



**Williamson County and Cities Health District
Emergency Board of Health Meeting
Via Video/Telephone Conference Call
Monday, April 30, 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 6:32 p.m. by Board of Health Chair Marlene McMichael

SPECIAL SESSION

1) Roll call was taken

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

Absent: Terrence Owens (Hutto), Joan Maxfield (Taylor)

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

2) Update and Brief on COVID-19 Response

Mr. Neal started the brief with a statement that Williamson County is entering approximately week six of the COVID response and that has meant a drawdown from the huge Emergency Operations Center set-up to a more centralized public health response. This leads to a more strategic approach, when driven by the Health District. Williamson County is now entering the most stringent phase of the epidemiological curve, which requires a greater epi focused response. Mr. Neal clarified that Ms. Price will act as Incident Commander for the month of May and he will be Incident Commander for the month of June. This will allow District Leadership to have a more concentrated response. District Leadership's concern is that with the increasing outbreaks in nursing homes, that Health District staff's capacity for surveillance and proper investigation for these cases will be limited. Mr. Neal commented that WCCHD is beginning to bring the Member Cities into the response in their respective Cities, particularly in the nursing home and assisted living facilities, which is believed to be the next "hot bed" of cluster outbreaks. Ms. Flores noted that she wasn't able to hear all of Mr. Neal's statement due to a lot of static and cutting in and out of his voice. Ms. McMichael requested that he summarize his statement for the Board and allow the Board to ask questions to clarify what was said. Mr. Neal agreed and stated that he believed that Williamson County was at least in week five or six of the response. Over that time, there was a centralized response for the County at the Wilco Emergency Operations Center. That has shifted to a more centralized Health District response, in terms of staffing and disbursement to the public health building on 355 Texas Avenue. There will now be a more public health focused and public health driven response moving forward. WCCHD will still be reliant on the Member Cities and County to assist when needed. Both have been actively involved in the nursing home clusters. The immediate concern right now is the nursing home because they are the most vulnerable population in Williamson County and WCCHD wants to make sure it can stay ahead of that as best as it can. Most of the District's response efforts are balanced right now between the nursing home clusters and the County opening back up tomorrow. The Member Cities, in particular, will be especially involved in the nursing home clusters because District staff simply does not have the capacity to manage that element of the response in entirety. Ms. McMichael informed the Board that as the response has progressed, the Health District has adapted protocols and information to meet the needs of Member Cities. It's been an evolving, learning and collaborative experience that she is very proud of.

Ms. Price thanked the Board for their continued support and mentioned that this was an interesting juxtaposition. On one had people are talking about standing the County back up, and on the other the Health District, on the epidemiological side, is seeing a lot of growth. Jay Rimel, the District's Operations Chief for the COVID response came into the meeting. Ms. Price introduced him and after confirming that there were no immediate response needs for her to address, explained to the Board that the Long-Term Care Facility Strike Team was currently at a facility assessing and testing a cluster. Ms. Price continued on with her original statement that the Health District was seeing a lot of growth in cases, including multiple clusters in Long-Term Care Facilities, growth in hospitalization and recent deaths. While the County is discussing shifting resources from the response to be able to stand the County back up again, WCCHD is at a point in time when those resources are needed now, more than ever. The Health District stood up a Community Based Testing Site today and were able to test 44 individuals. WCCHD is hoping to test at least 45 people a day, every day. Those same staff are pulling "double-duty" with Planning and Operations efforts. A team of 20 additional volunteers are now helping with contact tracing, including Leander ISD nurses, Wilco Constables and temporary help through existing grant mechanisms. These additional team members to assist with the surge we are seeing will only grow as testing increases because there will be more confirmed cases. For each confirmed case, the average number of contacts is approximately 25-30 people. Currently there are about 300 cases and with those 25-30 contacts per case, a scale of what the Health District is currently dealing with can easily be seen. The ramping up of that scale will only increase and there are staff at the Health District that have been doing this work for months and are exhausted. The Long-Term Care Facility Strike Team currently consists of 13 trained individuals, with

a hope to have 20 soon. Unfortunately, every time the Team goes out to do mass testing, in addition to following up with all of the other Long-Term Care Facilities, we are burning through the same people, PPE and test kits. There are a lot of moving parts right now and it is vital to keep a good handle on all of them because they are critical for informing the re-opening and integration components of our partners. We cannot successfully reopen businesses in the County if we don't have a good grasp of testing, a strong surveillance system and some way to control the spread of the disease as we go. Ms. Price stated that these are the types of things that WCCHD staff is managing, in addition to taking on additional duties that the County was initially handling, such as logistical efforts to assist the nursing homes in calculating their data and PPE needs and make requests for additional amounts on their behalf and managing a Community Testing Site. This is also in addition to the services the Health District has needed to continue providing, including WIC, Environmental Health and Program Eligibility and Social Services. Our focus right now is on the Contact Tracing and Testing, as well as continuing to work with our partners. Ms. Price referenced Mr. Neal's statement on working with City partners, and clarified that this also includes data requests, of which Ms. Botts' role as Cities Liaison has been crucial in helping to manage. WCCHD has also focused on getting localized City people trained so that they are able to respond to needs in their jurisdictional areas, which provides investment in the outcome and the City Staff are excited about the opportunity. Quite a few of these individuals have been involved in the Long-Term Care Facility assessments. Ms. Price detailed that all of the situational reports, documents that WCCHD is using to inform their decision making, all of those items will be available in the Board Sharepoint. Much of the procedures and processes have needed to be drafted or updated, on the fly, while scaling up response elements and shifting them to a remote work element, which is unprecedented. Ms. Price said how proud she was of the WCCHD team. She added that the MRC (Medical Reserve Corp) is another element that has grown significantly, now up to 153 volunteers working at the Call Center, Contract Tracing and Testing sites. Ms. Price gave a "shout out" to Tim St. Peter and Jim McKay who have been phenomenal in getting the MRC spun up and feeding those folks into the Planning and Operations sections so that they can be appropriately utilized. At Ms. McMichael's request, Ms. Price detailed the MRC program, which is a stringent and structured program for volunteers, who go through HIPAA and DSHS training to ensure they are able to deal with sensitive information.

Ms. McMichael added that things relating to the response were largely driven by the County and one of the things that Mr. Neal kept repeating to the Judge was that this would be an Epi-driven response, in other words, the Health District would look at the data and the epidemiology and that would drive how the District would respond. Ms. McMichael stated that Mr. Neal took a lot of "flack" from various elected officials for that because they didn't understand what that meant or how that would play out. What is happening now is that the County is settling into the fact that following the data is what needs to happen. Right now, the primary concern is Long-Term Care Facilities because when an outbreak occurs it has the potential to run rampant. When that happens, it initiates a huge effort for the Health District to manage. While the County is beginning to breathe a sigh of relief because without the LTCFs, the numbers are very low, when they are added back in, with a potential for more, that falls upon the Health District. Ms. Price added that last week the Health District identified an outbreak and quickly spun up the resources, including 20 staff members to do the testing, which took hours. Staff didn't leave for the night until almost 1:00AM. All the tests need fully filled out requisition forms with patient information and room numbers. There are also unintended consequences of the facility potentially not having enough staff to take care of the residents if the staff turn up positive and are isolating at home. There is an immense amount of logistics and planning that goes into testing just one facility. Mr. Strout asked the current number of facilities that are being assessed. Ms. Price clarified that five are under investigation, but only two currently have clusters. If 1-2 other facilities have outbreaks without outside help, she doesn't know how staff will have the capacity to manage them. Ms. Price contacted Angel Staffing, the staffing company that WCCHD has on contract for surge needs, there are no individuals that could be temporarily hired to help. The supply of available individuals, just as we have seen with PPE and test kits, has been exhausted quickly by other local jurisdictions because everyone is dealing with the same problem at the same time. Mr. Strout asked how many "levels" or "degree" of contacts do we check for contact tracing? Ms. Price clarified that while WCCHD does classify contacts as High, Medium and Low Risk of transmission, it only stays with the initial contact, rather than a contact of a contact, unless there is a reason to believe there exists a chain of transmission. Mr. Strout also asked if a contact is found to be in a different jurisdiction, what does the Health District do? Ms. Price answered that the contact is handed off to the appropriate jurisdiction, but that WCCHD does keep in contact with the jurisdiction for updates.

Ms. Flores asked if the Health District purchased the tests for all of the Long-Term Care Facilities and if Dr. Palazzo is responsible for all of those tests. Ms. Price answered that Dr. Palazzo is the responsible party for any of the tests that WCCHD conducts. Dr. Palazzo gives her approval for any of the testing done at the LTCFs. The tests that have been used for the LTCFs came from the original County allocation of 500 that also included first responders. These were initially procured as "free", but the lab was operating under the assumption that they would be billing Medicaid and Medicare. As the Health District uses them, they would be paid for out of the PHEP Crisis CoAg COVID grant money, at approximately \$40,000. These costs were specifically earmarked in the Budget of that grant, which WCCHD is still waiting on the final paperwork to come through on for Part B of that grant allocation. When it is, it will be brought before the Board. Ms. McMichael clarified that WCCHD is standing up a testing site, starting today, and there are both private providers doing tests, as well as the County standing up a testing site through a public-private partnership to do testing at three different sites. Ms. Price also clarified that the 3,700 tests that were approved by the County in Commissioner's Court were for the County's partnership with their private provider, not for the Health District. WCCHD stood up its own testing site with the understanding that the County would help support testing kits with the \$93 million CARES money it received, which is specifically designed for response elements. In order to sustain testing operations, WCCHD will need testing kits and will be asking for those through the CARES funding. Mr. Neal and Ms. Price discussed that the public-private partnership that the County is standing up came from Commissioner Long. She drafted a separate agreement with them and WCCHD intentionally kept apart from that partnership because as a public health district, there were significant concerns as to driving people towards specific private providers that may also see them for other services and profit off the Health District directing them to those facilities.

Ms. Price discussed the Board Brief as a living document, in that anytime staff thought it might be complete, another new element of the response needed to be added or major changes and pivots had been made.

Mr. Parker suggested that WCCHD create an in-process AAR (After Action Report) to capture the lessons learned in the past six weeks, mostly because as the response continues, valuable information may be lost. He suggested that staff work with Chris Connelly of Wilco Emergency Services to capture those lessons learned and determine what the Health District can do to improve in the future. Mr. Parker offered to get involved in this aspect and support District staff in this effort. Mr. Parker also requested that for the next Board meeting, staff update the Board on the additional Local Health Authorities and how those efforts were going. Mr. Strout agreed and suggested that regular AARs make going forward a bit easier.

Ms. McMichael requested that Ms. Sterk, as the Project Manager for COVID-19 at one of the Long-Term Care Facilities under investigation, give a brief update on her experiences of being on the other end of the investigation process. Ms. Sterk explained that her facility had a patient with multiple co-morbidities who was sent to the hospital. He was tested and was negative twice, but with symptomology. He was then tested again and was found to be positive. At that point Ms. Sterk called WCCHD for assistance regarding logistically testing the entire facility. Her experience was great in that the Health District immediately assisted and provided support for questions and concerns. The positive lab result was later found to be erroneous from the lab. Ms. Price reminded the Board that COVID-19 is a notifiable condition and is required to be reported to the Health District immediately upon suspicion. Mr. Strout asked if there was any way to know how many tests are being run, or if the Health District is only notified of the positives. Ms. Price commented that this has historically been an issue with providers, but that the providers should now be reporting that data to DSHS, where local health districts are notified of total test numbers on a County basis weekly. This information will be vetted and placed on the dashboard. Normally, WCCHD's notification of negative results, especially electronically, would not be provided for up to a month after the test occurred. While the Governor's Executive Order mandated that all providers send that information to their Local Health District daily, back in March 2020, in practice, that has not occurred. Ms. Sterk asked if this issue with testing means that WCCHD does not have an accurate percentage of testing as a data indicator. Ms. Price responded that the data is getting better, now that the State of Texas is collected the information. While the number may not be exact, it can be used as a "watermark" for the overall positivity rate. Mr. Neal added that in the cases where the laboratories "batch" their positives and send them all to us at one point, several weeks later, it really affects our ability to have effective contact tracing. Ms. Price commented that one of the Local Health Authorities for the Health District, Dr. Magoon, sent an email to staff today asking about how providers are notifying the Health District. She currently works at Baylor, Scott & White and is trying to determine from the Clinical side, what that internal process is. Should the notification come from the labs or from the hospital's Infection Specialists, who are supposed to manage the surveillance picture of notifiable conditions within the hospital itself?

Ms. Land commented that she wanted to thank the staff for the report and how well written it was for the layperson. She appreciated the efforts of staff.

No action requested – information only

3) Presentation of Board of Health Sharepoint page

Ms. Botts briefly went over how to access the Board of Health Sharepoint page and the organization of the folders within. After the presentation and walk-through of the file structure, Mr. Strout asked if Agenda Packets could be shared with the Board via the Sharepoint. He also requested perhaps some historical items as well for Board changes as well. Mr. Strout also added potential information could include Environmental Health data, such as how many restaurants inspected this month, etc. Mr. Hamala added that staff makes sure when data is added to the Sharepoint, please make sure to segregate and identify data that was not for release to the public. He added that Ms. Botts has already done a great job but remember to keep segregating those items.

Ms. McMichael reminded the Board that the zip code reports are HIPAA-protected and cannot be disclosed to the media or the general public.

No action requested – information only

4) Approval of PHEP grant and Summary Budget Amendment

Ms. Price stated that WCCHD was still awaiting the Component B final contract from DSHS. Staff checked with the DSHS grants manager assigned to WCCHD yesterday and was told that the contract was in another department, but that it should be sent onto the Health District shortly. Ms. Botts confirmed that she sent to the Board yesterday all of the standard components of the contract as well as the budget that WCCHD proposed in its application for the Component B funding. Ms. Price informed the Board that the Part A and Part B summaries were included so that the Board could see how staff were intending to utilize the funding. Ms. Price asked the Board if they would like to pre-approve the contract now, with staff executing it when it comes in or if they would like to bring it to the Board as part of the next regular agenda. Ms. Price clarified that the only thing that is not available currently is the Summary Budget Amendment, which is not created until the contract is actually received by staff. That item would need to be brought back. Ms. McMichael asked for his council on how to proceed with this particular item. Mr. Hamala responded that if the Board was comfortable, they could authorize the contract to be

executed in the form presented. As long as the final amount of the grant does not differ drastically, it would be substantially in a form that that is presented tonight. Mr. Hamala then asked Ms. Price if there are pieces that are “missing” from what was presented tonight. Ms. Price responded that the Budget Amendment, which was not included in this presentation, would show the specific uses of the funds more than what is described in the paperwork presented. For example, the amount for “Contractual” listed in the attached paperwork refers to Contractual Staff, used for COVID response. This staff would be temporary epidemiologists and nurses that would be serving 130-day terms based on the standard approved hourly amount. There are very specifically allowed items that the funding can be used for, but the Board may not know that just from looking at the attached documentation. Mr. Neal asked if delaying the contract would hinder the Health District. Ms. Price answered that she didn’t know the required turn-around time for the contract, but in the most recent contracts, the State has requested a turn-around within a day or two. In the event of that situation, Ms. Price would appreciate having a pre-authorization available and then the contract would still be brought back to the Board for the details of use and the Summary Budget Amendment.

Ms. McMichael asked if Ms. Price could reiterate the amount of the grant and what the funds will be used for, for the record. Ms. Price stated that the information was included as part of the agenda item report, apart from the level of detail, typically part of the Summary Budget Amendment. The amount would be approximately \$660,000 that would be included as part of the existing PHEP grant. It is an additional allocation to an existing grant, not a new grant. Ms. Price expanded that this money will be used for COVID response, specifically for personnel for contact tracing, epidemiology investigations, call center monitoring and clinical follow up. It will also be used for supplies related to the response efforts, including PPE, equipment to support testing sites, such as tables and chairs, go-kits and body bags. The total for this allocation is \$660,525. This allocation has two separate contracts and the Part B contract is for \$334,537.

Ms. Flores stated that receiving the agenda packet and the information for this contract 24 hours in advance did not provide her enough time to review everything appropriately. She understands how much work staff is being asked to perform, as part of the COVID response, but as a Board member, she is responsible for the budget. Ms. Flores then asked if items were purchased under this allocation, prior to the money being officially received. Both Ms. Price and Mr. Neal stated this was not the case. Ms. Price clarified that the Part A money (approximately \$32,000) had been received and it was this money that was used for temporary staff and supplies that were specifically allowed under that budget. Nothing has been spent under the component B element. The Part B would allow for Epi I and Epi II temporary positions, in addition to a Nurse and some extra supplies. Mr. Neal clarified that we cannot pre-encumber anything without already receiving the amount. Ms. Flores referenced an attached chart that details Local Dollars and asked for clarification on where the money came from originally, be it Reserves or another grant. Ms. Price clarified that if not reimbursed, Local dollars would need to be covered from Reserves or Local dollars saving in the budget or unanticipated revenue. This money would have to be pulled from the District’s “coffers” if not otherwise reimbursed from CARES dollars or FEMA dollars.

Motion to authorize the Executive Director to execute the contract for this grant consistent with the budget listed on page 23 of the agenda.

Moved: Ed Strout

Seconded: Joanne Land

Vote: Approved unanimously

5) Adjourn.

Mr. Strout asked if WCCHD was looking at any antibody or antigen testing. Ms. Price discussed that Dr. Palazzo was not in favor of any antibody testing at this time because she doesn’t feel that the tests have been vetted appropriately or that it is a reliable test. Dr. Jarvis is running a pilot study with the first responders in the County and an antibody test. Ms. Price stated that she worked with Dr. Jarvis on developing the protocol and the screening tool and that she felt that it would be informative in conjunction with other data and would ultimately be needed as the County begins to open up. The immune level will need to be known. Both the antibody and antigen tests are under fire because they have not yet been demonstrated to be reliable.

Ms. Price informed the Board that WCCHD has stood up a testing site, but now the County has stood up their own private provider testing and the Health District has a limited number of tests, which will be needed for nursing homes, in addition to the 50 or so per day at the Community Testing site. WCCHD is in the process of applying to the St. David’s Foundation for a grant to cover approximately 2,000 test kits. If and when WCCHD does need test kits, we will run into a situation where the CARES money will need to be approved by Commissioner’s Court and staff will need approval from the Board because this is a non-budget expense. Ms. Price stated that she was worried that the test kits would be needed long before both those processes could be completed. Ms. Price asked the Board if they wanted to consider having a replenishment amount for test kits in which General Revenue dollars are used and then reimbursement is sought through CARES money, with the caveat that if the amount is not reimbursed by Commissioner’s Court WCCHD Reserves could be used. Ms. Price stated that she wanted to gauge the Board’s general thought on this as WCCHD does not have enough kits available to sustain testing for very long. At the recent Commissioner’s Court meeting, WCCHD thought that they would approve funding for both the WCCHD testing site, as well as the private provider site, but they only approved funding for the private provider. This leaves WCCHD in an awkward position

and staff needs to know where the Board stands on this and where you would like to see WCCHD go with this testing site. This discussion just came up with staff today, which is why there is nothing currently on the agenda. Ms. McMichael suggested that this item be deferred to the next meeting, but that this an item that the Board needs to consider. Ms. McMichael asked how much the County's CARES allocation was and how much of it is allowed to go towards testing. Ms. Price stated that the total allocation for Williamson County was \$93 million and is intended to cover Local Health District response as well. Ms. Land asked this item be put on the agenda for the next meeting to be discussed further then. Ms. McMichael asked that each Board Member reach out to their respective City and County counterparts and gauge the temperament of those officials on supporting the District with tests. It is important that the Commissioners understand that with the nursing home outbreaks tests go very quickly and WCCHD is reliant upon the County for test kits. Ms. Flores asked, in relation to this item, that staff bring back how much money has been spent thus far from General Revenue, how much money staff is recommending as an ask from the Commissioner's Court for testing kits etc. Mr. Strout also asked for a recommended amount for kits in reserve prior to bringing back to the Board for consideration. Ms. Price agreed.

Board Chair McMichael adjourned the meeting at 8:14 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