to specifically identify each of the amplified RNA targets.

Results of this test are for the identification of the SARS-CoV-2-RNA. The SARS-CoV-2-RNA is generally detectable in respiratory samples during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2 RNA; Negative results should be treated as presumptive and, if inconsistent with clinical signs and symptoms, should be tested with a different authorized molecular test. Negative results should be considered in the context of a patient's recent exposure history and the presence of clinical signs and symptoms consistent with COVID-19.

Sensitivity and Specificity: Urgent care clinic studies (May 2021) have shown ID NOW test performance of $\geq 94.7\%$ positive agreement (sensitivity) and $\geq 98.6\%$ negative agreement (specificity) compared to lab-based PCR reference tests.

Just to give you an idea of the resources that we have committed over the past year and the impact that that's had on the community some of you may be aware that there has been a significant increase in demand and just our availability to have test in January of this year and be able to meet those 334 test requests had a significant impact on the ability to receive tests in our community we have shifted resources multiple times over the past year we have an excellent trained team to perform those tests and all tests are reviewed by a clinical laboratory scientist and we have a medical director who is the medical director on our CLIA certificate that reviews and signs off on procedures.

Ms. Davis asks Ms. Parmeley to go through the steps of testing. Ms. Parmeley replied we collect the specimen outside with full PPE on, we use a nasal swab collection, we go directly into the laboratory which is the attached to the outside collection site, and we have two ID now instruments that performed a rapid molecular test and we have trained staff that take the specimen and use the test kits in the instruments provided with all the procedure exactly as the manufacturer has directed.

Dr. Henry asked if the number of requests versus the number of tests we are doing is because of the number of tests we have or is there a screening process. Ms. Parmeley replied that it is both, we only get a certain number of tests from the state each month and we have recently up that request and that our test are best if you are showing symptoms, so if an Individual is not showing symptoms we may refer them elsewhere and sometimes they are already gotten a test elsewhere by the time we have called them back.

Community Services Report – Jaclyn Brown

Our JCHD Drug Prevention Specialist took a unique approach to address addiction and overdose rates among vulnerable populations, including homelessness. Along with multiple other community partners and stakeholders JCHD began implementation of monthly homeless events that connect individuals and families to resources, prevention education, treatment resources, clothing, blankets, tents, access to health and dental care, access to housing resources and more. 2021 events included Festus Walmart on December 7th and DeSoto Community Center on December 21st.

Mr. Prater asked how the public can get Narcan. Ms. Brown replied we have Drug Prevention Specialist who are trained, if an individual or family would like to be trained to have that on hand, they can call to set up an appointment with our Prevention Specialist, they will receive education on how to use Narcan and receive Narcan.

2021 Annual Report

The 2021 Annual Report will be available on our website, and it will be distributed to lawmakers, the community and community partners. We have highlighted all of the activities and programs that we have been able to continue throughout the pandemic, even though it may seem like our whole focus in response has been COVID, our staff have been very passionate about keeping their programs going.

2020 Audit

The 2020 Audit was handed out to all Board members, it was a successful audit with only one finding which was the time of the audit being an internal control issue, several factors played a role in the timing of the 2020 audit; changed accounting methods from Cash accounting to Accrual Accounting, new Accounting software, COVID vaccination clinics were all hands on deck, and the number of funder monthly and quarterly reporting almost double in 2021.

Communicable Disease Report

Ms. Vollmar reviewed the Communicable Disease Report and states that our COVID numbers are looking better, and we are starting to see a plateau and somewhat of a decrease in our numbers, this week the county does remain in the red with a weekly case count of 2495 confirmed and probable cases. It's the second week in a row that we've seen a small decrease in cases but the percent positivity it's continuing to stay at 36.27% one thing is that we do still have a lot of the virus in the community, the other piece of that is we do not know how much of an impact the home tests are making in terms of the numbers of or the positivity rates. Ms. Vollmar was interrupted by a member of the public and Ms. Coleman stated that we do not have a public comment section, so if you cannot simply observe quietly, you will be asked to leave. It's important to know that the home tests may be affecting the weekly case counts and our positivity rates because individuals are not required to report home tests, we do have the opportunity on our website for individuals who would like to report their home tests or their home positives to be able to enter that information. Ms. Vollmar was once again interrupted by a member of the public and she was asked to leave and leave the draft of the ordinance. Ms. Davis was reminded that she was told not to distribute the draft ordinance. Of the 2495 cases we reported 63% were unvaccinated so again what we're seeing is high numbers of individuals who are unvaccinated testing positive, as well as the majority of individuals who have been hospitalized are not vaccinated. We have 36.575% of individuals who were fully vaccinated, when it fully vaccinated, I want to clarify that means that they either received the two doses of Moderna, two doses of Pfizer or 1 dose of Janssen at this point there is a distinction between fully vaccinated and boosted. As far as the vaccination rate 53.53% of residents have initiated the vaccination and 48.9% have completed the full series again the full series would be two shots when we are looking at the third dose or booster dose of the vaccine only about 17% have received that booster vaccine. Ms.

Vollmar showed slides from the Saint Louis Pandemic Taskforce to show there have been significantly more hospitalizations with the omicron variant, the difference in vaccinations and positivity in Jefferson County, and Jefferson Convergence Analysis.

We have been working on some analytics from our socials and how people are accessing them, and one report shows what users are looking at when they come to our website, we had just over 25,000 individuals who accessed our page and landed on the homepage of those we had over 19,000 that went straight to the COVID data, so people are interested in COVID, this report was from December 1st-31st. The annual report is actually broken down and made a little bit more simplistic in terms of looking at our enteric reports versus whether you know how somebody acquired the that we have been working with. We had 124 confirmed cases confirmed and probable cases throughout the year and these are all of the different diseases everything from pertussis, salmonella, shingles, and staph. Looking at the different diseases or conditions it is important to know is that the confirmed and probable a lot of times there is a lab or there is something that makes it very easy to make that confirmation. What takes up a lot of time are those non cases or a suspect case where there isn't enough information or there isn't enough data to be able to confirm the case. We keep talking about like what kind of test it has to be and why we are gathering it and what makes it a probable or a confirmed case this shows it for all of our other communicable diseases in terms of every single one of these requires us to do an investigation and as well as to be ready to immediately go into a response mode if it is something that can be highly contagious.

There are 135 diseases in Statute 19-20.020, those are all of the infectious, contagious, communicable or dangerous diseases that we are responsible for reporting on, and we have to do investigations. We have addressed 54 of them so 40% of those diseases besides COVID all these other ones Botulism, measles, hepatitis, gonorrhea, staph, malaria, and mumps these are all things that our team has done investigations on, so it is important to know that when you're making decisions about the communicable disease order that it touches more than just COVID. It is important for people to understand the big impact that the Cole County case and these decisions that have removed the ability to do isolation and quarantine and casework with communicable diseases, it is so much more than COVID.

Ms. Davis stated that the Cole County case was specific to COVID and masking of children in schools. Ms. Vollmar states that the Cole County case actually removed those components of the law which allow you to address any communicable disease – not just COVID. Ms. Davis continued to interrupt Ms. Vollmar and Chairman Diehl called Ms. Davis out of order.

The diseases with the immediately reportable disease category pose a risk to national security because they: can be easily disseminated or transmitted from person to

person; result in high mortality rates and have the potential for major public health impact; instances, clusters, or outbreaks of unusual diseases or manifestations of illness. We may not necessarily know that it is something that is enteric, we know that something is spreading and it's causing a major impact in the community; having the ability to be able to do this investigation and be able to work to identify the source helps us to prevent it from impacting others so the goal of communicable disease is to really get you back to your normal life as quickly as possible.

Discussion held on how different diseases are investigated.

OLD BUSINESS

NEW BUSINESS

Act of Recommendation of Public Health Application

Since the beginning of the pandemic, public health has been thrust into the spotlight; a space we weren't previously used to occupying, we've gained about 20,000 social media followers across the various networks, we're on Facebook, Instagram, Twitter, LinkedIn, Pinterest, Snapchat, and TikTok, but even looking at that we are only reaching about 10% of our county residents. Over the past couple of years, we have noticed there are limitations to social media. Not every resident is on social media, not all residents on social media follow our accounts, it does not provide immediate information or notification, and changing algorithms might limit exposure/engagement with intended audience. So what we began looking at how can we get information quickly into the hands of individuals to make decisions on health and how can we be progressive in terms of communication; the ability to reach more residents because most residents have a smartphone, push notifications for critical information updates, improve our client and resident engagement for messaging, easier promotion of programs and services, provides users easier access to information, programs, and services at their fingertips, brand awareness and exposure and ability to access information without potential negative commentary from others. The funding for the project will be provided through the Epidemiology and Laboratory Capacity Detection Contract. A total of \$45,000 from this federal funding was budgeted for the development of a mobile app to improve public communications. Several companies were contracted by researching companies online and utilizing Missouri Office of Administration Contract Search which includes pre-qualified contractors and companies vetted by the state. After researching and reviewing multiple options and vendors, The Public Health App is the best option for developing a custom mobile app. OCV, LLC is able to build a custom, branded app specifically meeting the needs of public health and our agency, the features are customizable, and the app would be available on both Apple and Android devices. OCV, LLC is the only vendor that falls within the dedicated budget from the funding source, coming in at \$42,986 for initial development, 3 years of application running, marketing kit, regular maintenance and updates, and technical support.

Discussion held on benefits of the mobile app and sustainability.

Mr. Pigg made a motion to accept the bid for OCV, LLC. Dr. Henry seconded. Motion carried unanimously and Chairman Diehl announce the motion had passed.

Board of Trustees State Training at February Meeting

Ms. Vollmar announced that the Department of Health of Senior Services will be on site to provide State Board training at the February board meeting.

Act on Recommendation to Adopt JCHC Communicable Disease Order

Ms. Vollmar states that under 192.300 each time a new order is passed, we have to post it in the newspaper for three weeks, which cost JCHC about \$2,000 each time. The distinction of 192.300 is the statute for 67 that came into play is it because of the general applicability of the rules, our orders aren't for general applicability - they are for individuals and the work that we do the case investigations or if we had to do isolation and quarantine would be focused on the individual. If we approve this today, we do not have to keep coming back every 30 days. One caveat is one we have never had to do an isolation or quarantine on other individuals other than COVID, but this order does not include COVID. The implementation of this order does not give the executive director the ability to shut a school or a long-term care facility down, that would have to go in front of the board and be a specific order with a specific end date. This order is specifically so that our communicable disease team can work with individuals and do the case investigations.

Mr. Pigg made a motion to adopt JCHD Communicable Disease Order 22-01-27-01. Dr. Henry seconded.

Ms. Davis asked where in the order does it excludes COVID and she said she would like the order to say all future upper respiratory diseases, because now they are calling it Omicron, it was explained that those are variations of the COVID virus not a separate virus. Ms. Coleman explained that you have to specify a particular disease and you can't just make up a catch-all disease. Ms. Davis states she would feel more comfortable if said severe acute respiratory syndrome associated coronavirus, Ms. Coleman reiterated that back in December Ms. Davis specifically asked for COVID to be removed from the initial order and the Board did that and then you abstained from the vote. It was again explained to Ms. Davis that this order does exclude COVID and that it is specific to individuals. Ms. Vollmar explained that we have literally taken a disease that is listed under number one of the most communicable diseases for our most transmissible and highest mortality diseases of an order to deal with communicable disease. We need to pass this order, so our staff are able to protect our residents, that is the focus of this order.

Chairman Diehl called the motion to question.

Ms. Davis made a motion to add language to the Order in Paragraph 8 of severe acute respiratory syndrome associated coronavirus Sars Cove instead of just COVID-19. There was no second, motion dies.

Hearing no further discussion, the motion carried with Ms. Davis being the only dissenting vote Chairman Diehl announced the motion had passed.


Update from Counsel on status of Sunshine Law requests to the Attorney General Ms. Coleman wanted to let the Board know that we had made several requests to the Attorney General office back in December, we were asking for certain documents, both Ms. Vollmer and Mr. Diehl made the request. There were four and in total between the two of them. The Attorney General's office responded they were not going to have responsive documents until mid-February for one request. They did not respond at all on the others. We responded and said that while we understand that we were asking for a lot of documents and to wait until February to produce responsive documents was not reasonable. We were allowing them additional time that we requested within 10 days, and we had no response to that request and have had no responsive documents sent to us by the Attorney General's office. One of the things that we deal with from a public perspective is whether or not we are complying with the Sunshine Law and we have gotten the letter from the Attorney General's office that he sent to every public health department in the state and then the one that he sent to the school districts in the state and now he is spending public funds to sue school districts that in turn have to spend public funds to defend those lawsuits, but it seems as though the public enforcement official who is charged with enforcement, is not actually complying with the statute. Ms. Davis states "I'd be careful making those kind of statements about the Attorney General, he has a lot more education than all of us in this room."

Act on Recommendation from Building Subcommittee for Architect

Mr. Pigg made a motion to accept the contract with Archimages, Inc. Mr. Prater seconded. Chairman Diehl asked if the subcommittee felt that due diligence had been done to choose the best option. Mr. Sikes replied that we have spent a lot of time reviewing the different architect proposals, we reviewed about 20, then we narrowed it down to three, and then we brought those three firms in for interviews. Hearing no further discussion, the motion carried unanimously, and Chairman Diehl announced the motion had passed.

ADJOURN

Mr. Pigg motioned to adjourn the meeting. Mrs. Davis seconded. Motion carried unanimously and Chairman Diehl announced the motion had passed. Meeting adjourned at 5:14 PM.


Secretary-Treasurer