

# City Council Work Session Transcript – 05/19/2020

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[9:04:39 AM]

>> Mayor Adler: Today is may 19th, 2020. It is 9:04. We are doing this city council work session remotely.

[Background conversation]. You need to mute your phone.

>> Mr. Burton, could you please mute? Thank you.

>> Mayor Adler: Is councilmember harper-madison here? Natasha, are you here?

>> I'm here.

>> Mayor Adler: Thank you. Mayor pro tem Garza?

>> Garza: I'm here.

>> Mayor Adler: Pio? You may be muted, Pio.

>> Renteria: Yeah, I am.

[9:05:40 AM]

>> Councilmember Casar?

>> Casar: I'm here.

>> Mayor Adler: Councilmember kitchen?

>> Kitchen: I'm here.

>> Mayor Adler: Jimmy Flannigan?

>> Flannigan: Here.

>> Mayor Adler: Leslie pool? Leslie's not with us yet. Okay. What about councilmember Ellis?

>> Ellis: I'm here.

>> Mayor Adler: All right. Councilmember tovo.

>> Tovo: Present.

>> Mayor Adler: And then councilmember alter. Alison, are you here in.

>> Alter: I'm here.

>> Mayor Adler: Everybody but councilmember pool, that's a quorum. We have a pretty busy day today. As you know, a lot of it in work session. I think there are a few items that have been pulled. I think what we'll do is start with the covid briefing today. We have several people with us that have to go to the county, so we have probably up until 10:30, but no

[9:06:41 AM]

longer than that to get through the covid briefing for today. After the covid briefing we'll go to a presentation with the manager and Ed on the budget issues, funding issues. I also want to talk about setting a special called meeting for next week if people are available to be able to go through the closed budget issues or in details. Since we just got the information today it's hard to react to it that quickly. We need more involved conversation so I want to discuss and float the idea of having some time next week when we can reconvene. We'll do that. My hope is we can take that through lunch. We'll break for lunch in that noon to 1:00 hour period of time. After lunch when we come back we'll have a presentation on the echo point in time count, right

[9:07:43 AM]

after lunch. That will then give us -- right after the point in time count then we'll discuss the Brackenridge UT negotiations and then the three pulled items. In executive session we're going to discuss Brackenridge. The other items will be discussed in executive session on Thursday. Not today. The only one that we'll hit will be the Brackenridge. But generally speaking I think that's how we work. And we want to try to get through these first two presentations in the morning. So the first one, hoping to give us -- be done by 10:30 hopefully. Manager, I'm going to turn it over to you to have the general report on covid-19. With special emphasis today

[9:08:43 AM]

on the hispanic community. We also have in addition to our staff I think that central health and community care here are also here to speak to us.

>> Pool: Mayor, this is Leslie.

>> Mayor Adler: Yes. Welcome.

>> Pool: I wanted to -- yeah. I've been on. It's just that you haven't been able to see me. So I think we've got it fixed.

>> Mayor Adler: Cool, I can see you now and hear you. All right. Anybody want to say anything before we get started. Manager, I turn it over to you.

>> Thank you, mayor, council and community members. As you know we're going through an unprecedented time for our community and we have seen incredible partnerships as we all tackle this pandemic together. Today we're going to be giving an overview from our health department and our great partner in social health and community care. So I'm not going to delay any longer and kick this over to director Stephanie Hayden to tee this discussion up. Director Hayden.

[9:09:43 AM]

>> Good morning. Thank you for the opportunity to be here this morning. I'm just going to give just some high level overviews since we have an overly tight agenda today. Our staff are continuing to provide assistance at the department operations center. Our epidemiology and surveillance folks are working on our case investigations as well as our contact tracing. We have 32 staff assigned to work on case investigation and contact tracing. We will be onboarding an additional 12 this week. We are also having conversations -- we had a meeting with our human resources director about other currently employed city of Austin staff that can transition over and to assist us with contact

[9:10:45 AM]

tracing as well. We've had a meeting with central health and community care, and community care is going to -- based upon the as weather's their number of testing -- as they increase their number of testing opportunities that they will be providing the public, they're going to start to do additional case investigation and contact tracing to cover all of their clients that they are working with. So they will be partnering with community care as well as a couple of non-profit community partners to be able to assist them. So we'll kind of split that process up between case investigations and then the community partners will be able to do the additional contact tracing. The other thing that I want to highlight is through incident command operations, the nursing home and they

[9:11:52 AM]

are -- I will be coming guard with a memo on the 21st. The memo will provide you a response to the resolution, the nursing home resolution. So within the response we've developed a plan to ensure to test all of the staff as well as the residents of the 32 nursing homes and 75 assisted living facilities. As you will see and as Dr. Escott will show you in his slides, we had a list of a through M and with the a through M we have completed 11 of those [indiscernible] As well as we have one additional one that will be addressed on tomorrow, may the 20th. So we will complete that initial a through M. Now, one of those was a state facility so we have

[9:12:52 AM]

not included that in our count and we are coordinating with the state on that. Staff will be through the governor's order to ensure that 32 nursing homes are being addressed within a 14-day period. Our staff are collaborating across the city with the rest of those. So we have completed 13 sites. So as far as an estimate for the cost of the testing hits, the ppp, the nursing home study, we're looking at a total of \$2.9 million to be able to cover all those expenses. Our social services branch is continuing to work and ensure that our partners are collaborating across the

[9:13:57 AM]

city so whether it is the childcare task force that has been ensuring that essential workers have childcare opportunities. Also they are working with the childcare providers to develop a plan so they are able to increase their capacity. So based upon what's in the governor's orders as well as what's in the city's orders, our staff are going to be working with all the childcare providers as well as day youth camps in order to assist them as they begin to look at their operations and open up. Our homelessness folks are continuing to ensure our homeless populations needs are met. We currently have four protective lodges that are up in and running. Our convention center is continuing to partner up to

[9:14:58 AM]

ensure we have food access. We executed a contract that was effective on Friday for aid, and so that will -- that started feeding for the parent on yesterday. As our staff continued to work and determine, there's definitely some unmet needs that we have determined that we have. We are developing a comprehensive outreach strategy for specific zip codes. Where those zip codes will receive disparities.

So in addition to that we are also developing a nursing hotline, but we are going to add the ability for folks to call in if they have any questions about their inability to work

[9:16:01 AM]

because they really need assistance either with sick leave applications or applying for that process, but any time of basic needs or financial needs that they may need and any questions that our staff will be able to offer. Our HIV clinics are still open and providing those services in our community. And that concludes my update.

>> Mayor Adler: Colleagues, we're going to hear the presentations to wally here from everybody and then go to questions. We'll give everybody two or three questions, go to the next person, two or three questions fast and then moving around until we lose people so that everybody gets a chance to ask questions. Okay?

[9:17:01 AM]

Who is the next presenter.

>> Dr. Escott is. Director Hayden, I'm going to turn it over to Dr. Escott.

>> Thank you, Spencer. If I could get av to pull up my slides. While waiting on that let me recognize --

>> Sir, can I --

>> Our ems and our ems colleagues in Travis county this week is ems week. I tell you that the city and the county have benefited greatly from this close relationship between public health and ems. The ems system has been involved in testing in addition to the regular treatment of patients in the community. The testing, the command and control, the public information piece, they've been integrated at every level and we are certainly grateful for that relationship -- grateful for that relationship here in austin-travis county. Can y'all see my slides.

>> Could you please tell us which presentation?

[9:18:02 AM]

>> It's the one with my name on it. The covid-19 update.

>> Tovo: Mayor, I wanted to say our city clerk also emailed this to all the councilmembers and it's b1 -- the name of the file is b1 covid-19 presentation in case anybody wants to pull that up. That email came through at 8:21.

>> Dr. Escott: There it is. Okay, great. If you could switch to the next slide that would be perfect.

[9:19:07 AM]

Okay. So this is an update of our graph from last week. Again, the red bars are showing cumulative cases. The yellow bars at the bottom are new cases by day. And the green is the percent change as compared to the previous day. The percentage change as you can see continues to drift downward. Right now that equates to a doubling time of about 26 days. So still heading in a positive direction. We did have a slight uptick yesterday with 78 new cases so we'll continue to follow that trend. I can share from my side if that works or do you think you can work it out?

[9:20:22 AM]

>> Mayor Adler: Do we want Dr. Escott just to share it on his side? Is staff with us? Dr. Escott, why don't you share your slides? Can you do that?

>> Dr. Escott: Yes, sir.

>> Okay. We're good to go now.

>> Dr. Escott: Okay. Can you switch forward two slides? There we go. Okay. So what you're seeing now is new confirmed cases by day. Those are the blue bars.

[9:21:22 AM]

The other is a rolling seven-day average. So you can see that we've been this -- in this oscillating phase between 40 and about 55 cases per day on average on that seven-day rolling average. So we are relatively flat when it comes to new cases per day. Next slide, please. What you're seeing here is a refresh of the slide I showed you last week, which is the hospitalizations in the five-county msa. The Orange line at the bottom is discharges. The blue line is new admissions. And the gray is the total hospitalized. The yellow is showing the seven-day moving average of hospitalizations. As you can see that has been trending upwards, however, this is more due to the patients being in the hospital for a longer period

[9:22:22 AM]

of time rather than a sudden spike in new admissions. So the next slide I'll show you a breakdown of the new admissions and a rolling average of just the new admissions. Next slide, please. So this is the new admissions in the five-county msa based upon data from our three hospital systems, Baylor Scott & white, ascension Seton and St. David's. And again, you can see that our seven-day moving average has been between eight and 10 a day for quite some time. So relatively flat for new admissions, but the cumulative effect happens over time because of the duration of stay of individuals related to covid-19. Again, these are factors that play into our progress towards surge and one that we're going to be paying close attention to. I think this shows us that we have effectively

[9:23:25 AM]

plateaued or flattened the curve in Austin and Travis county as well as the five-county msa, but we need the protective measures to continue in order to keep this as flat as possible. Having said that, if we have increases over time, even if we don't see a surge similar to what was experienced in New York we may continue to have hospitalizations rise over a longer period of time, which may still stress the system. Again, we'll continue to monitor this along with our hospital partners and report back on this regularly. Next slide, please. What you're seeing here is an update on our demographics related to hospitalizations in the five-county msa. The green line at the top is our hispanic population. The yellow is white non-hispanic. The Orange is African-American. The gray, which is significantly lower this time, is other or

[9:24:27 AM]

unclassified. And that's due to good work by our epidemiologist to resolve those unknowns. And the interview asian-americans.

-- The blue is asian-americans. We can see our hispanic population, our African-American population are overrepresented when it comes to hospitalizations. And again, this is of substantial concern to us because of the -- this disproportionate representation. We are continuing to work as director Hayden said earlier on reaching out to these communities, and we're grateful for our partnership with community care who will talk after I do in relation to some of the efforts they're doing to reach out to this community. Next slide, please. When we look at the weekly confirmed cases for Travis county, we can see that last week we had a drop to 330 from 381, however over the past seven weeks relatively flat when it comes to new

[9:25:29 AM]

cases. You know, this provides us a snapshot with how we're doing, but as we go into the next slides, we're going to see that there is substantial variation across the state, which to me indicates that we

need to have local control, local influence over policies because this epidemic, this pandemic of covid-19 is affecting different cities differently at different times, which to me suggests that a statewide approach, while it's helpful to have a statewide strategy, we do need local control to hem influence the curves in our own jurisdictions. Next slide, please. So what I've broken down here is new cases by day per M. So we did the per million to give it sort of a common measure across the jurisdictions given the different size of our major metropolitan counties.

[9:26:29 AM]

What you're seeing here is Travis county. Again, relatively flat, a little bit of oscillation between 30 and 40 cases per million per day. Bexar county similarly has been flat. When we look at some of Bexar county's hospitalization numbers they had a pink hospitalization that happened around the mid of April which indicates that they may have had some unknown cases earlier to the left of this slide before we had adequate testing in place. Dallas county is much different. You can see a substantial peak happening at the end of April. They've managed to plateau that off now but a substantially different picture than here in Travis county. El Paso similarly increasing an increase particularly over the last two weeks.

[9:27:29 AM]

Next slide, please. Harris county has been -- they had a peak around the middle much April. They flattened that out and it's trending upward again. Tarrant county similar to Dallas county is experiencing a substantial increase in the past two weeks. And Texas as a whole again has been relatively flat since the middle of April with a trend upward. Again, there's substantial variation based upon the metropolitan county, across Texas. We also know that Amarillo is seeing a significant increase. Again, this is evidence that we need some local control when it comes to managing our own jurisdictions. This is the reason why we did the staging so that we can communicate with the public how we think we are doing right now at this moment and hopefully affect

[9:28:31 AM]

behavior in the community so they understand the risks for them may be different than the risks in Amarillo or Dallas or tarrant county or Harris county. Next slide, please. This is an update of our nursing home clusters. Again, this includes nursing homes, long-term care facilities and other institutions. The ones in gray have not experienced a change in at least three weeks so those are inactive clusters at this stage. So we're happy we have five of those. This week. We hope we have no additional ones in the future since they have limited further transmission within those facilities. We see that despite that we have new outbreaks at the bottom, P and Q, and a total of 83 new cases for these clusters this week. 473 total cases between

[9:29:31 AM]

staff and residents with a total of 46 deaths. Again, our nursing home strike teams and our nursing home task force continue to work hard on this issue providing support. We're grateful for the state's involvement now in supporting nursing facilities, including testing, as well as providing the strike teams for other facilities around the state to really try to get a handle on this. Again, we continue to have dialogue with these facilities, with their administrators, with their medical directors, and continue to share best practices between the facilities so that we can gain better control over this and hopefully prevent the introduction completely into these facilities that don't have covid-19 cases at all. Next slide. This is a new slide related to non-institutional clusters. So you can see this is broken down by different sectors.

[9:30:31 AM]

We have construction, manufacturing, retail, trade, financial, insurance and real estate and services. Again, you can see that the construction is the majority of the clusters that we're seeing that are not involving institutions with nine general contractor-related cluster investigations, two related to concrete, three related to electrical heating and air conditioning, one related to excavation, two related to plumbing and two related to special trades. We are continuing to provide outreach to this community. We have piloted some targeted testing of construction sites, and we'll continue to reach out to this community. And really trying to engage construction in a partnership so that they can take advantage of resources which are available. They can come out and do site testing if they desire,

[9:31:32 AM]

and continue to build those partnerships. We have identified that there are some challenges associated with testing at construction sites. There's some ongoing concern about being detected. There's some ongoing concern about the inability to work. Quite frankly there's a disincentive right now for people to get tested because if they test positive, then they're out of work and in some circumstances they don't have assurances of a paycheck. And that's not only for construction, but that goes with all of our workforce. And this is a substantial barrier and this barrier is going to create challenges for us as we try to control the outbreak of covid-19 in austin-travis county as we open things up. These kind of disincentives are going to make it difficult for us to control, and that's something that I know councilmember Casar is

[9:32:32 AM]

involved with and he'll be talking about later but this is something we should all be concerned about. We've been talking about this for weeks and weeks now, the importance of removing these disincentives for people getting test, people getting diagnosed, people getting treated. And we really do have to work hard on breaking down these barriers and these disincentives in we're going to be able to maintain control and keep businesses open. Next slide, please. So this is the targeted testing that we did at two different construction sites last week. There was a total of around 127 individuals who were tested. You can see both sites had a negative rate of before 92.1 to 92.2% with 7.8 and 7.9% positive. So again, you may say, well, that's a really low number, 7.8, 7.9%. Our regular drive through testing right now has a positive rate that's in the neighborhood of 2.3% so this

[9:33:35 AM]

is more than triple the rest of the community's rate of positivity. So this is concerning. Thisoes indicate that we need further testing in this community and again community care is going to talk directly after me about some of the work they're going to do to target construction workers as well as our minority populations. Next slide, please. So these weeks ago we rolled out this public involvement for testing. We went from a physician referral for testing to this public enrollment piece. As a result we've tested substantially more people than we have in the past. So this 2700 is twice the total that we did for the entire outbreak before that through our drive through sites. So we're very happy with this. You can see, and I apologize. The colors are different on the two slides as it relates

[9:34:35 AM]

to different ethnicities. You can see that in the light purple on the left side is the majority of our individuals tested being white with 613 being hispanic or Latino and 181 being African-American. On the right side you see this positivity rate and you can see that our hispanic or Latino, which is in the light blue, is the substantial -- is the majority of the positive rate. So to break it down for you by ethnicity as it relates to positivity, our hispanic population being test throed our drive through has an 8.6% rate of positivity. Our African-American is 4.4%. Our white is one percent. And our asian-american is zero percent raced on these 2700 cases. So again, substantial differences when it relates

[9:35:35 AM]

to race and ethnicity. And again, in the same population that is experiencing higher rates of positivity, we have higher rates of hospitalization. And again, that is due in part to the underlying disparities in health, access to health care, access to food, and a number of other issues that related to the social

[indiscernible] Of health. So again we're grateful to our partners at community care for their outreach. We will continue as director Hayden said to enhance our outreach to these communities to prevent infection, number one, but also to ensure that folks who are positive can separate themselves from their household to reduce that household transmission of disease. So again, this is where the isolation facility comes in. We offer a hotel room to

[9:36:37 AM]

people that is free that provides them food, provides them with access to the TV, internet [background noise]. And helps us break that transmission cycle in the household. We need people to take advantage of it without the concern that they're going to be charged or detected by authorities or what have you. So again that is a key piece. We also want to headache sure that folks who are affected understand that -- make sure that folks who are affected understand that they can access health care. They don't need to wait if they feel to be hospitalized, they have chest pain, they have shortness of breath. Their symptoms are getting worse. Those individuals need to seek out health care either through 911 or presenting themselves to the er and calling in advance to the team can be ready for them. There is no reason to wait. We know that this disease can be a bit -- may be hard

[9:37:39 AM]

to detect for people. They may be subtly getting worse day-by-day. They may be getting confused, they may be getting shorter, having worsening shortness of breath. And those are warning signs that folks need to seek a higher level of care. And it's really critical, particularly in our folks who don't normally have access to care to understand that the hospitals are there for them. They're prepared to take care of them and there really shouldn't be a barrier. And we will continue to advocate for those messages both for our Austin public health channels, the community care as well as through our partners in the community who are working hard to provide outreach to these communities. Next slide, please. They do want to provide a brief update on the Travis county jail. There's been a lot of press lately related to infections within jails and we have

[9:38:39 AM]

been working with Travis county jail and sheriff Hernandez since the beginning when it comes to effective systems in place for the jail. So they were -- they implemented policy changes very early on to protect their inmate population. They designed a system that isolates individuals for 14 days before they're introduced into the general population. If those individuals develop symptoms consistent with covid-19 they are tested and they are only moved into the general population when it's clear that they are covid-free. They made changes to official visits. So if an attorney comes or there's a visit in law

enforcement, primarily those have been transitioned to virtual whenever possible. When they do have to have in-person meetings they require masking and they try to maintain social distancing in that masking

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to really try to decrease the transmission of infection. When possible they also have the physical barriers between the two individuals meeting to further enhance that reduction in transmission. They've done things like staggering, group meetings. They clean between the meetings. For individuals who are still in the isolation phase, they have activities which are separate. Those activities are individual and again cleaning in between those sessions to try to effectively control the speed of the disease. Same thing is true for medical evaluations. They have a limited number of people being evaluated for medical conditions at a time. Those individuals are spaced out and limited to the 10. In addition to this we are working with the sheriff and the jail to look at ongoing models for testing for inmates as well as staff.

[9:40:41 AM]

We have been challenged unfortunately due to the levels of testing kits and testing capacity throughout this epidemic. And as we are increasing our capacity to do testing you're seeing that we're advancing the testing for nursing homes and the same thing is true for our jail population. So we're working closely with them. We're meeting later this week to discuss avenues on how we might provide a long-term strategy for testing for that population. Next slide, please. We are finalizing our strategy, our long-term strategy for testing through the end of 2020. And part of that is a discussion with the university of Texas in cooperation with the serum prevalence study. So it is the antibody based

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testing and we've asked them to put together a study proposal which spans 18 months. So we're looking at general populations deem prevalence -- excuse me a -- serum prevalence. Excuse me a second. As well as some subpopulations including first responders and health care workers, persons experiencing homelessness, college students and essential workers. So looking at the community as a whole in looking at these subpopulations. Their number of specific aims there of the study. The first is validation of-- between the test that's drawn and sent off to the lab versus a point of care test that can be done outside of a lab. And then looking at the zero prevalence rate in Austin and that longitudinal study. Looking at those groups over a period of time to give us a better idea of how to

[9:42:43 AM]

manage policy based upon zero prevalence of antibody studies. You should be seeing this in a proposal as a portion of part of our overall testing strategy for this pandemic. Next slide, please. Again finally, this is the public enrollment address. This is our [austintexas.gov/covid-19](https://austintexas.gov/covid-19). Folks can sign up for free evaluation, free testing and this is a critical step for us to control this outbreak. It is free and we really want folks to sign up if they're concerned. We have the ability to test folks who are asymptomatic, particularly if they have had exposure to covid-19. So regardless of if individuals think that we're going to test them, please

[9:43:43 AM]

sign up, please fill out the survey and based upon our evaluation, appropriate folks are offered the test, it's free of charge and we want to encourage the community to go to this site and sign up. That concludes my report. Thank you. E thank you, Dr. Escott. Again, we'll be taking questions at the end of the total report. I'm going to Dr. Director Hayden to introduce our partners at central health and community care for the next part of our presentation. Director Hayden?

>> Thank you, Spencer. We are very excited to have central health with us, community care here with us today. They are such an invaluable partner. They have continued to provide so many services to our vulnerable populations. I have Dr. Jason Fornier and

[9:44:45 AM]

he will be providing the presentation and I understand he has two additional staff persons with him and they will be available for questions as well. So I will turn it over to him and his staff. Thank you again for being here with us today.

>> You need to unmute, Jason. >> Spencer, can you hear me?

>> We can. It's a little muscled, but maybe speak a little bit closer to the microphone.

>> A little better now? Okay, great. Sorry, guys. A little technical difficulties. Thanks so much for that introduction, Ms. Hayden. Good morning, councilmembers and mayor Adler. I'm going to go ahead and share our screen. Joining me this morning is our chief medical officer

[9:45:46 AM]

Dr. Allen shalsa and also our chief operating officer Yvonne Carmina. And also on the phone is Mr. Mike geese land, the press and CEO for central health and Ted Burton. They will go towards a couple of slides

towards the end. So the agenda this morning, again, good morning, everyone. The agenda this morning is we're going to provide an update from community care's perspective as it relates to our overall response to the coronavirus pandemic, including where we are with our testing initiatives. And we are going to go ahead and tag team this this morning and again Mike and Ted are going to follow up with some key notes and points from central health's perspective. I think before jumping in and talking specifically as

[9:46:47 AM]

it relates to community care health care center's response to the pandemic, it's important for councilmembers and audience at large just to better understand community care. We are a 501(c)3 not for profit that partners with central health, central health, similar to the city of Austin, was a recipient of a federal grant award through the federal health center program. It's authorized through the public health services act long-standing program in terms of community health centers across the country. The major purpose of the health center program is to connect lower resource, lower income, uninsured and under insured communities with the care they need and deserve. Here at community care we have the privilege and honor of caring for Travis county residents, Austin residents who are underresourced,

[9:47:48 AM]

uninsured and underinsured. We provided unique care for individuals and patient visits with a medical provider, dental provider. Currently operating 27 clinics across the area. The vast majority are located in the city of Austin proper, but we do operate both outside the city of Austin within Travis county and we actually have two clinics now outside Travis county as well, one in bastrop and one in round Rock. This we take a look at overall services it's only possible because of the strong partnerships we have so our relationship with central health is they, similar to the city of Austin years ago as the federal grantee with the federal grant -- federal grantee with the federal grant program. But given nuances related to governance community care is operating and we have our own separate board of directors that is responsible for the day-to-day operations and governance relative to that. So certainly our board of

[9:48:48 AM]

directors, our partners at central health, as well as the relationship with Austin public health, has really gone ahead and helped us to support the communities that we're so privileged to serve. One of the things that we have at community care that's extremely important to us is our vision, which is really achieving health equity for all. And a lot of what we're going to be talking about relative to coronavirus really is about how we're trying to maintain and increase and strengthen the health and well-being of

the communities we serve. At the same time while achieving equity. So throughout our entire response, councilmembers and mayor Adler, what we've had at the fore [indiscernible]

[Inaudible].

>> It's cutting out for us.

>> You're muted. Mayor, you're muted.

[9:49:49 AM]

>> Mayor Adler: It would help if I would unmute too. Dr. Fornier, you've tailed off. We can't hear you.

>> Can you hear me now? Mayor Adler yes. That would be good, thank you. Now I can't hear you.

>> How about now?

[Echo].

>> Mayor Adler: We lost you as you were beginning to get to this slide.

[Echo]. Mayor Adler now you're muted again. I think you need to unmute and turn off your phone. Try speaking now.

[9:50:52 AM]

Dr. Fornier, we can hear you.

>> Okay, perfect. So sorry about that. We thought we'd be safer to hand around the phone so you can hear us, but we'll go through the computer.

[Background noise]. My apologies. It's the new norm for all of us. What I was saying as I advanced this slide, our goal here at community care is really to strengthen the health and well-being of the communities we serve. Coupled to that is we have core as our mission strengthening and looking at achieving health equality for all within the community and that really reflects a response relative to the coronavirus pandemic. And one of the things that we've looked at from very early on in our planning that dates back to February relative to preparations for coronavirus was really our top priorities of looking at how do we safeguard the health and well-being of both our patients who are coming and egressing into our facilities and our staff as well. And key to that and very early on to the response was making sure we had adequate access to personal protective equipment.

[9:51:53 AM]

Another top priority for us was ensuring that we had access and maintenance of access to our health care services, especially as coronavirus became more prevalent within the community at large and we were looking at protective measures both for our staff and for patients. And so coupled to that was communication strategies both internal and then also external. And we wanted to make sure that key to a response as always is looking at data to inform our decision making, inclusive of how our services were being rendered, how they needed to change and adapt to the new normal that evolved with coronavirus. And then also coupled to that is how we were going to use data to inform our testing strategies. And so some of the mitigation steps that we put in very early on really involved and based on Dr. Escott and aph's directive really taking a look at how folks are entering into our facilities inclusive of our staff members who were screening twice daily, but everyone who comes into our facilities being prescreened

[9:52:53 AM]

so we're actively monitoring folks that way. I'm pleased to say that we've had 12 of our staff members, and 12 sounds like too many. Actually one is too many, but 12 of our staff members have tested positive to date. Of those 12, though, we do know that 11 were most likely contracted through community exposure as opposed to within our environment. And one individual perhaps within our environment. So I think that speaks to these guidance that's come through aph really in terms of protecting not only our staff and the health care workers that are being themselves and -- putting themselves and their families on the line, but also the patients coming through. We also early on set up a coronavirus hotline. It wasn't directed just to our patients, but was directed to community members at large, but in particular to individuals who are uninsured or underinsured. And especially as low -- especially that lacked a primary provider. We want our patients to know how to find us lig, with you

[9:53:55 AM]

but we want us to know we're extending that out. The number is 512-978-8775. That's operating everyday of the week still and we're averaging anywhere from three to four hundred calls a day when we take a look at that. Also very early on into our response we implemented drive-through testing and Dr. Shaw will talk about the Hancock drive-through testing in a moment. But we also went ahead and transitioned the majority of our services to telephonic and telemedicine. And he has the next slide so he will talk specifically to telephonic and telemedicine and just how rapid we went ahead and made that switch.

[Background noise].

[Echo].

>> Thank you for that information. Glad to share information with you all. Precoated we saw about 2,000 patients a day. Once we transitioned our

[9:54:56 AM]

non-critical urgent patients out of clinic while we, you know, tried to catch up or played catch-up and learned how to prepare our environment to be as safe as possible.

[Unmuted background conversation]. Within the span of four or five days we transitioned to a telephonic and

[indiscernible] Based care model and we now conduct about 70% of our care remotely. And we're seeing between 1300 and 1400 patients a day.

[Unmuted conversation]. In mid March we also stood up our Hancock drive-through testing site. That site was selected as it was central to the patients that we served, to date we've had over 4,000 patients visit that site, both patients and non-patients. We've tested a little over 70% and we've tested about

[9:55:57 AM]

3,000 individuals. We follow CDC guidelines as far as testing. As the availability of tests has become Ora Houston as tests have become more available we've been able to

[indiscernible] Our testing and go from kind of the higher priority groups to the lower priority groups.

>> Casar: Mayor, I think we're getting some echo and I think it's you and Jason maybe needing to mute.

>> I am the chief operating officer for community care.

>> Mayor Adler: We have people that have their communities on and their phones on. You can only have one source at a time. We're getting 'echo.

>> Casar: It's highlighting for me Jason's screen so not to call you out, but it may be if you can find a way to mute.

>> It's okay, councilmember Casar.

[Echo].

>> Mayor, you're muted.

[9:57:03 AM]

>> We're going to do it the old-fashioned way, guys. Can you hear us. We're shutting down all the technology that's --

>> We're sharing off one computer so hopefully you can hear me fine now. Great. Okay. All right. So I'm going to go through a few slides here very quickly, but that I think are real informative related to additional testing and some demographic information. So we did want to -- we did want you to be aware that beyond just our Hancock location we did expand to the eastern crescent sites to expand testing along. So we have four sites there and we also have two drive-up sites. Overall we've screened 500 people and tested over 480 individuals. And the demographic information and the breakdown is there for your review. It's not advancing.

[9:58:07 AM]

And so the other thing we'd also like to be able to demonstrate is then overall what our positivity rates, how they're presenting, obviously by gender, race and ethnicity. So I'll go through some of these slides very quickly for your review. The first thing is you can see overall that we have a slightly higher rate of positivity -- excuse me, testing for males than females. And some of the reasons for that have been reviewed over the previous presentations. Also we wanted to review regarding age as far as positivity. You can see we have a 653 individuals in the highest age group, which is 18 to 64 range. And these -- what you should take from this is these are the individuals who are presenting to the testing center and this is the age range that we have. And and you can see how that

[9:59:07 AM]

compares to the overall positivity rate based on able. We also want to discuss, the individuals who are seniors community care patients to those of the general public who are coming to the testing center. So what you can see overall our positivity rates, they're near each other, but they're slightly higher for our noncuc patients. We had a higher discrepancy between the two early on but we're starting to see an increase in the Cuc numbers. I think it's also important, the percentages, this is based upon the number of tests returned, and there's always a gap related to the return rate, because from the time you collect the test to when you get the results back on that as well.

>> So we're switching over to Dr. Shullsha now.

>> All right. Hello again. When you look at our positivity

[10:00:09 AM]

rate, you can see we've had a rate that has been transitioning, but transitioning as far as increasing. This is a run rate really through the middle of March. The positivity rate by ethnicity, you can see the high rate as far as our Latin patient population, and we'll get into more specifics in a second. And then again, through the beginning of March, you can see our transition, April, the end of April through the first week

in may was kind of our high point with 21.41% as far as positivity rate. And we're a little over 19% now. Again, that rate has been gradually increasing. When we're looking at those individuals who are African-American who have visited our testing sites, at the end of April, we had a

[10:01:10 AM]

positivity rate of about 3.5%. And you can look at the 10% increase from that date to may 10th through may 16th. Now, of note, please notice that we had two individuals who were positive then, and we have six individuals who tested positive the next -- you know, that week later. So the end is really small, the positivity rate has definitely increased. For the white only, you can see, again, another jump in the positivity rate. Here the testing number was actually lower than the week before. The number of individuals found positive was one more than the week before. For our latinex population, the trend has been gradually increasing. The week of April 26th to may 2nd was our highest point. During that week, we had a

[10:02:11 AM]

couple of different construction sites that visited our testing site, and one of the examples that I've given previously is we had one construction company in which 48 individuals visited our site, and 26 tested positive. You can see our positivity rate is still now a little over 24%. Testing by week, as far as looking at individuals who are not our patients, versus our patients, again, you can see a gradual increase as related to the positivity rates. So I think, council members, mayor Adler, miss Hayden, and Mr. Cronk, when you take a look at this data, and Dr. Escott, we've got some trends that are pretty indicative of what we're seeing within our testing sites.

[10:03:11 AM]

Not just with our Hancock testing site where we've actually provided almost 3,000 unique tests, but across our system (indiscernible) The end of last week we were at almost -- [background voices] -- and we're averaging between 150 to 200 tests across our system. The trends are again specific to our -- those that we're seeing within our clinics, health centers, within our testing sites, but we do think it's indicative of where coronavirus is within the communities we serve. And so we can't underscore that enough. We think when we're taking a look at this data and knowing that things are opening back up, we think it's extremely important for us to not only continue the testing that we've been doing, but also to expand that testing. So to give you a snap shot just from a geo code perspective, this is a heat map that you're looking at. And this is giving you an idea of the testing that we've done to date. And this is actually from late

[10:04:13 AM]

last week. So there's probably another 500, 600 tests that have occurred in the intervening time. With that stated, what you're looking at here and what we want to see, because the patients and populations we serve and the communities we serve are mostly east of I-35, or north along Runberg north Austin, and then into the eastern portion of Travis county and into what's known and referred to since 2015 as the eastern crescent based on the city demographers work, we're hitting a lot of the areas we want to see. We're seeing Riverside, we're seeing del Val, Austin's Hornsby bend, Maynor, and these are sites where we have testing, Colony Park as well, and then St. John's, and Runberg in north Austin is what you're seeing as well. And of course we're seeing a little bit as we look further south. We also took a look at -- this

[10:05:15 AM]

is Dr. Shullsha stated -- I think the week-by-week data has been the most informative to us. That's something now we've been doing, council members, for probably the last four weeks or so, as we're trying to go ahead and position ourselves in terms of being more responsive, and looking at trends that are merging within the community, but at the same time testing overall. One of the unique things you might not have picked up is 56% of our tests have actually been provided to non-community care patients. Let me repeat that again, 56% of our tests have not been provided to community care patients, but community at large. But the other 44% have. So when we took a look at the top 10 zip codes with all those 41, we've had 4,133 tests returned as of this data being analyzed yesterday morning. So that was the results that were trickling in from last week, really from Thursday, Friday, we didn't really have results reflective of last

[10:06:16 AM]

Wednesday. When we take a look at these, this is the top 10 zip codes. There is a percentage next to it. Look at Pflugerville at the top right there. So you've got zip code 78660. These are folks that we tested either in the health center or at one of our testing sites, or one of our other health centers of the residents from 78660, 25 tested positive at 60.9%. As you look through, you can see that our highest level right now is sitting at 26.8%, which is 78752, which is the St. John's community. And then when you get down further into the Dove Springs community, we're seeing 78741, you're seeing areas we see a higher positivity. Mindful of the fact that if we were to do similar to Dr. Escott and try to control by the population, because this is a little misleading when it's just

[10:07:16 AM]

positivity, we now need to overlay the data, frankly, with the census track -- or sorry, the zip code population overall and say, okay, for the testing we've done, here's the per thousand or per 10,000 rate that we're seeing relative to our tests. And that's something that we'll plan on doing into the future. But it gives you an idea at least at a very high level in terms of what our testing is revealing. Just indicating that we set the threshold of, you had to have within a community, withinne of these zip codes, you had to have at least 25 positives in order for it to hit in the top 10. We would have a zip code where we tested three or four individuals in totality, and out of the tests that we've had back, and of that you can have two that came back positive and saying it's a positive rate of 50. Of course, there isn't statistical significance of when we're looking at small numbers like that. So the other part that's critically important to us here at community care with our

[10:08:18 AM]

partnership at Austin public health, we see our role as really just being coplementary to the great job, with all the staff at aph, this is really as Spencer indicated, these are unprecedented times. This is a very fluid position. If you asked us, the three leaders from community care six weeks ago, if 70% of our -- well, eight weeks ago, six -- we've been at this more than six weeks, that 80% of our clinical services would be occurring telephonically, I think we would have all shook our head and said no way. So our ability to do this is basesed upon the partnerships, the gap where needed, and the 1,100-plus employees, contracted folks who are coming through and really supporting the community, they're really the folks who are doing the hard work on the front line and really heroes in terms of providing that care. But one of the things we think,

[10:09:20 AM]

as do our partners at Austin public health, and health partners across the country, we all need to be doing more testing. A little bit over a week ago we worked with partners at Santin health insurers. If you don't know Santin health, Santin is a national insurance company, more locally they're a superior health plan, and they really work in the medicaid space nationally. Many, many millions of lives covered through their various different health insurance programs. Through a partnership with Santin, and quest diagnostics, we were able to secure an additional commitment for 1,000 tests per week. I think we'll be able to get more than that, as we continue to move forward. But that immediately moved us from having a baseline of 600 tests per week to now 1,600 tests. The other thing unique about that is we got their engagement, and it honestly didn't take much

[10:10:22 AM]

for them to get to this, and their permission to use those tests for asymptomatic testing. Which is atypical, right? Very early when you look at the earlier graphics we put up, our testing was very limited. When we were in mid-march, we were testing 50, 60 individuals a week, when we first started because that's what we can get our hands on relative to testing kits. We struggled like so many other providers did across the nation in securing those much-needed materials. And at that point in time we were testing folks who were high risk, based on CDC guidelines over the age of 60, or immunocompromised. Now, today, and for the last three to four weeks, if you showed up at one of our testing sites and you were asymptomatic, you were guaranteed you were going to get a test. Even if you were asymptomatic, with no exposure, you might have gotten tested based on where our testing was. With the commitment from Santin, we also wanted to go ahead and look at testing asymptomatic

[10:11:23 AM]

individuals within our health centers. So these are folks who are coming into our clinics who are completely asymptomatic for coronavirus symptoms, fever, cough, things you've heard from Dr. Escott and others, and with no known exposure. And so this is very preliminary data. This number is small overall. But this, again, demonstrates our ability here at community care to ingest the data relative to our own testing, putting it in a format to show what's going on. When we look at the top graphic here, this is for the time period of Thursday, May 8th, through Friday, May 15th. The tests during that period are still outstanding. As of yesterday, or today, or tomorrow, in terms of a return time, it's usually about 72 hours right now, but when we take a look at the top one, this is all community care testing sites. You can see for asymptomatic individuals with no exposure, so they're not aware of having been

[10:12:25 AM]

exposed to anyone, when we've tested, our total amount of tests come back positive at 5.5%. That's actually higher than the 2.3% at the community level Dr. Escott mentioned. It's a little disconcerting. We're not quite sure what it means yet because it's such a small number. But one we control for. And it could be, frankly, the fact that when we're data entering this in at our testing sites, we're checking this to make sure that there isn't just an oversight, and making sure that we're capturing those symptoms. In the health centers, the bottom graphic, this was a new initiative as of last week. So as patients were coming in to our facilities, we were asking them if they were asymptomatic and no known exposure, if they would like to get tested for coronavirus. Now, that's different than what CDC had provided in its guidance, up until two weeks ago. As of last Monday, centers for disease control and prevention issued a divide answer, that one of the high priority groups was

[10:13:27 AM]

individuals that are drawn from racial and ethnic minority groups. And so that aligns with our patient population. And so we are still adhere ent to CDC guide lines. That's important to us. This is scarce resources. But based on the guidance from CDC and what we're seeing in our own trend data, a higher burden of coronavirus positivity in the community at large. We felt it was important to get a baseline in our patients. At the bottom for the health centers, we're seeing an overall positivity rate of 1.39%. No symptoms, no known exposure. We had one individual test positive. That's a low number. We're kind of pushing statistical significance here. We're not there yet. Overall depending on which epidemiologist or statistician. We'll have a better idea by the end of this week, after we've gotten several hundred tested, we'll have a better idea of what that looks like within our current environment.

[10:14:27 AM]

It dramatically shifts when we start looking at the tests on this slide, overall, if you're symptomatic and present to either our health center or one of our testing sites, the positivity rate when someone is symptomatic with no exposure is 22.83%. When there's a symptom, the bottom part, or the bottom graphic, when you look at someone who has symptoms with a known exposure, so this is a household member, loved one, co-worker who's tested positive, and the individual presents to us with a symptom, you can see for our patients, that's coming in at 44%. Again, the number's fairly low, but it's indicative of the overall testing that's occurring. So we try not to read into too much. But at the same time we're trying to look at this to say, there is a trend here and we need to be paying close attention to this. And when we take a look at that, almost 44% for community care patients who present with

[10:15:28 AM]

symptoms and known exposure testing positive, compared to 20% of non-community care patients testing positive with an overall positivity rate of 28.12%. How does this information inform us and how it should be used to inform potential initiatives that are being endorsed by the council, us and public health, I think this speaks very critically to contact tracing. That as soon as we identify a case, symptoms, exposures, it's imperative, you look down at the bottom, or the top, symptomatic with no exposure coming through, right? Even on the part where they're asymptomatic, we have asymptomatic with exposure, we're not showing that right now, but asymptomatic with exposure, contact tracing is important. Dr. Shullsha, if you don't mind talking a little bit about what we're doing with contact tracing and how we're stepping that up, just so there's awareness around council members as it relates to

[10:16:28 AM]

our partnership with Austin's public health which we're really pleased and happy about being able to support your work, the great work the city is doing.

>> Thank you. Dr. Escott referred to some of the work that's being done by us in collaboration with UT. We are transitioning to -- miss Hayden referred to this as well -- to set up our own tracing environment, partnering with central health. As we increase the number of tests for our dmunt, we want to make sure that we are culturally sensitive as far as when we approach the index patients, and then ensure that we trace all of their contacts. In the next couple weeks we're going to be putting a lot of effort in working with our partners, setting that up, so that we can make sure folks who are in contact with others, have a positive diagnosis, don't spread that diagnosis and stay home.

>> Thanks for all your work and

[10:17:28 AM]

efforts for that, Dr. Shullsha. And Yvonne and her team, all their work around this. I think the key takeaways from the information we just shared with you, overall we're seeing a positivity rate that is not consistent with what we're seeing in the general community. And we would go ahead and surmise that that is directly related to the communities that we serve. And the communities that are also seeking testing through our sites. As a well-established, trusted provider within the community, in particular within our racial and ethnic -- for our racial and ethnic neighbors and brothers and sisters, I think that they know they can come get tested through us. The other thing is, our drive-through testing from very early on, you didn't have to have a referral. It was open. You don't have to complete anything. You show up, we're going to screen you onsite. That might mean you wait a little longer, but folks have been very patient with us. I think the other key takeaway is that we're seeing trends from

[10:18:29 AM]

our perspectives that are with our populations that are privileged to be served, and Latin X community, a run rate around 24% positivity for those that we're testing, noting that it's skewed based on a construction company referring folks down to us. So even when we start controlling for that, it's still at a higher rate than the community at large. And it means that we need to do a better job collectively here at community care and at large within the community in terms of how are we going to approach containment, and mitigation strategies. Especially around folks through no fault of their own that simply have access to less resources. So part of that is about messaging. And so we've really relied on our internal resources but also our partners at central health to support us with this. In terms of what are looking at

[10:19:31 AM]

effective communication strategies, both using our internal patient database but also looking at community at large. I know Mr. Geeseland and Mr. Bertner will talk about that. So I'll hand this over to them. I'll mute my mic here so they can go ahead and speak.

>> Good morning. This is Ted Burton and I'm vice president of communications at central health. Can you hear me okay? Great. As Jason mentioned, central health's communications, and community engagement team has been working extremely close with community care to create a unified and integrated communications approach to share critical information through multiple channels. Always in English and Spanish. And so from grass roots on the ground outreach community engagement to paid media, specifically targeting our patient population.

[10:20:32 AM]

So people 12% or below the poverty level. I'm just going to hit a few highlights. So we completed phase 1 of a media campaign that ran April through may. And we are about to launch tomorrow phase 2 of a media initiative. I would like to say that we are working with the city of Austin, in fact, I have a meeting this afternoon, to make sure that our media plans are coordinated, and complementary with each other. And so that's happening today. But just a real quick recap of what we've done. We had a heavy emphasis on radio, and so again, in English and Spanish, and our target audience was the Latino community and African-American community. Again, families with low income. I can provide much more detail if you'd like it, but essentially we had produced spots, deejay reads, and then we did a lot of recorded interviews and we're continuing to do that in English and Spanish.

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And those interviews run periodically throughout the day. So for the first phase of this initiative, we had nearly 470 spots, and reached 65% of our target audience, five times a week. So a really good saturation. Again, that radio will kick off again next Monday. But tomorrow, we begin a digital online initiative. We've also been doing a lot of

(indiscernible) Media, press releases, about one a week, always in English and Spanish. And next slide, please. And then a lot of social media. I would encourage you to go to [centralhealth.net](http://centralhealth.net) to look at the page, there is a lot of social media content there that we've produced in-house and with our consultants. We are in the midst of producing more. And this paid social media

[10:22:33 AM]

campaign is targeting the 10 zip codes that Jason mentioned. Highest concentration of people with low income, and highest concentration of positivity rates. So using info graphics, videos, we had 1.3 million impressions through April. Regarding community engagement and grass roots outreach, our community adviser committees have all moved into the virtual realm. In fact, we hosted a community conversation last night, a virtual community conversation, talking about how covid-19 is going to impact our 2021 budget and strategic priorities. We've been -- we launched a new texting initiative, so all of our paid media has a texting component where you can opt in, and we'll text you information about testing sites, resources, et cetera. As I mentioned, the next phase of our media campaign will have

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a heavy focus on the Latin X community, including construction workers. So talking about how to get tested, the covid hotline number, what happens if you test positive. But we also want to address some of these really critical barriers that might prevent somebody from getting tested. Acknowledging that there is a fear of testing, there's a fear of testing positive and not being able to work, not being able to earn a living, and care for your family. So we want to talk about that. And explain what can happen if you do test, how to protect your family, how to isolate so you don't infect your family, especially for families who may be multi-generational living under one roof. So that -- again, we'll coordinate this media by Austin public health. Next slide. We also conducted a direct mail campaign. There were three phases. We're going to begin another

[10:24:35 AM]

round here in the next couple of weeks. But the direct mail pieces, we reached 119 -- I'm sorry, 40,000 households three times. And so there was three phases, talking about how to protect yourself, including how to wear a facemask, staying home, and staying six feet away. There was a direct mail piece that was about hair and coverage, and a direct mail piece that was all about testing, promoting the hotline and where to get tests. That direct mail piece will continue. And just real quickly on some of the grass roots outreach, the hard-to-reach vulnerable populations. We have medical health workers calling the medical access members, members who don't have access to the internet who often don't speak English, and so explaining to them how they can protect themselves and their families, where to get tested, how to access health care over

[10:25:37 AM]

the telephone. And we've heard that using a local 512 number to make these calls has been vital. Anecdotally people said they wouldn't answer the call if they didn't see a local number. We're doing outreach to immigrant organizations, making sure they can help share information, and then we've been

calling the construction industry. So construction companies and organizations that work within that industry to share information about testing in a one-page flier. Right now we're in the process of producing outreach kits that will include fliers and posters. We're going to mail those to small businesses, like

(indiscernible) And other small businesses that cater to the Latino community. So that's in the works now. And then we are beginning a video series that is going to feature high-profile Latino leaders, respected Latino

[10:26:39 AM]

leaders, nostroka, which is take care of ourselves, take care of our families. And so it's a turn on what we've heard anecdotally, people say if it's our turn, it's our turn, there's nothing we can do about that. So we want to take that and turn it into a positive message, it's our turn to take care of ourselves, our families and our communities. That video series is in the works. I hope we'll have something to put out probably by early next week, and put some money behind it to get it out as far and wide as possible. And with that, I will pause and hand it over to Mike geeseland.

>> Thank you, Ted. I'm Mike geeseland. Thank you for having us this morning. Very briefly, I want to talk about our medical access program and medical access base program. As you can see, I'll focus on

[10:27:41 AM]

the lower right-hand corner. Enrollments have increased. And that's due for a number of reasons. One, you think about what's happening economically and families needing access to health care coverage. Two, we've also extended enrollment by 90 days for over 16,000 map and map basic members. Typically enrollment lasts for six months, but by extending that enrollment, we were making sure that people's coverage didn't accidentally lapse, so that they went without coverage. It's important to maintain the continuity of coverage during a pandemic. And the other reason is just very robust outreach, and telephonic services. So as Ted pointed out, we are reaching out to communities of color, and making sure that people understand in culturally appropriate ways how to enroll in map, but also making it easy to enroll in map. And that means using telephone.

[10:28:41 AM]

We've launched an app which enables people to enroll. And that's been very successful for us, because again, people don't have to leave their houses or come in to the enrollment sites, they can do so from their house safely. Next slide, please. I want to apologize. I'm not seeing the slides on my screen.

>> We are not either.

>> It's gone dark. Everybody has that slide set that was --

>> If I can start speaking to what I recall is, they -- the next set of slides, it should be a set of graphs that show -- does anybody have a visual on the slides?

>> (Indiscernible), ch patient, ch gender?

>> Yes, thank you, mayor. So what these graphs were

[10:29:43 AM]

showing is, it's a snap shot into the medical access, and medical access basic programs. We tend to trend younger with our population, in between the 18 and 45 or 49 category. We are predominantly his pan pick, over 66% Latin X. And then probably in descending order, looking at anglo, and then African-American enrollments. We also are -- we have higher percentage of female enrollees, by gender identity, as opposed to male by gender identity. Again, I don't recall -- I don't have the slides in front of me, but that just gives you a sense of who we are. As noted earlier, our mission is by providing care to those who need it most, we're able to provide a healthy community. And we focus at 200% of below federal poverty level.

[10:30:43 AM]

This is critical, because we're privileged to take care of some of the most vulnerable in our communities. And as we continue through this pandemic, we're going to continue supporting the emergency operations center and the various task forces that we are either providing staff support to and monitoring, and continue to provide support and care, facility support, but also in outreach as Mr. Burton had pointed out. We want to make sure we're connecting with people. However you present yourself and see yourself, whether it's by race, ethnicity, gender identity, orientations, we want to make sure that we're connecting with people in appropriate ways, so that we can get the message out about how to be tested, how to get care, but also how to protect your family and friends as well. So that concludes our presentation. And I know we're a little over time, but I want to thank everybody for giving us the opportunity to have this discussion with you today.

>> Mayor Adler: Manager, thank

[10:31:45 AM]

you very much. Thank you. Should we go to the colleagues to do quick rounds of questions?

>> Mayor, council, you can go to the colleagues for questions. That concludes the presentation on the public health related elements of this morning. So again, I can't emphasize enough the collaboration and partnership that we have with central health and community care, so thank you for being here to share your experiences with the council.

>> Mayor Adler: Okay. I don't know, Dr. Escott, how long you're going to be able to stay with us. I don't know, are you still with us?

>> Mayor, I believe he did have to step out to go to community court.

>> Mayor Adler: Okay. Let's go around. We don't have a lot of time. We're just going to have one question, and we'll keep going around in circles. So think of your most important question and we'll whip away through. Council member Ellis, do you want to start with your first question?

>> Ellis: Let me make sure I'm unmuted. I'm sorry that Dr. Escott had to

[10:32:48 AM]

step off. I saw there was three clusters in medical laboratories, I was wondering if that was in relation to the covid testing labs or other diagnostic testing or if there was another indication that it came in through other points of contact, and just happened to be shown there?

>> Mayor Adler: Director Hayden, can you answer that question?

>> Yes. It actually came in through other points of testing. Not the laboratories where we are processing the testing.

>> Ellis: That's helpful, thank you.

>> Mayor Adler: Okay. Mayor pro tem Garza. Do you have a question?

>> Garza: Yes. I was unaware of all the community outreach and engagement that central health is doing. So thank you. And was wondering if, you know, we've -- Dr. Escott has really highlighted almost every single medium that we've had, the disparities, the racial disparities that we're seeing.

[10:33:50 AM]

And because central health has done such significant work in that outreach, you may not be aware, but we have -- members of the Latino community have reached out and asked, you know, for a task force of some sort -- they're wanting to help and boost our efforts in community engagement efforts. I'm wondering if there's an opportunity -- has -- have members of the hispanic community reached out to central health and asked for a similar task force? And I wonder if maybe that's the best place for that to take place, because of all the great work that y'all are doing in that area, and give them the opportunity to be part of boosting of your efforts.

>> I'll start to answer that and ask others to chime in, please. That's an excellent question. Actually, the communication has been two-way. We reached out to leaders in

[10:34:52 AM]

communities, Latin X, African-American, to be able to connect with people. They've also reached out to us and been valuable in providing insight, how to work through these types of situations. So I would say that we've benefited from a very robust two-way communication. That's going to be essential as we continue to go forward. Specifically asked the former task force, no, ma'am, at least not to my knowledge. We're running at 90 miles an hour pushing out as much content as we can. But if there's some pivots that we need to make to be able to support what the city and the county are doing, we'll certainly do that. I would recommend that if there is going to be a task force, that there be one, and that it be organized underneath Austin public health, eoc, however that shakes out. But you get too many task forces, you start pulling on the same resources and too many zoom

[10:35:56 AM]

meetings and you lose productivity. But that's my initial response to your excellent question.

>> Mayor Adler: Okay.

>> Garza: Quick follow-up. Thank you for that. I think there's an opportunity to get some support for a task force. It's always great when people want to help the efforts. But I want to say thank you to community care and everybody for all the work that you're doing. I know community care has, I think weekly updates. I was able to join one for a little bit. That was offered in both English and Spanish every week. So thank you all for all your efforts.

>> Thank you.

>> Mayor Adler: Council member kitchen.

>> Kitchen: Okay. So --

>> Mayor Adler: What's your question?

>> Kitchen: Yes, I know I only get one. So my question then, I'll ask central health, I'm wondering about coordination, it's actually for public health, too,

[10:36:57 AM]

about coordination with the other safety net providers in the city, specifically people's community clinic, and the other health care providers that are part of the -- or have been in the past part of the icc, the integrated care collaboration. I wonder if there's collaboration going on in two fronts, both outreaching testing and the data coordination. I'm particularly interested in wondering if there's a way to take the data for our testing, the data for central health testing, the data for the community clinic, and the data from the other providers to get a more complete picture. I think central health's data is very, very, very instructive because of the community that you serve. But I'm wanting to understand whether there are efforts going on to look at the data across the community, to integrate the data, as well as to integrate

[10:37:58 AM]

the outreach. I think the mayor pro tem's question about the task force is very helpful. And so I would also be curious about the role of the icc, and any of this integration.

>> I think on the data piece, I'll defer to Austin public health. I know that there's been some data compilation frameworks that are separate from the icc, but I would have to defer to others to answer that.

>> Mayor Adler: We can ask Stephanie to speak to this. Council member kitchen

(indiscernible) Has been tasked with pulling everybody together in the community that's doing testing.

>> Kitchen: Okay.

>> Mayor Adler: It's in one place, and those systems have never been set up before, but it looks like now it is in fact happening.

>> Kitchen: Okay. That's good. Because these data, these different data buckets are helpful, but it would be more helpful to understand across the

[10:38:58 AM]

whole community what we're seeing.

>> And council member kitchen, this is Jason Fornier with community care here, the task force has been stood up, it's fupgz AI, there have been two meetings that have occurred. Dr. Shullsha and myself are participating directly with that, in coordination, including gaining access to information through icc, but across the disparate systems. And then having that all funnel up. So it's a work in progress. We don't know what the timeline looks like for information to be produced, but I would be guessing it's probably still several weeks away.

>> Mayor Adler: The icc, all the hospital system, all the testing laboratories, and --

>> Kitchen: I used to be executive director of the icc, so I'm very familiar with it. Yes, Dr. Fornier, I would like to talk to you offline some more about that.

>> I would be more than happy to.

>> Kitchen: Also, I'd like to understand the other aspects of

[10:40:01 AM]

coordination that may be occurring with regard to outreach, for example, with regard to, you know, reaching out to the community and that sort of thing. And I think that the mayor pro tem's question was important. So I would like to see some coordination there also.

>> Okay.

>> Mayor Adler: Thank you. Other questions, colleagues? Yes, council member tovo?

>> Tovo: I have several. I think mine, too, is for Dr. Escott, but he's left, so perhaps someone else on the call can answer this one. In Dr. Escott's presentation, he had a slide about the non-institutional clusters. One involved restaurant retail, one involved construction. I'm trying to square that information with some other information we've received today, and other information we've received in the media. And I'm not -- I can't make that

[10:41:02 AM]

work from my angle. So perhaps, director Hayden, you might be able to answer that question.

(Indiscernible) -- Community care, in their presentation, this is just an example, but in their presentation, you gave some numbers for one of the construction sites, for example. And those -- and so I need to understand whether the non-institutional cluster site, that was in Dr. Escott's presentation, is a different set of numbers, or -- how those mesh? The other example I'm aware of, we've seen some media discussions, and I'm not going to offer specifics, but we've received some media reports about particular restaurants. And those numbers don't seem to be reflected in the non-institutional cluster of Dr. Escott's slides.

[10:42:03 AM]

I wonder, miss Hayden, if you might be able to shed some light on what Dr. Escott presented and what numbers those are counting and how that meshes with community care's information. And before I end, I just want to say, I do have questions about contact tracing. I've been getting some questions about

that. And also I wanted to thank director Hayden and our deputy city manager and Shawn Willette in purchasing, I know you had a very, very quick turn-around time in getting the aid caregiver meals up and running. I believe those start today. And as many of you know, those are involving different conglomerations of different restaurants. So it's really a benefit all around, all of those parties, both those who are delivering the meals as well as those who are receiving them. So really huge thanks to our city staff for their extraordinary work on getting that happening.

[10:43:03 AM]

>> Mayor Adler: Thank you. Colleagues, any additional questions before we go to the budget issues?

>> Tovo: Mayor, I had a question to public health about that chart, non-institutional clusters chart.

>> Yes. So basically, I'll start with the question between the tie between what community care has presented versus what Austin public health has presented. I think one of the things to keep in mind is that their testing sites, as Dr. Shullsha mentioned, they had a site where several -- it was over 40 construction workers came over to that testing site, and they were from Williamson county. So they are having folks that are potentially coming over from another county. So that's one thing. The other thing is that we define a cluster as three or

[10:44:04 AM]

more cases. And so once a site has three or more cases, and with construction, it is very complex, because you have the general contractor, but then you may have folks that have smaller contracts. And so then we start to look at that specific part of the industry. So, for example, with the plumbing, for example, there are two clusters within two companies that we are working with. So it is a little bit more complex than just saying, you know, construction industry as a whole, because we have to look at the business itself, the business owner, the construction site, and so all of the complexities with that. And so I hope that answers your question. And I know Dr. Fornier may be able to add some additional information as well.

[10:45:04 AM]

>> Tovo: Dr. Hayden, thank you. The question is really about the slide that Dr. Escott presented on 16. I think I have another clarification I need for that. And it's on page 16. So for example, under division G, where it says retail trade food service, and it lists three.

>> Yes.

>> Tovo: Is that three individuals or three clusters?

>> That is three clusters.

>> Tovo: Okay. So that, I think, is the clarification I needed to square the information that we're receiving on page 16 with the information that we may be getting through the media and other sources. And are these clusters cumulative, or are these current cases?

>> These are current, because we are only -- with this snapshot, and we took out all the nursing homes, and so this is only clusters between may 1st through may 17th.

>> Tovo: I think that's really helpful information. And I appreciate this level of

[10:46:05 AM]

detail. I would suggest that in the future maybe that be embedded in the clarification, that information, both the dates and the -- and some of that other information that we discussed.

>> And we can do that. And as Dr. Escott mentioned earlier, when there's stabilization and no more additional cases, the clusters fall off. And we, you know, go ahead and move to another set of clusters. So it's an evolving pro sis.

>> Tovo: That's really super helpful, thank you. Mayor, I would request at some point during today's work session we revisit the idea of the task force, that several of my colleagues have mentioned. I know we're trying to get to questions for presenters right now, but I have several questions as well as my colleagues on that issue as well.

>> Mayor Adler: We'll discuss that. I think everybody wants to.

[10:47:05 AM]

Further questions? Council member -- other people raised their hands, so I'm going to go through additional people at this point.

>> Renteria: I see we're getting more cases at construction sites. Is there any plan for you guys to go out there to test all construction workers, or is it just waiting until someone -- from one of these construction sites comes in and tests positive? And if they do, do you all go and test all the workers out there?

>> Council member Renteria, our staff are developing a testing plan and strategy for construction sites moving forward. But as a general practice, basically what the department does is that if there is one individual that tests positive

[10:48:07 AM]

at any employment site, we track that information. And so once it turns into a cluster, we contact the owner of that business, and we talk to them and let them know that you have three positive cases at your -- you know, at your site, your location. And basically recommend some strategies to mitigate. And amongst those strategies is that we will make a determination, if we need to go in and test more employees, if we need to check the screenings that they have in place, any kind of documentation that they've kept up with. So it's a technical assistance type process as well, because we want to ensure that they are adhering to those safety practices. But with construction, we are looking to do some additional

[10:49:08 AM]

sites.

>> Renteria: So you're actually waiting until there's actually three active cases from that location before you all go and test all the rest of the workers?

>> Yes.

>> Renteria: Is that because you can't get ahold of the test, or is that because you have to have permission of the contractors?

>> Well, it's a combination of several things. One, I mean, we don't have -- we have several priorities that have been set, and so we have to make sure that we are addressing each of the priorities as much as we can. So between the nursing home tests and the long-term care tests, the requests from the jails, the requests from the construction industry, the general population that we need to do, the ability to do mobile testing, and so we have so many

[10:50:09 AM]

priorities, and we don't have enough people to be able to do all of those -- all of that testing, or the testing kits to be able to do it. So we have to set a process where we do prioritize.

>> Renteria: So it's a combination of both, that you don't have enough tests, because there's not enough tests available out there to do that?

>> There's not enough tests.

>> Renteria: Thank you.

>> This is Leslie. I can't tell if you can see my hand.

>> Renteria: That's all I have, mayor.

>> Mayor Adler: Council member harper-madison, and council member pool, and council member alter.

>> Harper-madison: I think council member Renteria got part of my question. So the other part of the question would be -- first of all, this is a really, really informative presentation. It was very helpful. But I still walk away with the

[10:51:09 AM]

question about access, both people being able to get to the site to be tested. I'm still just having some questions about, if we're meeting the need, if we still have that transportation shortage. And then the other concern I'm having was, on one of the slides, the indication was upwards of 70% of patients are accessing health care in the system by way of (indiscernible) And digital access. So I guess I'm just worried about, what about those folks who don't have transportation and/or access to digital devices and/or broadband.

>> Yeah. I'll take that one, council member. So Jason Fornier, community care. Our Hancock testing site, at

[10:52:09 AM]

interstate 35 and 41st, that was the first we opened. But for the very concerns you raise, it's the reason community care based on not only knowledge, discreet knowledge at large, but also hearing from community members that we needed to bring testing closer to the -- and more proximal to where they live is one of the reasons why we initiated our eastern eastern Travis county testing initiative. So on Mondays and Fridays, we have testing at the Jordan elementary school in partnership with the aid and colony park. In delvale on Thursday mornings we're at manor high school. And the Hornsby Dunlap middle school, or elementary school, I should say, on Tuesdays. Additional to that, the cannon

[10:53:12 AM]

site, the pflugerville site, we're doing on-site testing. So pflugerville and Buchanan, folks, when they come to those health centers, are able to get tested as they're entering the building, and in some cases we actually have testing outside. And William cannon, which is in dove springs and pflugerville, are good examples of that. It doesn't mitigate the issue completely, but having access to other testing sites I think has helped. And we saw in our close to almost 600 unique individuals tested throughout the eastern Travis county, through those initiatives, at those sites, and more to come on that. As we've opened up testing within our health centers, it's across the board, all of our health centers are up and running, with a few exceptions. We have a couple of our smaller ob/gyn clinics, the one in Springdale and Riverside

still remain closed, partly because we've concentrated our ob facilities on our southeast health and wellness,

[10:54:12 AM]

northcentral and east Austin health centers to protect the health and well being of our prenatal patients. We're supporting and assisting with transportation as well, not just for testing, but clinic access as well. While a lot of our clinic services are still being provided by telephone or telemedically, we're prying services on site so there's clarity. You don't need to have access to a computer, you don't need to have access to a smartphone. The vast majority of what we're doing is actually just, as long as they've got access to a land line or to a phone, be it a cell phone without digital or smartphone abilities, we're able to communicate effectively with our patients. And if need be, if they need to be seen in person, then we're able to do that at one of our clinics. Additional to that, we've set up arrangements for mail home pharmacy delivery, coming out of our central pharmacy at a southeast health and wellness. We've tried to take a

[10:55:12 AM]

comprehensive approach. By no means does that mean we're getting to everyone's needs, so as we continue to learn throughout this pandemic, we're tweaking our resources to make sure folks are able to access it. The concern about folks connecting telephonically has been raised, so we're working with our partners at central health to see how best we go ahead and mitigate that. So, you know, that's where we're at right now.

>> Harper-madison: Thank you. I appreciate it.

>> Yeah. No, thank you.

>> Mayor Adler: Council member pool?

>> Pool: Thanks. I'm going to look at the slides that Dr. Escott provided. I know he isn't here. Maybe director Hayden could answer. If you could look at slide 15. That new cluster, I think it's

(indiscernible) The new cluster, those numbers look pretty significant. There's two deaths out of 26 residents, 18 workers. Can you tell us if they're following infection control

[10:56:14 AM]

protocols? And if they were, why was there this big outbreak? Is there something happening that we don't know about, or they're not doing enough, or were they not complying? Can you give us -- tell us

the story that's happening there, please. And if anybody can answer, if Stephanie is able to answer that, or anybody else. That's Dr. Escott's slide 15.

>> So ultimately, at those sites, we are, as you know, we are increasing our ability to test the employees and the residents. So as those tests come back positive, then you are going to see, really across the board, for the long-term care facilities, you are going to see

[10:57:17 AM]

additional -- we're going to see an increase in a positive rate for the staff as well as the residents.

>> Pool: If that's the case, then it probably would be useful for us to get a little bit of additional information on these charts, so that we can -- obviously if more people are being tested, the numbers will go up. That may or may not be related to a surge, because we have reopened. But we need to be able to sift through that, those different variables, so if staff could give us additional information on these documents. And also, could we get these presentations before our meeting, to walk through some pretty dense material? We listen and read, and we haven't had a chance to look through these pages ourselves in advance. Is there a possibility, mayor, city manager, that we can get this information in the same time frame that we get our other official documents for meetings?

[10:58:21 AM]

Please. That would be really helpful. I think it might limit how many questions we have in this forum.

>> Understood. We'll do our best. Thank you.

>> Mayor, in the special call, is there an opportunity for us to address these questions as well? Ask questions to these experts as.

>> Mayor Adler: I'll check and see if I can get all the experts back because in a council meeting like this everybody is literally running 90 miles an hour actually doing the work. But I'll make sure that in the special called when we talk about the budget we also have an opportunity to talk about these issues and at least have some of these. But we'll check and see.

>> Pool: And get the documents in advance, please. I think it will make our meetings go faster, I hope, I think. Thanks.

>> Mayor Adler: Okay. I agree with that too. That has been the request all the time and I know

[10:59:21 AM]

staff is trying to get us documents ahead of time because they understand the importance of us being able to review things so that they get better questions when we're together rather than having a need to bring them back again to be able to ask the right question, but everybody again is going 90 miles per hour. But I agree with you and I know that staff hears that.

>> Pool: Thank you.

>> Mayor Adler: Councilmember alter.

>> Alter: Good morning and thank you for the presentations. As we try to go over our next steps on the number of high cases and hospitalizations in certain populations, we've talked about the need to improve access to information and languages and get that information out. We've talked about access to testing. And in item 38 we're going to talk a little bit about the ability to stay home and

[11:00:24 AM]

making that easier. There seems to be another piece here that I'd like to hear more about, which is if people don't have the luxury of staying home, how do we make their work site safer and what is the role of the city in kind of doing that? So I'd like to hear from our staff on what we're doing to make those sites safer, whether it's hand washing stations, it's access to ppe, other things like that. And if we have data from where we're seeing, you know, the positive, you know, what do we know about whether these are folks who have been able to stay home or not stay home or, you know, in that regard? I just think -- we also have to -- we also have to think about the ability to stay home. And if we can't make it so that everyone can stay home,

[11:01:25 AM]

we've been precluded from taking certain actions from the state and we have to address the economic side. What are the things that we can do to make sure that if someone has to go to work and they don't have symptoms, that they have the safest place to work possible.

>> I can start then and director Hayden and other folks from community care can also join. This is a discussion our entire country and entire world is having and we really need to amp up the way in which we educate and communicate around the importance of exactly as you're saying, both the hygiene and social distancing and to create situations where those businesses are incentivized to do that. So it is that social contract that we have with our community members around knowing that they will only visit places that adhere to

[11:02:25 AM]

those policies. But we stand ready to make sure that those businesses have the resources that they need. That they're putting up signs. That they're accessing ppe and sanitation equipment. And we filter those requests as we would normally through our eoc. So even if there are specific areas that need more assistance with different sanitation or hygiene or materials that they be requesting, we need to make sure that we're trying to be responsive in that respect. But I'll ask director Hayden if she wants to add anything else around how we're continuing to provide that outreach and education to our business community.

>> I appreciate that --

>> Alter: I appreciate that and I also want to hear from director Hayden, but I want to understand if we have the ability to stay home or not.

>> I'm not aware of anything comprehensive for region, but if others on the line have that data, feel free to

[11:03:26 AM]

chime in.

>> Mayor Adler: It's a question that's been asked of the eoc, councilmember alter, and no one has been able to move forward with that yet. All the information we have at this point is just based on conversations, like at the construction site, some of the workers groups have gone out, talked to the workers and given us anecdotal information back. Some of that is represented in -- I think there are four of our colleagues bringing a resolution this week that speaks to that issue. I haven't seen any real data drawing on that, surveys or the like, just the anecdotal information and suggestions of what barriers might be, and there are many.

>> Alter: Dr. Director Hayden have anything to add?

>> I agree with city manager cronk and the mayor as well. And the businesses -- business owners have been

[11:04:27 AM]

reaching out to either 311 or directly to Austin public health via email as they are transitioning back to the workforce. And we've been providing some technical assistance to them and helping them to develop various protocols. And the ones that may have requested some additional support, some of that is represented in the information that Mr. Van eenoo will review during his presentation. So for example, we know that the childcare facilities have requested some additional help as they are starting to set up and get an increase in the number of children that they're going to be providing services to. So we're continuing to work in that space and provide that technical assistance.

>> Alter: I want to

[11:05:27 AM]

just -- I think that there may be more of a need than just technical assistance. I don't think it's that easy for folks to get their hands on the masks and I don't know if there's a role for us in more formally providing some of the resources or creating the access mechanism to make it as simple as possible for folks. People know they need a mask but they don't know how to get those in a timely way they can afford across the board. Thank you.

>> Mayor Adler: To that end on something I know that, councilmember alter, that you've also been working on, there's a non-profit that yesterday gave 100,000 masks to construction sites and it's that group whose name I can't remember at the moment.

>> Alter: Atx emergency

[11:06:28 AM]

supply foundation. Natured that has invited any employer in the city to call up. Apparently they have access to millions of masks and are asking people to call in and they're pointing out that they will provide those masks for free if you're unable to pay. Asking people to pay for the next person to be able to use them if they're able to do that, but in case anybody is watching our meetings today and would like to have an immediate access to masks, that is presently and immediately available. But I agree with you, councilmember alter, I wish more people knew about that site. Right now he's asking for people to promote it more on social media. So if you're listening to this to get that word out as widely as we can. We actually have someone with a supply of masks looking to get them out to employers or to workers or to whoever in scale quantities.

>> Alter: Atx emergency

[11:07:31 AM]

supply foundation. It can be looked up that way for folks who want it. But I just think that there are these bottle necks. Even if you want to set it up very safely, we still have a weak supply chain and we have a role for that.

>> Mayor Adler: Thank you. Colleagues, someone else have a question? Councilmember Casar?

>> Casar: My question was for Dr. Escott, and if director Hayden, this is better for him, just an email for him to us would work. But I want to know if there's anything else that our experts believe should be

getting done in the jail. I think his slide showed a lot of the work getting done and a lot of folks don't know everything that's being done, but if there's anything else that should be getting done it would be really useful for us to

[11:08:32 AM]

know. And in particular I know that there's a real scarcity of testing so I'm interested if and when it makes us to more vigilantly be testing more asymptomatic people in the jail. I think it's important that we're not in the position that other cities and jails have gotten into and we don't want to get into that position. So director Hayden, if that's better for Dr. Escott to just email his answer to you, that's okay, but that was my -- most of the other questions have been asked by my colleagues.

>> Mayor Adler: Any other questions, colleagues? All right. Then let me conclude with this. First to director Hayden and to Dr. Escott and Austin public health team, Travis county. We obviously have a real challenge with respect to percentages that are too high in our communities of color that are most

[11:09:32 AM]

susceptible. But I also just want to recognize that it's a too high percentage of a small number. And we have you guys to thank to a large degree for fact that we're not dealing with the large numbers that so many communities are dealing with. So thank you for leaving -- helping to leave our community in a position where you're able to help tamp it down so much. Special thanks to community care and to central health. You are on the front lines in the area that's most challenging in our community right now. We want to make sure that the city is doing everything that it can to support your operations. And I want to pick back up this afternoon the issue raised by the mayor pro tem and again by councilmember tovo. Let's talk about the best place to make sure all the places in the community can help out in a way to be able to plug in. So thank you on everything that you're doing.

[11:10:32 AM]

Manager, thank you for your leadership on this as well. All right. Let's now go to the next presentation. It is 11:10. Manager, do you want to bring up the finance side of this?

>> Tovo: Mayor?

>> Mayor Adler: Yes, councilmember tovo.

>> Tovo: Can I make a quick suggestion to ponder? I really appreciate having these presentations. They're super informative and very useful. We seem to always run out of time for questions. And I

would just ask that one solution might be to have them in segments and maybe have people come at different times so we have an opportunity to ask questions after each segment. But it seems to me that several of the people who are presenting today, and this has happened in the past, Dr. Escott and others, are also en route to Travis county to present probably a lot of the same information. So we have a unique opportunity, I think -- I have no idea, ctm, how complicated this would be, but since Travis county

[11:11:33 AM]

commissioners' court are receiving some of this same information, are interested in some of the same things, this might be a unique opportunity in this environment for us to have that -- those pieces of our meetings be joint so that at the same time we're listening to Dr. Escott and asking questions, that commissioners' court are in the same virtual environment so that we can really be most efficient with our staff's time, but also potentially have more time for questions.

>> Mayor Adler: I think that's a really good idea to explore. I'll think about that. Thank you. Manager?

>> Thank you, mayor, councilmembers. Now we'll go to the budget area of covid funding. We are receiving multiple sources of funding from the federal government, but we have to be very cognizant about the fluid nature of this pandemic and we need to be mindful and strategic about how to use those resources.

[11:12:33 AM]

Obviously the needs will be much greater than we have the opportunity to support, but keeping in mind some guiding principles and some ways of moving forward. Our budget staff has been working collaboratively across the departments to make sure that we have a comprehensive look at this, and you are given these materials last night so hopefully you were able to look through them briefly, but I'm going to turn it over to our deputy cfo, Ed van eenoo, to talk us through the presentation this morning. We have other staff on the line to also answer questions once we get into the details of this framework.

>> Thank you, city manager and good morning, mayor, mayor pro tem and councilmembers. If I could just first ask our ctm staff to switch to the other presentation. This is part of the backup information we've provided to you. This is the more detailed table in spending framework. I'll hold while he pulls up the presentation.

[11:13:47 AM]

All right. So let's jump right ahead into the next slide, slide number 2, please. And I believe all the councilmembers have this presentation. We sent it out yesterday evening. On slide 2 you will see that this work is in response to city council resolution that was passed on may 7th directing staff to develop an spending framework towards the utilization of all federal sources of covid-19 relief funds. This is not intended to be everything that was included in the resolution. There are lots of details included in the resolution, but these are some broad points in the resolution directed to the staff can take into consideration. First off, maximizing the effectiveness of the use of those federal funds. Looking to minimize the impact on our fiscal year '20 budgets. I'll talk about that in a little bit. We certainly have some budget challenges ahead of us. To include a timeline for expenditures that aligns with the requirements of

[11:14:48 AM]

each funding source. To include all previously approved council funding initiatives, things like [indiscernible], etcetera. Is to allow for flexibility in the use of funds, including a contingency category. To prioritize programs that address the public health crisis and save lives and to prioritize restricted use of federal relief funds to serve vulnerable populations. I put those all with check marks because I believe that our framework that we're presenting today addresses all of those. Move to slide 3, please. This was very much an organization-wide collaboration. I can't thank the team members listed on this slide enough from Austin public health, economic recovery, office of [indiscernible], economic development represented by Zenobia Joseph, economic office, government relations, homestead land security, Rosie truelove from neighborhood housing and Dr.

[11:15:50 AM]

Escott was also able to help find time for this moving forward. Amidst all of his other duties. Just to brag on this team a little bit. At least a couple of times a week I am on call with cfos and staff on covid-19 response in the country and other large cities, los Angeles, San Diego, all of the large Texas cities. I can tell you I'm not aware of other single city that's putting out a framework this quickly with this much detail. In fact, I was just on a call yesterday talking with some folks and one of the cities couldn't believe that we were already presenting this to council this week. They are targeting June 17th, roughly a month from today, before they present a framework to their city council, and they are worried about how they're going to be able to accomplish that in the time they had. So I can't speak enough to the evening and weekend hours that the folks on this page put in to getting this framework to you on the timeline that we're getting

[11:16:51 AM]

it to you. I just wanted to do a quick recap. I'm on slide 4 now. Of the budget challenges the city is facing. I won't spend a lot of time on this. You've seen it going all the way back to April 7th. We provided a quick summary to council and we haven't change this, just the numbers. So in regards to the general fund you can see across a lot of our major revenue sources we are predicting declines and significant declines in many of these revenue sources. We are currently focusing on and doing our budgetary planning based upon the slower resolution. We think that's the more prudent course of action. The more conservative approach for sure. On that slower resolution in working with John hockenyos from txp we are forecasting a 57.6-million-dollar reduction in revenue in 2020 compared to what we had budgeted. As we look to fiscal year 2021, assuming we don't have

[11:17:51 AM]

a resurgence of cases and a second shut down that businesses are able to continue to operate, to stay home, operate safely.

-- Stay open, operate safely, we would project an impact of \$22 million for fiscal year 2021. We do have our first data point we can actually point to. We received our may sales tax payment, which is reflective of March sales. There's a two month lag from the time sales occur to the time that revenue gets reported to the city from the state comptroller and our may sales tax payment was down four and a half percent, which is better than what we've seen in other large Texas cities where the range was anywhere from six and a half percent decline to 10.7% decline. Statewide the reduction in sales tax revenues for March sales was down 9.3%. The stay home/work safe order went into effect on March 24th, so this minus 4.5% is really only a

[11:18:52 AM]

partial month impact, but it does capture the fact that south by southwest was canceled this year. But in all of that we certainly anticipate that our June sales tax payment, which would be reflective of April sales, is going to be significantly -- it's going to see a significantly greater decline than the 4.5%. That's our general fund situation and we are -- as you know, we're taking many, many actions by hiring freezes, scaling back on discretionary spending, looking to the prudent use of our reserves to try to balance out this loss of revenue. And our goal maintains a -- remains to be to try to end this fiscal year with a 12% reserve level. I don't know that we'll be able to accomplish that, but that is what we're hope to go accomplish, 12% reserve at the end of this year. We started this with a reserve beyond that. We have very good financial policies, we adhere to those financial policies and that puts us in a great position to respond to a crisis like

[11:19:52 AM]

this, but if we can manage to be prudent with our reserves, that's a source of funding that will be available to us in the future should we need it if there is a resurgence of covid-19 and additional actions become necessary. Moving on to slide 6, the financial consequences of the economic lockdown don't stop with the general fund. Hotel occupancy taxes we're projecting a Klein of 36-point -- decline of \$36.7 million. Airport revenues down \$68.1 million. And Austin transportation department fees down \$8.9 million. While that comparatively is a small dollar amount compared to some of the other figures on this slide and on the previous slide, that's nearly a 50% reduction in parking revenues projected for fiscal year '20. We'll move on to the next slide. I want to talk about some of the various federal funding sources. I'll try to be quick here

[11:20:52 AM]

because you've seen a lot of these slides before. But first is FEMA, federal emergency management agency where the federal cost share is 75% and the local cost share is 25%, which is standard for disaster declarations and emergency response. I won't read all these items, but essentially FEMA expenses are there for our direct emergency emergency response to its event. Next is [indiscernible] Funding. I won't go through them all, but the biggest source of funding coming from the federal government to the local agencies is the coronavirus relief fund. The city's allocation is \$170.8 million and broadly you can see that these funds are available for medical and public health needs due to the emergency economic support for individuals and businesses impacted by business interruptions.

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Payroll costs of staff essentially dedicated to covid-19 response. And then they do come with some restrictions. We have to use those funds by December 30th of 2020 funds cannot be used for revenue retention. We also received additional dollars from various hud allocation, CDC, emergency resolutions grant. And one of the next slide we received funding to aid individuals who are and people with AIDS and haca grants. Funding from the Byrne

[indiscernible] Grant for public health and a 50.7-million-dollar allocation for our airport improvement grant. On the next slide I wanted to spend a little bit of time. These are some new awards. These are things I have not previously reported to council, but I will identify

[11:22:54 AM]

as new awards. Community services block grant of \$1.5 million came to the city. These funds can be used for employment training and placement, health and nutrition programs, transportation, housing assistance acknowledged for the various antipoverty programs. And we also received a 550,000-dollar

grant for the cares act provider relief program. This is an emergency medical services department grant that will help us reimburse our costs related to uninsured covid-19 patients. Move on to the next slide, please. There are also a variety, and I've mentioned this before, many other sources of grant funding that received dollars through the cares act. And we have CDC staff throughout the city that are pursuing additional funding in all of these areas as we get additional information we will be certain to share that with the city council. And then finally I wanted to

[11:23:55 AM]

end this section at least with talking about the other local agencies. All the different sources of funding on here is roughly \$265 million of funding from the cares act. That combined with the Austin funding, the coronavirus relief fund, airport funds, roughly another \$250 million combined coming in to the Austin NSA. We have just over half a billion dollars of funding from the cares act flowing to different agencies that aid with the covid-19 response. And that half a billion dollars doesn't even accounts for FEMA reimbursement, which will come later in the process. That's just funding. The cares act also doesn't include any sources of local dollars that are being applied to the crisis response. I'm going to move in now to a summary of our coronavirus spending framework. I do want to point out that

[11:24:57 AM]

you saw it up briefly. There is a second file that provides a lot more detail about the various programs in the funding. I'm going to try to provide a summary here on these slides and as the city manager managed we do have staff from various departments to help respond to your questions. But to start off in creating this framework we pulled all of our team members together and really discussed what the key principles for the framework should be. And a lot of these overlap with some of the principles you saw articulated in the resolution and articulated on that initial slide of this slide deck. But the principle staff focused in on was to make medical and public health response our top priority. And we have heard that not only from our medical and public health professionals but it was expressed in the council resolution. We have heard it from individual councilmembers. We've even heard it from our economic leadership team who you might think would be

[11:25:57 AM]

primarily focused on the economic recovery of the city, and they are and in their recommendations they also believe that we need to make this our top priority. In their words the single best thing we can do for economic recovery is to address the disease to stop the spread and to get our economy safely opened up again without the need for a second shut down. So they've also prioritized these needs as a top priority for our federal funds. Secondly that all public health and economic support programs must lead

with racial equity. You've heard the data earlier today and heard it many times that our Latino and African-American communities are experiencing substantial health disparity. And in our asian-american community we're seeing and hearing from that community about the business impacts they're experiencing and how they're disproportion national from what other communities are experiencing. So both of these are very

[11:27:02 AM]

concerning and they are prohibits and center in our consideration of how we develop these specific programs, how we roll them out and how we implement them. Preserving the city's long-term fiscal health is extremely important. You saw the earlier slides and revenue reductions that we are experiencing. You've heard about some of the strategies we're doing to mitigate that loss of revenue, and again I talk about earlier that what we're really trying to do here is maintain our level. So we are looking at the federal funds, FEMA and others for city spotty showers that we're incurring that would be appropriate for us to charge off to a federal source of funds that would help us keep our

[indiscernible] In balance. And the city manager led with the final principle, but we absolutely need to maintain flexibility in this our situation, the public health situation seems to continuously evolve and we

[11:28:02 AM]

need to adjust to those circumstances. So we need flexibility in regards to the funding for different programs. As new funding comes in we may decide the need to shift funding from one program area to another. Maybe we had too much money in one bucket and we need more in another bucket and we need flexibility to do that. We really need flexibility in regards to the sources of funding that we would apply to all of these different programs so you will see in the framework while we identify the types of funding sources that would be appropriate to use for the different programs listed, we're not specifically saying there is a specific dollar amount that must come from this funding source and another dollar amount that must come from a different funding source because we need more flexibility for that. We have a whole city staff team set up, staff from our controller's office, from homeland security and emergency management and the budget office and carefully looking at all the

[11:29:02 AM]

expenditures that are occurring and identifying the most appropriate, most strategic source of federal funding to apply these expenditures too. And again as the situation involves in order to maximize the use of those funds and to minimize the risk of claims being denied we need flexibility in regards to which sources we apply to which programs. And finally, the future is of course uncertain. We don't know if

there will be a resurgence or in the number of cases or if there will need to be a second shut down. The council identified the need for a contingency fund and we are proposing a contingency in this plan that. I'll move on to the next slide. This is a 50,000-foot look at the spending framework. In total we have \$270.1 million of spending that we estimate will occur across these four broad

[11:30:03 AM]

categories. Economic support, 101.2 million, and I'll provide a high level summary of these different categories in the slides coming up next. Emergency response, \$98 million. Medical and public health needs, \$37.9 million in contingency funds, \$33 million. This \$270 million is the sum total of our coronavirus relief fund. All the different grants we've received from hud and other federal agencies it envisions \$25 million of our general fund reserves will be drawn down as part of our overall response plan. Remember we started the fiscal year about \$25 million ahead of our 12% policy, and our goal is to end the year at that 12% policy. But that does give us \$25 million that we can apply and of course that's our most flexible source of funding. And it also includes an estimate for what our FEMA reimbursements will be. And of course that's just an

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estimate that it could be more. The one thing it doesn't include is the airport grant of \$54.7 million. That is very flexible in regard to airport uses, but it stops at the airport. That airport grant couldn't be used for any of the programs listed on this slide so I didn't include it in full, but please know there's an additional \$27.8 million that's -- \$57.8 million that's flowing for the airport to help meet their operational needs. Let's move on to the next slide. I have four of these to provide you a high level summary. These track to the more detailed takes that we provided in the other PDF document, but in regards to emergency response, 98-million-dollar estimate for programs such as event -- emergency management, operations of the emergency operations center this is our direct response to the pandemic, including

[11:32:04 AM]

operational and programmatic adjustments that are needed across departments to respond to the covid-19 pandemic. It also includes payroll expenses for staff that are substantially dedicated to covid-19 response. And in particular public safety and public health, personnel that are have had to substantially shift the manner this they operate in order to operate in a covid-19 world. Funding sources here, a lot of this will be reimbursable through FEMA, but also the coronavirus relief fund. And then the operating budgets of our department to the extent they had funding already in their budgets for various programs that will be used for covid-19 response. That's also a source of funding here. I'll highlight on this slide

down at the bottom with a little footnote that this is subject to change and also want you to be aware that these estimates are inclusive of any prior

[11:33:04 AM]

actions that council has taken. So for things like the rise program where we get

[indiscernible] Of support, that's included. We move to the next slide and this is the medical and public health needs with an estimated amount of \$37.9 million. Again, we're using estimate throughout here because we fully envision that these numbers may need to shift as the situation evolves. But this funding would be for -- broadly for programs including protection of vulnerable populations, so this would include nursing homes, assistive living facilities, long-term care facilities, people experiencing homelessness, etcetera, would all be captured under protection of vulnerable populations. It includes funding for testing, epidemiology response, planning and research, shelters and quarantine facilities, various public health and safety measures, education, outreach, medical and protective supplies. So essentially all the

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things we feel need to happen in order to get in front of this disease, continue to slow and eventually stop the spread of the disease and to avoid resurgence or a second economic shut down or beyond a second. This is the source of funding. We did make this our top priority although the dollar amount is smaller than what you're seeing for emergency response and economic support, this is where we start our -- our task to the health department was to give us the budget estimates that you need in order to accomplish the task that has been given to you and this is what they came up with. In regards to economic support this is a long list so I won't read all of these. \$101.2 million would fund the rise program, anchor program and various other programs that council has already approved, but also a whole slew of additional programs that our economic

[11:35:08 AM]

support team felt were necessary to provide relief to businesses, artists, musicians, not for profits, and individuals who desperately need help during this difficult time. Not only is this the -- on the next slide, I'm sorry, just for the slide 19 that's what I was just speaking to. Let's move on to slide 20 now. And still within that economic support category you can see that there are a lot of different funding sources that come to bear here, the coronavirus relief fund, the various sources of hud funding, Austin energy and Austin water have both increased funding to provide utility bill assistance for low income families. And then our general fund reserves would also be appropriated. Let's move to the next slide, the final

category being contingency. Staff is recommending that we withhold \$33 million of available resources for

[11:36:09 AM]

future uncertain needs. This is roughly 12% of that total. Really just coincidental that's about the same as what we strive to keep in our general fund as a prudent reserve policy. We didn't design this to land there, but that is where we ended up, \$33 million to address any additional medical or public health needs as they arise, including if there's a need to do -- if there's a resurgence of the disease, or if we need additional supplies and equipment and testing, etcetera. But it also provides us flexibility if we end up having higher than anticipated operational expenses related to our covid-19 response. Please keep in mind these are all estimates and it's a very fluid situation. It will give us the ability to pay for expenditures that perhaps are disallowable by the federal government or some other funding sources. Again, we have a team dedicated to this and I don't think this is going to happen, but this contingency gives us some flexibility

[11:37:11 AM]

should that occur. And then just broadly flexibility to adapt to changing conditions. I only have two more left if we could go to slide 22, please. It's just in regard to timing considerations. There's really only two big timing considerations. One had to do with the 178-million-dollar coronavirus relief fund and those dollars must be expended between March 1st, 2020 and December 30th, 2020. What does expended mean? It means we could encumber the funds on December 30th and say we're going to -- they've been encumbered. We've incurred expenses, just haven't paid them out yet. No, the treasury department says when they say expended they are really talking about money out the door, checks cashed by December 30th and the coronavirus relief fund is here to -- relief fund is here address the immediate response and not for cities or departments or

[11:38:12 AM]

jurisdictions to create a rainy day fund out of. The second consideration has to do with FEMA reimbursements, which the city has from March 25th, which was a date of the Texas disaster declaration from December 31st, 2020, to incur costs eligible for FEMA reimbursement. And as you look at the different programs, we have tasked our operating departments and they are prepared to phase the dollars for those programs in over the course of the next six to eight months so that we had the ability to not only address the many, many current needs of the community, but also future needs that the community may have related to covid-19. So on the final slide next steps, on may 21st, just two days

from today, you'll see on your agenda numerous budgets amendment items to appropriate these various sources of funding.

[11:39:12 AM]

They're budget amendment items for the coronavirus relief fund and many of the hud funds. You'll also see many, many items for the approval and ratification of numerous covid-19 related contracts so that we can then start moving forward with expending these dollars and meeting the community's needs and public health needs. Additional work that will occur after that will be contracting and developing additional contracts, getting these contracts in front of the city council for continued program and [indiscernible], and we are now going to be shifting our gear towards documentation of all these expenses for the federal reimbursement process and financial reporting so that we can report back to council on a regular basis how we're doing in regards to expending these funds and meeting the financial needs of the city. That concludes my presentation. I do again want to thank everybody on the team who worked incredible number of hours to get this done in the time frame that we had to get it done in.

[11:40:13 AM]

And we are on the line to help me with questions that you may have.

>> Mayor Adler: Thank you. And I appreciate that. Colleagues, it's 11:40. We're going to go through -- again, we'll kind of rotate through. If you keep your questions to a little bit that way we can move through. This is our staff so we have greater flexibility with them. And it's my suggestion that we address more of the -- kind of the framework and the cluster framework that's been presented. I'm not sure -- to go to councilmember pool's question earlier, it would be good to have this and address more questions on Thursday. And then in more detail next week. So I think that really the most important feedback we could give or questions we could ask would be talking about the framework more generally than trying to move things between things. That said, mayor pro tem, do

[11:41:13 AM]

you want to start us off?

>> Garza: I had a question about the rise allocation. Is that a 15-million additional or is that the same amount? That was already allocated?

>> That is the -- that's the same amount. I think you can see that a little bit more clearly. You're looking at the spreadsheet, right?

>> Garza: I was. Not right this second, but I looked at it this morning.

>> So the column on that spreadsheet that says estimate is the total estimated spending for each of these categories and the column to the right of that speaks to what council action has already occurred. So for the rise program that line there is the \$15 million that council previously [indiscernible].

>> Garza: And I guess, mayor, first of all, I'm clearly disappointed that there is no additional funding for that. And so I'm wondering in this one question round, where

[11:42:13 AM]

are we going to have further discussion? I don't want to hog up the time, but at the same time I want to know what -- I just saw that there's going to be budget allocations happening on Thursday and then I thought you said that we were going to have a special called meeting to look further at these allocations. So how do we have that meeting after we -- after we possibly approve some spending allocations?

>> Mayor Adler: I think that's an appropriate conversation to have, but certainly the funding allocations that are coming up are fair game to discuss in the broader context. So those things were -- they were parallel paths. Staff was responsive to the things that we wanted, that's now coming up. But because we have things coming up ad hoc, we asked the manager and Ed to come back with kind of a global framework for us. And that's now what else has surfaced.

>> Garza: Okay. And I'll just -- quickly I'll address my concerns about the no additional.

[11:43:15 AM]

I see increases, but we've approved specific allocations to various different kinds of funds, and I see increases in almost all of those. I don't see any -- I didn't see any increase to the rise above what was already previously allocated so that's a concern. The the other I saw -- and I hate to get into this competing against because obviously there's incredible need -- I said what is this industry for? And I didn't want to highlight industries because it's for anyone who needs it. So I see specific musician and creative arts and really anybody could have applied to that. The rise fund wasn't called the construction worker, nanny, domestic workers fund. It was called that rise fund specifically because anybody could apply to it.

[11:44:15 AM]

And so just brief concerns are the overall it sounds like we are absolutely understand the need to get to business, but [background noise], we're given more to business than we are to individuals who actually need -- [background noise]. So I'm not -- I'm a little disappointed in those numbers as well. So I don't know exactly how we're going to try to move stuff around, but I would definitely like to see an increase in funding for rise when we're already seeing non-profits asking for more money through that fund. And I know that there's a non-profit, you know, help for non-profits. And rise money does allocate administrative fees. So if we give non-profits rise contracts, they're getting help because they are -- so not only are we helping the non-profit, but we're helping them get money out to people who need the

[11:45:16 AM]

money. So I also want to make sure we're thinking about that as we decide where the allocations go.

>> I don't know if Stephanie is still on the line, but I do know that the -- there was a lot of discussion about the rise fund and the item right below it on the spreadsheet speaks about the public health fund. So I think it would be helpful if Stephanie is on the line to explain the additional funding that was included on the \$7.9 million for the public health fund and the extent to which that is similar to the rise program. Are you on, Stephanie?

>> I am on, thank you, Ed. The department felt like kind of based upon the information that we have been receiving from our social services grants as well as our staff, case management staff that have

[11:46:17 AM]

been supporting the department level operations at the call center. Our folks have been able to provide like soft referrals and referral to social service entities that could assist them, but what we keep seeing is that folks that are wanting to not stay at home as they wait for their test results because they can't afford to or folks that don't have the ability to stay at home the full 14 days to recover. So we want to establish a public health fund, and that fund will be able to provide assistance to folks that -- that will not qualify whether it's for unemployment insurance or whether it is the sick leave, but this will provide

[11:47:18 AM]

them some financial assistance and then they would be able to stay home during that time.

>> Garza: So maybe a misunderstanding -- that's exactly what the rise fund was created for, so I don't know if that's just saying -- I don't believe there's anything in the resolution that created rise that would

preclude us from -- instead of it going specifically to a social service contract that public health would just -- just distributing that money themselves. So I would say that that could be an extra eight million to rise and director Hayden, you know, obviously they've been able to see where the need is and what's an opportunity to address other kinds of needs that seem to fit exactly with what the purpose of rise was. And there's I guess so to speak to problem-solve

[11:48:19 AM]

there. I also want to point out that the maps that were just shown and the disparities in who it's affecting and the positivity rates and many of the social service contracts that are benefiting from the rise fund are people that are servicing those heat map areas where people are testing significantly higher in positivity rates than other parts of town.

>> Mayor Adler: Okay. Next colleague? Councilmember Casar. And then councilmember tovo.

>> Casar: I appreciate the framework and the prioritization of the public health crisis dollars, emergency management dollars. I think that that's spot on. My main concern is relative to what the mayor pro tem just said. I think that adding additional dollars to things like rise and to individual help makes sense. I know that in this framework perhaps some of

[11:49:20 AM]

that with the public health support fund and with the increased rental assistance. I think that's good. I just think that some additional -- finding some additional way to add to the rise money makes sense. I wouldn't want to add additional money to the rise money by pulling it to individual supports because then you're pulling it from -- you're just moving the chairs around the table, but you're not changing anything. So I wouldn't want to take public health support money and put it to rise fund because you're not helping anybody extra by doing that. I wouldn't want to take rent money and move it to the rise fund because a lot of the rise fund is paying people's rent. So I would be interested in places and us having a continued conversation about how we focus -- how we add more money to the rise fund without taking it from public health emergency management or an existing thing that helps folks. I think that does leave buckets. As the mayor pro tem listed I think there are ways that we can help our non-profits

[11:50:22 AM]

by having money in the rise fund that helps them help more folks. I think that there are -- I think as you've mentioned our economic experts said that the -- we can help our economy, but it's what really critical is for us to make sure that people have the ability to stay home and slow the spread. So I would

look at -- I would look at whether or not some of those very industry specific funds instead may be saying we're going to help people in a variety of industries or at our balance between business and individuals. I concur with the mayor pro tem that I would like to see more rise fund money, but I wouldn't want to pull it from public health emergency management or the kinds of funds that are already helping individuals because that -- to me that doesn't solve the problem. And then the second comment I want to make is I do really want to make sure that folks working on

[11:51:22 AM]

nursing homes and people experiencing homelessness and workers at high risk that our numbers really get thoroughly vetted with people -- I'm glad we put those out there, but before we firm it up that we really vet those three numbers and make sure that everybody knows there's enough in those buckets. I'm glad to see them called out here, but I just 'really want folks -- for us to feel comfortable that those are set before we set up the other numbers. So these are on -- looking at this I appreciate the work, but my main two issues are to get more help to individuals out of this balance and then too to really vet those three categories are that everybody in the community thinks those are current.

>> Mayor Adler: Councilmember tovo.

>> Tovo: Thank you. I'm not -- I am not immediately understanding some of the -- some of the feedback. And part of it I guess is

[11:52:27 AM]

because we haven't yet had an opportunity to -- sorry, my dog is being very needy in the background and whining. So apologies for that. Apologies for the noise. So for example, I'm not understanding, and I may just be missing a chart about how this framework is allocating more money to businesses and individuals. And I wonder if we just need to really dig into some of these descriptions.

[Dog whining]. To me --

>> Casar: With all the numbers on it? Do you have the chart with all the numbers on it? It wasn't shown on the screen, but the second chart.

>> Tovo: Tell me which page, if you would.

[Dog whining].

>> Casar: If you look at Ed's email from last night it's the second attachment.

>> I've got them all. So it's not in the powerpoint, it's in the chart. Okay, I'll take a look at it. So I would suggest that we spend some time -- I don't know if that's today or in our special called meeting.

[11:53:29 AM]

Really better understanding, for example, how these different trends cross.

[Dog whining]. So as we look through -- sorry, now I've lost my page again. I'm interested in making sure that we've got really sufficient funding for rental assistance. I know many of us have had conversations this week with Austin interfaith, with other organizations about rental assistance. And so while rise can fund rental assistance, there's also another bullet called rental assistance, food assistance likewise. So I think as I look on page 19 I see assistance for individuals, it's just classified differently. So while I understand the interest in having funds with different names, I think we just -- I think we also need to spend some time understanding how much is allocated to these basic

[11:54:29 AM]

needs, to food assistance, to rental assistance, regardless of what funds it ends up being distributed through. So I guess my question for our staff is you have a sense of this point on page 19 and perhaps it's on the chart that Greg referenced that I'm going to find here in a sec, how much of that would be rental assistance? What the suggestion would be in terms of rental assistance?

>> Sure, maybe I could ask our ctm people --

>> Tovo: I see it, 18.6. Would you this be in addition to the 1.5 that's already been allocated? This would be additional funding?

>> I think the 1.5 would be separate. Maybe I could look to Rosie to answer that. To the extent the rise program included funding for rental assistance, we had to make that choice were we going to try to organize the

[11:55:29 AM]

expenditures all around rental assistance. Ultimately we made the decision that we wanted councilmembers to be able to see in the framework the funding for the programs that they had brought forward and advocated for, but we could certainly slice and dice the numbers a different way and say welcome, within the rise fund there was this much for rental assistance, which in addition to the 18.6 listed here, you know, it's a different. But that's the way we organized it the way we did is because we wanted the programs already approved by council to be fully identified and

[indiscernible].

>> Tovo: And I think there was a question earlier about this and I'm sorry I just didn't completely capture the response. Of the items that are on the agenda for Thursday, for example, with Austin diaper bank

and others, are those reflected -- are those reflected in this spending framework, and if so where? Are they reflected as deductions from the federal money?

>> Stephanie, can you take that?

>> Yes.

[11:56:29 AM]

They are reflected in the original 15-million-dollar rise fund.

>> Tovo: Okay, thank you. Are we going to have an opportunity to come back after lunch and continue our questioning? Mayor? Or after lunch we're switching topics? You're on mute. Mayor, you're still on mute.

>> Mayor, you're on mute.

>> Mayor Adler: Um, sometimes apparently this gets automatically switched to mute. The -- we had talked about ending before lunch, but we don't need to. If the council wants this conversation to extend further we could delay lunch by a few minutes or we could come back and do it. I don't know how many more people have extended questions. We also have Thursday to talk about this and we'll set up a call for next week

[11:57:30 AM]

as well. Let's see how many more questions we have. Ann?

>> Kitchen: Okay. Mayor, I will ask a big picture question and then just flag a few things that I can ask offline or that we can talk about on Thursday. So from a big picture question, I'd like to understand -- first off, let me say thank you for the framework and for pulling this together so quickly. I really -- I like the framework. So I appreciate that. So from a big picture perspective, I would want to understand the 33 million in contingency. I'm wondering if there's some -- if there's some estimate around that or if it that's sort of what's left. So in other words, is there some thinking about what we must -- how much we have in contingency? So that's one of my

[11:58:31 AM]

questions. And then the detailed questions that I want to drill into that, mayor, we can -- I'm happy to do offline or do on Thursday, I'm wanting to understand the bucket for nursing homes. Stephanie mentioned it earlier. I would want to see how that adds up. Because it doesn't seem like quite enough to

me. I also want to understand how much we're talking about the homeless populations, and the other detailed questions will be around -- I'm not seeing any dollars in here related to the conservation corps resolution which we passed which was the work force related resolution, so I'm going to want to see where that is. I have a lot of questions about the arts, about how that breaks down. And then finally, I do

[11:59:35 AM]

understand the question the mayor pro tem brings up about the rise funds. From my perspective, just from an understanding perspective, we don't want to put more money into the fund because it's something we're branded for the community as opposed to two funds that do the same thing. So going back to my big-picture question, the bigger picture question is about the 33 million. So Ed, can you help us understand if there's a thinking that we need to reserve a certain amount, as opposed to that's what we're

(indiscernible) Haven't had allocated yet.

>> There was thinking about it, but I can't say there's an absolute right answer. I can share a presentation. In Phoenix, they are reserving around 50% of their coronavirus relief fund allocation. I feel that's much too high. There's too much of an economic

[12:00:37 PM]

health support need to reserve that amount of funding. But just saying that's what their staff recommended and what they're proceeding with. You know, when we looked at the 33 million, we didn't have

(indiscernible) Putting this together. I kind of stepped back and looked at it from a 30,000-foot level.

(Indiscernible) 170 million that we estimate will be spent in response to covid-19, which felt about right. That's traditionally what our city has held back from the general fund, for our reserve. You know, another thing, I think one of the things that concerns us most is if there's a resurgence of this disease, we need a significant, or

(indiscernible) Public health response. We look at the cost estimates of 37.9 million, 33 million is a big chunk of that. So, you know, three or four months from now, if there's no additional federal sources of funding coming, and there's a

[12:01:40 PM]

resurgence of the disease

(indiscernible) Significant amount of money for the immediate public health need

(indiscernible). I'm somewhat rambling, but that's the thought process of landing at the \$33 million. There's not an exact answer. I will say most cities are choosing to reserve a much larger amount (indiscernible).

>> Kitchen: Thank you. To me, that tells me that there are at least some room for discussion about that amount. Though it sounds like general magnitude is where we need to be. So mayor, on my specific questions, I'm sorry, I don't remember exactly what you said with regard to the mayor pro tem's question about procs. I was thinking that we were going to be voting on this at some point and I was thinking that we would vote on June 4th

[12:02:41 PM]

perhaps. So I apologize, I'm not remembering quite what you said in response to her questions about next steps. And I can't hear you.

>> Mayor Adler: Somebody turned me off again. I won't be voting for the allocation this week. You know, we can see how far we can get next week or not, based on the conversation that we're having. I see us continuing to have a conversation about the framework. Certainly as the mayor pro tem raised, we're asked to vote on budget items on Thursday. But I don't see us having to decide that today or tomorrow. We'll have a special vote and we'll see if we're ready to do it at that point. If we're not, then we don't. But just having a framework around this, I think is going to be --

>> If I could just emphasize that point on the need for getting buy-in support for the framework. Because as we've said a number of times, these are estimates,

[12:03:42 PM]

and they will change. So I don't want to get in a situation where you feel locked into a certain number, because we know that under each of those categories, those numbers will change over time. Every day we're learning more information about what our needs are as a community, and we're going to continue to provide, update council as we get additional requests and additional needs. But we really hope to get the feedback on the framework today to know if we're heading in the right direction. Are these generally the categories that you're wanting us to focus on, generally the percentages, and amounts that you're looking at, that I just urge caution on getting tied into a specific number, because they will change as the situation evolves.

>> Kitchen: So mayor, my last point and then I'll let it go, but thank you, city manager, but I personally, from my perspective, I think we need to take a vote on the framework and the estimates.

[12:04:43 PM]

It doesn't have to be this week, or next week. I'm happy with the 4th. But I think that this council needs to take a vote.

>> Mayor Adler: Thank you. Council member Flannigan, and council member Ellis. And Renteria. Can't hear you, Jimmy. No, you're faint.

>> Flannigan: Can you hear me now?

>> Mayor Adler: Yes.

>> Flannigan: You'd think I would get this right by now. I like the concept of the framework, but I do think it is confusing to have some of the line items be branded concepts and other items be general buckets. I think we kind of need to pick. And to the mayor pro tem's point, like the rise fund actually solves a number of things, because of the way it was created and the way it's imle meant.

[12:05:43 PM]

I don't know that it makes sense to have it as a line on this chart, because it actually does other things. So I think we just have to pick a side, either doing buckets around issues, and then in the details we can say, you know, rise is a component of this, there's going to be more money for this, there's going to be more money for that, that would make more sense to me and I think it would simplify the chart a little bit, reduce the number of rows. It's clear of the buckets of rise and how many of these funds we're going to be putting to that challenge. And there are other programs that are created that haven't been named on this list as well. So I just -- I think we need to pick a route on that. I don't know that it matters whether or not we vote for it. Because all of these things have to come back to us for votes anyway. So I don't know that we want to get into an old school concept

[12:06:44 PM]

menu style debate on the dais when none of these numbers are actually allocated in a vote on this chart.

>> Mayor Adler: Okay. Council member Ellis I think was next.

>> Ellis: Thank you. I like that idea. I don't know if it's a way to blend it in the strategic outcomes, so we can really kind of tie up that framework with issues, and then metrics. I think that could work well, but I just had that idea as council member Flannigan was talking, so I haven't really vetted it thoroughly. But I will also echo the need for more medical assistance. They've crunched a lot of numbers that could be up

to \$40 million. And so I know there's a couple of different budgets that have rental assistance. I would support if there's more rise funding, or if we're able to find other forms of C.A.R.E.S. Act or subsequent packages to use that.

[12:07:44 PM]

There are a lot of families that it comes down to, they need to pay their rent, or they want to keep their utility bills in good condition, even though I know we have some customer assistance efforts going on. Some of it just comes down to medicine and things like that. If you need certain prescriptions, and you've lost your job, I think a lot of people are just really needing that cash to make sure that those very basic bills are paid. So I'm going to be looking for other ways to identify. I hope your support as well with that rental assistance that so many people are going to need. Especially since we don't know exactly where the end is, if it's in sight, and our behavior obviously affects this timeline. I think that's going to be a recurring issue as the weeks and months go on.

>> Thank you for making that reference, council member. One thing we're trying to wrap our arms around is the different sources that are not identified in this spreadsheet. I mean, this is just what the city might be contributing to

[12:08:45 PM]

these efforts, but there are obviously other places where people can access resources for, example, on rental assistance, through the county or other means, but we need to have a holistic view of that, and unified presentation. So we can have that sense of where people can get those resources. But I very much appreciate your point and think the point's around how do we look at these categories in programmatic areas, et cetera, will be a good next step.

>> I agree with that, with the rent program, which I know a lot of people -- they applied for it and there wasn't enough money to go to everybody who did apply. So I know that your team has identified that need and I hope that we can work together to find more funding for that. And also for small landlords, people who just have one rental property, the home they live in, and want to make sure their tenants can stay.

[12:09:45 PM]

I think that's a big conversation in all of this.

>> Mayor Adler: Okay. Thank you. Council member Renteria.

>> Renteria: My question's also on the rental assistance. I know that the last time rise was \$1.5 million, it went to 1,000 people. There were over 10,000 that applied, I think a little over 5,000 qualified. And that 1.5 million was only to help -- could only help a little bit over 1,000 people. I was just wondering, how did you -- I want to know how you all came up with the number of 18.6 million, and how many would that help, I mean, families would that help?

>> So maybe I could just speak to the -- somewhat broadly to

[12:10:45 PM]

the 18.6 million. We recognize we could spend -- we're aware of the \$40 million recommendation, and we also recognize we could usually spend more than \$40 million to balance all the various community needs against one another, and coming up with a broader framework.

(Indiscernible) Speaks more to the 18.6 million, and how many people that will assist.

>> This is rosy. Can you guys hear me?

>> Mayor Adler: Yes.

>> Okay. So we have not contemplated that level of assistance yet, and what that program design would look like yet. We are taking into consideration the response that we received from the may rent program that we did with our partner haca, and would be taking into consideration some changes in program design to make it an easier program to administer and to potentially bring in additional partners to help with

[12:11:48 PM]

getting the folks qualified as we have a larger dollar to disseminate every month. But we will start working on program design in that vein, and based on feedback we get from council.

>> Renteria: Are those going to be -- can you just also, if you don't have that number right now, about how many families would that money, based on the average of what you've seen on the first 1,000, families that you help T, how much housing that we'll be able to assist in, be able to provide?

>> Sure. I would estimate somewhere between, you know, around 1,000 to \$1,200 a month of assistance. We would want to hopefully bring in folks for a multi-month program, potentially to qualify them for up three months of assistance. I would have to do the math to

[12:12:50 PM]

work that out, but that's about what we're looking at right now. That could be a little bit less depending on the actual requests that come in and what folks' rental needs are. But that's a good estimate to use.

>> Renteria: So it's around -- it seems like the last -- there were a little over 5,000 people that qualified for that program.

>> Yeah. That's correct.

>> Renteria: So you're basing it on that 5,000, and then you're dividing the 1,000 -- that you were able to help out, that was 1.5 million.

>> Roughly.

>> Renteria: Thank you.

>> Mayor Adler: Thank you. As you think about programmatically about the rental assistance, when but get to the conversations about trying to protect the small landlord that has a couple properties, is now also still having to make mortgage

[12:13:50 PM]

payments, that would have tenants that qualify for this, you know, if there's a way a tenant is not applying, but would otherwise qualify, we have a landlord like that that might be in danger of losing some of the affordable housing that we have, maybe there's a way for that person to also get into that lottery, or that draw. With respect to the components on the elements (indiscernible) I think would be really important. A lot of the modeling we're seeing has us potentially having a second peak, which is going to really exacerbate and change funding models.

(Indiscernible) Is necessary. A lot of cities are preparing for a second wave. There may not be the same

[12:14:52 PM]

political force to step back in with additional funding with cities. So I think having that kind of reserve is going to be really important for us. I would like to know when you come back, so that I can better understand what the assumptions are with respect to how much we're putting against tracing, and history, and how much money we're putting against testing in the city, so that as a community we can better understand what is the testing program and what is the tracing component so we can make sure we're giving ourselves the ability to scale that operation. I think if in fact we're opening the economy, as successful as it is with the face coverings and the likes, but actually being able to isolate the virus, to do a better job in tracing, I want to make sure that we have a plan funded for that.

[12:15:52 PM]

Thank you. Additional questions? Council member alter?

>> Alter: Thank you. I wanted to go first back to the general budget and ask what was the revenue cap level that your budget with the shortfall was based on?

>> For fiscal year 2021, the revenue, we're still assuming in that forecast of 3.5%.

>> Alter: And how much revenue does each percentage bring in roughly?

>> Each percentage would be about \$4.5 million. We estimate the difference between 3.5 and 8%.

>> Alter: Okay. So a decision we're going to have to make as a council, and the budget, is going to be where we want that property tax

[12:16:54 PM]

revenue cap to fall, moving forward. And then do we have a sense of what portion of the fiscal year '20 budget kind of got lawfully redirected to these other buckets? Some people's time is allowed to be covered, do we know what that frees up? Or is that a conversation we can have outside of here?

>> We could maybe have a higher level conversation now, and get into the details later. But if we look at the more detailed framework on page 1 under emergency response, we're reflecting \$30 million for covid-19 emergency management. That would be a lot of dollars that we think would be FEMA reimbursable, disaster relief type stuff. And we're estimating \$68 million of eligible payroll expenses for public safety, public health

[12:17:56 PM]

expenses that would be appropriate under the covid-19 --

>> Alter: That's fiscal year '20 or '21?

>> Both. Between March 1st and December 30th. We're anticipating over that period, you know, this is an estimate, the best estimate we have at this point in time, and it could evolve. That's our estimate right now, the eligible expenses we think

(indiscernible).

>> Alter: Okay. So how should we think about that money in terms of the budget? And how you're factoring things over time?

>> You know, I would think about it in regards to police, fire and emergency services, public health in particular. It's substantially changed how they operate after covid-19. Those expenses -- that's what we're looking to recover through the coronavirus fund as an

[12:18:57 PM]

eligible expense. And it's a shifting to that funding source, it does help with our budget balancing, part of the equation of how we're going to try to maintain

(indiscernible) Partly dependent upon how much of those expenses we can cover from that source.

>> Alter: I want to talk more with you offline. I have questions with that. So I have -- at some point I have several other comments that I want to make, but at some point I think as a council, we need to have a conversation over sort of when we're providing aid to individuals, what our approach and method was, or is going to be. Are so the innovation that I saw with the rise fund and what I really heard from advocates was a need and desire to provide

[12:19:59 PM]

financial assistance and allow people to decide where it was best spent to help them. And sort of -- very large sums that are earmarked for rental assistance is a departure from that. And I've just -- I think we should have a discussion over what's the best sort of approach for that. I don't have an answer, but I think it's something that we need to better understand. I think we need to do some more rental assistance. I'm not sure how to put a number, because even the \$40 million request is just for may. What happens in June. What happens in July. And so that concerns me about how we make these choices on that. The thing that I felt like was really missing from this

[12:21:01 PM]

approach is, I didn't see any kind of bucket for work force development. And I apologize, I've got -- there's folks working on the lawn next door here -- so the world has changed. And we're going to need to be able to get people back to work in safe environments, whether it's outdoors, or whether it's rethinking how we do our work. And so I think we really need to be able to have additional funding in work force development, or we're going to need to be retooling the work force development funding that we already have in our budget, but there are huge opportunities, like council member kitchen, I noticed that we don't yet have the conservation corps on here. But as a broader thing, you know, people are going to need the hope that having training in some sort of path to something

[12:22:03 PM]

better is going to provide them. And I think we should create space there. We have to respond to the changing need of how work is going to look like -- and feel really different. I think that's a bucket that is definitely missing from this framework. And I don't think we have enough of that other money elsewhere in the budget that it usually is redirected that way. I wanted to also echo wanting to have more information about the testing and tracing over time, the way that the mayor had asked about that. And I think it's really important that we have that reserve. In terms of kind of what's in which bucket, or which fund, you know, there's at least 26 million more that, you know, is along the lines of individual

[12:23:04 PM]

assistance, if not more in here. And so I don't -- I'm not really caught up on what we call it, and what it falls under, but I think we do have a philosophical decision about how targeted we want to be in what we're giving to individuals and how we want to deliver it. And there may be appropriate times to deliver it one way versus another. Again, I don't have an answer, but I think that's part of what we have to have the conversation about moving forward. And I want to thank staff for putting this together. I think that this is important for us to understand, and to think about. I do think that it would be helpful to have a better sense of the time frame for the medical and public health needs that you are planning over. And at what levels. I don't know if -- most of my

[12:24:05 PM]

other comments were comments, but I don't know if director Hayden or someone can speak to the time horizon for the health needs.

>> Yes, I can. In this proposal, we are looking at the work we would do to the end of this calendar year. And so in this proposal, it includes the number of staff that we would need, that would be doing case investigation, as well as the additional contact tracers, as either we hire them or partner with our other partners to get them on board, whether it's internal to the city or externally. We know right now we're anticipating needing an additional 90 contact tracers. And then within this proposal, we are estimating the purchase

[12:25:07 PM]

of 80,000 test kits, and estimating that we would potentially administer about 1,100 of those a month. In addition to that, we are also going to continue to request test kits from the state of Texas to cover

vulnerable populations, as well as targeted testing such as the long-term care facilities. And so we have -- I mean, we planned out for ppe, et cetera. So we've included that in this plan. And as I said earlier, it will take us through December of this year.

>> Alter: Thank you. I think that's helpful to know it goes through December. I don't know if this is added to other stuff, but if we could get more information on what we

[12:26:09 PM]

might anticipate on getting from the state, we seem to only be hearing about federal funds. Is there any support from the state? I've heard a little bit in terms of maybe some stuff for the nursing homes and the testing, but I wasn't sure how that was factored into this plan.

>> I think Stephanie can speak to that as well. That's part of the flexibility here, that the state does step in and provide a lot of testing supplies, for nursing homes, and the city wouldn't have to put as much into that bucket. Is there anything you would add to that, Stephanie?

>> You're spot-on. I mean, I'll use the example of the nursing homes. For example, we are going to request them to provide us some additional test kits for the nursing homes. They have covered a significant amount of the ppe costs, and

[12:27:09 PM]

continue to provide that. And then with the strike teams, they covered the cost of the strike teams. But we're also looking at our grants that we have received some additional funding. Our public health emergency grants, we received an additional \$1.6 million. And so with those funds, that has allowed us the ability to set up our platform of sales force, that has allowed us to bring aboard the additional -- the people that we have hired, one of which has a focus with the nursing homes. And so we've been able to hire about four additional epidemiologists, and we've set up a data team to be able to run the data until we get the sales force fully operational. So that's just an example of some of the funds that we've received from the state.

[12:28:10 PM]

>> Alter: And are those in the framework?

>> I don't see it in the framework.

>> Was the question are the state funds included in the framework?

>> Alter: Yes.

>> No, they're not. Nor are county funds or central health funds, these are funds that are available to the city of Austin to allocate.

>> Alter: I guess we're getting state money for the city to allocate? And that is what I'm wondering. I understand there are other entities helping to address the health crisis, but insofar as the state is paying for a strike force, or is paying for testing, is that captured in here?

>> No.

>> It's not currently, no.

>> Alter: I would appreciate sort of seeing that, if we can. Or some mechanism to at least flag it as a missing piece of

[12:29:11 PM]

the bucket, that could help free up resources.

>> Council member, we're just waiting for some additional clarity regarding those funds. And so as we get that, we'll certainly be updating council with that additional information.

>> Alter: Great. Thank you.

>> If I could really quick, on some of council member alter's points, I could step back and say I truly, truly appreciate everybody's feedback on this framework, and I sense some of the challenges we had in putting this together. Every process is about trying to match limited resources to greater needs. And maybe in a normal budget process we might have twice as many needs as resources, in this process it seems like we have the ten times the need of resources. So this challenge is unbelievably more difficult than even a normal budget process. I just want to speak to the work force development, and we've not

[12:30:12 PM]

forgotten about that program. That resolution gave staff until June 8th to work out the details of that. I just didn't feel we were at a point to even take a -- make a guess and stick a number on here. So as that program gets developed, we would envision it being added to the framework.

>> Mayor Adler: Director Hayden, to the degree you answered some of the questions on tracing and testing, I'm interested in having a little bit more detail on that. You know, 1,100 tests doesn't get us to where we want to be in terms of testing, so I don't know the context for that. With respect to the tracing, the number of people, what I don't have a feel for is how many people that's anticipating we're going to be tracing as the world grows, or what assumptions we're making and how rapidly we anticipate the amount of resources being able to drive us, being able to isolate.

[12:31:13 PM]

So armed with that kind of information, those kinds of strategies, that would tell me whether or not we had enough, or whether we needed to be more aggressive in those areas. But thank you for that. Council member pool.

>> Pool: Thank you. Real quick question for Ed

(indiscernible) Limited. Is congress adding to their appropriation?

>> My understanding from our consultant that's helping us through the FEMA process, is FEMA reimbursement.

>> Pool: I'm sorry, there is not?

>> There is not.

>> Pool: And that's 75%, is that right?

>> That's correct.

>> Pool: Okay. With regard to assistance from the state, I wasn't sure if Allison was asking for, like (indiscernible) Coming to the city or effort that the state is doing. I know they de played the

[12:32:14 PM]

National Guard, for national Guard, as a strike force to sterilize some of the hot spots, which I don't think we would be able to put a figure to it. But are we looking for cash money from the state?

>> I agree with you, the only thing we would do is money that's actually allocated to the city, to apply to something like nursing home testing, something like the National Guard I don't see would be a way to get a number.

>> Pool: Would the legislature have to convene in order to free up some -- to do some budget appropriations in order to get money to the (indiscernible)? Do we know what the effort is that the state may be bringing, or someone in the intergovernmental affairs committee can look at that and let us know?

>> I'm here. Can you all hear me?

>> Mayor Adler: Yes.

>> Hi. This is bree Franco. I'll be frank, that I would really not count on assistance

[12:33:15 PM]

from the state. The state doesn't give us assistance normally. They are providing some assistance with the funds they have to cities under 500,000 that did not receive any of the coronavirus relief funds, which is -- so you all understand, it was a small handful of less than 20 cities that did receive these funds in the state of Texas. So they're going to provide some money to those cities that did it, but we are checking every announcement made by the state of potential assistance in tracking that down. But the resources that Stephanie's speaking to, and correct me if I'm wrong, Stephanie, is -- it frees up already existing resources that are normally provided to you

(indiscernible). And may come down through what was allocated additionally in C.A.R.E.S., to be frank. So the state will not be providing resources. If they did, you're right

[12:34:15 PM]

council member pool, they would have to convene. We have not heard talk of a special session at this point. So they don't convene until January. That would be for the next biennium, right? That wouldn't start until the following fall. So you're looking at, you know

(indiscernible) 2021 if there was anything there.

>> Pool: Is that an effort that tnl or urban counties, large urban counties -- is there any kind of discussion going on state-wide?

>> The discussion right now state-wide is from the -- CML has not started an effort on that issue quite yet, no. And urban cities will start meeting towards that. What is being talked about on the leadership side is governor Abbott sent out a statement with the tribune that he doesn't

[12:35:16 PM]

believe the 3.5 is allowable in this situation. There's disagreement from tml and other legal experts on that, on the revenue cap. And (indiscernible) Should look at limiting city's powers in these situations.

>> Pool: So maybe it's best that we just -- okay. Thank you. Thanks.

>> Yeah. You're welcome.

>> Mayor Adler: Colleagues, anything else before we break for lunch? Are we okay letting these folks go, and picking up the next briefing after lunch? Okay.

>> Wait, wait, wait, I have a quick question.

>> Mayor Adler: Okay.

>> My question is just, so does this mean we will have more conversation on Thursday, or are we waiting until the special

(indiscernible).

>> Mayor Adler: I think we'll have more conversation about this on Thursday, because based on the budget items coming up, we can't discuss those without touching on it.

>> Okay, thank you.

>> Mayor Adler: Manager, if you could help us with a time next week for a special just on the

[12:36:18 PM]

budget and the framework, financial issues, I think that would be helpful. Council member tovo?

>> Tovo: I just have contact tracing questions. I guess I'll try to submit them through q&a. I know we're all well over our lunch break time, and I'm about to have a mutiny, I think, in my workplace. Quickly, though, I wanted to ask about the -- council member alter's CCC idea, and where that is reflected within the spending framework. Is that reflected in the piece for businesses, or how is that initiative accounted for? And apologies, again, if I missed it. I haven't had a chance to carefully review your powerpoint.

>> It's currently not reflected. But it's also not forgotten. Staff has been working on it to develop a program. That's a program where there's a lot of existing budgeted funds that we think would be appropriate to use to implement

[12:37:19 PM]

that program. We also need to look at federal sources and other sources. But the resolution that we gave to June 8th to do that work, just to put every on note we would view it as an unknown at this time, how much money we would put to that program in order to get it operational. We just didn't have a number that I felt comfortable putting a number out there yet. But it's something we'll address by June 8th.

>> Thank you.

>> Mayor Adler: Okay? Are you ready? All right, colleagues. In that case, it is 12:37. Do we want to come back, say, at 1:30? Let's come back at 1:30. We're going to do the point in time count. And then go to Breckenridge. Maybe the executive session then, or the pulled items, and then executive session, I don't know yet. We'll see how the conversation goes. We'll go to the point in time and then go to Breckenridge.

[12:38:20 PM]

Yes, council member harper-madison.

>> Harper-madison: I wanted to ask real quick if you guys would do me the favor of extending until 1:40. One of my co-workers has a zoom call that I need to help.

>> Mayor Adler: 1:40 it is.

>> Harper-madison: Thank you.

>> Mayor Adler: Anything else?

>> Mayor, I'll note that the echo team does have a press conference, so we'll have to make sure that we can fit it in before they have the formal press conference, which I believe is scheduled for 2:30. So I'd just note that.

>> Mayor Adler: Okay. I think we ought to be able to do that. All right. It's 12:38, we're in recess until 1:40.

[1:42:59 PM]

>> Mayor Adler: We are back. It is 1:42. Councilmember harper-madison?

>> Harper-madison: Present.

>> Mayor Adler: Councilmember Garza? Chemotherapy? Mayor pro tem Garza? Not here yet.

[Indiscernible] Not here yet. Councilmember Casar. Not yet. Councilmember kitchen?

>> Kitchen: I'm here.

>> Mayor Adler: Thank you. Councilmember Flannigan. Not here yet. Councilmember pool?

>> Pool: I'm here.

>> Mayor Adler: Thank you. Councilmember Ellis? Not quite yet. Councilmember tovo?

>> Ellis: I'm here, can you hear me?

>> Mayor Adler: I could hear you that time. Thank you.

[1:44:04 PM]

Councilmember tovo? I can see you, I can't hear you. You're muted now. Now you're unmuted, muted, muted. All right. You might want to work on that. Councilmember alter.

>> Alter: I'm here. The ones I didn't hear from, mayor pro tem Garza, are you with us? Councilmember Renteria?

>> Renteria: I'm here.

>> Mayor Adler: Good, thank you. Councilmember Casar? Not yet. Councilmember Flannigan? Not yet. And councilmember tovo is still working on sound.

>> Tovo: Mayor, can you hear me now?

>> Mayor Adler: I can hear you now.

>> Mayor Adler: Thank you. I just needed to stop it --

>> Tovo: Thank you. I just he had had to stop it and start it again.

>> Mayor Adler: That gives us a quorum.

[1:45:05 PM]

Let's go ahead and begin the report. Manager, I think this is the point in time count.

>> Mayor and councilmembers, thank you for allowing us for this time to hear from our partners at echo to get the results of the point in time count. I know we're a little crunched on time so I'm going to pass it directly over to the executive director of echo, Matt mileka. Matt?

>> Thank you, city manager and thank you, mayor and council for providing us the opportunity to speak on the results from our point in time count this year. Today Sarah, our vice-president of quality assurance, is going to be taking over the beginning of the presentation and you will hear from me later on. So Sarah, take it away.

>> [Inaudible].

>> Mayor Adler: You're kind of faint. We can't hear you.

>> Let me try to turn up my audio.

>> Mayor Adler: Now we can, much better, thank you.

[1:46:07 PM]

>> All right, excellent. Let's see, is the powerpoint up?

>> What is the file name on the powerpoint? What's the file name? I have two of them here, b3 or b4?

>> Should be 2020 point in time count.

>> B3.

>> Okay. B3.

>> When we get that up, I want to thank everybody for your patience on the release of the count data this year. As many of you know, echo and the city and many other partners were tapped to help lead the homelessness covid-19 response. And that really has been an all hands on deck endeavor for the last couple of

[1:47:08 PM]

months.

>> Mayor Adler: Thank you. And your presentation is now up.

>> Excellent. Next slide, please. Okay. So briefly just to recap what the purpose of the point in time count is. We want to understand the number, characteristics in some populations of people experiencing homelessness in austin-travis county, so that we can appropriately target funding and services. Very brief recap on the background, it's an annual count. It's required by hud. And it's really just one measure of homelessness in our community, a snapshot or a [indiscernible] Estimate of homelessness on one night. We have other ways that we look at this data that can help us provide a more complete picture. Next slide, please. Next slide.

[1:48:09 PM]

Okay. So we did discuss methodology in February when I presented last. I'm not going to spend too much time on this other than to highlight some of the method logical changes in survey along with the gis survey and capability. The increased volunteer count and the subdivided geographic section. So in 2019 we divided Travis county into 36 sections and this year we did -- we divide it had into 74 sections, which kind of allowed for a more thorough, granular count. So those are some key methodological changes that we believe have impacted our findings. Next slide, please. So I also want to point out the limitations of pit count. There are variations in methodology from here to year, there are variable conditions, geography, weather, volunteer considerations can all

[1:49:10 PM]

impact the count. And another is visibility. Per hud guidelines, people must be seen to be counted so some hard to reach individuals may not. And this also includes people that might be staying on

someone's couch or perhaps they're in the hospital or they're in jail and they are homeless, they will not be included in the pit count. There's also a potential for duplication, which we take all measures to avoid, minimize and remove any duplicates, but that possibility remains. And then finally, the unsheltered count relies on a combination of survey and observation data, so it's also possible that those that are surveyed in our unsheltered count differ from those that are observed in the unsheltered count. Next slide, please. And next slide. Okay. So this year in 2020 we

[1:50:16 PM]

counted 2506 individuals overall. That was an 11% increase from last year. We saw a 20% decrease in the sheltered homeless count, and a 45% increase in the unsheltered count. We also had an additional 39 percent increase in our volunteers this year. Next slide, please. So in this slide you can see in the last three years we've had increased volunteer participation. And you can see a proportional increase with our volunteers. Next slide, please. This slide you can see the point in time count across the last decade. So from 2011 to 2020, in blue we have the unsheltered count, in Orange we have the sheltered count. And it's varied only by, you know, less than 150.

[1:51:19 PM]

There's -- from 2011 to here it's a fairly small spread. Next slide, please. This slide I think is one of our most important findings from the pit count. We look on the left at the point in time count, the raw counts over the last decade from 2011 to the present. In black you have the total, 2506 for this year, and in Orange you have the sheltered count and in blue the unsheltered count. In the middle we have the projected Travis county population and can you see that that population -- as we all know and have experienced, that population has increased fairly dramatically. On the right we have the point in time count per capita so we're looking at approximately .2% of the overall population of Travis county per the point in time count. So that actual rate of homelessness has remained fairly constant over the

[1:52:21 PM]

last decade. While the count might be tracking with population growth, the rate is remaining the same and I think that's a testament to a lot of the work of our partners in helping keep that line flat as opposed to going up. Next slide, please. Okay. So this is a map of the unsheltered homelessness by city council district. A concentration remains in the city center, district 9, but we did an analysis of disbursement and it showed that more unsheltered individuals were counted away from the urban core in 2020 than in 2019. And this was a statistically significant finding. Next slide, please. This is the unsheltered homelessness by city council district and

[indiscernible]. So the left we have the council districts. On the right we have the municipalities. And that municipality table is also inclusive of the

[1:53:21 PM]

council districts as well. So we saw an overall increase of 488 individuals counted. Next slide, please. Okay. So this is a comparison of the proportion of people counted in the pit count by city council district. So you can see on the left-hand side in blue that's 2019, and on the right we have Orange, that's 2020. And you can see that most of the council districts saw an increase while district 9 actually saw the largest decrease in portion. Next slide, please. So this is a map of unsheltered homelessness by county commissioner precinct and election precinct. You can see here as well that the concentration remains in the city center, but again that increased

[1:54:22 PM]

dispersion is illustrated in some of the outlying

[indiscernible]. You can see the darker green further out in some of the outlying areas. More so than last year. Next slide, please. And next slide. Okay. So before we present the demographic data, we do a year over year comparison in our subpopulations, and so basically if the pit count as a prevalence estimate provides a snapshot of homelessness on one day of the year, we use other measures such as the coordinated entry system, which is captured within our homeless management information system for his, and that kind of provides a more rolling video of people entering and exiting the system over time. That gives us more of an incidence estimate. So echo's coordinated entry system basically provides a

[1:55:23 PM]

single point of entry for people experiencing homelessness to access vital resources and those resources enables those providers to talk to one another. Single entry is required for continuum of care funded programs so it's really a way for all of those partners and collaborators to efficiently connect households to service, support programs and housing to end homelessness. So you will see as I present the next set of slides I should be comparing pit count findings with our coordinated entry findings. Next slide, please. Okay. So age. You can see on the left you will see 2019. On the right is 2020. Homelessness by age, we saw the proportion of children decrease by 3.7%, which was actually a statistically significant finding. Youth and adults increased slightly, but that year over

[1:56:25 PM]

year comparison was not statistically significant. Through our coordinated entry system youth homelessness actually dropped 8.1%, and when self-resolved homelessness was accounted for, by 28% in 2019. Next slide, please. Okay. Veterans. So the proportion of veterans increased slightly by .5%. Again, that year over year comparison was not statistically significant, but per the coordinated entry system, homelessness is actually reduced by 40.1% among veterans. Next slide, please. Race. So up on the top we have 2019, on the bottom we have 2020. We did find the proportion of black African-American increase slightly by 1.3% this year. Again, that was not a statistically significant finding, but it's something that we want to keep an eye

[1:57:28 PM]

on. Black and African-Americans percented 36.5% of the 2020 pit count and meaning that they are well overrepresented in our population. So there are one in three individuals in the pit count, there are one in 10 individuals in Travis county. And per our coordinated entry system, homelessness was actually reduced by 1.9% among that population. Next slide, please. Ethnicity. So the proportion of hispanic latinx decreased by 19.3%. That was approaching statistical significance, of .053. It's something to keep an eye on. Hispanic latinx are slightly underrepresented now in the pit count as compared to the population of Travis county. So in 2019 hispanic latinx comprised 29% of the pit

[1:58:29 PM]

count. We don't know exactly why that is, but we're concerned that if there are people out there and if there's a culture of fear, we want people to be seen and be served essentially. Next slide, please. Gender. So we did see a small increase in the proportion of females in the pit count, about 2.3%. And a small decrease in the proportion of males, a very small increase in the proportion of trans or non-conforming. None of these were statistically significant, but we did talk with our partners and they thought that perhaps women might have felt a little bit safer being seen with the ordinance changes since they are part of the vulnerable population among the homeless population. Next slide, please. So the proportion of people

[1:59:30 PM]

experienced with prior experience with homelessness increased by about 3.5%. Those individuals now comprise 65.3% of our population, which speaks to chronicity. Year over year comparison was not statistically significant, though, but it is something to keep an eye on and it kind of goes hand in hand with our next slide. Okay. So the location of first homelessness. Contrary to popular belief, austinites or

people experiencing homelessness report -- the majority report Austin as their first location of homelessness. So 63.4% reported Austin as our first location of homelessness in 2020, and that's up slightly from

[2:00:31 PM]

2019. People reporting Texas in general as their first location is 19.4, so that is other than Austin. Out of state remain steady at 17.1%, their location of homelessness was first out of state and then they arrived here. So that kind of speaks to the fact that this is really sort of a homegrown problem and something that we really want to bear in mind as we're thinking and planning moving forward. Next slide, please. All right. So it's important to talk about what is housing first. This is approach that really focuses on quickly and effectively connecting individuals and families with permanent housing. It focuses also on removing barriers to entry like

[2:01:33 PM]

sobriety or treatment, participation requirements. And this has been sort of a shift in our resources over the years as emergency shelters provide increasingly efficient housing-focused case management, the city of Austin and echo and community partners are really coalescing to expand permanent housing and service within Travis county. Housing first is an evidence-based approach that has been shown to be cost effective and -- efficient and cost effective. But we definitely know that increased permanent housing resources are needed to keep up with the need in austin/travis county. Next slide, please. So this slide shows a shift in resource capacity for permanent housing in our community oar -- over the last ten years. You can see in Orange we have permanent housing beds in blue shelter beds. So housing first research shows that participants

[2:02:34 PM]

access housing faster and are more likely to remain housed. They're less likely to use emergency services, such as hospitals, jails, emergency shelters. And studies have shown that they can utilize up to \$23,000 less per person per year in public resources than when in a shelter program. Next slide. Okay. So this is the total number of clients housed in austin/travis county from 2017 to 2019. In Orange we have minimal housing assistance. In blue we have permanent supportive housing. And in green we have rapid rehousing. These are each different types of services that we provide. You can see that they've increased over time. 2017 we housed 1,615. And now in 2019 we housed

[2:03:34 PM]

2,171 and that's an increase of 25%, up from the 2017 figure. Next slide, please. Okay. I'm going to hand it off to Matt for a few slides.

>> Thanks, Sarah, for that overview. Can people hear me fine? Yeah? Nodding. Nice to see everyone's faces. It's been -- seems like it's been a long time. So I want to talk a little bit about addressing racial disparities in our homeless population here in austin/travis county, and this is something that's on the forefront of everybody's minds right now, given the racial disparities that covid have highlighted for all of us across the country, that have existed for some time. The quote from D caritas of

[2:04:36 PM]

Austin is fantastic and I don't need to read it word for word but it's something we should all think about that echo has taken to heart and I think we're really resolute and focused on making sure that our coordinated entry system and our response to homelessness here in austin/travis county is equitable and that we are challenged every day as a service provider community, as, you know -- in our governmental work -- in our government and certainly threw our systems to make sure that we're addressing racial disparities within our community. So, you know, we know that there's a disproportionate impact on homelessness in the black African-American community. It's concerning, it's unacceptable and needs to be -- it needs to be -- we need to continue to work towards remediating that. We have a racial equity task group that's focused on

[2:05:38 PM]

trying to find solutions, ensuring better equity and access to homeless opportunities within our homeless response system. We're taking a look at our coordinated entry system this year and we're working to add some questions that gets toward making sure that our system is equitable and access is equitable for, you know, our people experiencing homelessness are nonwhite folks. On a community level we know the problem is bigger than our homeless response systems. Our community needs decision makers to tackle inequities that impact our most vulnerable populations. I want to commend councilmembers harper-madison, Renteria, councilmember Casar, mayor pro tem Garza for the letter I saw that went to governor Abbott, asking for the expansion of medicaid in our state to provide better access for health care.

[2:06:39 PM]

I thought that was, you know, a wonderful example of a way that we could create a more equitable -- more equitable access to health care and housing for our population experiencing homeless and

poverty. So thank you for that. Next slide, please. So covid-19 and the homeless response system, we know and have known for many, many years that having your health care and your health situation does not get better through unsheltered homelessness. Any doctor could tell you no matter what condition you have, it's more likely that you will get well faster if you are housed and have appropriate shelter. So it was no shock to us, obviously, and to many of you, that that covid-19 has highlighted people experiencing homelessness are twice as likely to be

[2:07:40 PM]

hospitalized, two to five times more likely to need critical care and two to three times more likely to die from cowboy. We -- die from covid-19. We know there is going to be a new waive of economic insecurity due to the pandemic, food, health care, health insurance, housing, lack of access to those, put more people at risk of becoming homeless. We know, you know, that echo and the city, city council, mayor and council, city staff have led a charge to stand up more resources to support people experiencing homelessness. Some of those resources are listed below. I want to take a minute here just to recognize our health-care workers, our health-care for the homeless workers, ems, community health paramedics, all those in our community providing behavioral health and substance treatment services

[2:08:40 PM]

to people experiencing homelessness, our emergency shelter staff, outreach teams, permanent housing providers and certainly city staff and the many who are on the phone who have partnered with echo through this process to make sure that we're bringing critical resources to people experiencing homelessness in response to covid. I want to specifically thank organizations. You know, obviously our homeless service providers but also Austin public health, the downtown community court folks, the homeless strategy office here, really great work in partnering to make sure we help get people off the street so that they can practice social distancing. I want to thank mayor and council for your efforts to bring resources to bear for this population during this time, and we're going to work really hard to capitalize on those resources to ensure that we do more to end homelessness here in Austin. Next slide, please.

[2:09:46 PM]

So this slide highlights some of the efforts in our partner organizations have put in over the last year. I won't go down and read all them so we can have more time for questions, but it's really important. The breadth of this work is really important to recognize the -- one of Sarah's slides that talks about homeless as -- in relation to population of Austin and how it's remained pretty constant. It really shows the extraordinary effort that our service provider communities put in, the work that they do every day.

We know how to end homelessness here, and I think that's on display year after year through the programs that are run. Some of which funded by the city. Some through continuing care funds. But, you know, these partner organizations listed here and many others know what it takes to end homelessness here in austin/travis county. Next slide, please.

[2:10:48 PM]

So what's next? What are we doing? I think we know we have a need for more permanent supportive housing in this community here in Austin. You have all taken steps to address that. The city manager office has. There's an rfq out right now to run motels and hotel/motel conversion strategy. We think that's going to be a really important step in the direction of ending homelessness here in austin/travis county. We know the great work that mobile loaves and fishes is doing to complete phase two expansion in community first village. Very important to bring that work to scale and of course foundation communities will open the 25th at Waterloo this year, in order to provide affordable housing for those in our community. We know there's a lot of good work happening here in austin/travis county. We know we need more of it, and next slide, please.

[2:11:51 PM]

So here's some key takeaways. We had increased point in time count and improved survey methods. Because of that we have a more thorough and accurate count of our existing unsheltered homeless population. That's clear. The count of unsheltered homelessness has increased on the while the per capita rate has remained pretty constant over the last decade. We've shown that. I think echo feels pretty good about saying that the increases in our unsheltered homeless count have really strong correlation to our volunteer base, and I think that's important to recognize. We still have a lot of progress to make on eliminating racial disparities and housing populations disproportionately affected by homelessness. We need to keep our eye on the ball there because we believe at echo that we're not going to be able to end

[2:12:52 PM]

homelessness without really seeing it through the lens of racism in our country. As continued, majority of people falling into homelessness have austin/travis county residents. There's a lot of factors associated with that, including rising cost of rent. Austin is even with Las Vegas for the least amount of affordable housing per hundred people in the country, we need to do better. We need more affordable housing here. We need to increase housing first programs. We know they're effective in addressing homelessness. Increased permanent housing is needed to keep up with demand in Austin and Travis

county, particularly in light of the pandemic. Next slide, please. And I'm not going to read our references. There they are. Although to say I was part

[2:13:53 PM]

of the parlinski and Pearlman housing first. So thank you and questions I think are next. So --

>> Thank you for this work and for the presentation. On the night of the point in time count, was there a -- did one of our shelters have to empty out for some reason? Did that impact the count or no?

>> It impacted the count in the sense we had a decreased number of people in our shelter system. We saw our shelter number drop and unsheltered number go up. So we did have one of our shelters that had a -- some -- I believe it was a plumbing emergency at the time that caused them to close down part of the shelter that night, yes.

>> Any idea what that number was of people that would have been in the shelter and obviously couldn't be there because it was closed down?

>> You know, it's hard to say. Sarah, I don't know if we have that exact number of the impact, the change in

[2:14:55 PM]

that.

>> Not the exact number, but we do know that a couple of the downtown shelters shifted to a housing focused case management model, which reduced their bed count. That was by about 130, reduction of about 130. We also reclassified some housing that was transitional housing and correctly reclassified as rapid rehousing and that accounted for another 103, I think. And the first pipe accounted for about 25.

>> So somewhere about 250 people would just be that kind of statistical change? Great, thank you. Thank you for the work you both do. Questions from council?

>> Kitchen:councilmember kitchen. >> Kitchen: Thank you all very much. I appreciate it. And I'm fine with the amount of time it took.

[2:15:57 PM]

It's very useful information. Thank you, Sarah and Matt. So I have a specific question. It's really -- has to do in part with slide 9 but also I think slide 26 -- not 26. I'm sorry. Yeah, 26. So here's my question. So when I look at slide 9, it looks to me like the count per capita is going up. It's not flat. But it's going up

slightly, as you said. But I don't want to overstate it. I don't think we should call it flat because it's not flat. So when you look at the point in total count per capita, I'm concerned about the trend because it is going -- it's going up. Now, I'm also interested in the fact that in 2011 down to 2015 it went down. And I recognize that there's

[2:16:58 PM]

limitations based on how many we're counting but this is a total count per capita. Anyway, I just don't want us to overstate because I don't think that we can call the graph on 9 as flat. So but then a more important question for me is on 26. I'm curious about -- this is great in showing us additional clients housed. And I'm wondering if it's possible to look at that as a rate for a population or if perhaps there's a different kind of measure that would be more appropriate? But I'm trying to understand. The raw numbers on the housing doesn't help me understand if we're actually improving the proportions of unsheltered people that we're getting housed. So I don't know if that's a rate per population, which would actually give us a comparison if we're talking about the rate per

[2:18:00 PM]

population unsheltered and the rate per population that we housed, but you may have a thought on a better measure than that. I'm just trying to understand if we -- if the proportion of people that are unsheltered -- how are we doing in terms of getting more of those folks into shelter?

>> So --

>> Kitchen: I can't hear you. I'm sorry.

>> Can you hear me now?

>> You're kind of quiet.

>> Let me do this. Is that better?

>> Yes.

>> Okay. Great. So I want to first address the first question, and we actually did run a statistical trend line across and going back to slide 9 from 2011 to the present. And that trend was fairly

[2:19:02 PM]

constant and slightly on the decline. So from a statistical standpoint, it has remained constant.

>> Kitchen: Yes. But I'm not talking about that. I'm sorry, I'm sorry. I didn't mean to suggest -- I do see a drop since 2011. I think that's -- I guess I was thinking more that it was looking to me like if you look at 2017, '18, '19 and '20, we're continuing to go up. Sorry, I want mean to interrupt. I just wanted to explain what I was talking about.

>> I will say that slight uptick in 2018, 2019, and 2020 does correspond, if you look at slide 7, corresponds with increased volunteer count and improved survey methods. So the digital survey did help us to count faster, and it increased the number of people that were counted per

[2:20:02 PM]

volunteer. So they were going through the surveys more quickly and we were getting more thorough response rates. And so that uptick in those last three years tracks pretty much identically with the increase in our volunteer count. But that said, I think the higher number is more representative of our actual existing population. So we don't think of it so much that the population is growing right now. It's that we're doing a better job of counting the existing population. And then to address your question on slide 26, we would need to go to the drawing board on that. And we might reach out to you because we would need to look at a different denominator and give some thought to that. We could certainly look at ways to think about this problem creatively and also, you know, run some different analyses to better answer

[2:21:04 PM]

questions.

>> Kitchen: Okay. All I'm trying to get at -- and I don't know the best way to do it -- is the raw numbers are helpful. I'm very encouraged that we are housing more folks. But it doesn't help me understand how that relates to the need. So that's all I'm looking for, is some kind of relative measure, and I don't know what the best one is.

>> We'll certainly give that some thought. And thank you for that input.

>> Councilmember kitchen, just so you're aware also, I think there will be some modeling. I think that is going to get presented to council, be in a report that gets sent through from some of the consultants that the city has been working with that I think could better show you where some of those gaps exist.

>> On that slide on 26, why did the permanent supportive housing go down?

>> That's a good question. Because those programs became more effective in keeping people housed every

[2:22:06 PM]

year so that turn over in permanent supportive units are new units brought online. So what you're seeing is more folks staying in our permanent supportive housing programs. That's not a slide that will show you the number of beds. So it's the number of people housed and in permanent supportive housing if those programs are doing well and folks are staying in them, that number should continue to decrease hopefully so we don't see exits and therefore turnover where someone else would then get housed in that permanent supportive housing resource.

>> Thank you. Colleagues, any further questions? Yes, councilmember Renteria.

>> Renteria: Yes. My question is has the roadway inn and the 300 additional homes in mobile loaves and fishes, have they come online yet some.

[2:23:07 PM]

>> The roadway inn, and I'm sure there's some city staff on the line that can probably provide more context. My understanding is that those units are now in the process of some remediation that needs to take place to be ready for permanent housing. But, no, they have not come on yet, councilmember Renteria.

>> Renteria: How about the loaves -- the 300 years over there?

>> No. Those are in process right now. I believe they're going to start phasing in the first folks getting housed hopefully sometimes this summer, if I'm not mistaken.

>> Renteria: And so how many units are those? I know there's 300 over there --

>> The roadway inn is 87 or 85 units, I believe.

>> Renteria: Okay. Thank you.

>> Mayor Adler: Councilmember Tovo.

>> Tovo: Thank you so much. Thank you city staff, I

[2:24:10 PM]

would mention the thanks expressed so far, our neighbors experiencing homelessness, and the other care that they need during this period of time. I wanted to ask a specific question about -- I think it is -- well, the correlation between -- in looking through the numbers of individuals who were surveyed this year, district 9, as you point out, my district has the largest number of individuals experiencing homelessness. It also had the largest increase by far really. You talked about the fact that this year there

was more dispersion in terms of unsheltered individuals count in areas outside the urban core, and I wondered if you had any assessment of how that correlated to volunteers and where volunteers were assigned this year?

[2:25:10 PM]

>> So can everyone hear me?

>> Yes.

>> That's a great question. Not necessarily. I think other than just that I think the granularity our subdivided sections, having those 74 sections and having more volunteers kind of plugged in to each of those sections helped us perhaps count more people that had previously -- maybe they were previously there and we just hadn't had the resources to count them or there may have been some factors that sort of pushed people out into some other areas. We don't really know the why. But, yeah I think having more volunteers and having more granular pit sections helped.

>> Tovo: Thank you. Just, you know, by way of anecdote and I'm sure other teams found this too, in the team -- on the team I was counting with, we encountered I would say multiple encampments where individuals didn't want to

[2:26:12 PM]

participate. So I think it's worth noting always that, as you have, these are estimates and there certainly are more individuals who are experiencing homelessness than these numbers always reflect. But this is - you know, I really appreciate all of the people who came and volunteered and all of the work of echo staff to make sure our count is as thorough as possible. It seems to get better every year. I just wanted to thank you, too, for highlighting some of the other efforts on here. I think the work that our community is doing to increase the number of beds across the spectrum of -- from rapid rehousing to permanent supportive housing to housing for families with kids, to housing for our elders I think is just really tremendous, and so thank you, too. While you're not just providing data about the need, the really significant absolute need, also showing us some of the work that's been done and how it is having an impact is important. You know, this morning we had an opportunity to talk about the spending plan, and you've hit on a really important point to consider

[2:27:13 PM]

as we think about those allocations, and that is the real danger that we're going to have -- we're going to be here a year from now looking at these numbers and see an increase because of individuals who in the

midst of this economic crisis have fallen into homelessness. So I hope we can be really thoughtful about investing significant resources in rental assistance and those other prevention strategies so that we don't see increases in these numbers that could be otherwise avoided. Then lastly I want -- I had a question about -- and this is not directly related to the pit count. It's really about an item on our agenda. On Thursday we'll be asked to approve purchasing of one of the pro lodges that would be, as I understand it, used in the immediate times but also be able to provide longer-term housing. I wondered if we could get just a little bit of information about whether that lodge is already being used, and if it is at

[2:28:14 PM]

capacity and if there is a waiting list for other protective lodging. That's probably for staff, but maybe Mr. Malika you have information as well on that. I'm trying to get a sense of where we are in our numbers of housing individuals who need that protective lodging.

>> Yeah. So, you know, I think certainly the city staff will be able to provide you a clearer picture but I know just from being on calls with city staff that we do have a wait list currently for pro lodges for high risk people right now experiencing homelessness in need of protective lodging. So even with pro lodge for open and running. And let me tell you pro lodge 4 opened I believe at noon yesterday and was referred, I think, 60 some odd people by mid-morning, and the city staff have done a remarkable job of standing up those pro lodges as quickly as they have with behavioral health care

[2:29:15 PM]

from -- it's amazing to see how quickly they're brought online. Very encouraging to see that happen so fast for people in a time of need. I think you'll probably get a more thorough answer from the city staff on availability.

>> [Indiscernible] Was going to say something?

>> Yes. Good afternoon, everyone. I'll provide exact numbers because the numbers are fluid, but I will say generally that when we opened pro lodge 4, that yes, we absolutely had a waiting list and were able to immediately begin to move individuals who were in need of housing and support move them into pro lodge 4. I want to not give a bad number because, again, that number fluctuates really daily, but, again, to generally say that we were able to immediately begin to utilize that facility.

[2:30:16 PM]

>> Tovo: Acm shorter or other staff, I'd be interested to know how large the waiting list is, just to get a sense of that scale, if not on this call, at another time. And just -- I'll leave it there. But, Mr. Malika, I'd ask you and others in echo and others who you're working with, as you identify needs, I know this is something that I'm asked by my constituents, how can they help? What can they do in this immediate time? As you identify those needs where other austinites can pitch in, I hope you'll let us know so we can amplify those and get those -- that word out.

>> Councilmember tovo, thank you.

>> Mayor Adler: Okay. Further comments? Great. Matthew, thank you so much for the presentation. So thank you and all of the partners working on this. And I am excited that we're

[2:31:17 PM]

moving forward toward those 300 rooms as part of this. I know some of my colleagues addressed this earlier, the degree to which we can take some of this money that we're getting for the emergency and leverage it for institutional changes going forward so that we get a long-term benefit, we want to maximize those opportunities as much as we possibly can. And this isn't a specific kind of facility that lends itself to that, you know, by definition. Thanks for everything you guys are doing.

>> Thank you.

>> Mayor Adler: I want to point out at a really high level we have challenges in certain populations and in other populations we're doing better than many other peer cities. Jails is an example of an area we're doing well in with so many people. Director Hayden and director shorter and Matthew and the team, this community was one that everybody really jumped

[2:32:20 PM]

on really early and then isolated and has -- it certainly is a susceptible population, but it's been so much more protected because of that work and we're so much better placed than many other peer cities in this population so thank you for that work.

>> Tovo: Mayor, I'd have Della Carmen to that list as well.

>> Mayor Adler: Yeah. Let's move onto the next presentation, then manage. This is the one on Brackenridge?

>> Many I may, mayor, do you mind if we do the pulled items related to public health so we can allow the staff to leave if that's amenable to the council?

>> Mayor Adler: That would be fine. You want to pull up 21, 22. I understand 23 has been withdrawn. So you're speaking to items 21 and 22, manager?

>> Correct.

>> Mayor Adler: Councilmember Flannigan.

>> Flannigan: I had a question on the q&a about

[2:33:21 PM]

statements of work I don't think has been answered yet, but more specifically to what extent is reporting the data back to the city part of the expectation of these vendors?

>> I think director Hayden is on to respond to that.

>> Yes. I'm here. Thank you. And thank you all for moving this it up a little ahead on the agenda. So with our current process, our vendors are required to submit their deliverables as they complete them, but then we also have a reporting of the number of people they serve and how much financial assistance they are providing or the performance measures. And so our -- each one of the vendors has their

[2:34:21 PM]

process of how they are ensuring that the individuals that they serve are meeting the recommendations and requirements. For example, they have, you know, some type of -- because of covid-19, they are more eligible for this funding. And so on the other side of it, what we've set up is we've set up four month contracts. The contracts are a four-month term. Not to say that the vendors have to have the contract for that amount of time, but that allows us -- for them to provide all of their financial assistance and the services that they're going to provide, but it also allows them to close out the contract and submit all of the final closeout reports and the summary data that we are requiring of them. On the other side of this,

[2:35:23 PM]

our staff will add all of these contracts to the rest of the contracts that we go out and monitor. And so when our folks go out to monitor, we will typically select a time period. And because these are just a short, quick in nature -- normally we have a 12-month contract, we'll pick a month out of the year. With this one we'll probably pick a week or two out of the term. And then our folks will go to their offices or have them to, you know, send us some information. But we will go out and monitor, ensure that the clients that receive the financial assistance, that they have the documentation from those individuals and/or households, as well as that they met the criteria. And our partners are using various systems, as I said earlier. The city does not have a

[2:36:23 PM]

client data system, and so we are allowing our partners to use the systems that they currently have in place.

>> The data that they'll report back, is it -- well, I'll just tell you what I'm asking for. My hope is we're able to report in closer to realtime than at the end of-month contract demographically in the aggregate where the dollars went.

>> That information we are planning to provide a monthly report to council, only because all of the contracts have a different date. And so it's just easier for my staff to be able to pull that information together on a monthly basis and provide a monthly report back to council. And so --

>> Flannigan: So we can expect to see the demographics on who is receiving individuals' reports through these programs on a monthly basis? That's how often the data will be updated?

[2:37:25 PM]

>> Yes.

>> Flannigan: I know the business support stuff is happening out of a different department than yours, but I'm expecting to see other data reported back. For businesses I think it's fair to report the actual businesses. Obviously we wouldn't do that did for individuals. For individuals we would aggregate the data but those I think are fair expectations for the public.

>> Okay. Was there anything additional that you would like to see in our reports? We typically provide the number of people served, you know, amount of assistance, demographic data.

>> Flannigan: I think I'm more concerned about what data you're receiving from the vendor. Because we can slice and dice it however much we want later, unless you're not giving the data. So that's why I'm bringing this up in the context of the contract, so that we're requiring the vendors to report back whatever it is we're requiring them to report back. And they all need to report back the same thing or else the numbers won't add up, as you know. So that's what I'm driving towards.

[2:38:25 PM]

I think there's still an open q&a on that, so I'm happy with you answering this in full through the q&a process.

>> Okay. That's fine. Thank you.

>> Mayor Adler: Okay.

>> Flannigan: That's all I had.

>> Mayor Adler: Okay. Manager, you'll take us through the presentation on Brackenridge?

>> Sounds good. Mayor, council, this is a topic that has been brought up in the past and I think you visited this in, I believe, February. We're going to have a brief presentation in open session and after a few slides from our staff we'll go into closed session and then come back into open session. And so I'm going to ask from development services Andy to tee up this conversation. Andy?

>> Thank you. Mayor, council, this is Andy, development services. We are here to talk about the unit of Texas and our

[2:39:27 PM]

agreement to partner and collaborate. This has moved to be a little bigger than when we've been here before. I have a presentation that I don't see loaded. I wonder if we can get that started.

>> Mayor Adler: Coming up.

>> All right. Thank you. Next slide, please. Again, why we're here.

[Indiscernible] We discussed an extension of the lease agreement at the Brackenridge development agreement. I can report today that those have been signed, fully executed, and returned to the city. We're here as an update, and part of that discussion, the -- Mr. Subtle already provided direction

[indiscernible] Which I will give you brief highlights on. This all relates of course to the city's ownership and

[2:40:28 PM]

[indiscernible] Golf course and other possible real estate at the university. Next slide, please. So to give you a contextual view of what properties we're talking about, as this has expand, the university owns various property around the city. This is an overview of the ones we're talking about today. We have the Brackenridge tract, which is of course along the lake, lake Austin boulevard. You can see that shown here. Gateway tract is just to the east of mopac on this street. We have the simitec campus over east Austin, montopolis, and we also have the pickle west campus. Next slide, please. So in the response from the university, they have outlined the Brackenridge tract, and for purposes of the calculations and discussion, they've removed

[2:41:31 PM]

the [indiscernible] Tract, which they have sold the majority of this, in total 355 acres that encompasses the properties you see here. That's the safe way tract, which is now going to be an HEB, we have muni, all these parcels make up about 355 acres, which are in the entirety of the Brackenridge agreement. When we're speaking today about the Brackenridge tracts specifically we use that term the way the university has redefined it for purposes of this proposal. We've just -- it includes everything except for this staff Ford tract, which is in the lower left corner of the screen. Next slide, please. These next couple slides provide a little bit more detail about the sites and where they are. Here's west pickle research campus, approximately 110 acres. It's the -- on the corner of Braker and mopac. Between two watersheds. It's mostly undeveloped on the campus there.

[2:42:31 PM]

Next slide, please. This is the sematech campus, against on montopolis so everyone knows what we are talking about when we mention it by name, mostly undeveloped, 94 acres approximately. Next slide, please. This is the gateway parcel. It is on this street just before mopac, if you were heading west. It is currently university apartments and also has a small building that's occupied by a state agency on the northern end. Next slide, please. This is the town lake tract or lakeside tract, as often referred to. It includes the Colorado apartments, the Brackenridge apartments, and the biofield

[indiscernible]. Many of the proposals performed by the universities this is the parcel their [indiscernible] is redeveloping under the

[2:43:31 PM]

Brackenridge agreement. It's approximately 162 acres along the lake, down to basically deep eddy pool. Next slide, please? So as everyone is well aware, we have a lengthy history of this property. The exchange of information and dates between the universities and city, I want to point out one of the watershed events, I think, for this council's proposal, to December 18th, 2018, right in the middle of the page. Since then we've been going back and forth between various proposals and bullet points and letters. The last one came in may 4th

(indiscernible) Representative as a proposal, that we're here to talk about today. Next slide, please. So an overview of what's in this may 4th proposal. The basis for that agreement, in

[2:44:31 PM]

speaking with the university, was the letter that we sent as the city on December 18th, 2018, many of the terms that they proposed include that. There are very significant changes. One of the first ones is that muni is not included as an agreement for us to purchase. If you're guaranteed a 40% open space, on the entirety of the 345 acres that I've referred to as a tract, obviously that's a significant change. The university has discussed, although not conveyed to us in writing yet, we intend to negotiate a two-year option contract with the muni conservancy, in the historic district, for purchase of the muni. That is their intent that they have expressed verbally, not in writing yet. They also intend to negotiate with way (indiscernible). Very significant change is uts

[2:45:33 PM]

of .45 far of the tract. They're about 3.5 million, this would be closer to 6.7 million square feet. It would be on the entirety of the 345 acres. But that is a significant change. They also requested 2 million square feet on the

(indiscernible) Lake tract. Not being tied to generate a certain level of traffic improvements that assure the intersections along the boulevard. It will include traffic mitigation measures. The university has also asked for mixed use, based on the dmU regulations for modifications. Next slide, please. Other significant changes. They have now included officially the west campus with

[2:46:34 PM]

appropriately zone that on their request, gateway zoning. We've asked for a permitting process similar to that of the bda, for all of their properties. They have suggested on the semetec property for a structure. One of the offers that the city made in 2018, that's not shown here as a change, but that is included (indiscernible) Zoning on the (indiscernible) Property. For gateway they've asked to include that property into a potential tif for the Brackenridge tract in response to the university, along the specific zoning, or lipda, in a permitting process. Those are the overview of their offers at this time. Council, what I would like to leave you with is that is an overview. I believe we wanted to adjourn to executive session to have a discussion about (indiscernible)

[2:47:36 PM]

Matters before we proceed any further.

>> Mayor Adler: Okay. Any discussion on this?

>> Will you close that slide, please? Yeah, thank you.

>> Mayor Adler: All right, colleagues. We have talked about then going into executive session to discuss this matter. We will come out of executive session, we will conclude our conversation on the tract, and then the final pulled items. Sound okay? With that, then, it's 2:48, we're going to recess the city council work session. And we'll adjourn to executive session. And again, I don't have the script in front of me.

>> Let me help, mayor. You're going to go into the closed section pursuant to

[2:48:39 PM]

551.071 and .072, the lease or value of real properties of the university of Texas, Brackenridge tracts including the municipal golf course, west pickle and sim I tech tract. Unless you have any objection.

>> Mayor Adler: I thank you for that. Without objection, we'll go into executive session, and come back out after executive session and do the remaining pulled items.

[Recessed to executive session

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[4:34:25 PM]

[Time is 4:34 P.M.]

>> Mayor Adler: Colleagues, it's 4:34. We're now continuing on in the city council meeting. We were in closed session. While we were in closed executive session, we addressed, what was it, b-4?

>> B-4.

>> Mayor Adler: B-4. Yes?

>> I just wanted to let you all know, my project connect district town hall is tonight from 5:00 to 6:00, so I'm going to need to get off this meeting call in just a couple minutes.

[4:35:27 PM]

Just wanted to alert my colleagues. I did pull out 96, which is the resolution I'm bringing forward in part to discuss

(indiscernible), we won't have time for that conversation today. But I am looking at a couple of edits to it and just wanted to alert everyone to look at that in the revised backup when it becomes available, because I won't be here today for the conversation about it.

>> Mayor Adler: Okay. Do you want to address first, or back now to speak, muni before we go to the pulled items? Do you want to say anything before we go to others?

>> No, that's okay. Thank you for that opportunity. I'll participate if there's an opening.

>> Mayor Adler: Okay. Does anyone want to speak to this -- to the muni issue? Alison?

>> Alter: Thank you, mayor. I did want to speak to this, and I want to start by thanking

[4:36:31 PM]

president (indiscernible) For his service and wishing him well. Your service is much appreciated and I'm proud to have represented you here on council as well. Also enjoyed working with Mr. Hartfeld. Before I make general marks, I would like to ask Mr. Stiller to speak to a key piece of what I want to suggest in terms of direction by the city managers. Mr. Stiller, are you still on? Do we know?

>> Yes, ma'am, I'm on. This is rob spiller.

>> Alter: Thank you, rob. I wanted to -- for me to resolve these issues, we have to solve the issue of making sure that we right size the development to the transportation infrastructure. And now that as of yesterday, we finally have some glimpse of the proposed infrastructure improvements. In our conversations, I think we

[4:37:33 PM]

came to a possible direction that might help us rethink how we approach this development, and provide with the kind of flexibility they need while addressing the concerns that the mayor and I have repeatedly in our conversations over the Brackenridge track raised with respect to making sure the transportation's there. And ideas basically to have some mechanism as a trip cap, so that that is really what constrains the development. Can you speak a little bit, very briefly, to how this might be applied in this instance?

>> Yes, council member. Robert Spiller, transportation department director. Very much like our development at Miller airport redevelopment project, we have essentially a pnp capacity problem here in the Lake Austin boulevard-Brackenridge area.

[4:38:34 PM]

Like with Miller, what we did is identify a maximum number of trips that that development could create during the pnp peak period. And then the developer through, as they build that site out over a number of years, can continue to add development and buy down, if you will, that trip budget. So as they add new single-family or multi-family housing, that generates a number of trips during that peak period

(indiscernible). The development can certainly do a variety of different things, choosing the type of land uses that may have different time of day uses. And so not (indiscernible). Similarly, the developer could pick trip -- or land use types that have very low trip needs during the day. And basically allows the

[4:39:35 PM]

developer to develop to almost whatever density they want, as long as they stay within that critical trip cap. And so I think that's something that we could work with the developer on to identify, for that trip cap, and come to an agreement. On Miller, it was done through a traffic impact analysis assessment. And agreed to in a development contract.

>> Alter: Thank you. I appreciate that. So I'm going to speak -- I wanted to make sure that we had that basic background before I spoke. So my comments are going to be focused on the Brackenridge tract. That's the part that's in my district. And there are important pieces of the other parts. But I'm going to try and focus my comments to that area. So for me, my two big goals, when I talk about the future are the Brackenridge tract are the following. First, I want us to preserve publicly accessible open space

[4:40:37 PM]

green space to meet existing needs, and the signature castly increased needs of a new development and to create the nature-based trail connectivity to reduce the vehicle trip. Secondly, I want to right size the development for the transportation infrastructure. I think that these two goals also align with the university's interests of having a high-quality development. I really appreciate and value the flexibility the proposal gives to preserve open space while allowing development right. I think it's important that the future residents need to be able to get to and fro. City manager, I would like to see UT and the city consider the following ideas. And I believe these will allow us to maximize the preservation of publicly accessible open space, and address the traffic challenges and the flexibility it so much wants for its needs.

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So first I want us to have a set-aside of publicly open recreational space. UT offered 40%. I want to see a larger percentage, that reflects the existing environmental constraints of preserving green space around the creek and the critical environmental features, preserves adequate green space along the lake front to the trails, and preserves the long-standing relationship with community groups and associated open space goals. For me this would come much closer to 200 acres that would remain free from commercial development. I think these asks reflect the general principles and intention of the proposal from the university, and it includes their desire to allow these set-asides to go toward their set aside environments in my view. The second thing I would like you to consider, city manager, is something along the lines of

[4:42:40 PM]

what Mr. Spiller just referenced. I would like UT and staff to determine a way for a type of tool we've applied in other large developments by creating a trip cap to occur and move forward at the levels that can be absorbed by the upgraded mobility infrastructure. Lots of pieces of this would need to be determined, but I think it's a meaningful way forward to address the traffic concerns and provide UT with the flexibility that it needs to move forward with the development plan. I was really pleased to see yesterday that UT and att have identified some specific transportation infrastructure options. There's a lot more that I want to know about these, particularly I want to know more about the capacity created. Most of these, but not all, seem feasible. Though I would want to have a mechanism in the case that one or more of them did not become

[4:43:41 PM]

feasible, that we could increase the amount of development. I feel like this two-pronged approach gives UT flexibility, and addresses our needs for open space and traffic infrastructure. It follows other developments, like Miller, and it also matches Bradley and stratus for the open space for development. My colleagues have a lot of other things to say. There are just a few things that I want to adhere very quickly, and I would be happy to go into more detail as needed. First, we need to develop the envelope in the design standard. We need to make sure we can vary by location and topography. And I think UT and our staff need to consider what additional design standards might be included in the agreement. I would like for UT to show us their pretty pictures and conceptual plans that they have, so that we can see some of the ideas that they already have in the works. I'm totally comfortable in counting Wai in the open space

[4:44:42 PM]

and I would like you to count that and get moving on that transaction so they don't have to keep waiting. And I would like us to ensure that the city can continue to talk with UT if they enter arrangements with third parties for land acquisitions. And finally, I'm comfortable with the tiff. I'm not sure I would go up to full percentage. And we need to make sure that the city's not involved for any other traffic improvements. For other parts of this package, there are things about student housing and affordable housing, and transit, and open space and traffic needs of other tracts, that are also important to me, but I feel like if we can rethink how we've been conceptualizing this project and try to think in terms of a very large open space bucket and a traffic bucket that reflects what we can do in terms of infrastructure with allowing some of that to be a function of

[4:45:45 PM]

the infrastructure that gets put down, that we can really move forward in rethinking how this whole development plays out. And I look forward to working with UT as this moves forward. And I want to thank those who are involved in these negotiations for spending the time on them and to thank my colleagues for taking the time to think about this. We have a lot on our plate, and we're responding to make sure that we can close some of these loops before the president leaves. I think this is a fruitful step forward. And I look forward to working with you all. Thank you.

>> Mayor Adler: Yes, council member kitchen?

>> Kitchen: Thank you. I'll be brief. Thank you, council member alter. I would support much of what you're saying. Again, I would also like to extend my thanks to the university for continuing these conversations. I think we can get to a place

[4:46:47 PM]

that's very fruitful and is a win-win for everyone involved. There are two points that I just want to emphasize, and I believe that council member alter raise Ed them. I want to talk for just a moment about open space. I want to emphasize that the lake front along lake Austin -- along lady bird lake is really a treasure for the whole city, regardless of, you know, what district it's in. It's a treasure. The whole length of the lake is a treasure for the whole city. And so I think that what we do now has implications far into the future. So I want us to be very clear about protecting this area in appropriate ways for open space. So the trails mentioned, I think that that is important and would be something that's publicly

[4:47:48 PM]

available for the community. I also would like for further conversation and consideration of the (indiscernible) Field land area which has been in our history for quite some time. I would also like to speak for a moment about transit, and the importance of transit to the community. I know that the university has been very interested in being a partner. And so I'm looking forward to that, and I want to urge the university and the city to continue to coordinate and collaborate on transit issues throughout the whole city. And to work with metro and project connect. So I think that the traffic implications for this particular area are broader, and impact the rest of the city also, and I am hoping that we can include that commitment to work with cap metro and the city on issues

[4:48:49 PM]

related to transit and to connect as part of this agreement moving forward. And so that's all I'd like to say. And again, thank you all very much for taking time during this time, and appreciate the opportunity to share my thoughts.

>> Mayor Adler: Okay. Does anybody else want to address this issue? Yes? Council member tovo, let her go first, since she has a 5:00 town hall.

>> I appreciate that. I didn't mean to jump in front of somebody. I just wanted to agree with my colleagues who have gone before, and really to thank all of the staff who are working on this, and also to thank council member alter for her leadership on this negotiation, and helping this conversation move forward in a productive way. And I stand alongside her in

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expressing optimism about the direction that we're going in. I agree with the points that she raised and that council member kitchen did, and would just add as an additional detail, I look forward to really talking about the conversation -- having additional conversation around how we talk about student housing in the city, and appreciate the university's response on that front. But would look forward to really talking about additional units for students at the university of Texas. And so again, just agree with the points about the open space and other things. But appreciate the conversation. I'm positive about it. And excited about the direction. And thank president bender and his family for their service to Austin and wish them the best in their new role.

>> Mayor Adler: Council member Renteria?

>> Renteria: I support the direction, but I do have some

[4:50:50 PM]

concerns about being -- having one of my tracts there being part of the negotiation. You know, I really would have to sit down and have a discussion exactly what they're planning for that. You know, I don't know how long UT is willing to wait. You know, they have their options, and so I really want to slow that down about the developing the sematech until I get to know exactly what they're going to be asking for there. You know, that's a big piece of property right on the major Riverside corridor that we're doing the big project, with project connect, and our transportation bond money that we invested into that area. And because of the 2020

(indiscernible) Vote, I have delayed that project. But I'm very concerned about what's really going to get done

[4:51:51 PM]

there, and make sure that everything works with what's planned already in my district. So I'm going to have a lot of questions when it comes to that. I don't know how long UT is willing to wait, but I do have a lot of concerns about that piece of property.

>> Mayor Adler: Thank you. Council member Casar?

>> Casar: Thank you, mayor. And thank you (indiscernible) For everything you've done. I look forward to working with you on this and regents. I know a lot of folks have brought up points, and I want to bring up three that have been discussed some, but important to me. Affordability, transportation issue, and then investment in infrastructure and needs across our city. So on transportation, to start, I echo the call from council member kitchen and others, cap metro be at the table for this. This is close enough to

[4:52:52 PM]

downtown, and there's the potential for there to be enough jobs and housing here to justify a significant enough level of mass transit, that maybe that could be a route for us to address some of the transportation issues. Because we could wind up in this middle of the road mess, where it's so auto oriented that you don't get mass transit and you get lots of car trips and it makes it even worse. Because we didn't coordinate. And so I would really stress that cap metro be at the table, because if there's a way that UT participates and everybody gets together and we can do mitigated bus or connect to the train, it would be, I think -- I wouldn't want to miss that important opportunity. And I think that connecting it via public transportation also makes it so that whatever great amenities are here, are more accessible to the community broadly and connects potentially if our whole project vision

[4:53:52 PM]

comes together, all sides and parts of the university, back to here. So I think that's really important for me. And I think for other folks on the dais. Second, on affordability, I really don't want this to be, if we invest so much dollars into this beautiful place, for it to become too exclusive price-wise. So I really think there's a huge benefit to there being a significant -- a more significant commitment to affordability at this location, or potentially on the other sites that UT is talking about. That's not just a benefit to the city of Austin, because there are lower income students that are having trouble finding places to live. There's working class staff at the university that are having trouble finding a place to live, and I think people would agree that would be a real benefit on this site. If you have something that hasn't been built on yet, that isn't on the tax roll yet, it's a big opportunity, both for that kind of transit investment and

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for affordability. The last piece is around, I think this is for the dais, too, I do believe tax reinvestment into the middle of our city, on the lake, on things like that is a city-wide benefit and I totally support that. But I just do have concerns with how much, either of public dollars, or reinvestment we just continue to do, right in the middle of the city. There's a lot of good there. But when you think of our rec centers, at phase one of three or four, and who knows if they'll ever get to three and four out in parts of the community, if you think about parts of our community that have just been waiting on transportation investment for decades, neighborhoods without parks, I just would really like for us to find ways, if we're going to be engaging in allowing this much development, for us to leverage not benefits 30 years down the line, but some immediate benefits to the city

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as a whole as well. So all three of those, I think, are really important. And if what it takes for us to get there is for the buildings to be taller, or for pieces to be rearranged here, I think the whole council is interested in what variable it is we need to change. But I think a really expensive and lower density development winds up hurting us on affordability, winds up hurting us even worse on transportation, and on open space, than if we find the right solution here. But I'm glad that it seems like we're moving forward, and I want to move forward, but I would just focus on the affordability and mass transit and thinking about the city as a whole.

>> Mayor Adler: Okay. Yes, council member Ellis?

>> Ellis: Thank you. I really appreciate all of president Mendez's work along the way and look forward to the next chapter for UT. The main thing I would like to see ought of the Brackenridge

[4:56:54 PM]

tracts, especially trail access that would be publicly accessible. I'm curious about the biological fields and understanding better the environmental nature of that land. And I completely agree with the need for better transit options along lake Austin. It is sandwiched between some really bad intersections between the red bud bridge and south mopac lanes that are going to be moving forward. I want to make sure whatever we do with housing, or commercial space along those tracts of land, I think my decision is going to weigh heavily on how much transportation we're able to do as well. I think housing and transportation go together. And I don't think that we need to decide kind of in silos what needs to happen exactly there. But I do appreciate that this conversation is taking place separately from wild flower center, which I know has a number of other issues going on, but I just feel absorbing it would have been a bad idea to

[4:57:55 PM]

intertwine Brackenridge discussions with stratus agreements and things of that nature. I look forward to these conversations and seeing how the city is able to have the discussion, and I really appreciate staff's work, and UT's work and wanting to make sure we do the best thing for the city that we know and love.

>> Mayor Adler: Thank you. Anyone else want to comment on this issue? Okay. I'll just conclude by saying my thanks to president Mendez, as well. You're going to be missed. Along with Carmel. Thank you for initiating some of the conversations about changing the relationship of the university. Hopefully we can finish that and advance that work. Look forward to working with Dean hartsel and thanks to the

[4:58:56 PM]

regents, and to chair alpine. I think my colleagues have listed many of the issues or thoughts, many of which I agree with. I think that taking a look at -- recognizing that everyone's going to be supportive of development on these tracts, tracts that deserve to be developed and entitled to development, but taking a look at them through a lens of trips may be a way to finesse the transportation question we've all been asking. That part dependent on what can be done in terms of infrastructure. It's good to see that the state seems to be taking care of what was the big ticket item with mopac. So maybe there's a closer bridge there. I like the part of the proposal that speaks to dedicated open space, because I think that becomes another lever or knob that can turn.

[4:59:57 PM]

And certainly if there's an entity, a third-party entity or otherwise that wants to step in and buy some property to put it to an open space use, then that would be great. And then we could just focus then on

other parts of the property. I agree with most of the questions that were raised, the issue with respect to affordability I think is important in our city solely as a transaction ally. There are needs that the UT has with respect to affordable

[5:01:01 PM]

student housing, that go well beyond the 700 units. It would be great if we could figure out past the 5 or 10,000 additional dormitory spaces. I think the city would invest in something like that because it benefits all of us, issues like safety and west campus and dealing with the shared LI our city. They're all things we can be working on together, as well as providing some measure of certainty to the university regarding other tracts that it owns, that it wants to be able to the market. I think those are things that are on the table. There are other issues that I think could join those. But we do want to bring this conversation to a resolution so that we all move past it.

>> Council, if I may, thank you for the additional feedback, and I want to publicly acknowledge that the staff working on this very complicated issue, but in particular Andy Lynn sisen, to ensure that we continue that line of xlun indication with the university. I want to thank you for all you've done, Andy.

>> Mayor Adler: Agree. Thank you.

>> Thank you, Spencer.

>> Mayor Adler: Okay. And with that, then, we'll move

[5:02:02 PM]

past this item. We have some pulled items that are still left on our agenda. The other pulled items that we had were item number -- 21 and 22 we hit already. 23 is withdrawn. That gets us up to number 38, pulled by council member Casar. Is Greg still with us?

>> Casar: I am. Mayor, there's been some confusion about what this item did, so I wanted to take a couple of minutes to explain it. I know we're short on time, so I can defer to Thursday, if that's helpful.

>> Mayor Adler: Leslie?

>> Thanks. I just wanted to make sure council member Casar saw what I put up on the message board with regard to this.

[5:03:02 PM]

I've since had conversation with law and they said the caption on your item does not allow for consideration for front line, or hazardous work from our city employees. And so I did want to pass that along to you. But I am still interested and concerned about our front line and essential employees, and whether they should receive hazard pay. I thought it might be able to fit into this, but I guess it won't even fit into the caption.

>> Mayor Adler: Council member Casar, I thought your powerpoint was real explanatory of what you're trying to accomplish. And certainly very timely given the presentation we had this morning on the demographics and challenges that we're facing with respect to the response to the virus issue. Susceptible population that I think the people in community care and central health are

[5:04:02 PM]

asking for help in trying to figure out how to better address it.

>> Casar: And I would like to lay it out, but if Thursday is better, I'll just do it on Thursday.

>> Mayor Adler: Colleagues, what's your pleasure?

>> Casar: I think five minutes, but I know everybody's tired.

>> Mayor Adler: Do we have five minutes to give to Greg to do this? Nods are yes. Why don't you go ahead.

>> Casar: All right. Will staff pull up that powerpoint real quick? Thanks to the core sponsors working on this. And so the item is focused on this third group of really high risk that the public health

[5:05:04 PM]

professionals have laid out for us, which is, we're trying to protect people experiencing homelessness, people in nursing home, and people going in to work when they're sick, and people going to work, or interacting with folks when they have an underlying condition. If we could head to the next slide. So the people that we've tried to label here as high risk workers are, one, older adults, two, those with heart or lung condition, underlying condition, and three is an important area, people in households with those folks. Because we're hearing from a lot of our constituents, may not be older, but live with an older person, but don't have a heart condition but live with someone who does. If you go to the next slide. The big challenge we're hearing is that people are going to work, even though it's against the mayor's orders in many

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cases, with that underlying condition. Or when they are with that older person. We want to prevent them from doing that, because as Dr. Meyer said, that can really be the difference between 3,000 deaths and 6,000 deaths, the difference between two lockdowns and four or five. If you'll go to the next slide. Some of the ideas on how to address that that we've been discussing with public health is working with workers to advocate for themselves, to be reassigned to telework, or to more isolated work. Finding ways to get people on pandemic assistance which is a new federal program, or unemployment. Connecting them with a different job if they have to. Or when folks don't qualify for unemployment or pandemic, unemployment assistance, helping them with city funds until we get them connected to another job. This kind of lays out those components. This is really trying to influence that broader number of workers in the private sector. We'll go to the next slide.

[5:07:10 PM]

Then there's another section which is around workers avoiding testing or working while sick. So we know that there are people that continue to work while sick. We know that there are people avoiding testing, and so how do we address that problem. If you'll go to the next slide. So one important example for folks to know about is those construction sites, that public health talked about earlier today. 60% of people that got offered tests on those construction sites declined. So we actually don't know how many positive covid tests there were on those construction sites. And from the ems employees that were on those sites, they reported that one of the main reasons people refused tests was that they didn't feel sick, and they know that if they tested positive, that they might lose a day, or a week, or multiple weeks worth of work. How do we make sure people feel safe taking a test, not only on construction sites, but this is probably showing what's happening in the community, that

[5:08:11 PM]

there's a large number of working class folks that may not feel comfortable taking a test. So how do we deal with that. I'll bring some of that up in the next slide here. There is actually new federal requirements for sick time, if you're looking for a covid test. And so we can actually, as a city, potentially help people file for that new federally created sick time. Basically anyone working for a company with less than 500 employees is now entitled to sim time, if you're seeking a covid test or have a positive covid test. Big companies are exempted for horrible reasons, basically I think bad leadership in congress. But a lot of those bigger companies do have sick time policies. And then the question might be, can we start finding ways to make sure that if you are a contact tracer, can you help people apply for that sick time. Because, you know, some people

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are going to get a call and say, you need to go get a test. And I think that's it. So basically the resolution is really focused on how do we make sure those high-risk people don't go to work, and continue to not go to work and making sure that sick workers -- how can the city facilitate getting those sick workers to actually stay home, and get tests, knowing that it's a lot of times those folks that are working class, that are -- that have real concerns about actually getting a test.

>> Mayor Adler: Thank you. Any comments, colleagues? Okay. Thank you. Thanks for bringing that, council member Casar.

>> I did have one question, or comment.

>> Mayor Adler: Go ahead.

>> So I appreciate this is focused on helping people to stay at home. And it wasn't the point of your resolution.

[5:10:11 PM]

I continue to be concerned about whether we are doing enough for those people who are at work, are not necessarily at risk, but -- at high risk, but they're still at risk because they don't have the safety measures that could be in place, in place. So I don't know if there's a space for that within this resolution, or if that is something just more to provide direction to staff on, but if they don't have access to the ppe, they don't have water stations, or the people who are coming into the grocery store where they're working, they're not wearing masks, or they don't have the plexiglas, that also creates a whole host of risks that could be avoided, that leads in the same direction, as I think the intention here of protecting those most vulnerable.

>> Thanks, council member. I started cutting myself off

[5:11:11 PM]

because my dog/co-worker started making noise in the background here. But yes, I think any language you come up with, I think that makes sense here. A lot of the focus is trying to figure out how do we really focus on all workers, but specifically on the highest risk workers, one section of the resolution does talk about, how does the city set up a place for workers to be able to call, advocate for themselves. We've heard from a lot of folks at their workplace, there are not the protections that are required and necessary, and people feel retaliation. I think we need the city to both provide resources but also provide some level of protection for people. And so actually in that section about how we can work with people to advocate to their employers and to be educated on their rights and requirements, there might be somewhere in there that you can help us come up with some language that addresses more of what it is that you've raised, but I think that's really important.

>> I will take a look at it.

[5:12:12 PM]

Again, I'm not totally sure the way it was framed, if it makes sense within there. But at the minimum, I wanted to raise it with the city manager, that that's another piece of this puzzle that we should be devoting some resources to thinking about. Thank you.

>> Mayor Adler: Is there's another piece of this puzzle, too, and I don't know where to put it in the conversation, it relates to the same overarching concern, that was raised earlier by the mayor pro tem, and also by Kathy. And that's the request for some in our community to be more involved in also figuring out how to best communicate with communities that are more challenging to be able to get to. Also to make sure that we have the right messengers and the right messages, and those kinds of things. I don't know if one way to channel that to get that information as quickly as possible mainstreamed into what

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we're doing, but I'd like to figure out what that is. I know there's a council cabinet on engagement, and I wonder whether that might be the -- a good way to get those voices mainstreamed most efficiently and quickly into the process. I'd just throw that idea out there.

>> Thanks for raising that, mayor. I think that's a great path forward, at least one of the paths forward. I know staff that are staffing that covid cabinet with council have already been talking about this, so at the next meeting, which they're hoping to have very quickly, they'll tease something up. But we might even get a memo from them earlier than that. So stay tuned. We definitely hear that, and I think channeling it through the covid cabinet is a great first step.

>> Mayor, to that point, I think part of the communication that I think is really important is, you know, while I think it's really important to tell folks

[5:14:16 PM]

to wear a mask, also if we set up a system to make sure you're protected if you file for sick time, and you're safe if you complain about work, or you're safe if you file for sick time or go take a test, then I think it would be really important to get that together as soon as we could so that that group is communicating not only where to get a test, and where to get a mask, but the fact that you have a right to get a test, and you'll get paid if it comes back positive. And you're not going to get in trouble with your employer if you wear a mask. And we're going to protect you if you wear a mask. That group, I think, should think about communication, but also this resolution I think is important to integrate into that so we don't have to do multiple rounds of pas, and I know that some of the folks -- I think there are

employers as well that need to learn, and feel supported in following the new federal law around sick time.

>> Mayor Adler: Okay.

[5:15:17 PM]

Other discussion? I think those are all the items that we had. Council member kitchen?

>> Kitchen: I wanted to say thank you to council member Casar for bringing this. This is another piece that we need to be doing as one of our top priorities in thinking of how to protect the vulnerable populations.

>> And also --

>> Mayor Adler: Go ahead.

>> Greg, I also put on my message board post, if you have this, you had four co-sponsors. It looked like you had a spot open. I'd like to join you as a co-sponsor on this item.

>> Thank you for mentioning it. We'll mention it to the agenda office for Thursday.

>> Great. Thanks so much.

>> Mayor, also, I think item 80 we'll probably pass on consent. I just wanted to raise up, that's our fourth pro lodge. And I'm really supportive of it. That will have us at three of those four pro lodges being in

[5:16:19 PM]

d-4. And I think everybody in our district is open to, and recognizes we've got highways, that means we have lots of hotels. I'm open for us to even do more. I've heard that folks experiencing domestic violence need places to stay. And if we have to go for another one, and have four out of the five of them be in d-4, that's okay, too. But I just want to raise, because I've gotten some communication from folks in my district, that, you know, we're trying to find hotels and we're going to get them when we can. But I just would raise that, you know, if the manager can keep looking across the city, that would be good, but if we keep on finding them in d-4 and that's the best we can do in this crisis, we'll keep doing it. But we're at three and four. For the domestic violence issue, I would go to four and five. That would be great.

>> Mayor Adler: Alison?

>> Alter: If we're talking about item 80, I don't know if staff can explain this. It actually looks like it's a

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purchase, not a leaf. I don't know if we can get a little bit more information if they're on. Otherwise I'll take care of it tomorrow.

>> Mayor Adler: Go ahead, Alex.

>> Yes. So the item we're bringing forward is a purchase of a hotel. But we do have the option, as part of it, that we're utilizing for the 90 days of our due diligence period, or review period to occupy it, similar to a lease of the property as well.

>> Alter: So we're getting -- so this is going to be in the short run use as a protective lodge, and then presumably would be part of our permit of housing strategy with echo, assuming everything goes well in that due diligence period?

>> That's correct. This hotel would be available for immediate use, for permanent

[5:18:23 PM]

supportive housing, once the purchase is complete.

>> Alter: Do we already have it in use? Or is it something that would open happen after the lease?

>> I mean, we currently have the protective lodge in use as of Sunday. We already started moving individuals in. In response to the covid-19 pandemic.

>> Alter: Thank you. This would be from C.A.R.E.S. Money to purchase it?

>> We're currently looking to utilize any sort of federal funding that would be lawfully allowable for utilization.

>> Alter: Okay. Thank you.

>> Mayor, I have pulled 18.

>> Mayor Adler: Okay.

>> Frankly, I'm a little fatigued at this point to ask my questions. The main -- I had concerns about the restricted, you know, level,

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and if we could use -- if this funding could be used for other things, like you could use it for drug treatment. I understand it's being used for ppe, so I see where we would just be moving -- kind of moving from one bucket to the other because then we would just fund ppe from another bucket. I get that. It just seems like a lot of money for ppe. So I was curious to the extent to which APD could possibly

-- I don't know the level that they need, and what they foresee they need. But one of the constables that is in my district, morales, has been passing out ppe to people as they encounter folks out in public. One question would be, is it possible, not knowing the level of degree of ppe they needed, obviously if they need it all, obviously we want our police officers to be protected. It just seemed like a very big

[5:20:25 PM]

number for ppe, if there's a possibility to hand out to the public, I would encourage them to maybe look into that option. And then the other question was related more to the covid-19 -- it's related to APD, but related to covid-19 related to the previous presentation. We were only allowed to ask one question. So if APD wants to be available to answer this yes, or if they can, I don't know, are we talking about covid-19 in general on Thursday?

>> Mayor Adler: We will. Because there's so many items up.

>> Okay.

>> Mayor Adler: I think it will be Jermaine to budget decisions.

>> Then I'll just save my question for Thursday. And that is, I don't know how the funding being allocated is being used for overtime, and I know overtime plays a factor in what may be a July class. Because I understand, you know, if that July class starts, then

[5:21:26 PM]

we don't have to be paying people overtime. I also know that there's been allocations for overtime. So the question being, because we've heard from the community, the task force that's been assigned to look over -- in response to council member harper-madison's resolution, to look over all the policies and stuff, in order for us to get to that July start date, feels very rushed. That they're rushed to look through a lot of information before that July class. So I want to know if there's funding to pay for overtime, and we can delay that July class, so this task force that we're asking to do -- we're giving them a big amount of work to do, that they can have the time to look through that, if we're firm on this July date. I want to know if maybe July can move further back. And we have the money to pay the overtime to allow them to do the work that we've asked them to

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do. So that's the question. It's kind of a big one. And that's all.

>> Mayor Adler: Okay. Council member harper-madison, did you raise your hand? Okay. Does anybody have anything else? I think we're done then. At 5:22, this meeting is adjourned. Thank you all. Stay safe.