

FORT BEND COUNTY - COVER PAGE

Application for the **NACCHO BLOC COVID-19** demonstration site project funding

Building Local Operational Capacity for COVID-19

Strengthening Local Infection Prevention and Control Capacity

APPLICANT: **Fort Bend County – Health & Human Services**
 301 Jackson Street
 Richmond, TX 77469

SIZE OF JURISDICTION: **500,000+ population (approximately 800,000)**

CHARACTERISTIC OF JURISDICTION: **Mixed.**

The county lies just outside the boundary of Harris County which includes Houston – a portion of the City of Houston lies within Fort Bend County. The county is urban closest to Houston, suburban outside of this area and rural on the side of the county furthest from Houston.

PRIMARY POINT OF CONTACT FOR THE APPLICATION:

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Fort Bend County - **NARRATIVE**

Application for the **NACCHO BLOC COVID-19** demonstration site project funding
Building Local Operational Capacity for COVID-19
Strengthening Local Infection Prevention and Control Capacity

Statement of Need

Fort Bend County was the home of the first diagnosed case of COVID-19 in the region. The county is diverse ethnically and was actively involved in the monitoring of individuals returning from China and other affected areas to our large Asian population. The first cases were from travelers on Nile cruises. Since then the County has recorded 3,868 cases of COVID-19 with the numbers rapidly increasing, more than 50% of the cases in the last 30 days. To date, 56 individuals have died as a result of COVID-19 infection. The number is expected to increase due to the recent and ongoing increase in community cases. The populations most affected by the COVID-19 pandemic in Fort Bend County are blacks (30%) and Hispanics (29%). The age distribution of cases in Fort Bend County has shown increasing numbers in the younger ages with 17% age 18-29, 18% 30-39, 19% 40-49 and 17% 50-59. However, the deaths are primarily in the 60+ age groups.

The county is home to 15 nursing homes, 71 Assisted Living facilities and numerous personal care homes, both licensed and unlicensed. In addition to the 5 acute care hospitals, the county has 3 Long Term Acute Care, or transitional hospitals. There is also a state supported living center with more than 300 permanent residents. Of the cases and deaths in the community, 162 cases and 21 deaths are associated with the long-term care facilities noted here. Four of the long-term care facilities and the state supported living center have had large outbreaks of COVID-19.

The nursing facilities and assisted living facilities in the area are increasingly impacted by the presence of infected staff members, who necessarily live outside of the facilities and are impacted by the increasing numbers of COVID-19 positive individuals in the community. The facilities, in general, are not well prepared for the infection control practices needed to combat the infection and spread among staff and residents. Although most complied well with the guidance to restrict visitation and to monitor the health of staff, the lack of noticeable symptoms and fever in many cases of COVID-19 allowed the virus an entry into many of the facilities in the county.

Many facilities were not prepared with appropriate personal protective equipment (PPE) and were not accustomed to basic practices of training, observing and feedback in areas such as donning and doffing PPE, hand washing, and in the cohorting of residents and staff in the facility once infection has been introduced.

In addition to COVID-19, the facilities are often impacted by other organisms prevalent in the population that moves from hospital to skilled nursing to long term acute care and so on. While those numbers have been low to date, the increase over the last two years has been noticeable and infection prevention and control measures have been shown to be lacking in many facilities.

Implementation Capacity

At the onset of cases and outbreaks in long term care facilities in the county, the local health department staff, including epidemiologists and the Local Health Authority offered assistance and training to the facilities in the area. As the spread continued, the department hired four experienced Infection Preventionists to assist in assessing, educating and training facility staff in the practices most needed to prevent further infection and control outbreaks that occur.

The four contract IP staff are experienced in using the ICAR assessment in facilities and in providing feedback as to areas where improvement are needed and providing training and repeat assessments. The health department epidemiologists provide education for outbreak control measures to the facilities. The plan going forward with the assistance of the NACCHO funding is to bring in one lead Infection Preventionist expert to lead the team of contract and department staff and provide an ongoing plan to address the large number of facilities in a systematic way for prevention as well as responsive way to compromised facilities.

The program will lie in the Public Health Practice area of the health department and will be closely aligned with the Epidemiology program. The ongoing benefit of the additional funding will be more expertise in the department, experience with handling this vulnerable population and a stronger relationship with the facilities in our area in an assistive capacity. The ongoing collaboration between hospitals, where the contract staff come from, the health department, the facilities and the regulatory agencies will benefit the entire community of long term care in the county. These relationships and education and training will improve the infection prevention and control practices for the long term with COVID and beyond COVID to the many multidrug resistant organisms that the facilities are dealing with.

Partnerships

The local health department has worked closely with the state health department for the last several years on healthcare acquired infections, including investigation into several outbreaks that cross jurisdictional boundaries. The regional epidemiologists meet regularly via conference calls to address and collaborate on these types of outbreaks. This relationship will be ongoing and it is anticipated that funding such as offered here by NACCHO will strengthen the participation, knowledge and practice of infection prevention within and between facilities in the community.

As described above, the department has partnered with experts in the field of healthcare infection control. The department has already contracted with four experienced healthcare infection preventionists and plans to hire an expert team lead for the efforts that have already been underway. With the large number of facilities in the county, the need is for a systematic plan for involvement with all facilities. A lead expert is needed who will devote 100% of their effort to this program and manage the efforts of the contract staff as well as collaborate with the epidemiology program staff and the local health authority for control orders and compliance recommendations.

In addition to the local health department, state health department HAI staff, this team will work closely with the regulatory body, the Texas Health and Human Services Commission. The surveyors that come into the county should be strong partners with this team as they are typically not able to make the ongoing repeat visits to facilities that the local team can manage. During this COVID situation to date, the local health department has made connections and partnerships with the regional HHSC staff and with some of the surveyors. These ongoing relationships with strengthen the overall infection prevention and control capacity in the county.

Supplemental Activities

The local health department intends to respond to both Task A and Task B of the supplemental activities.

Task A – there are already noted high-risk facilities in the county including the state supported living center and four nursing homes. As the COVID pandemic continues to spread in this county, the anticipation is that many of the assisted living facilities will be greatly impacted. As has already occurred, when a facility is overwhelmed with positive patients and staff, there are many and ongoing needs for consultation, strategy planning and changing needs as the outbreak within a facility increases and eventually decreases. The number of visits varies at different stages of the outbreak but is time and personnel intensive for a long period of time. With the ongoing community spread, the most at-risk facilities may experience more than one outbreak. The local health department (applicant) will identify high risk facilities and will provide an additional level of support as needed while documenting the visits, ICARs, training and gaps/improvements through the course of this funding cycle with the intent of creating a standard of response in outbreak and regular times.

Task B – this task follows the activity of Task A in that the practices of support and ongoing documentation of effort will lead to an opportunity to develop standardized materials for education, training, checklists, handouts, posters and so on for the facilities in the county's jurisdiction. Developed materials will be shared with the grantor.

LINE-ITEM BUDGET [Template]
Fort Bend County - Health & Human Services
Long Term Care Facility Engagement and Local Capacity Building

Line Items	Requested Amount	Cost Justification
Personnel (Name)		
New Lead LTCF Consultant Position	\$ 69,208.33	New Lead Position for long term care facility infection control education and assistance and manage contract/part-time LTCF consultants (Epi/ICP) Annual Salary of \$75,500 for 11 months
	\$ -	
	\$ -	
	\$ -	
Personnel Subtotal	\$ 69,208.33	
Fringe Benefits (X%)		
	\$ 27,068.48	Payroll Taxes = 7.65%xSalary Pension = 12.49%
Travel		
Mileage Reimbursement	\$ 807.88	Travel around the county to various long term care facilities calculated at 0.575 per mile (x 1405 miles)
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
Travel Subtotal	\$ 807.88	
Equipment		
Office Equipment	\$ 1,000.00	Laptop
	\$ 400.00	Monitors
	\$ 150.00	Docking station
	\$ 40.00	Keyboard/mouse
Equipment Subtotal	\$ 1,590.00	

Supplies		
Office Supplies	\$ 100.00	Copying of guidance and instructions for LTCFs General Offices Supplies for position
	\$ 300.00	
	\$ -	
	\$ -	
	\$ -	
Supplies Subtotal	\$ 400.00	
Contractual Costs		
none	\$ -	none
	\$ -	
	\$ -	
	\$ -	
	\$ -	
Contractual Subtotal	\$ -	
Other		
Commnication equipment	\$ 100.00	Cell Phone
	\$ 825.00	Monthly Charge @\$75 for 11 months
	\$ -	
	\$ -	
Other Subtotal:	\$ 925.00	
Other		
none	\$ -	none
	\$ -	
	\$ -	
	\$ -	
Other Subtotal:	\$ -	
Subtotals of Direct costs	\$ 99,999.69	
Indirect (X%)	\$ -	
Grand Total	\$ 99,999.69	

Vendor Information Form

Organization

Official Name of Organization: _____

EIN Number: _____

DUNS Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Contact

Name: _____

Title: _____

Organization: _____

Address (if different from above): _____

Telephone: _____

Email: _____

Fax: _____

Person to Receive Contract from NACCHO for Signature

Name: _____

Email Address: _____

Authorized Signer for Contract

Name: _____

Title: _____

Organization: _____

Address (if different from above): _____

Telephone: _____

Email Address: _____

Accounts Payable Information

Name (Attn): _____


Address (if different from above): _____

Telephone: _____

Email Address: _____

CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

By my signature I attest that ^{Fort Bend County} _____ has not been debarred or suspended pursuant to 2 CFR 200 SUBPART C (200.208) and will not subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689 "Debarment and Suspension" and 2 CFR 180.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE County Judge
ORGANIZATION Fort Bend County	DATE SIGNED 07-01-2020

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
FORT BEND COUNTY

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **POLITICAL SUBDIVISION OF THE STATE OF TEXAS**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 3

Exemption from FATCA reporting code (if any) C

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
301 Jackson

6 City, state, and ZIP code
Richmond TX 77469

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-			
--	--	--	--	---	--	--	---	--	--	--

or

Employer identification number

7	4	-	6	0	0	1	9	6	9
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ 1/8/19

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.