



**Williamson County and Cities Health District
Emergency Board of Health Meeting
Via Video/Telephone Conference Call
Monday, April 16, 2020, 6:30p.m.
Round Rock Public Health Center
Scott D. Evans Conference Room
355 Texas Ave., Round Rock, TX 78664**

The meeting was called to order at 6:31 p.m. by Board of Health Chair Marlene McMichael

SPECIAL SESSION

1) Roll call was taken

Present: Chair Marlene McMichael (Williamson County), Secretary Mary Faith Sterk (Georgetown), Vice Chair Ed Strout (Cedar Park), Cynthia Flores (Round Rock), Derrick Neal (WCCHD) Joanne Land (Williamson County), Joan Maxfield (Taylor)

Absent: Terrence Owens (Hutto)

Staff members and visitors present: Richard Hamala, Justine Price, Cindy Botts, Ivah Sorber, Michelle Broddrick, Karina Mendoza

2) COVID-19 Board Objectives

Ms. McMichael started the meeting by stating how proud she was of the District staff for all of the work they've done and for keeping everyone up to date. She explained that approximately a month into the crisis, the Board has gotten several calls from Commissioners and City representatives regarding the need for the Cities to be more involved in the information-sharing. Ms. McMichael stated that all public officials are feeling the strain of the crisis and patience is starting to wear thin and in order to assist District staff, who she believes is doing everything they can to manage this crisis, it is clear that the Board must be more proactive in advocating for and giving available answers to the Mayors and Commissioners that reach out from their respective Cities. Ms. McMichael explained that this need was the reason she asked District staff to call the meeting.

No action requested – information only

3) Update on COVID-19 Response (case numbers, trending, planning/ops efforts)

Mr. Neal stated how proud he was to work at a world class health district, where the staff bring excellence to all they do. He also thanked Ms. McMichael for her leadership and her unwavering support of staff, who are working seven days per week on COVID-response. It doesn't go unnoticed. Mr. Neal began with a statement explaining that in a pandemic, from a scientific standpoint, the virus dictates as to when to safely reopen the County- that is WCCHD's official position. Anything short of that is jeopardizing the health of the citizens, but the Health District's responsibility in this area is making recommendations, not policy. Mr. Neal also thanked Dr. Palazzo and Ms. Price for their leadership, because while this has been an epidemiological-driven response, with the Epidemiology and Emergency Preparedness Division Director, Nicole Evert, acting as Incident Commander of WCCHD's Incident Command Structure, it has not been without its challenges in coordinating with the County's Emergency Operations Center.

Ms. Price then discussed the fact that WCCHD has had similar challenges to other local Health Districts in that there is a lot that is unknown about the virus, in addition to historical shortages in the Emergency Preparedness department, and yet the WCCHD team has worked together tirelessly to protect and promote the health of people in Williamson County. There was a strategy from the beginning of the response, which included looking at observational data, both within the United States and across the world. WCCHD, now a month into receiving cases, has begun to smooth out the processes and are now focusing on ramping up planning efforts. As part of the effort to rise to the challenge of coordination with the County, who are running a separate Emergency Operations Center, more of the operational elements have now been shifted to the Health District for a more unified Command. Ms. Price explained that the County was continuing to see a growth in cases, including the largest daily case count increase thus far. She explained that we are expecting to continue to see growth and emphasized that as the County begins to reopen, it is important to continue to be vigilant in the response as no one knows where the epidemiological curve will go. Ms. Price further explained that what we do know from observing many other jurisdictions nationally and internationally, that the curve tends to follow a characteristic pattern of slow ramp up of linear growth and then an explosive exponential growth. Fortunately, WCCHD was able to plan early and focus on the vulnerable populations, such as the long-term care facilities and

health care environments, in order to get the pieces in place to be ready to respond if and when a surge in cases occurred. Currently, we have the pieces in place, we have strong partnerships and are looking to shore up gaps in response if a large increase in cases occurs quickly, including places for people to self-isolate who can't do so at home and standing up community-based testing. Ms. Price also informed the Board that she and Ms. Botts were working on a Board briefing document to give additional information on WCCHD's response to COVID-19, including strategies, scope of operations, epidemiological and financial data.

Mr. Neal added that Ms. Martinez and Ms. Sorber, District staff, are integrated into the County's EOC as Liaisons, and he is extremely excited to see his leaders' growth- they have both done a tremendous job in bringing credibility to the Health District. Many of the City and County partners saw the Health District as an enigma and did not understand the purpose or scope of responsibility of WCCHD prior to this event. He wanted to commend them and acknowledge them before the Board. Ms. Price echoed those thoughts. Ms. McMichael stated that Mr. Neal has had a plan to provide his leadership staff deliberately with frontline emergency management experience, rather than "being the face entirely himself". This is not something that Ms. McMichael has seen from other Executive Directors in other organizations and she is pleased Mr. Neal is taking this tact, as she believes the more you broaden the experience of the individuals, the stronger the organization is.

Ms. Flores asked about community-based testing. She requested a summary of the history of the testing in Williamson County and asked how Health District-specific community testing would be different than other testing facilities, such as Walgreens. Ms. Price confirmed that the testing, up until now, has mostly been done by private providers. The hospitals are testing on and off, as supplies allow. These were initially all processed through the public health labs and then onto the private and commercial labs. The amount of available testing has expanded, but not enough for the County. WCCHD staff has been liaising with the hospitals to get additional testing information, but there is no legal obligation for private providers to provide their testing information to the Health District, only for positive cases (and other notifiable diseases), so it's been a challenge to get the overall testing picture. What the District is seeing though, is that even the larger hospitals aren't doing a lot of tests. For a County of approximately 560,000 individuals, testing numbers should be occurring in the thousands or hundreds of thousands, not the hundreds, like Staff is currently seeing. Ms. Price expanded that part of the challenge is in having a test that is vetted and proven to be accurate. Dr. Palazzo and the other Health Authorities for Williamson County are researching the accuracy of other testing methods, including rapid and antibody tests, but right now, the swab test is still primarily being used. The planning section for WCCHD is currently working on an option of partnering with another agency, such as Sacred Heart or Lone Star Circle of Care, where WCCD could acquire test kits, under the provider's name, which would allow them to do the review and notification procedures and WCCHD to do the screening and the public health element of routing those people to the provider. Another option might be to assist those partners on the logical side by providing MRC volunteers or staff who could assist in standing up a Point of Testing (POT) site. Ms. Flores asked about the 500 kits that Judge Gravel stated the County was purchasing, as an ongoing expense. Ms. Price responded that those test kits have been allocated to the Health District specifically for performing testing for first responders, long-term care facilities, health care and Health District personnel. These individuals would still need to meet the screening requirements to be tested, but they could not be utilized for the general public. Ms. Martinez explained that WCCHD currently has approximately 2,500 tests and has currently used approximately 15-30 of them thus far. They were purchased under Dr. Palazzo's name, which requires her to review and provide notification of results to any individuals tested, even if those tests were given to another entity to provide the testing, which would add additional work in coordinating those results. Ms. Price also stated that we would look for additional funding through St. David's Foundation or other COVID-specific funding to pay for the tests that would be purchased under the licensure of any partners we might have, rather than under Dr. Palazzo's. Additionally, she clarified that the funding would not come from our regular operational budget.

Ms. Flores asked how many WCCHD staff are currently a part of the COVID response. Ms. Price stated that she didn't have those numbers immediately, but would be happy to provide them to the Board the following morning. Mr. Neal added that in terms of staff overtime costs and other expenses that are purchased as a part of the response, based on his experience, FEMA reimbursement will likely cover some of the regular funding mechanisms by which the employees are paid. Due to the fact that many of the Health District's staff are paid from grants, there may be some challenges and negotiations with the State and Federal government, but because this response will go on for quite some time, those entities will be aware of the shifting of duties. There was some additional discussion on schedules in relation to staff overtime and response requirements. Ms. Price stated that the largest expense for the response was overtime at a current total of \$26,617. All of these costs should be reimbursable under the 25/75 split for Federal dollars or money that would be absorbed under grant funding that would need to be spent down. Ms. Sorber added that approximately 60 WCCHD staff members, including 7 temporary employees, are participating in the response.

No action requested – information only

4) Funding update (Response expenditures)

Ms. Price stated that in addition to the overtime costs, Response-related costs are very minimal. Approximately \$1,583 in supplies, most of which the District would purchase as part of the cost of its normal course of business, including personal protective equipment,

thermometer probe covers, steno pads, mileage reimbursement and language line translation services. The County has also been about to support WCCHD with elements that the District might otherwise have had to expense, including computers and hotspots that are on loan to the District from Williamson County IT department. Ms. Price stated that Ms. Broddrick had spoken to Julie Kiley, of the County's Auditor's Office, and was able to confirm that there were few, if any, expenses that the County expensed on behalf of the District, that would be charged back to the District later as an unanticipated expense. Ms. Flores asked if the Situational Report given to the Board prior to the meeting includes details that would be included in the possible response expenditures. Ms. Botts explained that the purpose of the Situational Report was to give the Board additional background information on the response elements WCCHD staff was working on and that future and past reports would be included as part of the Board Sharepoint site. Ms. Price also explained that monitors, which were being researched for cost by the Logistics section, in the event they are needed for remote work, would be included in the supplies costs and brought back to the Board for approval.

Ms. Price discussed a new funding stream for COVID-response that the Health District will have access to from the State. This additional funding is through the PHEP Crisis CoAg and is an allocation through the existing contract in the amount of approximately \$330,000, which was then expanded tentatively to approximately \$660,000, awaiting final approval from the additional submitted documentation. This amount will be utilized to absorb the costs of additional staff doing epidemiological and preparedness work, which is what the original PHEP Crisis CoAg grant covers. If approved by the grant, the additional funding could be used for supplies, including PPE and functional, table-top exercises, after the COVID-response, with WCCHD partners to work on planning efforts for future events. Ms. Price reiterated that Staff was hoping to receive the contract soon and provide it and the accompanying summary budget amendment to the Board of Health for formal approval at an upcoming meeting. Mr. Neal clarified that this additional funding initially came from the Federal Government and was routed through the State of Texas for dispersal through the PHEP grant.

5) Data requests and City needs (Types of info requested, HIPAA discussion)

Ms. Price explained that the reason for this item was to inform the Board of Health as to the types of information requests that were coming to the Health District. She detailed that the Health District works with all of its City and County partners, including the smaller jurisdictions that are part of the County, in informing them of the status of cases in the County as a whole, as well as their individual jurisdictions. She also mentioned that the District has spent significant time with its legal counsel, Mr. Hamala, discussing the legal ramifications of HIPAA and the types of information the District was allowed to disclose with its partners, even those who are not Member Cities of the Health District. Ms. Price detailed that there has been much discussion on HIPAA requirements given all of the requests for additional and additionally nuanced information to the public. Ms. Price stated that the District has increased the amount of information provided to City Officials for their use, but the Health District does have a lot of limitations on what can be released under HIPAA. Ms. Price explained that there is a lot of liability under HIPAA requirements, including the fact that adherence to it is tied back to much of the Health District's funding. The Health District has been very careful to take a strict interpretation of the District's obligations under HIPAA, particularly in regard to identifiable data in jurisdictions under 20,000. Ms. McMichael clarified that the reports stating For Official Use Only (FOUO) contain this type of data and while the Health District cannot share it with the public, they do share it with City officials. Ms. Price also explained the cadence of the regular conference calls with the Health District's City and County partners and detailed how Ms. Botts' new role as Cities Liaison allowed for an additional avenue for interaction with City and County Officials.

Ms. Flores asked which entity, as part of the COVID response, is responsible for working with the local hospitals to determine the number of available beds, ICU beds and ventilators. Ms. Price explained that she would be able to provide the available bed information to Ms. Flores at any time, but that this information is self-reported by hospitals into a system called EM Resource, which the District can access and pull information from. The reports are based on the CATRAC system and because the information is self-reported, sometimes the numbers lag or are not accurate. As part of the Williamson County COVID-response, the WCCHD Operation and Planning Chiefs, Kelli Beccera and Melissa Tung, are the individuals working on pulling those reports twice a week. Due to the self-reporting nature of the system, the reports provide a "pulse" of the hospital capacity, but are not always exact. Ms. Flores stated that the purpose of closing down the County was to preserve the hospital capacity, but without accurate numbers, how can the capacity be measured for re-opening? Ms. Flores asked that the hospital reports be sent to the Board so that they could be advocates in addressing the hospital capacity questions as the County starts to re-open. Ms. Price agreed that staff could provide those reports to the Board regularly and that maintaining adequate hospital capacity was an important piece in reviewing the impact of COVID upon the County. She explained that the value in "flattening the curve" was to keep the cases low enough to maintain the healthcare infrastructure. Currently, the hospital numbers are fine, but that the Health District is concerned that with a surge of cases in Austin and Williamson County, a wave of hospitalizations could come upon the County too late-when it is already upon us, given that the testing is so poor and there is a significant lag time in the testing.

Ms. McMichael asked that Staff also provide the COVID-response ICS organizational chart to the Board for additional information on the District's response elements. Ms. McMichael also clarified that because the County shut down early in the epidemiological curve, when only a few cases had occurred, it allowed the curve to flatten, but it also elongates the curve and the associated closing of businesses. This, in turn, has a longer effect on the economy of the local area, but saves lives. Ms. McMichael explained that because this is a decision that must be balanced, the Commissioner's Court is beginning to try to determine where that balance is. Mr. Neal added that when Austin closed its restaurants, but Williamson County had not yet, Williamson County saw a mini-surge. He felt that even though the general ideologies may be different between the Counties, our efforts need to be complementary because Travis residents will cross the County line if we begin to open, which will put Williamson County residents at risk. Mr. Neal continued that he believed there was a safe path to reopen, but that the virus would dictate when the County should reopen. His fear is that if the County was reopened too quickly, "we wouldn't be able to close

the barn doors”. At that point, it would be too large of a problem for public health and the hospital system.

6) Crisis CoAg Grant Pre-Approval

This item was skipped, as it was an informational item only and was covered in Item 4.

No action requested – information only

7) WCCHD activities (Non-response, remote work)

Ms. Price explained that while it hadn’t happened yet, Staff was expecting an increase in social services, including medical care and housing, as a result of the pandemic and the associated closing of the local economy. WIC services, likewise, are expecting an increase in participation and have moved to mobile delivery and drive-through services, both of which have been going well. Staff is adapting to the challenges of living in a pandemic well. To combat issues associated with social isolation and remote work, Staff has been utilizing Microsoft TEAMS as a means of communication and morale. There are daily briefings and regular interactions in order to maintain cohesion and teamwork. Ms. Martinez added that in Clinical Services, the Tuberculosis team was still treating both active and latent cases, but doing it via a tele-health/remote option, with the hope that the tele-health option could be expanded to sexually transmitted infection (STI) patients as well.

8) Upcoming items (BOH Briefing document, City liaising)

Ms. McMichael explained that she initially requested the Board briefing document from Staff in order to assist the Board in being a conduit of information from the Health District into their specific communities, and with their specific elected officials. If there are questions from the elected officials that individual Board members may not know the answer to, she asked the Board to connect with the Cities Liaison, Ms. Botts, for those answers.

Ms. Flores asked, in relation to reopening of restaurants, what the inspection requirements would be, given that the County has been closed for several months. Mr. Neal explained that he had recently had the same question from Judge Gravell. The Health District’s Environmental Services Director, Lori Murphy, would be sitting on a committee with several business leaders to address this issue and ensure that there are no hardships on business while maintaining the importance of public health.

Ms. Maxfield asked for clarification on the plan for using the existing test kits, purchased by the County, as residents in the Taylor area are having difficulty getting tested. Ms. Price stated that the current plan for the approximately 2,400 test kits was for testing long-term care facilities, first responders and other “high priority” individuals. If there is an opportunity to expand testing, the Health District could certainly consider it, but it would be dependent upon Dr. Palazzo’s decision as the Local Health Authority and her ability to follow up with those tested. She is currently limiting it to those screened as a priority. Ms. Maxfield then asked where the Health District recommends contacts to confirmed cases get tested. Ms. Price explained that the recommendations have changed over the course of the response. Currently, if the patient has medical insurance, the insurance will dictate where testing takes place. If the patient does not, there are several places that could be recommended. Unfortunately, because test kits have been in such short supply, the availability of testing at a particular site on a particular day fluctuates. Ms. Martinez added that the test kits currently in stock were purchased by the County, with the assumption that it would be reimbursed by insurance, but WCCHD isn’t credentialed for insurance. There are many additional items on the backend that need to be addressed prior to setting up a testing site. Mr. Neal added the need for holistic testing in Williamson County- both viral and anti-body testing in a robust manner.

9) Adjourn.

Board Chair McMichael adjourned the meeting at 7:52 p.m.



Recorded by: _____
Cindy Botts, Executive Assistant

Reviewed by: Minutes approved on July 2, 2020, as part of the Consent Calendar. To be signed at a later date.
Mary Faith Sterk, Secretary