

City Council Work Session Transcript – 04/21/2020

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[9:02:20 AM]

>> Mayor Adler: I call to order this meeting on April 21st, 2020. This is our work session being handled remotely today. It is 9:01. Let's go roll here and make sure people can be heard. Natasha, are you on, can you hear? I haven't seen Natasha yet. What about mayor pro tem? Delia, you here? >> I'm here. >> Mayor Adler: What about Pio Renteria? >> Renteria: Here, present. >> Mayor Adler: Okay. Greg Casar? >> Here. >> Mayor Adler: What about Ann kitchen? >> Kitchen: I'm here. >> Mayor Adler: Okay. Jimmy? >> Flannigan: Here. >> Mayor Adler: Is councilmember pool, Leslie here?

[9:03:20 AM]

>> Pool: I'm here but I don't think you can see me. It looks like the video is spinning. Is that correct? Can you guys see my thumbnail? >> Mayor Adler: I cannot. >> Pool: It was up a minute ago. I continue to have problems with connection here, but don't wait for me, I'm here. Just because you don't see me doesn't mean I'm not here. >> Mayor Adler: Okay. Paige? You here? >> Ellis: I am here. Is my audio good? >> Mayor Adler: Your audio is good. Kathie? >> Tovo: Present. >> Mayor Adler: And Alison? >> Alter: I'm here. >> Mayor Adler: Okay. So we have everybody except for Natasha. >> Harper-madison: I'm here. >> Mayor Adler: Good. Then we're all here.

[9:04:22 AM]

With that we'll start today. We're going to have a briefing on the virus and then we're going to do three pulled items. Kathie has added a pulled item, item number 67. So it's 38, 67 and 68. And then we'll go

into executive session to discuss the shady hollow mud. And any items related to [indiscernible] Potentially. So let's go ahead with the briefing on the virus. A lot of people, manager, on staff, both in the city and in the county, working really hard and putting in really long hours. It's been impressive to

[9:05:22 AM]

watch that emergency team in cooperation. And now we have staff here and all levels both in the city and the county and I just want to say we really appreciate it. Do you want to kick us off on the briefing? >> That would be great. Thank you, mayor for that. Good morning, mayor and council. We're going to start off this work session with a briefing on the covid-19 response. And as the mayor mentioned this, an all hands on deck effort. We have seen incredible collaboration and partnership and commitments from not only our city employees, but from throughout our community. We know that it's going to take everyone working together to effectively respond to this pandemic and I've just been incredibly impressed with how we have all come together to make sure that we are keeping our community safe. The briefing this morning will consist of four key presenters and then we'll obviously have a lot of time for question and answer. But I'm going to first turn it over to our wonderful director of public health, Stephanie Hayden, then we'll

[9:06:23 AM]

hear from our interim health authority mark Escott. We'll also here from Glenn Ortiz, our director of homeland security and emergency management. And finally we'll have bee Franco, our director of intergovernmental affairs, provide an overview of some of the budget implications that are coming from the federal level. So with that, I think Stephanie is on the phone and I want to pass it over to her to kick this off. Director Hayden? Director, you may have to unmute. We can't hear you 80 yet. >> We can hear you now. >> Can you hear me? >> Yeah, but you're muscled. -- You're muffled. >> Good morning.

[9:07:24 AM]

Can you hear me now? >> We can, it's just not very clear. >> Can you hear me now? >> Yes, we can hear you. >> Okay. Good morning. Good morning. Thank you again for the opportunity to provide an update. As far as our cases that we have, we have a total of 1225 cases, and we have 293 that have recovered. Our Austin public health staff are continuing to work at the emergency operations

[9:08:24 AM]

center to ensure that continuity of public health services. We've made some changes to the public health branch to be able to separate out the public health and medical operations, and our staff are continuing to work at the department level operations center and we are continuing to coordinate and staff the medical hotline. Our epidemiology and surveillance staff are conducting contact tracing for all new positive cases within Travis county and we have added additional Austin public health staff for that contact tracing. Staff are working seven days a week to follow up with clients that test positive to determine their contact. We have added some more case investigators that speak Spanish. We are partnering with Dell medical school and community

[9:09:26 AM]

care. Dell is working on their patients that test -- that test positive with them and then community care is working with following up with their patients. We have agreements with Dell medical and community care to operate in this space and we would like to publicly acknowledge and thank them for [background noise]. As we move forward with the deployment of the [indiscernible] Application for testing we anticipate that we will be increasing in the community testing sites. Community care, some of our partners with stepped in more -- are providing more testing. Community care is providing testing in the eastern crescent five days a week and they are at their Hancock site five days a week. They are also going to open up some of their clinics in the eastern crescent.

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People's community clinic is providing testing a few days a week as well. As we continue to move this response, we are going to make some small changes and add as we did early on to the point of testing a couple of small incident command areas around our homeless services and our nursing homes. What we have determined is that once we -- when the areas continue to grow and need a little bit more structure and then we also noticed that we need to add an additional co-chair to the task force and that way we can add a little bit more bench step. So we will be doing that effective this week for our homelessness as well as our nursing homes. The social services branch

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continues to provide services and making sure that we are working with our vulnerable populations and making sure that we have an equity blend. In our community services area, which includes childcare, behavioral health and our food access, we are continuing to provide food access to the various populations in our community. What we have really started to make sure that we focus on as far as homelessness is concerned is we've continued to work with the central Texas food bank to deliver shelf

stable food. We are continuing to distribute food from the convention center and as far as our hygiene resources and supports for unsheltered

[9:12:29 AM]

individuals, we have five recreation centers that have showers, restroom availability and 20 plus sites that have port-a-potties and hand washing. The other one foundation has a mobile hygiene truck operating seven days a week, and we are working to get additional mobile showers so they will be operational across the city. We have an interactive map of hygiene sites that's available. We're continuing to work with our partners including echo, and there is an adobe call Monday, Wednesday and Friday with our homeless service providers. We have our isolation and quarantine and protective lodging through the isolation facility and the protective lodging site for our homeless people. This motel conversion, on the 13th the city issued a

[9:13:30 AM]

housing first request for a qualification statement, solicitation to establish a contract with one or more qualified non-profits or government entities. So staff are continuing to in the midst of the covid response, staff are continuing to work on the hotel strategy. [Feedback]. As far as our early childhood, our folks are continuing to work with other partners across the city and their childcare task force. We have memberships from childcare regulatory, health and human services commission, Travis county, workforce solutions, capital area, United Way,

[9:14:32 AM]

[indiscernible] And the equity office is assisting us. One of the things that you may have seen is there's a childcare flier going around for childcare for essential workers, and that is free childcare and it has a sliding scale fee that's attached to that. Other essential services, I will say that the homeless consultants are continuing to provide guidance to our team as we are implementing the [indiscernible] Process, for sheltered and people who are unsheltered they are providing information and examples of strong approaches from other communities and they're working with the city and partners to develop our overarching collaborative response. As a department our

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[indiscernible] To provide sexual health, our environmental health sectors continue to work with the food establishments and our lead services as well as the neighborhood center services are continuing to provide those services. That concludes my report for today. Thank you. >> Flannigan: Thank you, director Hayden. I think there's there's a pressing -- >> Thank you, director Hayden. I think unless there's a pressing question we'll hold off on questions and then hear from Juan Ortiz and then like before we'll talk about the overall health response. Dr. Escott, if you're on the phone you're on the phone next. >> Thank you, Spencer. And I will send over some slides to council so that you can see graphically what I'm talking about. Again, mark Escott, director of health for Austin and

[9:16:36 AM]

Travis county. Stephanie mentioned the new case numbers so I won't go through that again. When we look at ethnicity regarding the confirmed cases, it's 73% white, 10% black, eight% other. Unknown. Asian is four percent. Ethnicity non-hispanic 54%. Hispanic 42% with four% unknown. When we look at the age break down as well, we see that individuals in the 40 to 49 and 50 to 59 age group are starting to catch up with those in the 20 to 29 age group. So we continue to see increases in other age ranges beyond that initial 20 to 29, 30 to 39, which was the focus of our initial outbreak. We have seen relatively low numbers in the 70 to 79, 80-plus age group, which is good, and we hope to

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continue that with further cocooning efforts as we continue to try to protect our more vulnerable population. When we look at a couple of things, it's important to monitor several aspects. Not only the cumulative cases, but also the recovered cases as Stephanie said. That number continues to grow up as to 293 as of yesterday, and we have many more individuals who are now in the time frame for recovery, so we certainly hope to add more substantial numbers to that this week. We're hopeful that in the coming week we will be able to provide also information on the dashboard regarding current cases or active cases as opposed to just total cumulative numbers which may give a more accurate description of those individuals who are still potentially infectious in the community. Certainly the further we get

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along the more recovered individuals we have and the less ongoing threat of infection from those individuals who have recovered. Additionally I have a display that I will share with you all regarding the onset of cases, which tells us a little bit different -- the spread of disease and when that happened. As I have discussed before, when we diagnose somebody that's probably around a week after or 10 days after that individual -- when that individual became sick and probably a week after -- even another week

after that individual was exposed. To this onset graph, what we call the efi curve, gives us a better indication of when those individuals became 66 and will be helpful for understanding what that

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exposure likely -- is more likely to have happened. Additionally when we talk about the new cases by week, we've heard lots of discussion about needing two weeks in declining cases and it's important to understand that right now at this stage, last week we had increasing number of cases compared to the seven days before that. So we look at Sunday to Saturday weeks starting back on 3-15 that that first week we had 70 new cases, followed by 106 new cases. The week starting the 27th of March. The 29th of March, that week had 281 cases, then 284 the week of April the fourth. And the week starting the 12th was 153 cases. Again, the number of cases are going up and to some extent we expect that because our testing is going

[9:20:45 AM]

up. Some of you may have seen in the media that Travis county has the second highest rate of diagnosis -- diagnosed case per capita but there's a caveat with that and that has to do with the per capita rate of testing in various metropolitan counties across the state. To give smu better perspective on that, we'll look at El Paso county, the rates per 1,000 of testing is 2.6. That rate in Bexar county is 3.8. In tarrant and Harris county that's 4.0. In Dallas that's 5.0. And in Travis county that's 6.6 per 1,000. Still substantially increased testing per cap that in Travis county as compared to the other major metropolitan counties across Texas. So that is another reason why Travis county is diagnosing more cases. It's more likely a function of the testing versus other

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factors. Again, we will track this information -- this information is based upon the state department of state health services, data from -- the other important thing to remember is the rate of positive activity of the -- positivity of the testing. When we look at cities like Houston and Dallas, the rate of positivity is on the range of 18% of the tests are positive. Ours is hovering between 10 to 12 percent that lower rate of positivity is generally a better rate of testing so we'll continue to track that. We are hopeful of that in the coming weeks we'll be able to report similar to what we do with influenza, the positive rate for S for that week to give us an idea of how we're doing on a longitudinal basis rather than a cumulative basis.

[9:22:53 AM]

Something else I want to talk about today, and that's what's going on with our nursing homes. As you saw last night in a press release, we have had 96 nursing home and long-term care facility residents who have tested positive for covid-19. And that includes 15 individuals who died in those facilities. Additionally around 67 staff have been infected as well. And I say around 67, the way we track that data, if an individual working in a nursing home works at multiple nursing homes, their positive will show up at all the nursing homes based on the cluster investigations so some individuals may be counted more than once. Additionally if a worker is exposed at a Travis county facility, but live in a

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different jurisdiction those individuals will not be included in those numbers because it's somebody else's case. So we'll continue to refine those numbers and report those numbers. In response to the -- this growing issue in our nursing homes as as you saw early on right after the initial disaster declaration, we moved to try to protect our nursing facilities. We knew they were going to be vulnerable based upon a number of factors and, you know, we were hopeful that having that screening and other mitigation strategies that we implemented early, securing access, limiting visitation and screening the health care workers and visitors and staff was going to be good enough. That's clearly not the case. So we took additional measures yesterday to enhance these control orders

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which require a number of different addition. Some of that codified some of the orders from the governor's office, brings together some of the newer orders from the mayor and the judge and also adds some additional things such as staff and patients may be compelled to undergo testing if there's an outbreak of the facility. If a facility has two or more patients who are infected, they are going to be restricted from taking in new patients in the facility facility. They will also be restricted from having patients return to the facility until that outbreak is under control. Additionally one other thing that is a homegrown intervention that we are currently working on is deployment of strike teams to these facilities that are experiencing outbreaks. One of the things that's become very clear to us is that advice alone is not helping. Not helping as much as it

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needs to help. You know, we've had our nursing home task force that have been engaged with facilities. We've created guidance for those facilities, we shared other guidance from CDC and hhsc from those facilities and when we have an outbreak the state comes in and doesn't review and makes further

recommendations, but recommendations are not strong enough. What we're seeing in these facilities through our -- who are chronically understaff, when covid-19 hits, the count goes up because the patients are sicker and in addition to that we have workers, both health care workers and support staff who are sick so that ratio that staff do to the resident ratio continues to imbalance and it worsens that imbalance. And all the advice is not good enough. They need resources. They need people, they need ppe, they need agreement. And that's where these

[9:26:55 AM]

strike forces come in. We've done a state request for four strike forces to go to our top facilities that are experiencing outbreaks so we can give them additional people, additional resources and we can try to more aggressively control these outbreaks. In addition to that we've made a recommendation to the state that across the state they improve the staff to resident ratios in these facilities. We have to strengthen the resources in these facilities. I can tell you that on a regular basis over the past many decades it's challenging to control infection in these facilities. It's challenging to control flu outbreaks. It's challenging to control gastrointestinal virus outbreaks. It's challenging because they are understaffed, because they are underfunded so if we want to be serious about really reinforcing those who are most at risk we have to have this date

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and the federal government intervene to really strengthen those resources, strengthen those defenses so that we can get on top of this issue and hopefully prevent further spread and unnecessary deaths in these facilities. So those are unmet needs and we're hoping that these intervention needs requests to the state are going to be filled and that we look at deploying those assets statewide. In the interim we are contracting with individuals locally to provide additional support to those facilities and we expect that to begin happening this week. Additionally as Stephanie mentioned, we're transitioning to a public enrollment of testing so we've talked more about the potential need for barriers between people who want and need to get tested and actually getting that test.

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So what we're rolling out is a system based on a platform called sales force. Since we started developing this, the entire state of Massachusetts and the entire state of Maryland are using this platform now for this enrollment and testing. So basically what will happen is people go to our covid-19 website. They can create a login. They can enter their systems into the concerns and they will make a determination if individuals need to be tested. If they need to be tested it will schedule testing for them. Right now we'll just include our Austin public health drive-through site, but what we're really looking for is

crowdsourcing of testing. So what I mean by that is we need to look at other partners that can plug into that so for instance, community care or Dell children's or even CVS or walgreen's or a private

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physician's office can plug into that platform. So you go in and you plug in your symptoms and it says you need a test it will pull up an entire list of options in your area, similar to if you're searching for a walgreen's or target or something like that. It will allow them to select a site, it will allow them to select a time and a date. It will schedule them. After that it will send them a qr code via text and email. They'll make that qr code to the site, they'll scan in. It will generate labels for the test. The swab will be collected. Ed qr code goes on the swab kit and goes to the be la. As soon as the lab processes that test the qr code gets stand again. The individual gets an alert saying that their test results are back and they need to login to get the test results. So it's very, very quick. It provides the results much

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quicker than our current system which relies on a fax machine being sent to us and then -- and a phone call. And then they start the investigation and the context tracing. Instead of something calling it will ask questions of that individual who tested positive, it will initiate the contact tracing and it allows for much more scale scalability than an individual calling those who are positive and asking the questions in person. We've additionally made the recommendation to the state that they take this platform and make it statewide. The challenge is we have many metropolitan areas like ours where the surrounding counties may not have as many public health resources. They may not have the capacity to scale up that contact tracing piece. And having a statewide system such as this will be very helpful, particularly

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when the majority of counties in the state do not have their own local health department. A solution like this statewide will help us gain control as a state and maintain control as a state. That concludes my report. And I'll pass it on next to Juan and we'll take questions after. >> Thank you, Dr. Escott. Director Ortiz, are you on the line? >> Yes. Can you hear me? >> Yes, we can, thank you. >> Good morning. Thank you very much for the opportunity to give you an update from the emergency operations center on the activities, just like director Stephanie Hayden and Dr. Mark Escott indicated, there's been a lot of activity for the last couple of months working on making sure that our citizens are protected and taken care of. A lot of the activities that are being coordinated from the emergency operations center are to support all

[9:33:00 AM]

the city departments, specifically our public health department and Dr. Escott with the missions that they are carrying out. So I'm just going to expand on some of the things that they've indicated. First let me give you an update. A federal disaster declaration was issued on March 25th for Texas and we have - we are participating with the state of Texas on attending the briefings and we have submitted the paperwork required to start the request for public assistance that was completed earlier this month. To date the cost estimate is approximately \$6 million. This excludes the hotel leases, the estimate is provided to the state on a weekly basis. It is collected by the different city departments every Thursday and were submitted to the state on Friday. This is part of our disaster summary outline.

[9:34:00 AM]

The public assistance will provide for a 75/25 cost share of eligible costs which include overtime, emergency medical care and emergency response. And there is a process that we're exploring for an expedited payment which can be requested. Within the finance section we have brought in some consultants to kind of help us make sure that as we move forward with this very unique, first of its time, disaster response for our city, make sure that we have the right systems in place so the consultant we brought in was Haggerty and they are helping us with logistics and finance to ensure that we have the right systems in place and make whatever necessary changes to ensure that we are documenting our costs and be able to report it in a timely manner to

[9:35:00 AM]

maximize our reimbursement process. In addition to that, let me just talk about our biggest efforts just to make sure that we have the right framework to support not only the test sites, the isolation facilities, the protective lodging and alternate care sites, finding efforts to ensure that we're able to scale up and scale down depending on the current situation. For the last couple of weeks we've been focusing primarily on making sure that we have the -- that we identify sources and supplies for personal protective equipment and our logistics department is reporting that we are meeting all of the -- those needs for the immediate future so I think we've done a great job in making sure that we have ppe available to our personnel as of today. We are receiving additional face covers that we will be distributing to the

[9:36:01 AM]

different city and county departments and partners to look at making sure that those face covers are utilized in order to protect the higher -- higher defined personal protective equipment like n95 masks for those operations that require a higher level of protection. We are supporting the isolation facilities. As indicated we have one that is being utilized and we also are looking -- making sure that we have a second one identified and making sure that from a logistical standpoint that we are ready to expand to a second isolation facility. We're continuing our plans to identify an alternate care site location and making sure that we have the proper contracts and agreements for that. And looking at the plans of making sure that we know how to operate in such an

[9:37:03 AM]

environment and identify the necessary resources to make sure that we have an alternate care site in the event that the covid-19 response requires us to activate the alternate care site. Again, as was reported we are providing services at the pro lodge which is established to support our persons experiencing homelessness and we're continuing to work with the capital area trauma regional advisory committee. They are supporting a 29-county region, but we're working very closely with them to ensure that not only the first responders and medical systems in Austin and Travis county, but as well as the 29 county that I'm able to have ppe

[9:38:03 AM]

resources that they are receiving through the cadrac and distribute them out to the different locations. Specifically what we are doing is sharing a location at the Travis county expo center where we have established what is called a resource staging area where all resources are collected and then from there based on our priorities, our distributed to support the needs throughout our community. And that was basically the end of my report. The last thing I would like to say is that it has been great working with everybody in our communities. We get constant calls on a daily basis for offers of since assistance. We want to take every offer of assistance, but we need to make sure that we maximize our effort to -- and make sure that we meet the offer of assistance at the right time. >> Thank you, Juan, for that briefing. And again, just the work that you and your team, Dr. Escott and director

[9:39:04 AM]

Hayden, not only the professional leadership that you provide, but then the team behind you and supporting you, we're just so honored to have incredible public servants that support these efforts. So with that, mayor and council, I'll pause because I know that there's going to be a lot of discussion about those briefings that you heard. And I'll turn it back to you, mayor, for facilitating that discussion. >> Mayor Adler: Let's begin with the mayor pro tem Garza? >> Garza: Thank you, mayor. I had a couple of

questions. First for Stephanie, director Hayden. I saw the memo yesterday and it was great to see how quickly we're rolling out funds for the [indiscernible] And organizations that that money is going to for this first phase. Specifically just because I want the public to be able to know how they can access those funds and so -- is 211

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the single intake or do people reach out to those organizations at the facility or is it both of those? >> Can you hear me? >> >> Garza: Yes. >> Good. Thank you. Actually, we've set it up two ways. We set it up in 211 if an individual calls and they would like information about financial assistance, all of these agencies will pop up in that screen and they can provide that information. We have also -- the agencies agencies directly will be ready to start receiving [indiscernible] By this Friday. They can contact the agencies directly. And as you said in the press release -- press release,

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the Asian family support services and they are going to receive a-million-dollar grant. Austin area urban league is going to receive 500,000. Catholic charities is going to receive 1.6 million. [Indiscernible] Is going to receive 500,000. And the family Independence initiative is going to be working with the equity office to -- and they're going to receive \$2 million. >> That's great. Thank you. So is that the -- so the equity office, that's the two million? That was my next question. I think you just answered it. It's just going to one organization, is that right? >> Yes. And what they're going to do is they're going to be the

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main agency and conduit. They are going to work with some of the smaller agencies and they will have mous with the smaller agencies to be able to survive those transfers to them, those [indiscernible] Transfers. >> Garza: Okay. And the second phase, is that all going through aph service providers or will some of that go to the equity office as well? >> So the second phase we've opened it up to a process because in the resolution there's language that does say,, you know, you can be an Austin public health provider or emergency contract. So we opened that process up this past Wednesday and so if folks are interested in applying for that, they can

[9:43:20 AM]

go to that rise funding at austintexas.gov. And there's a little short application. As of today we have received 20 applications that have been submitted and staff has been working on those as they are coming in. We are really, really wanting to make sure as we're looking at the target population, we want to make sure that we have a pretty robust response where we are picking up all of the target populations that were mentioned in the resolution and then there are a couple of other populations that we feel like are important. So for example, individuals with disabilities were not mentioned. People that have been previously incarcerated, on parole, and their families was not mentioned. We want to be sure to pick up those populations with this process. >> Garza: All right, thank you. If you for all that work.

[9:44:20 AM]

I just have two more questions. One for Dr. Escott and then I guess a general one. For Dr. Escott, I wanted to ask about what I'm seeing is I'm getting questions because my district is one of the outer lying ones that is close to, you know, places like Lockhart, etcetera, about private testing. And these private testing places kind of popping up in other counties and I saw one that it was I think 160 to \$350 to get tested and they did not take private health insurance. And so there's a -- I read a story in the tribune last night about an issue Laredo had in buying 500,000 dollars' worth of testing and it turns out they weren't fda approved tests. So I've gotten a few questions from constituents about that private testing.

[9:45:21 AM]

And I know we don't want to look like we're endorsing any private company, but is there a way for people to if they choose to travel to another county to use one of these private -- to know that these are legitimate testing companies? >> That's a great question and I'm glad you brought it up because I think there's a great deal of fraud going on right now. I think the community should be very aware regarding the antibody testing that's currently being successfully marketed across the state of Texas. These antibody tests are not fda approved and they are not accurate. We have -- many of these tests are being shipped from China in bulk. These companies are only accepting cash for these test kits, and they are virtually useless at this

[9:46:23 AM]

stage. So these igm and igg tests are being offered in -- I think they're trying to fill a gap. People are concerned, they want to be tested. So they're offering a test that doesn't tell you if you're sick right now, it doesn't tell you if you can expose others. And if it tells you that the igg or igm are positive, it could be from coronavirus in the past or it could be from a number of other coronavirus. In fact, a lot of these tests have substantial cross reactivity with five other extremely common coronavirus. So right now

the antibody testing, particularly those that are not fda approved, are useless and people should not spend the money. We have contacted dshs and I really think that this is an issue that the attorney general's office needs to aggressively address and ensure that people aren't scammed out of significant

[9:47:23 AM]

money. You know, there are some circumstances that these may be used in an academic setting for research purposes, which is a reasonable way to do that. As we see better tests come out, and they are coming out, that are more accurate, then they may be a more reasonable thing to do or to use. But they're not useful for determining if people are sick or not right now. The igg testing, for instance, is the one that indicates longer term immunity. The igm or immediate is what the body releases when there's an initial reaction to an infection. It's important that when we're getting results back that they are results back only for covid-19 and not for a host of other coronavirus. In the circumstances -- once these better igg tests are available, in the circumstances where somebody had an illness in February

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or March or even back in January when testing wasn't readily available, and they think they might have had covid-19 and they want to find out if they had a past exposure that's more than two weeks in the past, that may be a useful test for folks. That test may be useful to run emergency departments as an additional test to do community surveillance, but right now those tests are not at all useful for determining whether somebody is sick right now, whether or not they're infectious right now. So we strongly encourage folks to not utilize that testing and use the nasal swab test to determine if they have been infected or not. >> Garza: Thank you for that. If that kind of information is not on the covid-19 page right now, I would encourage us to put -- just maybe just something to the effect for people to be, you know, on the alert for fraud type of issues in that testing.

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And then last question is just general. I don't know if it's for the mayor -- it might be for the mayor. So the governor has put -- and I don't know if this is an executive session question. The governor has, you know, said that there's this retail to go. I don't know if it starts tomorrow or when it starts. Which it is due to conflict with our stay at home orders and what is defined as essential business. And so that's another question I've gotten from folks is how do we respond to concerns about that conflict and what should they -- that's the main question. There seems to be a conflict in our stay at home orders and what the governor is now doing. >> Mayor Adler: This is not dissimilar to when the county judge and I issued orders that said there wouldn't be any construction

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and then the governor [inaudible]. [No audio]. >> Renteria: Sounds like we're having technical problems. >> Pool: Did we lose the mayor's audio? >> Kitchen: Yeah, I can't hear anything. We must have lost him.

[9:51:29 AM]

>> Pool: Could somebody let the mayor know that some of us can't hear him, please? He dropped out about 30 seconds ago. >> Alter: I can't hear him either. >> Councilmembers, if you can hear us we're working on the issue. >> Kitchen: I've lost video for him and audio. And for several others I've lost video. >> Tovo: Can you hear me, this is councilmember tovo. >> We can hear you. >> Tovo: I also have lost -- I have lost the mayor and I just wanted to say my video throughout the day on all of these meetings goes in and out and so I think that is -- I think it's a bandwidth issue at your [indiscernible]. >> Pool: I get notices from the webex application

[9:52:30 AM]

saying that there's not sufficient bandwidth for how we're using it. >> Tovo: Right. Sometimes I get those, sometimes I just lose you all. Like today I can't see any of you,. >> Pool: Yeah. I don't think he realizes we can't hear him. >> Kitchen: I texted him. >> Tovo: I just texted him. [Working on technical issues]. >> Guys, we're working on getting the mayor back online. We're going to have him call in. Just give us a moment.

[9:53:32 AM]

[Working on technical issues]. It looks like these issues are clearing up at the moment and people are showing back up. Just give us one moment. >> Mayor Adler: Everybody is coming back. We went to this weird place where it was just me and Leslie and Paige. >> Pool: Knew, I wasn't -- I couldn't hear you at all. >> Mayor Adler: I could see you. >> Pool: Yeah, we could see you. I couldn't hear Paige either. >> Mayor Adler: In any

[9:54:33 AM]

event, -- [overlapping speakers]. Mayor pro tem, did you hear any of my response to your question? >> Garza: Can you hear me? >> Mayor Adler: You cut out right when you said this is not dissimilar to when we did the construction thing and then you cut out. >> Mayor Adler: It's not dissimilar to that where we didn't change our order, we just issued guidance that recognized that the governor -- that we weren't going to challenge the governor's preemption on that, and we're not going to challenge the governor's preemption on this issue because the three things that he's done are things that made sense to us. What he's doing in parks we're doing in parks. What he's doing with medical procedures is things that we were thinking about doing ourselves. And then the to go shopping, we are advised from Dr. Escott and director Hayden as well as Dell medical school and the modeler is that that may be an appropriate thing to do and to see and watch how

[9:55:34 AM]

that happens. As long as people aren't going into the stores and the like. Depending on what happens in the next round we'll have to evaluate that. The good thing is that the governor is doing that and he has a strike force and two of those people are with the university of Texas and two of the people that are advising us as well. So we know that we're hearing the same thing that the governor's office is hearing. >> Garza: So if people ask, the stay at home orders are still in place until may 8th with the exceptions of those three things that the mayor -- the governor made exceptions for? >> Mayor Adler: That is correct. >> Garza: Okay. Thank you. Those are all my questions. >> Mayor Adler: Okay. Our understanding is that we're allowed to issue orders so long as they are not inconsistent -- the governor recognizes we're allowed to issue orders as long as our orders are not inconsistent.

[9:56:34 AM]

Councilmember kitchen? >> Kitchen: Thank you, mayor. I have a number of questions for Dr. Escott and director Hayden related to the nursing facilities. And let me just say first I really appreciate and know the public appreciates the recent actions that you all are taking to provide for greater protections for our elderly folks living in these facilities. I have a couple of questions there. The first one is related to the access to ppes. I'm wanting to understand a couple of things. You know, as you mentioned, our nursing facilities have an infection control protocols that they've used in the past and those need to be -- those need to be updated with the use of ppe. And I noticed that in the order that was put out the

[9:57:35 AM]

requirement that nursing facilities used ppes with any -- if they have any contact with residents within that six feet use ppes, but it also says if available. So I'd like to understand what our understanding -- what we understand as a city for our nursing homes -- our nursing facilities in the community's access to

ppe. Did we put it if available and that occurred because we're not sure if they have access? -- We're not sure if they have access? And what do we know right now about the access for ppes for nursing facilities so that they can -- any time they have contact within six feet with the resident they can be wearing appropriate n95 masks, for example, if they're doing breathing treatments or other kinds of masks. I'm asking this question because as you mentioned,

[9:58:36 AM]

Dr. Escott, what we're trying to do right now is be ahead of the issue to prevent the spread in nursing facilities as much as possible. And I know that's one important component. So can you speak to the access to ppes? And be sure and let us know what the challenges are so that we can understand if there's additional work to be done, make sure we have access to sufficient ppes. >> Certainly, councilmember. And great questions. Unfortunately given our woefully understocked strategic national stockpile, we're still in the situation of having to prioritize who gets the ppe. And you know, we don't like to be in a situation of deciding is it the nursing home, is it the first responder, is it the hospital, is it the icu that gets it? The indications that we're

[9:59:37 AM]

getting are that that situation is improving on a daily basis. We know that finally the defense production act was put into place and that manufacturing is we're hopeful in the near future that we won't have to triage as much as we have in the past. Having said that, through the eoc there is a ppe task force and requests will come from nursing homes, from hospitals, and from first responders for access to that ppe cache that we do have. And I'm going to ask director Ortiz if he may have some specific information with regard to nursing homes and how they are filled. I will say, part of the team deployment is deployment with additional ppe to assure that those facilities who are experiencing outbreaks have sufficient supplies of the

[10:00:38 AM]

appropriate equipment to really help in that transmission. >> Can you hear me? >> Yes. >> Thank you, doctor. You indicated, we have enough ppes to meet the need but we need to make sure we use them very carefully, very sparingly. If there's any activities that can be done to minimize the use of ppes, that would be -- we're still in agreement that that's the action we should take so we don't use the ppe too quickly. The nurse if a nursing home or other facility needs ppe, those are being coordinated through the eoc, the capital regional

[10:01:39 AM]

committee through their regional medical operation center is contacting them, and those requests are being received through that body, and request to the eoc, and then those be referred to our staging area and are supplied from the ppe that we have on hand, based on the priorities that we have established and triageing in that manner. Up to this point we have been able to fulfill every request. Now, it may take us a little bit longer to fulfill a request, and they may not exactly get what they're asking for, but we get as close as we possibly can to the level of ppe to make sure that they have a ppe that they can use which may require them to modify their normal actions accordingly. We are continuing to work with

[10:02:41 AM]

them. Also, with the Travis county medical society, who is another source that has -- working to identify medical facilities, like nursing homes, that may have needs for ppe and brought those to us, or fulfill them if they have the ppe available as well. >> You're muted. >> Oh. Can you hear me now? >> Yes. >> Okay. Thank you. That's helpful. So a related question. I understand with the strike forces, that includes both additional staffing and ppes. So I understand we have asked for four strike forces, for four locations. And I'm wondering -- but I know that we have more than four nursing facilities where we've had outbreaks. So can you help me understand why we are not asking for strike

[10:03:41 AM]

forces for every location that has an outbreak? Are we thinking that that's not needed? Or just help me understand that. >> Yeah. Council member, this is a matter of prioritizing with the more substantial outbreaks at this stage. Once we have those deployed at those facilities, then we will certainly move to enhance the capabilities of the other facilities as well that are experiencing outbreaks. Ideally, all the ones that have more than two patients that are positive will receive a strike team. But it's going to take us some time to find the personnel. The challenge in the reality right now is, you know, we're hearing from nursing homes through our task force that a -- you know, a nurse assistant who may normally make \$14 an hour at a facility, you know, that position is now being offered at

[10:04:42 AM]

\$24 an hour in some facilities that are experiencing outbreaks, and I still cannot find individuals to fill those spots. So, you know, there is a challenge with identifying personnel who are able to go to those facilities and provide the support. You know, some of the facilities that are part of larger chains have

pulled people from other facilities and placed them in those that are facing staff shortages due to illness. Of course, the challenge is you create a cascade, a domino effect because you may leave other facilities less protected which may make them more vulnerable. So I think the goal here is to not utilize current nursing home staffing from other locations, but introduce new staffing from, you know, clinics or surgical hospitals, or even the state or National Guard that may be able to augment without creating that

[10:05:44 AM]

cascade effect at other facilities. But we do need a large injection of personnel to get this under control. I really do believe that our effectiveness at protecting the nursing home and long-term care facilities will determine how successful we are as a community in making it through this pandemic. >> Okay. So now that the request to the state is for funding, not for people, that we have to come up with [lapse in audio] Ourselves for strike force. Am I understanding? So we asked for funding from the state, for four strike forces, because that's what we've got at the moment, in terms of staffing for the most immediate need. Is that right? >> So the request was for people. People with equipment. And we're able to talk more about the particulars of the

[10:06:44 AM]

request. This is a very similar concept to something called an emtf model that's run through the state that are deployed to disasters. They could be deployed to floods or hurricanes or wildfires. But it is medical personnel that through a state contract agreed to be deployed to locations. And there's a process in that circumstance, if they're coming from a hospital, to pay for that person to be deployed as a state asset. They pay for back-filling of that person's regular role, and in a deployable asset around the state. So we're hopeful the state may be able to use that same model modified for this nursing home task force and nursing home strike team. But I will say, the strike team is not just nurses and physicians and advanced practice

[10:07:46 AM]

providers, it's also things like maintenance workers, kitchen staff, because in some of these facilities, those are the people who are out, those are the people who have been sick, or, you know, are under isolation orders at this stage. And they need support in all those aspects, including the support personnel. >> Okay. Thank you. I'd like to have further discussion at some point. I'm hopeful we can ask for strike forces for all our facilities that [lapse in audio]. I just have two more questions. So can you speak to the -- let's see -- to the scope of testing at nursing facilities? Just because that's something

that's been a big question, testing of people that are working in nursing facilities. I know that's addressed some in the [lapse in audio] Orders, but that's been a big question in

[10:08:46 AM]

the community. So it would be helpful if you could provide an update in the thinking of how that will occur, or how that will be rolled out. >> Yes. Another great question, council member. So I issued a control order on Friday for one facility, which required testing of staff, including those who are asymptomatic. And this is a bit of a pilot project to determine if we're going to protect somebody who is positive who is not symptomatic. [Lapse in audio] A similar sample of health care workers about a month ago. They tested 100 individuals and found zero of them were positive without symptoms. I think ideally, you know, at these facilities, it would not be unreasonable for us to test staff once a week, until -

[10:09:49 AM]

those that have outbreaks, or even in an individual case of a resident, to test those once a week until we have incubation periods without detection of a new case. Some of this is going to be related to our testing capacity. We are gaining in confidence that our testing capacity is going to be in a situation where we can offer that kind of testing. But I expect over the next 30 days, to 60 days, that the testing is going to be more plentiful, it's going to be faster and it's going to be less expensive. And as we look to point-of-care testing as the best solution for this method of testing staff, we have the potential in the future to test staff, you know, before they check in and go in the facility, if we can get a test that is quick enough and is portable and can be done on site. I will say that the state has

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provided us with an Abbott I.D. Now analyzer, the rapid test, which may result in 15 minutes. We are still waiting on test kits for that. We don't have any test kits for that at this stage because they're in short supply. We're hopeful we may be able to utilize that to deploy to some facilities in the circumstance of outbreak, and we're working with our lab director to have discussions about the practicality of that kind of solution with this new analyzer. >> Okay. Thank you very much. My last question is, I'm not sure who this one is for, but I'm wanting to understand if we -- I think we said this, but as a city, what our plan for reopening is. Actually, when we will have an opportunity to discuss our plan for reopening, that's really my question. I think -- I know folks are working on that, and so mayor, I

[10:11:53 AM]

don't know if this is a question for you, or for Dr. Escott. But I would like to understand the timeline and setting in which we can have a conversation as a council to understand that the approach that we are wanting to take to reopening. >> Mayor Adler: I think that would be an important thing for us to be able to talk about as a council. And I don't know, Ann, if there's an item on Thursday on the agenda that would enable us to engage in that conversation or not. If not, we need to set it. You know, we have the - there are different groups that are looking at the health implications, and the modeling implications of different kinds of scenarios. Dr. Escott has a task force that he has that is looking at that

[10:12:55 AM]

issue. We've asked some people in the business community to talk about how they would see kind of reentry. And quite frankly, is being precipitated late bit on the timing by what the governor said last week. I think it is something we need to talk about as a council. A really high level. When we started this, everything we did was designed to be able to find the virus everywhere it was, and then to isolate it wherever we found it, and then to treat it. The important thing for everyone to remember is that the virus is no less infectious today than it was back then. In some ways we're still at the same place we were back in March when we moved into this. When we talk about adapting businesses or reopening businesses, we're talking about increasing the number of physical interactions that

[10:13:58 AM]

happen. Anytime you increase the number of physical interactions, you're taking greater risk that the virus is going to spread. Because it's the separation and the isolation that that stops that. The question is, can you control that risk. The elements to being able to control the risk are being able to do testing at a much higher level, so that you can find the virus when it does spread, if it does spread in that scenario. The isolating component of it is depending on our ability and resources we can put against the contact tracing. And then taking advantage of the fact that we have bought more time as a community to bring in supply. For example, if you open up restaurants, for example, and let people go to a restaurant, right now, I can tell you, everybody that I have come into contact with over the last five days, if for whatever reason I had a virus or they had the

[10:14:58 AM]

virus, it would be real easy to find the universe of people that touched that. If I go into a restaurant, it's going to be harder to do that, because I'm running into more people. Now, depending on how you structure that, how many people can sit at tables, how close are tables. Does everybody have to log in

when they go to a restaurant, not only customers, but people who work there, so that if anybody has a virus, you can go back and say I was in the restaurant at this time, these were the other people who were in that universe. Do you make it so that there are no condiments on the table. Can you really clean down all the table and all the chairs so that the next person who sits there can't touch something that somebody else touched without being disinfected. The larger you get with more and more people, the more opportunities are to touch something that somebody else has touched, the greater the inability to be able to know exactly who it is that you came in contact with, all of those

[10:16:00 AM]

are contributing risk factors. That said, again, I think this is something that we need to talk about. So let me work with Ann and then figure out how to make sure we have that up. >> Thank you, mayor. I think this last one is a very simple yes or no. Dr. Escott, did the nursing home control orders, they only city of Austin? Or Travis county? I'm wondering about the nursing facilities in the communities that surround us. >> Great question, council member. Because I've served as a health authority for both the city and the county, they apply to those jurisdictions. >> Mayor Adler: Okay. Further questions? Council member alter. >> Alter: Good morning. Before I ask my other questions,

[10:17:01 AM]

I just wanted to confirm, is Franco going to be doing a briefing relative to federal and state funding this morning as well? >> Yes, that's correct. >> Alter: Okay, great. So I want to follow up on council member kitchen's request to have that conversation, and just echo that desire for us to be able to, as a council, have a better understanding of some of the variables we need to consider and think about, as we think about what reopening looks like. And I'm not sure if this is a question for the mayor, or for staff. But we have the changes that the governor has instituted that are happening this week in those three areas. But we still have some control and ability to shape how those play out in our community. So for instance, if we're moving to a retail curbside, we can

[10:18:02 AM]

provide clear protocols, we can make sure that we provide good supply chain for the sanitizers that they might need, and other kinds of things. And I think that holds in all three of those areas. So can you speak a little bit to our plan, they may be in progress, and obviously this is happening over the course of the week, to get the right information to the people who may be responsible for carrying out those openings, or the workers, so that we do those in the safest way possible for our community under the guidance of the governor that we need to proceed in that manner? >> And that is how we handled it

with respect to construction. So the question that I think member alter is asking, is there guidance that you're working on, or that can issue associated with our protocols with respect to curbside service.

[10:19:04 AM]

I don't know if we have any that relate to the restaurant curbside service. I don't recall any or not. >> Alter: Part of the reason that I'm -- >> Mayor Adler: Should we do that. >> Alter: Part of the reason I'm asking is that with the curbside restaurant, it took a little while to get it going and get it right. But we know that the risks are high if we get it wrong, that we can have more contagion. So before they open up on Friday, if we can have that in place. It's not just the curbside. You know, what are we telling our park staff. I mean, we were out by the park yesterday and the people who were mowing the lawn were sitting next to each other with no face masks, within six feet of each other, and they are our staff. So how are we approaching this to be the most safe as possible? >> Yeah, council member, great question. You know, my view of the

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governor's recommendations for the curbside pickup for retail was quite descriptive, in the methods that had to be utilized for these procedures. It was basically no contact allowed between employees and those who were picking up items. We'll do this again with staff and see if there are any further recommendations that we can provide, or clarification that we can provide to make things safer. But I agree, I think that as the mayor said, when we look at risk, in the discussions we've been having in our small group think tank in relation to reopening business, had to do with the assessment of various aspects of risk and the ability to mitigate that risk. When it comes down to it, the risks we're trying to mitigate is that person-to-person interaction. So when we look at that, can we open this, or can we do that, it's going to boil down to, how

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many times individuals are going to be face to face. How many times are they going to be within six feet, and can you mitigate that or not. And, you know, as we start to roll things out and look to roll out additional businesses in the future as far as reopening is concerned, the public has got to understand this is not just an indication that we're over this. I hear people saying, oh, let's -- we're at the peak or past the peak, we're close to the peak. The peak is generated by us. By our decisions, as individuals, as a community. And if we don't continue to embrace those good decisions, if we don't continue to social distance, if we don't continue to wear the face coverings in public, then we're going to be back in a stay-at-home work space order in a short amount of time. I think the clear message has to be, we have to remain vigilant.

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That vigilance probably has to last for at least a year. So we're going to have to get used to doing things safer, going to work safer, if, you know, if it's determined that you can go back to your workplace to some extent. Shopping safer. You know, going to the post office safer. We have to continue to be protective of ourselves. The better we can do that as a community, the better chance we're going to have to open things up and to keep things open for a longer period of time despite the fact that more interactions are happening. When we look at what I refer to as the effective social distancing percentage, you know, we have actual social distancing, how good are people staying at staying six feet apart. Then we have effective social distancing. What are the other things that are happening, decisions that are being made that are leading to that effective social distancing. That's about 94% right now.

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Better than we expected, that we could get to. But that's based upon those decisions. We need those good decisions to continue despite the fact that things are going to be starting to open up more. In discussions with our health care system, one of the other items opening tomorrow, scheduled to potentially open tomorrow is that elective surgery. Part of the governor's instructions for that is that health care systems have to be at a stage where they're going to be self-sufficient on ppe, not only now, but for the duration of the pandemic. So we've had this discussion with our hospitals and CEOs, they're evaluating the situation. Most of them think that they are at that stage where they can ensure enough ppe, or they're close to that stage. So, you know, again, I think we're acting cautiously. We want to be sure as much as possible, and I know we're all in a rush to get things back open. But if we don't do it right, if

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we don't do it in a measured way, we're going to be back in the shelter in place situation, and I think it's worth taking a little extra time, as you suggested, to make sure that when we start rolling things out, we're doing it well and it's sustainable. >> Alter: Thank you, doctor. I think really what I'm trying to get at is how do we make sure that as we have to operate with these three openings, that we do them in the safest way possible. When we allowed carryout with the restaurants, we were dealing with a population that was used to food safety measures and disinfecting and doing that stuff on a regular basis. I'm not sure with the curbside retail that they have the same protocols in place, and I would like to make sure that no matter how detailed the governor's guidance is, that we are providing those same protocols,

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taking what we've learned from the restaurant and the food stuff, opening your trunk and putting it in, and we're also making sure that we are helping to ease some of the supply chain problems for the ppe for those who are doing that retail curbside. You know, we need to get them the hand sanitizer. We need to make sure they can buy it from us, but there's a supply chain issue that we may need to be kind of resolving, and it needs to be in one place so the businesses that are trying to navigate how to do this have clear guidance from us that this is the safest way, you know, to the extent that we know so we're taking the precautions we need as we reopen. I'm more confident that the hospitals will understand how to do that, and take the precautions. What steps are we taking with respect to our parks, and what does this actually mean relative to what we already have in place

[10:26:13 AM]

for our parks if we move forward with what the governor has designated? >> I'll ask Stephanie to see if she has more insight on the particular measures in relation to parks. >> I'm here. Can you hear me? >> Yes. >> Yes. >> Okay, great. I'm going to just check and see if (indiscernible) Is here. Because he has more details about what (indiscernible) Are doing in the park space, with the various parks. I know they've done some signage, and they have, you know, been really (indiscernible) With parking. There was an outreach effort this weekend. And so I'm going to defer to acm

[10:27:16 AM]

shorter. >> Hi, this is Chris shorter. Can you hear me okay? >> Mayor Adler: Yes. >> Perfect. So yes, the governor's order is not going to be inconsistent or make it difficult for the park system to continue to operate in the way that we have. I want to really acknowledge director mcneily and her team for the great work that's been done to really continue to educate around social distancing, make sure that we're doing everything we can to educate the community around the safe and effective use of parks and trails. I'll also say that the trail foundation and other partners have really done a good job with signage, and making sure that they educate the population that's utilizing their facilities as well.

[10:28:17 AM]

That said, we have worked -- the parks system has worked with the transportation department to really limit the amount of parking that's being done around certain metropolitan parks and district parks. But our parks have remained open throughout this time. And so that said, we have certainly closed amenities associated with our parks, and we have, again, really worked hard to make sure that we

educate our population around social distancing, and like director Hayden mentioned, we're out -- we were out this weekend, director mcneily herself was out this weekend making sure that she personally was talking to residents about the importance of social distancing at gibbons park. That said, I hope that answers your question. And if it doesn't, I'm happy to

[10:29:20 AM]

elaborate more. >> Alter: I guess I'm trying to understand how the governor's order might change what we're doing in parks, particularly with respect to the park amenities. >> The governor's order only relates to state parks. And he reopened state parks. Where we govern, are our rules with respect to our city parks, and also the county parks. And we have restrictions that go beyond what the governor said with respect to our city and county parks. >> Alter: Okay. >> The governor's order doesn't impact our ability to go further, but additional limitations or rules. So it doesn't impact us. If we need to go further in what we've done with city parks or county parks, we can certainly do that. The incident that you mentioned where you said you saw crews together that were not wearing face coverings and were too close together, unfortunately we see all over the city, and that

[10:30:21 AM]

we should certainly be doing everything we can to make sure that -- reaffirm to our employees that that's behavior that is in violation of the orders that have been set. >> Alter: Thank you. And then my last question I think is for Dr. Escott. So we're seeing numbers for Austin and Travis county, but obviously we have parts of our city that are in other counties. How do we think about the numbers that we have for the city of Austin relative to other counties? Are we only seeing Austin and Travis county joint numbers? >> So the numbers that we display are primarily the Travis county numbers as our jurisdiction. That will include city of Austin numbers that are within places like Williamson county. The hospitalization numbers that we display daily are from the five-county msa.

[10:31:22 AM]

So that does include hospitalizations from the surrounding area. Again, you know, all along we've been working as much as we can as a region. We've been sharing ideas and in strategies with our partners. And also as I mentioned before, this contact tracing, the sales force platform that we're encouraging to move statewide is really important. Particularly since 30% of our work force come from another county into Austin and Travis county to work. So it's really critical that we continue to break down those jurisdictional barriers so that we are having that consistency across borders, and, you know, we work as much as we can to support our jurisdictions that don't have their own public health departments. And we've been pleased with the cooperation by our surrounding

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jurisdictions. I think we can continue to enhance those efforts to make sure that as we move forward, we can do it as safely as possible, and as one unit. >> Alter: I just want to make sure I didn't understand the part about the Williamson county in the numbers if they were in Austin. Is that in our numbers or not in ours, if not in the city of Austin? >> If they're city of Austin Williamson county they will be included in our numbers. If they're not in the city of Austin, that will be included in Williamson county numbers. >> Alter: Thank you. And thank you to you and your staff to help us navigate this. >> Before we go to the next council member, the graphs and charts that Dr. Escott referred to in his briefing have been e-mailed to you and also posted as backup. Just as a reference point to some of the descriptions that Dr. Escott was providing earlier. >> Mayor Adler: Thank you. Paige, did you have something?

[10:33:27 AM]

>> I did. Thank you. And I really appreciate the questions and comments on the park spaces and retail to go. We have a number of trail heads in district 8 and there are some that people are wearing their face masks and practicing social distancing, and then there are others that aren't following the rules so closely. I really appreciate Dr. Mcneily and 311 and some of the other individuals that have helped to make sure we don't have large amounts of people gathering near these trailheads. I really appreciate where people are, social distancing and being away from each other, because we all need to get out of the house sometimes and access our trails. The question that I had is actually about the rise funding and website that's available for people to apply for assistance. Is the site the same for individual people and families as it is for nonprofits, or are those two different places that people would need to go to?

[10:34:31 AM]

>> Good morning. For individuals, we are [lapse in audio] Calling 211 to get information or go to the 211 website. As we get more partners, that are contracted to do the services, we are going to update the website. So we'll add the partners we have right now to the website. They are [lapse in audio]

[10:35:32 AM]

Additional information this week. So we'll put hyperlinks on our website as well. So we're going to be updating as we go along. >> That's really helpful and actually leads into another question I had on the same topic which is, is it only available for nonprofits to -- for vendors with the city up until a certain

date, or could people still update their vendor registries or start new ones in case maybe there's a partner that has, you know, a connected network of helping individuals in Austin, but may just not be a city partner at this time? Is that vendor application process something they could still begin, or update? >> Oh, yes, it is. And we have that on the website, just let them know they need to do the vendor registration. So to get them to do the vendor registration and then the application, they can do those at the same time. >> Okay. That's really helpful

[10:36:34 AM]

information. I appreciate that, director Hayden. And a last thought that I had, as I know that the schools are closed until the end of the school year, and as we start looking at what the process looks like to slowly reopen, I realize there's a lot of concern in our community for parents being expected to go back to work, or being expected to be able to do overtime hours, but not have day care assistance, even if they're not necessarily considered the, quote unquote, essential employees, that if child care places are not open, there could be a little disconnect as we try to get back to a sense of normalcy where parents are expected to go back to the office, but they still don't have anyone to watch their kids. So I don't know that that's a question, more than just a comment. I'm sure it's on your radar. Because I know it's been since the beginning, but we may just want to make sure we're well calibrated and have an answer

[10:37:35 AM]

for a best practice, to make sure we can get back to normal while addressing that concern as well. >> Our task force, they are not only just focusing on essential workers. And so if an individual has questions about that, I'm looking at my document here, but we'll get some information out. We know that, for example, like boys and girls club, as well as the ymca is providing some services -- child care services. And of course, if they're city employees, they can bring their children to the -- one of the three park locations. Our parks have really been

[10:38:35 AM]

exceptional in providing this additional area for our children, of employees during this period of time. >> I really appreciate that. I know it's a bit tricky if the schools aren't open. There may be families that don't have a connection to child care or day care that could benefit from that information. So thank you. >> Mayor, just for the council, Dr. Escott has to leave for commissioner's court in a minute. So maybe if there's one pressing question, but we might have to take the rest in another forum because Dr. Escott needs to leave. With that, maybe if there's just one question for him. >> Mayor Adler: We'll do two real quick questions for Dr. Escott. Weep keep the questions for Escott first, and short as you can. >> Thank

you. It's really helpful to hear that we're at 6.6 per capita tests. What's our goal as far as per capita testing, sort of over

[10:39:36 AM]

time here? Just so that we can set some level of expectation for people. And can you describe once we start getting towards that goal, sort of what it looks like. You know, I know we've been talking about flattening the curve, and then also getting to the right testing, isolation, treatment regime. What is the state's per capita, and what is our goal? Give everybody a sense of where we're trying to get to. >> So, we are working along with the state and others to identify appropriate goals. I can tell you that the recommendation from a report from Harvard was 152 per 100,000 per day, which would be 1,842 per day in the city of Austin. Are we are not close to that at this stage. But of cours -- I apologize, there's a fire alarm going off.

[10:40:38 AM]

There are arguments that that number is too high. We continue to work with our partners on that. I expect the state recommendations tomorrow. We'll identify a goal which is going to be less than that. But, you know, I think that an indication is a rate of positivity. W.H.O. Is recommending that a positive rate of -- a maximum of 10% as a trigger to consider reopening things. That's a combination of threat, and it's a combination of testing capacity. They'll make that determination of the percent positive. So we'll continue to track that. One of the things we've asked our think tank to consider is, what are those triggers to toggle up and to toggle down our activities related to commerce, how do we best prevent that

[10:41:39 AM]

exceeding capacity of the health care system, maximize our protection of our community, and part of that is going to be looking at those triggers for toggling up and toggling down as well as further efforts to cocoon and protect those who are vulnerable to complications. You know, we have identified certain populations who are at high risk of hospitalization and higher risk for death. So part of our success and our ability to sustain opening operations will be how effectively we protect those who are at risk from hospitalization and death. So we're continuing to work with our academic partners, with the state, to best identify that strategy. And we're hopeful that we're going to have some results of those efforts at modeling later this week. >> That's great. Just to get those numbers on apples to apples, are we at 6.6 per thousand people per week?

[10:42:41 AM]

You used the Harvard number that was per thousand -- can you just get us to the same unit of measurement? >> Yeah. Great question. So that 6.6 is the total cumulative per capita rate of testing. So to put it in those numbers, we need to assess 1.52 individuals per 1,000 per day. >> So currently we're at 6.6 per 1,000 since the pandemic began, since we began testing, and we're trying to get to 1.52 per 1,000 per day, which would be increasing that 6.6 by 1.52 each day? >> Yes. That's -- >> Never do math in public, I apologize. >> It would be a much higher rate of testing. So that 6.6 is over a six-week period.

[10:43:42 AM]

So, you know, it's that number divided by 42. So we're not close to that target of 152 per 100,000 per day. >> Got it. Okay. (Indiscernible) If we were to do it -- if we were at the level that Harvard recommended, which some folks said might be high, but that's what the Harvard study said? >> Yeah. Again, that 6.6 is cumulative. So we have to -- they did the math on that and divided by what the average number is per day. Which would be much, much lower. >> Got it. Okay. Thank you. >> You bet. >> Mayor Adler: Council member tovo. >> Ellis: . >> Tovo: I want to focus on two quick things. Quickly explain slide 3. I think now that we have it in

[10:44:44 AM]

the backup and on the computer screens -- [lapse in audio]. Never mind. I'll figure out a way to ask that question outside of your -- >> Okay. >> Tovo: In our last council meeting we talked about demographics of testing and whether that could be made available. And I wondered -- I haven't seen any information about the testing demographics. I understand you don't -- public health isn't necessarily aware of all of the testing outlets. But do you have any compiled demographics at this point of who is being tested in our community? >> That testing -- or the positive test demographics are on that slide, too, that you have. The sales force platform will give us demographic information on the total -- sorry, fire

[10:45:45 AM]

alarm again -- the total number of people tested, the demographics as well as the zip codes of those individuals are being tested. Those will allow us to structure our outreach to ensure we are reaching communities uniformly. It will allow us to target messaging where communities aren't getting tested. It really helps improve our strategy at both our testing communications as well as our (indiscernible) Communications. I will add one other thing. It will also allow us to potentially target asymptomatic testing. If we have areas where we have a high incidence of new cases, we may allow for a certain

percentage or certain number of asymptomatic individuals signing up in that particular area to be tested as well. So we're looking at a number of these factors, and we certainly believe this new platform will

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help us to break down some of those barriers as well as give us more situational awareness regarding things like testing. >> Tovo: (Indiscernible) Helpful information. It sounds like the demographic information about who and where people are being tested, or whether zip codes of origin is not available at this point, but once that software program is more fully utilized, it will be. I would like to get back to that chart on page 3 and see if we can -- just very quickly, if you could offer the explanation about what is happening here in terms of this trend. So we see the number of new cases, as the yellow bar, the number of red cases, increasing. And then the green line indicates the percent of increase. And it jogs around quite a bit.

[10:47:50 AM]

But is -- what would you say -- can you help us understand (indiscernible) Some of the dips in the last several days. There was a pretty precipitous jog. >> Yes. Again -- >> Tovo: (Indiscernible) Accounts for those irregularities in the graph. >> Great questions. Yeah, as you described, the red bars are cumulative, the yellow are the new cases per day. Which have been relatively steady over quite a number of days. The green is the percent increase as compared to the previous day. So we're going to see some regular variation in those numbers based upon how many people are tested on a particular day, as well as how efficient the labs are at reporting those results. So we have been seeing decreased

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results on the weekends, and so we often see an increase on Monday or Tuesday as they get past that backlog. I will say that last week we signed a new contract with a new lab here in Texas that has substantial -- more capacity to run tests. We're expecting even quicker turn-around. As we move to the sales force platform that I mentioned, we will not have the lag of somebody sending us a fax for results. Those results will come back instantly to the patient, and to us at the same time. So we should have less variability in the daily testing numbers, in the daily results as we implement that system. I will say that early on, you can see on the left side of the graph, substantial increases on a daily basis. Obviously small numbers are much easier to double. As the numbers get larger,

[10:49:54 AM]

it's -- you know, you need substantially more cases to double that number. You know, over time, we've transitioned from a two-day doubling rate down to, you know, right now we're about 12 days for doubling. So this is positive. But we still want to see decreases in those numbers. I mentioned before the public enrollment process, I can tell you over the next week to two weeks, we're going to see an increase in number of cases because we're testing more. We shouldn't be alarmed by that. At the same time we are also following the hospitalized numbers, which will give us -- the hospitalized numbers are less prone to variability related to testing. We've seen some plateau over a number of days. I think for modeling and, you know, the prediction of when we're going to peak, it should

[10:50:55 AM]

probably -- it's probably better based upon the hospitalized data which is less based upon the testing, and more reflective of the actual disease in the community. When we think about the actual number of cases, we multiply this number by 7 to 8, as a better indication of the actual number of cases in the community. That's a factor we've been talking about for weeks now. Generally, a typical factor that we have applied for other outbreaks as well. >> Tovo: And so I think it would be -- I could underscore my colleague's request that we have a conversation about what it would look like to reopen, but especially some more -- some time to really look at, and potentially hear from some of the individuals that are doing the modeling. Do you have an estimate at this point based on some of that modeling of where our peak is? Or might be? And whether it has been pushed out further because of the

[10:51:56 AM]

success of the social distancing? >> That's a great question. I think we are clearly flattening the curve in Austin (indiscernible) Based on the stretching out of that doubling rate in cases, and that plateau that we're seeing. You know, the prediction models are at a point of convergence right now. So we've got to be a little careful about predicting at this stage, because it may be too early to tell which direction we're headed. I think that as the week progresses, that data's going to become more clear, and, you know, I'm hopeful by the end of this week that we'll have a much clearer picture about when we're going to expect that peak. Again, we've had factors change over the past two weeks that may impact or stretch out that peak. Namely, the reactivation of construction, as well as the

[10:52:58 AM]

Easter holiday, and we've heard anecdotally from a number of sources that a number of families have gotten together, there was still some activity that brought people together, so we're a bit concerned

that we may see a little increase based upon that as well. I think that as we continue to increase the testing, we're going to get a better picture regarding where we are, and we're going to be able to predict peaks a bit more clearly. I'll also say that our hospital system partners are now providing us with daily information regarding hospitalized individuals, so that we can better assess what's happening with our Travis county residents, the demographics associated with those individuals, and also, feed better data into the model so that it can be more accurate. >> Tovo: Well, thank you very much. And you indicated -- and thank you for reminding us about the

[10:53:58 AM]

construction and Easter holidays, and the way in which that might impact what we see in the weeks ahead. You talked earlier about how effective social distancing has been, and I just want to ask you to underscore a point you made earlier, that part of why hospital capacity is keeping up at this point is because of the good choices that our leaders, including you, have made, and the responsiveness of the public. And that that is really -- that is really necessary to continue. >> Absolutely. Look, we as a community will determine when that peak happens, and when another peak happens in the future. It's in our control. It's not going away, it's not going to go away, and it's still essential for us to stretch this out as long as we can. We have some real hope about

[10:55:00 AM]

treatments that may be identified soon, which will be effective. And you've seen some of those in the media regarding, you know, well-controlled studies on some of these interventions. The further we can push this out, the better chance we have at treatment, probably is the first step, and then, you know, as early as the fall, starting vaccination trials, and people in healthcare and first responders. It's still prudent for us to be continue to flatten the curve and protect people's lives. If we become lax on those things even in the short-term, we'll be back in a situation of a rising peak. >> Tovo: Thank you very much. And thank you for all of your leadership on this. >> Mayor Adler: Dr. Escott, thank you for being with us. Say hi to the county commissioners for us. >> May I take this opportunity that we transition to Franco and

[10:56:04 AM]

a brief presentation. Just to move through that presentation, then we can conclude with the rest of the briefing. >> I just have a brief statement that I want to make. >> Mayor Adler: Go ahead. >> Yes. You know, because of the governor opening our state parks, a lot of people misunderstood that, and I think they're going to parks like Decker, you know, this past Sunday I got a phone call saying there were between 40 and 60 people not practicing safe distance. And the hispanic community might not

understand, you know, when the governor made that announcement, that they were supposed to be a safe distance and practice all the safety about it. And I've been really concerned, and on Sundays, those parks have a big draw to them. I'm just hoping that we can get our staff to make sure they can

[10:57:06 AM]

monitor that, the parks, to make sure that they're not groups and having big parties over there. >> Mayor Adler: Thank you. Let's go then to bree. Is bree here? >> Yes, mayor. Good morning, council members. Bree Franco, intergovernmental relations officer. Do you have my slide deck up with the funding, the powerpoint in front of you? >> Mayor Adler: No. And I'm not sure we're set up to be able to -- oh, here it is. Got it. >> Okay. Moving to slide 2, everyone. I'm going to give you an overview today of what we know is in the C.A.R.E.S. Act for the city of Austin. And some of our surrounding entities. I'm going to start with the big fund that we've all heard about, that's the coronavirus relief fund. This fund was created to provide direct aid directly from the federal government to cities and

[10:58:08 AM]

counties with populations greater than 500,000. That means that both the city of Austin and Travis county are eligible. We received what we believe is our funding yesterday. I say believe, because it was just wired to us without an explanation. But it's a substantial amount of 170.8 million. Last night I received confirmation from my counterpart at the Travis county, that they have not yet received their 54 million. But that's what they're anticipating. You will note that the Travis county number is lower than ours, because our allotment is deducted from the Travis county allotment. That's how the fund was set up. I'm sure they'll receive it soon and we'll let you know as soon as they do. As we said many times, we are still awaiting roles from the treasury department regarding the use of this fund. That's important, because as we

[10:59:08 AM]

move to the next slide, slide 3, I have taken the language directly from the legislation that describes the use of the funds. And I want you to look at the language that I put in red, and bolded, that basically breaks down what I believe are the most important parts, which is that they are to be for necessary expenditures, that were not accounted for in the budget most recently approved. So in other words, expenditures that we didn't budget, in the budget we're operating in now, and these expenditures must have been incurred between March 1st and December 30th, so there is a cutoff date on when we can claim the expenditures. If I read this correctly I would read it to say we can have an expenditure on December 30th and then use the fund to refund that expenditure. That is the extent of the guidance we have on the coronavirus relief fund. I think it will be very

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important once we get those rules to know what they say, and we are advocating to our federal delegation through numerous channels to allow for very broad flexibility of what that means. That they provide us with as much broad flexibility for these terms, and if they need to even after these rules are put out, if they need to change the legislation to provide even more flexibility, we are asking for that as well. I'm going to move on -- I know you all will have questions, but I'll go through the entire presentation first, which is very short. We move to the next slide, slide 4, so the coronavirus relief fund is our first big bucket. The next bucket I want you to think of are the items for which we've already received funding notifications. So for instance, we know our dollar amounts. Some of these items are even on the council agenda on Thursday for your approval. And those are the ones listed on.

[11:01:09 AM]

Slide 4. And you will see on there that we got additional funding for cdbg. We got additional funding for the homeless emergency solutions grant. Hop with a is what we call -- hopwa. And the airport received a significant amount of funding for their operations and so forth. All of these funding sources do have more funding sources than their normal use. We can provide you more information as this goes forward and they also have different dates in which they can be used. Slide 5, these are what we are eligible for the funding and haven't gotten innovation yet. So for cdbg the legislation created a new formula based on covid-related housing market disruption, and they

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are also providing funding to states for states to use in entitlement and non-entitlement communities. There is no deadline for when they have to come up with this formula and save for the state on their side. So they've advised us not to wait on this in order to move forward with the other funds and we'll keep monitoring as that money progresses as those formulas are created and advise you of what's happening next. The same is true for the homeless emergency solutions grant. That again is a new formula based on covid response. And there will be additional money for hopwa. We are still waiting. The community services block grant innovation, since we are the provider for that grant, we will receive those funds directly. And then there is a handful of competitive grants for which the city will have to

[11:03:10 AM]

apply, such as the national endowment of the arts, the national humanity society and the Eda. But those are ones in which we will have to apply for. Those are competitive grants. To provide you with some information of what we know other agencies in our community are receiving, slide 6 details some of this out. As you all have heard and seen in the news I'm sure, cap metro received 104 million due to the transit formula and they can use that to cover operating costs, which is helpful for them. We also know that the peoples clinic and also the Travis health care district arrest as we know it central health, are receiving funds through this as well and we know those amounts. We will continue to try to track this information to the extent it's available. There's no one website we can go to to find all this information, so we have to go to multiple sources to get it. But to date these are the other area entities that are

[11:04:10 AM]

receiving funding or have received innovation of funding through the act. And the last slide, page 7, shows for Travis county and Williamson county what we know to date that they also received for the Byrne jag and their cdbg funding. And again, we know that Travis county's coronavirus relief fund amount. I don't believe Williamson county is eligible and I will confirm that and follow up with you all on that. That is all of my presentation, so I am happy to take questions with the assistance of other staff on this one. >> Mayor Adler: Thank you. Currently right now in congress is the debate discussion about yet another version of legislation. The cities have been trying to get money included for cities and the state as part

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of that. It looks like as though the negotiations are going to ebbed up with the next round being additional paycheck protection dollars for businesses, although members of our federal delegation, both Republicans and decrats, have indicated to me that there will be yet one more round in a few weeks, couple or three weeks. That will include additional assistance to cities and states. And we've gotten commitment from both Republicans and Democrats in our federal delegation to also address the limitation on the cares funding we got at 150 plus million dollars to let us use that for -- to offset revenue losses, which means to use it for things that are currently in our budget, but may not be things we can do because of the [inaudible].

[11:06:11 AM]

Leslie, you had your hand raised. >> Pool: I did, thanks. Bree, pages I think 3 and 4, the 170 million, and then the page with the details are the amounts on the second page included in the 170 or are they added to the 170? >> They are added to. >> Pool: Okay. And the 170 million is the specific funding that doesn't yet have the guidance that we've been talking about, but we have guidance on the

reimbursement that's in the other items. >> That's correct. >> Pool: Okay. I also wanted to double-check, sometimes we talk about the money coming through cares as stimulus, but I don't think it's actually -- it isn't stimulus, right? It's a reimbursement for monies already spent. Stimulus would be something different, is that correct? >> Sure. I do want to clarify that on slide 4 we are still awaiting guidance on the

[11:07:14 AM]

cdbg funding. We have general guidance and we generally know how this formula works and how we can use it, but because they are waiving certain restrictions, we are still waiting for that further guidance on that one. And then of course, some of the others are very specific on their use like the Byrne jag is a criminal justice grant that the police department gets. >> Pool: Thanks. >> Mayor Adler: Okay. Ann? >> Kitchen: I wanted to ask if -- and this is probably for -- this is for a later conversation, but I would like to have a conversation about the use of our budget for the 170 million. We've gotten some information already about expenditures that we've had to make and projections, but we haven't seen as a whole where we think and how we think we will use the

[11:08:16 AM]

170 million. So I think that's a future activity, but mayor, I would ask that we have that opportunity to have that conversation also with our staff. So we can see as a whole where we're going and where we project our needs to be, not just after we spend it. >> Mayor Adler: That makes sense as well, thank you. Any further questions for bree? Alison, then the mayor pro tem and then councilmember tovo. >> Alter: Thank you. We have an item on our agenda this week where we're getting money from the state that has not been specifically allocated to coronavirus, but through emergency contact stuff that we have set up. But I'm trying to understand what support we're getting from the states. >> So I'm going to get

[11:09:16 AM]

Stephanie Hayden to help me answer this question if she's still on the line. What I believe that money comes from is we're on the third piece of legislation at this point. This piece of legislation was specifically called the cares act so when we refer to that -- when I say the cares act I'm referring to legislation number 3. I believe the funding that public health is putting up on your agenda this week is from one of the prior two pieces of legislation which didn't have large allotment for cities in the way the cares act did. Stephanie, are you on the line to speak more to this item? >> I'm sorry, I'm here. Can you repeat the question? I apologize. >> Alter: So I'm trying to understand for we have item 70 on our agenda, which seems to be state money that we're using for covid, but we didn't -- in our

[11:10:17 AM]

presentation bree wasn't presenting what we've gotten from the state. And I was trying to understand what we are getting from the state and how that's coming in, but also using that example from item 70 to help illustrate it. >> Stephanie, before you answer, if I could clarify, councilmember alter, that we are tracking what we received from the state. But to your point we need to card Nate with departments better on items they're receiving that have come in through the other pieces of legislation. So if there was other significant state resources from the cares act or through the cares act, I would have included that as well. But I'll let Stephanie speak to item 73 on the council agenda. 70, I'm sorry. >> I'm sorry, 70 is the one

[11:11:18 AM]

that is from the cares act. There's another one that's from the state. Let me see if I can find that one for you. >> I think it's item 73. >> Alter: Maybe if you could speak to the state funding piece and I'll find it. >> Okay. So we do have several items on the agenda and bree covered several of those. The funding for hopwa is on the agenda as well as our emergency solutions grant through hud. And then these dollars that are -- that we're getting \$1.6 million, those dollars

[11:12:19 AM]

we currently receive funding from the state for this grant. And then so we currently receive about \$600,000, kind of typically for our public health emergency preparedness. This is not a part of the cares act. This is from -- this is covid-19 coronavirus -- this is coronavirus preparedness and response supplemental -- yes, thank you. Supplemental appropriations act. So basically with that funding in particular, we are able to increase our coverage for our employees that will be working had in

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that preparedness area. So what we are finding is that some of the money is coming from the cares act and some of the funding is coming from other acts, but the dollars are associated with us providing additional services for covid-19. So I hope that -- >> Alter: Sorry, if I -- [overlapping speakers]. >> Alter: The last thing is item 73 is dhhs asked for it, and I was particularly trying to understand what funding we're getting from the state. It sounds like this might be better either to do offline or in subsequent

briefings specifically on that, but let me follow up with this question for bree or for director Hayden. What is the state not doing that we need them to be doing. Obviously we've heard about

[11:14:20 AM]

the testing part, but can you tell us what we need to be advocating for the state to be doing that they're not doing. >> I think that that question breaks down into two categories which you all talk about frequently at these meetings. First there's the category about the health care covid response and that relates to testing, to ppes, to providing those direct resources and assisting with those direct resources in order to manage the public health concern of the covid response. As to what the state -- the state will receive money through the cares act. They will receive a substantial amount of money. There aren't many requirements in the federal legislation for the state to pass through that money. We will be monitoring what they do receive and what they do pass through and what they do not pass

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through. Because they will have opportunities to use that money and decide whether they're going to share that with the cities and counties that are affected or they can keep it at the state level. >> Alter: And one of the things we've heard from non-profits is whether the city might be in a position to help advocate with hud to ask for suspension of the 25% match requirement for the not-for-profit. >> The 25% match requirement, I have Ralph garbanchian on the line and I don't know, Ralph, if you are familiar specifically with that item related to any of the -- related to cdbg? >> Hi, councilmember, hi, bree. This is Ralph. Yes, hud is going to -- hud is under this legislation for the cares act cdbg money as well as for the fy2020

[11:16:26 AM]

cdbg money hud is required to provide waivers, but we're waiting for that from each hud office and that doesn't get into a lot of detail. So theoretically yes we might be able to get away with that, but that's tbd still. >> Alter: So we still have some non-profits in need of that because their fund-raising has bottomed out and so if we can definitely look into that and you can follow up with my office if you want sort of specific names of organizations. And then my last question was bree is does your intergovernmental relations office have what you need for advocacy at the state and federal level? >> We -- as you know, I will have a really great staff and I'm proud of all the work that we're doing right now. We do have one position we were about to hire that was going to assist with federal, but we'll follow up with the city management training on our needs for that. And I will follow up with

[11:17:27 AM]

you, councilmember alter, on the non-profit issue. I think we should communicate that up to the delegation to make sure that they're aware. >> I think there's a broader set of issues that the non-profits have that that would benefit from some advocacy from the city on. Thank you. >> Mayor Adler: Mayor pro tem Garza, Delia. >> Garza: I have a lot of questions about that 170 million, but I will take those offline specifically about we know the need is incredibly significant and when we were building the rise fund we wanted it to be very very aware of the fact that we only had a certain amount in there to spend, but seeing that number I think it's great that we have our public health rolling out the first phase and we'll definitely know then how quickly that gets

[11:18:27 AM]

used and we'll know additional need to. So I have questions about the allocation. I know some of that will be responsive to councilmember Flannigan's resolution as well. So I don't know what the plan is to have the allocation plan discussion on that, but maybe that's in our task force meetings that we're having. I know there's one for economic recovery on Friday on the task force I'm on. I'm looking forward to that happening as quickly as possible. More specifically, bree, it's the Byrne jag -- Byrne jag money. Councilmember tovo has brought up before how we use funds -- restricted funds. We want to use restricted funds before we dig into our general funds. And it's my understanding that the Byrne jag money is restricted, but there are things in there like I'm seeing drug treatments,

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mental health programs. It can fund public defense. It can fund re-entry. Director Hayden mentioned -- although we did specifically call out formerly incarcerated individuals with the rise fund, obviously they would qualify under the 200 percent poverty line if they met that requirement. So I just want to make sure it looks like in looking at the majority does go to law enforcement and of course we want to make sure our law enforcement is properly protected and has ppe. But I'm assuming we would purchase a big ppe purchase for our entire city and that could be used -- that could be purchased through unrestricted funds as opposed to if there's an opportunity to use this Byrne jag money for mental health programs, previously incarcerated re-entry programs and drug treatment. I think it's important for us to use those kind of

[11:20:30 AM]

restricted funds for things we know we would need more funding for, especially during this crisis. So it's not really a question, just more a statement to make sure that we are -- if it's restricted, getting the best, you know, bang for our buck if it's restricted and then able to use our unrestricted dollars in other ways. That's all I have. >> >> Mayor Adler: Okay. Councilmember tovo. >> Tovo: Thank you. I have a few questions that go back to director Hayden. I didn't have an opportunity to ask those at the time. I'm not sure if she's on the line and available. If not, I have some other questions I can start with. >> I'm here. >> Tovo: Hi, director Hayden. Thank you for everything. A couple of quick questions. I know our social service

[11:21:30 AM]

committee will meet this afternoon and so I'm saving some of the more specific questions for that. But I wonder if you could provide us with an update on the Salvation Army, if you have any estimates on when they may reopen? >> Yes. We have started those conversations with them. As you know, they wanted to do a deep clean of the property, and so vela and I have had discussions internally because what we want to make sure is we want to make sure that the folks that we are sending back have been through that 14-day isolation, and then if they were covid positive that they have received

[11:22:30 AM]

their clearance and have retested and they tested negative. So those are things that we are working through right now and so once we have all of those established, then we will continue conversations with them about their transition to open back up. And that is the plan for them to open back up. >> Thank you. And I know that we have two pro lodges, protective lodges, where individuals are able to stay. Some of those as I understand are available to our first responders. We've had a couple of questions this week about whether there is any lodging that is available to frontline health employees within the city's inventory? I know there was an announcement that St. Ed's has opened up their dorms, which is fobulous.

[11:23:31 AM]

Several people when had written to us had suggested that dorms would be a great match so thank you to St. Ed's for taking that step. I'm not sure whether -- how in both of those cases frontline health work employees can access that kind of housing. >> Okay. So as you are aware, we do have our isolation facility, which, you know, frontline workers can also access that facility as well. But also we in our conversations with some of the medical providers to hospitals, if some of their employees have voiced to them that they would provide to stay at a hotel and not return home.

[11:24:32 AM]

They are providing that as a service for their employees through the hospital facilities. We're just asking that if -- if folks have those questions or concerns, we are asking them just to reach out to us and then we will gladly follow up with them. >> Thank you. So if we have heard from individuals who are trying to access that kind of housing, to whom should we direct them? Should we direct them to public health? And do you want to follow up with us on who that is? Or is the request really intended to come from their place of employment? >> Well, most people are following up as individuals. So what we'll do is we will

[11:25:32 AM]

definitely get you the contact information and email so you can follow up and you can send them -- send your constituents to that email or that phone number. So we will provide that [indiscernible]. >> Tovo: Great. And do you have any more information than was at the meeting about the St. Ed's dorms and how those can be accessed? Is that directly through St. Ed's or is that also in partnership with Austin public health? >> So currently Austin public health is not partnering with St. Ed's. They have reached out to us early on and the office of real estate followed up with them. They were requesting -- they wanted us to -- they wanted us to enter into a lease agreement with them for some of their dorms as well as

[11:26:34 AM]

for their apartments that are vacant right now. So the office of real estate held those conversations with them. And I'm not sure if Alex is on the line. >> Tovo: I think I may have said St. Edwards. I believe it's concordia and I apologize that my sound on my computer went out at some point, so I missed a portion of your answer, but I think you said that you had more information from somebody else online? >> Hey, Stephanie, this is Alex, Alex gale with the office of real estate. I was just going to say yes, councilmember tovo, it's concordia. And I have reached out to them to see how we can coordinate with them, but that isn't something that we had set up or public health set up with concordia. >> Tovo: Thank you. And Mr. Gale, you may have been -- am I echoing, by the way, in my questions? >> Mayor Adler: No.

[11:27:34 AM]

>> Tovo: Okay. Good. So we're in the process of purchasing the rodeway inn. Can you tell us whether or not that sale has gone through and whether or not that might -- how long the renovation would be and

whether that would also become an option for individuals who are either isolation causing or other kinds of needs during this immediate period? >> Yes, we actually have closed on the facility as of last Thursday, the 16th, I believe it was. We anticipate the mold mitigation being completed by mid may, may 15th is when that's scheduled to be completed. At that point as we get closer to that point, we have been talking with vela, public health and Rosie in neighborhood housing on what -- how we utilized

[11:28:35 AM]

that. It most certainly could be available as a response to covid-19 if we anticipate still needing that space by then. >> Tovo: Thank you. So the mold mitigation is the only major piece of renovation happening to the roadway inn? >> At this point. That's what needs to be completed in order for it could be inhabited. We do in order to use it as permanent supportive housing there's some additional renovations that will need to be completed, but what we wanted to do is at least do the mold mitigation so if we need it in response to this covid-19, we can deplete in a and have it available. >> Tovo: Thank you. I have a question, a completely different subject now about the family business loan program. As we're starting to hear

[11:29:37 AM]

about individuals who have been able to receive funding through the federal government, there are concerns that a lot of that funding is going to larger businesses rather than smaller ones. And I had a question for the staff. It's really for our economic development staff and I'm not sure whether they're on the line or not. Our program that we approved two meetings ago was designed with the same materials as I understand it and applicants needed to be applying for those federal programs and so are we contemplating -- I would suggest that we at least have that conversation. Are we contemplating adjusting the local criteria so that there are more competitive for some of our smaller businesses who really need the funding and may not have been successful at the federal level. >> Yes, councilmember tovo, can you hear me? >> Tovo: I can. Thank you. >> Synovia holt-rabb.

[11:30:38 AM]

We can definitely circle back with your office on current guidelines of our program to ensure that we are definitely focused on our local businesses. >> Kitchen: The rest of us would like to know that too. >> Yes, we will provide those details to the entire council. >> Tovo: That would be great. In particular I know that small small businesses would have to apply for the loans and I'm not sure whether they were successful in that application to receive local funding, but again I would say just -- I don't have a sense, an in-depth sense of how our local business [indiscernible] Just anecdotal information, that again some of what we're seeing nationally is that some larger businesses may have been more successful in those

applications than some of our smaller businesses. If so I would want to make sure that we're investing our local dollars to support

[11:31:43 AM]

those local businesses who may not have been successful in the federal competition. So I know that the economic development committee I think is meeting tomorrow, but I do think that's something that the -- if policy changes are necessary to provide that support through our local programs, then I hope we'll be Teed up to do that as soon as possible. And then lastly just to circle back to something we talked about long ago in this conversation with regard to talking as a council about how and when and what those triggers would look like for reopening Austin, I would just add a request that if possible it would be great to hear -- as I mentioned when Dr. Escott was talking, it would be great to hear from some of the individuals who are actually doing that modeling if that's possible or at least to have some time within that conversation to really look at and explore those models as a group. >> Mayor Adler: I think that would be really helpful and Dr. Myers has made that

[11:32:44 AM]

offer. >> Tovo: Wonderful. That's terrific. Thank you. That's my last question for the moment. >> Mayor Adler: Okay. Greg. >> Casar: I just want to make a quick note based on what I've heard mentioned by so many councils, this is for the manager and for our staff listening in, I think there's a lot of interest and urgency around the cares act allocation, and I think it's good that we're split up into cabinets in order to work quickly, but given that multiple of them overlap with the work, it's also important for us to be able to talk to them about this as a group. When we all work together as a large group in this kind of setting we also go slow. So I just want to urge the manager to help us strike that balance of both getting a lot of work done in these cabinets, coordinating amongst us and then for the sneaps transparency here with the bigger group because we have deadlines from the federal government on when these funds have to get allocated, we have urgent need happening now, so we have to find some way

[11:33:45 AM]

to coordinate what we're doing. >> Mayor Adler: Greg, you froze and then disappeared. We've lost you, Greg. But I think to his point, manager -- try again. >> Casar: Can you hear me now? >> Mayor Adler: Yes. >> Casar: I think I maybe made my point and you were going to restate it. >> Mayor Adler: I think, manager, he makes a good point. I think that if there's a way to take the cabinet conversations, to report back on to the message board so that there's an easy way for everyone else on the council to be able to weigh into those conversations. I read that maybe for each one of those panels might be a good idea in addition to

[11:34:48 AM]

any desire to have a special session or a joint work session, we would have the cabinets also report back to the council that we should do on work sessions. Okay. I think that councilmember harper-madison was next. >> Harper-madison: Yes, thank you, mayor Adler. Much like councilmember tovo, I had some questions for director Hayden that I didn't get to ask earlier. >> Mayor Adler: You can ask it now. >> Harper-madison: I was just waiting for director Hayden to come back on the line. >> Yes, ma'am, I'm here. >> Harper-madison: Hi there, thank you. So a couple of questions. I've had some folks ask me and I haven't been able to answer substantively today, logistically what does it look like?

[11:35:52 AM]

>> Mayor Adler: We've lost your sound. Natasha, can't hear you. >> Harper-madison: I'm muted. I don't know what to do. >> Mayor Adler: Go ahead. >> Harper-madison: Director Hayden, did you hear the question? >> No, ma'am, I didn't. >> Harper-madison: So the question was I've had some constituents reach out just asking logistically what does it look like? What does the process look like? So let's say you have the appropriate symptoms to receive a test, you get tested, you're found positive. What do next steps look like? >> After they test positive, our staff will receive those results. So whether they go to the private physician's office or if they go through our point of testing or even if they go through one of the community care sites, all of those results are coming in to Austin public health. Now, we have split up the

[11:36:56 AM]

contact tracing as of last week, so community care we are -- we're contacting the patient initially just to let them know they are positive and we are going over the orders for them to quarantine. And then from there we go over those orders verbally and then we mail them the orders. Now, unfortunately we still -- we're working with the state to make a change to us having to mail the orders, but right now that is still the -- that's still in state statute. After they have received that information from us, then a contact tracing person will start working with them and having those conversations. So if they took their test at UT Dell, they will do the

[11:37:57 AM]

contact tracing. If they took their test at community care, community care is doing their contact tracing. So all of the rest of the tests that were at various locations, Austin public health staff are doing that contact tracing and doing those investigative interviews to determine basically you want verse for them. And then our staff are leaving their contact information if they need to follow up and have any questions. We are providing that follow-up information, that follow-up, that way for them to follow up with us. >> Harper-madison: Okay. So that answers most of that question, but it also raises some concerns for me and I think this is what we were trying to get at. So folks who otherwise have a difficult time caring for themselves, if they should find themselves under

[11:38:57 AM]

isolation orders because they have been tested positive, just trying to figure out do we have a system for like community health workers, people that can check on them, make sure they have food and water and help with temperature checks or whatever else needs to start to happen in the interim. Just thinking if you have a family that can hip support you when you're ill, then you're probably okay, but what about people who don't have that resource? Do we have a system in place or are we working towards having a system in place kind of like when we -- when Africa addressed the ebola outbreak they had community workers that took on a lot of those roles. They mobilized, trained and hired those folks that they were able to delay in the community to be doing the on the ground sort of health needs assessment, but I'm thinking something more along the lines for since you have the data for people who have tested positive do

[11:40:00 AM]

we have a system or are we going to create a system that checks on those folks? >> So currently as a part of the assessment that the questionnaire that's a part of the initial conversation with that person that reaches out to determine if they're positive, they are asking them a series of questions, so based on those responses we -- early on we embedded our social workers and some case managers and those case managers are following up with those individuals as they need assistance. Or if they need food or if they need access to really pretty much anything, they are reaching out to them and having those conversations and then they're coordinating for them to get their needs met. So that's basketball a part of the response early on through our department

[11:41:00 AM]

operations center. In addition to that, that's where we stood up our social services arm because as the response really, really started to grow we wanted to make sure to coordinate and collaborate with our non-profit partners to be able to provide some level of assistance. >> Harper-madison: I appreciate that.

That's very helpful. The other question I had was about eye owe well, I wanted to echo councilmember alter's concerns about opening businesses. So I don't know that this one is for you so much as it might be for our city manager, maybe even the mayor could field this one. I receive photographs every single day of people who are out in the community. The one that I received the most photographs from is Home Depot. So employees not minding the

[11:42:04 AM]

mask order requirement and customers also not minding the mask order requirement. Like I said, that's the one I receive the most from, but I'm receiving photos -- our office is receiving photos from all kinds of retail establishments. So to echo my colleagues' concerns, if we don't already have things tight, if we don't already have a handle on them, I am concerned about any additional openings. I don't feel like we have a comprehensive system that's working yet. And it would seem to me that we would need to get our current system working effectively and efficiently before we add to that load. So I just wanted to flag that as a concern. And then also along the lines of something councilmember alter said earlier, first I'd like to thank assistant city manager shorter and director Mcneely from pard for all the questions that they've had to answer from me the last

[11:43:04 AM]

couple of weeks executively, but I will just one more time flag my substantial concern about what they call the hotspot parks, especially for district 1 we're talking good givens park is the one where we're really experiencing the most with the challenges. And so I know I heard acm shorter talk about limiting vehicular access, and I just really think that could make all the difference for givens park if people weren't able to park their cars in there I think we could remove some of the risk for people congregating which is a daily and dozens and dozens of people activity not minding social distancing or protective equipment at all. So just flagging that as a major concern I have. And I will continue to try to work with acm shorter and

[11:44:07 AM]

director Mcneely to try to find some sort of solution, but in recognizing, one, that we as a municipality haven't done what we need to in informing high risk communities, African-American communities, latinx communities. And they need to know that statistically speaking from the nationwide perspective, they will have disproportionately high fatal outcomes if they contract covid-19. I think we need a more robust system for communicating that to at-risk communities. And a part of that should be some really substantial -- I know there's some community groups that went to givens this weekend, but it shouldn't

be on the part of volunteer community organizations to do the work that the city should be doing to communicate these important messages to populations that are at high risk. And then lastly, I'd like to

[11:45:09 AM]

ask, I heard about some of the sheltering options, and not to harp on it, but considering that airbnb is working with their hosts to cover administrative fees, if a host opts to post a first responder -- host a first responder or frontline worker for free, they have the opportunity to do that with airbnb hooking up the administrative costs. So I just want to make sure that we're not at any point ruling that out as a viable option for housing people comfortably if they need to isolate. And I think that was about it. Thank you. >> Mayor Adler: Really good questions. I'll let Stephanie address the last one about the first responders and either she or assistant city manager shorter on the parks. And I appreciate the work that you have done on that. With respect to the first question, the concern you have about opening up the

[11:46:10 AM]

city and undoing the work that we have is something that I think all of us share. I'm going to figure out and give the council options for us to have a conversation together as a group on those issues. I'll also initiate something on the message board so that there's an opportunity for you to see what's happening there, maybe an opportunity to comment on it and help correct that. The entire council on that issue, because I think that it's-- it is a really important issue for us to discuss collectively and for our community to discuss. I have significant concerns. And as part of that we'll make sure that you have available to you the folks that are doing the modeling as well as Dr. He is cot Escott and director Hayden and the others that are participating in talking

[11:47:11 AM]

through the risk variables. Not only what we do, but when we do it relative to where we are on slopes and curves, plateaus and valleys valleys. Districter Hayden, do you want to address the issue with respect to the other two questions? On the enforcement issue that you've raised, it's a really hard thing to do. We don't have enough police officers and sheriffs to accurately police this. In the order that we listed we spoke to that, but if we don't get the widespread adoption that we ultimately need, we'll have to figure out how to better -- >> Harper-madison: If I can respond to that real quick. An idea that has occurred to me is we could hold retailers accountable for making certain that their patrons follow the city's orders. I think that would be a good way to partner with retailers locally and have

[11:48:11 AM]

them take that into consideration as a way that they can help us, help the municipality. And I just remembered my other question. I don't know if it's for you, director Hayden, but it's around what efforts we're deploying for incarcerated people? And I know we're putting a lot of focus and attention on elderly care facilities and nursing homes. I just wanted to know whether or not we have similarly robust system in place for our jails. >> Well, councilmember, this is Chris shorter. I wanted to jump in before director Hayden just to answer and quickly respond to the question around parks and our parks system. I want to start by just thanking all of you and certainly councilmember harper-madison for your leadership around this. We are doing our very best to strike the balance of providing recreational

[11:49:13 AM]

opportunities for residents while also keeping in mind the need for social distancing. And so ultimately the closure of some of the parking lots and spaces, the -- in the case of for example, the trail, the butler trail, making it a one way trail, the signage, the work that our park rangers are doing to educate, all of these things we will continue to do and we'll continue to be available for additional ideas, new suggestions as we go forward, but limiting or closing parks at this point would be a very difficult call, especially in areas where there aren't many other avenues for folks to get out of their home and in a safe way distance themselves but recreate so I

[11:50:17 AM]

wanted to continue to work with your office to make sure that we are being responsive while also providing the community what is core to our mission of an opportunity to recreate outdoors. Thank you, acm shorter and I'll echo that -- I'll just echo if people cannot park 50 cars at givens, they will not unsafely congregate. Folks that are walking in are the ones that are hanging about way too close to one another and not respecting face coverings or social distancing. >> Mayor Adler: Okay. Councilmember harper-madison, did you get an answer to the questions or did you want director Hayden to address something? >> Mayor Adler: I think you were deferring to

[11:51:19 AM]

director Hayden about the strs for first responders and frontline workers. >> Absolutely we are considering all options, including airbnbs. What we are asking is -- and we will provide this in the q&a response, is that we are -- in order for us to just make sure we're not duplicating efforts, we're wanting folks to go through the elc, through our logistics, in order to coordinate assistance if an individual

employer is not able to provide lodging because quite a few of the employers are providing that lodging to their employees. So we will provide that eoc mailbox for you all in the q&a.

[11:52:21 AM]

>> This is Alex gale with the office of real estate services. Just to add to that, director Hayden, we have gotten some agreements with four other hotels to provide reduced rates. That information has been provided to the city departments to share with their employees, to basically filter that down to those city employees, frontline workers and first responder departments. So ems, APD, AFD, Austin energy, Austin water, for those individuals that are working those extended shifts. Those departments have that information to share with their employees if they have that needed stay to stay at one of those four hotels in and around the city. >> The last thing I would like to address is,

[11:53:22 AM]

councilmember harper-madison, you had a question about the jails. Our staff has been working very closely with the jails prior to this and we've increased that, the conversations and meetings with them. Our surveillance nurse has been working very closely with them to coordinate testing for the inmates as well as the isolation strategy. And then the Travis county sheriff's department has a representative that has been working out of the emergency operation command site, and that way that kind of gives them that full access to all of the staff that are working on the different, whether they're medical operations or public health staff. So we have been coordinating and collaborating with them during this time as they

[11:54:25 AM]

have started to reduce their census they were providing that information to us about rising their census during this time and then we are also coordinating with Travis county, Roger Jeffreys, and having conversations with him as other things come up for folks that are in the jail system. >> Harper-madison: I'm sorry, director Hayden, you said reducing -- I didn't hear the second word? >> So as they have -- as you know, the department started our response to this effort in January. As they have been continuing to communicate with us as they have been reducing the number of people -- and you know that's really a Travis

[11:55:29 AM]

county effort that they have been collaborate collaborating [audio lapse]. They consult with our surveillance nurse because if they have questions about the social distancing and they give us the example, you know, we have, you know, 1200 people that are in jail and she can provide some technical assistance to them about social distancing and isolation and even the cleaning and the testing. So that has been happening during this entire response. >> Harper-madison: I appreciate that. You answered my question when you were saying the reduction is in the incarcerated population. So one last question I would have around that subject matter would be is there -- during the course of these conversations is there emergency medical management strategy in place? Which I can imagine is very complicated. Is there a system in place

[11:56:29 AM]

for mass isolation? Should we become like some of the other -- some of the other states are struggling with clusters within the prison population, within the jail populations, do we have a plan for how we isolate folks? How do we house folks under those circumstances? I'm not asking you to lay it out for me now, I just hope that that's a conversation that being had. >> Mayor Adler: Great, thank you. >> I will confirm that with my surveillance nurse about their plans for that. >> Harper-madison: Thank you, director Hayden. >> Mayor Adler: Councilmember alter, while we have these folks here, do you want to raise your question on the real estate, item 68 I think it was? >> Alter: Sure. And I think we've covered sort of a little bit of the pieces of it. So my question was on item 68. And which is authorizing the ratification of an agreement

[11:57:30 AM]

with related to the embassy suites hotel. And I wanted to ask -- I think it might be for Alex gale, but it also may be for director Hayden. I would like an overview of how the four properties we have contracted with by Thursday meet the needs we've identified in our covid response? And then if you could talk a little bit about what each facility is being used for, I would appreciate it. >> Stephanie, do you want me to take a shot at that? >> Yes, please. And then I'll follow up after you. >> Okay. So yes, we have secured one right now, what we're calling the isolation facilities at 6121 north I-35. That's 292 rooms. This property that is on Thursday's agenda item, 68,

[11:58:33 AM]

is 9505 stone lake boulevard for 150 guest rooms. And so those two are secured for isolation facilities and those are for individuals who are under monitoring, under investigation or covid-19 and cannot safely self-isolate. And then on the previous agenda, I think it was back on -- sorry, I'm trying to do math -- April 7th, we had additionally two properties that were for protective lodging which are temporary

shelter options for people experiencing homelessness who are at high risk of severe complications if they become covid-19 positive. And so those two properties, one at 4200 south I-35 in district 3 was 129 guest rooms. And then the other property at 8010 north I-35 in district 4 so those two properties that are

[11:59:37 AM]

considered protective lodging are there to really assist homelessness, and to be able to isolate those individuals that can't safely self-isolate. If and when anybody does become covid-19 positive, or are under monitoring, they're then transitioned to one of the isolation facilities to help them isolate if they aren't able to safely self-isolate. >> Harper-madison: Thank you, Alex. I have asked Bella Carmen to join the call, and she is available for additional questions. I know Alex provided us the overview, and council member, she could also provide you with what the census was as of today at each of those, and the overall services that will be

[12:00:38 PM]

provided. Bella? >> Good morning. This is vela. Can you hear me? >> Harper-madison: Yes, ma'am. >> Okay, great. Good morning, vela Carmen with Austin public health. As Alex mentioned, the isolation facility is for people who are symptomatic and under investigation, and monitoring or tested positive. That facility that's currently operating has space for 204 individuals. The census today is at 85. And that does include people experiencing homelessness, and then others who cannot safely isolate. First responders and other people who cannot safely isolate or quarantined at home. The pro lodges, protective lodging 1 has a capacity of 110 guests. And as of today, the census is 61. For lodge 2, it has a capacity

[12:01:39 PM]

for 60 guests, and as of today the census is 44. At those facilities, there are meals and snacks and security provided. They do wellness checks, provide for basic needs, hygiene products, provide education and awareness for covid-19, and basic needs there. There's also behavioral health services provided at all three of the operational facilities by a team from integral care. They began the services remotely, and they now have onsite facilities as well. People that are at the isolation facility recover after they they've tested positive and gone through the course of their illness, or if they've been symptomatic, but receive their test results back as negative, and still have other health

[12:02:41 PM]

conditions, they would transfer to the pro lodges as well, so that they're not being released. Out onto the street, or into homelessness. Are there other specific questions about the facilities as related to homelessness? >> I guess it's across both of those, is how do folks access the facilities if they should need them? >> Sure. We've been training with all of our shelters, and our outreach chains for homelessness. All of those systems, we've also had people referred and placed through hospitals, rehab centers, other providers. And so the process is to call the Austin nursing line, the provider calls on behalf of the

[12:03:42 PM]

individual. The provider could be a clinic or a hospital or a shelter staff or an outreach worker. And then they would do the assessment, and the placement, and provide transportation through that system. >> Thank you. Would it be possible for us to get some kind of short write-up on this so we can share, I think this is a piece of our strategy that hasn't been focused on, and I think as my questions over several council meetings might suggest, I think this sort of isolation and quarantine is really important, but I would like to see us communicate that better. And I know I'd like to communicate it in my newsletter and other places. And I would appreciate if we could get a little bit of a write-up on that from our Pio on that. I had two other questions, I think one is for Mr. Gale, and I

[12:04:43 PM]

think the other may be for public health. On the item that is on our agenda for Thursday, (indiscernible) This is set up a little differently in terms of a contract. It's my understanding that it is set up so that we have the ability to provide a notice of seven days and then go in, but we're not actually paying anything until we use that, is that correct? >> Yes. This is Alex gale again from the office of real estate. That is correct. This contract, knowing that we wanted to plan ahead, we set it up so that we did include that language that would allow us to provide a seven-day notice to the owner before we would occupy and pay for that property. And so only at that point when we give them the notice, and that seven days is up, is when

[12:05:43 PM]

we would occupy the property and when we would need to start paying for that property. >> My last question is that we've been hearing that there's an increase in domestic violence with the stay-at-home orders, and that there may be a need for additional housing for the victims to get them out of bad situations. Would it be possible for the city manager to initiate some conversations with our providers

there to see how we might work with them, with our hotel strategy, even if it's just we've been doing all these negotiations, so we know how this works with the hotels, or have some offers to filter, or it could also raise to the level of providing the housing. I think those conversations need to be happening, and I think that the expertise that Mr. Gale and others have developed in

[12:06:44 PM]

finding and figuring out this housing for these other populations might be useful for adjusting that rising need. So city manager, is that something that we can at least have the conversations about what the need is to see how we might engage on that? >> That's a great suggestion, council member. And I'll follow up with staff on how we can update you on how we can proceed with that. >> Thank you. >> Mayor? >> Mayor Adler: Hang on a second. Mr. Flannigan. >> Flannigan: That topic, that actually already happening. The lodging association has been partnering with nonprofit strive to thrive, putting victims of domestic abuse up in hotels for years now. Courtney santana, the executive director of the nonprofit, is one of my constituents. We've been facilitating that conversation for a couple of weeks. And so city manager, when you or your staff look into this, you will find that it is already

[12:07:46 PM]

happening. >> Can I just add to that? I don't know what the relationships are between strive to thrive and (indiscernible), but my understanding was the safe place was seeing that they had a need for that. I was not trying to get into the specifics about particular organizations. I just did want to flag that the need may be greater than we're meeting at this point in time. But I'm glad to know you've already begun that practice. >> Mayor Adler: Council member Casar, and then council member Ellis. >> Casar: Just to coordinate conversations, my understanding is several of the organizations including safe are already identifying funding potentially. We've told the manager, of course, to execute his own contract (indiscernible) Bring that to us to ratify expenditures that he has to make. And also support services of Austin was announced yesterday

[12:08:49 PM]

as part of one of the first (indiscernible) I think they're doing that work. With the immigrant community, and then also outside of the immigrant community. So we should find a good way to make sure that conversation is well coordinated amongst all those groups. But I think it's really important to be brought up. And I do think it's important for council member alter to have brought up the question of longer term real estate acquisition, potentially as a longer term strategy, because we are short shelter beds and shelter rooms specifically, even outside of the pandemic on family violence issues. And so I think we should be looking at that. I just wanted to give my support of that, as she mentioned. And I think

manager, there's been a good handful of e-mails coming in as far as how we make our reporting, auditing, survivor situations to protect people's privacy, so I just wanted to elevate that in this

[12:09:50 PM]

part of the conversation, because I think that is an ongoing part of some of the challenge to getting the help as to how we make our metrics and data more private in those situations. >> Mayor Adler: Thank you. Council member Ellis? >> Ellis: It's good to see the public concern and help for this. I know an organization has reached out to say they are offering places for women experiencing, or other people -- it doesn't have to be women, it happens to everyone, all types of people, I should say, and I don't want to name any specific organizations, because of the privacy of location issues that happen when domestic violence is the issue. But the community resources cabinet that council member alter [lapse in audio] And harper-madison, if you hear organizations that can help, please make sure to submit that

[12:10:50 PM]

to the community resource cabinet, because we are compiling that list. And it seems like we want to make sure we connect the right people with the right nonprofits and other organizations that want to help. Because that's more offers than I was even aware that was happening. I know of another one specifically that wasn't mentioned that is a fantastic resource. So let's try to coordinate with the cabinets, which I know is in the conversation, we're just speaking about, too, trying to figure out where to overlap and make sure that we all know that the information is coming from each other's work. >> Mayor Adler: Okay. Thank you. Council member kitchen. >> Kitchen: I had a follow-up question for vela. Vela, I didn't quite hear all of the information, and maybe you could just send it to us. I'm interested on the two properties that you had mentioned that are the temporary shelters for the high risk and

[12:11:52 PM]

those experiencing homelessness. I couldn't hear (indiscernible). So if you could either repeat that or just shoot it to me, that would be great. Are you still there? >> Sure. Yes, I'm still here. So for pro lodge 1, a capacity of 110 guests, today, and of course, it this will likely change, but it's 61. For pro lodge 2, it has the capacity of 60 guests, currently there are 44. >> Ellis: Thank you. And just as a follow-up, a follow-up question related to that, I think it's still -- yeah, it is related to that. So I know that we have -- I've been working with our -- I understand that we've been working with our consultant who

[12:12:53 PM]

is working with us on strategies related to housing and other services for homeless individuals, for people experiencing homelessness. So I would like to understand when we can see as a plan related to homeless individuals, and recovery for homeless individuals. I know we're working towards a longer term plan, as this is a particularly vulnerable population. So this is a request, we can take it offline, but this is a request to bring that back to the full council, and I'd like to understand when it would be ready. And I would like it to be considered as part of our overall strategy on (indiscernible) And longer term recovery. >> Mayor Adler: Okay. >> Certainly. We can do that. And I don't know if acm shorter is still on the line, if he

[12:13:54 PM]

wants to speak to that. >> Sure, yes, I am on the line. Again, Chris shorter. We have been, as council member you said, are consulting Matthew Daugherty (indiscernible) And associates have been working with us a great deal, and like I mentioned during our last work session, I believe it was the work session, the consultant team has been working with this sort of homeless -- sort of homeless services team within our city, strategically. And we are fortunately in the place right now where we've developed out a project team around a number of issues. I'll say that we plan to update mayor and council at the very beginning of next week with our regular memo to mayor and council with updates. In that update, I'll be sure to

[12:14:56 PM]

include with the staff support information on that project plan related to covid-19. I hope that answers your question. I'm not sure what you're asking, for a larger strategic plan outside of the covid-19 response, but certainly for the covid-19 response, you're absolutely right, that the consultant team, they have been working with us. We have developed out a project plan with a number of priority areas within that plan. And in addition to that update, we will be providing a regular kind of update for our standard priority areas around encampment cleanup, communication, housing, et cetera. >> Mayor Adler: You're muted, Ann. We can't hear you. >> Yes. That sounds good as a start. I think what I'm referring to is on a longer term basis, how are

[12:15:59 PM]

we working towards more shelter for these individuals. Because if we just get through this crisis and we haven't improved our infrastructure -- actually, we won't get through this crisis without improving our infrastructure. Because as Dr. Escott said earlier, this is a long-term issue. I'm glad to hear we're working

on a project plan with a person next week. We can take that into the social service cabinet and have a more detailed discussion, and of course, bring it to the full council whenever the council is ready for that. But I would like to have that plan addressed, what we do after we reopen, and how we ensure that we are improving our infrastructure, for individuals experiencing homelessness, particularly those most at risk for illness. >> I would just follow up on that quickly. And manager, we discussed this, not just on the homelessness

[12:16:59 PM]

issue, but everywhere we can, if we can use the resources and moneys that are coming in in ways that help us leverage future infrastructure, or institutionalize different practices that have us exit this crisis in a better place than we entered it for long-term benefit. And that should be a filter for every dollar we spend. Is there a way to spend the dollars for long-term. I agree with council member kitchen. All right. Yes? >> Can I just request that when we're doing -- when we start taking clients over to (indiscernible), that they inform my office. Because we've been getting some questions about what's going to happen there. And also, is there an update on

[12:17:59 PM]

the camp Abbott, I would like to be informed on that also. I haven't touched base with the population there. I don't know how big it's gotten. But I have been getting some e-mails concerning about the spacing over there, the safe distance, with all the tents and so I really don't know the situation there right now. But if we can get that information to my office, I would really appreciate that. >> Mayor Adler: Just give that update to everybody, I think that would be helpful. Thank you. >> Quick question, sorry. >> Mayor Adler: Yes? >> It was along the lines council member harper-madison had. I thought the city did -- I have seen some of the retail places actually have -- I believe they're like city printed fliers. Is that just like voluntary, that they print those out? Because I have also heard some retailers that are considered

[12:19:00 PM]

essential, are doing a really good job of social distancing, and in fact won't even let people in if they're not wearing face coverings, and then there are those that are not. And so maybe more of just a statement from Stephanie, and city manager, if there's a way to send a formal letter to all essential businesses, you know, showing some authority, not let people in if they're not wearing their face coverings. And just quickly, the concern about, like community health workers. I just thought, you know, when our public safety is returning for calls and ems, if I recall correctly, they're all equipped with like

P.A.S, like public announcement type of equipment. So I -- I feel a little old school, but if they're returning

[12:20:00 PM]

from calls, and you see groups, get on your speaker and say, hey, guys, you should be social distancing, you should be wearing masks, because they are in the community returning from medical calls or whatever. And I think there's an opportunity to encourage our public safety to just be making those kind of -- those literal public announcements as they're out in the public. And then lastly, I've heard people wanting the enforcement part of it. We just need to be really careful about how that affects, you know, communities that are already overpoliced as well as the undocumented community. Because we saw that when the stay-at-home orders first came into effect, the food bank told my office that they saw significant decline in the people using their services, and anecdotally, it's because people were afraid to leave their homes because of the stay-at-home orders and weren't sure they were going to get pulled over,

[12:21:01 PM]

and how that could affect their, you know, their ability to stay in the country, frankly. So I know that there are a lot of people asking for that right now, but we need to be really careful about if and when we decide to be more -- a little more harsh on our enforcement, and take a couple of steps before we get there, including the public safety to make those public announcements when they're out in the public. >> Mayor Adler: That is a really good idea. When we were, the county judge and I and the team were looking at the orders we have, which by the way do make companies responsible for making sure that stores and businesses that people in those locations are social distancing, and wearing face coverings, there was a lot of conversation about how you actually enforce something, and do we make something an order that we are not sure we can

[12:22:02 PM]

enforce. There were conversations about making the face covering, for example, but giving people a week or two before it became enforced, or it became a recommendation first. I've been trying to push to make it enforceable sooner, faster, quicker, more effective. Because I think it's real important for the community. It is a question of if this works, it's going to be in large measure because culturally in our city, people buy into it, and it becomes kind of self-reinforcing. It's hard to go into a grocery store right now without having people look at you with a hard eye if you try to walk into one of those without it. So when we wrote the last order, we said exactly that, that this

[12:23:02 PM]

is punishable by jail or fine, we need everybody to do it. We also recognize we don't have enough sheriffs or police officers so we need our city to adopt this. But if it's not widespread, we said we're going to start accelerating. But I like your idea of asking our first responders to be more active. I think there are more things we can do with stores, retail stores from a code standpoint that reaffirms for them that they actually have this responsibility. A lot of them are trying to figure out how to do that now. And we have some stores that are developing best practices before our eyes on how to actually get that done. I think we have -- it's a good idea for us to share those things across stores, and across experiences. But I also agree with something that somebody said an hour ago -- I don't remember who it was now -- but our ability to be able to move forward, to change how we do physical interactions

[12:24:03 PM]

in our city is in part dependent on how widespread the adopting of practices like that. If it's not widespread, the risk becomes that much greater, increasing any kind of (indiscernible). I think that's a good suggestion that you made. Thank you. We have two more pulled items, we have executive session. It is almost 12:30. Do you want to try to do the other pulled items so you don't have to come back to this? I don't know how long it would take. I see people are shaking yes, let's try to do that. So the first pulled item here, council member alter, you pulled item number 38, which was the transit infrastructure and investment fund. >> Alter: Thank you. I understand that I think Greg kin Ellie may be on the line to answer my questions, or someone from staff. First I want to thank council member kitchen for bringing this forward and the care with which

[12:25:04 PM]

she chose her language. I just want to clarify what I understand this is doing, and confirm, you know, with staff that this is how they're interpreting it. So I see this resolution as doing two things. First, it convenes an interdisciplinary group to look at transit related displacement. Second, it asks staff to come back in may to provide options of how we could address these placement issues in our fiscal year '21 budget. It's asking for the recommendations of what we can do as well as the funding ideas to come back, and ideally in may. I have two concerns that I want to get feedback from the city manager on both of those. First, I think an interdisciplinary team is merited, but I'm skeptical about the quality of what will come back by may 21st given by (indiscernible) Engaged in covid-19 response. So I wanted to get a sense if

[12:26:04 PM]

this is a realistic deadline. I know it does say as soon as possible, but I did want to get some thoughts on that. And second, I'm reading the resolution as asking you to provide us with some options for establishing a fund but does not require you to fund it. So I wanted to understand how you interpret what the language means for the budget process. >> I'll start out, if there are staff on the line they can check in as well. I agree with you we'll try to ensure that as we -- if this resolution moves forward as we continue to talk to those partners, that there's a change, and we'll be updating council with that. But we'll work as best we can in this current environment to meet that deadline. And to your point, that's my read as well, just provide options about a fund or a resource. But that would be a future discussion that we would have

[12:27:05 PM]

with the council. Greg, or anyone from transportation is on the line, too. >> Certainly. This is Greg, city finance. Thank you, city manager. As we look at that resolution, what we would look at doing first and foremost is working with the (indiscernible) Including housing, I think would be critical. They're experienced. And looking at just going through the potential mitigation options, and then looking at what even potential funding sources exist for that before even getting into how those funds could be generated. (Indiscernible) Step-by-step process, looking at what exists already, and then some of the practices that the city already has in place, and some of the funding mechanisms. So I think we can work over the next month to advance that topic, and provide an update in may where we are, make sure it's synced up with the project

[12:28:06 PM]

connect effort as well as the overall process. >> Do you want to say something? >> Mayor, this is my resolution. Could I speak to it, please? >> Mayor Adler: Yes, go ahead. >> Yes. No, I concur with the way in which council member alter is thinking about this resolution, and thank you to Greg and the city manager. You know, I just want to emphasize for folks, this is about, you know, a critical activity that we really must do, as we go forward with planning for transportation, and transit improvements. Of course, we don't know our exact timing at this point because of the -- because of what we're dealing with with the virus. But this is talking about existing recommendations that we have in place, including in our Austin strategic mobility plan.

[12:29:07 PM]

And outlining what we're currently doing in terms of policies and services and programs like that. To make sure that, in whatever way, we do proceed with our -- you know, with our plans for transit in partnership with cap metro, that we do that hand-in-glove with concerns about addressing the potential for displacement. So that's what this is about. And I think it's the timing for bringing it now, it's time to make sure that we're proceeding in a way that this is aligned with our plans, and proceeds at the same time, and doesn't come after. So I think that council member alter, the way that you're asking about this is what was intended. And as you can hear from the staff's response. I would invite my co-sponsors, if they wanted to add anything about this resolution at this

[12:30:08 PM]

point. Okay. Thank you. >> Thank you, council member kitchen, and thank you, staff, and city manager. I just want to be clear, because I favor having the options, and I favor an interdisciplinary group sort of working on this issue. But I do not want to determine that this is a preferred choice for our budget, given how much uncertainty hangs over the process until we have some more information about how much funding might be required, what the sources would be, and kind of just our broader budget process. So I'm really comfortable getting the information and for having this team convene to the extent that it doesn't intervene with the covid, but I'm not -- by voting for this, I'm not saying this is a key priority in

[12:31:10 PM]

the budget, because there are just too many unknowns. I do think we need to work on this, and I don't want to underplay the importance of that. I just -- we haven't had much discussion yet about how the budget process more broadly is playing out, and to some extent my questions here are to just raise the issues about the broader process, not necessarily specific concern about this particular issue. I don't know if the city manager wants to speak at all to the budget process. >> Mayor Adler: City manager? >> Let me just add one other thing. Yes, I hear what you're saying. Also, you know, when we were thinking about providing the fund, that doesn't mean even necessarily adding new money to it. It may just be a way in which we are making sure that dollars related to housing are aligned in how we spend them, and how we spend them in timing, for example. There's a range of options that

[12:32:10 PM]

we need to think about when we're looking at our current policies and services and programs. And a fund is also a process issue, too, in terms of how we address it. >> I'll just speak, council member, to the larger idea around how do we make sure that we are looking at the schedule and planning it around our budget, given some of the unknowns that we have at this point. And nothing has changed from the general schedule that we outlined, and that was reiterated (indiscernible) Last work session. But as we

get more information, as this situation evolves, we will make sure that we are raising up any adjustments to that, to council, so that we're all prepared for making sure that we have those discussions earlier on as needed. So nothing's changed at this point, but we'll make you aware if we're contemplating any adjustments in the future. >> Thank you.

[12:33:11 PM]

And council member kitchen, I appreciate the further clarification. I'm not in your quorum, so I can't have this conversation off the dais, so I needed to do it this way to get the clarification. I think these are important questions. And, you know, our planning broadly speaking should be looking at it, it seems like the cost involved could be enormous, and I'm wary of doing that without really knowing what we're jumping into for the budget. So thank you. >> Mayor Adler: Thank you. Anything else on this issue? Let's go to the other pulled item, item number 67. Council member? >> Yes, I did, thank you, mayor. This is a response to the resolution that I brought forward along with council member alter, pool, and Garza and kitchen. I just wanted to take the pulse of my colleagues here. You know, the initial -- our

[12:34:14 PM]

resolution was to look at the feasibility of using the live music fund, which has got some pretty significant restrictions under state law that it be used for purposes identified in the hotel occupancy tax statute. So it seems the ideal fund for potentially providing that emergency assistance to musicians. We had the conversation on the dais about looking to other recommendations, other funding sources. So staff have come back and suggested that that fund be created through the emergency -- through the general fund emergency reserves. So I wanted to ask staff to talk about that, talk about their rationale, and then I wait to hear from my colleagues about whether that is a funding mechanism they would support. I think mayor pro tem Garza talked earlier about my general philosophy, and we want to look at the most restricted funds first, knowing that we always

[12:35:15 PM]

have needs that exceed our capacity. And so that was definitely the intent in bringing forward the live music fund. So I would invite our -- again, our development staff to speak to the recommendations, and then, my colleagues, to talk about whether this is a funding source they would support. >> Good afternoon, again, council members, and acting director with the director department. Per the resolution approved by council, it was directed that we would look at the use of the live music fund to determine if it was appropriate to use, and if so, (indiscernible). In examining the use of that fund and replenishment plan, we are currently transferring the maximum amount already to that fund. So the only appropriate source for replenishment would be the

[12:36:18 PM]

accounts resolution general use of the fund. In addition, we are not 100% sure if any of the current federal (indiscernible) Eligible to replenish the fund at this time. [Background noise] -- In the future funds that would be the available option. We also look at the rise fund for possible funding of this live music fund, and determine that it would not be -- we would need to seek additional funding for that fund. So basically, it was determined in consultation with the budget office -- I believe Ed is on the line with me -- that the most appropriate source would be 1.5

[12:37:19 PM]

from the general fund emergency reserves. And I don't know if Ed has anything else to add at this time. >> Mayor Adler: Go ahead, Ed. >> Yes, mayor. Just wanted to reiterate to what you said about the replenishment really being the aspect that we honed in on. Either we're going to end up using general fund resources today or at some point in the future to replenish the funds. We weren't able to identify any other source of funding than that. So it was the replenishment that really led us to viewing this as the most appropriate source of funding at this time. >> So, thank you for that Ed. And Sylvia. So to be clear, the replenishment piece of the resolution was the piece that dictated the solution?

[12:38:20 PM]

>> It was what dictated our recommendation, as this being the most appropriate source of funding, because the resolution said if we use the live music fund, we have to replenish those funds. And the source of replenishment would need to be the general fund. >> Thank you. If that had not been part of the direction from council, would the live music fund have been an appropriate source? I mean, is there anything about the rationale in setting up the live music fund that would have -- that would have recommended otherwise? I guess would this -- absent that piece of direction, would the live music fund have been an appropriate funding source? >> From a financial aspect, it would be an appropriate funding source. Albeit, it does have restrictions that the general fund isn't subject to, as you already mentioned, the state statute pertaining to the use of the hotel occupancy tax. >> Right. But those restrictions would not

[12:39:20 PM]

prevent making investments in live music vis-a-vis emergency music to musicians. That is allowable in the funding purposes. >> Council member, this is Lisa fireside. It's an allowable use if it attracts convention delegates. It does narrow what can be done with the fund as well as (indiscernible) On the artists. >> Right. My conversations, though, with economic development suggested that this is -- that the description of the fund and its purpose would allow this use. And so I guess that's (indiscernible). >> Sure, they can make it work. But yes, just be mindful that it

[12:40:24 PM]

would make it a less flexible fund than it would be if the emergency funding was from the general fund. >> Absolutely. And that's -- again, I think that's the -- that was the reason it was suggested, because it's not easily used for a variety of purposes. Okay. So that's one thing that I wanted to clear up. I also wanted to address -- you know, one of the concerns that appeared to be circulating in the community, and I think it may have arose, or have arisen in conversations with some members of the dais. So I wanted to be sure that we cleared this up. And I think this is a question for Ed or Laila probably, is there any -- the concern I heard was that using the live music fund for this purpose would in some way jeopardize a convention center expansion.

[12:41:25 PM]

And I want to just get confirmation from our staff that this is -- the live music fund is constituted of the 15% that we designate from our hotel occupancy tax, that it is not the same pool of funding out of which we would pay for a convention center expansion, that using the live music fund to support live music, live music venues, musicians, anything within the purpose of that fund, in no way jeopardizes the convention center funding, completely separate use of funding. They all come from (indiscernible), but this funding has been set aside to help live music, live musicians, not set aside for expansion. Can you verify for our audience, and our council, in case there's any confusion among my colleagues on that. >> Council member tovo, this is

[12:42:25 PM]

Ed. I have nothing to add to what you said. That is correct. >> So using the live -- I mean, this is funding that has been designated for live music, it is not designated for convention center expansion, spending it now or spending it later to support live music or musicians, in no way jeopardizes the convention center expansion. I just want to make sure that is abundantly clear. I am absolutely supportive of moving forward with an emergency fund for musicians, I think it was last week the executive director talking that 85% of their members (indiscernible) Critical need. We have many critical needs in our community,

among many families, among many industries. I am supportive of creating the disaster relief fund for musicians.

[12:43:25 PM]

Now I guess I ask my colleagues to weigh in whether they support this method of funding or would prefer some other. >> I'm going to address it real fast (indiscernible). I'm in support of the resolution, because I think that this is one of the groups that's hardest hit by what's happening here. And I think two things, we have to help this group, the most vulnerable group to be able to survive, but I also think we need to maintain the planned investments to make sure that the infrastructure exists as we come out of this. And I think it's critically important that the fund that was created with the 2% in order to be able to help with the institutional infrastructure, the back end of this, is preserved, because I think it's going to be critically needed as we come out of this. I support the resolution.

[12:44:26 PM]

I agree with the staff's recommendation that it should come out of the general fund, so as to not deplete without any real opportunity for replenishment. And I also agree that the use of that fund, the 2%, in no way hurts the expansion. In fact, it's only because we're doing the expansion that we have it. Because it was the resolution that authorized going forward with the expansion that enables us then to get the (indiscernible). But I like the staff's recommendation, I support the staff's recommendation, together with folks in that industry, and musicians that have indicated the desire for funding, other than taking away that infrastructure dollars that I think we need to

[12:45:28 PM]

(indiscernible). Anyone else want to comment? Ann? >> Kitchen: I just have a related question. And this -- if I understand correctly, this is one of the sources of funding that comes from hot taxes, this live music fund. And we also have a cultural arts fund that's from hot tax, that's separate from this. So I see people nodding, so that's correct. I think I read that those funds were being delayed perhaps? I'm not sure what the right word is. I hadn't heard this before, but I read in the news that there was a hold put on (indiscernible) With applications to those funds. So my question -- because they're hot tax related. And so, of course, I read that in the newspaper, so I don't know if it's accurate.

[12:46:29 PM]

So I would just ask our staff to please speak to that, those funds that are -- those programs that are funded with hot tax, are they being delayed? Are applications not being accepted now as they normally would? And if that's the case, what is the timeline that we're expecting to proceed with funding out of those programs? >> Council member kitchen, you are correct, we did pause our application process in light of the April 7th presentation by the budget office and Jon hockenyos. Until we have a final determination on the effects of closure, and the collection of hotel occupancy tax, we did not want to proceed until we were very certain of the amount of funds we would have to work with in fy '21.

[12:47:31 PM]

We have been in dialogue with Ed and the budget office to try and come up with the best number we can, so that we can open back up in mid-may. >> Kitchen: That was my question, when you expected to open it back up. So your target is, mid-may to open up the process for the applications, is that right? >> To at least have a strategy on how we will proceed with fy '21 funding. >> Kitchen: Okay. So I would just ask that that be shared with all the council members, so we can understand what that strategy is. And then if there are concerns about -- I also think it's something that the council may want to have a conversation about, depending on what we're able to ascertain. I would certainly want to have a conversation, if the thinking is that these programs need to be paused for any particular length of time.

[12:48:32 PM]

>> We will definitely bring that up, yes. >> Kitchen: Okay. Thank you. >> Mayor Adler: Okay. Council member Garza. Sorry. >> Garza: That's okay. I just wanted to chime in and say I would be supportive of the 1.5 -- I mean, from the emergency funds. I think it dovetails in the larger resolution by council member Flannigan, and then the more specific one by council member tovo, and in fact when we were talking about what number to ask from rise, for the rise fund, of course, you know, I was thinking a larger number, but we also knew that there were a variety of needs throughout the city, and we needed to be aware of, you know, that money. But knowing that we now have what appears to be more flexibility with the federal

[12:49:34 PM]

dollars, I would support the 1.5 coming from the reserve, or the federal assistance, or whichever we think is best. >> Mayor Adler: Council member alter. >> Alter: I apologize. My co-workers are printing in the background, so you may hear some extra noise here. I had a question, I think, for Ed. So I think there's broad agreement we want to provide additional assistance to our music community, and that there's definitely the need. It's my understanding that the most important thing that this is doing, and that the resolution did was to say we need to get some additional funding to our music community. The

source of those funds, as I understand it, right now, before we're spending it, we're saying it's coming from the emergency fund, but if it's eligible, we

[12:50:35 PM]

could decide to use the C.A.R.E.S. Act money for it. We could see a larger picture in the next few months and say, no, this money should really come from the hot fund, and still should be able to do that if we make that decision. The important thing right now is to get the money out the door and do it in a way that is appropriate. Is that a fair assessment of choices before us, Ed? >> It is. We will certainly look at the coronavirus relief funds for release of these dollars, the same as it will do for the rise program. These funds are absolutely eligible in regards to them being funds that were not accounted for in the most recently approved budget, that the expenses would occur between March 1st and December 30th. What we are waiting on is the perfect guidelines on what necessary expenditures will be from the department of treasury. And we're all eagerly awaiting

[12:51:36 PM]

that. For further clarity at this time. >> Alter: I might not have heard you. Are we able to, you know, two months from now, under some circumstance as a council, if we voted on it, decide that really this money should have come from the live music fund in retrospect? Is that something that's still something that we're able to do at that point in time? Because it is our overall budget, should we decide that's a better way to go. >> Yes, we could still make a change a few months down the road if we decide we want to change the funding source, we could make that happen. If council wanted to make that happen, we could make that happen. >> Alter: Thank you. >> Mayor Adler: Council member tovo? >> Tovo: The contracts coming out of the hotel (indiscernible), remind me, was this year, fiscal '21, was it the second year of the two-year

[12:52:36 PM]

process on the funding? Or were we entering into a new round of assessments and awards in fiscal '21? >> In fy '21 we would have been entering into a new biennium, but we are having a second bridge year until we have a final reimagining of the funding process. We're still working with our consultant to bring back recommendations on how we move forward. Especially given (indiscernible) That we have. >> Alter: Right. That's what I thought. And that explains why you're holding back on making those awards. Also looking for the bridge year, what are you looking to rely on for the previous biennium in order to inform the bridge year going into fiscal '21 and then maybe returning to the regular in-person reviews, and interviews, and performance

[12:53:38 PM]

attendance in fiscal '22 potentially? >> Potentially, it really is going to be dependent on the projections for fy '21. >> Alter: Okay. The hotel occupancy tax projections, right? I mean, okay, I don't fully understand that. I think we have a sense that the hot moneys for fiscal '20 will be scraping the bottom of the barrel, which means they'll be super low going into fiscal '21. Are you there? Did we lose her? Hello?

[12:54:39 PM]

>> Mayor Adler: We've lost her. >> Yeah. >> Alter: Okay. We'll just park that question. I think just a better understanding of how we're going to revamp our procedures for funding cultural contracts under that 2% bucket -- I'm sorry, under that 15% bucket would be really helpful. Thanks. >> Mayor Adler: You know, for council member tovo? >> Tovo: Thank you. If you were about to say something, I don't need to talk now. I had a couple of things to say before we moved on. I'm at a little bit of a disadvantage, because I can only see -- it's like bingo, I can only see certain people and only at certain times. So I didn't know if other people wanted to talk. But I have a few additional things before we conclude. >> Mayor Adler: Do you want to go ahead? Do you want me to speak first?

[12:55:42 PM]

>> Tovo: I'm glad to hear the support, and I'm appreciative of it. I think this was, as I mentioned, an important step that we can take for our music community. I wanted to reiterate some of the additional direction that had been provided in the resolution, and that was to talk to the staff about whether they are in sync with that thinking. I think it is of critical importance to review it as soon as possible for people who need it. So the resolution had talked about working with partners in the community to look at eligibility and to get that distribution. So I don't want to reiterate, I don't think this is something the city needs to take on in terms of doing eligibility. We have nonprofit partners that are currently doing that in the music community, and we have nonprofit partners that are distributing funds to individuals within the music community who can assist with that portion, too. So I just wanted to reiterate that, and hope that if this

[12:56:42 PM]

passes on Thursday, that staff will work with those partners to make sure that this can be done as expeditiously as possible so people can get the money they need. The second part of that resolution

talked about creating a digital music -- or live music port Al. I'm real excited about this issue. I would invite my colleagues if you have ideas to share on that, to post on the message board, or within our subforum. We had a good meeting earlier this week and had great conversations over the last couple of weeks. Visit Austin, with musicians, with our economic development staff. So I think there's some real possibilities here for helping musicians, not just increase their income in the short term, but also making sure we're doing everything we can to complement the efforts of visit Austin and others are doing to make sure that Austin maintains its strong brand as a live music capital of the world, and that people continue to look to Austin as an innovator and a leader in a time

[12:57:43 PM]

where we can't physically congregate in venues, that we're finding new innovative ways to support our musicians in this period. I'm excited about the second piece, too. We talked about the funding, the emergency fund. Again, I would invite that brainstorming on the message board about the second piece as well. And thanks to the music community (indiscernible). >> Mayor Adler: Thanks for your leadership on this. And I appreciate that you and the co-sponsors last week moved forward to get money, because I think that is a real important thing for us to do quickly. I think it's not covered by the current budget, so I think it would be entitled to reimbursement from the 170. And I like council member alter's suggestion that if for any reason it doesn't, then we could consider down the road if we needed to (indiscernible) The

[12:58:44 PM]

infrastructure fund. But I do like the infrastructure fund to leave the music fund in place at least for now, and then taking the immediacy fund (indiscernible). I like the other idea with the -- the other component of the resolution as well. All right. Those were, I think -- (indiscernible). It is now 1:00. Do you guys want to go immediately into executive session, or do you want to take a break for lunch and then set a time to come into executive session? >> Let's take a break for lunch. >> Mayor Adler: Do you want to do that? >> Definitely. Please. >> Mayor Adler: Okay. What time do you want to come back for executive session? Do you want to make it -- 12:45 or 1:00? >> What did you say?

[12:59:45 PM]

>> Mayor Adler: 12:30, 12:45, or 1? >> Isn't it 1:00 right now? >> Mayor Adler: I'm sorry, 1:30, 1:45 or 2:00. Are people going to go out for lunch? Let's try to come back then at 1:30. And we'll get on to executive session then. So to that end, it is now 1:00. We're going to go into closed session to take up two items . We're going to discuss legal items related to e-2 (indiscernible) Mud. Also, other matters

related to -- and I know you wrote this for >> Mayor Adler: Relative to -- to the motion that we had a moment ago on covid virus. >> Yes.

[1:00:46 PM]

It's B 1 the briefing. >> B1 the briefing. E1 has been withdrawn. Without objection we will go into executive session and we will all gather at 1:30 for that. After executive session is over I will be the only one to come back out to the main meeting and I will at that time adjourn. Everybody okay? With that we are in recess.

[2:37:45 PM]

Mayor Adler: We are out of closed session. In closed session we discussed legal matters related to items E2 and B1 and with

that this Work Session on April 21, 2020 is adjourned. The time is 2:38 p.m. Thank you.

[2:38:17 PM]