

EMERGENCY MANAGEMENT COUNCIL

MINUTES

Minutes of Meeting October 7, 2021

Meeting called to order by Robert Ezelle, Director EMD, 9:00 AM

In Attendance – Introduction of Attendees

A list of virtual primary and alternate member and interested party attendees is at the end of these minutes as the meeting was conducted via Microsoft Teams.

Approval of Minutes

Robert Ezelle, Director EMD

- Discussion of August 8, 2021 meeting minutes and any questions, comments, concerns, or motion to accept. The motion was made to amend for a couple administrative updates and was seconded.
 - Motion to Approve: Arel Solie - Second: JoAnn Boggs
 - Voted to Approve with amendments as none are opposed.

Opening Comments

Director Robert Ezell and Jim Baumgart of Governor's Office

Welcome – The department continues to support Department of Health Covid-19 response and a milestone was recently passed that our National Guard missions in support of Covid response/relief have stood down. We are still tracking one fire, Schneider Springs. This fire season is possibly one of the top three in terms of acres burned. We are entering our historical flood season which presents a significant risk for landslides and erosion.

Another item to mention is the governor's vaccine mandate; we don't anticipate losing any employees in the near term due to the mandate. We have some approved for exemptions and the vast majority have chosen to become vaccinated, which is good news. The pandemic After Action Task Force will be discussed later and now Jim Baumgart for the governor's office would like a few words.

Jim Baumgart mentioned looking forward to the two work sessions for the EMC 1) Community Lifelines and 2) the progress made for two tribal representatives to join the Council.

Meet-a-Member

Robert Ezelle in lieu of Jason Biermann, Chair

Chief Michael Harris, Fire Chief of Franklin County Fire District 3, made the first self-introduction. Mike started with EMC in 2016. It complimented the focus on fire preparedness and response by involvement in all hazard disasters. It's a good network to see and add individuals across the Emergency Management spectrum. It's important to keep everyone engaged with the changes we experience in state and federal levels by attending the meetings.

Jason Biermann, Chair of the Emergency Management Council and the Director of Snohomish County Emergency Management, joined the meeting and introduced himself. Jason started about 10 years ago working with the Council. I think the EMC has a critical role to present an assessment to the governor as charged in the RCW by representing local Emergency Management with state partners.

It's a place to advocate for what we need at the local level. By participating in subcommittees of the EMC you can really connect with those state partners

Jason asked for two volunteers to introduce themselves at the next meeting. Casey Hanell, Director WA Geological Survey with Department of Natural Resources, and JoAnn Boggs, Deputy Director of Pend Oreille County EM volunteered. Also, Arel Solie and Chief John Batiste, WSP volunteered for later.

Nathan Weed, Department of Health volunteered for Meet-a-Member another time.

COVID – DOH Update and Pandemic Response and Recovery

The state is facing the biggest challenge to the health care system due to high hospital occupancy for a couple of months. This is especially true of our regional hospitals and the small critical access hospital. The management of higher level of care with the influx of patients needing that care. We are seeing some decreasing in COVID-19 emergency department visits and admissions in most age groups coupled with some sustained decreases in Covid hospitalizations overall. However, our rates are still higher than any other point in the pandemic. A few different scenarios are projected at modest or moderate transmission levels resulting in hospitalizations not coming down for a while. The tracking of ICU and CCU beds, which are the most critical and difficult to staff, which is consistently running high at 97% meaning there is not much bed availability.

The graph shows the confirmed hospitalizations for the first wave exceptionally high, second wave showing improvement, third wave into a fourth where our health care systems are clearly in crisis but it's beginning to come back down. Our leveling out spot is currently peaked at the highest level during the pandemic. A concern is that the increase of admissions is in a wave across all age groups, including young people. This wave of age groups crosses platforms including pediatric covid hospitalizations which could reasonably be due to kids being back in school and some not following the non-pharmaceutical interventions of masking and social distancing. The projections for the future modeling of modest or moderate increase are impacted by the non-pharmaceutical interventions as the drivers. It's possible for a modest increase thru the holidays or spiking back up as people are gathering.

To deal with all the health care capacity numbers, there are 5 major workflows being explored. 1) Reduce the number of people going into hospitals 2) Increase the number of people getting out of hospitals 3) Support health care systems with resources and staffing 4) Problem solving through health care coordination and decision making and 5) Community policies and monitoring looking at the workflow from beginning to end with the emergency department to ICU. To reduce the ingress, we're focusing on public health strategies, suppressing the curve vaccine campaigns, safe return to school, masking requirements and public health education.

DSHS is doing yeoman's work trying to expand long term care and skilled nursing facility admission capacity. DSHS and HCA, Health Care Authority, are looking at incentivizing through payment rate increases to get folks moved out of hospitals with complicated recoveries into in home care or alternative care settings like long term or skilled nursing.

Washington Medical Coordination Center, Harborview, helping DOH to balance patient load across the state from hospitals that don't have a lot of capacity to move to ones that do in King, Pierce or Snohomish County for instance. Many of the transfers are from the coast and through the north central area that are low or without critical access.

Many of our state's critical access hospitals have as few as 8 beds which impacts them quickly. The Washington Medical Coordination center received 75 requests for transfers which is down from last July at 140 -150 a week which is some good news.

To meet the staffing need for hospitals as the next workflow, we are working with BTCCN. This is a Department of Defense Tele Health System and amounts to DOD physicians that can provide telemedicine for some of those critical access hospitals or even some of the regional referral hospitals since DOD providers are good with critical care. I believe there are 6 hospitals across the state that have taken advantage of this assistance with a couple more getting it setup. We at DOH have also entered into a contract with a staffing company to help bring in additional staff that FEMA made available. We are connected to GSA, government services administration, this leverages us use of their machinery to post a RFP to their vendors and then set up a contract between us and the vendor; The name of one being ACI Federal. To date, one facility has taken advantage of this service, Avalon Long Term Care in Spokane. The cost of providers on this contract are rather high as it's a national rate. Stacey McClain at EMD is working with us to try and figure out a way through as the standard 7525 reimbursement can't be accommodated. Another staffing help is the national disaster medical system assessment team. They started assessment work in Spokane, and the surrounding area, as the facilities work with the team to establish what kind of mission they need from the federal government and then the assessment team can work directly with federal resources. We are onboarding greater Tele Health and hospitals involved in it. Olympic Medical Center has begun and should be fully on by the end of the week.

DOH, is a role of healthcare response which may be evolving but our focus is balancing regulatory efforts with our technical assistance in our ESF 8 role. The interesting balancing act of our many partners in the healthcare response, coordinating needs, problem solving with solutions and resources all coming together.

Nate finishes his update by asking for questions from the Council.

From Jason Bierman: Would you expand on the complications of ESF8 as it's something happening at the local level?

From Nathan Weed: Our role is to lead the efforts of multiple organizations to solve some of the health, medical and mortuary affairs. We are not the regulator of health care. We don't have doctors or nurses except the statutory limits like population health efforts. Our volunteer resources are designed for the earthquake, flood or fire scenario in a specific locale where people in the registry can go and provide healthcare. When deployed they are under the command of the command structure where they are deployed to. We, as an agency, are not set up to provide health care. With the redeploy to others, like has developed with ACI Federal, it should lead to discussion on how to tap into different contracts at different points. DOH has some latitude to change rules to wave or mid-wave regulations and requirements to allow health care organizations to surge -not with actual bodies but to be creative with mitigation.

From Jason Bierman: Thank you we can segue into Robert and the After Action?

After Action Review

Robert Ezelle, Director EMD

As the Council is aware by this time, the legislature established a budget proviso that the Department of Health and EMD Military Department jointly manage a pandemic task force for the After Action Review.

There are 21 members who are representatives of state agencies and a couple different associations including Westside and Eastside Emergency Management, tribes, as well as, up to 10 members representing people with disproportional impact from the pandemic. These solicitations are before the governor's office for selection among those who have applied to participate on the task force. Many have volunteered to serve but this is the governor's process. Any interested parties should submit an application to be considered for the task force.

The facilitation of the group will entail a lot of work and managing for this scope of operations therefore, we have solicited The Ruckelshaus Foundation. This will take a large amount of the limited funds allocated for the management of this initiative, be we feel that it would a important benefit. This would allow the entity to do the facilitation as opposed to a state agency or one of the member associations. We are also working to gain a RPF contractor to assist with various agency after actions. This contractor can look at the reviews, glean the pertinent lessons learned and feed that back to the pandemic task force.

One of the budget provisos is whether establishing a regional agency would be of benefit in response to future pandemics by a regionalization of local emergency management. This is a concern that has been expressed and we will reaffirm with members of Legislature and get that information back to you.

Jason Biermann, Chair: Any questions for Robert and the pandemic After Action? None.

Public Forum

Jason Biermann, Chair

The open public forum was missed and would like to acknowledge this before moving forward. Are there any members of the public or anyone who had anything for the open public forum? Please raise your virtual hand if so. None noted. Now to Community Lifelines.

Good morning to the committee and let me kick off with a stage setter to update CR22 that leads into our community Lifelines discussion. CR22 is happening with a sharp course correction. After a series of conversations with FEMA in lieu of current COVID-19 and the Delta variant crisis, a lengthy and taxing fire season and the in-depth after action to come the one heavy lift that could be voted on is some leeway in CR22. We asked FEMA to look at different options as a pivot from a full-scale exercise. That conversation has led to more of a series of discussion or seminary-based exercises. There has been work accomplished on the planning side to critical transportation and Mass Care.

The focus on critical transportation in a tabletop setting and in a day focus on Mass Care. My ask is this, please continue to give us feedback regarding the critical transportation and Mass Care objectives.

The update regarding Community Lifelines: FEMA has adopted it and our state has intention to adopt it. Chandra Fox has provided feedback from a community standpoint. This gives us a snapshot of incident number, standard practice with FEMA and gains for those EEI in future. Whether dealing with a flood or cyber incident as two very different EEI's.

Troy asks the EMC: What can we do as a state agency, or with our sister state agencies to best support you in our state transition to Community Lifelines? With no questions, I'd like to ask JoAnn Boggs or Jason Biermann maybe your thoughts on what can we do from this end at EMD to support the community?

Jason Biermann: I think it would be helpful to get some clarity from the stand and as best as we can with standardizing to know what to expect and how to translate it at the local level. How do the partners plug into Community Lifelines?

Curry Mayer: I like the construct and would like the breakdown of components under the Lifelines to see a connection with how we're using it at a local level? What we need in terms of essential elements of the information and our interdependencies to get the support in our particular jurisdiction it could be useful; understanding the interdependencies of energy or communications and how vulnerabilities could affect another.

Troy: You have a great point, and we'll take that one on, thanks, Curry.

Troy: Are any not using Lifelines at a local level and our adoption at a state level that has posed a challenge or concern that we can talk through? How can we best bridge that?

JoAnn Boggs: I agree that as a smaller jurisdiction the Lifelines are important, and I think just the knowledge of that and keeping us in the loop is the important part.

Jason Biermann: The private sector has been critical during Covid response and I think it's going to be critical during anything large scale, like an earthquake. I would like to know where our agency partners plugin to Community Lifelines too.

Kirk Holmes: I think some good critical thinking needs to go into the private sector side as there is a giant resource out there that I've been learning about through my participation. Its healthy to really identify where that expertise and resources are helps to build on this framework. Process and identify who those public sector and private sector partners could be.

Troy: We have committed to make the switch to Lifelines but this is a continuing conversation and not a light-switch approach. We've established some objectives and move of a focus on situational assessment.

Elizabeth King: Wind energy is its own ESF and its own critical Lifelines but do we have the infrastructure and business branch in the State Operations Center for the coordination piece where the life lines actually intersect? We already work on those interdependencies and looking forward how is EMD to coordinate with state agencies where it's consistent information? Will it continue to flow down to our local partners and private sector partners?

Troy: Yes, 100 percent.

Jason Biermann: Will there be a group who's going to carry this forward in helping to develop it? Is it just EMD alone or another venue where local emergency managers or represented agencies, what's moving forward going to look like?

Troy: Between now and CR22 we think there's some initial steps we can do on the situational assessment. Our intent is to keep this dialogue going with the EMC specifically and give you updates along the way and receive your feedback. How we integrate and work through interdependencies. Then post June 2022 take away from a situational assessment to a stabilization target.

Jason Biermann: Will this Council be a regular recurring part of the process?

Troy: Yes. Because it involves all of us, a series of regular updates and opportunities to gain feedback. We welcome the input along the way so please, reach out to Kevin Wickersham or me. We are better as a team with your feedback as we transition.

Work Session THIRA/SPR

Rob Sabarese, Assessment & Exercise Supervisor

We have had great support from local jurisdictions to help really dive into THIRA/SPR. The threat hazard identification risk analysis is designed to work through the identification of those local hazards that are impactful to those local jurisdictions as incidents and emergencies start and stop at the local level. The tool of analysis is about gaining an understanding of what the communities' capabilities that support emergency management programs. We received 674 surveys back from 23 counties which we are thankful for and the work through that data continues looking at impacts, how to improve and identifying resources and staffing.

Transitioning to the SPR, or the stakeholder preparedness distributes, there are two phases. The first phase, which is the THIRA done once every 3 years and the SPR conducted annually, assess, identify targets, and core capabilities looking for any gaps. This identification is that when we go through the THIRA process, we start to analyze the budget process from grants to decision packages too. There is a significant impact on policy level discussions to fund and look for resources like equipment, mutual aid or other assisting with local resource needs. The data informs of where we need to go and how we conduct our strategic planning both at local and state level.

The second phase involves the amount of participation in the THIRA/SPR, as mentioned previously, the counties participation is at 15%. We are missing on a good percentage of target capabilities as we are waiting on information from 13 counties across the state and those in Region 9. This is a 38.5% deficit in information making it difficult at the state level to understand where we are currently and at being able to know how to support local jurisdictions meaning 71% of information doesn't yet exist. Once those additional counties and their information comes in, the number will but up to 24 or 61.5% of the information which is a better number. Unfortunately, it still leaves a 38.5% deficit of understanding The USC process is much the same as the SPR and we've agreed to take the information and publish it into SPR as FEMA shares the same timelines by the deadline of December 31, 2021.

Rob: Questions?

Jason Biermann: I think what makes it difficult at the local level involves getting some of the partners to provide the information or putting the emergency managers in the position of having to create it. I would ask the EMC members, if we could get communication that we can send out through our various sectors, encouraging folks to participate along sector channels instead of just through the local EM office.

Troy Newman: What are some other ways that we can help improve our THIRA and SPR submission to aim at improving in 2022?

Chandra Fox: Part of the reason why we opted for a regional approach was I have the luxury of staff to leverage to support our small counties but is there a way to divide up the process - perhaps in chunks throughout the year? Benchmarks of perhaps, two capabilities and then another two in a quarter?

Troy: The short answer is yes.

Robert agrees and adds: When FEMA sends out core capabilities, they want to assess that window of opportunity that we have to do by SCPR by FEMA standards July – September. That’s an extremely short window.

Sierra Wardell received a question in the chat regarding the tide to grant funding: In terms of the THIRA/SPR it is a focus on our preparedness grants. We don’t want it to be only be for grant requirement but to expand the whole picture of your county and within the state.

Jason Biermann: There are a lot of funding sources out there and having a broader picture for a more comprehensive look where the grants and funds are being applied. We don’t want a narrow end product. As EMC members, we don’t want to duplicate effort or have huge holes.

Troy: Can anyone share their success in getting participation from across their county and agencies all in collaboration with the county emergency managers that we can duplicate in other areas? Checking in with Mike Harris, How can we leverage some of our associations out there like through the fire community?

Mike Harris: I see a start as the WA Bureau Chiefs or WA Fire Commissioners taking back the concept to other regions.

Troy: Would it be of benefit for us to send a letter endorsing and explaining the important of the THIRA/SPR and our commitment as a team behind the EMC as a whole or other body to move forward?

Jason: I pose the question to the members ask if anyone is against using our different channels? We could forward support as the EMC or tailor it to specific needs like the Fire Chiefs Association to get the message out and around.

Troy: Happy to take the lead and provide you some wording there and then as you solicit feedback from the council. I would like to know if we can provide the results of this years THIRA/SPR in the December meeting?

Regional Issues Impacting WA

Vince Maykovich, Acting Director, FEMA Regional Administrator

Something I really think helps out in terms of planning and how we organize for response are Lifelines. As you know we’re continuing to support COVID-19 throughout the region and all four states is some form are receiving FEMA assistance and we continue to stand by and work with the state EMD and DOH for support. We worked on both the update for the Cascadia Subduction Zone plan and reshaping and rescoping how we do Cascadia exercise for next year so more to follow on that.

We are still waiting for the full-time administrator appointee to take over and I will update once I know more from that. For the time being I still hold this seat for the next couple of months, does anyone have questions for me?

Quyen Thai: With WABO, I have a question for Vince. You mentioned Cascadia Rising and the lessons learned, do you know if there is going to be available the published lessons to the members here?

Vince: I can go back and take a look at what was published and make sure it gets out. Especially what we’ve been doing the last two years over COVID support and get that to the group.

Closing

Robert Ezelle, EMD Director

We look forward to the continuing dialogue with you and remind you all that in our December meeting we’ll be hosting the SEC to review grant projects and made recommendation to General Daugherty on core capability development priorities.

Adjournment

Jason Biermann, Chair

Meeting adjourned at 10:41 AM

Attendees

EMC Members and Alternates

1		Fred Brink	ALT	X	Philip Lemley
2		Stephanie Wright	ALT		Gene Strong
3	X	Chief Scott Engle	ALT		Chief Peter Fisher
4		Chief John Batiste	ALT	X	Ariel Solie
5	X	Robert Ezelle	ALT	X	Adam Wasserman
6		Jim Pendowski	ALT	X	Dale Jensen
7		Charles LeBlanc	ALT	X	Melissa Gannie
8	X	Chief Michael Harris	ALT	X	Chief Brian Schaeffer
9		Hilary Franz	ALT	X	Casey Hanell
10	X	Chandra Fox	ALT	X	Kyle Bustad
11	X	JoAnn Boggs	ALT	X	Jason Biermann
12		Bill Gillespie	ALT		John O'Rourke
13	X	Nate Weed	ALT	X	Ron Weaver
14	X	Doug Powell	ALT	X	Quyen Thai
15	X	Greg Welch	ALT		Gary Chandler
16	X	John Himmel	ALT	X	Vacant
17	X	Kirk Holmes	ALT	X	Jennifer Bailey
18	X	Martin Mueller	ALT		Mike Donlin

EMC Non-Member Attendance

Other Departments	EMD
Jim Baumgart, Office of the Governor	Nancy Bickford
Erin Coyle, Dept. of Agriculture	Stephanie Haertling
Sandi Duffey, Grant County	Troy Newman
Sandy Eccker, Thurston County	Robert Sabarese
Elizabeth (Eli) King, State Energy Office	Sharon Wallace
Angie Lane, DNR	Sierra Wardell
Curry Mayer, City of Bellevue	Tammy Lee
Vincent Maykovich, FEMA Region X	
Travis Nichols, DOH guest	
Antone Miller	
Chris Allen, DNR	
Jesi Chapin, DNR	
William Hannah, ECY	
Brenden McClusky, King County EM	