City Council Special Called Meeting Transcript (Joint Meeting with Travis County Commissioners Court) –3/29/2022

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[9:08:00 AM]

>> Calling to order the meeting of the Travis county commissioners court and the date is March 29, 2022 and the time is 9:08 and we are meeting at 700 lavaca street. Today we have commissioners Howard and myself in person, commissioner gómez is visual virtual and commissioner Travillion is arriving right now. Commissioner Travillion is in the house. And I'll hand off to mayor Adler to call to order the meeting of city council.

>> Thank you, this is councilmember tovo and chairing from city hall.

>> Shea: Good morning.

>> Tovo: I see six of my colleagues on the dais so I call this meeting of the city council to order at 9:08.

>> Shea: We'll take up item 1 to receive a briefing on covid-19 related matters and we have one caller on the line that I am aware of. So, let's go to the caller

[9:09:01 AM]

quickly for public comment, if the caller -- the caller has three minutes.

>> Thank you, commissioner Shea. Zenobia Joseph, you may go ahead.

>> Thank you, commissioner Shea and the members of the city council, mayor. I'm Zenobia Joseph. I just wanted to add

[indiscernible] To the Visa card incentive.

[Indiscernible] Visa cards and covid and the [indiscernible] Still is coming up in the search engine for KXAN. I wonder if this is going to apply to boosters in the future and if it's partners like youth harvest foundation and the elementary school locations, which are often mentioned on the kvut, if this is where the

[9:10:03 AM]

individuals are getting the cards. I just don't see anything transparent. I also looked through the Austin public health website and I don't see it. So it appears that this is a nice reward once individuals get their shots, but it doesn't appear to be a proactive effort to inform the public that the incentive is this. So if she could just mention that. And I would just ask you to recognize once again the social determinants of health and recognize that individuals need transportation to get to the health clinics, although I do recognize that for the boosters and for the shots, that Austin public health will go to a person's place of residence, but I just want to reiterate the need for transportation for same-day, and that pick-up service is not the least discriminatory alternative because it only runs 7:00 A.M. To 7:00 P.M. So if they need

[9:11:04 AM]

care before or after that time they have to walk seven blocks from metro to the hospital. So I want you to recognize that it is disconnected throughout 240, and they used to serve that area and I would collaboratively for you to recognize the needs to fill the gap with the remaining. I have done my research and much of the funding of that $6.6 million that went to workforce solutions is in addition to the $6.7 million from the county, that is over $13 million, and we have 4,000 people facing evictions and these are social determinants of health as well. So I would just ask you to recognize that the county has to pay the city for the services related to Austin public health. That the county has committed $110 million for homelessness. I would just wrap up by saying that more collaboration and transparency is needed. And if you could just explain the incentive, I would appreciate it. And I'm sure that the public

[9:12:08 AM]

would too. Thank you, and it if you have any questions, I am available.

>> Shea: Thank you so much, Zenobia. Are there any other callers? If not we will proceed to item 1, receive briefings on covid-19-related matters. And I'm not sure who is going to start first. Dr. Walkes?

>> Yes, ma'am, good morning, everyone.

>> Shea: Good morning.

>> I'll start with the slides and if you could go to the next slide, please. Next slide, please. Thank you. We have been able to once again get through another surge, and we've seen our case numbers drop. Omicron challenged us with the highest number of cases that we've seen this far in the surge. We had fewer hospitalizations. There was milder disease, but we

[9:13:09 AM]

certainly had thousands of cases and some underreporting as we know because we had several thousands of people who did home tests that weren't captured in the data that we collect. As of Friday our seven-day moving average in hospitalizations was as low as four. Over the weekend that has crept up and we are now as of yesterday, our seven-day moving average was seven. We had 41 covid positive patients in hospital. 11 in icu. And two on vent -- [no audio]

>> Shea: Dr. Walkes, if you are speaking, we have lost your sound. I can't tell if you're speaking still. But we have lost your sound.

[9:14:13 AM]

Media, or whoever helps with these issues, can someone assist us? It appears that we have lost Dr. Walkes' sound. In the meantime, director Sturrup, can someone step in perhaps and walk us through what we are seeing.

>> Dr. Walkes, could you please stop. It sounds like the courtroom is unable to hear you.

>> Shea: Can someone reach out to Dr. Walkes, please. There's media assistance on the city's side or in her offices. It looks like we have lost video as well. Dr. Walkes, you're back. We lost you for a brief period there. So if you kept talking, we missed whatever you were saying.

>> Okay, where did you lose me?

>> Shea: Starting on this page,

[9:15:13 AM]

I think that you just were saying something about -- who were on ventilators.

>> Okay. I'll start again. Sorry. So our seven-day moving average increased over the weekend from four on Friday to seven yesterday. So we're starting to see a slowed increase in the numbers of people being admitted to the hospital, and the community transmission of covid-19 -- we have now also on the left-

hand side also seen an increase in the variant represented by ba.2 in the gold portion of the bar graph, if you look at the far right side of this bar graph on the left side of the page, you can see that we now have 30% of ba.2, which is that more easily

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transmissible sub-lineage of omicron and now circulating in our community. We're picking this up also in the wastewater and it's starting to increase as well. In other parts of the world where we have many countries in Europe and the U.K. That have high vaccination levels, and they're also seeing an increase in the cases and surging as a result of ba.2. So I bring this up to say that we're now taking a break because we're in a lower stage but we still need to be mindful of what has worked in the past to keep our case numbers down. That being social distancing, hand washing, cleaning -- of surfaces that are regularly touched and masking when we're in situations with individuals that we don't live with, especially if we're at risk for severe covid-19 or unvaccinated.

[9:17:15 AM]

And our hospital numbers continue to decrease. And that's a good thing, but we want to maintain this lull in activity, and so I want everybody to be mindful of how we can continue this trend. If you go to the next slide, please, the influenza cases in our community are increasing as we relax masking, which is one of those mitigation factors that we have used to control the spread of covid. We're also seeing an increase in our flu cases. We're now at 20% on our percent positivity for week 11. This is not as high as we've seen in years past when we've had flu epidemics and 40% positivity rates. But it's important that we remember that flu is mitigated by vaccine, washing hands, and face coverings or covering your

[9:18:15 AM]

cough, as we've talked about in many of our previous flu campaigns. Next slide, please. When you look back at our -- just recently enjoyed festival of south by southwest reopening after two years, we look at what the impact of that was on our community and I'm happy to report that the efforts that we took to protect our hospitality industry were a success. This shows that in the January time frame we had a peak in cases during the omicron surge, but in the recent weeks during south by southwest we didn't see that increase in cases that we were hoping to avert and that was because of the community's efforts to protect our colleagues that do the work of welcoming guests to Austin.

[9:19:17 AM]

Next slide, please. Before I go to this next slide, I want to also mention that our case investigators as a result of looking at the impact of south by southwest to seeing a little over 100 cases that were related to south by southwest identified, so the impact of having over 100,000 individuals visit our city was minimal and mitigation efforts were successful. On this slide that is now currently being shown, we have our nursing home cases depicted. And there were four cases in the last 14 days. Down from 11 in the previous 14 days. Again, showing the success of vaccinations and boosters in this population. Those who developed covid-19 in

[9:20:17 AM]

those four cases were vaccinated and boosted and had minimal disease, mild disease, and did not require hospitalization. Our next slide, please. Just taking a look at vaccine breakthrough cases, we've had over a million people vaccinated in our community, and only 39,000, a little over 39,000 vaccine breakthrough cases have been reported to aph. Of these, 185 were hospitalized, and there were 126 deaths. We see that there were some more -- the largest number of vaccine breakthrough cases during omicron surge. However, again there were over a million vaccinations that were given since the end of December of 2020, so our vaccines have proved to stand the test of time

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and have been able to decrease hospitalizations and death and severe illness. On the next slide, we take a look at the comorbidities associated with those who had vaccine breakthrough and the top medical conditions that were associated with vaccine breakthroughs were hypertension, cardiac disease, diabetes, and immunocompromised disease state, such as cancer or somebody on medications to treat some various illnesses that require meds that would decrease your ability to respond to an infection. The next slide, please. If we look at reinfections in our community, we're now well over 240,000 cases of covid-19

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that have occurred in our community, and of these we've had 3,896 reinfections. And I show this to show that there are some that are -- have had covid-19 who are relying on the natural immunity of having had the infection. And I would ask them to consider getting the covid-19 vaccinations to give them that extra amount of protection, because as we see in this slide, the natural immunity is not as effective at protecting them from omicron. Next slide, please. And, again, we're looking here at the overall deaths from -- that have occurred in our community. As with Friday we had 439 deaths

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and the leading comorbidities were again hypertension, diabetes and cardiac disease. We have moved into -- next slide

-- a new phase of our pandemic. And the CDC has launched several weeks back new risk-based guidance. And we are aligning ourselves with that guidance with the current -- changing our current guidance chart to reflect that alignment. We currently have five stages for our pandemic response guidelines, and we are moving to three. Low, which is the CDC covid-19 community level of low would be equated to our stage two. Medium covid-19 community level would equate to our stage three. And high covid-19 community

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level equates to our stage five. In the low level of community of covid-19, community level, we would have masking optional. We'd ask everyone at all stages to get vaccinated if they've not already been vaccinated, get their booster if they're eligible for one, make sure that they have masking and other ppe available to be prepared for any surge in cases. If you are immunocompromised, take advantage of a monoclonal antibody that can be given to people who don't mount a good response to vaccine. This is something that is available for cancer patients, people who are immunocompromised, so talk to your doctor about that. And so just get prepared in this

[9:25:28 AM]

stage and, of course, at any level anyone who decides to use a mask for extra protection is certainly going to be supported in that decision. In the medium stage, which equates to our stage three, masking indoors for those who are at risk for poor outcomes from covid-19 would be recommended when social distancing is not possible. And, again, all of those things that I mentioned for being prepared would also be encouraged. And then in the high community level of covid-19, masking indoors regardless of vaccination status is recommended. If you go to the next slide, please, likewise, we are going to be updating our dashboard and it will show our current daily

[9:26:34 AM]

hospital numbers to help the community understand what's happening on a day-to-day basis locally. And those numbers will be displayed on the bottom of the dashboard. The graphic representation here is showing the seven-day moving average for hospitalizations, icu and ventilator utilization. The top portion of the graph shows the new community levels that the CDC has moved to. There's a link that will take people to the CDC page to look further at their explanations and details about the community levels. The new community levels are made up of similar elements as to what we're using right now. It looks at the cases per 100,000 population, similar to

[9:27:34 AM]

our community transmission rate. It tells us what's going on in our community which we know that is an early indicator for what's happening with regard to spread or surging in our community. And then the hospital parameters, which are seen later after people have become ill, and then progressed to needing and requiring hospitalization. Those hospital indicators would be the number of staff -- percentage of staffed beds that are being occupied, and then the numbers of admissions in seven days per 100,000 population. So it's very similar to what we have currently. We're aligning so that we can all be on the same page as it were. Finally, I'd just like to reiterate that aph, local, state and national healthcare providers and public health

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workers support anyone who wears a mask as an extra layer of protection. We don't need a mandate to protect ourselves and our healthcare system. And with that I thank you for your time. Next slide, please. And I'll pass it on to director Sturrup.

>> Shea: Thanks, Dr. Walkes. Good morning, director Sturrup, you are muted.

>> Here we go. Thank you, Dr. Walkes, thank you, good morning, everyone.

>> Shea: Good morning.

>> Before I jump into my presentation, I just want to say that next week is national public health week. So if you know a public health professional, whether by trade or honorary, because councilmember morales has been in grind mode with the rest of us, please stop next week, this week, if you have an opportunity to give your vote of thanks or your note of thanks. Not only have these teams been involved in covid response for

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the past two plus years. Each year from checking mosquito traps to checking out your favorite restaurant, to taking us through radiation event activities, so that we're prepared to respond to the community's needs in any type of event, we are here for you 100%. The folks behind the scenes, the I.T., the people who pay the bills and keep the lights on, the folks that do the translations, and so I am so appreciative of this public health community. And I hope that we all take the opportunity next week to share our thanks as well. And jumping into the presentation, last time I was before you we talked about our health equity strategy. And I'm just going to revisit that a little bit. And then give you some -- a little more meat about the specific activities that we are undertaking to bring this strategy to fruition. So, first off is our goals -- to increase the vaccination rates amongst our priority

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populations. And if you recall, those are people living with chronic disease, people experiencing poverty, our hard-to-reach populations, and usually those are people with limited English proficiency or refugees. And also our racial and ethnic minorities. Our second goal is to reduce the disproportionate burden of covid-19 among populations that increase risk for infection, severe illness and death. And if you remember that comorbidity chart that Dr. Walkes showed us, that's really important. You know, the highest amount of people with breakthrough cases, cardiovascular disease, those were the top three. And then the last goal to address health disparities and inequities related to covid-19 with a holistic and a comprehensive approach. And so again, the strategies

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that we take to do that -- vaccine access, making sure that that continues to evolve so that we're reaching our communities that have the lowest vaccine rates. For example, our latinx community is only at 49% fully vaccinated. And our black community is only at 35% fully vaccinated. So all of our outreach efforts are intentional to reach those populations. The second strategy is to address the social determinants of health, and this is what the caller was speaking about. We know that those factors where we live, work and play have a great impact on our health. And so making sure that we are in environments where people feel comfortable, that are on their natural paths, and that we're there either to provide actual services or information to help them make a good choice about getting vaccinated. And I will address the gift card question. We learned at our first

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iteration of the gift cards, it was out there $100, come get your shot. What we found was that the impact of our intent was not what we desired. We had people calling up saying well, I'm going to cancel my appointment with my doctor or at H-E-B so I can come to get this gift card. What we really wanted to

do was to take care of people who could not readily take off time for work and had to make a decision between a dollar to feed my family and time to get a covid shot, and we wanted to offer that opportunity to people who had to make those hard choices so that they could come take care of their personal health and still be whole. And so the gift card program is still in effect. It is eligible for any level of shots. So your primary, your second, your additional, or your booster. The focus is within those communities that we've identified through our data, through our zip codes, and so

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anyone coming up to one of those activities that are in those specific areas can fill out a survey, and then be eligible to receive a vaccine for getting their shot. And, so, what is being presented as a lack of transparency is really an evolution of the program. We wanted it to be for the people that we intended. And we also want to make sure that we're keeping our community and our public health staff safe. And not giving the impression that at every place that there are people walking around with $100 gift cards that would leave people vulnerable. So there's a very structured process in place for people to get those gift cards. And then the last strategy is transforming our public health system. Covid is an opportunity, as much as it is the bane of our existence. While it has exacerbated all of the things that we knew to be

[9:34:41 AM]

true about our communities that have historically suffered from health disparities, it is an opportunity to build better, stronger, and a more resilient public health system that's prepared for future public health emergencies. And so access and outreach. So access -- we have those clinic locations, and, again, it's an evolution. We heard the community loud and clear. We are slotting hours so we are able to get people who work a 9:00 to 5:00 and we also have weekend hours. We have the in-home options available. And we have partnerships with community-based organizations. We really believe in that proverb, it takes a village. We know that we're not the end-all-be-all and there are plenty of people out there doing this good work and a shout out again to constable morales and his team. So making sure that we're in lockstep with other agencies that can do this work alongside of us. Removing barriers.

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Again, getting rid of the paper itwork and having those online options and having a call center to be able to have someone reach out and hear a voice and ask questions, and having those walk-up options. And then our outreach, making sure that we are both culturally and linguistically appropriate, making sure that, again, we're in those spaces and places that are within someone's normal day. And, again, contracting with those trusted community partners. And what we would like to achieve out of all of this is that 70% vaccination rates across all priority populations and geographic areas will be achieved. And

this is a good note, and I want to read this. Since November of 2021, we have reached over 75,000 people in a variety of settings from churches, grocery stores, schools, and apartment co complexes. So going back to what the caller spoke about, those social

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determinants of health, this being at the core of everything that we do, we understand that even though these are things that we can't control as a public health department, there are things that we need to take into consideration. It's very important, because 20% of a person's health is contributed by healthcare access. The other 80% is the work that we do, the neighborhood that we live in, the food that we eat, the air that we breathe, and the racism that we might face in accessing those services. And so looking at those things again, housing, transportation, neighborhoods, education, jobs, opportunities, language, literacy skills, making sure that all of our plans take these potential barriers into consideration. And, you know, just to make a plug, programming only goes so far. Hats off to city council and

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commissioners court for supporting those programs, not only with resources, but policies that enable the programs to have the breadth and the reach that they need to. And so, again, our plan is to address the social determinants of health. We have grant-funded chws as well as chws that we received in the budget process that we have deployed in all of our community locations. We're training those chws to work at five affordable housing locations. As well as our fqhcs. And the chws are doing that work in community. We assigned an assessment to help us to better understand the needs of the particular communities that we're trying to serve or even that individual that they might have encountered that day. And then that survey, that assessment, enables them to make a personalized referral to our partner agency. So that person can get the best

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access to the resources that they need. And, again, the ongoing education on programs to support that baseline that we need to make sure that covid doesn't wreak havoc on our lives -- that healthy eating, that physical activity, that tobacco prevention and that diabetes management. And the outcomes that we would love to see with this -- in this strategy -- is that we address the root causes of health disparities, address chronic disease factors, and have a robust and well-trained community -- health worker hub for health transformation and for future emergency responses. And we're really excited, because this past week, we received our authorization from the Texas department of state health services to be a training location for chws, right here in Austin and Travis county. And we hope that we'll expand the opportunities for chws that are currently in the field,

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not only to get that initial training, but to be able to access free and local courses to keep up their ceus. And then our last goal -- transforming the public health system, we've got to diversify our workforce. It's good to have the public health -- the folks in the field to be reflective, but at all levels, that's important, right. That's what the national class standards talk about and the class stands for culturally and linguistically appropriate services. So in your governance, in your leadership, and in your direct service, making sure that there's that representation. We've developed a racial equity and diversity inclusion plan and that's going to be the basis of how we -- out of the gate how we recruit staff, how we train staff, and the things that we have in place to retain and to then to make sure that they're equipped to do this work. And then the last thing is the

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data. Reimagining how our data is collected, and how it's shared, and how it's used will be key in that transformation. And so just to let you inside of the head of the team that's doing this work as we continue this process of quality improvement, these are the things that we reflect upon. How can we continue to address the conditions in which people live, work and play in order to transform public health outcome. How do we continue to address the root causes of inequities, including racism. And how do we as a community seize this moment to transform our public health system. What are the investments that we can make. And now we'll get into the nuts and bolts, the nitty-gritty type stuff. Here is our view of services for the month of March. Unfortunately, the numbers are not what we would like to see. We've only given out 1,267

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vaccines for the month. You can see the breakdowns there between dose and pediatric and adult. For testing, we've seen a 90% decrease in the amount of testing over the last month. And at met we only did about 589 and we only had 19 requests for mobile testing. We still have those options available. We're at mets elementary now and that's our only static location for testing and we have mobile and in-home testing, you can call that number 512-972-5560, and, of course, we continue to support our senior living facilities, homeless shelters, and other facilities. So even in this low stage, if you are sick, please, get tested. If you are exposed to someone who thinks that they were positive, please get tested. And if you are just not sure, please get tested. So our vaccine operations, our

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only static site at Sims elementary in accordance to need and also being fiscally responsible. We continue to analyze our operations in the current community need and adjust accordingly. So we now have the one static site at Sims and the other three sites were deactivated and the dates are there on the screen for you. But we do continue to have our mobile operations, so now we're sliding -- leaning into that space, you know, where we love to be in that safety net. And that's where the mobile operations are going to come in. And so on the screen there you have a list of the locations that we will be over the next month. And all of the locations are based on that data that we talked to you about earlier, the vaccine rates and our zip codes, what we know about social determinants of health, and what we've heard from our policymakers and our community. And when you look at vaccinations by week in Travis

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county, you can see this steady decline so far as the community, over two million doses have been administered. We are at 72% fully vaccinated for those 5 and older. And 84% of the eligible population has received at least one dose. Another way of slicing and dicing the information, we have the county info by age. And you can see here what the progress is in each of those age groups. 32% of all Travis county residents 5 and up have received boosters or third doses and 44% of the fully vaccinated population has received a booster dose as of the end of February. And, again, this is just another way of looking at the data. And we can see that 73%, that is

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completed the primary series. And the breakout basically tells us that we have work to do in the booster category. And we're still trying to get information to really fine tune where we need to be and how we need to be to increase those booster levels in our community. And so, again, 32% of the total eligible population has received a third dose or booster, and 44% of the fully vaccinated population has received a third dose or booster. And I apologize for the visuals of this slide, but this is the breakdown by race and ethnicity. And so, again, the pie chart on the right includes the fully vaccinated population by race and ethnicity. And the other pie chart just shows you what our census tells

[9:45:56 AM]

us our community breakdown by race and ethnicity is. And, again, looking at the vaccination status by race and ethnicity and, you know, what this tells the team is that we still have work to do in those populations that we've identified earlier. And so the larger chart shows the breakdown of -- by dose, and

then the smaller table gives you the numbers if you are that person who likes to, like, geek out on the data, you can see the total numbers of the eligible population. And then again I showed this slide last week, you know, and we're competitive here in Austin and Travis county, and what it shows us is that the communities that were doing well and in our Asian community, in our white community, but, again, in that black and hispanic population, still needing to do better.

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There's been some improvement for the United States. So that's the measure for me. I want to be better than what's going on nationally. And so the trend is clear. You know, there are things that we can attack programmatically but in those communities of color, those issues that are similar in terms of social determinants of health and the impact on communities of color and health disparities is a trend that we're continuing to address. I'm in conversation with my peers, both in Texas and nationally about new innovations and strategies that they're using. And we bring those things to the table so that we can continue to try to meet that gap. And so the map -- I believe it is the only change is that yellow. And we know that that's probably a data issue with our UT students but all but one zip

[9:47:56 AM]

code has achieved the 70% population receiving the first dose. And when we look at the second dose, fully vaccinated, now we only have one zip code in the yellow. And one in the red. So we're continuing to make that slow and steady progress towards getting our populations to complete their primary series. And then again just, you know, to show you all the ways that we look at the data, this is just a simple table that shows you zip code rates -- or zip codes with low vaccination rates. And, you know, these are the areas that our teams are focusing on. These are the places where we're honing our partnerships with different organizations, schools and churches, so that we can have a mobile presence there. And so, you know, I can't end a presentation without amplifying our messages. So really important to -- in your spheres of influence to

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encourage people to get up-to-date with their vaccines. Get tested if you have traveled during spring break, if you, you know, you were out and about and you got a little sniffle, make -- just get tested and be sure. And, you know, stay home if you are feeling ill. Really protect your co-workers, your friends and your loved ones if you have any symptoms. You know, other ways that we've continued to amplify our messaging, we are continuing our media presence. We're sharing information through community newsletters that have thousands of subscribers. We continue to highlight our vaccine clinics with flyers and social media and calendar events and one of the little shots that I like on Facebook was a profile of

the aph staff, you know, so people remember that, you know, these are people too who are delivering these services. And it's really good to hear that the perceptive of folks in

[9:49:59 AM]

the field and why they do this work. And before I close out, I will give a brief update on where we are with the cost-sharing Ila. The city and county teams have established a regular meeting cadence to talk about the outstanding issues. Where we are currently is that we've agreed to the 21-month term, the Travis county and city of Austin legal teams are preparing the boiler plate documents. After reviewing the expenses, submitted by the city of Austin, we've come to an amount of just over $42.9 million that's eligible for cost sharing. So, remember, this means taking out everything that we decided that we were going to pursue, FEMA reimbursement for, and this is the pot that's left, that's eligible for cost-sharing. And at this point the county's estimated share is about 10.9.

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And now I have asterisks by these two numbers because as the conversations progress, those could change. It could increase, or it could decrease. And some of the things that will influence that number that are fur future discussion are some policy considerations around, you know, what is a specific city of Austin program. Further analysis of the county investment -- are there places where the city laid out money and the county made a similar investment? And then further consideration of the 75/25 methodology and what that means is that we -- using a 2020 census data, realizing that 75% of the county lives in Austin proper, and that other 25% is county outside of Austin, and so that's the historical way that we've

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determined the split for the cost sharing. We will continue to -- to meet and iron out these terms. And with that, here's my lovely closing picture slide. I told the team there's too much Dr. Walkes in there and I feel slighted and I need a picture of me slid up in there. But with that, I will end my report. Thank you for your time.

>> Shea: Thank you so much, director Sturrup. Chuck, will we have a report from you next? What is the order here.

>> Yes, commissioner Shea and members of the court and mayor Adler and I'm chuck Brotherton with emergency services and as customary I would like to give y'all a brief update from our strike team. And constable morales from precinct four and the allied Texas institute of health are crucial in our efforts. And at this point I will turn it over to constable morales for a briefing.

>> Good morning, commissioners,

[9:53:05 AM]

councilmembers, judge and mayor. Again, as I say every week the goal of the mobile vaccine teams is to continue to offer barrier-free vaccines, outreach and education, to our most vulnerable zip codes and hard-to-reach communities. This week, this past week, we did a total of 268 shots. The mobile vaccine collaborative did a combined shot for the moment of March, 1,651 shots. And for the year, we did a total of 12,017 shots. As we continue on, again, we just saw with director Sturrup the highly affected zip codes are very similar, 7785853, 21, 41, del valle and Austin colony and continuing to work with aid schools and manor awfortin schools and our schools in and around Austin and we continue at

[9:54:05 AM]

our static locations. And we have a drive-thru and so, folks, we moved from expo to over here so when you come back for a booster or second dose come see us at precinct four constable office. And thank you to our commissioners, and our councilmembers, and especially our judge who let us go home early on Tuesday due to the tornadoes that hit central Texas. And we were well prepared. I want to give a shout out to the media who did a great job of trying to keep our community safe. We do have some upcoming events. Boys and girls club, Paradis middle school and Gilbert family fun night, and the Mexican consulate. Chuck, I'll turn it back over to you.

>> Constable, thank you. Mr. Hamilton, if you would give the court a briefing.

>> Thank you, chuck. Good morning, everyone. Councilmembers, judge. We at central Texas allied health institute this week are responsible for 42 vaccination shots and we continue to work

[9:55:06 AM]

under the direction of constable morales and chuck Brotherton in Travis county and the surrounding counties around in order to try to get more boosters in -- more boosters and shots into arms. We are here for the duration of the event. And we will continue to fight under the direction of the county. Back to you, chuck.

>> Thank you, Todd. Commissioners and councilmembers, we will continue our strike team vaccination efforts at this point through the end of June. That is our current plan. But as long as needed and as long as the court directs us to sustain the effort. We have a calendar, a public-facing calendar, on the traviscountytx.gov and click on the covid link on the corner in the home page and this calendar is kept

current, again, at least through June, possibly longer, depending on need and depending on direction from the court. And on this calendar, you can see the day-by-day strike team

[9:56:11 AM]

locations, Travis county, African-American youth harvest foundation and central Texas allied health and old Sims elementary on Wednesday and Thursday. That is in Austin public health location. And click on any one of these, and boys and girls club, for example, on Wednesday, and see the location, the address, hours of operation, type of vaccine available, all of these are appointment free. And we do encourage our viewers, all of our residents, to continue working to get fully vaccinated. At this point, I will stop sharing. Commissioner Shea, mayor Adler, I'll turn it back to y'all for questions.

>> Shea: Thanks so much, chuck. We'll go to questions and just a reminder that we really want to limit ourselves to one question and if time permits we'll come back for a second round of questions. And we'll go first to the commissioners court. I'll start with commissioner gómez, do you have any questions?

>> Gómez: No, I do not have any questions, but just simply to

[9:57:12 AM]

say a big thank you to everybody for continuing with getting the information out, for continuing to go out to meet people, and to educating them to get the vaccine. And so that's -- the numbers are still very good. They're steady. And so -- so that's -- that's a very, very -- very good information. It makes me feel very good about us. So thank you all.

>> Shea: Thanks. Commissioner Travillion.

>> Travillion: I also want to join my I want to -- you know, my join my colleagues andthank the team for working that it has done, and for gathering information in a way that we can document best practices and identify the things that we have to do moving forward. I was very interested in the slides about social determinants of health.

[9:58:14 AM]

I'm interested because -- particularly a lot of young people get their news and information on their phones, and not necessarily from the news, not even necessarily from the radio, but from their phones. And I don't know that my 21-year-old has ever said social determinants of health.

[Chuckling]

>> Travillion: Given that fact, given where people get their information and given the necessity to reach out to particularly our younger community and inform them about what is -- about how vaccines work and how they can be helped, what are we doing to develop a steady flow of information, of

[9:59:17 AM]

community education-oriented information as we talk about not only vaccines, but social determinants of health? I'm interested. For example, there was a smoking campaign years ago where we taught kids what your parents' lungs looked like over a -- would look like over a period of time if they smoked. And that was a very effective campaign, I think. What are we doing to build a campaign that is going to reach folks who only get information from their phone, and who get their information from areas that are not considered mainstream?

>> Thank you for that question, commissioner. I'll start and then invite my colleagues to chime in as well. I think that's where the community health worker program comes in, because those are people who are on the street, in places and spaces where families and young people are. The second thing is that we -- hats off to the joint information system. They've had a very strong social media presence. They're posting on Facebook. They're tweeting.

[10:00:17 AM]

We've even used some of the popular dating apps to get information out about vaccine and the importance of being boosted. And as far as our base work about chronic disease, our department has had a strong relationship with local schools on healthy food choice, safe routes to school. We have partnered with P.A.R. To activate parks. We'll have to continue to have that scattershot approach to make sure we reach the areas and have that level of influence, that maybe at one point, we'll catch someone and get that information. But it's casting a wide net. I knew if I talked long enough, the words would -- we'll continue to cast that wide net in those different spaces, but if you have any suggestions, we're happy to hear them.

>> Travillion: I would love to sit and work with you and maybe

[10:01:21 AM]

if we have for the meeting an asset map, just what we've done so far so we can take a good look at it and see whether we can pull down any relevant data.

>> Shea: That's a good suggestion.

>> Travillion: That would be good.

>> Shea: Thank you. Commissioner Howard.

>> Howard: Thank you. I wanted to thank everybody for their hard work. It seems like we've come through another trial and looking pretty good. Adrienne, when you were going through your slides and you were so quick to not use the word city, but use the word community in response or in talking about the social determinants of health -- and I wanted to underscore that it is so important to me and to the people I represent that we work together, the city and the county. And that as we look at needs and gaps that we're working together to fill those gaps. And so I just, again, applaud your quickness in your delivery to us.

[10:02:21 AM]

Well-done. Thank you.

>> Shea: Thanks, commissioner Howard. I have a quick comment and then a question. I'm really glad to hear, director Sturrup, that there is a plan to invest in upgrading the public health --

(chuckling.) -- Systems, I guess. I think everybody was horrified when we heard at the beginning of the pandemic that we were receiving the data about the infection rates by fax. And then we had to manually reenter them into the computers. And even when the system -- when the state got a similar database they didn't talk to each other. What I heard from so many people is this is the result of decades of a lack of investment in our public health infrastructure. And I think the value of the public health system was more visible to people during the pandemic. They perhaps developed a deeper understanding of just what the public health system, which is maintaining a broad public health throughout time instead

[10:03:22 AM]

of just having private health systems when someone gets sick. There's more to it than that, but I was glad to see that we're investing in upgrading the system because it clearly needs those kinds of investments. I'm continuing to struggle with what to tell people when they get an in-home test that shows that they're positive for covid. Where do they report that? I've gotten conflicting information, so what do we tell the public about where to report it? Because I know of a number of incidences during south by southwest where people got covid.

>> Howard: Including the Howard family.

>> Shea: And all their guests. I know three people who were volunteer crew, and that's just I think a surface scratch on that. So, where do people report it if they're doing in-home tests?

>> So we did set up an email address for folks to report. The difficulty with that is from

[10:04:25 AM]

an epidemiological -- I probably said that wrong -- standpoint, the data is not reliable. And so the important thing that we want people to know when they test and it's positive, they need to stay home. That they should isolate and protect their family. The CDC is updating their website with a tracker that tells you how long you have to isolate and quarantine. And that they should not be around others until that period has passed. And if they're experiencing severe symptoms they need to call 911 or their medical provider. So the important thing at this point for us from a public health perspective is not so much the reporting of the home test, but that people know what they should do if they get a positive test. And you can call 311 and they will transfer you to the line and they will walk you through any of those things if you don't

[10:05:26 AM]

have computer access. We'll talk you through what you should do for isolation, how long you should isolate and quarantine, and help you decide, maybe you should go see a doctor, or maybe you should go get a pcr test. If someone else in your house is experiencing symptoms and their home test is still popping up negative but you know you're positive, we would probably recommend that that person go get a pcr test. So for us, it's the actions that people take once they're positive versus the actual reporting of that home test.

>> Shea: I get the importance of those actions. It sounds like 311 is the number to call. But how do we know our infection rate? We have no way of really tracking with any accuracy our infection rate, correct? People are doing home tests, and don't have a good mechanism for self-reporting. We don't think that data is 100% reliable.

[10:06:26 AM]

We're -- it's fair to say we do not have, with complete conference, an accurate status of the infection rates because we don't have a good way to track them.

>> That would be fair. Do you want to add to that? We were just talking about that this morning in our executive team meeting. Do you want to add to that, Dr. Walkes?

>> No, you're correct, commissioner Shea. And that's happening across the country. And the home tests do serve to help people to know whether their symptoms represent having covid. And the message is for them to isolate, as director Sturrup said, and protect themselves -- or protect their family and colleagues from getting the disease. And that's the take-home message. As director Sturrup said, there is a new calculator on the CDC

[10:07:28 AM]

website that helps people know when they can stop their isolation period and get back out into the community with a mask at day six if their symptoms have improved and they don't have a fever. And they should avoid going into places where masking would not be possible such as restaurants during that isolation period.

>> Shea: I can see all kinds of problems with, you know, people who have to work, who can't afford to be away from work, for employers who say look, I need evidence that you've got it. If people are supposed to quarantine and not go to a doctor's office, we've got more work to do to get this one flat so we actually know our infection rate. All right. I'm going to turn it over to the mayor and council. I think that's how I do this.

[Chuckling] Thank you.

>> Tovo: Thank you, commissioner. I'm going to start with

[10:08:28 AM]

councilmember pool and then move on to councilmember Fuentes. I know that's out of order, but both of them have to leave early. So, councilmember pool.

>> Pool: Thanks so much, councilmember tovo. I appreciate it. I was curious about the fourth dose, or the second booster. Are they available at constable four or anywhere else? Under what conditions are they recommended, and where can we get them?

>> We have not gotten the final word on those. When they do, they'll be available through aph and other locations in the community where vaccines are being provided currently.

>> Pool: Thanks so much.

>> Tovo: Councilmember Fuentes.

>> Fuentes: Thank you. Thank you so much. And first I wanted to start off by saying happy national public health week. I know that we -- it's next week, but I'm not sure if we're meeting next week, so I wanted to share that and extend my

[10:09:29 AM]

gratitude for our public health workers for being an integral part of our community response and recovery. I appreciate today's presentation, director Sturrup, especially that you shared some reflections

and giving us some insight as to what's on your mind and vision and direction for as we enter this next stage of the pandemic. And certainly please count on my support in that effort and I'm very happy to see the community health workers highlighted as an integral key piece of our recovery as we move forward and I know just how important the incredible work that they do and in our community in providing that critical access to health and services. I wanted to extend my appreciation and I look forward to celebrating with you all next week. I believe councilmember tovo is bringing forward a proclamation. I am thrilled to support that. We'll have more of that appreciation time next week. My question is regarding a conversation that we had last time with our shelter capacity. Now that we're in stage 2, we

[10:10:31 AM]

know that our shelters that provide temporary housing for our unhoused have been operating at limited capacity because of the pandemic. I wanted to see if you, Dr. Walkes or director Sturrup, had any additional information as to changes in the guidelines in lifting the restriction so that we're able to expand our capacity so that our unhoused neighbors have additional shelter spaces to get to.

>> Yes. We have assessed the situation at the shelter. The arc shelter, and they are now able to increase their capacity.

>> Fuentes: Thank you. That's great news. Any insight with the other shelters, the Salvation Army, front steps, or I guess any of the other shelters that we have? And if we need to continue this conversation offline, I'm happy to. I know that councilmember vela is also interested in this

[10:11:32 AM]

information.

>> So, I have asked the staff that do the contracting work with those various shelters to send out the newest -- well, the guidance, because we still want to make sure that there's opportunities for social distancing and to give those guidelines and recommendations to shelters and talk through any concerns they might have and just get a temperature check of where they are in terms of staffing and getting back up to that 100% capacity. So we are beginning to have those conversations with our partners.

>> Fuentes: Good deal. Thank you.

>> Tovo: Director Sturrup, what is the arch, what is front steps at the arch increasing their capacity to? Are you able to say?

>> The last conversation I had was 75%. There have been some administrative changes and so I need to circle back with the current leadership to see where they are in that process and get them to the 100% mark.

[10:12:34 AM]

But the former -- the previous conversations that I had, they felt comfortable with getting up to that 75% and then the 100%.

>> Tovo: Great. Thank you. Mayor pro tem alter.

>> Alter: Thank you. Can you hear me?

>> Shea: Yes.

>> Alter: Great. Good morning. Thank you for your work. I want to push again on the reimbursement portion for our funding. We talk about wanting to attend to the social determinants of health. Here at the city, I do not believe that we're able to take steps -- to take, because we have this large uncertainty over how much money we're going to be receiving from the county with respect to the county's contributions towards -- financial contributions towards our covid relief efforts and our covid health responses where we have not received funding from the county since December of

[10:13:34 AM]

2020. I understand this is complicated. I understand there has been a lot of difficulties in figuring out what is reimbursable. So a couple questions on this. So, as I understood it, today you've identified that we believe that we have $43 million that we can't go to anybody and get reimbursed. That doesn't mean everything else is going to get reimbursed, but we know that we have this $43 million pot. Can you explain what kinds of things are not reimbursable?

>> Shea: Councilmember alter, I realize this is a complicated issue and we all probably want more detail on it. Perhaps we should schedule a time for a more complete discussion. I think we can get some of it today, but we probably won't have time to get into what we would all want to know.

>> Alter: That would be a great idea, commissioner Shea. If I could ask a couple questions --

>> Shea: Absolutely. I wanted to acknowledge it's a big issue.

>> Alter: Thank you.

[10:14:34 AM]

I appreciate that. And again, this is so that we can take -- those other investments. We need to find a resolution soon so we can do those things. So, mister, could you tell me a little bit about what is not reimbursable, Ms. Sturrup?

>> I'll start and I'll invite chuck -- Mr. Brotherton, I'm sorry -- to chime in. So, when you say not reimbursable, do you mean not eligible for cost-sharing?

>> Alter: Yes, I'm sorry.

>> Yeah. So --

>> Alter: I believe that's what you said the $43 million.

>> So we started with all the things that the city and county -- there's a big number out there. The majority is going to be eligible for FEMA reimbursement. So the things that are not eligible for FEMA reimbursement like the gift cards, like all

[10:15:35 AM]

the epi functions, like the data pieces, the buildout of salesforce, community distribution of test kits, the ppe, some staff costs that are not eligible -- those are the things that we looked at in buckets and comparing what the city laid out and also taking into consideration the investments that the county made for similar services, came up with that $42.9 million number that was eligible for cost-sharing. And so of that the county share is that 25%, which is represented by the $10.9 million. Mr. Brotherton, do you want to add some detail to that?

>> Adrienne, I think you pretty well covered it. Councilmember alter, we were provided --

>> Shea: Chuck, it's mayor pro tem. Thank you.

>> I'm sorry, mayor pro tem alter. Forgive me. We were provided information on the city's expenditures, with

[10:16:39 AM]

the city providing --

>> Yes, you're good. Awesome. I'll go around. Don't make any noise. Thank you.

>> Sorry, I'm hearing crosstab. Crosstalk. I apologize.

>> Shea: I'm not sure what that was. Please continue.

>> Working with information provided to us by the city, we identified those categories with the city saying we've identified city expenditure categories that we assume will be FEMA reimbursable. We've identified others that we assume will not be reimbursable by FEMA public assistance. Some of the categories the city assumes will not be reimbursable are programmatic expenditures that the county has essentially mirror programs -- rental assistance, food assistance, assistance for childcare providers, those kinds of things that the city has spent significantly on, the county likewise has spent significantly

[10:17:40 AM]

on. So, we've done this analysis to get to a methodology and again, we've met several times, county and city, executive leadership, operational folks, budget folks, to work on the various categories, essentially getting to a term for the agreement, a methodology for calculating the shared costs, and so forth. So, as director Sturrup indicated, there is opportunity for further discussion. There may be opportunity for some policy decisions at the elected leadership level, but we are working diligently on this and we do have a regular meeting cadence of all the stakeholders involved.

>> Alter: I appreciate that. I do feel like we need to have some more information, because, you know, when I put two things together, we normally have a 75%

[10:18:40 AM]

city/county split, but in the case of the arpa money, we -- both the city and the county got money to cover city people. So in the case of the C.A.R.E.S. Act, they were separate pots and with arpa, the money was supposed to be going to covid relief response efforts. And so I would really question whether the 25/75 split is the most appropriate the way forward, when we are largely trying to spend arpa dollars. And it's pretty striking if you just take that and you do the 25% split. You know, relative to what the county would be paying if they were just covering the

[10:19:41 AM]

population amount with that amount of money that would go to the county, then you're contributing only $2 million roughly towards the city expenses when you were paid to cover all of the city and the county with the arpa for that funding. And there's a lot of missing pieces in here. And I don't have all of the information about how all the different programs were matched, etc. But if you were just to do the math that way, which is effectively where we come out with your $10 million is to take that $43 million and make it about the 25%, I think it's even been even less than that. I'm having trouble with that. And I would like to dive deeper. And my goal is to that we can spend this money either on more healthcare or other social determinants of health things, or make sure that we're addressing any budget issues that we have.

[10:20:42 AM]

It's not to go -- we can't make those investments until we get some resolution. And I think the assumption that we've used in the past about the split -- with covid, for this period of time, I'm really uncomfortable with. So I hope we can have those continue conversations. And commissioner Shea, I welcome your idea of diving in deeper to see where there are policy ways forward. Thank you.

>> Tovo: Thank you, mayor pro tem. If I might suggest, maybe this is something judge brown and mayor Adler and mayor pro tem can think about for our next joint meeting. Perhaps that should be the focus of our next joint meeting with Travis county. I think there is a lot of interest in this subject. And that might provide us with enough time to really dive into the details on it.

>> Shea: There's a lot of value in that. There's probably additional issues related to shared revenue or funds that we would love to have a discussion on.

[10:21:43 AM]

>> Tovo: And it would be particularly helpful if we are going to structure our conversation largely around that issue, it would be great to get some of this information in advance -- several days in advance so that we can really review it and be ready for that conversation in public. I'm sorry, I talked over somebody. Maybe it was you, mayor Adler.

>> Mayor Adler: It wasn't me.

>> Shea: I think we can continue.

>> Tovo: Thank you. Councilmember Ellis, you're up next.

>> Ellis: Thank you, councilmember tovo. I wanted to make sure I was understanding correctly, did Dr. Walkes say that we are in fact doing wastewater testing for this area?

>> Yes, ma'am. It's a pilot program that's being done. And it's being reported out on the CDC website as well as another link which I can share with the group after this meeting.

>> Ellis: That's great to hear. It came onto my radar the CDC

[10:22:45 AM]

website wasn't showing Austin and Travis county as doing that work. I'm not sure if something may need to be updated. Who is doing that work, Austin water, public health?

>> Austin water.

>> Ellis: Thank you.

>> Tovo: Thank you, councilmember Ellis. Next up, councilmember kitchen, please. She may have stepped off for a minute, and so that leaves us with you, mayor.

>> Mayor Adler: All right. Just real fast, a couple of forward-looking things. First, the numbers are way down, but my understanding is we're looking around the world and seeing other people spiking. So we'll keep our fingers crossed it doesn't come back to us, but it's for community to be aware it could if we follow others and what that might mean is we all have to put on masks

[10:23:46 AM]

for another two or three weeks until we get past that. But certainly it isn't potentially over right now. So we have to keep that in mind. Second, real excited to see the presentation from director Sturrup on the -- working to really improve the public health system, picked up by commissioner Shea and others. As we went into the pandemic, it was real apparent the challenges that we have. And we've been able to move forward on a lot of those things and make sure they get institutionalized. Finally, with respect to future calendar, obviously a need for us to perhaps get together on the issue of cost sharing. But other than that, talk to the judge -- I'm not sure we need to have this same kind of meeting now on a weekly basis given where we are with numbers. So we'll have that conversation,

[10:24:48 AM]

judge, Dr. Walkes. And then finally, just want to really thank everybody. For two years now the leadership, the manager, the county judge, Dr. Walkes, have been on call, myself, at least once a week. There have been calls with 50-80 people, all the hospitals, everyone else, even peripherally involved in this up to three times a week now for two years. It's been just an incredible effort and I just want to thank everybody and make sure that, you know, we thank the Austin public health, we thank the county, we thank the people that you see on this call. But there have been a lot of people doing a lot of work in a lot of places for a really long period of time. And one big, cumulative thank you. That's all I have, councilmember tovo.

>> Tovo: Thank you, mayor.

[10:25:48 AM]

So I think that wraps up our city council questions. And so if that's the last item, I think we're ready to adjourn. Commissioner Shea, what do you see from your angle?

>> Shea: I think that we're done here as well. So, thanks again to everybody, all of our health workers and all of our staff that continue to do really remarkable work to keep our community safe. And on that, I believe we will close our portion of the commissioners court meeting and I'll pass it over to councilmember tovo or mayor Adler.

>> Commissioner Shea, could we just take a moment to recognize that today is the last day that we have our director of health and human services with us, Sherri Fleming? And I can't imagine, you know, going through what we've been through together over the last decade, really, without Sherri's steady hand and partnership. And I know the folks at the city

[10:26:52 AM]

and Sherri have worked together very hard.

>> Shea: Thank you so much for that. We are going to have a special both resolution acknowledging Sherri Fleming's long service to the community and a reception which you all are welcome to, but I know so many of you have worked with her in some cases for a very long time and it's appropriate to acknowledge her long service and in particular gratitude that we have for her.

>> Travillion: It might be a good place for us to say just for a second what we feel about Sherri.

>> Shea: I think we need to convene the joint meeting, because we are going to have a special resolution for Sherri where we recognize her.

>> Travillion: She knows we love her.

>> Shea: If anyone else wants to say anything on the city side, we love Sherri and we're really sad to see her retire, but I know she's ready to retire, so we can't keep her, force her to stay.

>> Travillion: We can't keep her around?

>> Shea: All right. Thank you.

>> Tovo: Thank you all. Thank you, Sherri. I've had the privilege of working with you.

[10:27:52 AM]

Thank you for your tremendous work and leadership through these years at the county. And thank you to all the other staff for all your tremendous continued work. We stand adjourned, the city council stands adjourned at 10:28 A.M.