City Council Special Called Meeting – 01/12/2021

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[9:02:27 AM]

>> Mayor Adler: Colleagues, good to see everybody. Happy new year. We're going to convene this special called meeting here on Tuesday, January 12th, 2021. It's 9:02. The purpose of this meeting is to receive a briefing on covid-19. In the first hour or so we'll do this as we have been doing them on Tuesday work sessions, giving the floor to director Hayden and to Dr. Escott, enabling everyone to be able to ask questions. We then -- about 10:00 or so we'll lose Dr. Escott who needs to go over and visit with Travis county. We've also had a request from our colleague councilmember harper-madison, to be able to ask some covid-related questions related to public

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safety. So we've asked some of the public safety staff who are with us as well. So we'll get to them after we get through the more traditional briefing with the director and Dr. Escott. We're going to have a similar kind of briefing next week, next Tuesday. We're working now with the county. It could be that we do that as a joint session so that Dr. Escott and director Hayden only have to speak -- make the presentation one time rather than zipping over and doing the other. We have to figure out how we do kind of like questioning or something. There will be a lot of people all on the same deal and we want to make sure that everybody has a chance, a larger group, to be able to ask questions. I think it will be something that kind of shakes out that we can just kind of do, but I just raise that as people's concern wanting to make sure that with the bigger group everybody gets a chance to ask questions. So with that, this has been

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a really impactful week as we begin the new year. I don't know why it was. I expected when we hit 2021 we would take a deep breath and also relax more and it's not turning out that way. We're seeing uncontrolled surge in our numbers since mid December. I appreciate the really strong messaging coming from our staff, Dr. Escott, Dr. Hayden and everybody on council, to get people to really double down. It would be about now that we would maybe start seeing the benefit of behavior changes if there were any, but it's still real really to really know. But right now we're seeing numbers here and setting records this past week more than we have before, which is why they're records. That's the first thing because the vaccine isn't going to help us with this present surge. But it's really good news

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with the vaccine. Judge brown worked with [indiscernible] And constable morales for the first part of the Austin public health rollout on Saturday and got to over 600 people. You know, focusing on those that are most vulnerable, and most at risk in the geographic area where they live. And it's exciting as aph rolls out the vaccine this week. We appreciate the governor and the state for giving us vaccines to Austin public health directly so that we can focus on getting it to the people quickly at scale that are most at risk in the areas where they live. So we appreciate that and intend this week to be able to demonstrate to the

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governor and to state leadership that we're up to that challenge and can take and process even greater quantities of the vaccine. So with that said, again, thanks, Dr. Escott, and director Hayden. You and your staff continue not to sleep, and my hope is that we get to a place where that can happen as well. Manager, I turn it over to you. >> Cronk: Thank you, mayor and good to see you and the rest of the council, even during these challenging times. We know we are at a critical point in this pandemic and it's really important that we continue to amplify the messages that are coming from our public health department and our public health authority. And this dialogue with each of you is critical in that conversation. I will first pass it over to Dr. Escott, but I also want to note we have an interim assistant city manager Shannon Jones who has joined us in this new year as assistant city manager Chris

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shorter transitioned to the city of Baltimore. It's great to have Shannon with us. He's a familiar face to many of you at city hall. He was the director of public health for a number of years but has decades of service for our community and within the city. So welcome, Shannon, but for now I'm going to pass it over to Dr. Escott. Doctor? >> Dr. Escott: Thank you, Spencer. If I could have av pull up my slides. Thank you, mayor and council for the opportunity to update council on our covid-19 response. Next slide,

please. Yesterday we reported 955 new cases. This was a combination of data from the tenth and the 11th due to our snow day on Monday. That brings our moving average to 588. As the mayor said at the

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beginning, if we were going to see an impact from the intervention that we took with the almost a curfew that we had over new year's, we would be seeing it now. And I'm delighted to see that cases have leveled off and we are hopeful that this trend continues, but it's a bit too early to tell. Certainly the data from this week will give us a better idea of of what the spread looks like. I am certainly hopeful that our community has heeded the call for caution, and that has resulted in protective actions that will drive down cases. Again, we'll see what that data looks like for the remainder of the week. Next slide, please. Over the past couple of days we have seen a decrease in the admissions to the hospital. Yesterday we reported 54 admissions which brought our moving average down to 87.

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However, this is still a 150% increase since the 11th of December. So still much higher than we would like to be to not moving upward either. I don't expect this trend to continue in terms of very low case numbers or admission numbers. We have one report from one of our systems so far this morning for data and that system alone has 60 admissions to the hospital yesterday. So I expect we're going to see numbers today which look more like the moving average, but with we will continue to follow that this week. Again, we need to continue those protective efforts. As the mayor said, we are pushing forward with vaccine, but we can't vaccinate ourselves out of this current surge. This will help protect us from the next surge, but for this surge we have to continue the caution, we have to continue to stay

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home, and if we must go out, to wear our masks, social distance and to ensure that we're washing our hands frequently. Next slide, please. Mayor and council, this is showing three things. The blue is the federal hospital beds being utilized. The Orange icu beds, the gray are ventilators being utilized. Our hospitalizations yesterday was 564, with a moving average of 573. That moving average was a new record yesterday. Our icu admissions, 180 with a moving average of 180 as well. We've actually been at that 180 mark for three days in a row, which is good news because we know that our biggest limitation in hospital capacity is the icu's, in particular icu staffing. So that three-day plateau is certainly helpful for us to be able to catch our breath

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a little bit, give the hospitals the opportunity to increase their capacity in anticipation that those numbers will continue to increase. Again, while it's been flat for three days, it's still 100% increase over where we were just a month ago. Next slide, please. Last week I showed this map which had some Orange X's on it. All those Orange X's from last week have turned red so we only have four trauma service areas left in the state that are not in surge so that are below that 15% hospitalization rate for seven consecutive days. Every other jurisdiction, including every metropolitan area in Texas, is beyond that capacity now. As I discussed last week, once the jurisdictions hit that threshold, the interventions that roll in, the 50% roll back of

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occupancy is not helpful enough in itself to prevent further surge. Dallas now is at 27% of that hospitalization rate. San Antonio 23%. Houston 21%, Austin 19 percent. So what we need again is for our entire community to really embrace the concept that we must stay home if we can. If we have to go out we do so in a limited fashion and only in circumstances where we can mask and distance. If everybody chooses that, if everybody decides collectively to protect this community by protecting themselves and their family, we can identify the peak, we can bring it down and we can put our community in a better situation going into February. Right now there is no peak identified and that means we have more work to do. Next slide, please.

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This is an update from the projections from the UT modeling consortium. I'll note that this update does indicate some flattening the curve. You will notice last week it was almost a vertical line. This means our community is reacting, they are responding to the call to decrease risk. It still shows sustained growth. It does not identify a peak, which still means our hospital infrastructure is at risk of being overwhelmed. And again, we do believe that that overwhelming our capacity is inevitable now, but we can mitigate the risk, we can determine how far we exceed by those protective actions that we take. Next slide, please. This is an update of the total hospitalizations graph. Again, we see that it's flattened out some.

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Last week I was showing you a graph whose median projection indicated that we may exceed 1500 hospitalizations by February. That has dropped down significantly. But still we expect with this graph, with the current -- if the current transmission stays the same that we will need more than 1,000 hospital beds by the fifth of February. So again, we have more work to do in flattening this curve, but certainly

better than we were seeing last week. Next slide, please. This is an update of the projections for the icu beds needed. Similarly this is flatter than we saw last week. Right now the median projection for exceeding capacity is in two days, January 14th. Again, how far we exceed that capacity depends upon how much more action we take to protect ourselves and protect our community. We really need to identify the peak soon, flatten it

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out and drive the numbers down. Next slide, please. This is an update of our hospitalizations by age group showing you the weekly hospitalizations over time. We can see that we had a decrease in the 79 to 89 age groups, but unfortunately an increase in the 59 to 69 age groups. We have seen a decrease in our 20 to 29 age group, which is that yellow color in the middle of the slide, but increases in our 10 to 19 age group in the gray line towards the bottom of your slide. I'll talk more about that on the next slide. You can see we have further he increases in the number of individuals hospitalizations week over week. Fortunately the rate of increase is dropping.

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So between December, the week -- that ended December 27th and the week that ended December 23rd, there was a 43% increase of individuals hospitalized that week. Between last week and the prior week, a 10% increase. So this is a good sign that we are flattening things out, but obviously we are still on the increase. We see a relative plateau in the numbers of individuals with a slight decrease in the 70 to 79 and 80 plus age groups that increase that I mentioned before in the 60 to 69 age group. Unfortunately if you look at the bottom in the gray, we've doubled our individuals in the 10 to 19 age group hospitalized with 10 of them hospitalized last week. So again, this is a reminder that young people are not immune from severe disease. As we see disease transmit in an uncontrolled fashion across our community we can

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expect to see more and more young people hospitalized from this disease. Next slide, please. Again, this is a similar graph, but based on race and ethnicity. We've talked in the past about the green line which is our latinx community. Again, relatively steady, last week with a slight increase. In the blue is our white non-hispanic community. Similarly relatively flat with a slight decreasing of percentage. We did see a significant increase in the gray line, which is the African-American community, which is a jump in the hospitalizations last week. Again you can see the number of individuals hospitalized in each race and ethnicity here, so some increases in the number of individuals in the latinx community, 185 to 195.

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Similar increases in the number in our white non-hispanic group, but the most significant increase in our African-American community that's in the gray bar. Next slide, please. This is an update of our positivity week over week. The first week of January we had a 17.9% positivity rate. You will see that last week so far that positivity is 16.6%. So I want to explain a little bit about why it's lower. We actually had a significant increase in the number of cases detected last week in the dataset that I'm showing you here. So that was a 17 percent increase in the number of cases detected. But we had a disproportionate increase in the number of tests

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performed, so 29% increase week over week in the number of tests, which drives down that positivity rate. At this stage it should not be that reassuring to us because the cases are actually still on the rise but we are doing a better job at getting people tested, which is reflected here. We saw a similar pattern after Thanksgiving when we dropped from 6.8 to 5.3%, but again, we have to focus on those protective actions and decrease actual transmission of disease. Next slide, please. This is a breakdown of that positivity by race and ethnicity. We can see with the exception of our native hawaiian or pacific islander that the other race and ethnicities had a decrease in the percent positivity week over week between the

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first and second week of January. So again, this week our latinx community continues to out pace every other race and ethnicity in terms of positivity, which is why we are focusing efforts in particular our vaccination efforts now on our communities of color to ensure that we can protect those communities that have been so disproportionately impacted throughout this pandemic. Next slide, please. Similar to our race and ethnicity graph, we've seen a slight decrease in most of our positivity rates across the age groups. Again, unfortunately this week we see some patterns, we see a high positivity in our school age children, 10 to 19 age group, which I'll talk more about on the subsequent slides. We are also seeing more

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positivity in the 80 plus age group which will continue to put more demand on our hospitals and icus and of course the higher the age, the more likely that infection is to result in death as well so we do expect

to see significant increases in our deaths associated with covid-19 due to this pattern that is sustained week over week. Next slide, please. So when we look at positivity in school age children in Travis county, this data is from the week of 1-2 to 1-9. Prior to returning to school, I made the recommendation that middle schools and high schools transitioned to virtual and I'm thankful for superintendent elzada's recommendation to her school population to school virtual this week because this is what we're seeing: High school is exceeding the

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community positivity 20.2%. Our middle school age students, 27%, which is an all-time high positivity for middle school students. Elementary school age students, 19.8%. In preschool 10%. So all of our school age groups are out pacing the community positivity rates, which is concerning for the ability to continue to protect students in the classroom. Again, prior to the Christmas break positivity was lower. Certainly prior to Thanksgiving positivity was much lower. As positivity increases in these age groups, as we get more and more concerned at about the new variant, which is almost certainly here and a component of the trends we're seeing, as the in person school numbers increase, it's going to be more and more difficult for us to control outbreaks at

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school. So my recommendation for parents across this community is if you can choose virtual, now is the time to choose virtual so that we can protect our school infrastructure, we can protect our educators and give us an opportunity to get more people vaccinated and drive down these numbers prior to returning to in-person schooling. I do want to recognize that many of our schools, private schools, the diocese of Austin, have chosen virtual options for the first one to two weeks heading back into the semester. That is helpful. It is hopeful that more parents will choose virtual education at least for the short-term until we can identify a peak and start to drive the numbers down.

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We have 187 staff had reported infections last week. We had seen clusters particularly associated with basketball, both boys and girls basketball. We have seen clusters associated with shared transportation and buses. So again, we have to continue to identify where the risk is. The risk is extracurricular activities. The risk is shared transportation, either buses or car pools. The risk is also that communal dinings and cafeteria-based dining. To encourage our school districts to mitigate risk as much as possible in those settings if they are continuing with in-person options. Next slide, please. Again, the total impact on schools is not just the cases, but the number of exposures that need to be quarantined. Last week almost 1500 individuals were quarantined

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as a result of contacts within the school setting so that's about 1200 students and 280 staff who have had to transition to virtual due to those exposures. So again, we're going to continue to struggle with this as long as we see the positivity across our community so high. Again, we're going to prioritize schools and that means every individual in this community has to take appropriate action to protect themselves so that we can see our students able to learn and provide continuity of education. Next slide, please. Mayor and council, thans update for the dashboard of our nursing homes and long-term care facilities. 192 positive cases in the past 14 days. Almost 400 in the past 28 days. Again, we're going to continue to struggle with protecting our most

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vulnerable in the community as long as our positivity is so high. We are grateful to the federal government and the allocation of vaccine for our nursing home long-term care residents and staff. There's still quite a ways to go in terms of vaccinating that community, but the faster we can get there, the better we can protect these communities and certainly mitigate the impact on our hospitals as a significant portion of these individuals who do get covid and will be hospitalized or require icu care. Next slide, please. I want to update you on our regional infusion center. So we are grateful for the partnership with the state and appreciate governor Abbott, chief Kidd for providing this regional

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infusion center resource. So the Texas division of emergency management opened this center on the sixth of January. Since then 93 patients have been treated with monochromal antibiotics. This is a therapy that decreases the risk of hospitalization for those at highest risk for complications and severe disease. We have a current capacity at that site of 26 infusions a day, but tdem is working to build up that capacity up to 75 a day and I just want to recognize our partners at ascension Seton, St. David's and Baylor Scott & white. They have come together, they have provided their allocations of monochrome a antibiotic therapy to this center. They are working closely with us at apc and tdem to ensure that we have a process which will provide a

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steady flow of monochromal antibiotic to those who need it. There is also a physician referral and also a referral directly from aph and community care to ensure that those folks who don't have regular health care have an opportunity to schedule and be treated. So I encourage folks who are positive if they are contacted by community care by Austin public health and offered, this is a great option to help decrease the risk of severe disease and certainly is evidence-based therapy that may be very helpful in that it is free of charge. Next slide, please. Also I want to update the process on our austin-travis county alternate care site. So at the end of last week, tdem approved and has provided the initial staffing of the site through private contractors and as of this morning it is open

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for business. It is able to receive patients. We are grateful to the state and tdem for expediting the contracts and getting the staff in place. Patients will be referred here directly from hospitals. This is not a site where individuals can show up and receive care for covid-19. For that they need to go to their regular physician's office, emergency. Once the individuals are stabilized in the hospital and it's clear that they are improving, this is a place where they can be transferred to convalesce. For the last -- on average seven days so we can decompress some of the stress on the hospitals that will increase their ability to treat the more acute patients. This is more for low acuity patients. As the infrastructure builds this will be able to take moderate acuity patients for individuals who need a little more therapy, but we are grateful for that

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partnership. Currently in the staff to care for 25 individuals with plans to ramp up from there. In the current space at the convention center it can expand to care for 250 individuals in the current footprint. We do have the ability to expand to almost a thousand if we need it, but I want to be very clear, our hope is that we never see a patient in this site and that will indicate that we as a community have driven down the positivity enough to die compress our hospitals. But unfortunately at that this stage our expectation is that we will receive patients. We want to say that the group that is staffing this, the physicians, and other support staff, also staff the alternate care site in. >> Ellis: And Harlingen, so -- in El Paso and Harlingen and so they are experienced with that setting for care in Austin

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and Travis county. Next slide, please. So again, mayor and council, we remain at stage five, which means we all need to stay home if we can, work from home if we can, educate from home if we can. The more we embrace this concept the more we are able to drive down those cases and put our hospitals in a better situation and ultimately save lives. Next slide, please. For those like me who have trouble with

the small print that the stage five again no gatherings with anybody outside of your household. Dining and shopping should be limited to essential trips. And preferably take away and delivery or drive-through only. Nonessential travel should be avoided. And again, businesses are -- while they're capable through the governor's order, ga32, of being open to 50%, we strongly encourage them to transition to drive-through, curbside or delivery only. With that I will transition

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over to director Hayden to speak on vaccines. >> Thank you, Dr. Escott. If you could transition to the next slide that will be helpful. So I'm going to spend some time to provide the vaccine update I think it is also going to be important for us to also cover some of the other information as well within this vaccine update. So I will provide some information on what's what's happening with our schools, our long-term care as well as our homeless population. Next slide, please. So this is a community vaccination strategy. And so this is -- we sent

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out the plan last week, and this was in the plan. That plan is a draft plan. We are seeking feedback from the public. We will be hosting two community meetings this week on the 13th and 14th. And you should have received information about that through a release yesterday. So with this plan the goal is that we definitely want to make sure that we secure the health infrastructure and be able to protect those who may end up having severe illness, including death. So our focus as you can see in the middle of this document is that we want to focus on the hardest hit communities. Definitely focusing on communities of color, low income and older adults.

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One of the things I'd like to share is with our long-term care facilities they are working directly with CVS and walgreen's. As of the ninth of this month, 42 facilities have received their vaccines so CVS and walgreen's will provide their first and their booster vaccine dose. So 7,000 residents have received that vaccine in our community. So CVS and walgreen's will continue to provide that service. So as new staff and residents are in those facilities, they're going to go back and provide the first and the second dose to them. So as a community we have to emphasize the best way for us to making sure that our

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long-term care facilities, our health care infrastructure, which are all of our 1a's are definitely covered during this process with our vaccines. Then we want to make sure to address folks that are severely ill and may have died because of it. Next slide. We know that it is important for us to address the equity gaps in the vaccine administration. I'm sure that most of you have seen or read information about where the providers are in Austin and Travis county. As I shared with you in the memo, Austin public health is not a distributor. We do not enroll individuals to provide the vaccine to their populations. We are a provider.

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And so knowing that we are a provider and we are looking at the data of where the locations are, where the providers are, we have to be able to fill in the gaps. So as we are working to make sure that we fill in the gaps, our focus will be on populations that are disproportionately affected by severe disease and death, which will include our populations of color, those living in poverty, those living in areas where disease transmission is the highest, and we're definitely looking at areas where there is not a lot of transportation access. It's important for us, you know, we're excited about the bond, but we know that for us to be able to make sure that we are covering the areas where people need it the most, we have to be able to consider transportation in the process.

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Our goal as we continue to stand up sites is starting with a large scale distribution site, which has the ability to provide several vaccines a day, and then also have smaller providers in areas. So those areas that the city is focusing on is going to be the eastern crescent. And so kind of looking at city of Austin and Travis county from the southeast, you know, to the northeast side of the city and county. We definitely want to coordinate our vaccine administrators with others because we know that, you know, we are a safety net. So as most of you may recall, with the vaccines, with the testing, we looked

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at areas where -- that fit the same footprint where we were seeing an increase with the highest disease transmission was the highest and so that's where we look to have our sites where folks will have a location in their community that they can easily access those. So as we are meeting with partners and having conversations, we're definitely receiving feedback from our community partners about how we can definitely have locations and working with partners to maximize our efforts. Next slide, please. As you are aware of -- we initially through our public safety and wellness received 1300 doses initially. And so those were 1a ems,

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AFD, and then APD. And then aph received our 1300 doses. So basically what we've been able to do with all of those doses is we focus on 1a, but we also were alerted that there was never one long-term care facility and so we have partnered with them to be able to make sure that they were covered with vaccines, included the residents and the staff. So on yesterday morning on 10:00 A.M., the department did receive 12,000 doses of vine. We are operating three, Monday, Tuesday, Wednesday. These are closed pods. We are completing with 1a during this time, but we are

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also partnering with community care, peoples clinic and lone star circle of care because our goal is that we know that in these populations this is where the safety net where most folks go that are uninsured and underinsured. So our focus for those three days, Monday, Tuesday and Wednesday, including the 1a, will continue to provide that service. It is an appointment only process. And so if folks lack access to the internet, we asked them just to reach out to 311 and then we will get them connected so we could schedule them for an appointment. On tomorrow our portal will be live for the public so we

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will continue to complete the rest of the 12,000 vaccine and we're just letting everyone know, no, we do not have enough vaccine, but we are just asking people to be patient with us through this process. The portal will be live tomorrow and so they can go in and they can register. It would be the same as they have for testing. They would go to our sites. They would register on that site and then from there they will receive a confirmation email from our system. And so the department made the decision to go with sales force. We have already been working with sales force throughout this time during the pandemic. So we only want to use one system so everyone that goes

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into that system tomorrow that will be part of the sales force access. So again just as a reminder of folks who don't have that access,, we're asking you to call 311 and our staff will work with you. One of the other things that we are really emphasizing to larger employers, if they can connect with their wellness partner, a lot of large employers, for example, like the city of Austin, we have partnered with randalls in the past to provide our flu vaccines and we are encouraging other large providers to definitely reach out

and talk with them about that being a process for you with your employers through your insurance. So I just wanted to emphasize that as well

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today. Next slide. One of the things that we have started having some discussions about, definitely wanting to have more discussions about it, is that dishes would like to have a regional hub and spoke process where partners will be willing to have the hub and be able to have kind of spoke locations. So whether you have smaller locations, you're working across your region, you know, with neighboring counties. So we will begin those conversations with what that could potentially look like for our community as well as our neighboring community. So we will provide more information about that. We've reached out to capcog and so they are going to assist us to bring some

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people together to have those conversations. So as this initial pilot moves forward, our goal is to provide all of the vaccine out this week and then our hope is that we can receive confirmation that we have been able to depend on at least between 2,000 to 10,000 doses of vaccine to be moving between us and our partners here in Travis county, but then potentially across the region. The other thing, this is my last slide for that, but I did want to just kind of remind folks that for the homeless population we are continuing to work with our protective lodges, our staff

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have transitioned 131 people have been housed from our protective lodges. 62 of those happened in the month of December. We are continuing with our meals. We provided over 70,000 meals. And we are continuing with our mobile showers. With our long-term care facility, as Dr. Escott shared with you, we are continuing to see an increase in cases and long-term care facilities. And so our incident command team has sent out a strike team to work in one of the locations. We're continuing to provide testing at those sites and we are recommending that that testing happens every three to seven days in those facilities. And so I just wanted to remind folks that all of those efforts in the long-term care facilities

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are continuing. One of the other things that I wanted to also share is that we have four post-acute care isolation facilities for long-term care residents. And so that really works well with the facilities because they're able to use that isolation facility as they need it. So at that time I'm going to close my report and I'm available for questions. Thank you very much. >> Cronk: Thank you, director Hayden. I'll turn it back to the mayor for opening it up to questions. >> Mayor Adler: Thank you, manager, and again thanks for this work. If you need anything or support, make sure the vaccinations get out, please make sure that you ask and obviously that's real

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important that we get that done. Again, thanks to the state for three things this week: The allocation numbers that hopefully we can then get out, the second is that infusion center that was stood up the first week in January. Just to reiterate, that's the treatment that the president got and it's available in our community for free for people that qualify for that. We've stood up the infusion center on the eastside of town to make it available, and there's going to be additional capacity for an infusion center in the alternate care site as well. And in that regard we're probably delivering and getting out of a greater capacity for that therapeutic than anybody else does in Texas because of the cooperation of our systems, hospital systems, with the standing up of those centers. So thank you to those three hospital systems on that. And then the last thing that we thank the state for this

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week is the staffing, not only for the infusion center, but also for the alternate care site, which is being stood up with staffing from the state, which was critical because if we had to staff it ourselves, then we will -- we would be taking staffing away from hospitals or local staffing that was otherwise available to hospitals with respect to their surges in the hospitals. I have three quick questions and then I'll turn it over to colleagues. Tell me, director Hayden, what are we doing in the city with respect to communications or campaigns regarding vaccine confidence? >> We have -- we just recently closed a mini-grant process that we are going to have contractors that are going to be working with us

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to, one, address any hesitancy that any folks may have with respect to them. These are a grassroots organization that will be able to work with folks in targeted zip codes to really work very closely with them. In addition to that, we are understanding that there's also some hesitancy in long-term care facilities and so our staff have got toying to provide a video that we have shared with our long-term care facilities as well. And lastly, we have a couple of partners that we have been reaching out to and

meeting regularly with to be able to provide us feedback into potential areas of where we may want to also consider hard to reach

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individuals. >> Mayor Adler: With respect to the side op this week. Heretofore it's been really difficult to sign up for the vaccine because you had to do it to individual providers of the vaccine. So we had people to sue sign up on an H.E.B. Site, on an CVS site, on a clinic site, and frustrating for them and with the lack of actual supply, frustrating on lots of levels. But you're standing up a site this week where people can go in and sign up the same way they signed up for testing through aph, that same dashboard. Will that site last beyond this week and the 12,000? >> Yes, it will. >> Mayor Adler: And is it possible that that site as it evolves and as it works out can be more of a central source for people to go to

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to sign up for vaccines administration in multiple places, multiple providers around the city? >> So that is a part of the conversations that we are having with the other providers outside of the city of Austin, Travis county. You know, right now we have partners that had already been a part of sales force in Williamson county and bastrop county. And so the goal would be that we want the other counties to become a part of that system as well. I think one of the other things that we are also having discussions about is a regional hub where folks can really see this is a place where I can sign up. And then these are also other locations if I decide I don't want to go to -- coming in through the

[9:53:35 AM]

cities, city-county regional hub, but it will provide that information as well. >> Mayor Adler: The degree to which we can centralize that so that people don't have to go to multiple places, but go to one place and still be able to access the vaccine in multiple places when the first opportunity arises I think will be real important. Especially as we're trying to get this vaccine out to hundreds of thousands of people over time. So thanks for your work on that. And then the last question I have relates to dashboard. How do we get transparent information out to the community about the number of people that are being -- getting the vaccine, who is getting the vaccine, the demographic information associated with people, getting the vaccine, do we control that information? Is there a way for us to make that information available? Six what we will be able to provide right now is what Austin public health is doing. We cannot go beyond that.

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The state of Texas has a dashboard that they are working on to stand up. So what we will be able to initially be able to provide is what Austin public health is doing. For example, yesterday we were able to provide 850 vaccines yesterday at that location, and so our staff are going to compile a report that we would be able to share and then we will post it on our website, which will show the number of vaccines we provided and it will include the demographic data. So as more information becomes available, as we continue to work with our partners to be able to have them share that information as well, then the dashboard will grow. But initially that information will be Austin

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public health only. >> Mayor Adler: Thank you. Colleagues, I think Paige had her hand raised. >> Ellis: I did, thank you, mayor. I have questions for Dr. Escott and director Hayden, but I'll start with Dr. Escott since I know he may have to leave the meeting a little sooner. Alternate care site, can you talk more about that. Is it going to be people who have recovered, but have mostly recovered? This is not a walk up and get an assessment type of facility at this point, right? >> That's correct, councilmember. This is for individuals who have been seen in the hospital, have been stabilized and who are in the process of recovery. Enough so that they can be safely moved to a lower level of care. These are individuals who may still require some oxygen administration, they may require some help with medications or other things. But this is not -- these will not be individuals who

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need icu level care or those high levels of care that really need to be done in the hospital. There is no avenue for folks to walk up. If somebody walks up to the site they'll find that it's going to be locked down, it's not open to the public so our mechanisms in place that does happen and emails will be out to help that individual. But this is the model that has been used in El Paso, the model used in Harlingen, most other alternate care sites around the state. So we're confident in this model and hopeful that it will help decrease the burden on the hospitals right now. >> Thank you for that clarification. I remember hearing that a couple of months ago when a few of us were able to get a tour and wanted to make sure that was still the case. I did notice on your chart about the ISDs reporting

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cases, I didn't see eanes ISD on the list S that just that they didn't send the information or they didn't have any? >> Councilmember, I imagine it was because a report was not submitted. I can get with our schools' task force and see if there's any updates on that. But that particular report relies on that

reporting to our schools for those cases and exposures. >> Ellis: That information would be helpful because I know in previous iterations of charts like this it had shown up with some cases of individuals in the school. Can you talk a little bit more about the age group of under one year Olds? Why we see more infants getting covid? Is that because of day cares or a new strain affecting age groups differently. Can you tell me more about that? >> Dr. Escott: Councilmember, I think the issue that we're seeing

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here, why we're seeing younger age groups increasingly impacted is because we have massive uncontrolled spread of disease. So we're going to expect increased numbers in all age groups. One reason why the percentage of infants may be higher is because if they are symptom mattic they're going to -- symptomatic, they're going to get tested. We're not going to see a bunch of asymptomatic babies going off and getting tested. So I think the -- the risk of covid-19 exposure in people who are symptomatic, including infants, is going to be higher than the risk across the board if you lump in asymptomatic individuals. >> Ellis: Okay, and so this new strain that is in all likelihood here, have you noticed any trends or any predictions that could be made if it is affecting

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anyone differently or if there is any different symptoms that people should be aware of? >> So the information that we have so far from the federal government and other folks is that it doesn't appear to be any more dangerous in terms of its -- the intensity of the symptoms or the severity of the illness that results. There is concern that it is more easily contracted, which is going to make it more difficult for us to control this uncontrolled outbreak that we're experiencing now. Again, when the disease transitions or mutates in a way that makes it easier to contract, it also makes us more concerned about the potential for environmental impacts, including making it easier for airborne transmission to be possible. We don't have clear evidence have that now. We suspect that that may be the case, which is why in particular we're concerned

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more about schools and other settings where individuals are in close project connects it it for a -- close project connects it for a duration of time. >> Ellis: Thank you. That's all I had for Dr. Escott. I have a few more for Dr. Hayden but I'm happy to let other people go first. >> Mayor Adler: That sounds good. We'll come back to you for director Hayden questions. Limit the questions to dr.s Scott. Council member kitchen. >> Kitchen: I have a number of questions about seniors and about reaching them as well as about [indiscernible], but I'm not sure if these are for Dr. Escott or for director Hayden, so I'll go ahead

and ask them and I will limit my questions right now to my questions about seniors so that others can ask questions, too. So my question really boils down to seniors -- two aspects. Seniors who are living in

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long-term care facilities that don't have a vaccine relationship with CVS or Walgreens. My first question is my understanding was that there are some long-term care facilities that are not covered by the federal program. Can you speak to that? Is that true? And how are we reaching those? >> So what we have put in place is for those that were not covered by the federal program, [indiscernible] Has been providing some level of support until last week. So they've let us know that any of the facilities that remain would need to be picked up by Austin public health. And so that is what we started to do. So folks can just reach out to us on our -- you know, at our nursing home information

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line if they have any questions or concerns. And we will have our team to see what they need and we can provide those vaccines to them and their staff. >> Kitchen: Okay, let me ask more specifically then. How many of our long-term facilities in our community are not covered by the federal vaccine program? >> To my knowledge, my staff has only told me about two. >> Kitchen: Okay. >> So until they come forward and say -- because we typically would look at the report that the state sends us and we reach out to hhsc to say, you know, it looks like this group is not on there. And then our staff -- incident command folks will reach out to administrators. So right now there are two that we know of. There could be more, and so

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as they reach out to us and we continue to try to true up what the state sends us about who's on that list and who has received those, then we can reach out to those. >> Kitchen: Okay, so let me make sure I understood. So we are proactively comparing the list of our long-term care facilities in our community with the list of those facilities that are included in the Walgreens and CVS system? Is that right? >> Yes -- the way -- >> Kitchen: We're not waiting for them to reach out to us. We've identified which ones are not part of that program? >> So we've done a couple of things, because the way the system with the state is they provide us a list of who they are working with and who has been providing the vaccines -- have already started to receive those. And so our folks are being

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proactive to say, you know, if there is others, then we need to work with them. So thus far we have found two. We will continue that process with the state and the long-term care facilities through the incident command structure. >> Kitchen: Then the last question I have -- and then I'll turn it over to others -- that relates to seniors then is that our minority population and our Latino senior citizens, a lot of them live at home with families, for example. And we have seniors living in our community at home, so how are we proactively reaching out to them? I am concerned that -- I'm very pleased and I appreciate the setting up the portal. I think that's very helpful, but I'm very concerned about how we're going proactively reach out to seniors, particularly low income seniors, minority seniors

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because I don't know that they are going to either know or know how to or be able to access a portal. So I'm wanting to understand how we're reaching out to them, and one of the reasons I'm asking that question is we did work early on last summer, but the staff helped a number of our offices to do phone calls and to send post cards to seniors that were living at home in our districts. And that was one way we outreached to them proactively. And my question to you is -- I understand of course we don't yet have enough for everyone in our community, but what are we going to do to proactively reach out to those seniors that are living with families or living on their own in the community? >> So we've already started a few things; one as you

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know is we have an employee in the department -- its a Taylor who works with seniors and so she has been a part of the conversation and as we outreach to those populations. We have a couple of the providers that are a part of the vaccine coalition task force. So there are members there, so they have been e-mailing us and we've been communicating with them as well. And so we will definitely work with folks that we have contracts with to be able to get the word out through the populations that they serve and then we have some other partners that are willing to be able to get the information out to those populations. So we do have that on our radar. Those things are underway,

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and will continue throughout this process. As we have more vaccine available, as you know, we've done some in-home testing, and so that's another part of our strategy that we would like to implement to be able to provide some vaccine -- to be able to provide the vaccine at home to them. So those are the things that we're looking at. We are always open to any list that you all may have, and we've said that to

the community as well. We also know that parks & recreation also has folks that they've worked with, so we'll be working with them as well. >> Kitchen: Okay, thank you very much. I appreciate it. I will work with Tabitha in your office. I would like to suggest that we think about ways to be proactive, you know, for for example, it's easy and simple and fast to do phone

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calls. You know, to do recorded phone calls to seniors, for example, to send a post card. We need -- I really think that -- obviously I know you guys are preparing for and I appreciate this for vaccine distribution over a number of months, we're not just talking about what's immediately available to us because it's going to take awhile to have enough, but we need to be letting people know right now, and that is -- I mean there are other populations, too, but that is one of the populations that is likely not to -- they may not have as much access and they may not -- either to information or to the vaccines. So really just to be proactive and I'm happy to work with Tabitha's office as we did earlier when reaching out to seniors. >> And just a reminder for seniors, but other people that don't have access, we will opt to have the --

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continue to have the ability to sign up individuals that don't have access to the internet and may not be able to access and go online to our portal. So that will continue to be a resource available for our seniors, but just kind of the general population that don't have access. >> Mayor Adler: Thank you. Council member Fuentes. >> Fuentes: Yes, thank you. So a lot of my questions have been covered and council member kitchen, I'm right there with you and really looking at and acknowledging that culturally for Latinos, a lot of Latinos are not in long term facilities or nursing homes. We keep our abuelos in our home and it's intergenerational. And I want to make sure we have a strategy in place to ensure that we're reaching out to our vulnerable populations. One of the questions I had

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director Hayden was around -- I just want to clarify, so aph with the 12,000 doses that were received this week, those 12,000 are first going to go to individuals in the 1a group. Do we know when the majority of the 1a of folks in long term facility group, when we'll have vaccinated the majority of 1a? >> Well, our goal really just as a community, not just Austin public health, we're really trying to finish the 1a by the end of this week. And not just Austin public health, but all of the other partners that are providing vaccines, our goal is to try to finish that 1a this week. So then will we be vaccinating -- folks in the 1b category this week with that 12,000 dose allotment? >> Yes. Yes, we have already started

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some 1b's. We're develop targeting 65 years of age or older or the folks that we're really trying to make sure that we are focusing on that area, but, yes, we are transitioning to 1b. So some 1b's will be a part of the 12,000. >> Fuentes: So part of aph -- now our department's equity efforts include the actual physical location of the mass vaccine sites that we're standing up this week, and those locations will be disclosed when folks go up to sign up on the registration page? >> Yes, when individuals register for the vaccine, when they receive the information back about, you know, the time that they can go and it will provide them the location. #. >> Fuentes: And can you also just elaborate a little bit more on what else we are

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doing with our equity effort? So part of the equity of course is ensuring that we're being equitable in the physical locations that we're selecting, but what else is our public health department doing in terms of equity? >> Well, there are several things that we've done, you know, really even before the pandemic hit. The department has a health equity and community engagement division. Within that division we have focused in with the Asian population as well as hispanic and African-American communities to address health disparities. So with our equity efforts, we have a priority population group that has been set up since the inception of this process. So we've worked with community partners to identify specific locations

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that we have provided services to, so whether it has been financial assistance, whether it's been testing in those communities, or whether it has been us working very closely in those communities to provide our community groups with ppe so they can disseminate into the community. But that's just a high level list. In addition to that from a communications perspective, you know, we have worked very closely with our media outlets. You know, we have held some Facebook live spanish-speaking only sessions with the community, as well as providing outreach material. Our information on our website is in English and Spanish and several other languages, and so the goal is to ensure that the

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information that we are providing to the community is culturally relevant so we can ensure that we are reaching, you know, all of the populations that we need to reach with our information outreach and

education. >> Fuentes: Thank you. >> Mayor Adler: Great, thank you. Cathy and then Greg. >> Tovo: I have a few questions some of which I'll submit after this session. I wanting to back to a couple of the points that my colleagues made. I want to echo many of the people who have written on are asking -- are encouraging the city and the county to set up the kind of portal -- I think it was the mayor first described -- I know you don't necessarily have control over whether other agencies and organizations will participate in that, but to the extent that we could get that the city could provide

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a database along the way -- a dashboard, rather along the lines of what you have done for covid cases, that would be enormously helpful to be able to track where the vaccine has been distributed and to whom. The other thing that we are hearing is happening in some other places that I think one of my colleagues also mentioned is that kind of central -- central database of information that provide -- about realtime information about vaccine availability and waste list opportunities -- wait list opportunities. So I think this might have been the mayor's question, but director Hayden, did you say there might be an opportunity in the weeks ahead to have that -- to have a central community registration process for individuals waiting for vaccines? Not just vaccines through aph, but vaccines through clinician and H-E-B and various pharmacies?

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>> We have began those initial conversations. It is definitely not something that will happen in the next week or so. Because basically what we need to be able to do is pull together folks on the regional level. Have those conversations. Our vaccine distribution -- it includes regional partners. We have been working with them recently throughout this process. And so in order for you to have something elaborate where we pick up all 350 of those partners, each of them have to be willing to work together with Austin public health and our community and develop a regional approach. So those are the initial conversations that we are having to see how we can

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approach this through a regional lens. So it definitely will take everyone to be on board. We have to define what this region will look like, whether we're going to go with msa or whether we would be going with a larger area of 11 counties that, you know, work with capcog. And so all of those discussions will have to take place and then determine exactly how we would maybe move forward with a regional approach. >> Tovo: So both of those initiatives would require that same regional approach for the dashboard showing where the vaccine has been distributed community-wide as well as some kind of

regional sign-up system. Both of those would require that. I wonder if -- to what extent will the infrastructure you already built to track cases in this area at least help with a

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dashboard about vaccine distribution? >> Well, we currently use sales force, and several of the partners are using sales force with us. As you know at the state level, the state is also using that sales force system as well. So different partners are using different systems. We're all not using the same system, so there is quite a bit of things that would need to be worked out to determine, you know, how we will pull all of this together. >> Tovo: So several of my colleagues have already referenced individuals who are not part of -- not part of a long-term care facility who are living at home. I know all of our offices are hearing from individuals who are seeking information about vaccines and they may be in that 1b group. I want to echo what council

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member kitchen said, several of our offices did have really good outreach to seniors in our districts largely through volunteers efforts and so we can tap into those resources again if it's helpful to you. I'm not sure what a post card at this moment would say though because many of those individuals who are calling or e-mailing us are calling the list of providers that are on the state and there is not realtime data there in terms of availability. So they are calling multiple, multiple sources and finding no vaccine. And they likely won't qualify [indiscernible]. They would not be eligible for the public health distribution. So can you give us some words of advice or some sense of when Austin public health might be able to give us a timeline? I think we need to set

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reasonable -- we probably need to reset some of the expectations in the community about how quickly the vaccine will be available on a wide enough scale to really -- the get individuals in that 1b category who won't qualify for the 12,000 doses that Austin public health has this week or in the weeks ahead, what would you advise them to do in terms of seeking out a vaccine? Source? >> Yeah, I think it's going to be really important that folks just think about initially within the state's plan, the state's plan really, you know, laid out -- and I know there's been questions about when this would happen and is this subject to change. Everything is definitely subject to change, but within that initial plan that the state of Texas released, you know, they stated that december/january there will not be a significant amount of vaccine coming into

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communities. So we understand at the federal level that there was definitely a delay. We were anticipating that at least 20 million vaccines will be able to be distributed at the end of December and January, you know, across the U.S. That did not happen. Only 5 million of them, and so we really got to -- and I understand. I wholeheartedly understand and we wanted to be able to get this out as soon as we can, but we've got to be realistic to know that if things are coming from the federal level, we're in the process of transitioning administration. So they have communicated that that's going to be a primary project for them. So as more vaccine becomes

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available that is being shipped to the various areas, you know, we can anticipate that it will probably be around the April timeframe where we will be able to see more vaccine. That's an estimate, but that is probably the best estimate that I can provide where we will see it more widely available. In the meantime, you know, we're still encouraging folks -- even the folks that have received their vaccine to continue to wear their masks, stay home and, you know, definitely the social distancing, washing your hands, we cannot emphasize that. Even for the people that have already received their vaccine, you should continue to be doing that. >> Tovo: Thank you very much for that. >> If I could just add on to that. I agree with what the governor said yesterday. It is a remarkable feat that we've provided as many

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vaccinations as we had in this state and across the country. But it's important to remember that part of the reason why vaccine effort is slow is because the same people who do vaccines are participating in massive amounts of testing and accounting for massive numbers of individuals at our hospitals. I think the best thing we can do for our vaccination effort is to slow the spread of disease. Free up those resources to be able to get more vaccines in the arms of people in central Texas. I also believe that President-Elect Biden has indicated a shift in policy which is likely to mean that the vaccine which is being held back for second doses will be freely flowing. So I think we can expect in a two-week timeframe that we may see a massive injection -- sorry for the pun -- of additional vaccinations available

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across the United States. >> Tovo: Thank you for that. That is extremely valuable information. I have just one last question, but I want to just say thank you for the tremendous effort that you're doing to get the vaccine out and to educate the community about the importance of it as well as the importance of what

you said, Dr. Escott, of making sure to continue to stem the spread. Could you address, please, what the process would be for vaccinating individual service providers who are working with individuals experiencing homelessness as well as individuals within our prolodges who might fall into that 1b category? >> We have included some of the homeless service providers in the 1a category in consultation with the state because of the level of risk that they take as they are working with our

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homeless population. So we have already provided some vaccines to them. Our plan as far as what we've done thus far with the testing is we're going to be working with UT Dell med community care as you are aware that they have been providing testing in downtown shelters as well as encampments, and so we're going to be working with them so we can address the homeless population in our community and also pick up any other additional folks that we may have not been able to add to the list. So that is underway -- those discussions are underway. >> Tovo: Thank you very much. >> Mayor Adler: Okay, Greg and then Leslie and then Mackenzie, priority questions would be questions for Dr. Escott who we're

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going to lose their momentarily. Right? >> I think that my questions are primarily for director Hayden. So if folks want to hop in for Dr. Escott I'm happy to yield. >> Mayor Adler: Let's do that. Does anybody have any questions for Dr. Escott before he leaves. Leslie? >> Pool: Yes, thanks, Dr. Escott. I wanted to ask you a little bit more about the expectation that when President-Elect Biden takes off in eight days, he has indicated that he will change a couple of things about what -- actually, he will make things happen in a more logical and efficient way than we have experienced for nearly a year. One of them is not holding back the stockpile for the second jab, but the other one is actually to have some direction and consistency and standards coming from the federal level so that -- from state to state and municipality to municipality there is not this confusion

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and chaos that is in large part driving the anxiety that's in our community because people don't know why or how we are handling our vaccine and the administration of the jabs because it's different everywhere. Can you give us a little bit more from your conversations -- I know you're having state level and federal level conversations including with the CDC. And I understand also that Dr. Fauci will be continues as the special adviser to president Biden. >> Yes, council member, you know, I think that there is wisdom in releasing the vaccine. There is confidence that the vaccine manufacturers will be able to

deliver subsequent doses in a timely fashion in order to get those second doses in. So I think what we're likely

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to see -- and certainly the conversations we've been having with our colleagues across the country is that what we're likely to see is the transition away from priority-based groups in favor of a get people vaccinated push. We have seen this happen with vaccination efforts in the past. In fact, you know, there is quite a bit of evidence that will support trying to get as much vaccine out into as many arms as possible. You know I'm happy that we're prioritizing the groups right now, particularly those who are front line health care workers and those who are most likely to end up in the hospital, but any vaccination of any person in this community is better than it sitting on a shelf.

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>> Pool: And so to follow up on that change to approach, I wanted to ask -- because I assume the answer is yes and maybe you can give us a little bit of a glimpse behind the scenes, what are you and your staff doing in order to prepare for what looks like a change in the strategy and a more widespread and comprehensive administration of the vaccine? >> Well, I'll start that response and director Hayden may want to add, but through Austin public health alone, we can do 3 to 4,000 a day with the current set up that we have generated for this first effort. We have groups and great partners like H-E-B, who today if they had 4,000 a day could deliver 4,000 vaccines a day. We have great partners like Austin regional clinic, community care and others who can do thousand and thousands of vaccines every

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day. You know, again, we also have our health care systems that if we can slow the spread of disease can also ramp up massive efforts to do that as well. I think our community is focused. I think our community has demonstrated for the past 11 months that we are willing to work together hard to achieve goals and I think the vaccine effort will be no different. >> Pool: And the last thing I wanted to add is I understand the reason that the operation underway to create at home testing kits so that people can get like 20 testing -- 20 tests in a container so they can keep track of their own positivity rate or negativity rate and then that can more strategically focus people on staying safe and quarantining so that we

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all take the responsibility individually to test ourselves maybe every three days or so, so that we know -- and this will help when we hope people can go back to work in their work spaces, we will know ourselves what our positivity or negativity rate is and then we'll be able to have personal responsibility on what risks or not risks that we take going forward once everybody -- you know, as we move through 2021. You've heard of that, too, I imagine? >> I have. And I think that there are certainly particular folks in the community where that is even more important. We have made a recommendation for proactive testing four our student athletes. Health care workers who may not be vaccinated. Individuals who by the nature of their work or their study have to be in close proximity to one another or they have to do the work without a mask on, for those individuals in

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particular, that proactive testing is going to help to limit the spread. >> Pool: Thank you. >> Mayor Adler: Further questions for Dr. Escott? Council member alter? Actually, I called in order. Let me go to Mackenzie, do you have questions for Dr. Escott? We'll come back for director Hayden. >> I noticed through the presentation we did not talk about the financial impact of the opening of the alternate care site. Could you please briefly review with the council what we talked about yesterday in our meeting? >> Mayor Adler: Director Hayden still on? >> I'm here. Are you asking about the alternative care site or are

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you asking about -- is that what your question is? >> Kelly: Yes, if you could talk about that, that would be great. And if it's for director Hayden, then it can wait. >> Well, you know, I think the biggest impact as we shared is that the state of Texas is going to provide a team to come down and to operate that facility for us. So we are very grateful for -- to receive that team to come in to provide those services. I think, you know, any other physical impacts, you know, definitely would be because of the use of the facility with any other overhead costs would definitely be something that the city will definitely work through with the budget office. >> And council member, I will say that as we

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discussed yesterday, the idea for this center is a regional center and now we're focusing on the msa, but it certainly has the potential to provide services for 11 counties or for the entirety of region 7, you know, in that circumstance I think there does need to be cooperation from other jurisdictions to help support the cost of that, at least the local jurisdiction share of that expense. >> Kelly: Thank you. >> Mayor Adler: Okay, council member alter. And then council member harper-madison. >> Alter: Thank you, my

colleagues have asked a number of the questions that I had. I will have some later for director Hayden on vaccines. But I did want to ask Dr. Escott if you could speak a little bit more about the clusters that we're seeing in our schools and, you know, it's been

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striking the number of requests we're getting to choose virtual at the same time that varsity sports are continuing. Can you help us understand why that is continuing? I believe it's because the governor has orders that allow that, but it would be helpful for parents to have more information about the clusters. We don't get that information unless our child is exposed. All we get is that there has been a case at the school, but if there have been clusters with other teams, you don't really know about that. So can you provide a little bit more information for the community on that? >> Council member, similar to what we saw in the fall with football, we're seeing clusters with basketball. We can expect to see clusters in other sports, in spring sports as well. This is why we provided the advice that extracurricular

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activities be canceled or postponed, and if they weren't canceled or postponed, that they implement proactive testing to try to avoid the cluster situation. Austin public health has free testing available. Student athletes and others could be tested weekly, twice weekly. They also have partnerships and availability of [indiscernible] Now testing for the state for that proactive testing effort. Again, it's not surprising we're seeing clusters in athletics. We have events where distancing is not possible, and masking may not always be possible. That's in particular why we recommended they be suspended or postponed. We've got to continue to identify where the risk is and reduce that risk. So again I think it's important for parents to understand and we applied

[10:38:34 AM]

this direction over the summer. If your student is involved in one of those activities where masking and distancing aren't possible, there is an increased likelihood of becoming covid-19 positive for that student-athlete and for that household as well. >> Alter: Thank you. And then as follow up, are we anticipating any changes to our recreational access as we currently have it, whether it's pools or play escapes or any kind of [indiscernible] That we are running at this point? >> So we meet regularly with parks & recreation. I'm satisfied with the current level of opening. Most of the facilities that are open are open to a maximum capacity of 25%. Many of the places actually are only achieving about 5% of occupancy.

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There is a fine balance between creating opportunities for people to gather, you know, providing opportunities for people to be outside rather than inside. Right now we're concerned about people being inside too much with the cooler weather, so our desire right now is to keep those things open, but managing the risk by controlling the occupancy. >> Alter: Thank you. >> Mayor Adler: Okay, Vanessa. >> Fuentes: I have a question for Dr. Escott. I noticed over the weekend we were doing the pilot vaccination distribution that one of the questions on the form is folks have to indicate whether or not they've had the virus within the last 90 days. And so can you speak a little bit -- if someone has tested positive for the virus, can they still get the vaccine or is the efficacy of the vaccine diluted? What should we know to best

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prepare people and inform people about you've tested positive for the vaccine, however, you can still get the vaccine or I know if the best practice is to wait, but at the onsite they've showed up for the distribution and they have shared with us we tested positive in the last 90 days, what do we do in that scenario? >> So people who have had covid can certainly get the vaccine. That is recommended. We definitely don't want people who are still under quarantine or sick from covid-19 due to the risk of exposure. The reason for the 90 days is because we have good evidence that people who had covid are well protected for at least 90 days. So it's not as high of a priority in those groups because they still have natural immunity from the illness. But again, we want to get to those folks as well. I've had family members who have had it and asked me the

[10:41:37 AM]

same question. Yes, they should get it, but they probably don't need to be first in line because they are still protected if they are within that 90 days. It's probably -- the protection from the natural illness is probably longer than that, but that's all we have the evidence for right now. >> Mayor Adler: Council member harper-madison and then Pio. >> Harper-madison: Thank you, mayor. Thank you Dr. Escott and director Hayden. Most of my questions have been answer and you probably recall during the course of our conversation we talked about what I was proposing to ask during the course of the special called for the health and human services committee. So acknowledge as I ask whether or not these are questions that I could postpone for the folks from the office of medical director who probably will be able to answer some of these questions specifically as they pertain to surge concerns and emergency medical personnel capacity. Those are some of my questions. Should you be the one to

[10:42:38 AM]

address those or later when we get more around emergency services and emergency services personnel concerns? >> Council member, I have discussed our conversation with Dr. Picket who is prepared to provide a response at that time. >> Harper-madison: Thank you. I appreciate that. I'll skip to my questions -- I know that you acknowledged generally being comfortable with the 25% capacity for park facilities, but I'm certain that I'm not the only one who has received repeated questions, concerns from constituents and frankly employees for Barton springs. I'm wondering if you have received similar concerns and what your answer is there? >> I have, and I've also seen photos which have been circulated -- you know, the photos that were circulated were from over the summer from the information that I've received from pard.

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And again, it is a balancing act between having outdoor space available and open for folks while also mitigating the risk of congregation. And that's why they're limiting the occupancy. I think pard's information to us when we met last week was that over the previous week a maximum of 5% occupancy was all that was realized in the previous week. So we'll continue to keep a close eye on that, particularly as the weather changes. I may become more attractive for folks to be out and about. Again, the take home message for our entire community is we don't want you congregating becauses that spreads disease. So if you are going to be together, be together with people in your household, otherwise, separate yourselves in groups from other people that you don't know, particularly if you

[10:44:41 AM]

don't have a mask on so we can control the spread of disease. >> Harper-madison: Thank you. I appreciate that. To take that a step further, an additional concern I have before we were privy to some of this information, which you know no fault to anybody who is presenting currently, I realize it's a moving target, but before we were privy to this information, myself and some members of the community were looking to activate and determine what [indiscernible]. One of the things we considered in terms of the suite of options we have for assets was volunteer effort. So one of the concerns that arose for me in thinking about volunteers being helpful here is what risk level should we assess for volunteers? People volunteering to administer vaccinations or work sites to administer vaccinations, if I understand correctly, one of the elements they Y been providing this opportunity for log jams is data -- data

[10:45:43 AM]

collection and data entry. So I'm concerned about -- I have questions about what threat level are our volunteers exposed to if they don't -- have not rather fallen into that 1a category or the 1b category that's been vaccinated? >> So, council member, I'll start and director Hayden may want to add on. When individuals volunteer as part of the vaccination effort, they become part of 1a. So they are then on the front lines and are qualified for the vaccine. So our intention is to ensure that folks who are staffing those sites as volunteers are offered vaccine in order to protect them. >> Harper-madison: I appreciate that. I think that's a very important consideration. I think I have two more

[10:46:44 AM]

questions that are definitely for you and then the ones I have for director Hayden I'll hold until everybody else has had the opportunity to ask theirs, the ones that came before me. So [indiscernible] Questions, would that be Dr. Escott or director Hayden? >> Director Hayden. >> Harper-madison: So I'll hold on to that. Infusion center -- I assume also director Hayden? >> I can take infusion center, council member. >> Harper-madison: So for the infusion center -- for people to be considered, what are the qualifications? I haven't quite seen anything that specifically says under these circumstances this is the protocol for which you're considered as eligible to receive this? So I'm curious about -- just want to get clarity there, and then if you could sort of -- I guess project how many infusion centers you suspect we'll need to have and those zip codes of sort of high need?

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>> Sure. And what I can do is 1e7bd your office a list of the [indiscernible] Criteria. It is long and relatively complex. In broad strokes, anybody over the age of 65. There are some other categories for individuals outside of age 65 group, but I can send that to you. So we'll be taking referrals directly from physicians, but also community care and Austin public health will be directly reaching out to individuals that we test and who test positive who fall within those criteria to help actively find individuals and make sure that they are aware of that option. So, you know, if folks get that call, it is a real call. If they have any concern about the validity of that call, they can call and be connected through a 3-1-1

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and we will make sure that they have comfort in having that discussion, but it is free. And we have placed it at a site in order to make it very convenient for our community in east Austin. >> Harper-madison: Thank you. I appreciate that. I believe all the rest of my questions are for door Hayden. I appreciate your time. >> Renteria: My question is do y'all maintain a list of all the doctors that are out there administering the vaccine? I had just lucky to call my doctor and asked him to put me on the list and I got my vaccine shot Friday, but if I hadn't called him up, I wouldn't have known that he was one of

the ones that were administering that vaccine. And also I had other people that my constituents that call me up and say how did I

[10:49:48 AM]

get mine? And I said, well, I called my doctor, and they said well they called theirs and they said they don't know anything about the vaccine. So can you help me understand what's going on out there about what doctors -- do you maintain a list of doctors that received the vaccine that are administering it? >> Council member, that is available on the dshs covid-19 vaccination website. And I believe there is also a link from our aph covid-19 website. So it has a list and a map -- interactive map. Part of the challenge is that we have a relatively small number of providers who have been given vaccine. Last time I checked, it was around 60 to 70 different groups -- physicians offices, clinics, pharmacies have been provided vaccine out of more than 350. So the map that you see now, the list that you see now is

[10:50:49 AM]

not even close to all of those who are able to provide vaccine. And again, hopefully, as the supply improves, we'll see more availability out there. For now, what we've asked the state to do and what they've done is to provide large volumes of vaccines to entities like Austin public health so we can vaccinate thousands a day and hopefully give people a place to go to get the vaccine now if they fall in that 1b group. >> Renteria: Also can you help me understand about -- are these doctors that are little small clinics and doctors receiving the vaccine, are they just for their clients or can they just -- if they have insurance, can they just call any doctor that is administering it and also is

[10:51:51 AM]

it up to the doctor itself or can they take patients that are normally not their clients? >> Council member, generally speaking, a lot of the individual clinics and doctor's offices that have received allocation, they are going to preserve for their existing patients. If that particular office received a large allocation, there may be some room to offer them, but by and large, I think they are going to offer it to their patients first. >> Mayor Adler: Okay, anything else for Dr. Escott before we let him go to the county? I think they are calling for you. All right, Dr. Escott, again, thank you for everything that you're doing and for the information that you're getting out to the everyone. We still have one of the lowest mortality rates in the country among cities, but with the surge we're seeing right now, we're going to have to really fight to hold on to that

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position. Allison, did you have something before we left? >> Alter: For director Hayden. >> Mayor Adler: Already, Dr. Escott, thank you. Now back to questions then for director Hayden. Greg, you were next. >> Casar: Thank you. Director Hayden, first two clarifying questions from your responses to council member tovo's questions. The first one is you had said that the plan had been 20 million vaccines but instead we were at 5 million. [Indiscernible] Is that for December and January combined? >> That is the information that we received at the federal level that should have been coming out -- yes. And that did not occur. >> Casar: So between -- it's not each month, but between December and January combined, we were hoping for 20 and we're at 5?

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>> Yes. >> Casar: That's helpful. Thank you. And then my second clarifying question from what Kathie said was it sounds like we were trying to see if we can coordinate a central sign up that would work across several of those hundred providers the best we can. Is that what the other cities are trying to do? Are other folks trying to do that? Has anyone else achieved that? I've seen that other cities have a central red sign up but it's not clear what you're signing up for. >> Well, my understanding from my colleagues that I've talked with, those are based upon what they have available to distribute. Now, I'm not going to talk all across Texas, just a few of them. I do understand that Denton county was real signing up and wanting to be a

[10:54:53 AM]

distributor. And so that is a little different because then those partners in Denton county would receive the vaccine from them. >> Casar: Sorry. So in those other cities, people are signing up for the publicly available vaccines of which there is very few, and so they probably need to be going to that public site, but also to all the private providers as well, it's not actually routing them to these other -- >> That's what I've heard from people. I have e-mailed and texted, but I can do a better job of trying to understand, and at least send it to to the Texas association of city and county health officials to determine what that -- kind of what's happening with all of the partners. >> Casar: Mayor, I'm going to say we can hear your keyboard a little bit. >> Mayor Adler: Sorry. >> Casar: That's okay. And director Hayden, with

[10:55:55 AM]

the 12,000 vaccines that we've gotten, how many of those are we more or less planning on having be distributed to specific groups of vulnerable people versus how much of that 12,000 is going to be available for the people who register starting tomorrow? >> I would be giving you probably an estimate.

Today at the site, we have the ability to do 1200. Yesterday we did 850. Tomorrow we have the ability to do 2,000. So that would pick up, you know -- [indiscernible] Yes. However -- however, being a safety net provider, our goal is even with the process to be able to get more folks to come in during the week once we open it up

[10:56:57 AM]

to get more vulnerable people in through this week for the rest of the week. >> Casar: So about 4,000 of them really -- you know, it's not a public sign up, just really directed to vulnerable populations that we know and then the next 8,000 would be open to the registration, but the registration we're really prioritizing vulnerable folks to sign up? >> Yes, we are. >> Casar: So can you level set expectations for us and for the community since you'll be opening registration tomorrow of the 12,000, 4,000 will have already gone to vulnerable people. People are signing up and we have 200,000 uninsured folks in the area, we'll have people signing up for 8,000. We've seen news in other cities where the registration is full within five minutes online. We saw with the financial director assistance phone lines getting overwhelmed

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immediately. This is an impossible challenge to solve when you only have 8,000 vaccines. But can you level set expectations for how you all are preparing for this and what the community should know since it's really important and great for us to do these 12,000 this week, but we know the need is so great, so how are we setting expectations for the community and what are you preparing for? >> Well, ultimately, you know the goal is to prioritize. And to make sure that we are addressing our most vulnerable people in our community. And so moving forward, the plan is to continue to provide vaccine to our community, but we are going to ask people that they are really going to have to be patient with us. Everybody that wants to get in with a vaccine on Wednesday is not going to be able to get in. That is the reality of it.

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And so we just ask that you -- that you work with us as we're moving through this process. As we have other conversations with our colleagues across the region, and really look at how we can set up a regional approach, but we really need people to really be patient with us as we go through this process. I know it's unfortunate that so many folks have made calls and have been on calls for an extensive period of time, and that that's very, very unfortunate for people to have gone through that. And so I can say that I apologize that people have had to do that in our community. But our hope is that people are patient with us, and as we continue to receive vaccine and are able to stand up operations even

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more, collaborating across with other partners, as soon as vaccine becomes available, our partners are ready to provide it. They've e-mailed me several times as Dr. Escott has stated before. So our partners are ready to participate and to provide a vaccine in our community. >> Casar: We should. >> We shouldn't apologize for trying administer the small number of vaccines we have if we were hoping there would be 20 million produced and there is only 5 million, I think the thing to apologize for would be only if we weren't transparent with that information. We're trying to be transparent. So what I would really urge Austin public health to double down and do the best we can -- I know y'all are trying to do some, but my last urging is that we try to be as transparent with

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everyone about tomorrow and the process going forward as we can. As people make phone calls and they probably hit a voice mail machine because you have so many people who are -- that we have that voice mail set up to give people the information that there is only a few thousand and there is hundreds of thousands of people that need it. On the website, we make that really clear about who is most vulnerable and who we really want signing up and the fact that those folks still -- there is a good chance you may not get it, but I think if we're transparent then we can continue to retain the trust that we'll need when we're doing 5 and 7 and 10,000 a day will we'd need to tap back into once there is enough supply. So I appreciate all the transparency from these sessions. And I think we just need to tomorrow do everything we can to set those expectations and be transparent so that when we tell people come back, come register again, that people

[11:02:05 AM]

do so. So thank you director Hayden. >> Mayor Adler: Paige and then Allison. And then Ann. >> Ellis: Thank you, mayor. Director Hayden, there was a slide that talked about the registration that there would be a website and a phone number. Is that information public yet or where should we and the public expect to see that? Would it be on social media or through a memo or press release? Where will we get that information? >> We will have a press release sent out tomorrow. It is going to provide the information for the website. It is the same website, Austin tx.gov/covid-19. And so the same place where they go to sign up to take a test, there will be a button for them to push to sign up to enroll for the vaccine.

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We will have that sent out through all of our media outlets just to ensure we get the word out. >> Ellis: Okay, that's very helpful. And then representative Vicki Goodwin had sent a letter at the state level to talk about vaccine distribution and there was just one part I'm not sure if there had been any subsequent updates you're familiar with, but it was about the information being provided at the state level wasn't necessarily reflecting what was happening on the ground in every location. Some places were still administering at the 1a level when some others had moved to 1b. Is there any fushth update? I know that's not your call to make, but was just trying to see if there was any more information that had come out about that? >> Well I think really the take away is that -- from the direction from the state, it is important for

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us to ensure that the 1a people, you know, are taken care of. The vaccines are provided. And so in the instance that we find others that still need it, we can address that as well through all of the providers, but the state has also given the clear direction that you can also target the 1b. So at this point, you know, 1a or 1b, you can provide it to either of those folks. They wanted you to primarily do 1a, but you can do 1b as well. >> Okay, I think that's helpful for the general public to know. And last question, is there any compiled list of which private health care providers are able to administer? I know a lot of people are having these questions about if their clinic is being able to give vaccines or if they've tried to get in line

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to get vaccines or where even their clinic is. A lot of us know that we're not high up on the priority list health wise, but still wanted to know are we planning for March, April, should we wait longer than that before we even call our private health care providers not to overwhelm them? >> Well, the department of state health services does have that on our website -- on their website, but we have put it on our website. And what they typically do is that they populate the site after they receive the vaccines. So there was maybe about 65 or so between 65 or 70 that have received vaccines. So you will see that, but there are an additional -- what 290 or so -- 87, doing the math in my head -- that will receive vaccines that are eligible and have worked

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with the state to be a distributor. And so you'll see more of that to come online when more providers start to receive vaccine. And so you know we just ask people to really be patient. Especially if you are in

a process of -- you as an individual, if you're working at home, you're not interacting with the public. Really, really, our hope is that you would allow other people that are working with the public, that must leave their homes to be able to provide a service to the public, please allow them to go first if you can is what we're really encouraging the public to do. >> Ellis: That's a great message for us all to remember. Thank you, director. >> Mayor Adler: Thank you. Allison. >> Alter: Thank you. I think there have been a lot of really good questions and I think we're all sort of dancing around the similar [indiscernible] And

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maybe you can walk us through a very specific example. A constituent reaches out. They are either themselves in the 1b category or they have a parent that's in the 1b category, when do they go to try to use the aph system which has limited supply? When do they try and use a private provider, which also has limited supply? And if they go to each of those, what are the steps that they take? I don't know if you can talk through that and it would be super helpful and I know it will change over time if we can get something in writing that we can share out. Because I think that is the crux of what we're trying to be as transparent as possible, given the limited supply, but there is a lack of clarity that people have to try to understand how the public health system works before they can figure out where they get their vaccine. So if we could try to distill that down, that

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would be great and maybe you can try here and we can get something in writing. Again, this is not on you, it's just the configuration of how we deliver health care that makes this complicated. >> I think what would be helpful -- and I can get with the communications team -- and share with you all the information of who is that 65 or so providers that have already received vaccine. That doesn't mean that they have it anymore because as soon as people are receiving it, they are making sure they are providing it in the community. Because knowing that this is the snapshot of the providers that have already received the vaccine, then there is another list of folks that have been approved by dshs that will be able to receive the vaccine. And then knowing that Austin

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public health, as a safety net provider, with like community care, lone star circle of care, people's community clinic, will typically want to focus our vaccine efforts to the most vulnerable people in our community underin insured and uninsured. And so that is what we really just kind of have to emphasize and provide that information to you. So that's a starting place, but we know over time if we're able to see more vaccine come into our community, you know, that process can open up broader. So that language can change to reflect kind of those three tiers that I've described to you. >> Alter: Thank you. I

think it's a challenge for folks as we had with testing about when they go to aph, when they go to their provider and the clearer we can be about that always with the caveat right now

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that we have limited supply I think is helpful for communicating and damping some of the anxiety and helping people to know when they should spend the time on the phone to figure it out and when not to. If we can help to communicate that and it might be one of those decision trees -- remember, we had some decision trees at some point over when to go get tested or not. I think that would be helpful because there are a lot of people who are over 65 who are very anxious to get this who are not the folks that we are trying to target with aph and we can help keep them from overwhelming and trying to to go to aph if we have clarity over where they should be going or could be going and some -- at least most up to date expectations about when they can expect to have access. To it.

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Thank you. >> I'll get with the communications team and ask them to put together something for you all and we'll send it out via the communication that comes out. >> Mayor Adler: Ann, go ahead. >> Kitchen: Yes, I'm sorry director Hayden, I didn't quite catch -- you'll be sending that information out to us when did you say? I'm sorry, I didn't quite catch it. >> As you recall, every day the communication team sends out an update. We will send it through that. >> Kitchen: Okay, great. Would that be today or tomorrow do you think? >> Let me get with the team and we can let you know when that will be. I'm going to say not today. >> Kitchen: Okay, that's fine. I just want to know when to look for it. That will be very helpful for us in sending information out and sharing it with constituents. Okay, I have two questions for you.

[11:12:13 AM]

One relates -- circles back around to the conversation about the areas that the health department -- our health department will be focusing on in the eastern crescent. I think that's good. I think that we need to be filling in the gaps and focusing on the populations that you've identified. My question is it's similar to questions that we talked about during testing. I'm wondering if -- and ppe distribution -- does that include 78744? And if you don't know yet, we can talk about it afterwards. The reason I'm asking is that sometimes -- I mean we do have vulnerable areas in the south and other places, too, and I'm just wanting to understand what we're talking about when we talk about particular parts of town. So south and southeast, and 78744 is the thinking to include those areas? >> Yes, we will -- the data

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is going to make the decisions for us. >> Kitchen: Okay. >> Where the positivity rate is -- >> Kitchen: Okay. >> We're going to be looking at areas where we see the most community transmission. We're going to be looking at areas where we know that more people of color are living and the individuals that have a lower socioeconomic status in our community. So those are some of the areas -- some of the considerations that we are going to keep in mind when we're looking at where to stand up and to provide our vaccines. With the same type of system we used when we established our testing locations. There may be some locations where we send a strike team out where we're there like once a month or twice a

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month or something like that. Because we know -- you know, to be honest with you, to be out over Travis county, but we've got to be working with not only the city of Austin, but we have to work with smaller cities as well and seeing how we can have a presence out there working with the elected officials and community leaders in those areas. >> Kitchen: Okay,s that ' great. I just wanted to clarify and of course the data will drive just as it did with testing and that was very helpful. And the reason I got that up is just because sometimes the -- we have some areas -- I'm most familiar with south Austin. It wouldn't be the only area, but we have some areas and some zip code areas and some neighborhood areas that are low income communities of color, and they may not be -- they may be more

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isolated areas within other districts, for example, and so I was just hoping that you would be looking at the demographics for all parts of town and the data for all parts of town. So it sounds like you're doing that. So that's great. So good. Okay, then my second question is about the homeless population. I wanted to say thank you. I appreciate I think at one -- may have been our last briefing or a recent briefing we had some conversation about keeping the pro-lodges open during the pandemic and not closing them down at the end of December. So I appreciated the opportunity to have that conversation and I'm glad to hear that the city has found a way to continue with our prolodges and they were not closed or none of them were closed at the end of December. So I just want to say thank you for that. I do have a specific question, and again if we need to do this off line

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because you're not certain, that's fine, but let me also say I'm very pleased to hear and I know that everyone has been working very hard to house folks that are staying in the prolodges. I think you said

131 people have been housed at this point, which is very impressive and I appreciate all that effort. So my question is, as people that are staying in the prolodges are housed, are we then opening up that room for another homeless person? Or are we keeping our prolodges full? >> Since this is an asset for our community, that asset is always open. So it's not a closed process because it is an asset for our community. So it's not even just a matter of that room is free and we put somebody else in it, we just want to make sure that we keep that asset

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available in our community. And as you know, all five protected lodges are open. >> Kitchen: Are they full? >> No, they are not full. Staff are working with the providers to identify folks that will be in that space. So right now, no, they are not full. >> Kitchen:oh. Do you know how many -- can you just tell us how many people are staying in the prolodges and how much more room there is? >> I would have to get with staff to get that information. >> Kitchen: Okay. >> I think a little over 200 people that are still housed there. >> Kitchen: Okay. So you can send that separately so that could be as many as 100 places still open it sound like. So that's what I'd like to understand, how many places are still open and the process for filling those

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places. So thank you. Let's see if I had any other questions -- I believe that's it. Thank you very much. >> Thank you. >> Mayor Adler: Thank you. Colleagues, anything else for director Hayden? Kathie and then Greg. You're muted, Kathie. >> Tovo: That's okay. I'll follow up on that question with council member kitchen. If you could make sure we all receive that information. [Indiscernible] That gap troubles me with the [indiscernible] That we could be availing ourselves of. >> Mayor Adler: Kathie is asking for the information that -- >> Tovo: If you could make sure, director Hayden, that we all get that information about our prolodges. I share what I heard from council member kitchen say -- I share an interest in seeing those beds be

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utilized since we know there are individuals who could use them. So if we could follow up on how and when that would happen. Thank you. >> Director Hayden, I saw a lot of heads nodding when through your discussion with council member alter about being able to give advice to our constituents that are phase I B and their family members. I know that that advice is going to be changing often, but even if you were able to list like this applies for these four days, and then we'll get you an update if any, it could be really helpful. I just saw a lot of agreement there. I know you mentioned that maybe you could come to us in the normal communications e-mail, but it might even need to be something that is more of a

flow chart than that because even just from this presentation we've already received a bunch of e-mails from folks saying if

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I'm over 65 and I'm on medicare, is that something I should be signing up for tomorrow? Or if I'm over 65, but I'm completely uninsured and don't qualify for medicare, should I do it? Or if I'm somebody on the front lines with a health condition, should I do it? And so I just think that phase I B has so many different categories and components, some sort of flow chart that says this is our advice if you fall into one of these categories about what you should be doing is making phone calls to private providers or signing up with the city or doing both. I just -- there are so many questions that the more advice we can give the better. I think what we've seen from the advice on slowing the spread is that people are willing to make sacrifices and be patient and go the extra mile if we're transparent with the information and tell them because we're trying to help these folks that need it the most, we're asking you to do X, I think a lot of people will step up and do that,

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but I don't think that there is that coordinated direction. So this may be just reiterating what council member alter just asked for, but I think that having that level of details for people that we can give could be really helpful so that people know when to call. >> Mayor Adler: Okay. Anything else for Stephanie? Natasha? >> Harper-madison: Thank you very much. I appreciate it. Director Hayden, so you answered a lot of my questions over the last couple of weeks, but I'm still -- as the process continues, other questions arise and then there aren't any answers for some. You tried to offer some clarity today about the dashboard component and I want to make certain that my colleagues understand it the way I did and that my understanding is accurate. So the way I understood your

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explanation of our access to the dashboard was that we were operating in deference to the state's dashboard because they had more information. In which case we assuming that their dashboard would be more comprehensive and thus more valuable. In which case that's why we were deferring to them to create the dashboard, is that correct? Or did something change there? >> Because the state is working directly with the providers -- >> Harper-madison: Right. >> -- They will have every provider that is approved by them, because we all have to use the Imm tracks system, all of that data will be on the website. What Austin public health has access to is our vaccine that we provide, and all of the demographic data that comes with that. And so knowing that that website is available, we

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have the ability to add that to our website by taking information off of that website. I'll give you an example. When Dr. Escott comes and he shows you a map of the state of Texas, which was in his last presentation, that is data that he pulled off of the state website and just put it in one nice place where we can see those 18 areas with the hospitalization rates. So that is just an example. So for us, we will start with Austin public health's data, populated with our information. But the goal is to be able to, over time, to add more providers just as we've done with testing. >> Harper-madison: Thank you. I appreciate that. I think I understood correctly. So these are ems questions.

[11:24:31 AM]

Prolodges -- I'm really happy to hear -- did I hear correctly 62 people were housed out of our prolodges in December? >> Yes. Yes. >> Harper-madison: Of the 131 total, minus that 62, what does it look like in terms of our projected timeline for getting the remainder of the folks in our prolodges housed and then being able to get 193 more people in? >> Well, I think the thing to really keep in mind is that because this is an asset, and an asset, you know, will remain open, definitely throughout the process of being in the middle of an emergency response, and so as folks are able to connect that individual with a case manager, that case manager starts working with them in the protective lodges, but then that case manager follows them to where they are placed. And so I think that's the

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other thing that, you know, for the awareness of this group is that that person is following that person and ensuring they have that supportive services once they are housed. We're also working with the city of Austin housing authority. We're really excited about the vouchers that they are going to provide us to house some of the folks from the protective lodges, and then veterans have stepped up and so we've been able to use some of the vast vouchers as well from the veterans administration. And so it's been a very collaborative effort. >> Harper-madison: That's awesome. Thank you. You said the city of Austin housing authority, does that also apply for the Travis county housing authority? Do we have a partnership there as well? >> We have a partnership there, but they have not provided to us that they have vouchers for us.

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We'll continue to work with them. >> Harper-madison: Thank you. I appreciate that. You spoke to the benefits of using sales force -- you should the portal was live as of the 13th. You have spoken on occasion about us administering testing for covid-19 in-home for people that are homebound. I don't know that I've heard any conversation around a strategy for in-home delivery of vaccination. Is that an option? Is that a part of our suite of options for distribution? >> That is going to be a part of our process. Large sites with the ability to have a huge ton of through-put, small community locations, but tn also some -- a few pop up sites working with some of the other city elected officials in areas within the county

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and then at home testing is our strategy. Then on the regional, you know, having those questions -- that conversation about a regional approach as well, so those are all of the options with providing vaccines that we are looking to do. >> Harper-madison: Are you able to expand on the at home option currently? Who is eligible, under what circumstances, how do we find them, who does the administering -- honestly, I think answering that question might alleviate the question and concern that I have in another area about the use of first responders for distributing vaccinations. >> Well, typically, you know, what we've done before is between Austin public health staff and one of our vendors. They have been able to provide the at-home testing. And typically, we have really focused on senior citizens and/or people that

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have -- that are disabled, whether sit a younger person that you have in your home that you may have difficulties taking them out to one of the testing sites for various reasons. So they just typically call 3-1-1 and work through our -- with our nursing staff and our nursing staff are able to schedule that in-home testing. We would mirror that process to where we're able to provide that testing at home. We have had conversations with the fire department. Chief baker has been very gracious. We've had several meetings and as a matter of fact they are helping us this week with our efforts of providing vaccine. >> Harper-madison: Right. And if I understand that correctly, that's all volunteer. They are not on the clock when they are helping to administer vaccines or are

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they on the clock? Is this a paid use of that AFD staff? >> Chief baker would have to answer that question if they are being paid. >> Harper-madison: Thank you. I appreciate that. And I have plenty of questions for those folks so I can save that. One other question I have about in-home -- it comes back to people who are homebound and how we find them. I have just some concerns about folks who -- let's say, for example, I know that we have a lot of folks who call ems -- I'm sorry, not emt. They called 9-1-1

when they call if they if there's some situation where they can't the physically help themselves, some of these folks have been homecare and some don't and some have family members that come on occasion, others don't. That group of people, I think that is one of those clusters of

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folks that will easily be forgotten throughout the course of this process if not for -- say, station 11 or station 23, station 30, they regularly make calls on people because they fell, because they can't get up. You know, I wonder if there's an opportunity for our emergency services personnel to contribute to that sort of running list -- obviously, you know, without by-passing hipa or privacy considerations and they are on the ground and they see the folks who need help who often aren't getting the help, in which case they're calling 911 to get help. Can they -- is there an option within the portal system for them to contribute or a backend portal? I hope that you'll understand what I'm saying. I don't know what the application of it would be, but that's a group of folks that I'm concerned about. >> I think that what would be best is the department work directly with E.M.S. And fire on

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that. And develop what that process would look like so that we can ensure that we're able to provide assistance to them if they need vaccine. So we can just take that offline, work with Ernie and his team and chief baker to establish a process for people that they have, you know, contact with and have assisted that may have challenges with it at home. We can do that outside of this process. >> I appreciate that. And when you are all sending the information that my colleagues have requested that we all receive -- you know, if we could be a part of the continuation of that conversation and just be able to see the resolution of that concern, that would be great. Thank you. I appreciate it. So... Outreach efforts is my other question. I know that I have seen some -- some forums, town halls.

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I just wonder if there's anything remotely, you know, that we partnered for the outreach effort for covid-19 testing and just information distribution. That pilot sort of has taken on a life of its own and is living, you know, between our economic development department and a couple other entities. I just wonder if now is go time for the tpgz continuation of that pilot? And, if so, do we have vendors named already for the dissemination of information? Do we have a strategy, is it door-to-door and just sliders with just information and resources? I'm curious what the evolution of the outreach process looks like for those really hard-to-reach folks. >> So that solicitation just closed last week -- >> Okay. >> And the contracts are being evaluated. Once we have an update on that we can come back to you with that information. >> That would be great.

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I think that is another one of those things that I think that all of my colleagues would be grateful to have access to. Okay, so I find myself continually -- just sort of confused about our m.s.a./region/local/hyperlocal approach in terms of the strategy. I think that it's safe to assume that folks who are in extremely rural areas who don't have as much access to hospital capacities as we do come to Austin when they need treatment. So I'm confused about what this execution looks like. Sometimes what the numbers look like when we're taking into consideration the adjacent municipalities and the counties. I'm just very -- I guess ultimately this isn't a question that you would have to answer today. I'm expressing a concern about our ability to assess and to

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project how quickly because of those additional considerations of the populations of people outside of the Austin area, how quickly Austin specific facilities will not be able to accommodate people who live within the city limits. And where are those numbers reflected in our reporting? I'm just -- I'm endlessly curious when we start to report about, you know, about our numbers, what does that look like for the folk coming in from adjacent municipalities? And I don't know that that's a question for now so much as an area of concern. I wish that I understood better what that looks like. >> Well, typically, you know, when we have folks that are not from the city of Austin and Travis county on our dashboard, you will see with our report, you will see a larger number. And so the larger number reflects all of the other people that may come to Travis county to be tested.

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Now with the hospitalizations, that is M.S.A. So it is picking them up and that data, you know, displays from an M.S.A. Perspective. And so it's actually kind of a hybrid of both. You know, where we are inclusive of M.S.A. Data within our dashboard that does have other locations. I mean, you know, other people -- people from other counties, etc. Some of them are included in our data. >> So is that -- is that one of those times where our close partnership with the state takes care of the additional costs burden? Or does that cost burden fall within the city of Austin and our Austin public health -- our regional public health authority? >> Well, I think that it's a couple of things to think about.

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Each of us do receive funding from the state of Texas so thus far with our preparedness efforts we have received funding from the state. And they have also received funding from the state. It's going to be the same example with the vaccines. With each of us receiving the vaccine that comes from the state, you know, that is seen just kind of, you know, as vaccines for everyone. And so -- so we typically do collaboratively work as closely as we can. Now there are efforts where we have interlocal agreements and we have agreements with a few of the other counties like, for example, Williamson county has been using sales force. So we share a cost with them. Bastrop county use a sales force and we share those costs. So in instances where we can share the costs with the other municipalities, you know, we

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have been able to do that as well. >> Thank you. I think that is helpful. And I may ask at a later date for some sort of visual aid to be able to really walk through the intricacy there with my constituents. I think something visual could be helpful to get them to understand exactly how the process works and the application of resources. I have received some questions and I have some of my own, but I'll conceptualize what that might look like and we'll be in touch with that later. And another question that I have is about our facilities. I know that at one time there was a significant ebb -- specifically during my time at one of the iso fact facilities and I wonder where we are there and if we have sufficient capacity and if people are using that resource? >> Harper-madison: Well, as you

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all know, we did downsize the current facility that we were in. We went to a smaller facility. But because of the increase of cases we have been in contact with the real estate office to look at and to maybe have another facility online because we want to be prepared if we need to stand up a second isolation facility. So we have seen -- because there has been an increase of transmissions, we have seen more people utilize the isofect facility. >> I recognize in talking to my constituents earlier on, and they didn't realize that an isolation facility was an option and now I'm finding that people are more familiar and they know that it's available and they're utilizing it and it's very helpful. And as council member pointing

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out, it's very helpful in isolating the infection, but I just wonder, what do you suppose changed in terms of having more people access the isolation facility and how do we continue that -- whatever it was that initiated, you know, people really utilizing that asset? >> Harper-madison: Well, our communication team is always improving their communication efforts. We work very closely with grassroots organizations and we have continuously got the word out about the isolation facility. And so that communications team has done a great job with getting the word out. >> Well, I guess we're giving a

shout out to the team, because it definitely went from the majority of the constituents that I was interacting with and not knowing that it was available at all, to them asking specifically about it now. So something permeated and that's good news and I'm glad that we're thinking of setting up another operation. In terms of numbers what does

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that look like? We have the larger facility or the additional facility look like in terms of numbers? Is it as big as that one that we downsized from or one that is comparably sized to the one that we moved into -- what does the size -- scale -- look like? >> I don't have that information with me and I will make sure that it's reported to the group about the isolation capacity. >> That would be very helpful. Thank you. >> And then I think that we have the state dashboard -- the transportation access component. Just if we could expand on that some. Is that the population that we're talking about being eligible for in-home vaccination or is there some considerations around mobile vaccination? How are we addressing the

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transportation access component? It was under the "Equity" considerations. >> Yes, typically all of the facilities that we established in the eastern crescent will be near transportation. So folks if they need to ride public transportation, it would easily be accessible for them. So that is in our consideration when's we are standing up the site. >> I understand. Thank you for the clarification. I think that my mind went directly to personal transportation as opposed to public transportation. I appreciate that. And then -- I think that Dr. Escott alluded to where we'd be headed with this consideration around the administration shift and the impact of that. Do you anticipate that we'll get some sort of report on maybe exactly what the change in administration will look like in terms of how it shifts our vaccination distribution

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strategy? I'm sorry -- taking those things into consideration and I'm wondering if we will get to see exactly what the rationale is for the decisions that are a direct result of the changing administration. >> I think what is going to be important with us is to work -- work with our intergovernmental affair folks as well as the information that we received from the centers from disease control. And so as we receive more of that information, we can definitely share that. I'm not sure that we're going to be able to do a comparison of what is happening now versus what will happen in the future. So I would recommend that we only focus on what's happening right now as we move forward. >> I appreciate that, thank you very much. I think that is all of my questions outside of specific questions for emergency services. Thank you. >> Mayor Adler: Colleagues, we're just about to go to P.O. And I think that Mackenzie may have raised her hand as well.

[11:43:49 AM]

It is about 15 minutes before noon, I don't know if you want to take a noon break for lunch. And if there are folks that want to come back after lunch, I think that for the public safety related questions, the council member harper-madison wanted to raise, um, so I don't know what your pleasure is -- if you want to think about that for a second as we give P.O. A chance to ask his question. And then we'll come back to the schedule. You want to ask your questions here. >> Yes, thank you, mayor. Stephanie, I noticed that there are, like, some of the clinics and the health departments that are having -- that have the vaccine. How are you administering that to the people? Are they -- is that one of the places that you recommend them to go? When they call, are you using a list? And should the people that do

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not qualify and do not have insurance, should be calling those number there is that are posted on the state website? Or should they go through another process? Because I have noticed that there's certain locations that have so many doses and I don't know how you are all reaching out to the folks. >> Well, what we have provided on our website is, as we have provided the locations and the link to dish it is website. And the website shows the 65 or so places that have already received the vaccine. And so we have shared that and it's on our website. What we have told folks thus far is that we have been focusing in on the 1a with that initial 1,300 vaccines that the department received. And so we're continuing 1a this

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week and then with the portal being live on tomorrow, the shift for Thursday will start picking up some of the 1b folks. Working closely with the partners too. >> Renteria: So people could just call that phone number on the website and get on the list right now? Or is it. >> Hayden: So the list is not open right now. They would need to wait until tomorrow. And they can go on to the website and sign up like they would for a test. They do not have access to the website. We're just asking them to call 311 and then they will connect them with our staff. Our nursing line also is set up, but it's probably easier for me to tell them the 311 and they'll get them over to our folks with that process. And our folks can sign them up

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as well. >> Renteria: Thank you for that information. I was curious and I really want to thank you for letting us know. And I'm sure that everyone is just -- can't wait until tomorrow so they can call in and I'm glad that you're making it very convenient by all they have to do is to call 311. So, thank you. >> Mayor Adler: Okay, we'll let Mackenzie to ask her question and I ask the council member harper-madison if you have an estimate how long it will do to take care of the public safety questions that you have. >> Harper-madison: Forever. >> Mayor Adler: Mackenzie. >> Kelly: As you all know that the facility is located in district 6 and the plans to open another isolation facility, if it meets capacity, would also be in district 6. So my concern is related to the

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individuals from across the city, have we gotten any programs from needing to isolate with transportation to the facility because of the distance and how far away it is and what is Austin public health doing to get individuals there when they have those problems? >> Hayden: Any concerns that folks have presented with transportation, we have gone through the command site and we have addressed that with them. So we typically, you know, we don't want to put them on a bus line, etc., so our folks will handle that case-by-case. There have not been a significant amount of folks that have made a request for transportation, but we do cover that in the event they need it. >> Kelly: Okay. Could you give me an example of how it's been handled just so that I'm aware and the council is aware. And maybe in one instance how

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transportation was fixed? >> Hayden: Yes. We worked closely with our E.M.S. Community paramedic program to be able to assist us because, as you know, they are able to work with folks that maybe potentially had some level of exposure. >> Kelly: Okay. Thank you. >> Mayor Adler: All right, colleagues, it is 10 minutes before noon. I'm going to need to leave at noon and council member tovo agreed to take care of the chair if you go past noon. But we have a question of a lunch break. Leslie? >> Pool: Yeah, thanks, Steve. I can't stay online, especially not for a period of time that we don't know how long it will be. Natasha, I think that you said forever. And I'm wondering if maybe some of the questions that you might be able to take offline directly

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with staff. I have other -- I wasn't anticipating this work session briefing to go more than the three hours that it's already gone today. So I'll have to drop off. Including staff too, because keeping them online for questioning may be eating into their expectations for the day as well. Steve, if you wouldn't mind. I'll be having to drop off at noon. >> Harper-madison: I appreciate those considerations. Just for background

so it doesn't appear that I'm using the use of our very valuable staff time, I actually originally requested a special called meeting for health and human services tomorrow. So it wasn't my idea to combine what I was going to extract from that meeting tomorrow and this meeting today, but somehow that happened. So now that we're here, I was certainly saying forever in jest and I believe that it would be at least a half-hour, if not 45

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minutes, to get through the questions that I have. And I think that once I lay some of those out which, obviously, I have already done behind the scenes, some of this information I think that needs to be available public facing. One I start laying out some of those questions and concerns, my colleagues will realize that answering those questions and addressing those concerns is of great value and possesses a lot in the way of time sensitivity for us to be as prepared as possible. I don't think that it's any less valuable or important than the presentation that we've received thus far. In fact, I think that they are much equal importance. So, certainly, I hope -- I wish that my colleagues could all stick around, but it was never my intention to have everybody to be a part of the meeting. I was exclusively looking for myself and the other members of health and human services to be part of the meeting. So, chair, you can do with that information what you will.

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>> Pool: And I would ask if the question questions could be committed to writing and Sunday around in one of our memos that would also be even more helpful because then we can read them more quickly than sitting through the conversations and it would help the public to understand what the questions are. It's a little more succinct and it can more specifically target the questions and the answers. So, thank you so much. I didn't know that you wanted to have a special called meeting and I too wondered why it was collapsed into the larger meeting. Maybe we can have a little clarity around that in the future. Thanks. >> Mayor Adler: Okay. And I guess that staff can address that question. Kathie, did you want to say something? >> Tovo: I was going to just say, you know, maybe we could agree to go to 12:30 and it sounds like that would probably accommodate the council member harper-madison's questions and I could certainly stay on and

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maybe others can as well. >> Mayor Adler: Okay. Alison? >> Alter: I was going to suggest that as well and I have an appointment with staff people that may be involved, and to get my questions answered on another matter. And that's also time sensitive in my mind so I would like to be able to keep that meeting at 1k. >> Mayor Adler: Okay. Ann? >> Kitchen: Yeah, thank you. And I want to thank council member

harper-madison for her being proactive in setting up the health and human services committee and bringing this issue up. I appreciate that. So it sounds like what council member tovo is suggesting might work. We can see. >> I think that the suggestion of both council member tovo and council member alter of staying with the meeting are absolutely achievable. >> Mayor Adler: Sounds good. Well, at this point then, Kathie, if you're okay, I'll turn the gavel over to you and

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maybe you can get into Natasha's questions and see if you can make that 12:30 time. When my deal is over, I'll check back and see if you guys are still online. With that, Kathie, I'll turn it over to you. >> Tovo: Thank you. Other questions for director Hayden before we turn to other services? Any questions? >> Council member tovo can you move your microphone? >> Tovo: Sure, is that better? If we have other questions before we turn to those -- council member harper-madison? You want to start us off and director Hayden, thank you so much for your tremendous continued work. >> I was going to let you all know that I'm going to just remain on the call just in case something else comes up. And so I will remain with the rest of the team. Thank you.

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>> Tovo: Thank you for that, director Hayden. We know that you have a lot of things pressing on you, so thanks. >> Harper-madison: The staff is moving over for the public safety conversation. They have been available and because it was related to covid we thought to do this together for efficiency sake so I wanted to thank the council member harper-madison for bringing the questions to our attention in advance. >> Tovo: Thank you, deputy city manager. >> Council member tovo, we're having a really tough time hearing you. >> Tovo: Okay, I will try talking right into the microphone. Council member harper-madison, I think that our personnel are coming over, but do you want to start asking your questions? >> Harper-madison: You bet, and I want to tee it up. So some of the concerns and considerations are as a result

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of my thought process on how we can most effectively use the resources are with the rollout of our vaccine distribution strategy. So, obviously, firefighters and paramedics came up as assets that we have available to be able to distribute -- administer vaccines. But during the course of that thought process, it also evolved in recognizing that we are having some issues with staffing that I'd like to concern -- or to address. The concern arose both personally and professionally, recognizing that there was some mandatory overtime that happened with my staff who worked for the fire department and realized he

wasn't the only thing doing mandatory overtime. So I would like to talk about mandatory overtime with A.F.D. E.M.S. And then sort of all of the implications there. Are we prepared for what is

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called the surge? Are we prepared from a staffing perspective the way that Dr. Escott describes our ability to address our staffing needs under different circumstances. He said that this is an industry -- these are industries, rather, emergency services, that rely on redundancy, meaning lots of staff and lots of apparatus. If we don't have that extra because every county and every adjacent municipality is also experiencing the surge, what's our plan? I would like very much to be able to lay that out and to make sure that we are prepared accurately and appropriately. And I would like to talk through the fact that I think I know but an accurate number for how many staff are out at A.F.D. And E.M.S. With -- for covid currently and what are the implications of that many members of our staff being out and the people not out -- how

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does that affect our response times? I'd like to also ask -- I mean, I guess that I'm sort of grouping the questions now but I have a laundry list of questions and they almost all pertain to staff. So personnel considerations, including -- I'm curious about the financial implication of mandatory overtime and people getting overtime regardless of rank that's generally not how it works. We generally prioritize how we apply the use of overtime because of the pay scale. So I have some concerns and considerations there as well. And I have some very specific to E.M.S. Questions and concerns. And then one of the questions that I have is about rapid testing and I know that A.F.D. Has administered the ability to rapid test one another but E.M.S. Doesn't have that ability. I have questions about why I -- I don't understand the rationale there and we have questions about what the plan is to address what feels like an oversight, maybe it's not, and I

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am looking forward to having clarity there. And if it was an oversight or we didn't do it yet, when did we intend to reconcile that? I will certainly try to not have my questions last forever, but, yeah, if we could get most of that answered within the half-hour, if there's anything additional, I am sure that my colleagues and I will continue this conversation with the staff, but that's a really good start for us and for the public. I think that I should preface all of that by saying that a major issue here -- both from testing for covid-19 and the ability to effectively to distribute the vaccine for covid-19 in our communities, major considerations for me and probably for all of us in our districts, will have to be clear and

transparent conversation with our constituents. They need to know what is going on and they need to know why, how, who? And throughout various stages of us addressing this pandemic, we

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have to some degree lost the trust of communities that rely on us to be able to take all of the necessary considerations for their safety, their health, their wellness and their well-being and their quality of life. And I feel entirely, you know, accountable to them to make certain that we are being as transparent as possible. So if I have these questions and concerns, having this conversation in a public forum I think is a very efficient way to address our constituents' concerns. They can hear directly what the responses are. >> Tovo: Thank you very much, council member and thank you for laying out your questions and I would suggest that we take them in batches. I know that council member Kelly has some too and other colleagues may have questions as we go. So why don't we begin, start us off and maybe we can talk about the overtime and the staffing issues and then move on for the testing and vaccines.

[12:01:05 PM]

>> Thank you couple member harper-madison for this opportunity. Hopefully I'm unmuted -- yes. To cover as many questions as we and very willing to respond after this meeting and in any other venue that you might want to have this conversation. So you did cover a large range of questions and topic areas. I think that what I'd like to do is to start off with a more broad conversation and if I could ask Dr. Pickett to talk what we're doing from a first responder perspective to keep our responders safe and some of those protocols. You talked a little bit about the use of rapid testing and as you mentioned, the fire department is the first out of the gate to be able to use that. And so perhaps Dr. Pickett could talk a little bit about how we're moving forward to be available to the other public safety departments. And then I think that you touched as well on this being

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and if that could be the first batch, perhaps to lay out the foundation we can start there. >> Thank you, council members, thank you for having me here. I want to give you an overview of what we've been doing from the perspective to protect our workers, maintain our current workforce. And so our goals here -- since the beginning of the pandemic, number one, to protect our employees. And in that to protect and to care for our patients and to not become a danger to them or a potential vector for the disease, and for the local health care system as we understand from E.M.S. That we have a big part in that as well. We want to provide cutting-edge scientifically validated care

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with compassion. And the scientifically aggressive and compassionate care that we have been doing, I want to make sure that we're staying on top of cutting edge. So first is the personal protective equipment which we have evaluated throughout the pandemic and the C.D.C. Guidelines which have shifted now and then. We have reviewed the data that is available to us on what the best approach is in order to -- to advise our field providers. What we found was that with initially we translated a lot of the C.D.C. Guidelines to the medics and to let them to make a decision based on what they were doing -- sort of what level of P.P.E. That they would don. We found that that was -- that that led to more deviations from P.P.E. Recommendations than we wanted, so we got together between O.D.D. And E.M.S. And fire and Austin public

[12:04:14 PM]

safety/wellness and starflight and the E.M.S. Association and the fire association and we developed our P.P.E. Guidelines. A standardized approach for all calls and then with the additional step ups for certain time of calls. What we found almost immediately is that that led to a much better compliance with P.P.E. And a lot fewer questions from the field, a lot less confusion about what it is that they were supposed to do. Because it was also supported by the workforce and the representatives and the associations that also helped with -- with acceptance. We've been evaluating new protective gear. Of course, as this pandemic has unfolded there have been a number of ideas floated about how we might better protect our providers and our patients with things such as plastic barriers or bags to cover patients. Or to isolate patients during

[12:05:15 PM]

certain procedures. We evaluated every idea that we found either on the internet or that was brought to us. We found that there was very little out there new that provided any additional protection for our members and in these evaluations we found that a lot of these systems, ideas and devices, would actually increase the risk to our medics and our firefighters. And so we implemented our P.P.E. But we have not -- we have not tried any -- excuse me -- we have not implemented any of these new devices that have just come about since the beginning of the pandemic. Fairly early on we started using -- we implemented protocol 36 and I know that sounds kind of sinister, but it's actually just a call taking and dispatch protocol that is reserved for pandemics. Now when you call 911, it is relegated to a certain protocol.

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So difficulty 10, and so protocol 36, what it does is it serves as essentially a Felter. So when a 911 call comes in, then the call taker goes through a number of these questions that are geared towards the fact that we do have an ongoing pandemic currently. And it helps us to identify patients that may be suffering from an infectious disease that otherwise wouldn't be clear from other call-taking protocols. And it allows us to appropriately to inform the responders as they -- as they're responding to the scene. Now it's also that you have probably seen news from other areas where they've modified treatment protocols in one way or another. And I can tell that you we have not modified our patient treatment protocols for any way, for respiratory distress, for cardiac arrest, for response units that are initially

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assigned based on a call, we have not modified any of those. We very thoughtfully looked through all of these potential modifications with the idea that we may be able to do something to reduce exposure to the medics and firefighters and to protect them from unnecessary exposure. And what we found is that there was no modification of our protocols that would improve safety, that would help our medics, our firefighters, or would do so without a substantial cost and safety to the patient. What we have seen come about from several other areas are things that are, frankly, harmful to patients. That increase the risk of bad outcomes and I don't feel that -- that help with safety. You have probably seen some media traffic from -- excuse me -- apparently cedar doesn't sit well with me -- so you have seen

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some media traffic such as from L.A. Where they have modified their cardiac arrest protocols and will attempt resuscitation on scene, and if unsuccessful, will not transport the patient to the hospital. What I can tell you is that that is L.A. Catching up with the rest of the country, because that's something that has been done everywhere for years already. We found through a substantial amount of research that transporting patients who are still in cardiac arrest is almost never helpful to the patient and leads to risk for injury to our responders, our providers. And so that has been a standard thing for some time. And, additionally, you have seen where L.A. Is -- as it was put out there, rationing oxygen for -- for patients. Again, this is -- it's not a rationing, it's simply titrating oxygen to the patient's need and

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this is something that we at Austin fire have done for many years. Utilizing this treatment, this essentially medication, for patients in a way only when they need it and how they need it. Now, one of our big things that we did early on was stand up the covid consult line or the c3l. The goals of are to

bring the right resource, the right time the first time for the patients. So this started on March 13th. And it is comprised of the paramedics who get involved with the call-taking process as well. They do not replace or interfere with any of the call taking or dispatch, but they're able to gain additional units -- additional information about the patient, about the situation, about what the resource is that they're asking for. We found that many times people call and they're asking about

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resources for testing, resources for quarantine, or where they can get more information. And the c3l is able to provide that to them over the phone. They have also served as a resource for our city departments, particularly of our public safety, so that when a public safety member has a concern with exposure, then they can get more information and then help to advise them on proper quarantine procedures if necessary and get them lined up for testing rapidly as well. The c3l, also based on the information directed during this call taking, can advise crews on the appropriate P.P.E. To use. So if they have a hint that there is potentially an exposure to infectious disease, they can help to advise them on ramping up their P.P.E. As well. They've also -- based on these call indicators -- been able

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to -- and in discussion with the patients or the caller -- to modify a response based on what they hear during that conversation. And, lastly, they also assist with non-transport decision-making. Many of the patients who call 911 and have an E.M.S. Response do not require a trip to the hospital. And the c3l helps to direct them to resources and also when it is suggested that the patient may not benefit from transport to the hospital, then they can -- they can also help the field medics with that decision-making to make sure that is a safe and an equitable decision that is made. Now, during this time since March 13th, the -- our covid clinic consult line has taken 17,087 consults. This is out of a total of 97,767 calls for service. And although 17,000, we have had

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covid alerts, calls where we suspected that covid-19 was at play. We also have had 1,800 clinical consult line initiated non-transports. So these are patients that otherwise may have been taken to the hospital, but were able to be directed to other resources. And so this does a couple of things for us. This helps to, one, more efficiently use our health care system here and help to preserve hospital resources. But, two, it reduces the amount of time that our medics and first responders can spend with -- with a patient who may be potentially infectious and, thereby, reducing their risk. The total 911 calls that the c3l intake, 11% of them result in prevention of an ambulance response, or cancellation of an ambulance response. So we can modify the number of responders that are going to calls and, therefore, reduce the

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exposure of employees to those patients when it is deemed medically appropriate. Now the -- part of our efforts to prevent infection and to protect our workforce is vaccination. As you have seen there's a lot of vaccine hesitancy out there, even among the members of the community. And with the Travis county E.M.S., 85% of our employees indicated that they do want the vaccine, and I'm happy say that we have vaccinated pretty much every one of those. I think that we have a few stragglers but we're pretty much there. And the Austin fire department also a pretty high rate of vaccine acceptance. And that is in contrast with the data from other areas. There was a nationwide survey by the "Journal of E.M.S." That indicated that only about 50% of the E.M.S. Providers would want that. Now I attribute this high level

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of acceptance to the great deal of education that has been done by the office of the medical director, Austin public health and the Austin fire department, the Austin police department. We came out with a joint statement on vaccine that has -- not only justification but addresses a number of frequently asked questions as well as rumors that have been out there that people may hear. We have received a lot of feedback that that joint statement was well received. And that was put together by the office of the medical director, Austin public health and Austin Travis E.M.S. And the Travis county starflight and the performance and education, and the Austin E.M.S. Association and the Austin fire association and the Austin police association. So all of these organizations got together and so all these organizations got together and endorsed this vaccine statement and this is to help allay all of the fears that our employees may have.

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>> Tovo: Thank you. This is really great, very dense information. Appreciate the overview. I think it might be helpful at this point if we just pause at this point in your presentation and address questions that might be related to protocol and transport and vaccinations among our public safety folks. Councilmember harper-madison, I'll start with you if there are any follow-up questions that you have at this point. >> Thank you, councilmember tovo. It's like you're reading those note pad. Those are my questions. It's sort of when we anticipated any escalation in that protocol 36, how are we addressing those low acuity patients that don't require transport. It looks like you said 11 percent cancellation rate. And I'm assuming that you equate or that you relate that to having that additional layer of consideration in dispatch, but I also wonder what does

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that mean for those boots on the ground for paramedics on the ground if they are at the dispatch level and what that kind of looks like in terms of cost benefit analysis. I think councilmember tovo might have just really hit the nail on the head when she said this is dense. This is a lot of information. And so my hope today was to be able to ask the questions and where possible be able to extract responses and answers, but hopefully this will help to assist you all in compiling information that we can review, much like councilmember pool pointed out, it would be helpful if all of this information, the questions and responses, were compiled somewhere in a way that we could access them later. But some of the questions that have arisen for me by way of your presentation thus far have to do with that response, the low acuity response, and then whether or not there has been any shifts in our protocol 36. And if not to date, do we

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anticipate that there will be is a question that I have. >> Thank you, councilmember, those are excellent questions. So the protocol 36 has several levels. Level 0 being a surveillance only. And then level 1 up to level 3. Level 3 is where we would consider at the point of call taking just based on information in protocol 36 not sending a resource to that patient. We are not at that point yet as far as our -- as far as our ability to handle calls with our current staff on the streets. I will defer to chief brown and chief Rodriguez to expound a little bit on that, but as of right now there has been no discussion of escalating from where we are right now. So calls are still handled, they come in through

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dispatch, appropriate units are sent, but then the involvement of the covid clinical consult line helps us to trim down some of those responses by diverting patients to the resources that are probably more appropriate for them. Now, the advantage of this from the street level there's a lot of dispatches they never hear because they never occur so they don't know the c3l has headed off some of the calls that otherwise would have gotten a response. The other piece of that is by assisting them with initiating non-transports, then that substantially reduces the amount of time that the a ems providers are involved in that call and thereby reclaiming some of the utilization. So I don't have data for our system here, but looking at other areas such as Houston, which have implemented telemedicine resources and are helping with this sort of system navigation, they

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on average reduce the call duration for the unit by 45 minutes and upon initiation of telemedicine are able to disposition that call and free the ambulance within 10 minutes. So it's a way to halt the call and get that unit available and back able to reset and get back out on that -- get back out there on the street. >> Councilmember? >> Harper-madison: Please, go ahead. >> Tovo: I was going to recognize the assistant city manager. >> Just a note of the hard work moving forward, just know that staff is taking note of it and following up with a q&a and a summary of the answers so that everyone is available, has that available to them. Thank you very much. >> Tovo: That will be super, thank you. Councilmember harper-madison

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and then I'll recognize councilmember alter. >> Harper-madison: Thank you very much. I'll make the question specific to what we just received. And that had to do with -- you said diverting to more appropriate resources, I did hear you say telemedicine, but is it safe to assume some of the additional resources are also to include encouraging people to see their general physicians or go to minor emergency or is that an inaccurate assumption. >> Councilmember, that's very accurate assumption. We -- in talking with the patient we round out the resources available to them. So many in our community do not have primary physicians or do not have transportation to an urgent care or minor emergency center. However when appropriate we do recommend that. We go as far as our clinical consult line makes direct contact with the patient's primary care physician when

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available to discuss our findings and also to coordinate follow-up care. >> Harper-madison: Thank you, I appreciate that. The other question I had as a result of what you presented was that scale for protocol 36 was a 0 to 3. Maybe you didn't and I missed it. You didn't indicate where you were on the scale. >> We're currently at a level 1 right now. Again, this does not lead to an automatic -- it does not modify the trucks that are initially assigned to a call based on priority, but since we have the clinical consult line involved, and that's what makes it a level 1. Right now if you call 911 with a certain complaint you're going to get whatever resources you would have gotten a year ago. >> Harper-madison: Okay. And then I guess this is neither here nor there. It's not the kind of question you can answer. In fact, I will ask this offline. I'm just curious to know

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what reasons people have -- people, emergency services personnel have for being hesitant to receive the vaccine. I'm very curious about that, but I'll compile that in a list of questions that I'll ask offline. You gave me 85% for ems. Do you have similar percentages for AFD and APD or should I ask those folks

particularly. >> I don't have those numbers in front of me for AFD or APD. >> Harper-madison: Okay. >> Tovo: Councilmember alter. >> Alter: Thank you. I'll be fairly quick here. I wanted to thank councilmember harper-madison for raising these issues. We had some conversations in the lead-up to what was going to be the special called meeting and I had an opportunity as a consequence to ask some questions in advance. And rather than reask the questions that I asked in my meeting this morning from 8:00, I would just ask that staff share answers to my questions that were focused

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on the staffing challenges for ems when we would move to implement new quarantine rules, what the emergency staffing plan is, when are we implementing rapid testing and the impacts on the budget, etcetera. If those would be included in the questions if you were going to prepare some response. I would say to my colleagues we had a lengthy conversation and I believe that we are in a good place considering the [inaudible]. And I understand that we are going to work on improving some of the communications, but I think that I was satisfied with the answers that I got and I think you all may want to hear what those answers are as well and thank you for the staff for spending the time with me. >> Thank you. I wonder, deputy city manager, if it's useful for councilmembers to submit questions through the q&a portal for today's meeting.

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That might be an easy way to have those questions and responses linked up with today's session. >> Councilmember tovo, I think that would be terrific and that would be a good way to consolidate all the questions so that we can be responsive. >> Tovo: Great. Let's plan on doing that then as we have questions. Councilmember harper-madison, others, any more questions or should we move on to AFD and APD? >> Harper-madison: I believe that since you laid them out specifically, I believe that councilmember alter's questions during the course of our meeting and subsequently that she submitted to them answers some of my very specific ems questions. And a question I do have is so people are asking, they're short of clamoring just like they did in the beginning when we were getting folks tested for covid, people are clamoring to be helpful so lots of folks are calling and asking how they can help with the distribution of

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vaccinations. So it sounds to me like ems is eligible, AFD is eligible by way of their pair medicine designation certification. Do people who are retired need to recertify? Are they somehow perpetually eligible? What does that look like for people volunteering to administer vaccinations, is that something that we should not consider and we should move forward and thinking through how they can more

appropriately assist with their desire to volunteer around this effort? >> Thank you, councilmember. We at the office of the medical director, we authorized and credentialed effectively the entire clinical workforce of ems as well as Austin fire department to administer vaccines. So that's overall about 1700 providers that are authorized and capable of administering a vaccine. So we have not looked into retired personnel assisting

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with that effort at this time. >> Harper-madison: Okay. And then another question I have, it -- if we're thinking that folks are -- somehow at length about -- spoke at length about ppp provisions and it sounds like our emergency personnel aren't contracting covid-19 at shift or at the station. It sounds to me like they're contacting covid-19 in the world and their daily lives. So if that's the case, I just wonder if we have any conversations put in case, any encouragement for our emergency services personnel to take extra precautions. I mean, I know they are autonomous humans and outside of their work for the city they don't owe us anything, but we need them to stay well and be healthy. [Sneezing]. Sorry, it doesn't love me either. So I'm just curious about

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what our options are there. How do we keep the folks that we're going to rely on so much, especially during the course of this surge, to stay healthy outside of work so we have them when they need to come to work. So that rolls into my questions of how many folks are off and what does that look like moving forward. >> Thank you, councilmember. We've echoed the messages from Austin public health regarding what all our community members should be doing right now, which is not gathering in large groups, with isolating appropriately when they are ill and seeking rapid testing. Our city public safety employees have testing rapidly available to them through Austin public safety wellness. We've also taken advantage of a rapid point of care test for those to help us to determine quarantine need. So whereas the pcr test returns in about 24 to 36 hours, we have a test that

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once its run it comes back in about 15 minutes. So when we have somebody who gets ill and potentially has exposed an entire fire station, then we can use that rapid test and then very quickly make a determination as to whether or not the others who have been around them have been -- have been supposed and therefore would need to quarantine. The rules within our workplaces we do not allow visitors in stations. We strongly encourage masks. However, one of the barriers we have is that our firefighters and our ems providers when they work 24 shifts they sleep often times in the same bunk room together and there's not a way that we could find to adequately isolate them from each other if

there's not physical space within the station to do that. We looked at trying to set up tents and splitting up the bunk rooms and so forth, but unfortunately we could not find anything that would adequately protect them from that kind of exposure.

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>> Harper-madison: Right, which is part of the ultimate most concerns around personal safety and protection is important. It's not just the general public, but it's about exposing your whole crew. I have a lot of concerns about. I'm not sure how we address those without us being able to require vaccination, not being able to require people adhere to any sort of self-implemented quarantine. I know in my family we do so for necessary reasons, health reasons and otherwise, but you can't require that of people's families. So I just wanted to express that as a point of return because it doesn't sound to me as though crews infecting one another. It's a crew members, individual crew members making decisions where they get infected and subsequently are ill. So that brings me to that CDC requirement that councilmember alter brought up about quarantine requirements by way of CDC recommendation and/or

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requirements. And how that affects our staffing level. I don't have a question there, but raising that as something that I am questioning. I do have a question about triaging calls, but I think you answered that. The temporary paramedic practitioner that we talked about in the budgeting process. I understand that we only have an interim paramedic practitioner. We don't actually have an fte in that role. I want to know do you have any idea how quickly -- is there any intention to expedite whatever the hr process is to get that paramedic practitioner in place sooner rather than later? >> Thank you, councilmember. I'll defer to councilmember alter. >> Harper-madison: Sure. >> Alter: I wanted to say that's what my 1:00 meeting is about and why I was so insistent to keep it. It was funded in the amendment that I put forward

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for the office of the chief medical officer and the status of that is one of the things that I was trying to check on. If you have information you're welcome to share it now. >> Harper-madison: Why don't I follow up with you after your 1:00? My hope is it's more comprehensive and if there are any questions that I get specifically for our constituents I can share from there. I think this comprehensive document that we're talking about, the combined document between aph and all the folks on the call now I think will be helpful to answer a lot of these questions and for us to answer our constituent questions. So thank you, councilmember alter, I'll wait Al after your 1:00. I only have one or two or three other

questions, councilmember tovo, but I don't want to monopolize the time here. I want my other colleagues to ask questions. If you don't mind I'll defer to the end. I have two or three and they should be easy to answer. >> Tovo: Councilmember, are they about ems or AFD or APD. >> Tovo: I know that

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councilmember Kelly has questions about APD as well. Councilmember kitchen? >> Kitchen: A quick one for ems. I would like if you would provide information to our offices about your use of telehealth. I'm very pleased to hear what your experience has been with that and if you have any background information or anything in writing. I don't want you to have to create a bunch of information, but if you have anything about what your experience has been and the value of it in terms of results, that would be -- again, I'm not interested in creating anything, but if you have some kind of document that speaks that can be shared with us in terms of the value of it. I think that telehealth is a great tool. We are very experienced with it. I think we are very pleased to hear that you all are -- have found it to be useful and are using it. So I know we've -- I've talked with ems over the years a number of times about telehealth.

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Thank you. >> Tovo: Councilmember alter, did you also have a question before we move on? >> Alter: I didn't have a question. I just wanted to remind folks again that in the amendments that we passed in the budget we made the pandemic hotline permanent. We created conditions for being able to really upgrade what we can do with respect to telehealth by increasing the physicians who can back that up and we also took advantage of new billing opportunities that will allow us to do more of that. I think a lot of it is still to be implemented, but we have taken steps in the budget with the work with my amendments and councilmember Ellis's amendments to do that. You know, moving forward. >> Tovo: Great.

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Thanks for that reminder [inaudible]. Why don't we move on. Dr. Picket, did you have any last pieces of information that we haven't covered yet? >> Yes, councilmember, thank you. This is to one of the questions from councilmember harper-madison. So you asked about post-exposure quarantine procedure. And you are absolutely right. Most of the exposures and infections that our employees are getting are outside of work from household type exposures. Because we're pretty solid on the ppp, I don't think we're catching it from patients. We're catching it at home or possibly within the station just -- we've got several people that are cohabitating together or riding around in a truck within a couple of feet of each other for hours at a time. However, the post exposure, post high risk exposure, the standard procedure still is to quarantine that patient

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for a period of 10 days post exposure. And we early on several months ago because we have access to these rapid tests, we decided to push that up based on data we had from the test sensitivity to where we could perform a test at seven days post exposure and return the employee to work a few days earlier. Now as we're in this wide spread, the CDC still has not modified their quarantine recommendations unless you are in a critical staffing position and then you are at that point accepting some amount of risk without modifying those. So we are implementing this new procedure for our employees who are fully vaccinated or at least received the first dose of vaccine two weeks ago, because looking at the curves it's about two weeks after that first vaccine shot that you really seem to have a very high level of protection from the virus.

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That we're not quarantining folks who have a high risk exposure, whether at home or at work. But we are having them continue to work so long as they are monitoring for symptoms, performing the rapid point of care tests at the beginning of their shifts and also taking certain steps such as not eating together and staying separate from others and making sure that they're wearing the masks. The data that we have right now on the vaccines shows that it prevents a symptomatic case of the disease. We do not have data that shows that it prevents you from becoming an asymptomatic carrier of the disease. We think that's logical based on other vaccines with similar efficacy like polio and other vaccines but we don't have that answer right now. And the CDC has come out and said as much. We can't say definitively that if you're vaccinated you can't spread it to other people. So this is a -- this is

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taking us a bit of time because we've rolled in our infectious disease experts to get their opinion on it and reviewed available literature and so forth. So with this new quarantine procedure for folks who are vaccinated we are making certain assumptions that we don't yet have proven by science, but because we need to protect our ability to respond and our workforce from working conditions which are incredibly difficult, be believe that this is -- this process is one that is several layers of safety to try to prevent them from spreading it to each other. >> Tovo: Councilmember harper-madison. >> Harper-madison: Can you quantify what are emergency staffing levels? I heard at some point that we were in the 30s and I know that given what the amount of employees we have

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at ems, 30 seems like a lot of team to be off. So when do -- seems like a lot to be off. So when do we reach that critical level. >> I will defer to chief brown to answer that. >> Good afternoon, council, jasper brown, chief of staff, austin-travis county ems. We have four levels of our staffing plan four is our default normal operations. We are currently in level three. We are looking at possibly moving to level two, which would be the next stage of our staffing plan. And within the staffing plan, and I'll send out to council, I sent it earlier this morning to councilmember alter, it lists the things within each step that we can trigger and do if we need to. So for example, in level two we would cancel all vacations that are already planned for our medics. Currently we have not done

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that. We would move all of our admin staffing from our admin support back out to the field. With that comes risk in on those areas they are currently staffed at. We have medics in the safety office, the Pio office, the continuing education and training and those all come with a weight and risk of moving the staff out. So right now we have about 30 folks off of the schedule, but some of that is due to covid and some of it is due to regular sick call and fmla and other things. So we're kind of teetering on that line moving to our next step. We still have what we call our disaster level, which would be the level one and everything would get recalled, everything. We would go to alternate shift patterns of either a 24 on, 24 off or a 12 on, 12 off type of situation. We're not there yet and we're trying to do everything we can to stay away from that because that is a huge impact to our

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workforce life and we don't want to do that to go in it for a week and come out of it for a week. So with the alternate testing and quarantine guidelines that were just sent out on Saturday to us, we've just received some of the rapid testing on Friday from the office of medical director and we've requested others from the state which we'll get through the Austin fire department, we believe we'll be able to get back in and help our schedule immensely. We've also moved a few of our staff not completely under our staffing plan, but a few of our admin staff where we could squeeze them back out to the field. We have done that just to help bolster the staffing and not have to go to additional overtime that is not already planned for the medics in the field. >> Harper-madison: And if I may to express my concern there, it is obviously about overtime. There's always a cost to everything, right? And overtime is a cost that we incur as a municipality. But my other concern was about quality of life for

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our professionals. You know, you can only work so much before you need a break. So I just want to make certain obviously that's a point of concern for you all. But I want to make sure to flag that as a concern for me. I want to make sure we're taking care of the people who are taking care of us. >> Yes, ma'am. And that's our concern also. When we have overtime we have people on a list so we're not holding them over or holding them on a shift. So they plan their overtime in advance. One of their three days off, their second day, they're up for overtime. And we have about 10 to 12 people on overtime we've had indications that we've had -- occasions that we've had to call people back to find someone else, but you we don't pull someone in and have them work 48 hours. They all have time off before they have to come back in. And we try to utilize our

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lists that the paramedics know about so they come in on for the day. We pay them on call day to be ready to come in. Those are the lists we use when necessary. We have had a couple of times over the last 30 days, had like I said to do some searching for some folks off duty, and then ask some admin folks to cover some trucks and things like that. We've been able to keep our units up and staffed. >> Harper-madison: Thank you, I appreciate that. The one other question I would have as a result of what you just said is rapid testing. You said you got some from from the state, some from AFD. How often do you happy having as many as you need? Water restriction received from omd about 100 tests and our source for them from the state will be through AFD. We're not doing a separate source request through the eoc. We're going to roll them out in our modified quarantine rules firsthand also in any

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meetings or anything else like that. We'll look at moving through as we secure our lines of the testing to see what we do for the entire staff, daily testing. That should start up. But a lot of our folks are now getting their second shot of the pfizer, and then we're about two weeks away from staff getting their second shot of the modern so we will be in a different place in about two weeks. >> Harper-madison: Thank you. >> Tovo: Thank you so much. Why don't we move on to questions for APD. It's 12:45 so we clearly went beyond our 45 minutes. Why don't we go to 1:00 and determine whether it makes sense to do a 30 minute break and come back or if we're concluded for the day. Councilmember Kelly. >> Kelly: My question specifically is for APD and it's the isolation facility

[12:45:09 PM]

and the prolodges and convention center and staffing. When I was at the isofac on Saturday I recognized there were two police officers fashioned there and I've gotten questions from the community as to why it requires two officers at all times. I'm hoping maybe you could explain that, and thank you very much.

>> Yes, good afternoon, councilmember Kelly. So we -- the reason why there would be two is typically with any security assignment we would do with a police officer we do not leave them there on their own. We would want them to typically have a second officer with them. The reason they're there is there's a possibility there might be a need for some type of action by the officer to maintain security. They would allow them to have a backup officer in that moment so they would be on their own until on duty officers got there. >> Kelly: Thank you. What is the expected for the alternate care site at the convention center and also

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at the prolodges at the city. >> I can't speak for the convention center just yet. Obviously I'm aware that that opened up this morning. I'll get you specifics on what that footprint looks like. The convention center has their own security services that they have and then they also contract with Texas department of public safety for overtime officers so the expectation is that they would be handling the majority of that, but I will confirm and make sure that we share that information with you as well as what we would need for any other isofac or prolodge facilities that would open. >> Kelly: Thank you for that. I do have one other question. It is for any sort of noncompliance your officers may have been seeing in the public regarding the health advisories that are coming out about covid, do you have any examples of what the officers have seen and ways we might be able to correct that moving forward? >> Are you referencing public safety standards like wearing masks and adhering

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to certain time restrictions, businesses? Yes. We are really focused on the public education portion of the safety standards that are being issued either through the governor's office or through local -- our local leaders here. And we have partnered with both code enforcement as well as the fire department, ems, through our efforts to enforce the restrictions that are put in place, whether it was the temporary restrictions on the hours during the new year's eve time frame or the enforcing of the social distancing or the masking. We respond on a mostly complaint basis if we get calls, but officers proactively can also remind individuals of that need for them to follow the safety guidelines that are out there. We do have some statistics on citations. They're very minimal at this

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point. We've been successful to the extent we can through public education and through requesting people. Either masks when we get those calls or come upon that. >> Thank you very much and thank you to the officers who are out there on the front lines working for us. >> Thank you. >> Tovo: Other questions for chief Manley. Councilmember harper-madison. >> Harper-madison: Good afternoon, chief

manly. I'm happy to see that you've recovered well. I have similar questions for you that I had for ems around -- I haven't seen much about ppp. On TV or interviews of officers that were not wearing masks. I want to know is there some increased protocol around ppp expectation for our

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officers to wear masks and will that and has that rather increased given our surge status? >> Thank you, councilmember, thank you for your well wishes. The expectation is that our officers wear their masks when they're interacting with each other and with the public just as we expect anyone else to do. You may see an officer if they're alone in their vehicle not wearing a mask as we see citizens all the time doing the same. But when we are out in the community interacting, the expectation is that they will wear their mask. I will say when you see officers doingmide I can't interviews, myself likewise did one last week, I will wear the mask all the way up to when I get to the media and I'll take it off when I speak to the media because we are distanced appropriately and nobody is within that perimeter and it just allows for easier communication, but specific to your question the expectation is that officers will be wearing their masks.

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>> Harper-madison: This is actually not for you, but for the folks in the media and about shared microphone use. That's when I see folks doing media with a mic that I know other folks have used, I don't know what the protocol is around sanitation and considerations for protection there with the mics. So just so you know that's something on my mind. But I had received some photographs from constituents of officers talking to the general public without masks, but it's good to know that that expectation is in place and I'm certain that between you and Apa that there's probably a regular reminder about compliance with wearing necessary ppp when dealing with the general public. And that sort of roles me into quarantine protocol. I know they talked about patrol 36 for ems. Is there something similar in place for APD? >> So we're following the protocol guidelines coming from the health and wellness division and if we have officers that exposed, they'll reach out to the medical branch and determine

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if that's a legitimate exposure that requires an immediate quarantining or whether that's a lower risk exposure, requires them to self-monitor their condition as well as if someone in your household becomes infected with covid so we've got multiple different layers, but everything flows through the health and wellness division and then officers, if they are a high risk exposure, then they will be quarantined in their home until the medical branch returns them to work. We've taken the additional

steps of trying to reduce unnecessary contacts within the department. We don't obviously have to share the same sleeping spaces and all of that because we don't have 24 hour shifts, but what we've done in the higher stages is we have again canceled all show-up briefings when officers typically come on duty they will often sit in the room together and get a pre-shift briefing. That's all either now being

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done outdoors and spread out or over the computer as they all get in their cars and start their shift. So we're taking those steps that we can internally to minimize any unnecessary contact and I do have Rick Randall, who is the director over our health here, who is linked in with all the other public safety personnel in that health and wellness area that can give follow-up if you want more specifics on the rules regarding when we quarantine and when we do not. >> Harper-madison: Thank you. I appreciate that. I think just in the interest of time if you could compile that information and something written that includes -- so as you talked about health and wellness division being able to clear officers, what does that mean? Is that akin to ems and the original 10 days or the modified seven days? How long is that clearance process? Also, how many are off currently? I think I have a general idea for AFD and ems, but

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I'd like to know how many officers are off for APD, what the impact is on personnel and staffing requirements and needs. Then I'd also like to know do you all have access to rapid tests or is that only available to AFD and ems because of their paramedic status? >> Sure. Let me answer a few of those. The rapid testing is just now being discussed for the potential use at APD. We currently do not have the ability to do the rapid testing, but that actually came up on our executive staff meeting yesterday morning. So that is being discussed whether or not we would have access to that and if so how we would use it. I currently have 59 officers, commissioned personnel, that are under quarantine of one form or another right now along with 15 civilians. And we are again given that we're not working in such close proximity on a shift such as a fire house or ems station, ours typically end

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up getting spread across the entire organization. We have had a few circumstances where we have had multiple officers on one shift have to be quarantined at once three, four or five. And that requires a little bit of an additional shift of resources versus just having one or two in one sector that is now on quarantine. It was well reported many months back that our last graduating cadet class that graduated in October that twice we had to put the entire class into a quarantine because of exposures. So outside of a specific incident like that, our exposures have been pretty much across the department and we've been able to maintain it with making staffing adjustments or overtime hires to cover that. >> Harper-

madison: Thank you, I appreciate all that. I think some of my other questions I can put in written form. One other question I had I think is generally across

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the board. I know that you all don't have a class going right now, but AFD does have a class going on right now so this is an AFD question. Thank you, chief, I think that's all I had to ask for now. I appreciate your time. >> Absolutely. >> Harper-madison: Councilmember tovo, I think the last four questions I have are AFD specific. >> Tovo: Great. And I see the mayor is back so I'll turn the chair back over to the mayor. I'm not sure, mayor, if anyone else has questions for chief Manley before we move on to the fire department. >> Mayor Adler: Okay. Kathie, thank you for doing that. Paige? >> Ellis: Mine's not a question, but I do have a 1:00 I will need to step off for. I will try to come back after that. I know councilmember alter also said she had a 1:00. So if I disappear and come back, that's why. >> Mayor Adler: Okay, thank you. Alison? >> Alter: I just want to flag that my 1:00 is with

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rey and was hard to schedule and has to do with topics with the medical officer and I would very much like to still keep that. I don't think any of us were planning that we were going to be here past 12:00 today, let alone up to 1:00. I understand that these are important questions. I just wanted to flag that. >> Mayor Adler: Are there any further questions then with respect to this that would get us to fire? Natasha, do you want to go ahead and answer your questions? I understand that people will need to drop off, but Natasha, why don't you go ahead and at least you're able to air in a public forum these questions? >> Harper-madison: Thank you. I appreciate that. If I could just reiterate, it was my intention to have a full two hours. I'm doing my best to condense and be brief and I appreciate everybody's patience. So I'll start with that last question, and this is specifically for fd. I know that there's a current class happening.

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I just have some questions about whether or not they've been vaccinated. And if we've had any trouble with quarantine with the current AFD cadet class. >> Mayor Adler: Is it okay to let chief Manley go? >> Harper-madison: Absolutely. I don't have any questions for anybody at this point except fire. >> Mayor Adler: Okay. Chief, thank you for being with us. >> Thank you, mayor. Thank you all. >> Councilmember harper-madison, I'm going to pause and let our chief answer that question. I think the only time we had quarantine with recruit class was the same time that APD did, was around September, October, if I'm not mistaken. Chief Wright, do you have additional information for where were and whether these five

cadets have received their vaccination. >> No, sir, I don't have additional information on that. >> We'll find out when we get off this call. We can contact the training center and see whether those

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five cadets had any vaccinations. I just don't recall right now. We have so far as of to date we have had approximately 50% of our members who have been vaccinated with the vaccine as of today. We'll find out about the five cadets. I'm just not sure if they're part of the 50 percentile number. >> Harper-madison: That would be good information to have because if I have it on good information they're working out of fire stations on occasions as a part of their training. >> They are not working out of fire stations right now as a part of their training. >> Harper-madison: They're not going to fire station as a part of the training. >> Not right now they are. They will be, but as of to date they have not. But we'll have the number for you here shortly. We'll go ahead and contact the training department and we'll find out. >> I have that information now, chief. We do have 16 cadets in training and they have all been vaccinated. >> They have. They have not been in the process or in the training or have that? >> They did. They were at the fire

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stations for part of their emt certification doing the rideouts. That has already passed. >> Okay. >> They're now on to fire training. >> Okay. >> Harper-madison: Thank you very much. I appreciate that. And then so I also have some additional questions, very similar to those, that I asked of the ems about protocols, protections. Do we have some systems in place to make certain that we're addressing not having to go back into that mandatory overtime. I know ems doesn't have it to where you roll into an overtime shift after your 24, but I know fire does have it to where you can roll into an overtime shift after your 24. So I just want to know where we are there. That seems like sort of red button legal so I want to make certain that we are fully prepared to address our staffing needs. >> Absolutely. We still require our members to work mandatory overtime once we have the people who have signed up for overtime -- we have an automatic sign-up list where the

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members sign up to volunteer to work overtime. But if we need additional personnel we'll hold those members over for an additional 24 hours. I met my team the other day and we don't want anyone to work over 72 hours, with overtime. We have a couple who volunteered to working 72 hours but we have worked to try to change that policy to try to take care of our members and to protect them from working a 24/48 shift. We require mandatory overtime as needed. We as of today -- I don't have that exact number who have worked mandatory overtime. I don't have that number before me. But we have

had members who work mandatory overtime. >> Harper-madison: Thank you, I think that all of that information will be helpful when we get this comp limation of this information for myself and my colleagues, information on how we're utilizing overtime as

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an asset, again, budgetary considerations. You know, when you have lieutenants and above working overtime, there are implications financially about that. And so I'm just -- I would like to know more specifically about the impact financially to the city for those overtime considerations. I also had questions about us utilizing the firefighters to administer vaccinations. Chief baker, I know that you and I have had this conversation, with sort of the abbreviated time that we have, it would be helpful if you all -- you and your team could compile in information about what that strategy would look like. Have you had opportunities to talk to and to work with A.P.H. To sort of see when we would deploy that? You know, I know they said this week that location was worked by A.F.D. To administer those I think 800 vaccines. And I'd like to know whether or

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not that is folks being paid to do so. So when they volunteer, is it them being volunteering to give vaccines or is it their personal time? I guess that another question around quarantine is the protocol the same for A.F.D. As it is for E.M.S.? It sounds like it's totally different for A.P.D. So just wanting to see sort of how closely akin everybody's protocol is. I think that it would be great if there was a unilateral application of protocol, but I would like to know what each department has in place for protocol for quarantine after exposure. >> Absolutely. There may be some deviation for quarantine protocol with fire and A.P.D., I'm not sure, because I work a different schedule. And fire and E.M.S. Working 24 hour shifts, so there may be some deviation but we'd try to get as close as possible. And we're all following the standard protocols as much as possible. And, of course, that is overtime

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for vaccination of the members giving vaccines out, we are paying overtime for our members to work with the Austin public health to get those vaccinations. I think right now -- if I'm not mistaken at the medical center. I think that we have between 15 to 30 firefighters working overtime to administer the vaccinations and I can get that number to be exact on how many are working. But to answer your questions, the members are paid overtime to administer vaccine, and they're not doing it voluntarily. >> Harper-madison: Thank you, I appreciate that. And if we could get some information included -- like, specific information, if and when we go to the strategy of utilizing fire stations, what does that look like -- do people walk up? Do they make an appointment? Are we doing sort of localized community

vaccinations? Are we going door to door? I am throwing things out there because I don't know and I would like to know and my colleagues to know as well.

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You don't have to answer that today. Again, we're sort of short on time. >> Sure, sure, absolutely. >> Harper-madison: Thank you, I appreciate it. And I think that everything else I could probably ask offline. Ask some questions about dispatch -- yeah, I think the remainder of my questions I could ask offline. >> Sure, thank you. >> Harper-madison: Thank you very much, I appreciate your time. >> Mayor Adler: Does anybody else have any questions? With that are we okay with ending the work session here today? Kathie, again, thank you. So here at 1:04 then, let's go ahead and adjourn the city council special called meeting.