



**Williamson County and Cities Health District  
Board of Health Meeting  
Thursday, September 3, 2020 6:30p.m.  
Meeting Held via Video/Telephone Conference Call  
Due to a Disaster Declaration and the Existence of the COVID-19 Epidemic  
Round Rock Public Health Center  
Scott D. Evans Conference Room  
355 Texas Ave., Round Rock, TX 78664**

The meeting was called to order at 6:30 p.m. by Board of Health Chair Marlene McMichael

- 1) Invocation and Pledge of Allegiance  
Ms. McMichael asked that Mr. Strout lead the Pledge of Allegiance, which he did. Ms. McMichael gave the Invocation.
- 2) Roll call was taken  
Present: Chair Marlene McMichael (Williamson County), Secretary Mary Faith Sterk (Georgetown), Vice Chair Ed Strout (Cedar Park), Joanne Land (Williamson County), Terrance Owens (Hutto), Cynthia Flores (Round Rock), Joan Maxfield (Taylor), Derrick Neal (WCCHD)  
Absent: Scott Parker (Liberty Hill/Leander)
- 3) Acknowledge staff and visitors; hear any comments.  
Staff members and visitors present: Richard Hamala, Justine Price, Cindy Botts, Travis Fell  
Mr. Fell introduced himself as a resident of Cedar Park and gave public comment on the Williamson County and Cities Health District Statement on School Reopenings. Ms. McMichael thanked Mr. Fell for his comments.

#### **CONSENT AGENDA**

The consent agenda includes items considered to be routine that the Board of Health may act on with one motion. There will be no separate discussion of these items unless requested by a Board director in which event the item will be removed from the consent agenda and considered in its normal sequence on the regular agenda. (Items 4-5)

- 4) Approval of minutes, Regular Meeting 07/02/20
- 5) Approval of current investment report (June 2020, July 2020)
- 6) Approval of EAIDB IDCU COVID grant for Epidemiology Activities
- 7) Approval of NACCHO grant for COVID-19 Infection Prevention/Control
- 8) Approval of VDCI Contract Renewal for Vector Control
- 9) Approval of City ILA for Vector Control

#### **Motion to approve consent agenda**

Moved: Joanne Land  
Seconded: Mary Faith Sterk  
Vote: Approved unanimously

#### **REGULAR AGENDA**

- 10) WCCHD Equity Policy

Ms. Price explained that WCCHD has not previously had a policy that addressed equity, which is prominently featured in the District's Foundational documents, including the Community Health Improvement Plan and the Strategic Plan. She went onto explain that Staff has plans to write the policy into District procedures and guidelines, in terms of assessing equity, by way of structured tools for project parameters, hiring, etc. Currently, however, there is no blanket policy established at the District that supports those guidelines, procedures and tools. This is a policy that essentially says it is WCCHD's practice to consider Health Equity as an important consideration in all of the things that we do, as we offer the ten essential public health services.

Ms. McMichael asked if Staff's recommendation was to approve the new policy. Ms. Price confirmed that was correct. Ms. McMichael asked the Board members if they had any questions or if anyone would like to make a motion.

#### **Motion to approve the Health Equity Policy, as written.**

Moved: Joanne Land  
Seconded: Terrence Owens  
Vote: Approved by roll call (called by Marlene McMichael)  
Abstain: Mary Faith Sterk, no answer due to technical difficulties. Later (7:38 PM) voted aye to the motion via the chat, due to on-

going technical issues.

6:41PM- Ms. Botts lost power at her home and was automatically dropped from the live Zoom meeting. Ms. McMichael asked Ms. Botts to roll call the vote on Agenda Item 10 and Ms. Price explained that Ms. Botts was dropped from the meeting. Ms. McMichael then called the roll for the vote.

#### 11) WCCHD FMLA Policy Update

Ms. Price explained that the District's current Family and Medical Leave (FMLA) policy had not been updated since 2012. Since that time, the United States Department of Labor has made several changes to the Federal FMLA policy. In addition, WCCHD's current policy is still in the older format. The formal has been updated with the new policy and the language changes made consistent with Federal policy guidelines. Specific to WCCHD, language was updated to clarify the order in which leave is to be used, and some flexibility was included into the language for those employees who are affected by military and other outside policies, that tend to change often.

#### **Motion to approve the FMLA Policy Update.**

Moved: Ed Strout  
Seconded: Joan Maxfield  
Vote: Approved unanimously by roll call (called by Justine Price), including Mary Faith Sterk, via chat due to technical difficulties with her speaker.

Ms. McMichael stated that Ms. Sterk was muted by the host and was unable to unmute herself. Ms. Botts, as the host, prior to losing power and being dropped from the Zoom meeting, was unable to unmute Ms. Sterk. Ms. McMichael advised Ms. Sterk that she was able to vote for motions via the meeting chat until she was un-muted. Ms. McMichael also offered Ms. Sterk the option to vote for the previous motion (Agenda Item 10) in the chat as well.

#### 12) WCCHD Hybrid Designation for HIPAA

Ms. Price explained that this item pertains to the Health Information Portability and Accountability Act (HIPAA) and stated that this policy designates WCCHD as a "hybrid entity" under HIPAA. She went on to explain that HIPAA specifies that agencies and organizations, who provide a variety of HIPAA-covered and non-HIPAA-covered services, may designate themselves as a "hybrid entity". This allows the entity to carve out specific portions of their services that are not considered covered, and therefore do not fall under the privacy conventions of HIPAA. This is a very common practice for public health entities. Specifically, for the Health District, the items carved out as HIPAA-covered are listed in the policy and include Clinical Services and WIC, where direct health services, electronic billing or electronic medical records services are being provided. These services are all spelled out in HIPAA as specifically covered. Non-covered items for the Health District would include core public health functions that do not involve the specific items listed by HIPAA, such as epidemiology and surveillance. Ms. Price clarified that the change in designation to a hybrid entity would not affect how the Health District manages confidentiality on a day-to-day level, but it would allow the District to not be subject to the very high standards of HIPAA for certain disclosures in the context of certain situations, including during a public health emergency. For example, certain disclosures, to other local health authorities or first responders are permitted for disclosure by State law, but in order to be permitted for disclosure by HIPAA, would require either an onerous and lengthy process, or such disclosures would be severely limited. For those entities that are hybrid in nature, such as the Health District, but have not approved a policy designating that status, HIPAA requires that by default, all of the services are considered covered. Ms. Price stated that a lot of research and legal opinion has gone into the policy being brought before the Board of Health. She then explained that Staff is requesting that the Board of Health approve the policy, as written.

Mr. Strout asked what the potential downsides of adopting a hybrid entity policy might be, specifically regarding effects of operating as the Health District might normally operate. Ms. Price replied that there is no downside to operations and, in fact, she was surprised that this hadn't been done sooner. She explained that the Health District had been subject to HIPAA as a covered entity since 2003 and since then most public health entities, including the Department of State Health Services, have designated themselves as a hybrid entity. Ms. Price did state that there may be some instances where the Health District would still need to adhere to covered functions of HIPAA, such as if the Health District were to sign on as a business associate to a covered entity and were performing functions that were identified as covered in our policy. Ultimately, Ms. Price clarified that she did not know of any downsides to implementing this policy and invited Mr. Hamala, the Health District's attorney, to add any comments he might feel helpful. Mr. Hamala stated that he agreed with Ms. Price and did not see any downside to the Board of Health making this designation and in fact thought it was something the Board should do in order to clarify that some aspects of the Health District's activities are governed by State law and not by the HIPAA privacy regulations. Mr. Hamala clarified that the Board only needs to approve the policy, no further approvals are required to take advantage of the hybrid entity designation. Ms.

Price added that this issue has arisen quite a bit recently in the context of COVID-19. In communicable diseases of any type there is much sharing of information related to clusters and outbreaks, the types of businesses and environments in which the disease is spreading and it is not always clearly explicit in the law whether there are expressly prohibited or allowed to make a disclosure under HIPAA. Consequently, there is a lot of back and forth discussion and consultation with legal experts. As the Health District currently stands, even if the District is performing a core public health function, such as epidemiology, with individuals that never are a part of the provisions set out in HIPAA, the District must go through the onerous process of making sure that any releases or disclosures, even to other health partners, meet the 18 criteria of Safe Harbor, or that the District has gone through a determination process to ensure that we have reasonable belief that the information couldn't be statistically reidentified. Mr. Strout then asked if it would be fair to say that by adopting this designation, the Health District would become more transparent? Ms. Price clarified that rather than being more transparent, the designation prevents the District from being "hamstrung" in moving quickly with partners to help ensure the safety of the public at large.

**Motion to approve the hybrid designation policy, as presented**

Moved: Joan Maxfield  
Seconded: Joanne Land  
Vote: Approved unanimously by roll call (called by Cindy Botts), Mary Faith Sterk gave her approval in the chat, due to ongoing technical issues.

13) Discussion and Possible Action on 2020 Scott D. Evans Award

**7:08PM – Executive Session called**

**7:23PM – reconvened to Regular Session**

**Motion to award the 2020 Scott D. Evans award to individual number four.**

Moved: Cynthia Flores  
Seconded: Joanne Land  
Vote: Approved unanimously by roll call (called by Cindy Botts), with Mary Faith Sterk giving her approval via the chat, due to ongoing technical issues.

14) COVID-19 Expenses

Ms. Price presented a slide deck on WCCHD CARES expenditures, which explained that out of the \$93 million provided to Williamson County, the Health District was allocated \$1 million. Of that initial \$1 million, approximately 77% of the funding has been expended thus far, with 91% of the total spent being spent on COVID test kits. Staff is requesting that the Board of Health approve \$150,000 to be used on additional COVID test kits. This \$150,000 was pre-approved by the Board Chair Ms. McMichael, and is included in the estimated expenditures, but does need to be ratified by the full Board of Health, as outlined in the COVID pre-approval policy.

Ms. Flores asked, in the chat, how much of the total CARES funding WCCHD has submitted for reimbursement. Ms. Price apologized and stated that she did not have that information at this time, as she had focused on spending-to-date for the purposes of this presentation, but would find out and provide that information back to her after the Board meeting. Ms. Price went on to say that at the Board's July 2, 2020 meeting, Staff had estimated that approximately 75%-80% of the available CARES funding would have been spent by September 2020. She confirmed that the Health District is on track with that estimate. For the remaining \$232,000 of the initial \$1 million allocation, Staff is also requesting that the Board of Health approve, in advance, up to 2,000 COVID test kits to sustain community-based testing over the coming months. Ms. Price clarified that the need for these additional tests would be assessed as time goes on and would only be purchased in 1,000 kit bundles, but that Staff felt there would be a continuing need for testing, particularly as schools reopen and a potential second wave with influenza season heading into the Fall. The cost for those 2,000 kits would be \$150,000 and the remaining difference of approximately \$83,000 would be utilized for other needs, including catastrophic pay, additional PPE, etc.

Ms. Flores asked Ms. Price to clarify the total number of kits that the Health District has purchased with the CARES funding. Ms. Price explained that she did not have the exact number available, but based on an estimate from the total amount spent on test kits, it would be approximately 4,500-5,000 COVID test kits purchased by the Health District, thus far. Ms. Flores explained that she was interested in the total amount spent by the Health District for those estimated 5,000 test kits. Ms. Price clarified that the total spent was identified in the Slide Deck and amounted to \$443,500. If the additional 2,000 test kits were to be approved by the Board of Health, for an additional

\$150,000, the total amount in CARES funding spent on test kits would have been \$593,500. Ms. Flores asked if the remaining \$406,000 was spent on PPE and Staff overtime hours. Ms. Price confirmed that the majority of the \$406,000 was overtime for the 60-70 staff members working in the COVID response, as well as some of the contracted staff that the Health District hired specifically to assist with the response efforts. Ms. Flores stated that she was concerned that the \$1 million given to the Health District by the Commissioner's Court was specifically for test kits, rather than for staff time, PPE or other expenses. Mr. Neal and Ms. Price explained that WCCHD Staff had been working with County Staff on what was considered an allowable expense for reimbursement even prior to the awarding of the funding, including attending their required presentation and training on allowable expenses.

Ms. Maxfield asked how many test kits remained "on-hand" currently. Ms. Price answered that the Health District had approximately 1,000 test kits remaining, which is enough to continue the testing site for another week or so.

Mr. Owens asked when the next 1,000 test kits would be ordered. Ms. Price answered that typically the reorder would be when the "on-hand" test kits dropped to approximately 500. Given that the testing site is running three days per week, with approximately 100-150 individuals tested per day, 500 test kits would allow for about a calendar week of operations. Descana, the company that is currently providing test kits for the Health District has a quick delivery time and typically only requires a couple of days from order to delivery.

Ms. Maxfield asked what the turn-around time on test results for this company was. Ms. Price answered that in most cases, 24-48 hours. Ms. Maxfield asked if the District has considered the "immediate" results tests. Ms. Price answered that the rapid tests have been discussed a lot but that there isn't a system that Dr. Palazzo, as Local Health Authority and Medical Director, feels comfortable endorsing because of the lower sensitivity and specificity of the tests. Ms. Price also explained that they have not been formally approved by the F.D.A., meaning that they are operating on an "emergency use" authorization, which is not the same as having them validated through the F.D.A. Though there has been a lot of discussion about the pros and cons of the rapid tests, the decision has been made to stay with the nasopharyngeal (NP) swabs for now, which is currently the "gold standard".

Ms. Flores asked when the Health District anticipates using the currently "on-hand" 1,000 tests and when does the Health District anticipate purchasing the additionally requested 2,000 tests. Ms. Price explained that the District anticipates using the "on-hand" 1,000 tests over the next two calendar weeks. With the Board's approval of the additional 2,000 tests, the Health District would plan on purchasing the first 1,000 tests about a week out from when they would expect to be used, so at the current levels of testing, in approximately 1-1.5 weeks. At that point, Staff would assess what the community need might be prior to purchasing the additional 1,000 test kits.

Ms. Botts announced that Mr. Strout had previously placed a question in the Zoom chat, asking if the Health District's tests were nucleic acid tests. Mr. Strout stated that Justine had answered the question in the course of her answer to Ms. Maxfield.

Ms. Maxfield asked if the newly approved tests could be used in East Williamson County. Ms. Price explained that the City of Taylor have been excellent partners with the Health District and were in discussion with the District several months ago about potentially setting up a "pop-up" testing site in Taylor. During the discussion, the Texas Department of Emergency Management was very active in Williamson County setting up various pop-up sites, using oral swabs, and consequently, it didn't make sense for the District to set one up as well. Ms. Price stated that if the City of Taylor was again interested in hosting a site, Staff was happy to discuss it with them and work through the logistics.

Ms. Flores asked if given the 1,000 tests on hand and the 1,000 the Health District may order soon thereafter, why would an additional 1,000 need to be approved at this meeting? Does the Health District wish for the pre-approval because it may need to order the last 1,000 prior to the next Board of Health Meeting? Ms. McMichael clarified that the Health District is asking for pre-approval of up to 2,000 kits, to be ordered in 1,000 kit increments. Mr. Neal clarified that the District has seen an increase in cases after every holiday and anticipate that happening again after the Labor Day holiday, in addition to a potential increase due to influenza season. The Health District took those factors into consideration when determining how many test kits it would request the Board approve.

**Motion to approve the pre-approved expenditures for COVID-19 test kits and authorize the purchase of up to 2,000 test kits, as needed by the Health District.**

Moved: Ed Strout

Seconded: Joanne Land

Vote: Approved unanimously by roll call (called by Cindy Botts). Mary Faith Sterk had no vote, due to technical difficulties.

Ms. McMichael stated that while it was not discussed during the Consent Agenda, WCCHD received a national grant from NACCHO, and was one of only three Texas health districts and 25 nationally to receive a grant. Ms. McMichael wanted to bring this grant to the Board's attention and stated that this was an exceptional accomplishment.

## 12) Executive Director's Report

Mr. Neal began by stating that the pandemic has shown the "meddle" of the Health District staff. Emotionally, it has been difficult for Staff, and this week the Health District lost two of its most tenured staff members. COVID has tested the Health District, from a career perspective, and a work-balance perspective. As laid out in the Executive Director's Report, Staff's primary responsibility is still very much COVID response, but there is a lot of "excitement" when staff gets the opportunity to return to some of their non-COVID duties. The Marketing and Community Engagement and QSM Divisions have not only been a strong part of the Response but have continued to work towards solidifying Health District capabilities after the pandemic, including being among the top 5 in US Census response and in marketing to the hard to count and indigent communities. Mr. Neal exclaimed that he was extremely proud of Deb Strahler and Melissa Tung for their leadership on this project, in addition to the Strategic Plan, the Community Health Improvement Plan during the midst of the pandemic. WIC is continuing to integrate to the Health District at 355 Texas Avenue. Division Directors and the Executive Leadership Team are working together to determine the gating criteria for staff to start to begin to come into the office, and what that might look like for each of the Divisions. Prioritization will be given to those employees who have direct client responsibilities. At this time, though, the virus is still at a level where Staff cannot return to the office yet, outside of appointments for TB treatment. WIC numbers have increased over the course of the pandemic, as more individuals are seeking support because of the impact of the pandemic. The pandemic, since the beginning, has been "epi-driven" and has contributed to an exceptional response to the pandemic, by the EEP division. Obviously, the pandemic response has not been without its hiccups, but the coordinated response across all of the divisions, lead by EEP, and including bringing in the mental health component, led by Annie Burwell and her team, as well as the other County facets, have really contributed to a mitigation-heavy response, which will keep the numbers down as much as possible. Even in the midst of the Epi Team staff turnover, WCCHD has been able to hold everything together and really make sure that the staff that left, did so with our support and understanding that sometimes "you have to go to grow". The Immunization Advocacy division is really working hard on developing the gating criteria for WCCHD's return to work. This is not only helping WCCHD, but staff is working closely with the City of Taylor and the ISDs in order to identify gating criteria specific to Cities/Community Events and School Openings. This is advice and guidance to those entities, although the Health District does not have any enforcement authority, that has been requested to help those groups make sense amidst the variety and ever-changing guidance they are receiving from those authorities that do have enforcement capabilities over them, including TEA. The Texas Vaccine for Children Outreach Coordinator recently retired, and the position will be filled soon. Adult vaccines have increased over the course of the pandemic by over 22% and when clinics reopen, staff will survey the vaccinated adults to determine what may have led to this growth. Mr. Neal went on to say that public health, in general, has a concern that fear of vaccines will lead to an increased fear of the COVID vaccine, when it becomes available. It is important for the Health District to make sure that the vaccine has gone through the appropriate channels for safety and to educate the public as such. Today began the first discussions on what a vaccine distribution process could look like in Williamson County and Public Health assumes that it will be at the forefront of that distribution. As far as the Administration and Finance division, despite losing a staff member early this year, the Division has been able to successfully manage both the finances related to the COVID response, in addition to the day-to-day responsibilities. The one constant for the Clinical Services division has been the TB section, which has continued to see active TB patients. The rest of the staff has been heavily involved in the COVID response and the virus will continue to dictate what the level of needed response will be from this team. Williamson County is in the midst of a 14-day decline in cases, so staff is hopeful that will result in moving from the RED PHASE to the YELLOW PHASE in the Community Transmission gating criteria. In regard to the PESS division and the Indigent Care program they run, the County will continue to support the program, irrespective of the December 2020 deadline. Staff is working with Commissioner Long's office to determine the best steps forward. Lastly, the Environmental Health division has been able to cross-train pool inspectors. This division is also very much a part of the COVID response because there are many businesses that are opening but need assistance in continuing to adhere to the State and local food safety laws. Mr. Neal made a special point to state to the Board that he was extremely proud of Lori Murphy for her leadership of the EH Division.

Mr. Owens asked if the Health District has been in good partnership with the ISDs on with TEA's recommendation. Mr. Neal responded that there has been a lot of dialogue between the Health District and the various ISDs. Unfortunately, the ISDs may not always agree with the guidance provided by the Health District, in particular to youth sports. Overall, though, the relationship is strong. Recently, the Health District put on tabletop exercises for the small, medium and large agencies on what reopening looks like and how to best mitigate clusters when they happen. Ms. Price offered to go through a short slide deck on the latest Health District updates for the COVID response. Mr. Owens replied that the presentation was unnecessary and disclosed that he is the vice-president of the Hutto ISD School Board. The School Board has met multiple times and he believes that any decisions made by the School Board are "data-driven" and based off of the work the Health District is doing, which is greatly appreciated. Mr. Neal and Ms. Price thanked him for his kind words.

Ms. Botts stated that Ms. McMichael also lost power and was unable to connect back to the meeting. Ms. Botts asked if Mr. Strout should take over lead on the meeting in Ms. McMichael's stead. Mr. Strout stated that he was happy to step into that responsibility and asked if Mr. Neal was formally done with his presentation of the Executive Director's report. Mr. Neal answered that he was. Mr. Strout asked if there were any additional questions. Ms. Price, as part of the Executive Director's Report, offered to quickly update the Board of Health on recent updates to the COVID response. Ms. Price then presented a short PowerPoint, including information on case counts, data drops from the State, changes to the gating criteria, case age distribution and flu shot distribution.

Ms. McMichael announced that she was able to rejoin the meeting from her phone, but as Mr. Strout was leading the meeting in her absence, she was okay if he adjourned the meeting as well. Mr. Strout stated that he had sent Mr. Hamala a question via a private message. Mr. Hamala then read the message and responded that in regards to public comments, the Board is able to ask Staff to respond to the public comment with factual information, but if the public comment requires deliberation or discussion by the Board, then the item needs to be put on a future agenda. Mr. Strout thanked Mr. Hamala for the clarification.

Mr. Owens asked if Mr. Neal or Ms. Price could send him items related to onboarding as a Board member, as he was not able to complete his new Board Member Orientation due to COVID. Mr. Neal agreed that Staff would be happy to do so.

13) Set next meeting date, place, agenda (Thursday, 11-05-2020, 6:30 p.m)

14) Adjourn

**Motion to adjourn**

Moved: Marlene McMichael  
Seconded: Cynthia Flores  
Vote: Approved unanimously

**Board Vice Chair Strout adjourned the meeting at 8:27 p.m.**



Recorded by: \_\_\_\_\_  
Cindy Botts, Executive Assistant

  
Reviewed by: \_\_\_\_\_  
Mary Faith Sterk, Secretary