Committee Directly to Council
Staff: Robert H. Drummer, Senior Legislative Attorney
Purpose: To receive testimony/final action - vote expected
Keywords: #EnhancedCovidTesting
Search terms—COVID-19, testing, emergency action

AGENDA ITEM 4B & 9
July 21, 2020
Public Hearing/Action

Montgomery
County Council

SUBJECT

Resolution to adopt Board of Health Regulation requiring the Executive to immediately implement a comprehensive strategy for "free, no appointment, no referral, walk-up testing," at sites available County-wide.
Lead Sponsor: County Council

EXPECTED ATTENDEES

None

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- Public Hearing followed by Action on Resolution - Council vote expected.

DESCRIPTION/ISSUE

- Testing levels in Montgomery County continue to be inadequate and many residents have reported difficulty obtaining tests, lack of response when contacting the County to schedule tests, delayed turnaround in tests, lack of clarity about who should be tested, and other problems.

SUMMARY OF KEY DISCUSSION POINTS

The need to increase testing for COVID-19 and perform contact tracing County-wide and targeting areas of the County that have been impacted the most by the virus. Councilmembers Riemer and Albornoz plan to introduce amendments to correct stated facts, clarify intent, provide necessary discretion to the Executive, and emphasize the need to use a racial equity and social justice lens when implementing the regulation.

<u>**This report contains:**</u>

F:\LAW\Resolutions\Board Of Health\COVID-19 Testing\PH-Action Cover Sheet.Docx

M E M O R A N D U M

July 16, 2020

TO: County Council

FROM: Robert H. Drummer, Senior Legislative Attorney

SUBJECT: Resolution to adopt a Board of Health Regulation requiring enhanced testing for COVID-19

PURPOSE: Public Hearing-Action – Council vote required

On July 14, the Council, sitting as the Board of Health, introduced a Board of Health regulation requiring the Executive to immediately implement a comprehensive strategy for "free, no appointment, no referral, walk-up testing," at sites County-wide. The Regulation is sponsored by Lead Sponsor the County Council. Action is scheduled following the public hearing.[1]

Background

On March 5, 2020, Lawrence Hogan, Jr., Governor of Maryland issued a proclamation declaring a state of emergency and existence of a catastrophic public health emergency due to the novel coronavirus which can cause the respiratory disease COVID-19.

According to the Harvard Global Health Institute, a community that has a 3% test positivity rate or lower is suppressing the COVID-19 virus if contact tracing programs are also driving testing. The Montgomery County Department of Health and Human Services reported that the positivity rate is much higher for certain demographic groups, and that Hispanics comprised approximately 70% of the new cases recorded in June.

Testing levels in Montgomery County continue to be inadequate and many residents have reported difficulty obtaining tests, lack of response when contacting the County to schedule tests, delayed turnaround in tests, lack of clarity about who should be tested, and other problems. To prevent infections, avoid new stay home orders, and continue operating key services such as schools and childcare, the County must aggressively conduct testing, tracing and isolating/quarantine operations, in addition to sustained use of facial coverings, distancing, and shifting activity outdoors as much as possible. The Council has appropriated more than $20 million of the $183 million in Federal CARES

---

[1] #EnhancedCovidTesting

Act funding for our testing program, an amount that could be too little for such an essential priority. Yet as of today, the County has only spent about $1 million of these funds on testing.

Rule 4(d) of the Council's Rules of Procedure provides that before the Board of Health adopts a regulation, the Council President must advertise a public hearing in a newspaper circulated throughout the County at least 15 days before the hearing and notify the governing body or chief executive officer of each municipality in the County at least 15 days before the hearing. Rule 4(d) allows the President to waive these notice provisions if a public health emergency requires immediate action. The Council President has waived these notice requirements because of the public health emergency caused by COVID-19. Notice of this proposed health regulation was sent to each municipality on July 13 electronically.

Provisions of the Board of Health Regulation as introduced

The proposed Health Regulation contains the following provisions:

1. The County Executive must immediately implement a comprehensive strategy for "free, no appointment, no referral, walk-up testing," at sites available County-wide.

2. The Executive must first implement this enhanced testing in locations within walking distance of targeted communities experiencing higher transmission or at risk of higher transmission.

3. Fire station sites should be a priority consideration as they are well known by the community and they are staffed by EMS personnel.

4. Examples of other potential locations include religious institutions and libraries.

5. As soon as possible, the 10 most impacted zip codes should host 10 test sites available at least 8 hours per day, at least 5 days per week, within walking distance of known hot spots.

6. The Executive should include a plan to operate 35 test sites (approximating the number of fire stations in the County, which are distributed according to population) at least 8 hours per day, at least 5 days per week by July 28, 2020.

7. Existing test sites in Wheaton, Germantown and White Oak should continue to operate at their current schedule until at least 35 additional sites are operating at least 8 hours per day, at least 5 days per week.

8. Test sites must test all people identified in the latest CDC testing guidance. For some sites, symptomatic cases may be referred to alternative test sites operated by the County.

9. Tests must be provided to patients with no out-of-pocket expense.

10. Contractual staff support should be added as necessary to provide the testing sites called for in this public health regulation and to implement the digital and communications strategies necessary to implement the plan.

11. Scheduling for tests should be available online in mobile friendly technology; the scheduling site should also provide current turn-around times for different testing services (public and private).

12. A consumer friendly print and web guide to testing (public and private) should be published and distributed by the Department of Health and Human Services (DHHS) no later than July 28.

13. Additional pop-up test facilities should target specific residential communities and demographic groups in hardest hit zip codes.

14. Aggressive County communications campaigns, including paid advertising, must be implemented to urge testing according to CDC guidance.

15. A weekly report on testing must be provided by DHHS on the County website starting immediately, showing how many tests have been conducted at various County sites, the turnaround time for tests at all public and private sites, and other key health measures.

16. The Executive must submit a full and detailed plan, including testing strategy for schools, employers/employees in various sectors, and vulnerable communities to the Council by July 28. This plan must detail the relationship between testing, tracing, and isolating.

Proposed Amendments

The Executive submitted an enhanced testing plan to the Council on July 13 after this proposed regulation was drafted. Recognizing the Executive's July 13 plan and an update from the County Health Officer on July 14, Councilmembers Riemer and Albornoz may introduce amendments to this regulation at the Council meeting. A proposed amended regulation is at ©20-23 and a clean version without brackets and underlining of the proposed amended regulation is at ©24-27. The amendments make the following changes:

1. delete the statements in the background about the County's current positivity rate and corrects the statement about the percentage of Hispanic residents testing positive based on the Health Officer July 14 update;

2. clarify that the tests should have no out-of-pocket cost to the individual and that an insurance carrier can be billed, if available;

3. remove priority consideration for fire stations as testing sites and replace with priority consideration for known and trusted County facilities such as libraries and fire stations as well as religious organization facilities;

4. remove the requirement that the 10 most impacted zip codes host 10 test sites and make those areas a priority;

5.	remove the requirement to set up at least 35 test sites and replace with a requirement to set up the number of test sites necessary to conduct at least 20,000 tests each week based on the Executive's written plan;

6.	remove the requirement that the existing test sites in Wheaton, Germantown, and White Oak remain open until 35 test sites are available;

7.	remove the statement that symptomatic cases be referred to alternative test sites operated by the County and leave discretion with the Executive;

8.	clarify that the Executive's plan must be a detailed COVID-19 response plan that includes both testing and contact tracing; and

9.	adds a new paragraph requested by Councilmember Navarro (see ©28-29) requiring the Executive to analyze each part of the plan from a health equity lens consistent with the County's Racial Equity and Social Justice Law.

Discussion

Each of the amendments described above correct stated facts, clarify intent, provide necessary discretion to the Executive, or emphasize the need to use a racial equity and social justice lens when implementing the regulation. The amended regulation would establish necessary goals while providing the Executive with the discretion needed to establish a detailed COVID-19 response plan to meet these goals.

This packet contains:	Circle #
Regulation as introduced	1
Executive's July 13 plan	5
Riemer and Albornoz amended regulation	20
Riemer and Albornoz amended regulation (clean version)	24
Navarro July 13 memorandum	28

F:\LAW\Resolutions\Board Of Health\COVID-19 Testing\PH-Action Memo.Docx

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND
SITTING AS THE MONTGOMERY COUNTY BOARD OF HEALTH

Lead Sponsor: County Council

Subject: **Board of Health Regulation requiring enhanced testing strategy for COVID-19**

Background

1.   County Code §2-65, as amended effective August 10, 2000, provides that the County Council is, and may act as, the County Board of Health, and in that capacity may adopt any regulation which a local Board of Health is authorized to adopt under state law.

2.   Maryland Code Health-General Article §3-202(d) authorizes the County Board of Health to adopt rules and regulations regarding any nuisance or cause of disease in the County.

3.   On March 5, 2020, Lawrence Hogan, Jr., Governor of Maryland issued a proclamation declaring a state of emergency and existence of a catastrophic public health emergency due to the novel coronavirus which can cause the respiratory disease COVID-19.

4.   According to the Harvard Global Health Institute, a community that has a 3% test positivity rate or lower is suppressing the COVID-19 virus if contact tracing programs are also driving testing.

5.   Presently, Montgomery County's test positivity rate is about 5%, as published on our dashboard. While this is an improvement from earlier in the year, it is not where it must be to suppress the virus.

6.   The Montgomery County Department of Health and Human Services reported that the positivity rate is much higher for certain demographic groups, including 70% for Hispanics in the County's top ten most impacted zip codes. A 70% positivity rate represents a severe crisis that must be addressed with the greatest urgency and resources.

7. Testing levels in Montgomery County continue to be inadequate and many residents have reported difficulty obtaining tests, lack of response when contacting the County to schedule tests, delayed turnaround in tests, lack of clarity about who should be tested, and other problems.

8. The COVID-19 virus is nearly uncontrolled in many locations outside of Maryland. A strong possibility exists that cases will rise back to levels that previously necessitated stay at home orders.

9. To prevent infections, avoid new stay home orders, and continue operating key services such as schools and childcare, the County must aggressively conduct testing, tracing and isolating/quarantine operations, in addition to sustained use of facial coverings, distancing, and shifting activity outdoors as much as possible.

10. The Council has appropriated more than $20 million of the $183 million in Federal CARES Act funding for our testing program, an amount that could be too little for such an essential priority. Yet as of today, the County has only spent about $1 million of these funds on testing.

11. Montgomery County must improve its testing, tracing and isolating operations.

12. Rule 4(d) of the Council's Rules of Procedure provide that before the Board of Health adopts a regulation, the Council President must advertise a public hearing in a newspaper circulated throughout the County at least 15 days before the hearing and notify the governing body or chief executive officer of each municipality in the County at least 15 days before the hearing. Rule 4(d) allows the President to waive these notice provisions if a public health emergency requires immediate action. The Council President has waived these notice requirements because of the public health emergency caused by COVID-19.

13. The County Council, sitting as the Board of Health, finds after hearing the testimony and other evidence in the record of the public hearing concerning the need to enhance the County's testing, tracing, and isolating operations requires emergency action.

Action

The County Council for Montgomery County, Maryland, sitting as the County Board of Health, approves the following regulation:

1. The County Executive must immediately implement a comprehensive strategy for "free, no appointment, no referral, walk-up testing," at sites available county wide.

2. The Executive must first implement this enhanced testing in locations within walking distance of targeted communities experiencing higher transmission or at risk of higher transmission.

3. Fire station sites should be a priority consideration as they are well known by the community and they are staffed by EMS personnel.

4. Examples of other potential locations include religious institutions and libraries.

5. As soon as possible, the 10 most impacted zip codes should host 10 test sites available at least 8 hours per day, at least 5 days per week, within walking distance of known hot spots.

6. The Executive should include a plan to operate 35 test sites (approximating the number of fire stations in the County, which are distributed according to population) at least 8 hours per day, at least 5 days per week by July 28, 2020.

7. Existing test sites in Wheaton, Germantown and White Oak should continue to operate at their current schedule until at least 35 additional sites are operating at least 8 hours per day, at least 5 days per week.

8. Test sites must test all people identified in the latest CDC testing guidance. For some sites, symptomatic cases may be referred to alternative test sites operated by the County.

9. Tests must be provided to patients with no out-of-pocket expense.

10. Contractual staff support should be added as necessary to provide the testing sites called for in this public health regulation and to implement the digital and communications strategies necessary to implement the plan.

11. Scheduling for tests should be available online in mobile friendly technology; the scheduling site should also provide current turn-around times for different testing services (public and private).

12. A consumer friendly print and web guide to testing (public and private) should be published and distributed by the Department of Health and Human Services (DHHS) no later than July 28.

13. Additional pop-up test facilities should target specific residential communities and demographic groups in hardest hit zip codes.

14. Aggressive County communications campaigns, including paid advertising, must be implemented to urge testing according to CDC guidance.

15. A weekly report on testing must be provided by DHHS on the County website starting immediately, showing how many tests have been conducted at various County sites, the turnaround time for tests at all public and private sites, and other key health measures.

16. The Executive must submit a full and detailed plan, including testing strategy for schools, employers/employees in various sectors, and vulnerable communities to the Council by July 28. This plan must detail the relationship between testing, tracing, and isolating.

This is a correct copy of Council action.

_____
Selena Mendy Singleton, Esq., Clerk of the Council

MONTGOMERY COUNTY
COVID-19 TESTING AND HUMAN SERVICES SUPPORT PLAN

Introduction

Although trending downward, COVID-19 cases, hospitalizations, and deaths remain significant in Montgomery County. As the County continues to fight to contain the spread of COVID-19, testing remains an essential tool. The Department of Health and Human Services (DHHS) is working to increase the number of sites, as well as the number of tests available to residents in the County. To date, over 10,000 Montgomery County residents have been tested. Combined with contact tracing and promoting safe practices, DHHS has reduced the number of positive cases in the County. Sadly, the impact of COVID-19 continues to hit some of our most vulnerable communities. The Department will continue to ramp up its testing efforts, as well as its human services supports, until it is successful in ending this pandemic for all of Montgomery County residents.

The COVID-19 testing plan, which leverages the increased availability of testing, is occurring along three concurrent tracks:

1. **COMMUNITY-BASED TESTING** – Including County and community partners.
2. **CLINICAL AND CONGREGATE SETTINGS** – Including nursing homes, shelters, assisted living facilities, etc.
3. **GOVERNMENT AND ESSENTIAL SERVICES EMPLOYEE TESTING** – Beginning with front-line staff and first responders as well as those who are at most risk of exposure to COVID-19.

The Testing Plan includes:

- **COVID-19 CASE INVESTIGATION AND CONTACT TRACING** – To identify and contain the spread of COVID-19.
- **HUMAN SERVICES SUPPORTS** – Support to communities at elevated risk and households exposed to COVID-19.

The racial and ethnic disparities of COVID-19 across the County require that testing and services be prioritized for individuals in those communities that have been hardest hit, and continue to be at greatest risk (see map and top 10 ranking of positive COVID-19 cases by zip code on next page).

Testing Targets and Timeline

The long-term goal is expanding testing capacity until testing capacity is increased to 20,000 people/week by September 2020 and 30,000 people/week by October across all three testing tracks. The threshold of 20,000 people/week is based upon meeting the stated goal of testing 5% of the County's population monthly as a part of the County's re-opening dashboard; increasing to 30,000 people/week would meet the benchmark of

(5)

testing approximately 10% of the population on a monthly basis. As of July 12, 2020, at least 10% of the population in each of the top 10 zip codes by cases have been tested.

Zip Code	Positive Cases	Cases per 1,000
20906	1,738	25
20902	1,348	26
20904	1,120	20
20877	994	26
20903	959	37
20874	712	12
20901	668	18
20886	650	19
20850	632	12
20910	513	12
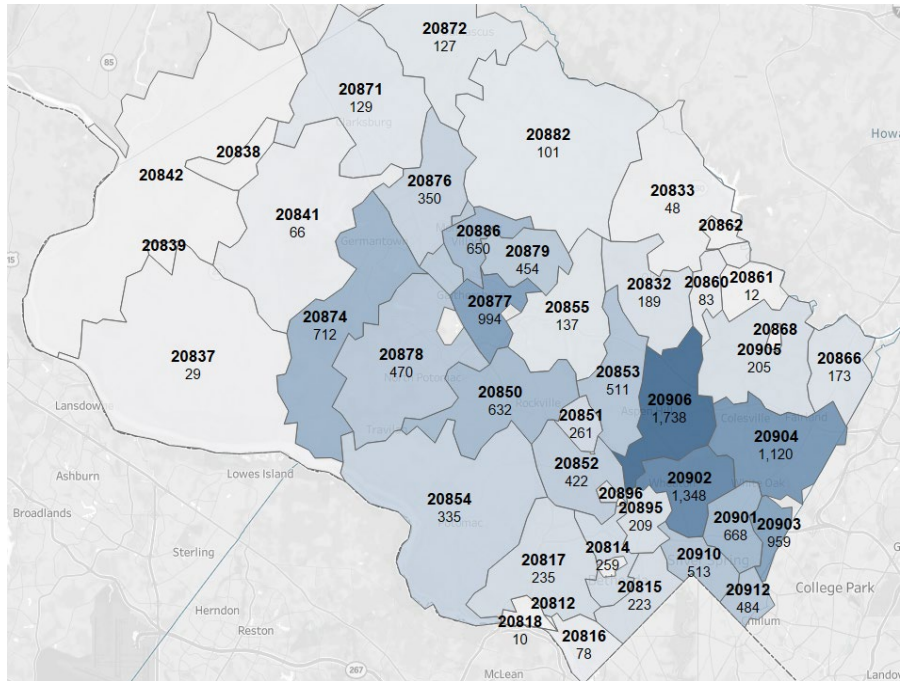
Data up to 07-09-2020 (source)

Positive Cases by Zip Code

The table above ranks the top 10 Montgomery County zip codes for positive cases.

Strategies to ensure outreach and connection with hardest impacted communities:

DHHS will continue to connect with community agencies and key stakeholders within those communities identified above as hardest hit by COVID 19. These partnerships are invaluable as they may offset community concerns of mistrust in utilizing government resources within the current political climate, and more quickly and effectively identify and communicate with families in need. In addition to sustained engagement, DHHS will utilize surveillance data to identify any areas with emerging cases, elevated test positivity rates, and high volumes of secondary contacts to lab confirmed cases. This will be accomplished through a combination of digital, social, print and visual media, leveraging community resources, and networks, including local TV outlets, etc. to convey appropriate prevention and educational outreach. This effort will be led by the PIO and Communications team, working closely with Ken Hartman, who meets regularly with representatives from a broad range of community groups, including the DHHS Minority Health Program and Health Initiatives. Additionally, the Public Health Services Disease Control team is partnering with community agencies, such as Casa de Maryland, to provide contact tracing in those high impacted zip codes.

In addition to providing contact investigations, the trained staff will also link individuals/families to social support services to address any non-clinical needs residents may face. The connection to human services is a critical component that will enable individuals/families to prioritize recovery as well as the implementation of recommended public health practices by removing barriers to accessing non-medical supports (e.g. housing, food, personal care items, financial assistance, counseling etc.). Programs/services across DHHS are working

(6)

in collaboration with trusted community providers to address the human services needs of individuals/families impacted by COVID-19. Such efforts include the following examples:

- Connecting Montgomery County residents to local food pantries (pick-up and home delivery available);
- Enabling safe and secure COVID-19 isolation when needed,
- Supporting the tremendous efforts of the County's Hubs (additional information regarding the Hubs is provided on page 4) that address a variety of needs;
- Connecting residents to staff within various DHHS programs/services for assistance in eligibility determination/application for a spectrum of local and state resources; and
- Connecting impacted communities to the services/resources available via the DHHS Street Outreach Network

Progress Metrics

COVID-19 testing progress will be monitored through an internal dashboard that monitors the number of participants tested in highly impacted zip codes, track the number of kits distributed & analyzed, identifies partners engaged throughout the County, records the progress of partnership testing events, and displays the schedule of COVID-19 testing events. Weekly reports will be provided to County Executive Elrich and the Montgomery County Council, and regular updates will be provided during scheduled briefings.

How Do We Get There?

1. Community-Based Testing (Target: 20,000 Tests/Week)

A. Expansion of Capacity at Current Testing Locations

- DHHS will expand to five testing locations in various locations throughout the Montgomery County; preference for placement will be in highly impacted zip codes, and where access to testing has been limited. The testing sites would include the current sites in the Wheaton and Germantown areas, the Dennis Avenue Health Center, and the Gaithersburg Lake Forest Mall parking lot.
- County and large-scale testing sites will expand hours of operations to 5 - 7 days/week for a minimum of 4 hours. Individual testing locations may run longer.
- Testing clinics will vary times of operation throughout the day to provide options for access to testing, this includes some locations with evening hours.
- Target is to provide 400 or more appointments/day at 5 tests sites, or 2,000 kits daily.
- The strategy for increasing volume of testing at existing sites include: increase hours of operations and number of tests per day; increased use of AdvaGenix collection process; and addressing staffing requirements.
- The co-location of DHHS human services personnel at COVID-19 sites is a recent addition to the Department's efforts. Residents are offered materials (and in some instances screened onsite) regarding additional human services programs/supports administered by various entities (the County, local non-profits and the state).

(7)

B. Standing Up Additional County Test Sites
- Two Centers for Disease Control and Prevention (CDC) trailers as fixed test sites
  - Targeted capacity: 400 appointments daily/2,000 weekly[KA1] ;
  - Proposed locations: Lake Forest Mall, Dennis Avenue Health Center (Start date: week of July 13)[GTA2]
- Pop-up testing sites throughout the County, including in municipalities (e.g. Takoma Park, Friendship Heights, Rockville, Silver Spring)
  - Target capacity: 400-1,000 appointments/session/2,000-4,000 weekly (Start date: in progress)

C. East County Hub Test Site Using Contracted Site Coordination – Targeted Capacity
- Working with representatives from AASTHA to provide daily testing at their east county clinic space, with a targeted capacity of 6000/week; the facility would be open 7 days/week.
  - a. Contract completion in progress
  - b. Staffing and support in progress
  - c. Training and testing orientation in progress
  - d. Logistics support in progress
- Start date: Week of July 20

D. Support Montgomery County Hubs and Other Community Partners Coordinating Community-Based Testing Events
- Community-based testing in collaboration with the Montgomery County Hubs (Upcounty Consolidation Hub for Community Needs, Gaithersburg CARES Hub, East County Hub, Silver Spring Hub, and the Mid-County Hub) and other community partners.
- Testing events will be managed by community volunteers and local providers with County support to assist in providing focused community-based testing and DHHS human services outreach and support.

E. Montgomery Cares Clinics
- Identification of Montgomery Cares clinic partners to provide testing onsite for clinic patients; four have been currently identified for initial engagement (Proyecto Salud, Holy Cross clinics, Mary Center, Chinese Culture and Community Services Center)
- Targeted capacity: 1,000/weekly
- Start date: last week of July

F. Employer based closed pod testing
- Targeted capacity: dependent upon employer size 1,000-2,000/weekly
- Provide large employers, including large retailers, local hospitals with *closed pod* distribution and collection.
- Start date: August 2020

G. Resume Home-Based Testing through contract with Ready Responders National Capital Region PC
- Targeted capacity: 56 appointments/weekly
- Ready Responders will serve as the County's Rapid Response Team to conduct in-home testing seven days/week for County residents residing in geographic areas highly impacted by COVID-19; who are

(8)

members of population groups disproportionally affected by COVID-19; who are homebound or face significant barriers to accessing community testing; and, households with complex or unique situations in which in-home testing would be more effective than community testing. Households impacted by COVID-19 will be connected to community-based human service supports to assist their recovery.

- Priority scheduling will be given to households in zip codes with the highest positive case counts. (See above.)
- While onsite, Ready Responders will also complete a brief human services assessment to gauge the household's need and interest in receiving follow-up by DHHS to ensure access to community and County resources that meet identified need(s).

2. Clinical and Congregate Settings (Target: 8,000 Tests/Week)
A. Continuation and Expansion of Testing in Clinical and Congregate Settings

CLINICAL AND CONGREGATE SETTING TYPE	PROJECTED TEST KITS WEEKLY	PROJECTED TEST START DATE
Shelters	100	June 2020
Independent Living and Older Adult communities	To be determined (TBD)	July 2020
Group Homes (DDA Homes and Smaller Assisted Living)	TBD	July 2020
Large Assisted Living Facilities (>50 residents)*	3,500	August 2020
Nursing Homes*	3,500	July 2020
Hospitals** MedStar Montgomery/Holy Cross Health/Ascension Health	TBD	

B. Strategy for Expanding Capacity

DHHS is working with local healthcare practices and congregate care locations to also test staff, patients and residents. Testing occurs on-site at facilities approved to test. Testing facilities must have Site Collector access from AdvaGenix prior to testing.

- Testing will occur weekly with facilities dropping off specimens at the Dennis Avenue Health Center (DAHC) or requesting pick up of test kits from DAHC logistics.
- *Test kits are currently provided by the state. All staff are required to be tested weekly. Upon identification of a positive case linked to a staff member or resident, all residents must be tested in addition to staff. When facilities have completed outbreak protocols, they can stop weekly testing of all residents and testing requirements are reduced by approximately half. On July 9, 2020, the Maryland Department of Health (MDH) notified all Nursing Homes that it will be providing testing, at least through August 1, 2020. Large Assisted Living Facilities have not received a start date as of yet. However, MDH has indicated that these facilities will also receive testing from the state for required weekly testing of staff and contractors, at least through August 1, 2020. DHHS is in discussion with MDH on the post August 1, 2020 plans.
- ** County Hospitals have indicated that routine testing for staff will be optional. These facilities are exploring testing options with both the County and their existing lab and corporate partnerships.

- Facilities will conduct their own testing using dedicated medical staff on-site. Exceptions may occur with DHHS providing testing staff on a case by case basis.
- DHHS will provide test kits and potential pick-up service.
- Test kits will be primarily oral swab or nasal swab.

3. Montgomery County Employees (2,500 kits / week)

Public Health Services' Disease Control team facilitates employee testing for each County Department. Testing occurs at the employee's worksite.

Department	Status	Tests	Test Start Date
MCFRS	Active	1000	Started
Sheriffs	Active	200	Started
DOCR	Active	538	Started
HHS	Active	551	Started
ABS	Active	100	Started
MCPD	Planning	1000	July 31, 2020
REC	Planning	350 Projected	July 31, 2020
DGS	Planning	350 projected	July 27, 2020
Procurement	Planning	10 projected	July 27, 2020
OHR	Planning	5 projected	July 27, 2020
OMS	Planning	5 projected	July 27, 2020
OMB	Planning	5 projected	July 27, 2020
Public Libraries	Planning	307 projected	July 27, 2020
DOT	Planning	722 projected	July 27, 2020
DPS	Planning	119 projected	July 27, 2020
DHCA	Planning	40 projected	July 27, 2020
DEP	Planning	80	July 27, 2020
Ethics	Planning	5 projected	July 27, 2020
CAO	Planning	10 projected	July 15, 2020
CE	Planning	9 projected	July 15, 2020

- *At this time, it is not mandatory for departments to test, therefore, numbers will vary weekly. Testing of County employees requires Union agreement.
- Locations will conduct their own testing using trained staff on-site. Exceptions may occur with DHHS providing testing staff on a case by case basis.
- DHHS will provide test kits and potential pick-up service.
- Test kits will be primarily saliva or oral swab.

(10)

APPENDIX 1. TESTING OPERATIONAL PROCEDURES

Testing Clinics

1. Registration and Scheduling

- To reduce crowding and wait times, public testing efforts will include pre-event scheduling for slots/appointments. An online scheduler and registration portal will be implemented to allow individuals to enter their information and select an available testing location and time.
- Individuals must be registered with the lab in order to be tested and receive results. There are three ways a resident may register to receive a test:

ONLINE	https://www.advagenix.com/SCC/NewRequest/PATIENT_TESTING_REQUEST
PHONE	240-777-1155
ON-SITE	Complete necessary forms on site.

- A roster of individuals being tested is not required for clinical operations; tracking the number of appointments and the number of persons registered at each clinic is paramount for clinic operations.
- For those unable to self-register electronically, registration can be done over the phone. The call center utilizes bilingual staff and interpretation services to support calls.
- Each site will also be able to register individuals onsite using intake staff entering information by computer through interview or with residents completing paper forms. If using paper forms, intake staff are still required to enter the resident's information into the lab system through a computer.
- Providing insurance information will be required, however uninsured persons will be covered by the County.

2. Testing Schedule

- Scheduling will be set in coordination with the testing organization and DHHS.
- The duration of continued public testing will be data-driven based on the spread and/or containment of the virus.

3. Types of Testing

Symptomatic Testing Requirements

- A heightened level of PPE for staff on-site.
- A nasal, nasal pharyngeal or oral swab is preferred.
- Clinical staff that have been FIT tested and are trained to administer the test.
- Preferred method is in a drive-through model for flow and physical distancing measures.

Asymptomatic Testing Requirements

- Staff to adhere to face-covering standards and lesser PPE measures.
- Reduced number of clinical staff on-site to monitor self-collection of tests.
- Patients are able to self-collect with saliva or oral swab tests.
- Preferred method is either a drive-through site or a walk-up testing in a large open setting or large room where flow and physical distancing measures can be implemented.

(11)

4. Test Site Set Up

- Space large enough to handle testing of 100 people/hour.
- Ensure site setup supports staff and participants' ability to maintain recommended physical distancing as much as possible as they progress through the site. Larger = more distancing.
- Allow additional client space when PODs may include families.
- Develop a single direction flow for participants.
- Scheduling is essential to avoid excessive lines and congregations.
- Actual layout dependent on space, throughput target, and other resources.

See Appendix 2 for sample indoor and outdoor test site set up.

Walk Up Testing

- Asymptomatic Testing operations preferred; accommodations, including increased PPE and other supplies will be available to test any individuals who are symptomatic.
- The site will need to set up a reception area to monitor/review paperwork & distribute test kits.
- The site will need to designate a collection area that is conducive to testing, and away from public lobbies.
- This area should contain a table or several that are separated to maintain the social distancing requirements.
- Small trash containers need to be placed within easy reach of each client position, so they can dispose of the test kit materials once finished. (DHHS will provide small red bags (10 gallon) and other materials.
- Bio-hazard Disposal
- The collection and disposal of used test kit collection materials must be done in accordance to universal precautions.
- Delivery to Lab
- Specimens may be stored at room temperature overnight.
- Specimens must be returned to the Dennis Avenue Health Center (DAHC) or to the AdvaGenix lab within 36 hours of collection. DAHC will accept specimens between M-F (8:00am-5:00pm).

Drive Thru Testing

- Can operate both Symptomatic and Asymptomatic testing operations.
- Drive through testing may be set up in large parking lots, parking garages, large properties or other venues that are conducive to a minimum 2-3 lane drive-through model.
- This model may be expanded to a greater testing capacity as space allows.
- This model is most appropriate for large scale operations or for symptomatic patients.
- This area will need to have clearly marked lanes and traffic patterns through the use of signage, barriers, or tape.
- A self-administered specimen collection area should be large enough for vehicles to pull into, park or stop, pause and conduct the test. The time it takes to collect the specimen will vary from individual to individual based on the test being utilized (spit vs. swab)

(12)

5. Testing Procedures

DHHS coordinates onboarding an organization into the schedule for testing. On-boarding includes, initial interview (conference call) with facility or location point of contact to discuss logistics and answer any questions. At this time, it is determined whether the facility/location can set up a testing clinic. It is preferred to conduct an on-site physical assessment of the location, if possible.

Planning and Preparation

- Once the interview assessment is complete, the requesting organization designates a coordinator(s) for the event.
- DHHS works with the organization to set up a date and time for the collection event.
- The coordinator(s) receives a username and password from AdvaGenix.
- The organization agrees to follow the site agreement for a trained staff member(s) to coordinate specimen collection and follow the outlined instructions for site safety precautions and specimen handling.
- Multiple coordinators can be designated for large organizations/events.
- The site will provide a PC and printer with internet connection. Multiple PCs may be set up for just in time staff registration.
- DHHS will arrange delivery and pick-up of the specimen collection kits and bar code scanners.
- It is recommended that the testing organization communicate to participants that the event is planned at least 2 full working days before the event(s). Self-administered testing instructions will be sent along with the announcements.
- The organization advises the participants to pre-register for individual specimen collection.
- Participants will pre-register for the event on the AdvaGenix website. The pre-registration will consist of completing a qualifying questionnaire (person works for the organization etc.), demographic and insurance information. Pre-registration will be required and can be completed by following the link: https://www.advagenix.com/SCC/NewRequest/PATIENT_TESTING_REQUEST
- The registrant must also complete a Consent to Test form by accessing: https://forms.montgomerycountymd.gov/f/COVIDPatientConsent
- Participants will be advised that their insurance will be billed. But no co-pay or deductible will apply. Uninsured participants will not be billed.
- After the employee pre-registers, the individual will receive a confirmation email with a barcode to print or display on their mobile device on the test day.

Day of the Event

- The site coordinator logs onto the AdvaGenix website with their username and passcode.
- The participant will present the completed paperwork to the site intake staff and verify that they have not eaten or drank for 30 minutes or more.

Registration

- The coordinator scans the participant's pre-registration barcode and scans the barcode on the test kit given to the individual being tested to link individual to that specific test kit.

(13)

Specimen Collection

- The participants are directed to a private area to collect their specimens and return the collected specimen to the designated collection container.
- The participant <u>must</u> safely secure the specimen collection box/bin and work with DHHS for delivery of the specimens to the lab.
- DHHS and the organization will agree on who will deliver the specimens to AdvaGenix upon completion of the specimen collection event.

Test Results

- The participants will be sent the test results in an encrypted email. Instructions on what to do with either a positive or negative test result will be included on the results page or in the email.
- Positive test results will be communicated by AdvaGenix to the State Health Department Surveillance System for contact tracing. COVID-Link will contact positive cases by phone.
- Unless previously communicated to the participants, test results will not be sent to the sponsoring organization/employer.
- DHHS can assist organizations in formulating their individual company's COVID-19 management processes.

(14)

Roles and Responsibilities

A. Organization Site Testing Manager

The Site Testing Coordinator is responsible for managing site set-up, assuring proper collection procedures are followed as well as the safe handling of biohazards and specimen samples.

- Site Testing Coordinators will be identified by each organization or group as the representative who will manage the testing process in their respective agency.
- Site Coordinators must keep a tally sheet with the accurate number of persons tested for that day.
- Coordinators will be provided a packet of information in advance of the testing prepared by DHHS.

B. DHHS Testing Coordinator/On-boarding Staff

Assigned to serve as point of contact and work directly with the organization to facilitate testing startup.

- DHHS will work with the site coordinators to ensure proper infection control, paperwork/documentation, and specimen handling processes.
- A DHHS staff member may meet/communicate with site coordinator(s) on the day of testing to review the guidance for the site coordination.

C. Registration/ Intake Staff (5 per site)

- Confirm Appointment
- Ensure consent is completed
- Identify client is in the system
- May assist client in completing registration
- Direct client to test pick-up area recommended

D. Self- Collection Monitors (10 per site)

- Staff the Test pick-up area (must maintain proper social/physical distancing)
- Provide collection instructions
- Complete test kit assignment
- Direct client to self-administration specimen collection area
- Staff the specimen collection area to observe for proper technique. Answer questions and ensure proper re-packaging

E. Logistical Personnel (5 per site)

- Help set-up site
- Ensure supplies (test kits, forms, disinfectants, collection boxes) are appropriately staged.

F. Interpreters (5 per site)

- Staffed appropriately based on the expected distribution of community populations.
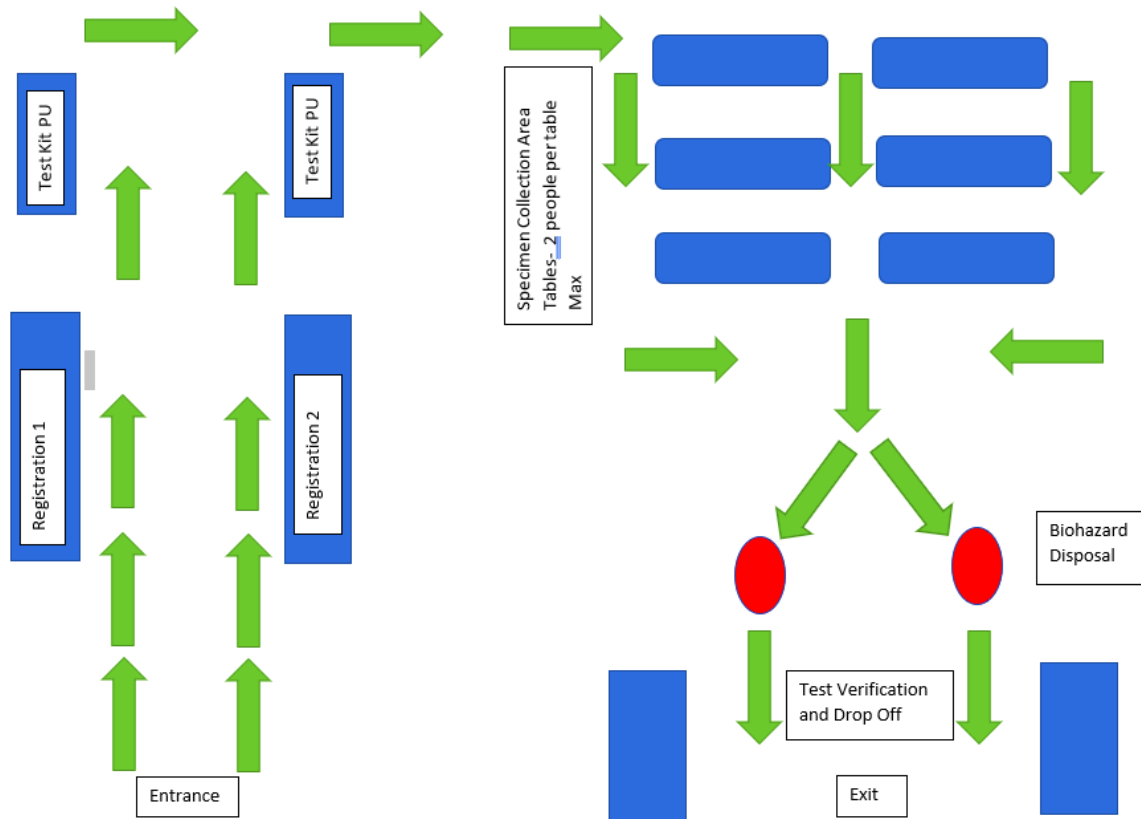- Use language line for clients where on-site interpretation is insufficient.

G. Flow Staff (10 per site)

- Assist in maintaining traffic flow at drive through sites.
- Assist in queuing of clients.

(15)

APPENDIX 2: SUGGESTED SITE LAYOUTS

Example 1: Planning—Mock Layout

Appendix A: Sample Sit up for Indoor or Outdoor Walk thru Model
(Large indoor room such as a Gymnasium or Outside Parking Lot)

Test Kit PU

Test Kit PU

Specimen Collection Area Tables- 2 people per table Max

Registration 1

Registration 2

Biohazard Disposal

Test Verification and Drop Off

Entrance

Exit

Resources Required
- 8 – 10-foot tables
- 4 – 6-foot tables
- 26 - chairs minimum
- Disinfectant and Hand sanitizer for each table
- 2 – Biohazard Collection Bins with Red Bags
- Computers and Internet access
- Registration and consent forms (paper)
- Signage

(16)

Example 2: Planning—Mock Layout
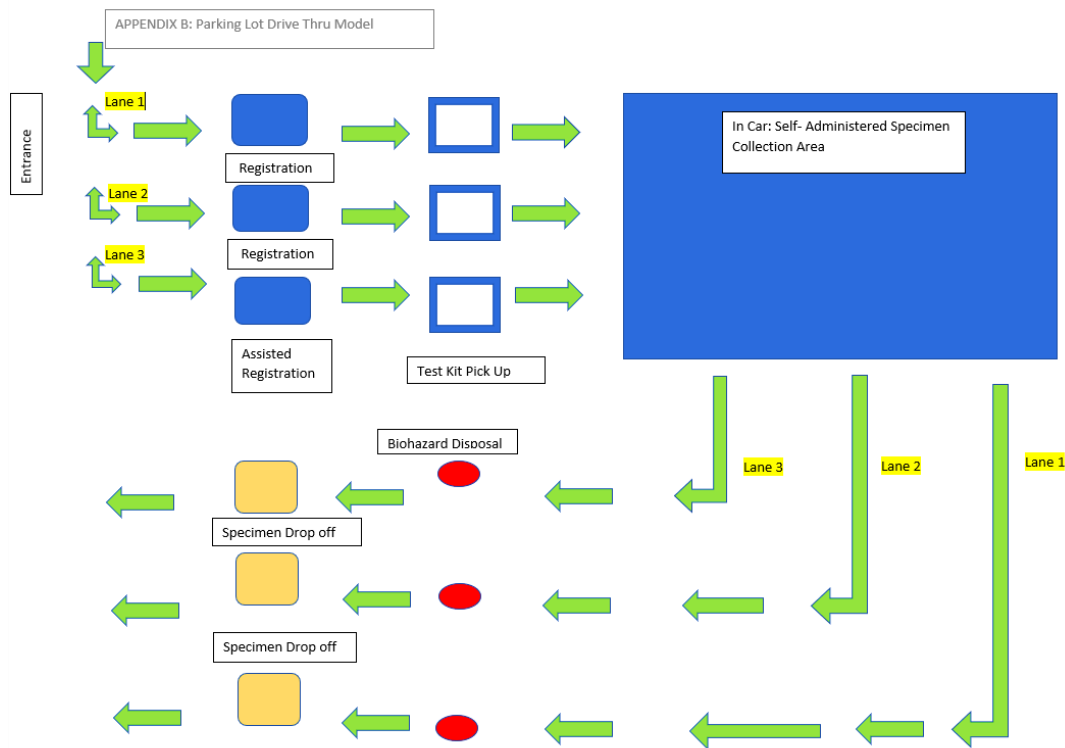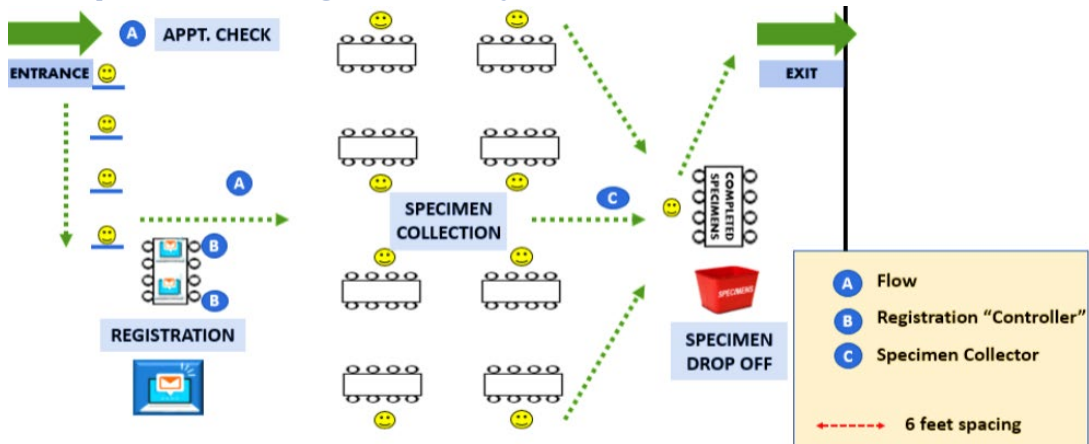
This model is scalable based on the size and testing capacity goals for the individual testing site.

Resources Required

- 9 - 12 x 12 Tents
- 9 - 6-foot tables
- 15 - chairs minimum
- Computers and Internet access
- Registration and consent forms (paper)
- 3 - Biohazard Collection Bins with Red Bags
- Directional signage

(17)

APPENDIX 3: GENERAL FAQS ABOUT TESTING

Clinic Operations

- Testing will be available to the general public and does not require a physician referral or order.
- Registration must be completed prior to test administration.
- All clinics are appointment-based to support flow control and site preparedness.
- Self-testing kits are less invasive and limit exposure to staff.
- Limited clinical staff are required at testing sites.
- Testing times and throughput vary as they are based on patient registration and the time it takes to collect the specimen.
- Tests will be paid for by a combination of insurance, for those who are insured, the State, and Montgomery County government. At County operated or supported test sites, there will be NO charge to individuals being tested.

Notes on County-run Clinical Test Site Selection

Considering Locations in Highly Impacted Areas as Need to Relocate Current Testing Sites

- Germantown Garage Drive-through location beginning on July 2020
- Amherst Garage Drive-through location beginning on July 2020
- Lake Forest Mall parking lot testing trailer beginning on July/August 2020
- DAHC testing trailer 2 sites beginning on July/August 2020
- Floating location of a unique place daily-must hold up to 400 appointments. Potential repeat testing at existing locations (e.g., Silver Spring Civic Center, Takoma Park, Wheaton Regional Library, Friendship Heights, etc.) Began June 18, 2020.

Staffing Requirement for a Single Site

STAFFING REQUIREMENTS PER LOCATION	
Site leadership: HHS-School Health and/or Project Hope staff	5 staff
Site workers: Medical Reserve Corps, Civil Air Patrol, Project Hope, County employees	20-24 staff
Human Services support staff	4-5 staff
Total per location	**30-35 staff**
x5 locations	**150-175 staff**

Staff will be recruited utilizing DHHS staff, other County employees currently unassigned, and contract staffing through local contracting agencies (e.g. nursing and administrative support). Additional staff will be recruited to bolster staffing at the call center to address increased call volume with expanded testing.

Staff Testing Requirements for Clinical Settings and Employee Testing (staff will be combined utilizing identified coordinators with the respective employer, and DHHS staff/volunteers)

- Overall: 7 to 10 staff persons

- Coordinators for on-boarding, site approval and scheduling: 2
- Pick up staff: 3 to 4
- Testing assistants: 2 to 3DAHC Warehouse staff: 1 to 2

(19)

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND
SITTING AS THE MONTGOMERY COUNTY BOARD OF HEALTH

Lead Sponsor: County Council

Subject: **Board of Health Regulation requiring enhanced testing strategy for COVID-19**

Background

1.   County Code §2-65, as amended effective August 10, 2000, provides that the County Council is, and may act as, the County Board of Health, and in that capacity may adopt any regulation which a local Board of Health is authorized to adopt under state law.

2.   Maryland Code Health-General Article §3-202(d) authorizes the County Board of Health to adopt rules and regulations regarding any nuisance or cause of disease in the County.

3.   On March 5, 2020, Lawrence Hogan, Jr., Governor of Maryland issued a proclamation declaring a state of emergency and existence of a catastrophic public health emergency due to the novel coronavirus which can cause the respiratory disease COVID-19.

4.   According to the Harvard Global Health Institute, a community that has a 3% test positivity rate or lower is suppressing the COVID-19 virus if contact tracing programs are also driving testing.

5.   **[[**Presently, Montgomery County's test positivity rate is about 5%, as published on our dashboard. While this is an improvement from earlier in the year, it is not where it must be to suppress the virus.

6.**]]**   The Montgomery County Department of Health and Human Services reported that the positivity rate is much higher for certain demographic groups**[[**, including 70% for Hispanics in the County's top ten most impacted zip codes. A 70% positivity rate represents a severe crisis that must be addressed with the greatest urgency and resources**]]** <u>The Department reported that Hispanics made up approximately 70% of the new positive cases in June</u>.

- 1 -

[[7]] 6. Testing levels in Montgomery County continue to be inadequate and many residents have reported difficulty obtaining tests, lack of response when contacting the County to schedule tests, delayed turnaround in tests, lack of clarity about who should be tested, and other problems.

[[8]] 7. The COVID-19 virus is nearly uncontrolled in many locations outside of Maryland. A strong possibility exists that cases will rise back to levels that previously necessitated stay at home orders.

[[9]] 8. To prevent infections, avoid new stay home orders, and continue operating key services such as schools and childcare, the County must aggressively conduct testing, tracing and isolating/quarantine operations, in addition to sustained use of facial coverings, distancing, and shifting activity outdoors as much as possible.

[[10]] 9. The Council has appropriated more than $20 million of the $183 million in Federal CARES Act funding for our testing program, an amount that could be too little for such an essential priority. Yet as of today, the County has only spent about $1 million of these funds on testing.

[[11]] 10. Montgomery County must improve its testing, tracing and isolating operations.

[[12]] 11. Rule 4(d) of the Council's Rules of Procedure provide that before the Board of Health adopts a regulation, the Council President must advertise a public hearing in a newspaper circulated throughout the County at least 15 days before the hearing and notify the governing body or chief executive officer of each municipality in the County at least 15 days before the hearing. Rule 4(d) allows the President to waive these notice provisions if a public health emergency requires immediate action. The Council President has waived these notice requirements because of the public health emergency caused by COVID-19.

[[13]] 12. The County Council, sitting as the Board of Health, finds after hearing the testimony and other evidence in the record of the public hearing concerning the need to enhance the County's testing, tracing, and isolating operations requires emergency action.

<u>Action</u>

The County Council for Montgomery County, Maryland, sitting as the County Board of Health, approves the following regulation:

1.   The County Executive must immediately implement a comprehensive strategy for "**[[**free**]]** <u>no out-of-pocket cost</u>, no appointment, no referral, walk-up testing," at sites available county wide.

2.   The Executive must first implement this enhanced testing in locations within walking distance of targeted communities experiencing higher transmission or at risk of higher transmission.

3.   **[[**Fire station sites should be a priority consideration as they are well known by the community and they are staffed by EMS personnel.

4.   Examples of other potential locations include religious institutions and libraries**]]** <u>Priority consideration should be given to known and trusted County facilities such as libraries and fire stations as well as religious organization facilities</u>.

[[5]] <u>4</u>. As soon as possible, <u>locations in </u>the 10 most impacted zip codes should **[[**host 10 test sites**]]** <u>be a priority, and these test sites should be</u> available at least 8 hours per day, at least 5 days per week, <u>possibly</u> within walking distance of known hot spots.

[[6]] <u>5</u>. The Executive should include a plan to operate **[[**35**]]** <u>the number of</u> test sites **[[**(approximating the number of fire stations in the County, which are distributed according to population) at least 8 hours per day, at least 5 days per week by July 28, 2020**]]** <u>necessary to conduct at least 20,000 tests each week</u>.

[[7.   Existing test sites in Wheaton, Germantown and White Oak should continue to operate at their current schedule until at least 35 additional sites are operating at least 8 hours per day, at least 5 days per week.**]]**

[[8]] <u>6</u>. Test sites must test all people identified in the latest CDC testing guidance. **[[**For some sites, symptomatic cases may be referred to alternative test sites operated by the County.**]]**

[[9]] <u>7</u>. Tests must be provided to patients with no out-of-pocket expense.

[[10]] <u>8</u>.   Contractual staff support should be added as necessary to provide the testing sites called for in this public health regulation and to implement the digital and communications strategies necessary to implement the plan.

[[11]] <u>9</u>.   Scheduling for tests should be available online in mobile friendly technology; the scheduling site should also provide current turn-around times for different testing services (public and private).

[[12]] 10. A consumer friendly print and web guide to testing (public and private) should be published and distributed by the Department of Health and Human Services (DHHS) no later than July 28.

[[13]] 11. Additional pop-up test facilities should target specific residential communities and demographic groups in hardest hit zip codes.

[[14]] 12. Aggressive County communications campaigns, including paid advertising, must be implemented to urge testing according to CDC guidance.

[[15]] 13. A weekly report on testing must be provided by DHHS on the County website starting immediately, showing how many tests have been conducted at various County sites, the turnaround time for tests at all public and private sites, and other key health measures.

[[16]] 14. The Executive must submit a full and detailed COVID-19 response plan, including testing and contact tracing strategy for schools, employers/employees in various sectors, and vulnerable communities to the Council by July 28. This plan must detail the relationship between testing, tracing, and isolating.

15. The Executive must analyze each part of the plan from a health equity lens to ensure the critical infrastructure and the necessary capacity is in place to successfully provide quality and equitable health services to our diverse communities in a linguistically and culturally responsive manner.

This is a correct copy of Council action.

_____
Selena Mendy Singleton, Esq., Clerk of the Council

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND
SITTING AS THE MONTGOMERY COUNTY BOARD OF HEALTH

Lead Sponsor: County Council

Subject: **Board of Health Regulation requiring enhanced testing strategy for COVID-19**

Background

1.   County Code §2-65, as amended effective August 10, 2000, provides that the County Council is, and may act as, the County Board of Health, and in that capacity may adopt any regulation which a local Board of Health is authorized to adopt under state law.

2.   Maryland Code Health-General Article §3-202(d) authorizes the County Board of Health to adopt rules and regulations regarding any nuisance or cause of disease in the County.

3.   On March 5, 2020, Lawrence Hogan, Jr., Governor of Maryland issued a proclamation declaring a state of emergency and existence of a catastrophic public health emergency due to the novel coronavirus which can cause the respiratory disease COVID-19.

4.   According to the Harvard Global Health Institute, a community that has a 3% test positivity rate or lower is suppressing the COVID-19 virus if contact tracing programs are also driving testing.

5.   The Montgomery County Department of Health and Human Services reported that the positivity rate is much higher for certain demographic groups The Department reported that Hispanics made up approximately 70% of the new positive cases in June.

6.   Testing levels in Montgomery County continue to be inadequate and many residents have reported difficulty obtaining tests, lack of response when contacting the County to schedule tests, delayed turnaround in tests, lack of clarity about who should be tested, and other problems.

7. The COVID-19 virus is nearly uncontrolled in many locations outside of Maryland. A strong possibility exists that cases will rise back to levels that previously necessitated stay at home orders.

8. To prevent infections, avoid new stay home orders, and continue operating key services such as schools and childcare, the County must aggressively conduct testing, tracing and isolating/quarantine operations, in addition to sustained use of facial coverings, distancing, and shifting activity outdoors as much as possible.

9. The Council has appropriated more than $20 million of the $183 million in Federal CARES Act funding for our testing program, an amount that could be too little for such an essential priority. Yet as of today, the County has only spent about $1 million of these funds on testing.

10. Montgomery County must improve its testing, tracing and isolating operations.

11. Rule 4(d) of the Council's Rules of Procedure provide that before the Board of Health adopts a regulation, the Council President must advertise a public hearing in a newspaper circulated throughout the County at least 15 days before the hearing and notify the governing body or chief executive officer of each municipality in the County at least 15 days before the hearing. Rule 4(d) allows the President to waive these notice provisions if a public health emergency requires immediate action. The Council President has waived these notice requirements because of the public health emergency caused by COVID-19.

12. The County Council, sitting as the Board of Health, finds after hearing the testimony and other evidence in the record of the public hearing concerning the need to enhance the County's testing, tracing, and isolating operations requires emergency action.

Action

The County Council for Montgomery County, Maryland, sitting as the County Board of Health, approves the following regulation:

- 2 -

1.	The County Executive must immediately implement a comprehensive strategy for no out-of-pocket cost, no appointment, no referral, walk-up testing," at sites available county wide.

2.	The Executive must first implement this enhanced testing in locations within walking distance of targeted communities experiencing higher transmission or at risk of higher transmission.

3.	Priority consideration should be given to known and trusted County facilities such as libraries and fire stations as well as religious organization facilities.

4.	As soon as possible, locations in the 10 most impacted zip codes should be a priority, and these test sites should be available at least 8 hours per day, at least 5 days per week, possibly within walking distance of known hot spots.

5.	The Executive should include a plan to operate the number of test sites necessary to conduct at least 20,000 tests each week.

6.	Test sites must test all people identified in the latest CDC testing guidance.

7.	Tests must be provided to patients with no out-of-pocket expense.

8.	Contractual staff support should be added as necessary to provide the testing sites called for in this public health regulation and to implement the digital and communications strategies necessary to implement the plan.

9.	Scheduling for tests should be available online in mobile friendly technology; the scheduling site should also provide current turn-around times for different testing services (public and private).

10.	A consumer friendly print and web guide to testing (public and private) should be published and distributed by the Department of Health and Human Services (DHHS) no later than July 28.

11.	Additional pop-up test facilities should target specific residential communities and demographic groups in hardest hit zip codes.

12.	Aggressive County communications campaigns, including paid advertising, must be implemented to urge testing according to CDC guidance.

13.	A weekly report on testing must be provided by DHHS on the County website starting immediately, showing how many tests have been conducted at various County sites, the turnaround time for tests at all public and private sites, and other key health measures.

14.	The Executive must submit a full and detailed COVID-19 response plan, including testing and contact tracing strategy for schools, employers/employees in various sectors, and vulnerable communities to the Council by July 28. This plan must detail the relationship between testing, tracing, and isolating.

15.	The Executive must analyze each part of the plan from a health equity lens to ensure the critical infrastructure and the necessary capacity is in place to successfully

provide quality and equitable health services to our diverse communities in a linguistically and culturally responsive manner.

This is a correct copy of Council action.

_____
Selena Mendy Singleton, Esq., Clerk of the Council

MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

COUNCILMEMBER NANCY NAVARRO
DISTRICT 4

CHAIR, GOVERNMENT OPERATIONS AND
FISCAL POLICY COMMITTEE

EDUCATION AND CULTURE COMMITTEE

MEMORANDUM

July 13, 2020

TO: Councilmembers

FROM: Nancy Navarro, Councilmember

SUBJECT: Proposed Amendments to Resolution to adopt a Board of Health Regulation requiring enhanced testing for COVID-19

The evening of Monday, July 13th, Mr. Andrew Kleine, the Chief Administrative Officer to County Executive Elrich, shared with the Council the County's "*COVID-19 Testing and Human Services Support Plan.*" On Tuesday July, 14th, the Council will be introducing the resolution to adopt this plan as a Board of Health Regulation, which requires the Executive to immediately implement a comprehensive strategy for testing, as requested during our different Council discussions, as well as in writing by Councilmembers Gabe Albornoz and Hans Riemer in their July 7th letter to the County Executive.

Additionally, I am proposing the following amendment consistent with our Racial Equity and Social Justice Act and Resolution declaring Racism a Public Health Crisis, to mandate that each of the provisions making up this Board of Health regulation must be analyzed from a health equity lens to advance culturally and linguistically appropriate services to our majority-people of color constituency:

    a. **<u>17) Each provision must be analyzed from a health equity lens to ensure the critical infrastructure and the necessary capacity is in place to successfully provide quality and equitable health services to our diverse communities in a linguistically and culturally responsive manner.</u>**

STELLA B. WERNER COUNCIL OFFICE BUILDING • ROCKVILLE, MARYLAND 20850
(240) 777-7968 • TTY (240) 777-7914
COUNCILMEMBER.NAVARRO@MONTGOMERYCOUNTYMD.GOV • WWW.COUNCILMEMBERNAVARRO.COM

(28)

In the coming days, Councilmember Albornoz and I will be sharing additional details regarding a more comprehensive Initiative titled *"Por Nuestra Salud y Bienestar* (For Our Health and Benefit)" that is targeted towards tackling the disproportionate impact COVID-19 is having in the County's Latino and immigrant community. I believe this Board of Health resolution will provide the appropriate macro strategy, while *"Por Nuestra Salud y Bienestar"* lays out a detailed and comprehensive community-driven plan that will be led by the Latino Health Initiative. Lastly, this Initiative could serve as a template that can be adapted to the needs of the African American community as they also similarly face issues of disproportionality, this way we are ensuring that we are adequately serving our most vulnerable populations.

cc:
Councilmembers
Dr. Raymond Crowel, Director, Montgomery County DHHS
Dr. Travis Gayles, Public Health Officer
Marlene Michaelson, Council's Executive Director
Bob Drummer, Legislative Attorney
Linda McMillian, Legislative Analyst

STELLA B. WERNER COUNCIL OFFICE BUILDING • ROCKVILLE, MARYLAND 20850
(240) 777-7968 • TTY (240) 777-7914
COUNCILMEMBER.NAVARRO@MONTGOMERYCOUNTYMD.GOV • WWW.COUNCILMEMBERNAVARRO.COM

(29)