

# City Council Special Called Meeting Transcript – 03/02/2021

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[9:08:37 AM]

>> Mayor Adler: 9:08 here on March 2nd, Tuesday, 2021. I'm going to call the order the special called meeting with Travis county for the report on covid. We have a quorum present. Judge, we're ready when you are. >> Judge Brown: Thank you. I'll call to order the joint meeting of the Travis county commissioners court and the Austin city council and Audrey, do we have any callers on this item? >> We have no callers on the line at this time, judge. >> Judge Brown: Okay. Thank you. To help ensure efficient use of Dr. Escott and director hayden-howard's times, we're asking folks to limit to one question. If time permits we can have a second round of questions. The way we'll go about it today the commissioners court members, then the county judge, city councilmembers and the mayor, and then closing of

[9:09:38 AM]

the city council by the mayor and closing of the commissioners court by the county judge. >> Mayor Adler: Colleagues, we're going to go in council district order this time. We're back to that. We'll be going to district 1. Judge. >> Judge Brown: Thank you. I think Dr. Escott, if you are in this meeting somewhere, are you ready to kick it off for us with your briefing? >> Dr. Escott: Yes, sir. Thank you. Let me share my screen and I will get started. >> Judge Brown: Thank you. Thank you judge and mayor for the opportunity to update the council and court on our covid-19 response. Again, the slides that you are used to, sorry, the slides you are used to are updated this week based upon our new data. Yesterday we reported 265 new cases with a moving average of new cases of 242.

[9:10:38 AM]

Obviously we had a gap in that data over the week of the ice storm. There were very few tests were performed in result of that week. But overall since February the 1st, we've had a 57% increase in that moving average of new cases. So again, we continue to move in a better direction in terms of our new cases diagnosed. Similarly, our admissions are also on the decrease. Yesterday we reported 15 new admissions with a moving average of 29, which drops us down into the stage 3 territory. Again, this is the key indicator for staging. We'll continue to monitor that admission data and make recommendations later this week or early next week. If we continue in that stage 3 territory to go ahead and move stages. So we'll hopefully have some updates later this week or early next week regarding that. But similar to our case data

[9:11:39 AM]

admissions are down 57% as well since February the 1st. This graph is showing three things. Blue is hospitalizations and gray is ventilator usage. Yesterday hospitalizations were 248 with a moving average of 284. That's a 47% increase since February 1st. Icu use yesterday, 76 with a moving average of 93. Down 40% since February 1st. And ventilator use yesterday, 58, with a moving average of 65 and and that's down 33%. So again, all of these indicators moving in a better direction which gives us, you know, reasonable hope that these numbers will continue to decrease. If those protective actions, the masking, distancing, and the hand hygiene continue in our community. When we look at our regional

[9:12:41 AM]

infusion center which is helping to keep individuals out of the hospital, again this is a free service given to those at high risk for hospitalization, we see that since the opening 693 individuals have been treated at that facility. Still plenty of capacity, much more capacity than folks who are getting it, so we want to encourage individuals in our community if her high risk for developing severe disease to contact a health care provider and get a referral to that regional infusion center for that therapy. So we're grateful to the state for this partnership which is helping to contribute to this decline in hospitalizations. A quick update regarding our alternate care site. As of yesterday, we had 32 individuals hospitalized there. 168 total treated and released. So a total of 200

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individuals who have been -- received service through the alternate care site. Current capacity is up to 50 right now. As the hospitalization numbers fall, we will start to look at plans for decreasing the capacity there. And eventual demobilization. But we are going to have more of an update on that next

week. This is an update of our -- sorry, of our projections from the U.T. Modeling consortium. This is kind of zoomed in on the November to April time frame, and it does show that we continue to move in a downward direction. This hasn't been updated since the 22nd of February so we may see an update today or tomorrow to refine this data a little bit, but it looks like, again, if the same protections that are in place today continue, that we could see stage 2 territory by the end of March or early April.

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Again, what we've seen happen before in our jurisdiction in Texas and across the country is that when folks relax too soon, these numbers bounce. And that's I think the most important factor right now. While we're focused on vaccinations, while we're focused on getting out of this and being normal again, now is too soon to return to normal. Now is too soon to take away masking. Now is too soon to forget about social distancing and the other protective measures. Now is the time to continue those things so that we can put ourselves in a better position, particularly in advance of several threats for surge that we have coming up. That includes spring break, that includes St. Patrick's day, that includes Easter. So if we can resist the temptation to relax too much right now, then we can put ourselves in a better position going into April and May and avoid another surge. We see similar trends in

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relation to hospitalizations continue to decline over the next month. And the same is true for our ICU utilization, continuing on a downward trend significantly through the month of March. This is an update of our hospitalizations based upon age. There's not much change, net change in the older age group, so the 60 and over age groups week over week. When we look at, however, the younger age groups, so that under 20 age groups, there is an increase in those individuals in terms of their percentage of hospitalizations. I'll talk more about that and why that is in subsequent slides. We look at the numbers of individuals in each of those categories hospitalized week over week, we can see that we did see an increase as compared to the previous week. Again, this week of February 15th to 21st

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during the ice storm is a bit of an anomaly so we may see some folks hospitalized in this last week that wouldn't have gone to the hospital that previous week. We'll continue to watch that trend, but I expect we'll see a decrease in that number of individuals hospitalized next week in next week's update. We have seen a decrease in the individuals in the 80-plus age group moving from 34 to 25. Some slide increases in the 60 to 69, 70 to 79 age groups as well as 50 to 59. If we look down at the bottom of the graph on the right-hand column, we start to see layering happen, increase in 10 to 19 age groups,

moving from three the previous week to eight last week and also some admissions in the younger age groups 1 to nine and the less than one age groups. I'll talk a bit more about

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that in subsequent slides. What I'm showing you here is the hospitalizations based on race and ethnicity. When we look at the latinx percentage of hospitalizations, 39.5% last week. White non-hispanic 38.2%. And ongoing increases in our African-American percentage of hospitalizations, so 15.9% of hospitalizations last week from our African-American community. While we continue to see disproportionate increase in latinx community, right now the most disproportionate impact is happening in our African-American community. That 15.9% is significantly over the representation of the African-American community in the overall Travis county community. This is coupled with the African-American community disproportionately getting fewer vaccines than they should be getting in terms

[9:18:50 AM]

of their -- their makeup of the Travis county population. So again, we've got more work to do in our communities of color to ensure that not only are we preventing hospitalizations through things like ppe, advocacy information, but also ensuring that we're focusing more and more vaccine efforts to outreach to those communities who have been disproportionately affected throughout this pandemic. When we look at the numbers of individuals in those race and ethnicities hospitalized, again our latinx community moved from 67 individuals hospitalized the previous week to 87 last week. A small increase in our white non-hispanic numbers of individuals hospitalized, 82 to 84. Our African-American community moving from 29 to 34 individuals hospitalized last week. So again, more work to do in terms of our

[9:19:52 AM]

hospitalizations, in particularly in those communities of color. When we look at our positivity numbers, again, the week before last week is a bit of an anomaly because there were such a small number of tests performed, so less than 5,000 test results for that week across all the entities who were feeding in test results into Austin public health. So you see the 10.2%, probably some of that is related to that very low number of individuals tested. Last week, however, we do have a significantly higher number of tests performed, and right now that positivity is 6.9%. So again, moving in a better direction. Again, that number is subject to change because we expect to see additional tests coming in this week from last week, but again, certainly another indicator we are moving in a better direction in terms of this pandemic in Austin and

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Travis county. When we look at the positivity by race and ethnicity, again we're seeing improvements. Our latinx community previous week 13.6% positive. Last week 13.3. So small decrease there. Our native, hawaiian or pacific islander, increased 16.7 to 21%. Asian-american community, 7.6% to 7.0%. Sorry, African-American community 7.6% to 7.0%. Asian-american community, 8.5% to 4.4%. And our white non-hispanic community 8.2% to 5.6%. So overall those race and ethnicities have seen a drop week over week in terms of positivity.

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We have a -- a -- you know, our asian-american community under 5%, everybody is still significantly over that 3% in order to move down into stage 2. So again, more work to do to continue those protective efforts so we can further suppress disease transmission in the community. This is a graph of the positivity by age group. We are very pleased to see that our older age groups have the lowest positivity with our 80-plus age group being the lowest. So that's certainly a -- a change than what we saw earlier in February when we were seeing those older age groups leading positivity. I suspect that some of that is due to the focused vaccination efforts on those 60-plus age groups, which may be starting to show in the positivity rates.

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However, we are seeing the highest positivity in our three youngest age groups. So the less than one, one to nine and ten to 19 age groups. So again, as we vaccinate our community, we have to consider the fact that we have a large population who are not eligible for vaccines yet. And that's individuals, teenagers and younger. I bring this up because when we look at other countries who have been very successful in vaccination efforts, like Israel that's vaccinated maybe 60% of their population, they are seeing a surge right now. And that surge is related to individuals 19 years old and younger. So again, when we consider things like mask mandates and alterations in these protective behaviors, changes in moving back to normal, we have to remember there is -- there are very few individuals in those

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school age groups and younger that have protections. So there's still concern about surge in that community and that will continue until we have products which are approved for younger age groups. I want to look at the positivity a bit more detailed by positivity in our school-age children. We can see that all of them are significantly over the community positivity rate. High school more than double the

community positivity, 15.2%. Middle school 11.9% for last week. Elementary school 14.2%. Preschool 9.3%. Again, some of this is going to be related to the fact that relatively fewer individuals in this age group are tested, which is going to drive up the positivity a bit, but certainly a concerning trend because these are some of the highest positivity rates we've seen in school-age

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children. Again, this reinforces the message that we have to continue to encourage our children to mask and distance to avoid the social gatherings so that we can avoid outbreaks within these younger age groups. We are concerned about the impact of some of the complications that are hitting children and, you know, again the potential for variants and that impact on younger age groups. So again, take home message this week is we have to remain vigilant, we have to remain cautious until we can drive down this disease transmission further. We look at positivity -- or the cases reported by schools, we see that we had 70 reported last week. We had a couple school districts that did not report last week. 42 student cases, 28 staff cases. You know, significant decreases from previous weeks in terms of positive

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cases related to schools. Again, you know, we have the winter event and then the extension of the closure that extended into last week for many school districts which likely is impacting the numbers that we're seeing for last week. When we look at the close contacts, again significantly lower than we've seen in previous weeks. About 300 students and staff in quarantine where we were more than 1,000, 1500 in previous weeks. So again, likely impacted by the winter event. Quick update on our nursing home and long-term care facility dashboard. Again, as we've seen positivity in the community drop, we've seen cases in long-term care facilities drop remarkably. Again, I think part of what we're seeing here the magnitude of impact on these facilities is due to the

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focused vaccination efforts amongst the residents and staff. So 12 cases in the past 14 days, only 57 in the previous 28 days. So remarkable changes in the cases associated with these facilities over the past month. Again, we're in the middle of flu season so I want to give a couple slides regarding our influenza situation. Week 7, .84% positive, a total of 1.19% positive for the entire season. So less than 100 cases of flu diagnosed to date. As you may have seen from the CDC earlier this week, this is a record low flu season. I think a testament to the efficacy of vaccinations combined with the non-pharmaceutical interventions we've seen with covid-19, the masking, distancing and the personal hygiene that are impacting the flu numbers. Again, comparing it to our previous three flu seasons,

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it is defining the base of this curve. So again we're happy to see this. We're starting to enter the later stages of flu season so, again, we're hopeful that we can continue this low rate of flu and certainly it has not had a significant impact on our hospitals as was our concern in the fall. Again, mayor, judge, we continue in stage 4 for now. We will continue to watch the data later this week and into next week to make a determination, recommendation to transition to stage 3. Our hope is that will continue, but what we're seeing is all positive indicators what the next couple of weeks are going to look like. There are still some unknowns. We have an unknown related to the impact of the winter storm which we can expect to see this week. Our hope is that numbers will continue to drop. But again, if we all

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continue those protective efforts, continue the vigilant, it will put Austin and Travis county and central Texas in a better position going into the spring. Again as a reminder, these are the recommendations for stage 4, essential trips only, particularly for those individuals at higher risk. Limiting non-essential travel. Masking and distancing when outside the house. We're still recommending our businesses operate at a maximum of 50% to improve the ability to distance and to prevent that person-to-person spread. We're also continuing to recommend that schools limit attendance at sporting events to the minimum necessary, players, coaches and parents. With that, I will turn it over to director hayden-howard. >>  
Hayden-howard: Good morning. Thank you, Dr. Escott.

[9:30:02 AM]

Good morning, mayor, council, city councilmembers, commissioners court. We want to just provide an update of vaccines that have been provided, kind of giving a snapshot between February 21st and February 28th. We were able to provide 33,000 vaccines. As we shared last week, we opened additional sites, extended our hours and days of operation. A significant -- most of the backlog of doses have been addressed. We do acknowledge that there have been some system input delays, and so what we are just communicating to the public is that if you have received your first dose vaccine with public health and it is beyond the 42 days, you can show up at one of our sites. You would need to bring your

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card with you. Typically what our staff will do is look at your yard, looking up into the system and assure that you received the first dose from Austin public health. And so the other thing is that we have restarted our data entry process so we can update our dashboards. We still have a little bit of a delay with our vaccine dashboard, and our staff is going to continue to work on that. I would like to just acknowledge the photo here. This was a grandmother that came in to receive her second dose and was very gracious to allow us to interview her as well as share her photo. Next slide, please. One of the things we would like to also acknowledge

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aid in their being very flexible with us. As you can see, we were at the aid performing arts center on last week, and basically with the setup we basically had the clinic kind of center stage, as you can see. It was a really good process. We plan to return there this week and continue providing those vaccines. We have provided about 85,000 vaccines, which that does include our first and second dose vaccines. I wanted to just provide a snapshot because I know this was asked last week about the number of folks that we have that are pre-registered and eligible in the Austin public health system. The individuals that are ages 60 and older. Our 12-k doses have not come

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in yet, but we are anticipating that this he will arrive either today or tomorrow. And we will begin to administer those. The department of state health services has announced that 200,000 vaccines will be coming to the state of Texas. We have, you know, have been alerted that some are coming to Travis county and, you know, basically through the private sector as well as some vaccines have been sent to Dallas county as well as Harris county. And so as we can see with the movement of Johnson & Johnson vaccine, that is definitely going to, you know, add another way for folks to receive their vaccine. We also have been alerted that the plan is is that the company is willing to ship

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and prepare 20 million shots in the U.S. By the end of March. And so that's definitely good news. Next slide. As shared in my presentation on last week, I provided information about some updates. We were able to, you know, make some additional changes this weekend with our system. What I wanted to share was a screen shot for folks, and this one is actually, you know, based upon what we released last night. As you can see, this is a part of our queuing system. It actually shows when that we are going to release 4,000 vaccines and it's a way to communicate with people as they are in the system waiting for an appointment. What we have also done is --



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in the system is we have added a second dose form that individuals can also fill out. And so basically you fill that form out. If you've not heard anything from us proactively, and so our folks will -- are processing those forms as well. Lastly, we also have put a link on for folks if they are having any challenges with the website, and they can communicate that to us. One of the other things we have added additional employees for the call center to be on our 972 line. And so we actually have about 63 folks that are answering multiple calls and making outbound calls. And still working very well

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with Travis county staff. We have about 20 at that location as well, so it's about 83 folks that are assisting us with either making -- answering calls that are coming in to the city or making outbound calls. In addition to that, with our first dose appointments, as you all know, we have typically gone with a Tuesday and Thursday evening. But what we determined yesterday during the day is that it would be helpful for us to release the 4,000 additional appointments, and so that's what we did last night. We sent a release to just let the public know that we were going to release those appointments yesterday and get those scheduled for today. There may be some times when we may need to release appointments on an additional day.

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If we have the ability to have a bigger group, there may be options when we will do that with the first dose appointments. Next slide, please. As I shared with you on last week, we have started our mobile vaccine process. Initially we are really, really focusing in on locations where we have more folks that are seniors, people that are homebound and/or people that are disabled. And so initially what we did last week is was we went to the rbj residential tower, we went to a couple of smaller assisted living locations. This week we are working with the housing authority

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of city of Austin at a couple of their locations. And we also are partnering with adapt on one of these clinics because in our conversations with them we really felt the need to be able to include them and be able to provide vaccines to them as well. We will continue our efforts this way because what we want to make sure that we are doing is initially starting in locations where we can provide, you know, several

vaccines in a location and be able to provide that. So we will continue to work with hacca to finish their sites. We've already had a couple of meetings with nonprofit providers looking at ways of how we can roll out our partnership, for example, with meals on wheels. They have began to identify

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folks that we can go out and provide vaccines to that are homebound. In addition to that, we've started conversations with foundation communities and looking at how we can provide vaccines that way. Initially kind of -- we are also working through that, we have begun to receive referrals from folks that are referring folks to us that could benefit from a -- from a visit at home. And so our staff are starting that process to put that list together and then eventually we are going to be providing the vaccines at home. So as we get a little further along, we will have our meeting team to create a flyer and we will begin to, you know, to put that out social media, et cetera, and get that out to our partners.

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In addition, we just wanted to share from a long-term care update, CVS and Walgreens has provided over 11,000 vaccines to staff and residents at 107 facilities. And basically what they have been able to do is they have been able to return to those locations that they initially were at. And what they -- as they -- long-term care facilities, as they on board new staff or have staff that may have changed their mind that didn't want the vaccine initially, we are adding them and making sure that they are picking them up. So, you know, we really have a lot going on with vaccines. We know that we are continuously going to make improvements. And so as we move along, the feedback that we receive from you all as well as the

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public, as well as our I.T. Folks, we will continue to make improvements and corrections to that system. At this time, that completes my presentation and thank you for the opportunity. I'm available for questions. >> Judge Brown: Thank you, director. >> Hayden-howard: And Dr. Escott. Let's go straight to questions from court members. Commissioner Gomez, do you have questions? >> Gomez: No, George, I don't have any right now. >> Judge Brown: Thank you. Commissioner Shea? >> Shea: Thanks, judge. I did -- probably for Dr. Escott, my standard thanks. I really appreciate what you and your staffs are doing. There was a news story that I think it's Houston that has been testing for evidence of the variants of

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covid and has found a very, very large number. Do we have any sense, are we doing any testing locally and if so do we have any sense for whether or not we are seeing much evidence of the variants, the mutations of the virus and if so -- I am still really unclear as to whether or not any of the vaccines are likely to protect people against the variants. So any information you have on that would be helpful as well. Thank you. >> Dr. Escott: Commissioner, there is testing of genome sequencing going on around the jurisdiction. There's a lot going on at the university of Texas amongst their cohorts of individuals from the campus. We've got discussions later this week about how we're going to monitor that and make determinations of policy recommendations based

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upon the variants. Right now most of the variants seen locally and in Texas is the U.K. Variant. The vaccines show that it is effective against that variant. But as we go, you know, as we go forward, we can expect that more variants will emerge which will continue to challenge the efficacy of the vaccine. You know, the platforms, particularly moderna has already started to formulate a booster with the new variants in it. And we can expect, you know, given the magnitude of this pandemic that it's going to be difficult for us to evade significant variants developing across the globe. So I think it's likely that we will see booster shots emerge over the next six months, next year to start hitting some of those variants until hopefully we

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can eliminate the covid-19. >> Mayor Adler: U.t.-dell, commissioner, said about their doing that work and on their asymptomatic testing about a third they said was the variant. >> Judge Brown: Thank you. Commissioner Travillion? >> Travillion: All right. First I'll start off by saying I appreciate the significant work that you've done, that both of you have done. That you've been willing to reach out into the community and talk to community members and work to build processes, I think that's really important. My question is more along the equity lines. Once again, and it is we do recognize that there is a digital divide, particularly between affluent and non-affluent communities.

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And we do realize a lot of our elders aren't computer literate and don't spend time on computers. And I want to know specifically what we're doing to address the needs of our elderly population over 70. I've gotten -- I've gotten dozens of calls from people who have tried and tried and tried to get into the system and have not been able to do so. And it just seems to me that since we have got large churches,

those churches are the strongest institution within the African-American community, they are willing to work with us and they have a good idea of where the sick and shut-in members are. What have we explicitly done with that community to make sure that we are addressing the needs of a lot of our elderly population which is not being met by our current

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processes. I'm not trying to blame that on anyone. I just want to know specifically what we are doing to address the needs of a population that historically has been under served. >> Hayden-howard: Good morning, commissioner. I can speak to that. We have done -- we've done a few things. During the -- kind of the week of the weather storm, kind of in between addressing other issues that were related to weather, we were able to have a couple of meetings, individual meetings with lead pastors in this community. And talked about some strategies that they are willing to provide. On Tuesday of last week we had a larger meeting with faith based leadership. We probably had about 15 representatives that were present and had a very nice

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conversation. Some of the things that we talked about was, one, getting them more material so they would have that about our process. We talked about the grass roots organization process of where we have -- have had some folks to refer folks into our equity line. We let them know that we had established that area that is providing outbound calls to individuals that don't have access to the internet. We have also had a few of them that have said that they are willing to assist us with locations to provide vaccines to their memberships. And then also on one of the meetings, one of the folks attending was a part of health and wellness area, and they are one of the leaders with the black

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physician group. And so willing to bring in volunteers as well. And so based upon those meetings that we have -- that we've identified and had as a result of that we do have three churches that are willing to be a site for vaccines. And so typically what we do is that our staff will go out and do site visits and visit with them, look at the location, et cetera. So in the meantime, knowing that the equity line was a way to -- for them to really continue to refer folks in to us is going to be the kind of quick win at this time. So those are things that we are working on with our faith based leaders and we will continue to do that work with them. And one of them is even, you know, wanting to offer the vaccines after a Sunday service.

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So we are definitely going to make some strides in that area. So more to come with that when we have more information to share. >> Travillion: Thank you. I would like to work with you to make sure that just -- I understand what we're doing and thank you for the work that you've done. >> Judge Brown: Thank you, commissioner Travillion. Commissioner Howard? >> Thank you for the good work. I'm on the western side of the county and so I was -- made a note about the mobile vaccine program. I would love to talk with you in the coming weeks about either being able to take the mobile vaccine program to western Travis county or even if it becomes, you know, the smart thing to do to set up a mass vaccination clinic out there in a big parking lot. But thank you for all the work you are doing. I appreciate it.

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That's all, judge. >> Judge Brown: Thanks, commissioner. I think my only question is, first of all, thanks a lot and thanks for, you know, obviously the storm set everything back in this community including the vaccine efforts, but thank you so much for getting that back up and running immediately and so quickly, and I've heard great reports about people who are getting vaccinated at Delco and other centers having great experiences when they are there, so thank you so much for all of that. Could you maybe give me your thoughts based on the numbers of vaccines that we're getting in the community now and, you know, with Johnson & Johnson hoping up like you mentioned, do you have any sense of how long we'll be at this if, you know, if things don't get really thrown off course by vaccine variance? Is this a six-month vaccination process for our local sort of population or is it longer? What are your spots there?

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-- Thoughts there? >> Dr. Escott: So judge, I think that, you know, when we start to hit may and Jonathan, I think we're going to have a significant portion of those who need to be vaccinated done. I do expect that we're going to see a long tail to this. And what I mean is that we're going to start to face issues as we get into may and in June in particular of trying to recruit more people to get vaccine. So I think that last 10% is going to take us a while to get to. Again, we also have to remember we have no vaccine solution for our youth right now. So that particular piece is also going to lead to a lengthy tail. But I think that, you know, as we approach may and June, our community is going to be in a different position in terms of risk of an overwhelming surge of our hospital system. I think by and large that

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kind of risk will be dissipated by that time period. So I anticipate that we can start to see some more normal things starting to occur around that may, June time frame. >> Judge Brown: Thank you. Thanks, Dr. Escott. Mayor Adler, I'll pass it over to you. >> Mayor Adler: Thank you, judge. Colleagues, I don't see the mayor pro tem. Is she with us? Okay. We'll come back to her. Councilmember Fuentes, do you have a question? >> Fuentes: Yes, thank you, mayor. I saw on a slide that we have about I think 12 or 13,000 80-plus-year-olds waiting to get an appointment. I want to see if you could talk us through with the

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call operators we had, I'm so appreciative we're able to scale the amount of call operators to proactively reach out to our seniors here in Travis county, especially considering the digital divide. But how many -- have we made it through that call list by now? Are there still seniors in Travis county who have not received a call, about the vaccine, how to register? And then based on that number, what more should we be doing and could we be doing to make sure all of our seniors are signed up on the wait list. As a side note, I'm still receiving volunteer requests from the community on how to help with making those calls and I'm curious for your thoughts about additional volunteer opportunities. Very grateful for the remember sight that was rolled out last week. I think that is very helpful. But I have received feedback

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about little tweaks to that website and I'll send that to you off line. That's been a way that I've been directing folks to volunteer is to that site, but if we can offer opportunity to volunteer to make calls to help us make a good dent on that list if needed. So short answer if you could talk us through how we made it through the call -- have we made it through the call list of reaching seniors in Christian Travis county, how many do we have left and what efforts are being considered at this time? >> Hayden-howard: I will share with you that the majority of people that are receiving our vaccines are 60 years of age and older. And so on a daily basis we're definitely providing vaccines when we think about age 80 and older, it's roughly 300-plus vaccines a day we are providing to people that fit into that category.

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One of the things that, you know, we are doing is is, you know, we're continuing to have folks to call them, to make those calls. But what we are still finding is is that we still have seniors that would prefer not to go through the system, and so that's why we've started more conversations with our partners and looking at, you know, thinking about what commissioner Howard just mentioned earlier. We may need to be doing some efforts like that with folks that are 80 years of age and older. That was also one of the reasons that we also reached out to the faith based community to be able to get that done as

well. But we -- we're looking at it and we're definitely going to need to make some changes. We have had some really good success. I will tell you everyone in

[9:56:36 AM]

our system, even though you see those numbers, they are not Travis county residents, but they are kind of -- and I always have to remind folks, the people in our system are from all across the state of Texas. Also, everyone that calls our 972 number are folks that are not in Travis county, hays, Williamson, et cetera, they are from the state of Texas. So as a hub, we've got to be available to allow folks that are not in Travis county and/or our neighboring counties to register in this system. So that's kind of the other piece that we are working on. So those calls are not only going out to folks in Travis county, they are also people that are registered in the system. And so I am starting to kind of favor the process of how do we, you know, maybe set up something a little bit different for our folks that

[9:57:37 AM]

are living in Travis county. The state has emphasized, you know, the importance of making sure we're providing vaccines to seniors and they are emphasizing folks that are 75 years of age and older. Our data does show us that we are definitely hitting that category pretty well as well, and so continuing to make sure that we're continuing to focus along those age categories. So we'll continue that process.

[9:58:03 AM]

Is that information you can send to us? Do we have good information about across counties, how the vaccine allocation is going? >> Fuentes: THANK YOU. >> Mayor Adler: THANK YOU, COUNCILMEMBER RENTERIA, DO YOU HAVE A QUESTION? I THINK YOU'RE MUTED. >> PULL YOUR MIC DOWN. >> Renteria: WHAT I WANT TO KNOW IS, I HAVE PEOPLE WHO ARE HOMEBOUND AND HAVE NOT BEEN ABLE TO GET INTO YOUR SYSTEM TO REGISTER. I WAS WONDERING, CAN I HELP THAT PERSON OUT, AND IF I CAN, HOW CAN I GET HIM AND HIS WIFE ON THE REGISTRATION LIST? IS THERE A NUMBER THAT I CAN CALL? MY OFFICE CAN CALL THAT CAN HELP THESE PEOPLE OUT THAT HAVE BEEN CALLING AND NOT HAVING SUCCESS IN GETTING INTO THE SYSTEM? >> I THINK WHAT WE MAY WANT TO DO IS FOLLOW UP WITH YOUR OFFICE OUTSIDE WITH A CALL AND SEE HOW WE MAY BE ABLE TO WORK WITH YOU AND FOLKS THAT MAY BE HAVING SOME CHALLENGES. SO WE'LL DEFINITELY TOUCH BASE WITH YOU AND SCHEDULE A MEETING WITH YOU AND YOUR STAFF. >> Renteria: THANK YOU.

[9:59:05 AM]

BECAUSE, YOU KNOW, SOME OF THESE PEOPLE THERE ARE PEOPLE OUT THERE THAT ARE HAVING A VERY DIFFICULT TIME GETTING IN. AND I WANT TO REALLY MAKE SURE THAT, YOU KNOW, WE CAN GET THEM TO THE REGISTRATION. AND THESE PEOPLE ARE SENIORS, 70 YEARS OLD AND OLDER, THAT HAVE A WIFE OR A HUSBAND, THEY'RE HOMEBOUND, DISABLED. AND I JUST WANT TO MAKE SURE THAT THEY ARE ABLE TO GET THE VACCINE, OR AT LEAST GET THE APPOINTMENT FOR THAT. THEY CAN GET IN LINE TO GET THEIR VACCINATION. SO I REALLY APPRECIATE THAT, IF YOU WOULD REACH OUT TO MY OFFICE. >> Mayor Adler: COUNCILMEMBER RENTERIA, THANK YOU. COUNCILMEMBER CASAR? >> Casar: I HAVE A QUESTION ABOUT VACCINE ALLOTMENT BY COUNTY, AND THEN A SECOND QUESTION ABOUT THE WEBSITE, IF THAT'S OKAY.

[10:01:05 AM]

SO, THE FIRST QUESTION IS JUST YOU KNOW, BECAUSE FOLKS ARE LOOKING FOR VACCINES WHENEVER THEY CAN FIND THEM, AND LOOKING FOR THEM IN DIFFERENT COUNTIES AND THE LIKE, IF THERE'S INFORMATION GOING AROUND ABOUT WHETHER OR NOT SOME COUNTIES ARE GETTING MORE OR LESS FOR THEIR SHARE OF THE POPULATION, IS THAT INFORMATION AVAILABLE, SO WE CAN CONFIRM THAT VACCINES ARE BEING DISTRIBUTED IN A WAY EQUITABLE BASED ON POPULATION? >> COUNCILMEMBER, THERE IS A DSHS DASHBOARD WHICH HAS THE ALLOCATION FOR FIRST AND SECOND DOSES BY COUNTY. SO ALL THAT INFORMATION IS AVAILABLE PUBLICLY THROUGH THAT SITE. WE CAN CERTAINLY SEND OUT LINKS TO THE OFFICES WITH THE ALLOCATION INFORMATION. >> Casar: THERE WERE OUTLIERS IN THE PANHANDLE. >> THAT'S THE LAST TIME I BE CALCULATIONS, BUT WE CAN CERTAINLY HAVE ANOTHER LOOK AT THE METRO JURISDICTIONS AND MAKE SURE IT'S STAYING CONSISTENT.

[10:02:05 AM]

>> Casar: THANKS. THAT WOULD BE GOOD. AND THEN I KNOW THAT YOU ALL CONSISTENTLY GET EMAILS FROM OUR OFFICES JUST ABOUT THE WEBSITE AND PEOPLE REGISTERING. I HEARD FROM SOME FOLKS YESTERDAY THAT APPRECIATED SOME OF THE CHANGES WITH THE WAITING IN LINE AND KNOWING WHERE YOU ARE IN LINE, EVEN IF IT'S GOOD OR BAD NEWS. SOME OF THE FEEDBACK WE GOT WAS THAT IT MIGHT BE USEFUL FOR THERE TO BE A LOT OF CLARITY FOR PEOPLE AROUND SOME OF THE THINGS THAT WERE ON PUBLIC HEALTH, SOCIAL MEDIA. IF THAT COULD BE CLEAR ON THE WEBSITE, LIKE IF YOU GET LOGGED OUT WHILE YOU'RE WAITING FOR AN HOUR, LOG BACK IN. YOU HAVEN'T LOST YOUR PLACE IN LINE. OR EVEN IF YOUR PLACE IN LINE IS FURTHER BACK THAN THE NUMBER OF VACCINES WE HAVE, YOU MAY WANT TO WAIT. SOME OF THAT INFORMATION MAY BE USEFUL FOR FOLKS ON THE PAGE, AS ONE BIT OF FEEDBACK THAT WE GOT. AND THEN SOME OF THE OTHER CONTINUED FEEDBACK OR QUESTIONS IS AROUND PREREGISTRATION, WHICH I THINK IS WHAT SEVERAL OF THE ELECTED OFFICIALS HERE HAVE ASKED ABOUT.



[10:03:03 AM]

CAN YOU LAY OUT WHY THE PREREGISTRATION PROCESS IS IMPORTANT? I'VE HEARD SOME OTHER COUNTIES DON'T HAVE THAT PROCESS, OR HAVE A LESS INTENSIVE PROCESS FOR PREREGISTRATION. I THINK SOME OF THAT MAY BE WHERE THE FRUSTRATION IS STEMMING FROM. SOME OF THE FRUSTRATION WAS KNOWING WHERE YOU ARE IN LINE. IT SOUNDS LIKE WE'RE WORKING ON THAT. THAT'S REALLY APPRECIATED. BUT SOME OF THE FRUSTRATION IS GETTING INTO THE SYSTEM IN THE FIRST PLACE WITH SETTING YOURSELF UP IN THE SYSTEM. CAN Y'ALL TALK THROUGH WHY WE HAVE THAT THAT WAY, AND IF THERE'S IMPROVEMENTS WE'RE LOOKING AT MAKING IN THAT AREA? >> WE TYPICALLY ARE MAKING IMPROVEMENTS TO THE SYSTEM. WE MADE QUITE A FEW OF THEM THIS PAST WEEKEND. ONE OF THE THINGS THAT WE HAVE FOUND IS, IS BECAUSE WE ARE A HUB PROVIDER, HUB PROVIDERS MUST HAVE A SYSTEM SET UP WHERE ANYONE CAN ACCESS IT ACROSS THE STATE OF TEXAS. IN ADDITION TO THAT, YOU ALSO, AS A HUB PROVIDER, SHOULD BE ABLE TO PROVIDE A SIGNIFICANT NUMBER OF VACCINES OUT TO THE PUBLIC IN A SHORT AMOUNT OF TIME. AND S

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O FOR THOSE REASONS, WE WENT TO A SYSTEM WHERE WE CAN BE ABLE TO ONE, SET UP A DASHBOARD THAT EVERYONE LIKES TO SEE AND GO TO, AND ARE ABLE TO GET THAT INFORMATION OFF. AND IT IS ALIGNED WITH THE REST OF THE WORK WE'VE DONE THUS FAR FROM A DASHBOARD PERSPECTIVE. IN ADDITION TO THAT, WE NEEDED TO CREATE A SYSTEM THAT BASICALLY COULD HANDLE A LOT OF FOLKS, YOU KNOW, ACCESSING IT. AND SO OTHER PLACES BECAUSE THEY'RE NOT HUBS HAVE DECIDED THAT'S NOT SOMETHING THAT THEY NEED TO DO. EVERYONE MAY NOT NEED TO ACCESS THEIR SYSTEM THE WAY THEY DO WITH A HUB. SO THOSE WERE SEVERAL OF THE THINGS THAT WE THOUGHT ABOUT. AS YOU ALSO KNOW, THIS IS THE SAME PLATFORM THAT WE PUT IN PLACE FOR OUR TESTING. SO ALL OF OUR TESTING DATA RESULTS, ETC., ARE IN THIS PLATFORM. WE'VE ALSO DONE CONTACT TRACING USING THIS PLATFORM. SO, FOR US, TO BE ABLE TO PUT THIS SYSTEM TOGETHER IN THE MIDDLE OF A PANDEMIC WAS A HUGE LIFT FOR EVERYONE IN AUSTIN PUBLIC HEALTH, AS WELL AS OUR DEPARTMENTS FROM CTM, YOU KNOW, THAT ARE ASSISTING US AS

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WELL AS A CONTRACTOR. AND SO, YOU KNOW, OUR HOPE IS NOW THAT WE HAVE THIS IN PLACE, THIS IS SOMETHING THAT WE CAN CONTINUE TO USE IT, BECAUSE IT HAS OTHER USES THAT, AS A SYSTEM. AND SO THOSE WERE THE THINGS THAT WE THOUGHT ABOUT WHEN WE KNEW WE NEEDED TO HAVE A GOOD SYSTEM IN PLACE THAT WOULD TAKE US BEYOND THIS PANDEMIC. >> COUNCILMEMBER LET ME JUST JUMP IN TO ADDRESS THE PREREGISTRATION PIECE OF IT. YOU'RE RIGHT. THERE ARE MANY JURISDICTIONS THAT DON'T HAVE A PREREGISTRATION PROCESS. SO IF THEY GET 12,000 DOSES OF VACCINES, THEY OPEN UP THE REGISTRATION PROCESS. ONCE 12,000 QUALIFIED PEOPLE, YOU KNOW, GET AN APPOINTMENT, IT SHUTS DOWN AND IT OPENS UP AGAIN WHEN THEY HAVE MORE VACCINE.

THE CHALLENGE WITH THIS IS THAT IT CREATES A COMPETITIVE ENVIRONMENT. AND IT DOES LEAD TO INEQUITABLE DISTRIBUTION OF VACCINE.

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THOSE WHO ARE MORE TECH SAVVY, THOSE WHO HAVE MORE TIME TO SIT IN FRONT OF THE COMPUTER AND WAIT FOR THEM TO OPEN, THE MORE LIKELY THEY ARE TO GET A VACCINE. WE KNOW THAT THIS NEGATIVELY IMPACTS OUR ELDERLY POPULATION IN OUR COMMUNITIES OF COLOR, WHICH ARE THE TWO GROUPS THAT WE WANT TO PRIORITIZE FOR VACCINATION. SO WHAT WE DID IS, TO CREATE THAT PREREGISTRATION PROCESS, TO ALLOW US TO BE ABLE TO CREATE A PRIORITIZATION PROCESS TO GET THE VACCINE TO THE PEOPLE WHO MOST NEED IT RIGHT NOW. THAT COMMUNITY SIGNED UP FOR THE VACCINE. SO IT'S HELPFUL TO US. I KNOW IT CREATES SOME FRUSTRATION IN THE SYSTEM, BUT IT'S INCREDIBLY USEFUL TO HAVE THAT TWO STEP PROCESS.

[10:07:16 AM]

And it does lead to inequitable distribution of vaccine, those who are more tech savvy, those who have more time to sit in front of the computer and wait for them to open, the more likely they are to get a vaccine, we know this negatively impacts our elderly population in our communities of color which are the two groups we want to prioritize for vaccination. So what we did is to create that preregistration process to allow us to be able to create a prioritization process to get the vaccine to the people who most need it right now, and also gives us a lot of data on who, reaching effect, who we are reaching effectively and who we are not, we know for instance we are under performing in terms of our outreach to the African-American community because we have that community signed up for the vaccine. So it's helpful to us. I know it creates some

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frustration in the system, but it's incredibly useful to have that two-step process. >> Casar: I appreciate that. And my sense is, having been out there with judge brown, and many of y'all this weekend, and folks that need it, the work being done to make sure that we do get it to older folks, not just through the website but through other processes, is really important. And just communicating to people that's what we're doing is really good. I think you would continue to hear our urging to try to figure out how to make the website as friendly as possible with the protections in place. We get notes that the size of our font is small compared to other places, or that the number of clicks you have to go through and pages you have to go through. I know when you're in a pandemic and we have the winter disaster,

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and all those things, those things may seem small in some sense. But on the other hand, when people know how important it is to get the vaccine, just making it as readable and user friendly, and understandable goes a really long way in continuing to build that trust. So I appreciate what everyone is doing and the vaccines we're getting out. I just think our forward-facing -- the first thing people see from us sometimes is that web interface. The more we can keep working on that, the better. Thank you. >> Mayor Adler: Thank you. Councilmember kitchen. >> Kitchen: Yes, thank you. I wanted to ask a few more questions. I appreciate everyone's questions. And I also wanted to say I appreciate the improvements. I did get feedback on the queuing system that you put into place. It was positive feedback, because it helped people understand where they were aligned. I appreciate that. I have some questions specifically about seniors.

[10:10:21 AM]

So, help me understand the -- what we're doing in terms of outbound calls. In other words, did I hear correctly that the call center is the group that's making those outbound calls? And I'm just curious what list they're using. I know that I've had the opportunity to share some names with you from constituents. And I assume -- I'm sure others have, also. I'm also sending over to you . . . As part of our welfare check process that we did with regard to the winter storm, there were over 14,000 seniors that were called in the city through a volunteer effort. And although that effort was not calling specifically about the vaccine, there were seniors identified as part of that effort, because they asked about the vaccine. So those things are being

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forwarded to you also across the city. So my question is, I just wanted to understand a little bit more specifically about who is making the outbound calls, and what kind of list are they operating off of? Are they operating off a list that myself and others, of course, are sending you, or help me understand that. If that makes sense. >> Yes. They are operating off of several lists. >> Kitchen: Okay. >> We have folks that refer folks in to us. >> Kitchen: Okay. >> From grassroots organizations, as well as organizations that serve seniors. >> Kitchen: Mhmm. >> That are providing those referrals to us. >> Kitchen: Mhmm. >> And so basically, when they receive the referrals, a couple of things that they are doing. A group of them are actually setting up the seniors with the account. So they're going through setting

[10:12:22 AM]

them up with the accounts. In addition to that. Then, another group actually schedules them for the appointment. So, they kind of happen not at the same time, because what we're finding is, is that we want to make sure that we have enough appointments to be able to provide them the vaccine. And so the first goal is to make sure they're set up in the system. And so that's pretty much how that process works. In addition to that, we've referred some folks from our system that are already registered with us. Some folks may have called and referred people not knowing that they had already set up an account. So sometimes it is a duplicate

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effort, which is fine, because we want to make sure that we are able to provide the services there. So that is how our teams are working. >> Kitchen: Okay. So they're getting -- so that means that if a senior is referred to you from whatever source is needing help getting an appointment, there is a person in the call center, I think I'm hearing. Is that how it's working? >> Initially they look up to see if they are registered in our system. >> Kitchen: Okay. >> That's the first step. If they are not registered in the system, they do the registration with them. It's like an assembly line. You say this person has an account, they're ready for an

[10:14:24 AM]

appointment. Then there are folks that are only scheduling appointments. So that's how the process is working, because we want to make sure that even for seniors that don't have access to the internet, etc. And then it's flagged. So our folks are able to go back and are able to reach out to them because we had to call them to set up that appointment. We call them and say this is when you need to come back in for your second dose. >> Kitchen: It would be helpful to you, if we're aware of seniors that need help with getting appointments, if we happen to know they're registered, perhaps that's helpful. You can look up what we tell you. Okay. The last thing is, do we think -- I'm going to make an

[10:15:25 AM]

assumption. Tell me if this is correct. I'm going to assume that your list that you're receiving for these referrals is longer than your available appointments, would that be fair to say? Your list for seniors is longer than your available appointments. I would ask you to consider at some point, hopefully that list will be shorter than your available appointments. At that point I would suggest -- and maybe think about preparing for it now, for some outbound calls to seniors that haven't been referred to you. And perhaps with the volunteer effort, like councilmember Fuentes had mentioned, and I think others have mentioned also, I realize that at this point you've got a longer list

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. We may need to be proactive. Everything you're doing is helpful. I appreciate that. I will make sure you receive the list from the outbound calls, so you'll have that list of folks. And my last question is -- >> Mayor Adler: Should we come back to you, Ann? >> Kitchen: Are you working with family elder care? >> Yes, we are. We met with them a few weeks ago. So, yes, we are working with them. >> Kitchen: Okay. Thank you. >> Mayor Adler: Great. Thank you. Councilmember Kelly? >> Kelly: Thank you very much. I have two quick thank yous. Travis county judge Andy brown, thank you for inviting me out this weekend to view the mobile vaccine site. I thought it was really great to see first-hand the mass distribution of vaccines to those that needed it. And I'm hopeful that it can continue so we can get everyone vaccinated that needs to be vaccinated.

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Also, second, I wanted to thank director hayden-howard. Over the weekend she helped two of my constituents get assistance with obtaining a vaccine who had mobility issues through UT health. And Dr. Hayden-howard had someone from UT contact them. They didn't have to get out of their car. Thank you to everybody, Austin public health and also at the Travis county judge's office for all that you're doing to help people get vaccinated. Really appreciate it. >> Mayor Adler: Okay. Thank you. Councilmember pool. >> Pool: Thanks so much. I'd like to just kind of get an overview of how things are going out at the pilot site for the mass vaccination site at coda, and what the plans are for opening up that. Like how many vaccinations do you think could happen at that

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level once we get the flow of the serum coming our direction. >> If you want, I can chime in. >> Pool: Please do. >> Judge Brown: It went great. Overall the wonderful thing is that not only is Austin public health doing a wonderful job getting out vaccines, we're also getting some through this joint effort with the other three counties. And then private providers are also getting more out. Obviously the thinge're racing against together is the virus and its mutations. So I think it's wonderful that there's so much getting so much out. It does look like we will do this again this weekend at circuit of the Americas in an effort with community care, and the extension, and Caldwell, bastrop, and hays counties. We are working on expanding it. Some surrounding counties are also getting more. There's increased demand for people to work at them.

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This website we put up has I think 1300 people who have said they want to volunteer. That's the central tx website. And so if anybody wants to volunteer, that is actually a huge need that we have. But it does - you know, we've got a huge team of people. Actually yesterday, at coda, to go through the logistics, to make the line go faster. I think everybody has the same goal, and that's to make sure we're getting up to 10,000 vaccines once the supply increases. And I think to address commissioner Howard and other people's concerns that working with aph, to make sure that we have sites going up in other parts of the city and county as well. But as far as these initial efforts of getting the mass drive-through going at Cota, we hit 3,000 last week on Saturday, which is what our goal was.

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We're kind of adapting the design slightly, but we're going to do it again this weekend. >> Can you say what the signup url is for people to work, is it va -- >> Judge brown: Centraltxvaccs.org. >> Judge Brown: Thanks. And then staff -- >> Pool: Thanks, staff, if you would put district 7 on the list, maybe north of 183 toward the tip of the county, toward pflugerville, my staff and I would like to work with y'all when we get to that point of having a site in the northern portion of the city and the county. Thanks. >> Judge Brown: Thank you. >> Mayor Adler: Great.

[10:21:33 AM]

Thank you. Councilmember Ellis. >> Ellis: Thank you, mayor. So I saw in the slides that there is going to be a continuation of the Tuesday and Thursday signups for vaccinations. I know earlier that was something that you wanted to make sure the vaccines were in hand before you released appointments. Are you more confident there will be regular deliveries? Has the supply caught up with the ability to administer the vaccines? Any new way people can rely more on being ready at 6:00, Tuesday and Thursday to try to get in line? >> Well, we typically only put out the appointments where we do have the vaccines in hand. So we know normally our vaccines arrive at some point on Tuesdays. And so that is one of the reasons why we selected Tuesday,

[10:22:34 AM]

for example, to release appointments for the rest of the week. We have normally been operating Wednesday through Saturday. However, because we needed to make sure we got caught up, that was why we added the additional days. So we are feeling a little bit more comfortable. I will tell you, you know, in conversations with Texas department of state health services, they still only have, you know, kind of -- during the week, they receive a notification on Monday. And then they alert us on

wednesday/thursday what we are going to receive the following week. And so there's still not this weeks on end, what we will actually receive. And that can change. It's changed for them, from them receiving information on Monday

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that they were going to get a specific allocation for the state of Texas, but then a day or so later they were alerted that it was a smaller allocation. So we're still going to have to kind of work on that. And it's not at the state level. It's at the federal level. So at the federal level, we've got to get things worked out. And the federal level has acknowledged that as well, is that wanting to be able to let states know three weeks in advance this is what your allocation would be. And once we get to that point, and it is something that the state has received in writing, they have heard that in conversations. That's being communicated to local health departments across the nation. But nothing in writing about that. >> Ellis: Okay. That's really helpful to know. And the appointments, are they going to be released at the same

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time each day? They used to be in the morning. Last night's what in the evening. Do you have an expectation of when people should be ready to get in line? >> We don't really have a set time of when we will release them. They just vary and it's depending on, like I said, it depends on if there was a clinic the day before, etc. And looking at the rest of the week for allocations. So it just has -- it's various times. >> Ellis: Okay. Thank you. >> Mayor Adler: Thank you. Judge brown. .>> Tovo: Thank you. Thanks for all this information. In the course of the discussion, you've answered questions I'm receiving including about volunteer opportunities. And I would -- I'll try to make these suggestions via email, but because we're getting so many questions about volunteering, it would be great to have a link

[10:25:37 AM]

from our faq, our city's covid vaccination faq to that central Texas volunteer site so that people can go into that portal and volunteer. I would still love to figure out a way to have volunteers assist with registration. I know several of my colleagues talked about that a little bit earlier, councilmember Renteria talked about his office wanting to assist, and I know many of us have volunteer groups or volunteers who have reached out with a willingness to assist. But it's not so easy to figure out how they can do that with the portal. I would like to figure out a way that we could help through volunteer work to take some of that off y'all's plate so that we're not each sending on individual cases to the director of our public health, you know, for them ferreting out to staff members to try to resolve. So if we could sort of keep thinking about ways to maybe do that. And lastly, I'd like to follow up on -- commissioner Travillion

[10:26:37 AM]

asked about churches and director hayden-howard, that's really -- thanks for that update about the work that you're doing to potentially roll out a vaccination clinic in churches in answer to commissioner Howard's, you talked about a mobile clinic. I may have missed this piece of it, but I wasn't clear if you had talked about a timeline on either of those initiatives. >> So right now, that mobile clinic has been operating since probably the middle of February. And we started with assisted living. So that process has started. We're working with housing authority properties right now. So housing authority, you know, family and elder care has, you know, a couple of properties, foundation communities. So working through those properties initially as well. And then beginning to work with meals on wheels, etc. So we'll continue to work with

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nonprofits, you know, to be able to see where they have clients that they are working with them as well. But our communications team is going to create a flyer like we did before for the testing. And we'll be able to roll that out as well. So, our team is kind of logistically thinking about what that would look like, because with the vaccine, you have to make sure, you know, once you open the vial you only have a certain amount of time to make sure that you provide vaccines to 10 or 11 people within a certain time period. So that's the piece that staff are working on now. And so that's why we are really liking the idea of locations where there's several seniors, or several people that have, you know, are disabled and kind of working in those settings. >> Tovo: Thank you. Thanks for that. I apologize that I missed the

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time period. And this isn't a question, but just a request. I don't think in the course of this conversation you've had an opportunity to share the information about how during the storm your staff were able to really get the vaccine to a safe place. And I don't know if the commissioners have had an opportunity to hear that story. And in the course of last week's conversation about our storm response, that was just one of a lot of important stories. So if there's an opportunity today to share that information, I think it's really significant. We've heard several references today to the fact that you were able to come back online and really vaccinate lots of people in the weeks since the emergency. That really wouldn't have been possible without the actions of your staff. So I would just invite you to share that information again about the work of your staff. >> Yes. Councilmember tovo, actually, we presented on Tuesday of last

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week to commissioners court. And so we did share that effort. But absolutely, you know, applauding Austin public health staff, but also applauding EMS and fire department staff, because I tell you, I mean, you know, this city team, when we come together, we're something. Not to say the county is not as well. You are a great partner. But it was great how everybody just came together. And it was like automatic. So, I have to acknowledge EMS and fire personnel. >> Tovo: Thank you very much, director Hayden-Howard. >> Mayor Adler: Thank you. Councilmember Alter. >> Alter: Thank you. Like my colleagues, I share the concern about how we are reaching our elderly population who are not tech savvy. And we have folks who are 70 plus all over the city, all over the county that find it challenging to access through

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the portal. So I wanted to ask about how we are partnering with external organizations that have relationships with seniors and those hard-to-reach populations, and who is spearheading that work, and what resources we have devoted to that. >> What we've done is, initially when we set up the process and kind of the areas, we have an incident command structure that was working with long-term care, assisted living, etc. That team has pivoted a little bit. They are continuing to provide support to long-term care and assisted living folks. However, they are meeting with executive directors and folks that provide services to folks that are working with seniors

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and/or people that are disabled. So that team is continuing to work on that. Stephanie Healthman is the lead. She is a manager for Austin public health. Typically works in chronic disease. And so she's basically still doing her chronic disease hat, but she's also heading up this process to make sure we are meeting with folks and thinking about processes moving forward. >> Alter: So, I appreciate that. I know you're working with limited resources. The impression that I have is that we need to be putting more manpower into those relationships and helping those organizations help us to get vaccines to those seniors who are particularly vulnerable, that they're already set up with, you know, services, because they are vulnerable. And we have these organizations that are ready. They are spinning their wheels, and in a sense, wasting

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resources because they're frantic about how do we get these folks vaccines. You have people involved with this who are trained to work with this, willing to help with the registration. I understand the HIPAA issues, but we ought to be able to find a solution for getting them on that is timely. I know that my office

has been working with Stephanie and with drive a senior and with other senior transportation organizations trying to hook them up. And I know some progress is being made. But it still seems like there's not enough manpower given that we won't let them register people directly. And I know that you need more resources. And I really want to underscore that we have these partners who are set up to help folks all over the city who we know are vulnerable and, you know, when we have one person who can take

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calls and, you know, even before we get started we have 150 people and it takes an hour per call. That's not going to help us match that when you can have, you know, hundreds of those names forwarded, at least each week. And so we just -- I know that the 311 -- the call center has, you know, some personnel. I don't know -- it's hard from the conversation to really understand what they're working on, but if we can get some more of the personnel focused on helping these elder organizations. Because we're now wasting their resources as well in this process. And we need their resources to be helping the elderly, you know, with what they normally do, not just trying to fight for vaccines on their behalf. And so sometimes it feels a little penny wise and pound foolish. At the same time, I know you're

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struggling with resources. So the city manager, to the extent that we can get additional resources to help specifically with those partnerships, getting out that -- those connections, because we have seniors all over the city that are not finding this process easy to navigate. And as I understand it, the call centers is really helping those who have managed to get through the process enough to register, but we have a host of people who are not there yet. The other question that I had -- I don't know if you want to respond to that. >> Yes. So, I want to be clear that Stephanie is an incident leader. So it's not just Stephanie working on this alone. So, Stephanie kind of ties into the full operation. So she has access to all the people in the call center. So, that's one thing. I think the other thing is with

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the registration process, typically with the registration process, we have typically used employees because of the hipaa concern. These individuals would have access. And we have to issue them license, which there is a cost to every license that we issue. All of those license allow them to be able to look at everyone in that entire system. So we have a system of over, you know, 500,000 people. We have to be very, very careful from a data breach perspective. So I think there is probably another way that we can probably look at how we can work with volunteers instead of allowing them access to our portal. And so

I'll get with my team and start to kind of think of ways of how we could use volunteers. And I'll also meet with

[10:36:55 AM]

Stephanie and talk with her, because she does have access to the 63 Austin public health staff and the 20 folks that are working through Travis county. So, we'll follow up. And we can get everyone here more information about that process. I will also just also remind you that the majority of the people that have received this vaccine are 60 years of age and older. In Travis county alone, we have 129,000 people that are 65 years of age and older. So I understand that, you know, most folks would like to have the vaccine, you know, today. And when the vaccine does become more available, we'll definitely continue to work in that process and get folks in as quickly as we can.

[10:37:56 AM]

But we are not saying that we won't look at our systems. We will look at that. I'll have internal conversations with the team today. And then we'll get back with you about what kind of improvements that we can definitely make. >> Alter: I appreciate that. And I totally understand that we have a vast number of folks that we need to vaccinate. When we talk about the partner organizations -- well, many of them do operate with volunteers. I think it is different to operate with a partner organization that already has a relationship with, that we rely on regularly to help our seniors, than to just take volunteers off the street who are calling in. And it seems to me that we ought to be able to find a way, even if it's that they collect all of the information that you need and then somebody else enters it into the system so that those folks can get registered, which provides a certain amount of

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peace of mind. And then we communicate, you know, some sense of how long it will take. I think, you know, and then it's tied easily into those folks getting rides, because those organizations, you know, provide those rides. To me, that is fundamentally a different process than just taking folks who say, I want to volunteer and help with the vaccination process. It's doing the same thing we did with the R.I.S.E. Fund and went into the community and found partners who were connected and could help us deliver. And it's doing that same kind of process. But it is not the same thing as just taking random volunteers who sign up the website and giving them access to data. These folks are people they already work with. They already have their data. They already have a lot of this information. But it needs to get into the system and we need to get them

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registered. Thank you. >> Mayor Adler: Thank you. [ Clearing throat ] I think that one of the recurring things, basically this morning, is trying to increase the capacity, especially with the seniors, Stephanie, director hayden-howard, do you want to take a look at that. I think what we saw also in response of the community to the storms we just had, there's a great capacity of folks really wanting to be able to help. And I think we should lean into that. And lots of different people mentioned it. So I also support the comments of multiple people, colleagues that have addressed that. I also want to congratulate you for getting 33,000 vaccinations out last week. I mean, that's almost half the number of vaccinations we've gotten out altogether through aph. Obviously the other providers in

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the county, and the area, have continued to work as well. But that's pretty impressive operation to get out that many. And I understand that you're gearing up for additional locations, potentially the Berger center is yet another mass vaccination location. So that. I think that we had approached the county about making the expo center available and hope the county will do that to have yet another mass vaccination area. So, if the government will participate with us and give us the supply, we have multiple mass vaccination possibilities. I understand Berger center, expo center are both drive-through models that are set up as well. I was encouraged to see this morning that the negotiations were successful with Merck. And now Merck is going to

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produce their competitor's, Johnson & Johnson's vaccination in order to also increase the supply of the Johnson & Johnson vaccination to come out. And that would be a game-changer if that comes out and the other suppliers also come out. So, thank you for what you're doing and just in terms of the numbers. And hopefully that will scale even farther. And judge, I love -- as everybody else, what you've done with the four counties as one way to defend and make appropriate us getting greater supply in the area. I just have one question, and it's for Dr. Escott, that I'd like you to talk about. The governor was asked on Friday about removing the masking ban in the state. And he indicated on Friday that that was something that at least

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it looked like he might be considering. There's a press conference today in Lubbock, and I hope the governor doesn't go there. But would you address, from a science and data place, from a

communications place, a health crisis, what you think about what the governor should be doing with respect to the mask mandate? >> Mayor, I think right now, again, we have to stay the course. We've vaccinated maybe 10% of our population. We're not anywhere close to herd immunity. And the danger that we face by releasing or reducing some of those restrictions, particularly masking mandate, which really has been the most effective public policy decision that the governor has made, certainly has the potential to initiate a

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surge at the moment when we have the potential to really drive the numbers into the ground. You know, I think discussing relaxing the masking is probably more suited for the may/june timeframe. I think it allows us to vaccinate hundreds of thousands of more people in March and April. And, you know, I think is a more reasonable decision then. So my hope is that the mask mandate will continue, at least through the end of April to allow us to really ride this curve down, get more people vaccinated, and really eliminate the potential for a substantial surge. >> Mayor >> Mayor Adler: Let's hope the governor finds the science and the data and really serves to best protect people. I know that earlier in this

[10:45:04 AM]

process a lot of cities requested the governor to enable that mask mandate to go into effect. That was the single thing that we saw most impact the numbers and that seems to be consistent through this process and I was real appreciative when the governor also implemented a mask mandate which is currently in effect. Even when the governor was telling people they should wear a mask because it was the right thing to do, it just never communicated the same message, the same unambiguous message that masking was important as when the governor actually issue the mandate. So I'm hopeful the governor will maintain that mandate and not remove it with the odd monition it's still an important thing to do. We should keep our foot on that gas. Judge brown, those were all

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of the council questions in this round. >> Judge Brown: Thanks. I think we're -- commissioners, I think we move on unless you all had a second round of questions. >> Travillion: I just wanted to emphasize one point, if I could, judge. >> Judge Brown: Yes, commissioner Travillion. >> Travillion: And I had to contemplate whether I was going to ask this question, but given the state of the community, I think it's necessary to do so. I'm wondering have we considered putting together an equity reserve of sorts? Because it seems that once all the shots are out the door, what we figure out is we did not equitably get to poor and minority communities. And to see that happen consistently, I think that we have to develop

some type of solution. It is clear that some people have learned how to build analogs to game the system.

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If we're dealing with the digital divide and dealing with communities particularly our elderly communities that don't work on the system in that way, what can we do to at least make sure that there is proportional representation in the way that we pass out our shots? I say this because -- I mean it's difficult, and I understand that everybody is working as hard as they can and I understand that you are doing a great job, but to end up -- to find yourselves at the end of the line in every system is not okay. And that we've got to develop some mechanism to say when our numbers are out of balance, we've got some way, some mechanism, some reserve to make sure that we can reach out and call out to some of the people who have been trying to work

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with us who are 89 years old, who are 90 years old and who should have access but have not yet. It is unfortunate to end up in the end of the line in every process that is good and at the front of the line in every process that is bad. >> Judge Brown: Thank you. Commissioner -- or Dr. Escott or director Hayden, were you looking for a response from them, commissioner Travillion? >> Travillion: Yes, I would hope that we would consider some type of equity allocation. Whether there is some way to normalize as we go through this process because we see our numbers are consistently low. >> Dr. Escott: So we all work out a number of fronts to balance, shift.

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Based on point allocations for various aspects of the questionnaire that we see. And, you know, it will allow us to better adjust the vaccine allocation based upon the -- the parts of our community most at need at that time. So there is some work being done to refine the system. I will say, commissioner, that, you know, one of the challenges particularly that we have is in the sign-up process as we've been discussing particularly in our African-American community. We, you know, that's where we're really falling short, and, you know, we need to continue to encourage folks to sign up, we need to continue to ask every aspect of our community to reach out if they know someone, help them sign up if they struggle with the digital platforms. It really does take all of us. The government simply cannot do everything for everybody. And this is where early on,

[10:50:08 AM]

almost a year ago today we discussed the need for an all-community, all-government response to this. That is a continued need. So instead of waiting on government to do, I'm pleased to see that more and more community groups are forming their own call centers, reaching out to their church members or community group members to ensure that they know how to sign up, that they are signing up, helping them if they haven't been able to. It's really going to take all of us, but we are looking at ways to adjust the system, to tweak the system to ensure that we get the right balance of vaccine out to folks. >> Travillion: I appreciate that, and I -- let's talk off line because I have several churches who have already identified people to help in the process. And several of them are medical professionals. So they are willing to work and volunteer. They just want to know where

[10:51:08 AM]

to do that and how they can make sure that the community has access because they do. So I will work directly with you on that on names, numbers, contacts and some churches who will allow the use of their churches as well. >> Judge Brown: Thanks. >> Hayden-howard: I think, commissioner Travillion, I would also like to bring to your attention that from an equitable perspective, the department did implement about five, six weeks ago the equity section. And so that area has been working with grass-roots organizations. And those grass-roots organizations basically have a phone system that they are reaching out to their clients that they have that they've been working with and they have been providing those referrals into our equity line. When we look at the

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demographics that we have, that has significantly helped our demographics that you see. And that has been in place early, early January we implemented that. That is a part of the group that are making outbound calls. And so they will continue to do that, working with those grass-roots organizations. In addition, you know, we have, you know, as I stated earlier, we've had conversations and meetings with folks, the faith-based folks are willing to stand in and help us as well and they are willing to refer folks into the equity line as well. So that is the other mechanism that we are seeing and getting more referrals that way through our equity area. The last thing I will share is as we've done with the

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modeling for -- in able to kind of predict where we would be based on behavior with positivity rate, we've met with u.t.-dell. We're scheduling a follow-up meeting with them and they are going to help us from a modeling perspective by looking at areas where we know there are higher concentrations of

people that have low income, African-Americans, hispanic folks, and start to talk to us about how we can also continue to tailor our operations to ensure we are picking up folks from that perspective as well. So in combination with all of these things, we do have our task force groups that are meeting, African-American, hispanic, as well as Asian as well. So those groups have been meeting throughout this time and will continue to meet.

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And so all the efforts will continue to have working through a lens of an equity focus. So I just wanted to alert you to things that have been going on since the pandemic began, but also alert you to things that we implemented once we started to roll out the vaccines. >> Travillion: Let me just say for the record that I am not saying this to be critical, Ms. Hayden -- Howard, I really am not. I'm trying to make sure you know there's a group that has been meeting and working together that wants to be part of the solution and I want to make sure that we help you coordinate that group. I think that you have done an outstanding job. I think that there are some things that are process things and that sometimes we have - - we have to inject new opportunities and new -- and new variables within a

[10:55:12 AM]

system that everybody doesn't have equal access to. I know that you are doing -- I know you are working 18 hours a day. I see you as you are working. I'm not saying this to be critical. I'm saying that there is another group that is a part of the community as an institution that has better access to our elderly community than we do, and I just want to make sure that we -- that we bring them to the table and give them the opportunity to help us in areas where we could use help. >> Judge Brown: Thank you. I guess commissioner Howard, did you have? >> Another thing the governor said that blew my phone up with concern was assumed readiness to move beyond 1b. Are you guys already thinking about sort of the numbers that would be, you know, we would have to hit before we would expand the

[10:56:14 AM]

category of eligible recipients? The concern being folks that are still in 1b who maybe would not have yet been vaccinated and would they get lost in a larger crowd. >> Dr. Escott: So I think my perspective on this is we're ready for 1c now. So let me explain. When we look at the modeling from CDC on strategies for vaccine allocation, when we focus on individuals 65 and older, the modeling suggests reduced mortality by one to four percent. When we come us on people in the 1c group, so essential workers, teachers, construction workers, et cetera, we reduce transmission by one to five percent. Which is then going to have an impact on mortality.



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So what the federal government has done is they've already -- they've had the 1b and 1c working in parallel to both address the group that's at higher risk for severe disease and death, but also addressing the group that is more likely to be transmitters of disease. So I think it is the strategy. Now that the hospitals have decompressed in our jurisdiction and across the state, I think we need to have a dual focus where allocating some vaccine for the 1b group and some for the 1c group so that we get the best aspects of both. Yes, it's going to lead to longer waits for 1b individuals to get vaccine, but it also decreases the chances of that 1b group being exposed because we're better addressing the transmission risk.

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Does that -- [multiple voices] >> Howard: Sounds like a messaging nightmare. >> Dr. Escott: I think probably the best example is our school staff. You know, my wife is a school teacher. She has not been vaccinated, her colleagues haven't been vaccinated unless they are 1b, and I think that's one particular aspect of our community that we really need to get as close to normal as we can. There's a great deal of anxiety amongst our school staff and that's not just teachers, it's our cafeteria workers, our bus drivers, our support staff that feel that anxiety. And as I mentioned before, one of the vulnerabilities we have right now in extending probably through the summer will be our young people. Because none of them or sortly none of them have been vaccinated or will be by summertime. That increases the risk in

[10:59:18 AM]

particular for our school staff. So I think we need to move on as quickly as possible to start getting those teachers and other education staff. >> Howard: Thank you, judge. >> Judge Brown: Thanks. And I think that commissioner Shea had a meeting she jumped off to, but she had a question, wanted me to address who got vaccinate and who can get vaccinated at the Cota vaccination. This last Saturday we were working with four counties including Travis and community care as sort of the four signors to this letter where we requested the vaccines from the governor and federal government. So of the 3,000, we basically divided that up into 600 for each entity. Community care initially got 600, Travis 600 and other counties 600 each. We basically gave the Travis

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allocation to community care. Also did about 200 people who are aid employees that are 65 and over. 20 people that were capital metro employees 65 and over. And I think about 20 that were child care workers 65 and other of the of the other three counties, they each more or less split their allocations between community care patients who lived in each of those three counties and then their wait lists. So that was about -- it differed for each county, but more or less 300 for community care, 300 for the wait list, sometimes those were the same populations. So the result was that we used the community care platform to register people to register about 2100 of those people. It asks for ethnicity when you are registering. Of those 2100, we know 77% are Latino, 7% African-American, and then the other split between anglo and other.

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So at least of that, of the vast majority of what we're doing focusing on community care patients, we have helped get towards that goal of making sure that we're vaccinating the hardest hit people in the hardest hit zip codes in the eastern crescent of Travis county and these other three counties. We're hoping to continue that this weekend. We're working with community care and per Dr. Escott your statement about moving to 1c, that could open up more community care patient, but as far as I know we're sticking with 1b within those populations. Mayor, we have successfully each asked another question. I don't know if you all want to do the same, obviously feel free to. >> Mayor Adler: Let me check then, judge. Does anybody have an additional question before we let the county go back to work and we meet in our meeting? Councilmember kitchen, and let's do these rapidly. Councilmember kitchen. >> Kitchen: Just quickly,

[11:02:21 AM]

could you speak specifically to workers in the community? I'm not entirely clear what 1c covers. Retail workers who may be under 65? Are we not yet to them or can you help me with that? >> Dr. Escott: So councilmember, we have no 1c in Texas. There's a 1c, a federal 1c which is allied on the CDC website. When we have discussions about what 1c might look like in Texas, my guess is it would be school staff, it would be other essential employees that have face -- a large amount of face-to-face interactions. It may be construction workers which is another key group for us in ending transmission. Grocery store workers, retail, restaurant. You know, I think would be

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many of them. We have other individuals, law enforcement and other public employees that would fall in a similar category to that face-to-face interaction. Again, as we've been talking about for a year now, the risk of transmission is dependent upon the number of face-to-face interactions. Those employees

with the highest numbers would likely be prioritized by the state to be in that 1c category. >> Kitchen: All right. Thank you. >> Mayor Adler: Anything else? Councilmember Ellis? >> Ellis: Thank you. I had a question about the dashboard. We've been discussing how a majority of the people getting vaccinated were over 60 or 65. On the dashboard the age group breakdown the different. Is that just a lag in data being entered or is there something else going on there?

[11:04:23 AM]

>> Hayden-howard: There is a lag with that dashboard. As you know, we're -- you know, we're making sure to get to each of them. That one will be updated again on Saturday, this weekend. So there is -- there is a little bit of a lag. As you will know with most of our dashboards, they are a week behind. So, for example, when you pull that one up, it has February 13th, so most of them will be last week with the exception of, you know, of our daily count. >> Ellis: Okay. That's helpful. Thank you. >> Mayor Adler: Colleagues, anything else? Judge, mayor pro tem? >> Harper-madison: Thank you. I would appreciate any patience that is needed if

[11:05:23 AM]

this has been covered, but have we had any conversations about the implication from people -- volunteers? I'm hearing information about -- have we had any conversations I may have missed about people who volunteered during the course of this emergency and some comprehensive testing and/or considerations around vaccinations? >> Hayden-howard: We've not -- mayor pro tem, we've not addressed that during this call. I understand that there were several folks that did volunteer last week to help during the winter process. We are also absolutely encouraging folks if they would like a test through Austin public health, we are always encouraging them to go online and register and

[11:06:26 AM]

receive a test as we are providing those tests, we are providing them at home as well as through our efforts as well as our partner efforts. And so those efforts are available. Now, as far as the -- as far as the vaccines, what we always have to make sure that we are adhering to is that the state of Texas has the approval of 1a and 1b and kind of where folks fit as far as receiving a vaccine from us. Now, we have when folks have volunteered in our clinical operations, because you are working in, you know, what we're going to call a hot zone and a cold zone because of your interaction with the public and several people, we have provided some vaccines for our people -- for people that have signed up to work at our vaccine

[11:07:27 AM]

operations. >> Harper-madison: Director. >> Hayden-howard: What I think I hear you saying is we should probably be encouraging people who took the opportunity to be a part of that community level mutual aid effort to all go ahead and get tested, to all go ahead and go through our Austin public health department website and take the opportunity to get tested. With you say that's a fair assessment? >> Hayden-howard: Yes, we would definitely encourage that. We are available to -- >> Harper-madison: My staff and I will she purpose pumping it out and encourage colleagues so everybody out here doing that real ground level community work, let's all get tested. Thank you, director. >> Mayor Adler: Colleagues, anyone else? >> Dr. Escott: Mayor pro tem, sorry, if I could add something on, I think

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it's -- that's a great point. And I think it's important for folks who were gathering during the ice storm with family, with friends who are outside their household to continue to get tested. The way we drive this down to stage 2 or stage 1 is we keep the testing up. We keep signing up, going, getting our noses swabbed. We detect those fewer cases that are out there so that we can quarantine folks. That's how we get to zero. So it does take testing and would strongly encourage folks in particular our school students who are involved in extracurricular activities to get tested. Get tested weekly. It's worth the investment of time. It helps us push those numbers down. >> Mayor Adler: Thank you. Judge, I think that could conclude our joint meeting, if you are ready, I'll sign

[11:09:30 AM]

us off. >> Judge Brown: Sounds good to me. Thank you, mayor. >> Mayor Adler: So at 11:09 -- yes, mayor pro tem, were you waving or -- okay. It is 11:09 and with that we will adjourn the city's portion of this joint meeting.

[END]