

# City Council Special Called Meeting Transcript (Joint Meeting with Travis County Commissioners Court) –3/1/2022

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[9:08:25 AM]

>> Judge Brown: We have the Travis county commissioners court, today is map 1, 2022, we're meeting here at 700 lavaca street with commissioners, gómez, Shea and Howard and myself here in person. And I will hand it now over to -- I believe mayor pro tem alter? >> Mayor Adler: Actually I'm here, judge. Steve Adler, mayor, in city council chambers. Calling to order the Austin city council portion of this joint meeting on March 1,, 2022. Time 9:08. We have a quorum present. Judge, we're ready to go. >> Judge Brown: All right, so I'll call to order the joint meeting of the Travis county commissioners court and the Austin city council. And, let's see, a couple things. One thing is you can vote here at 700 lavaca today and I bet that you can also vote other places, y'all can talk about.

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And I want to remind everyone that it's election day. And we'll also take up our proclamation later this morning that reflects the leadership stands in solidarity with our transyouth and their families and the city is going to take up a similar measure later this week or early next week and will host a joint event in solidarity with our trans community and their families next week. But I just wanted to take a moment to note that both the city council and Travis county are looking at those items in upcoming meetings. Now, I will go ahead and take up item 1, receive briefings on covid-19 related matters. And it looks like we may have one caller, Shelby, if you want to go to the caller. >> Good morning, judge. As of now we have one caller on the phone, Ms. Zenobia Joseph. Ms. Joseph, please, go ahead. You have three minutes. >> Thank you, judge, commissioners, mayor and council. I'm Zenobia Joseph. I just wanted to make a few

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comments specifically related to covid-19. And the social determinants of health as I have in the past. So let me first thank director Sturup for removing the public service announcement on kzia that now plays factual information and gives the Austin public health email address and website. So I appreciate that. And I wanted to ask specifically about the Visa card program. I want you to recognize that back on August 9th, 2021, there was actually on KXAN, Austin public health to offer \$100 in gift cards for covid-19 vaccinations. That was actually when there was \$50 per shot. But this \$100 Visa card is almost like crackerjacks, getting supplies at the end of the series of getting your shot. So I would just ask for more transparency that you would actually announce how this program works. And moving forward, whether the

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individuals who receive the first or second dose will still receive the \$100 card if there's a mobile unit that gives them the shot. I just wanted to call to your attention that there's a disconnect, giving out shots on February 18th, 2022, but the next dose is March 11th which is too early for people to get the second dose. So I'm calling really to ask you to align the first dose with the time frame that is required for the individual to get the second dose. So, for example, and the first dose was February 18th, and the next clinic should be scheduled March 18th or later, so that you can incentivize the individuals to get the second dose. Sending them a text message to tell them about the March 11th clinic will not incentivize them, because it's too early for them to get the second shot. Lastly, I want to call to your attention the need for you to understand the public

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transportation as a social determinant of health. And 399 is connected with route 237 that goes to community first village. That bus route is delayed, not one hour, but two hours because capital metro is canceling some of the routes on. February 18th, I went to check my mail from the Norwood Wal-Mart. And the bus was delayed by an hour because it was canceled. And returning it was delayed by another hour. And there's no other bus route that goes to that area. It interlines with the bus that goes downtown no. 6, so you literally have three routes for one bus that impacts the people are black in northeast Austin and also some of the low-income individuals. >> Three minutes. >> So you have to understand that may be a deterrent for people getting shots. Thank you.

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And if you have any questions I'll gladly answer them at this time. Thank you. >> Judge Brown: Thanks. Shelby, any other callers? >> Not at the moment, judge. >> Judge Brown: Okay, great. So we'll turn it over now to Dr. Walkes and director Sturup and others for a briefing. >> Good morning. >> Judge Brown: Good morning. >> Next slide, please. The omicron surge is subsiding, thanks to the availability of vaccines and our community's response to being vaccinated. We have had a decrease in hospitalizations, down to 87% and another contributing factor that we have seen in this process throughout the pandemic is that our community has responded when we've asked them to socially distance and to mask

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and test and stay at home if they're ill. And our seven-day moving average for hospitalizations has decreased from 35 last Monday to 20 as of yesterday. And there have been -- joining this surge, a third of those that were hospitalized whose vaccine status was known that were unvaccinated. So we still have some work to do in our community to get those who are unvaccinated vaccinated, and thank you to the caller to point out some things that we can do to help with that effort. Week-over-week our hospitalization numbers have decreased and we continue to see that trend. Next slide, please. As I mentioned earlier, the mitigation strategies of masking and vaccination have contributed to where we are now in this part of the omicron surge.

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We're in a much better position now than ever before to fight covid-19, including prevention of significant illness by use of therapeutics, minimizing the burden on our healthcare system with the use of these measures that we've talked about. And we've been able to protect the most vulnerable in our communities through vaccines and the treatments and prevention measures that we've taken. Regarding masking, the American conference of governmental industrial hygienists have shown that both when infected person and uninfected person both wear a good-fitting n-95 mask, meaning that there's no space between the mask and the face, no leaking of air, that there's a protection from the non-uninfected person getting infected for 25 hours.

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When only one person in the group, uninfected person, wears a good-fitting n-95 mask, there's six hours of protection. So we know that masking stops the spread of covid-19, and can protect the wearer. And we're asking our community to continue masking during this next couple of weeks, during the March

break, the fall festival season, to prevent a surge in cases that we -- as we have seen in previous times, after breaks, after times when people have traveled and gathered in crowds. And to test prior to visiting friends and family who are at risk and to test when you return from the March break activities and travel, so that you can protect your classmates and

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colleagues. Next slide, please. Vaccinations work. Hospitalizations are 44 times higher in unvaccinated adults that are 18 years or older. 30 times higher in unvaccinated adults that are 18 to 49. And 55 times higher in adults that are 65 years and older. The red line on this graph represents the higher number of unvaccinated people who have been hospitalized nationally. The blue line, dark blue line, shows those who are fully vaccinated. And the lower light blue line are those who have been recipients of the booster doses. Next slide, please. So last week, the CDC, um, released a new guidance for national consideration. It looks at what's happening

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with regards to cases in communities, and it also takes a look at hospital metrics. This is very much like what we've used throughout this pandemic where we have looked at hospital matrix of seven-day moving average of hospitalizations to show what the impact was on our healthcare system, which at the outset of this pandemic we recognized as the thing that we needed to preserve and protect, so that we could care for patients that became severely ill and needed healthcare, medical care. A few months ago we added the community transmission rate to our consideration of metrics, because we recognized that it was an early warning sign signal, if you will, of what was happening in the community. And it would allow us to look

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ahead at what would be happening in two to three weeks' time if there were increases in cases, in 10 to 14 days, it was anticipated that those who were at risk for severe illness needing hospitalization. So we could ramp up and ride the waves of the surges that we've seen through this pandemic. So, briefly, the CDC packaged three metrics for every county in the U.S. The new covid-19 hospital admissions over the previous week per 100,000 population. And the percentage of hospital beds occupied by covid patients in the previous seven days. And then the new cases per 100,000 population from the previous week that were admitted to the hospital.

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And this new guidance pertains to the general public and schools, and it does not pertain -- or it is not going to be the guiding -- guidance that is used for congregate settings such as nursing homes, hospitals, shelters and other congregate settings. The secretary of the department of education, Dr. Nigal Cardona on February the 25th in a letter stated that the CDC now recommends universal masking for schools located in areas where there are high levels of covid in the community. In early childcare, and in education centers located in areas where there are high community levels of covid. And also in school buses, vans,

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and school -- early childhood and education centers in the same areas. So this guidance shows three levels. Low, medium, high. And the metrics that are listed here are the things that we are considering in making an analysis to use and to update our staging and guidance. And we will be releasing these in the coming days to reflect alignment with the guidance that's been provided by the CDC. And in so doing, also reflect the aspects that are different in our community that need to be taken into account. I want to add that at every level that this guidance is showing, low, medium and high,

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people can wear masks based on personal preference, however, in the high level regardless of your risk or vaccination status, masking is recommended. And, of course, anyone who has symptoms or tests positive should wear masks and follow the guidance accordingly. Next slide, please. So, we are moving to stage 3 as of today. Our moving average yesterday was 20 on the seven-day moving average for hospitalizations. And according to our current guidance that would recommend mask wearing at indoor public spaces and as shown here. As we align ourselves with the CDC guidance and take into

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account our unique circumstances, we realize that Austin welcomes hundreds of events, races, and international festivals, and we are strongly recommending indoor masking until the end of the spring festival season through March 20th. This -- we're requiring or recommending in an effort to protect our hospitality industry which plays an important role in our community, and it has also been hit very hard during this pandemic. Many members of the hospitality industry come from multi-generational households. They may live with others who are at higher risk for severe disease. Or they live with someone who is not eligible for vaccine at this point. So we're asking that our community consider itself and its neighbors and help us to stay open and to keep our

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community safe. During this time we'll be looking at our numbers, monitoring the situation, and looking at the impact on our schools, and areas that have lower vaccination rates. And make decisions accordingly. Next slide, please. We've been protecting those areas of our society that have congregate living and sheltering, such as nursing homes, and we've looked at our school systems and been watching and guiding throughout this pandemic things that are happening there. Monitoring for outbreaks and clusters. And we've also been looking at what's happening in our business industries, and we've worked to protect our hospital and healthcare system by doing these

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things to monitor for clusters in these areas. We've successfully vaccinated over 70% of the population, and when we include the transient immunity that we have with natural immunity as well, we've approximately 85% immunity in our community at this point. Vaccinations have proven to protect those who are vulnerable. And they are an important layer of protection to those who have had covid-19. It is important for them to get that booster -- boosted protection by getting vaccinated as soon as they recover. Most recently those who were vaccinated and got sick during the omicron surge developed mild disease. Even elderly residing in nursing

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homes were protected by vaccine, had asymptomatic to mild disease and there were very few that were hospitalized and the number of deaths were reduced to a very small number. With the reinstitution of masking and ongoing vaccination programs our essential frontline restaurant and bar workers have been able to host large events in our city and help our recovery. With children vaccinated, those who got covid during the recent surge in our schools often had mild disease and were spared hospitalization. So, our methods have worked. We have worked together and we have achieved much to get us to where we are now.

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With the next slide, please, the impact of our efforts with regards to masking have also shown true in our fight against spreading other viruses, which includes the flu and rsv. We see that we have had a much longer flu season as a result of the masking efforts in our community, hand washing and the

vaccine programs that have been ongoing. Next slide, please. Despite the circulation of what has been termed the stealth omicron sublineage that has been reported in our community, we've had three positive results come back. Our vaccination, indoor masking, and other mitigation strategies in our community have shown that

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we've won the battle. We have a decline in cases. A decline in hospitalizations. And despite this much more transmissible sub-lineage of the variant of omicron, we have been able to see light at the end of the tunnel with the decrease in the number of cases and the end of this surge. Next slide. We've had breakthrough cases, vaccine breakthrough cases as I have mentioned, and 29,000 plus. We have been able to reach and to identify and talk to about 5,200 of those cases. And 88% reported symptoms. We've had deaths in these people who have had vaccine breakthrough cases. And all of those who have died

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have had other medical conditions that complicated their course. The most common of these being hypertension, diabetes, and heart disease. And that slide that you have in front of you has part of that cut off, so I will send the slide with the full graph of the comorbidities after this session. Next slide, please. One of the lagging indicators in the surge and in this pandemic is the loss of life. And our risk-based guidance chart, like the new CDC community level guidance that has been proposed for national use looks at community case rates and hospital indicators, and projects out what hospital

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admissions, icu utilization and deaths will be, better than using a single measure. Our community has been able to protect itself during this pandemic and minimize the lives lost. A total of 1,350 people have died in Travis county as a result of covid-19. And this is something that we all stand together and mourn with those who have lost loved ones. We want to continue to protect and to prevent the loss of lives and keep this virus from spreading. So as we look at the new guidance and look at the data

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and develop our thresholds, we will not compromise the success that we've had and we will in the coming days bring to the attention of this group and release to the public what the new guidance will be

and continue to monitor the situation. And if we see that there are adjustments that need to be made, as we have in the past, we'll do so and continue forward and fight the good fight. Thank you for your time. I will pass it over to director Sturup. >> Thank you, Dr. Walkes. Today I think that it is important for us to take a little time to talk about health

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equity. We know that with the new guidance the CDC continues to stress the importance of health equity as a consideration in adopting guidelines. And it looks like the team got creative today and there are animations and so I'm going to see if I can get these to come out. All right, so our goals are to increase the vaccination rates among our priority populations. To reduce the disproportionate burden of covid-19 among populations at increased risk for infections, severe illness and death. And, lastly, to address health disparities and inequities related to covid-19 with a holistic and a comprehensive approach. Just for reference, we define our priority populations in

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austin-travis county as follows: Racial and ethnic minority populations, specifically black and hispanic. People experiencing poverty. People living with chronic diseases. And what we have tended to identify as our hard-to-reach populations. And that includes, but is not limited to, people experiencing homelessness, refugees and our limited English proficient populations. So to remind everyone of our guiding principles and methods, we will continue to be data driven, and I think that we've shown that as we continue to provide our information about vaccine uptake, broken down by race and ethnicity. I want to make sure that all of our operations have a racial

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equity focus. And we want to make sure that we're focusing on human -- excuse me -- centered engagement. So what does that mean? It's a fancy way of saying that all of the tools that we've talked about in the past we are going to continue to put to use. So we will continue to use vaccination uptake, zip code level data, as well as the surveys that we've put out in community to help design our program initiatives. We know that there is a need to focus on racial equity, and we do that through our community health worker programs. That is just one example. Making sure that we're hiring folks that are reflective of the communities that we're seeking to serve. And also that human-centered engagement. We know that this is a very personal health decision for most, and this -- during this time of guidance, I think that's going to be more important because a lot of communities that have relied on masking because they were unsure about the vaccine will need to be supported in making that next



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step to be fully covered by vaccinations. And so I thank the caller for bringing this up. One of the things that we look at is our social vulnerability index. And so we use this index to track and map 15 social factors that can increase a community's risk. And those factors are grouped into four categories as you can see on your screen there. Socio-economic status, household composition and disability, minority status and language, housing type and transportation. And I believe that the caller touched on two of those in her comments today. One, talking about access to transportation that would take her to a location where she could get a vaccine. And we tried to address that barrier with our mobile vaccine programs. And then the other one was socio-economic status. And we've talked about this several times in this space, how there are some in our community

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that don't have the flexibility with their job to be able to take time off to get a test, or a vaccine, and so having those incentives, so that someone misses work is really important. And Ms. Joseph must have been sneaking around the hallways of aph because we are revamping our gift card program to make sure that we support all of our residents in being up to date, so anyone who gets a first, second, or a booster dose, is eligible to receive one of those gift cards. Another thing that we keep in mind when we look at our programs is that racism is a public health crisis. And in our city of Austin council had a resolution in the spring that focused on that. And so we know that along this continuum of things that our

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communities of color experience, they can often lead to health -- or poor health outcomes. A growing body of research shows that centuries of racism in this country has had a profound and a negative impact on communities of color. The impact is pervasive and deeply embedded in our society, affecting where one lives, learns, works, worships and prays in creating inequities in access to a range of social and economic benefits, such as housing, education, wealth and employment. These factors we refer to often as the social determinants of health and are key drivers of health inequities within communities of color. And placing these populations at greater risk of poor health outcomes. So, again, a lot of jargon, real-life examples of that. And economic stability, Dr. Walkes talked about many of our residents who are in the

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service industry were doubly impacted by covid, not only experiencing higher rates of disease and death, but also in terms of their economic stability being able to go to work. So I'm sick and I'm struggling financially because of covid. The social and community context that speaks to, again, the access to resources, and the access to resources that are accessible to you in terms of cultural relevance, in terms of language, are really important. Health and healthcare -- we have struggled with the lack of built resources in the eastern crescent -- eastern crescent -- but we have rallied as a community to make sure that we have those mobile options to address some of these needs. So then we'll look at the data a little bit that I talked about that we're always making sure that we're pointing to our north star when we're putting together

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any of our programs. And I thought that it was really important to share some of those slides about the health equity strategy so that you could see it concretely. And so for aph, as of the 28th, we have administered 5,604 doses of the pediatric vaccine. The graph on this slide represents the racial and equitable distribution of those doses and, actually, only 5,000 of the doses, there's a delay in data entry. So the totality is not reflected on this graph. But what's nice is that for aph distribution we continue to be pretty close to the make-up of that population in Austin and Travis county. When we look at our pediatric vaccination rates by county and compare ourselves, both nationally and to other counties in Texas, you can see for

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primary series, 42% -- nope, I'm reading that wrong -- 42% have had at least one dose of the pediatric vaccine, and 32% have completed the primary series. And when we look just flat database by county, we're doing pretty good compared to our neighbors and nationally. When we look at that breakdown by race and ethnicity, again, we see that there are some gaps there that we continue to work on. Then when we look at the race ethnicity demographics of Travis county vaccine distribution, we have the census pie chart. So you can see where we are as a county and what our makeup is on one side, and then the other chart includes the fully vaccinated population by race and ethnicity for Travis county. And so the fully vaccinated

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chart demonstrates that the other -- the other category is overrepresented compared to the "Other" category provided by the Travis county census estimate. Additionally, the unknown category accounts

for 4% of the total fully vaccinated population. The "Other" and "Unknown" category account for a total of -- when we compare us to other counties in Texas, and nationally, where we need to work is in our black population. And we have the lowest vaccination rate there, with 8% gap compared to the national. And in our hispanic population

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with the gap being 10%. So these are things that we have talked about and we already know, but just to show you that we continue to look at how we're doing, not only within our county, but with our neighbors and nationally. So when we look at our vaccination in Travis county by week, last week, again, over 5,000 vaccines were provided in Travis county and 72% of Travis county is fully vaccinated for those 5 and older, and almost 84% of the eligible population, that is 5 and over, has received at least one dose. Including the 5 and up, again, we talked about this as 114,000 kids to the eligible population, and as I talked about earlier, 42% have the first dose and 33% are fully vaccinated.

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Just to touch on really briefly when we talk about equity strategies for priority populations, we continue to support cold weather response by offering testing as well as covid vaccinations. Okay. Looking at this chart, again, for the total cumulative vaccine distribution in Travis county by age, the 5 to 11 immunocompromised population has been recommended for a third dose 20 days after completing the vaccine series. But the 5 to 11 population as a whole has not been approved for boosters, so that is why you see some numbers there for people with a third dose in that 5 to 11 category. So this slide is reflective of the vaccine distribution across all eligible populations and, again, 32% of all Travis residents 5 and up have received boosters or third doses, and 44%

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of the fully vaccinated population has received a booster dose as of the 28th of this month. And so this pie chart talks about residents that are up-to-date with vaccines. So we know that up-to-date includes completion of the primary series plus your additional booster dose. Moving along, we're looking at the maps, all but one zip code has achieved the 70% of the population to receive the first dose of vaccination. And when we look at the second dose population, we only have one zip code in the yellow which is 41, and one zip code in the red, 05. One of our zip codes have moved from the blue -- from blue into -- into the blue from yellow,

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meaning that 617 has reached the 60% mark of second dose. And just, you know, again to show you all of the different days that we run the data and looking at the zip codes with low vaccination rates -- and this is important, because it points to our strategy of where we need to be with our mobile vaccine teams, where we need to be with our community health workers providing outreach and education and support. And so then really quickly, just to see the month of February, the overview, only 3,000 vaccines given. Our charge as a community will be to make sure that we support everyone in being up-to-date, when we look at the testing numbers there has been a significant decrease in the demand for testing with us giving 1,250 tests over the month of February. And the testing operations remain the same, we're at mets

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now. We have taken over the state-run site and aph teams will be out there from 11:00 to 7:00. And we're also in heritage park, and we continue to provide mobile and in-home testing. If you are sick and you need to get tested and if you are exposed and you need to get tested, if you're just not sure and you need to get tested, and you can't get out, call us at 512-972-5560, and we will arrange a test for you. The vaccine operations, again, continuing to have that low barrier access. At all of our sites we have interpretation available. And we are at the Sims elementary, because we demobilized Delco as of the 25th of the month. And we're at Pfluger hall and we -- it's important to note that we're no longer at the southeast library. So at Sims and Pfluger hall, those are our two static sites where you can come and get a

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vaccine. And just to give you an idea of the mobile operations that are planned for March, you can see that we have home visits on there, a variety of apartment complexes, businesses, schools, churches and other places in community where folks gather. And more importantly, are in the zip codes that we have identified of needing additional support or provide services to those priority populations that we have identified. So one of the messages that we want to help to share -- get up to date with your vaccines. In all of the CDC guidance, and for those of you that will go on the website and click through, you will notice at each level it talks about masking being an additional layer of protection that someone can use, and so that -- we're going to follow on that. Layer up your prevention strategies. So you're going to stay up to date, you're going to test when

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you're sick, and you're going to wear masks to maximize your protection from covid-19. And the last message -- stay home if you're ill. You know, if you are feeling sick, in order to protect your co-workers and your friends and family and loved ones, stay home and get tested. This slide just briefly goes over our communication and efforts. You can see the lovely Dr. Walkes was on "Good day Austin" and we were at a couple of different community events, we continue to have our social media posts. This slide here talks about the community outreach activities for the month of February. And you can see the different places that we were. I thought that I had -- oh, I don't have another slide so I'm going to just talk through this one. Pictured here on my traditional thank you screen is the maternal infant outreach program. And they were at an event at the

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mt supermarket. And I think that what is wonderful about this picture, because the maternal infant outreach program is staffed by community health workers that are reflective of the target population when we're trying to improve the maternal and infant health outcomes. We know that black moms living in Austin and Travis county often have a higher incident of having a severe outcome after giving birth, or our black babies are more likely to die before reaching one year of age. So understanding under that full circle of support that we give in supporting through pregnancy and the baby's first year of life, we know that vaccine coverage is important and so we layer on those messaging for our priority populations. The other slide that inadvertently got omitted is the conversation about the Travis county and city of Austin Ila. So, the teams, the cross-agency

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teams, have continued to meet on a biweekly basis. To date, we have ironed out the terms of what our next agreement will cover, and that is December 31st, 2021, through September 30th, 2022, so that will bring us through the end of this fiscal year, and we continue to look at expenses. Because the goal here is to make sure that we are maximizing our ability as a community to get reimbursed for the services that we have provided thus far. And so we are still at the stage where we are analyzing and assessing those expenses to date and putting them in categories to help structure what the content of the Ila will look like. And just to give you an example of two easy things -- we know that the technology build out for sales force that will continue to help us to track

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covid as well as other communicable diseases may not be reimbursable through public assistance. So that's one of the clear things that we know that go in the county Ila, because as a community we know that having that access and that capability is important. So the next time that we're together on the

29th, we should have a more detailed update to provide to this body. And with that, I thank everybody for their time today, and I turn it back over to the judge. >> Judge Brown: Thanks, director Sturup. I think that we're going to hand it over -- I know that we've got chuck -- do you want to lead into the -- into -- I think that we have judge cliff brown and maybe others to talk about opening up the courthouse but I'll lead it to you. >> I'm chuck Brotherton, county executive for emergency services. We are here today to update the court and the council on the activities of our county vaccination collaborative. We will hear from constable

[9:53:29 AM]

George morales with precinct 4, and Todd Hamilton with our central Texas allied health institute. And, yes, judge brown, we also have the honorable Meacham with our civil district court, as well as the honorable cliff brown, with our criminal district court. And judge Meacham and brown are here today to visit with y'all about the resumption of jury trials in our district courts in the county. We will get started with an update from constable morales. >> Good morning, commissioners, councilmembers, judge and mayor. The goal of the mobile vaccine team is to continue to offer barrier-free vaccines, outreach, education, to our most vulnerable zip codes, and hard-to-reach populations. This week, due to inclement weather, we had to cancel a few clinics, but our teams were still out there muscling it out with the weather and mother nature and we were able to do 301 vaccines.

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For total vaccines 10,265 vaccines after the first of the year. We will continue to do shots in our highly affected zip codes and that 78741, 44, 58, 53, del valle and Austin colony, and I think that I said 24. We will be continuing our work with the independent school districts, as far as del valle and aid and manor. And we are including harmony, idea, wayside, and I think that Austin achieve. And we will continue static locations at the stores, also the expo has been closed and we have moved to 4011 McKinney falls parkway for our drive-thru. And we have upcoming events at Austin F.C., and the wellness fair for manor, and Mexican consulate, and the southwest keys. I'll turn it back over to chuck.

[9:55:30 AM]

>> Thank you, constable. Mr. Hamilton, if you would proceed. >> Yes, and thank you, chuck. Good morning, everyone, commissioners, judge. We at central Texas allied institute have added to the numbers that the constable just reported and have done 45 vaccinations for this week. Largely due to the low number is because of the inclement weather as previously mentioned. We continue to work with the county coalition and under the direction of chuck and the constable, following their lead, and continuing to vaccinate, muscling out where we can. And we have extended our efforts to not only

include the African-American harvest foundation, but through the partnership with southwest keys to continue along with eastern crescent to continue to give vaccinations to the people who are in need. And for the people who can't get to necessarily where some of the

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static locations are at. Back over to chuck. >> Thank you, Todd. Judge and mayor, at this time I will turn it over to y'all for any questions that you might want to ask of aph or the collaborative. Judge brown, I will leave it to you to lead the conversation with judges Meacham and brown. >> Judge Brown: Okay, great. I see district judge cliff brown. So why don't we -- go to you. And I see judge Meacham as well. I wanted to thank y'all and I know that y'all have been working very hard with Dr. Walkes and a lot of other folks to get juries up and running and keep them up and running and I just wanted to give y'all a chance to give us an update or to give the community an update on either efforts. So, judge brown, since I see you there first, would you mind giving us an update about where we are. I think that you're muted. >> Sorry. Thank you, judge, for the opportunity to be here and I appreciate the council and the

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commissioners. And so just wanted to give a brief update on what we've been doing here in the district courts in terms of working our way back to having jury trials. And the first thing, I'm pleased to report that we are back active at having trials. In fact, our first two trials began yesterday, so as fate would have it our two most senior judges, judge Kennedy and judge casuric, are presiding over those trials which I think that will make for very smooth proceeding. And so the plan that we've put in place was effective as of yesterday, 2/28, and I have to appreciate first of all judge brown and working with us through our entire plan and then, of course, I have to appreciate Dr. Walkes. We've worked step-by-step with Dr. Walkes and director Sturup. We have met with them time and again in trying to be in accord with all of their

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recommendations and so the plan that was to begin as of yesterday, that did begin, is to have two jury have two jury trials per week. And we will have two backups. We don't want to overrun the facility with a bunch of people by having all of the courts up and running. And so we want to come back in a measured way. And so the plan has been to bring in panels in much smaller increments, because typically we would have panels as many as 75 people. So working with the recommendations from Dr. Walkes and the aph, we decided to bring in smaller panels and to pick juries, as many as it could be up to three days. But as it turns out, I.

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Am happy to report that both courts that began jury trials on yesterday will be able to complete jury selection by today, on the second day. So the plan is absolutely working. The jurors are masked. We're being as socially distanced as possible because we're bringing in much smaller numbers. And we are masking them. And when the trial actually begins, as opposed to being in the jury box, the jurors will be in the gallery where the public would be, and they will be, you know, obviously in a socially distanced manner. And then as far as actual deliberations, the deliberations will be in the courtroom opposite the courtroom where the trial is being held. So they'll also be able to be in a very socially distant manner. Similarly, the county courts are in a very similar plan, but

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their needs are different in that the number of jurors is much smaller. But it's a very similar plan. And so we are happy that we are in stage 4. We're happy that we announced to be in stage 3 today. And part of the plan has been as well that was brought to us by judge brown, and I'm happy to report that anytime judge brown gets involved, things seem to happen in a very expeditious fashion. So that's been very helpful. And I want to give an appreciation also to chuck Brotherton, because part of the plan to begin with jury trials again was raised as the possibility of testing jurors. Now, chuck has been extremely helpful in strategizing and organizing for us to actually, you know, perhaps integrate that into our plan. The cost is quite a bit.

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And so we are here saying that -- and we appreciate all the work that chuck and his team has laid out in order to get us to this place where we actually know what the cost would be. And the cost is quite significant. And so we haven't voted whether or not we're going to integrate the testing yet. And so it's an option that we can integrate at any time, but with the good news of us being in stage 3 now, with the good news of how smoothly things have gone with the two cases that have been brought to trial, we'll wait. We'll see. And we'll determine whether or not it is something that we want to do in terms of asking the county to make these types of expenditures for something that may be a very short-term thing. I know judge Meachum is going to update you on the civil district

[10:02:40 AM]



courts and they're doing some testing, but I'll just note that our needs are different, our situations are different. We have way more numbers of persons that we are asking to come -- not just asking, we are summoning them here. And so the needs are different. It's a lot more people. And so again, we're going to keep everything on the table with the hopes that we will kind of get to a place where we'll be able to begin a normal proceeding, but I'll tell you what we were going to do is follow the recommendation of the Austin public health authority as we move forward and continue to mask up and to be as safe as possible with our citizens. >> Judge Brown: Thank you so much. >> Thank you. >> Judge Brown: Thank you very much, judge brown. I really appreciate that. I know everybody here really appreciates all the work that you have done to get those jury

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trials going. I see judge Meachum. How does it look on the civil side? >> Great. It's exactly correct what judge brown just said about the civil and the criminal having vastly different needs and stakeholders, and also the challenges they've had getting things back in person. But I want to take a step back. Thank you judge brown, thank you to mayor Adler, commissioners court and city council for having me here today. I want to give you a little bit of a quick -- it's not going to be long -- background on how we have weathered the covid storm here with the civil and family courts and what our process is going forward in 2022. As you'll remember, in March of 2020, we talked about shutting down for a couple of weeks in the in-person operations and here we are 24 months later. But while the in-person operations at the civil and family courthouse have limited our judges and court staff have

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worked more this past two years than anytime in my 11 years on the bench. The bar has been incredible at adapting to the change, the public, litigants and stakeholders have been responsive and appreciative for the efforts we've made and adjusted for the times. We have reached and now exceeded hearing numbers from our pre-pandemic docket, all while mostly remaining virtual and keeping the public safe from exposure to the coronavirus. This has been a remarkable feat and I am proud of the work that the judges, staff, constables and clerk's office have put into make that happen. We conducted more hearings on our civil and court docket and family docket in 2021 than we did in 2019. So in sum, our civil courts have been operating at higher than pre-pandemic capacity in a virtual platform. We've been doing this in all areas except jury trials. We have conducted 30 virtual

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jury trials and have been having in-person trials when the county has been below stage 5. It's hard to ramp up for jury trials in person, so we are actually on our fourth one this week. We have found

something interesting. When we have offered to the bar and the public in-person trials, and virtual trials, we have some people choosing virtual. We don't know yet if that's going to be something that continues beyond covid, but we have put so much effort and work into this virtual jury trial, people like judge Karen cronk and judge gamball, a judge who is trying one right now. If you want to go to her website and watch her trying a case virtually, doing this work that we have people selecting virtual over in-person. Now we also know that there are many people who want to be back in person. And our new plan is to have jury panels available for five jury

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trials starting at the end of March, three in person and two virtual every week for the remainder -- every jury week -- the remainder of spring and summer. We work with Dr. Walkes. We have kind of a lower-dollar testing option that we're piloting today as part of our pilot program for in-person trials. I don't have a full picture of how it works or not, but we actually have some lvns helping us that we have on a contract who are handing out rapid antigen testing. And we're going to have some information later today. It's happening right now, about how that worked or didn't work. Our case for yesterday that was supposed to go forward settled at the last minute, so that happens a lot on the civil side as well. So there's great news on the horizon. I'm going to let you know, as we figure this out for the rest of

[10:07:48 AM]

2022, we're in a 91-year-old building. Pre-pandemic it was cramped, ventilation was challenged, we had a lot of spacing issues. It was damaged significantly last year during the winter storm. Because we're mostly virtual we're just now getting back into all of those updates and changes, but we want to be mindful of taxpayer dollars with our great new courthouse around the corner. So we are going to work with you all, work with ourselves and plan for what will be in person in a measured way and using the building correctly, doing as much in person as we can, but also being mindful of the taxpayer dollars and our great, exciting new building right around the corner by January of 2023. So, I want to thank you all for all of your support in helping us through this time.

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Our planning right now is figuring out how we continue to meet the demands of our bar and our public and keep people safe along with the help of Dr. Walkes and the leadership of this town and city. Thank you for having me this morning. I'm happy to answer any questions. >> Judge Brown: Thank you, judge Meachum and judge cliff brown. Right now I guess, chuck, should we turn it over to the questions from commissioners and councilmembers, or do you have anything else? >> Judge, I think it's time for questions. >> Judge Brown: Okay. Excellent. So, we'll go through the normal order today. I know that

today is election day and everybody wants to go vote afterwards, so on our side we're going to try to keep it to one question each and y'all may want to do the same. I will start out with commissioner Gomez and see if you have any questions, and then go over to the city after the commissioners. >> Gomez: I don't have any questions, just I'm really glad to hear the reports that we're making progress and trying to go back to stage 3.

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It still calls for being real careful about masking. And so I think we all need to kind of make that decision for ourselves, use some common sense and to try to defeat this issue. The collective team, I'm still very proud of the work that they are doing tirelessly. And it sounds like our court system is really working well with other folks. Another collaborative, it sounds like, so that we could kind of make it easier for people to start participating in the process that brings better criminal justice. So, thanks to everybody. Thank you so much for hanging in there and continuing to do the good work. >> Judge Brown: Thank you. Commissioner Shea. >> Shea: Yeah, I feel the same comments. Our staff across the city and the county have done heroic

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work. And it's a somber update to hear that a total of 1350 people have died from covid. So all of the precaution, all of the urges to continue masking, where you think there's any potential issues or danger and making sure that you get your boosters if they recommend an additional booster. Clearly the vaccines have worked and saved lives, so thank you to all of you. >> Judge Brown: Commissioner Travillion. >> Travillion: I just want to thank everybody for the fantastic work that they have done on a consistent basis and sacrifice that they have made to help build a delivery system that is a public delivery system and a private delivery system, that did not serve as well as it could have. My question is going to be, last week we had our team put

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together a lessons learned report after storm uri. And we got the report and it gave us a lot of things that we should document, remember, and use if we have that type of situation again. I'm wondering whether we have put the same type of lessons learned report with our covid experience to make sure that all of the things that we've learned, we know that we are going through a period now where the numbers are going down and that is wonderful. However, I don't think that this process is over. I think it's going to impact poor people continually. And I just want to make sure that when we learn lessons from the process that we document them so that they can be -- so that that information, that

knowledge base can be used in the future if we have another instance where the rate of infection increases again. So I guess the question is, have

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we developed a lessons learned guide for covid? >> Shea: Was that for chuck? >> Commissioner, I see Adrienne talking but -- go ahead, Adrienne. I'll take a first crack. So, commissioner Travillion, that's an excellent question. The after-action review process, the overall after-action review process for our covid response on the county side has not yet begun, though we certainly are talking about it. And we have done some small after-action things about some of the particular activities such as there was an aar done I believe for the first alternate care site activation. And that happened last year at the Austin convention center. But as we look at the aar process, the after-action review process, we know that it will be an enormous undertaking, that it

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will involve both city and county, and multiple agencies across both of those organizations, as well as our partner agencies. So, we are planning to begin it soon, and we will be looking at what it's going to take in terms of hiring some outside assistance to help us get that done. >> Yeah, and just to add on to that, we did work with hagdy to do a mid-incident after-action in 2021 to look at lessons learned up to that point. And that did include looking at operations like the alternate care site and identifying triggers to -- for levels of eoc activation as well as response. Internally, in aph we have contracted with John leidiger to help us do exactly that through a surveying of staff and looking at all the data we've collected, what are the things we've learned, what are the things that we need to, you know, continuous quality improvement

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added to the soup and what are the things we need to think about for the next time. So that has been an ongoing process for the department in terms of our response activities. >> Travillion: If that document is something that you can share with us, I certainly would like to get a look at it. >> I think we can put together a high-level overview of the working document and share with this body. >> Judge Brown: Thank you. Commissioner Howard. >> Howard: Thanks, judge brown. Thank you, judge Amy and judge cliff. I know y'all haven't really slowed down at all over the last two years, but it's so important to all of us to, you know, resume in-person trials so that people can -- justice can be had. So, thank you so much for working so hard. I'm confused, Dr. Walkes, on the mask thing. I think you're saying indoors, county policy should be that

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people still wear masks, but we seem to be interpreting it that we can all make our own decision about wearing a mask? I've been all over town, no one's wearing a mask except for us elected officials, so I don't know what good it's doing to have that be our county policy, like especially for the festivals. I mean, the Irwin center was packed last night and there were a dozen people with masks on. So I'm just not sure what we're trying to do. >> So, at this point we are looking at thresholds and we're asking the communities to mask indoors because we're anticipating a large influx of people from different parts of the country and different parts of the world and asking for masking indoors to help protect our community and those that are visiting our community. And we're looking ahead in the

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next few days to adopt the new guidance, with the understanding that that new guidance is more of an individual-based guidance, and we're providing from a public health standpoint, not only individual-based guidance, but also looking at our community as a whole, its uniqueness, the things that we're seeing that are going to be occurring in our community, and providing guidance from the health and safety perspective to protect and prevent the spread of disease in our community. I understand and agree with you. The new guidance will support people who choose to wear a mask who are at risk. It also clearly talks about having people remain up to date and all of those things will be fashioned in the new guidance

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that we produce in the next several days. And we're using our current guidance to continue on for these next couple of days until we get the data and the new thresholds worked out. >> Howard: So in practicality, so, people gathering in a conference room during south by, our expectation will be that they will all wear a mask in that conference room? [ Static ] >> Judge Brown: Dr. Walkes, if you're talking, you're muted. >> Okay. >> Judge Brown: We got a little interference there. >> Can you hear me now? >> Judge Brown: Yes. >> Okay. Just for south by, requiring masking in venues that are on city property and recommending

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masking in venues that are not on city property. And that is something that they're choosing to do because they are good partners with our city and they want to provide that layer of protection for our citizens and our community. >> Howard: Okay. Thank you. >> Thank you. >> Judge Brown: Thank you. Thanks, Dr. Walkes. And I know we've talked a lot over the weekend as the mayor and the city manager and folks from the school districts and everything. I know that this is hard. And I want to take a second to recognize the work that you have done and the guidance you and mark Escott, Dr. Escott previously, have given us that have led to, if my numbers are right, some pretty -- something that looks very good for Travis county. So, it's a grim set of statistics, but it seems like based on the New York Times, sort of, numbers one out of 764 people have died of covid in Travis county, if I have that

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number right. Does that sound like a right number, an accurate number, Dr. Walkes? Somewhere around there? I'm hopefully not quoting something out, but when you compare that to one out of 341 in the state of Texas it's half the rate in Travis county. When you look at other counties around us, I have yet to find a county with a lower death rate, frankly, than Travis county. El Paso is 1 out of 232, Kirk 1 out of 303, Harris, 442, Dallas 420, hays one out of 477, you compare that even to other states, I think, let's see, California is 1 out of 462. New York is 1 out of 291. So I know it's unpleasant sometimes, the methods that you and me and the mayor and others have recommended, and this commissioners court and the city council have recommended and it's hard.

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This is not something we've all done before. But I just want to commend the collective efforts of these two bodies and Austin public health, and others for all the efforts that we've done collectively to keep, frankly, that number in a better place than it would have been if we hadn't done all of these really sometimes unpleasant and tough things. I want to say thank you to you and the team. And with that, I don't really have a question. You can respond if you want, but hopefully my numbers that I cited weren't completely wrong. All right. Mayor, I'll hand it over to you. >> Mayor Adler: All right, judge, thank you. Colleagues, we're going to start with district 1, work our way up to district 10, and I'll remind you the judge has asked us to try to limit to one question so that he and the court and others can get out today on election day. So we'll go ahead and begin with

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councilmember harper-madison. >> Harper-madison: Thank you, chair, I appreciate it. Thank you, judge. I don't have any questions. So let's keep it moving. >> Mayor Adler: Okay. Councilmember Fuentes. >> Fuentes: Thank you. First, you know, I just want to say thank you to Austin public health staff for all of

your hard work and to our county collaborative. I've been so thrilled that we've been able to keep a vaccine clinic and a testing site in the 44 zip code as well as in del valle through targeted efforts through pop-up clinics and I want to thank you for all of your hard work throughout this pandemic. I know that we demobilized the vaccine site at the public library. The community wanted to have their library back on Saturdays. But I appreciate that we were able to identify in partnership with the county alternatives. And I still want to stress that for communities like mine when we talk about racism being a public health crisis, communities like mine don't have that built environment that was referenced. So we have one standalone

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pharmacy in the 44 zip code and they're not offering vaccines. My team called and checked. So we need to make sure that aph as a safety net is going to be critical for us moving forward. I did -- I have one question, but before I move into my question, I know councilmember vela is going to be asking questions around our sheltering capacity and utilizing beds in our shelters. I'm fully supportive of that and looking forward to that conversation. My question is about south by southwest. What is -- what are we doing knowing that we are going to be having many tourists in town, as well as our community will be out in full force enjoying the activities? What is our plans for educational mitigation, how will we ensure that folks who need it or want it get that second dose, get that booster and/or get

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tested? Are we offering -- will aph have a presence at south by in offering rapid test kits? What is the city doing on that end? >> At this time we don't have a plan to be present at south by to offer testing, but that is a conversation that we are have with the organize -- we can have with the organizers. Leading up to the event, as we prepare the community for spring break travel, we will reiterate the importance of being up to date with the vaccines. We will continue to have our mobile teams be in places where it makes sense according to the data. And we are going to continue to support the use of masking. So all of those things that will layer -- a protection strategy that will keep communities safe, making sure that when we talk about individual risk people

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know what that means for them intimately so they can make good decisions. But definitely open to anything that Dr. Walkes would like to add to that. >> The organizers are planning to have a testing vendor available for the participants at the festival, so they will have that available there. And as director Sturup said, we will have the usual static sites and pop-up venues. And we've talked about, we're continuing to support indoor masking in the city during this time, festival season. >> Fuentes:

Thank you for that. You know, to a large extent that we're sharing about the progress that we've made as a county, I think it's important that as we have visitors to our city that we're able to showcase how we've

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been able to keep Austin healthy and safe. And so ensuring that to the extent that the organizers have testing opportunities, does that mean one location? We're going to need multiple spots throughout our downtown area to make it easily accessible, just knowing that we want to slow the spread. And everyone is super excited about being in stage three, I'd hate to lose it a few weeks from now. And also thank you Dr. Walkes, I think you'd like this. I'm wearing my keep Austin healthy mask in support of our stage 3 and looking forward to going even lower. Thank you. >> Mayor Adler: Is councilmember Renteria with us ?I know he had an event this

[10:27:06 AM]

morning. What about councilmember vela? >> Thank you for the presentation. I'm very heartened to hear the good news on covid. I did want to ask about what the plans are with regard to increasing the shelter capacity, in particular at the arch. I understand that we're at about 50% capacity and there have been a number of encampment removals, and because of prop B those are going to continue. And I am anxious to get additional capacity, additional shelter available for our homeless population. And I just wanted to see what y'all are thinking with regard to increasing shelter capacity and what triggers we're looking for to increase the city of

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Austin shelter capacity. >> Thank you for the question, councilmember vela. We are in the process of assessing the situation. The shelter has undergone some renovations. That's now completed. So we anticipate that there will be available space to increase capacity. As you know, in a congregate setting there is an increased risk of spread of virus, particularly if we have a situation where we have a population whose vaccine status we are unclear about and unable to ascertain unless good information is given voluntarily. So that poses a limitation,

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unfortunately. However, with the expansion that's likely to be possible with this new space that's available, we're hopeful that we'll be able to increase our capacity and we're continuing to encourage vaccination to the people that are experiencing homelessness that are using the shelter. And we're also -- have offer -- we are offering testing. So that facility has -- is able to maximize its capacity and also remain free of an outbreak. We currently have an isofac or isolation facility for those who test positive. As we move through this transition from a surge to a

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break in that surge, we'll be discussing these mobilization plans. So that's another factor that will weigh in, because those who have tested positive at the shelter have been isolating in the isolation facility. So that's the factor that will weigh in. And so there are many things that we'll be looking at. And we will definitely keep you apprized of our progress and we're looking forward to expanding capacity. >> Commissioner Vela: Thank you very much. I appreciate it. And the followup, if we made the decision and announced the decision, my other concern is the arch ready to go in terms of

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resources to add 40 shelter beds, any thoughts on that and anything that the city can do that we can do to facilitate it so when there is an announcement of additional capacity, we're ready to open the doors and get people there, those who choose to go to the shelter? >> I think it's important for us to have a conversation with the executive director and the team over at front steps to understand what challenges or gaps they have before we comment on their ability to stand up quickly. And so if you'll give us some time to have that conversation, we can gladly report back to you. >> Vela: Thank you very much. I appreciate it. In my view, and through conversations that I've been having, I feel like -- I understand the homeless are a vulnerable population. There's a lot of preexisting conditions. But the balance seems to be that homelessness is more of a danger to individuals right now, to be completely unsheltered, than it would be to be in a congregate

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setting. That's how my mind is going, and I look forward to talking to y'all more about this. Thank you very much. >> Mayor Adler: Thank you. Councilmember kitchen. >> Kitchen: Thank you. One question and two quick comments. Thank you for your question, councilmember vela. I would suggest that as we move towards opening up shelters, that we really put in place some testing. I think that's going to be really important. I would also say the same about testing with south by. And thank you, councilmember Fuentes, for your comment about that. I think both those things are going to be important. And here's my question for Dr. Walkes. There's been some conversation in the communities about -- in the nation

about the advisability of second boosters for people that -- like received the booster last summer, or immunocompromised folks that received the boosters early on.

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Can you speak to the latest status on the thinking around a second booster? >> So there is a fourth shot recommended for immunocompromised. And we've not heard any guidance for those who are not as yet. More to come on that. And we are offering that service at aph. So we hope that those who are eligible for boosters, that have not done so yet will take advantage of that. And those who are immunocompromised would come in and get that fourth shot. >> Kitchen: Okay. So that fourth shot, if I heard you correctly, those that are immunocompromised, does there have to be a certain time period between the third shot and the fourth shot?

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>> It's based upon what your last shot was. And it's usually a 28-day period. >> Kitchen: Okay. But that is something the city is offering right now for those that meet that . . . >> Yes, ma'am. >> Kitchen: Okay. Thank you very much. >> Mayor Adler: Thank you. Councilmember Kelly. >> Kelly: Thank you for your presentation today. The work that our city staff and county staff does is very important to the city and to the people that live here. I have a question related to the isofacs. I was wondering if we still had two in operation. And I know that we've discussed a little bit earlier about the demobilization, but I was wondering what that process would entail. Thank you. >> We are actively having that conversation, councilmember Kelly, about demobilization.

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We do not have a second isofac operating as of the end of February. We're down to one. During the surge, both of those facilities were occupied almost to full capacity on several days. And we're going to be taking a look in the coming weeks at demobilization of the existing isofac facility and planning the logistics of what happens in we have no isofac facility and what our needs may be going forward, and using the metrics that we have to be able to ramp up and de-mob when we see surges

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approaching. So those are conversations that we're in the midst of having right now. We have one isofac open and that's going to be available during the month of March, with the anticipation that we may have some increase in cases given the mobility and social interaction that's about to occur with March break and the spring festival season. >> Kelly: Thank you for that information. I was wondering if you might be able to tell me the capacity over there, remind the community of the capacity and how many rooms are currently taken? >> Yesterday I believe we had four occupants and we had 60 rooms and several rooms that were being decommed, I think ten rooms being decommed. >> Kelly: Thank you. >> Thank you. >> Mayor Adler: Thank you, councilmember Kelly.

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Councilmember pool. >> Pool: Thanks so much. I have no questions. As always, my deep appreciation for the continued diligence from our staff. You guys -- we've called you heroes before, we continue to call you that. It really has been an extremely trying time and it's still going on. And yet you guys are still there and you're still holding up your end and our community is so much healthier and stronger for it. And just as a point of personal privilege to those of you whose names are on the ballot, good luck today and going forward and we're glad to get another election under our belt and to move beyond that. Good luck to all of you who happen to be running. Mainly at the county level because I don't think any of us are on the ballot. Thanks. >> Mayor Adler: Thank you. Councilmember Ellis. >> Ellis: Thank you, mayor. My question is going to be about some of the kids that are under 5 and not old enough. I know there's a lot of families

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that may have one child who's not old enough to be vaccinated and one that is and is going to elementary school. Can you offer advice for vaccinations, boosters, and masking for people in that situation? >> Yes, sure, thank you for the question and the opportunity to say it. [ Chuckling ] The concern is those who are vulnerable, at risk, and unvaccinated be protected. So anybody who is living with someone in that category, including children under the age of 5 would be recommended by our current guidance and by the new CDC guidance to wear masks, get vaccinated, get boosted if you're eligible for boosting, and test before you go to visit those individuals if you don't live with them so you're not

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bringing covid into a home where there's someone at risk like a child who is unvaccinated. When someone is wearing a well-fitting high-quality mask that's comfortable and can be worn consistently, that offers protection to the wearer from infection. And if it's an n95 or kn95 that's being worn, it can

have up to six hours of protection if you're the only person in the room wearing that mask. So we are working with our partners in schools and they are working on reaching out to at-risk families that have identified and know about to make sure that they have access to tests, make sure they have access to ppe and make sure that they know about mask fitting and take all of those precautions in

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mind until we do have the vaccine coverage for those that are under five in our community. >> Ellis: Is there a timeline expected for the under fives? I know we got close and then it seemed like maybe it needed a little bit more time before that was going to be authorized. >> I don't have a date that I can give you at this point. They had to go back and do some more research on those things. So we're hoping that it will be in the next few months. >> Ellis: That's good to hear. Quickly on another note, I know some of the event organizers in town have been doing some great work over the last few months to try to mitigate the spread of the virus on their own. I know acl fest organizers were able to have a successful two weekends of concerts and events that did not create spread because they were requiring proof of vaccination and on-site testing for those who weren't

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vaccinated. I know some of our local concert venues are also taking those measures. So I hope that is something that our event organizer community takes to heart moving forward just to make sure that we can continue to enjoy live music in Austin. Thanks so much for your work. >> Thank you, ma'am. >> Mayor Adler: Thank you. Mayor pro tem? >> Alter: Is councilmember tovo . . . ? >> Tovo: She is and I have some questions, but . . . >> Mayor Adler: I was just working my way down through the districts. >> Tovo: I'm district 9, mayor. >> Mayor Adler: I'm sorry. I messed up there. >> Tovo: No worries. So I have a few questions I'll ask off the dais in the interest of time today, but I did want to ask -- thank you, councilmember vela for raising the question about the shelter. We've had an opportunity to talk about that a few times. I wonder, director Sturup, if you could let us know what some of the conversations have been

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like with Salvation Army who partners with us to run the city's women and children shelter, whether they are looking at capacity increases and also at their own shelters, the downtown shelter and the Gaber family center. I have two questions. One, what is the salvation Army's policy right now at their own shelters that they own and operate, and what is their policy at the shelter that they run for the city of Austin? And in the case where we have those partners, front steps and andthe arch and the Salvation Army at the city of Austin women and children's shelter, whose decision is it whether to increase that

capacity? Is it the city's, or is it our nonprofit partner? >> And so I don't have the information in front of me about the downtown shelter or women and children's, so I will have to get back to you on that.

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Our recommendation would be that the shelters follow public health guidance. And so to talk about the arch specifically, because those are the conversations we've had most recently, that involves us looking at the floor plan to see how many guests we can shelter safely, and then make a recommendation to the arch -- or to front steps about how to proceed. It gets tricky about whose decision it is. And that's a conversation that I would prefer to have in a different setting. On the face, contractually we could amend the agreement to, you know, make those requirements more stringent, but in the spirit of partnership and wanting to support good public health practice, wanting to make sure that we are not making a decision that has an unintended

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consequence on those who are homeless and particularly because in Travis county, more than 48% of our homeless population is black or latinx. So I'd want to be able to weigh all those things carefully with the good public health guidance to make sure that we're not causing undue burden in any community. And so it's a very carefully nuanced conversation that we. >> Tovo: Thank you, I appreciate that. And I appreciate the work that you and director Hayden before you, and Dianna from our homeless strategy office has done working with all of our shelters, those that the city owns and partners to run, as well as those at the salvation Army that they own and runs. This is for the reasons that you suggested and the reason that the councilmember raised are really important considerations. So thanks for the complexity and the approach that you have taken. >> Mayor Adler: All right, now the mayor pro tem.

[10:45:37 AM]

>> Thank you, and good morning. You spoke with the Ila with the county and where those negotiations are and I raised this at one of our last sessions and raised it when we approved the Ila and I'm really interested in us making concrete progress on county contributions towards the work that we have been doing financially. It's not part of the agreement that we have had and I want to make sure that we're moving forward with momentum. You touched on that briefly, but it was so fast that I didn't get a full grasp of it. And I know that you're trying to cover this, and I wanted to ask if you could go over that again and elaborate on that, please. >> Sure. So in accordance with the resolution that we have set up -- well, we already had a regular meeting schedule in place, and we will build in more frequent dates to both of these bodies about the process. Where we are to date is that we have agreed upon the term, which will be December 31st, 2021,

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through September 30th, 2022. And we've agreed at a very high level on the categories of expenses that would be eligible for the cost-sharing IIa. And we have engaged the county auditor and the legal teams from both the city and the county in the next step in the process -- and we have a meeting on the books for next -- sorry, there's a loudness out here -- on the books for next Friday, and the homework in the meantime is for the finance, the city of Austin finance team, to get with the county the details on the expense categories that we've agreed upon. And that will be the meat of the discussion for the meeting that's on the 11th. >> Alter: So, can you clarify what's happening for 2021, as I may be misremembering, but I thought that we had only two things up through December of 2020, and it is now 2022 and you said from December 2021 --

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>> Oh, did I misspeak? >> Alter: I just wanted to check on that. >> The agreed upon term is December 31st, 2020, through December 2022, councilmember. >> Alter: Thank you, I appreciate that. And I'm sure that there will be a lot of progress, and it's challenging for us to make other plans of things that we want to make investments in that would be of joint interest without being able to count on the contributions, which I'm sure that will be forthcoming from the county towards this broader -- broader effort that we have had partnered and collaborated with. And, obviously, the most important focus has been delivering the public health response, but we do also need to be mindful of the other end of things with respect to our responsibilities to our constituents. Thank you. >> Mayor Adler: Thank you.

[10:48:46 AM]

Judge, I just want to reiterate the point that you started off with, at the end of the day, we have a community that has been working really hard and my number is corroborating with the ones that you had, and I'm looking at the statistics.com and it has the state for covid between 270, and 293 per 100,000, depending on what numbers, with respect to deaths that you use. And Travis county is at 100 to 120, so it's two or three times greater rate in the state. And I think that people should be proud of that here and also a reflection that we've done the hard work, which goes to the commissioner's observation that fewer and fewer people are wearing masks in the city, and that's true. You track mask usage in Travis county, don't you, Dr. Walkes?

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>> Yes, sir. >> Mayor Adler: All right. And that number has been going down here recently as everybody -- as everybody sees. I think that everybody is excited about the CDC numbers and the CDC report that now they're saying that we don't have to wear masks in -- excuse me -- don't have to wear masks inside. And we see other states and other jurisdictions moving to rules that say don't wear masks inside, but the message coming from you today is that in Austin that there are special circumstances that would have us wearing masks for another 19 days. The CDC regulations that come out -- they -- they allow for local jurisdictions to take a look at what's happening in their particular area in setting their rules and numbers. Is that right?

[10:50:46 AM]

>> Yes, yes. They allow for that uniqueness to be reflected in the public health policy. >> Mayor Adler: Yeah. Have we -- we have seen -- my recollection, haven't we seen jumps in our numbers following this spring period where we have events or where we have spring breaks? >> Yes, definitely. >> Mayor Adler: Okay. So while obviously we don't know what's going to be happening and there could be another variant for all we know that comes up in the next 19 days -- my understanding is and I think that what has been reported in the media today from you having spoken earlier today is that we're asking people to wear masks indoors if they can through the -- through the end of south by -- which is March 20th. That's an event that brings in, you know, 100,000 people from

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areas that doesn't just draw from our community. And while our transmission rate here might be low, there are a lot of people that are going to be coming into the community for that festival, other festivals, over the next two, two and a half weeks, coming from areas that don't have the same kind of low numbers that we have. And then you pointed out something that I just want to push on that I think that is important is that you speak especially to the people in our hospitality industry. This is a part of our community that was hardest hit by this virus going back two years ago. Both economically and also from communities that are historically vulnerable. We now have a wave of people coming into our community during this festival season. Again, we have that community that is on the front lines for

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this yet again. I agree with commissioner that I have walked into a lot of rooms I think where I'm the only one wearing a mask, unless I see the county judge across the room and we wave at each other. I know that it's hard and it's hard for everybody, but to whatever degree we can help to protect people who are most vulnerable 19 days -- I appreciate from a public health perspective that you're advising this community that that's the best way for us to protect people, including our children under 5 that

can't get vaccinated. And that's a hard position to take, given everything that's happening and I just want to commend you on still following the science and the data and giving our community your best assessment of what we could do to keep ourselves and our community the safest.

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Thank you for that. >> Thank you for the support. >> Mayor Adler: With that, judge, I'm going to turn it back over to you. >> Judge Brown: Thanks, mayor. And I just want to thanks, again, judge cliff brown and judge Meachum for the update and to help our courts to function throughout this pandemic. So thank you again for being here. And also I may have missed it last meeting but say hi to the councilmember, I hadn't noticed you on the joint session before so welcome to the group, and thanks for being here today. It was good to see you. We will, I guess, adjourn here, and then we'll recess until -- >> Travillion: [Indiscernible]. >> Judge Brown: We have to give five minutes to switch. So we'll do the shortest possible -- the five-minute switch and come back at 11:00 A.M. And it's about 10:54 right now and I'll pass it to you, mayor, to do the same. >> Mayor Adler: All right, thank you. And we'll go ahead and adjourn our portion of the joint city

[10:54:51 AM]

council meeting here on March 1, 2022, and the time being 10:54. Colleagues, I would suggest that we come right back as quickly as we can, and give everybody a quick break but let's meet back here at 11:00 and we'll open up our city council meeting.

[10:56:03 AM]