City Council Special Called Meeting Transcript – 06/29/2020

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[1:15:18 PM]

>> He is muted you. We couldn't quite hear what you said, mayor. >> Mayor Adler: Sorry. Can you hear me now? Yes? Okay. I am going to call and convened special meeting today for June 29th, 2020. It is 1:15. The meeting to talk about covid-19. We are actually going to take today, take this into executive session -- try to get as many people as we can to answer questions -- -- [indiscernible] -- Director Hayden is with us. We also have Mike -- from the

[1:16:22 PM]

university working on testing and testing strategies. We also have available -- Myers who is joining us at 1:25 to talk about -- that we have. Some agenda items that these folks are able to discuss. Try to get information inasmuch time as we have, as best we can. And then I think we will have time to speak about spending -- I think we have another earmarked for -- the rise that we have. As you know Austin is dealing with one of the greatest increases in activity of a major metropolitan city in the country

[1:17:26 PM]

and -- this is really coming to us in Texas. >> With that said I think we will get right into -- we will have Dr. Scott start, Dr. Hayden start. I will let manager kick us off if he wants to. And get to -- he will -- and -- 1:45. >> Thank you, mayor, councilmember. I really appreciate the opportunity for staff to provide an

update on our health response to this pandemic. I want to begin by just thanking the health professionals that we have in our community. As you know this is going to take all of us working together and we have incredible support from you as council and our entire community relying on the professionals that we have in our healthcare system. Dr. Escott, director Hayden and the countless individuals that

[1:18:28 PM]

are working on this collectively as a system are going to be needed and we need to rely on them in the future going forward. So thank you for that continued support. We also know this is a marathon, not a sprint as we see the increased numbers that the mayor referenced. We are going to have to make some tough decisions because we will have not have the resources that will be necessary to accomplish and to accommodate all the needs that are out there. And so we will continue to update you and get guidance from you on that additional direction as we move forward. We know that we all as a community need to take that individual responsibility. This isn't just about what government can do. This is about what our business sector can do, what our philanthropic sector can do and ultimately what individual members of our community are willing to do to protect themselves and each other. And so we are all in this together and I look forward to this conversation today. I will firsthand it off to director Hayden who will lead off the presentation and pass it over the her assistant director.

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Director Hayden. >> You are on mute. >> It is good to see you back. >> >> Thank you. Good afternoon. Thank you, Spencer. Thank you also, mayor Adler. I appreciate the opportunity to provide an update this afternoon. We are going to change our format just slightly today. I am going to provide an overview and transition to assistant director Adrian stirrup to cover the homeless services and then to Dr. Escott. Our epidemiologist -- last week as you all were aware, we -- our system was under maintenance and it was under maintenance for us to add case investigation and contact tracing to a that system. The system was active on Friday, on the 26th, and our staff brought an, brought in

[1:20:31 PM]

additional staff to enter information to catch Upton data entry. We have started today with the shift of two teams to complete data entry and so the system will now have the ability to reach out to persons who will immediately -- the state system which is called Texas health trace, which is -- use it is state's data management that will allow for coordinated statewide approach to covid-19 response. Though the city of Austin has -- a force as a system and the state of Texas has Texas health trace, and so the goal with that system is across the state of Texas to have for a coordinated statewide approach, so all

departments across the state of Texas, even if they have their own system, must enter all of the information in the system. Along with other major

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municipalities, because of the type of system we were putting in place several of us have other systems outside of Texas health trace. Our staff will continue to provide case investigation and contact tracing. So even with the automation that happened as of this weekend, our contact tracing staff will continue to talk to clients to ensure case investigation and process this successfully. At the emergency operation command, we have set up a testing group. This group ensures all testing such as community cluster pop-up resources, facility, in home testing occurs. Last week at our community site we tested about 2,000 people. We have a contract, with a company called I'm aware to assist us with testing. So they are going to assist us with pop-up testing facility and

[1:22:33 PM]

inhome testing. Staff are in the press of developing a map of all testing facilities for Austin and photographs county, we are sending out a, Travis county .. We are sending out this to -- once we have that information we are going to populate it and it will be on our website. Our goal is to keep that site as active as we can throughout this process. We are committed to having a testing strategy that is flexible and rapidly. And it will dhieng meet the needs of our community. So as we move along, we may have time where we will have to make changes to meet the demands in the community. Currently, as of July sixth, we will have three community sites that we are -- that we will be working in -- dove springs and in the lumbering community the week of July sixth. .. With our nursing home and

[1:23:35 PM]

long-term care, to support the nursing homes and long-term care facilities with support, as you all may remember, we have a testing recommendation plan. With that testing recommendation plan it allows us to work very closely with the nursing home and all long-term care facilities. Currently, we are providing protective information to 10 long-term care nursing facilities. Right now we don't have any strike teams that are deployed as of today. We are in conversations with facilities that as they start to see more clusters we will be working with them and to assess the need to provide additional strike team. This June 12th, our staff have also assisted with testing facilities and in addition to testing in those facilities we

[1:24:36 PM]

have either provided -- swabbing assistance to seven of those facilities and others we have come in to provide testing. Earlier this morning we should have received a memo of the summary of actions taken by staff and partners this morning to address equity during this response. This is the first memo that provides a list of services and communication, outreach and direct services to the Latin X community. We will continue with the process and have an event in July for African Americans and also communities of color event. I will now transition the presentation to aid random sterile. >> Adrian sterile. >> Good morning, thank you, director Hayden. Just to pick up where director left off, I will share a few updates on the activities of the social service branch. The priority population group has been working closely with

[1:25:38 PM]

other task forces within the eoc as well with the -- and the equity office to put together some of the strategies for the Latin X populations as well as other vulnerable populations. And soily just go over the key points of that strategy. So the goals are, one, to design interventions and solutions that are data driven and solve for the most vulnerable, and, two, to ensure that equity is the focus in all phases of the response to covid-19, including communication, testing, active surveillance, and recovery. And so when we look at our communications strategy, we are making sure we are focusing on the needs of our vulnerable populations. At this point particularly the spanish-speaking population. We are engaging 311 to assist us with interpreters to help folks fill out forms and direct them

[1:26:39 PM]

to resources. We are making sure that all of our media availability and our psa's are in Spanish. We are supporting focused ad campaigns in Spanish, on Spanish radio and television, and we are also using social media to reach those populations as well, not only the standard platforms but the more popular mobile apps. We want to make sure this plan addresses language barriers and the digital divide. To that end, there will be a strong in person outreach component. We are with a strategizing by zip code, and right now, our focus is on 212341424448, 53, 58, and 60, we are really trying to be creative and use our community relationships,

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specializing at region lized grocery stores or ethnic markets. We are working with our places of worship. We have priced out a mailer campaign for multifamily complexes and apartments in those zip codes, we are reaching out to our parent support specialists in Austin, Dell centrally, Maynard and Krueger ISDs. ..

We are going to strategize and use our community health workers, not only those that are internal to HP -- but also those that are in places of employment with our community partners, like community care, Dell med -- we want to make sure that this strategy is Ada compliant with thanks to Brian's leadership out of the equity office. >> We worked with the economic development department to put out some messaging to our business partners about the

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barriers that -- the roping off of the front of stores may pose to people with differing levels of mobility. We want to stress community education so as the messaging comes out from the -- from the joint information system, we want to make sure we are leveraging our relationships in community and pushing those messages out using all of the forms of media and strategies that I outlined before. And this strategy also wants to focus on community preparedness. We want to make sure our community understands and can access ppe and we have been working with the eeoc to work with our nonprofit and social service partners to make that available as the supplies permit. We are providing guidance to different agencies on the use of ppe and how to socially distance effectively. And we are working with different business sectors to provide them guidance on the

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reopening. The when the orders come out how does that translate to their business? So we are really trying to have the boots on the ground, reach into all of the areas that our communities are touching. Moving on to homelessness, I will give a brief update on the pro lodges. All of the pro lodges are still operational and at capacity with approximately 270 guests. Integral care continues to provide on-site services at all lodges. Dac, front steps, salvation Army, communities for recovery and integrity gradual care are all providing housing focused case management services. We are really trying make sure that when everyone has exited to these facilities they have a plan in place we are also working with community care and Dell med to continue the continued testing of the homeless population, both in our shelters and in our encampments. By now over 500 tests have been

[1:30:43 PM]

administered and -- on focused opportunities in downtown shelters and in encampment areas across the city. We continue to work with -- and our consultant -- on FEMA approval for reimburse. Of all of the eligible pro lodge expenses. Efforts to provide hygiene resources for our unsheltered neighbors continue. We have deployed mobile and stationary shower trailers, portable toilets and hand washing stations. We continue to contract with family care -- and the other foundations to operate our shower resources. We continue to distribute masks, toilet paper, hygiene supplies and educational flyers, along

with bags of food each week? And we continue to put up health and hygiene signs at each of our mobile basic needs stations

[1:31:43 PM]

around community, just to remind our unsheltered neighbors about how they can stay safe in their environment. We continue to partner with the central Texas food bank to provide those shelf stable meals. For our unsheltered homeless neighbors and we will continue to provide prepared meals through our contact -- contract, rather, with revolution foods and that has been extended through the end of the. July as part of the eating together apart initiative. >> Approximately 3 million in federal cares act funding has been allocated to the city and we are working with our homeless consultants as well as our community partners on a request for applications to disseminate those resources into community. Moving on to our childcare task force, we continue to provide support to our childcare

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providers, we are in partnership with the economic development department and nhcd on childcare support funds. We continue to respond to questions and provide technical assistance to providers and summer camp operators. We continue to work with city legal on control orders and developing and updating guidance based on state and local orders. We are still working on our unaccompanied minor policy to figure out how we care for children whose parent might be in the isolation facility that do not have access to other family support services during that time I think that's all investmently pause there and pass it on to Dr. Escott, or if there are any immediate questions, I am happy to answer those. >>

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>> Dr. Escott? >> Thank you. I think councilmember kitchen had a question. Do you want to save questions until the end, Spencer or go ahead. >> Why don't you go ahead. >> Okay. >> We will come back for questions. >> Okay. Thank you, mayor and council. We want to give you an update on current covid-19 situation. And if you could transition to the next slide, please. >> New confirm cases again in the yellow is showing seven-day moving average. We had another record over the weekend of more than 700 cases. You can see that our moving average of new cases has increased 372 percent since the beginning too much month, so that is roughly five times the current -- or the wait on June 1st of what we are experiencing now. So you can see the yellow line is right about 400 cases on our

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seven-day moving average as compared to around 60 on June the 1st. Next slide, please. >> Now, this is number of confirmed cases showing you the breakdown by week. So the week beginning 6/20, ending on 6/27, recorded 2,539 cases, compared to 13-nine the week before so again almost doubling last week in terms of our number of cases. >> Next slide, please. >> This is an updated of our graph on doubling time. So back on June 7th, with, we had our best doubling time at more than 44 days, and just two weeks later, we are close to two weeks, so right now, it is at 16 days, which is a dramatic change in direction, and certainly that is reflected in our number of new cases that we are seeing. Next slide, please. >> This is a graph of our new

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admissions, again the yellow being the seven-day moving average of new admissions. Since June 1st, we are about 10 new admissions, seven-day moving average, will be increased to more than 50, so we are at 52 as of yesterday. So again a 400 percent increase in the rate of new admissions to our msa hospitals since June 1st. Next slide, please. >> This graph is again an update showing you our hospitalized individuals in blue, the Orange is showing your icu patients and the gray showing those that are using a ventilator. Again, since June 1st, 214 percent increase in the utilized for covid-19 patients. You can see that the rate of increase for our icus and our ventilators has not been quite as steep which is good news for us. However, we are hearing from our

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hospital systems that individual hospitals are reaching occupancy for icus and are having to spill over into other hospitals. So hospital subpoenas have identified hubs or specific facilities where covid-19 patients are being concentrated, as those facilities reach capacity in their service lines for things like icus and ventilators, they are starting to utilize other facilities. So again we have plenty of capacity right now, but these are additional signs that we are beginning to see additional stress in our healthcare system. And again, we estimated 1,500 covid beds available in the five county msa. We are at about 350 now so there is -- there is room right now and I believe it is up because we have folks who are putting off care, who are avoiding hospitals for urgent care and

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emergency care and they don't need to do that at this stage. There is capacity at those hospitals, they can be seen in er and admitted if they need to. There is room. But this is a warning for us that two or three or four weeks down the road, we may be in a much different situation which is why we are --

continue to sound the alarm to the public in relation to shows protective actions that are needed right now to flatten this curve again. Next slide, please. >> This is an update of our graph on demographics that are related to hospitalizations in the last week so so you can see the numbers over the right-hand side of the image indicate the numbers from the last week. As you can see that, our hispanic population representation in the hospitals in our msa have maintained steadiness around 65 percent. Our white, hispanic is around

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24 percent so steady, our African-American also steady, at around eight percent. So no long-term changes in terms of the make-up of these individual races and ethnicities in terms of their percentage of hospitalized individuals. Again, this indicates to us a sustained problem in our community as it relates to disease transmission in our Latino community and this is why Stephanie and Adrian both pointed out these targeted ongoing efforts to increase the awareness and increase the protection in these communities so that we can bend that curve as well. >> Next slide, please. This graph is showing you weekly hospitalizations by age group. I am going to point out a couple of things here. The blue and the gray lines represent our 50 to 59 and 60 to 69 age group. You see that both of them are

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near 20 percent. The yellow and the blue, the light blue and the yellow are representing our 20 to 29 and 30 to 39 age group. Those numbers have come down a little bit since last week, but, again, because the hospitalization rate for those groups are much lower than the 50 to 59 and 60 to 69 age group, it is further evidence that the disease spread is primarily happening right now in that 20 to 40-year-old group, so again, we need -- we need those individuals to take more precautions to be more aware, because as the numbers increase transmission in that age ground, several of, so will the hospitalizations increase. And this is not a benign disease. This is not a simple cold or flu for many folks. For many folks it leads to hospital station and sometimes irreversible damage that is done

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to these individuals, so we have talked about deaths before but it is important to understand that even amongst those who survive, they can have lifelong impacts on their normal day to day lives. That is certainly substantial as well and people need to be aware of that. Next slide, please. >> So this graph that I will show you first really in testing are just our Austin public health, public enrollment testing. So we have results back on 2,500 individuals. There is actually more than 3,000 tested through our public enrollment last week. Some of those tests are still awaiting results. Of the tests we have right now, we

have a positivity rate of 9.6 percent:you can see the break down by ethnicity, 5.9 percent for Asian, 6.7 percent for white nonhis thick, 11.7 percent for even and

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15.2 percent for hispanic population through our Austin public health testing. Again, our goal is to be less than 10 percent overall and in each category which tells us we need to test more African Americans, we need to test more hispanics in our community, so that we can ensure we have adequate surveillance in those groups and to bring down that positivity rate, so again part of the effort to -- that director Hayden and Adrian spoke about before was to educate folks about prevention as well as to ensure they are aware of how to get tested if they need it. >> -- Less than five percent. >> Say again? >> Less than 10 percent or less than five percent? >> So the range that we are looking for is that give to ten percent for positivity rates. So that we can assure that we are broadly testing. We would love for it to be lower than that but right now, if we can get each of those demographics to under

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ten percent we will be in much better shape to control this. >> Next slide, please. >> So we have asked our partners in the community that are doing the testing to provide data us to and last week we started the receiving that information. Some information is in such a way it needs to be cleaned up a little bit in trollings the cases, particularly the negative tests. What I am showing you here what are for the tests we have a positive result on this is a breakdown by race and ethnicity. You see that 39, almost 40 percent of those results are unknown as far as the race or ethnicity, and that is due to a number of factors, sometimes people do not share their race or ethnicity in the testing process. Sometimes the lab results that we receive in do not have a race or ethnicity assigned to it.

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So we look to try to clean that up. Looking at our Austin public health testing that a significant portion of those who initially identified as unknown or refused to answer are from our Latin X community, so we are trying to clean up that data, but also we want to encourage folks that when they are signing up for testing that they share that information with us regarding race and ethnicity, it is very, very helpful for us to make policy situations when we have accurate information and that includes that race and ethnicity. You -- other individuals that identify their race and ethnicity 32.7 percent identify as hispanic, 23 percent, white, nonhick Nick,, non-hispanic, and 39.8 percent as African-American and .4 percent as Asian. These are all of the positive numbers for the last week based on that data feed from our partners, again, we are grateful for them sharing that information.

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Later this week we are hopeful to have a week by week trend based upon race and ethnicity for this larger dataset. .. When we look at the numbers of testing done last week, when we look at our big three partners, that is Austin public health, community care and Austin regional clinic, that number is around 11,000. So that is just those three entities. We have a number of other entities that are also doing testing so that number is going to be higher. Again, as we have that reliable data feed from all of these testing entities, we will be able to provide more accurate information as it relates to the norms of testing done as well as the community wide positivity rate. When we look at international database from the major labs, it indicates to us it reflects Austin and Travis county have a

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positivity rate of 22 to 23 percent, which is a number which was indicated by the white house last week in terms of a very hypos 50 rate in photographs. I will say that two of the major labs we use, which is cpo and ait are not part of that data feed, so those numbers may be artificially high, but again, as we get that information together we will report that based upon the data that we have at hand. I do also want to point out that same data feed indicates that surrounding counties have similar or higher positivity rates with the exception of hays county, which was around 15 percent the last check this morning. The highest being Caldwell county with a positivity rate of more than 33 percent. So, again, this is not just a metro issue. This is a statewide issue and we have to continue to try to

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operate at least as an msa, because this is affecting all of us. It doesn't matter where you live. It is affecting all of us and the message needs to be to the same and it needs to be echoed around our community. Next slide, please. >> This is a breakdown of that same dataset which includes aph, community care and our other partners, so we look at the percentage of positive cases by age, again, you can see this week that the majority of cases are in that 20 to 29 and 30 to 39 age group. You also see that that 40 to 49 age group has more than 15 percent as well. So again, this is where our target needs to be as far as messaging and outreach, is to ensure that this group is receiving the message and taking appropriate precautions. I am pleased to see that 15 and older is a much lower rate,

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constitute much less of the positive numbers, because those are the ones who are both going to have a high rate of hospitalizations and a high rate of death, so we need those folks in particular to be protected, to stay home unless they absolutely need to go out. [50 and older.] We need the rest of the folks, particularly those in the 20 to 50 age group to be protected as well particularly if they live in a household with individuals with older group or other vulnerable groups within their household. Again, we have to continue to work as a community to protect the community as was said earlier. >> Next slide, please. >> There is a snapshot of the positive tests in the last week. So again we can see that seven, eight, 66 -- 745, 78741, 78748,

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and 78702 were our top five for the past week. Again, we are working on a dashboard to enhance the testing information as Stephanie mentioned earlier, I believe, and we hope to have some of this information from facing in addition to the math that we map that we currently have so we are still working on that and hopefully we will have that in the near future. >> Next slide, please. >> This is an update in relation to our nursing home and long-term care facility testing, which includes assisted living facilities. You can see that we have five, six facilities that -- so I can't count, seven facilities that are grayed out which means if they have no initial cases next week, they will come off the active cluster list. Unfortunately, you see that we have had 30 cases in these facilities over the past week, our new facilities, cases at new

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facilities, and that has been the result of an initial positive test, which has led to larger scale testing of those facilities. Now as director Hayden said earlier we have a task force who is -- whose only job is to manage these facilities, identify where clusters are happening and extending out resources to support, including testing ppe and potentially the need for nursing home strike teams, if it becomes necessary. So we will continue to provide that update to council and we are also working on a dashboard to automate some of this information so that it is public facing on an ongoing basis. Next slide, please. >> I have a couple of slides talking about some big picture issues. And as city manager Kroft mentioned earlier, we have been sprinting for quite some time .. And we have to ensure that the

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city we have in place and that we are moving to over the summer are going to be sustainable for a long duration of time. We certainly expect we have at least another year to deal with this, and in particular until we have an effective vaccine which has been identified, mass produced and available to the public. So part of that is testing prioritization. Now I did have the opportunity yesterday to meet with the white

house coronavirus task force, including ambassador, birx as well as commissioner Helmer stead -- and my colleagues from around the state. We had some agreement on the fact that right now, the disease is spreading so quickly in an uncontrolled fashion that we simply cannot continue to just do things the way we have been doing them. So that involves prioritizing and that involves prioritizing

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testing. Part of that is because of limitations on the ability to collect enough tests, but more importantly the ability of the labs to turn those tests around in a timely fashion. So what we are facing right now as I men's add little bit last week is that we are receiving positive tests back on individuals who were tested five or seven or sometimes longer than that days ago. So if it is five or seven days after the test was done, then it is ten or 14 days after the person became symptomatic, so initiating case investigation and contact tracing for those individuals is a futile effort because they their infect shun period is over, so right now, we are prioritizing .. Case investigation and contact tracing for those who have been sycamore recently. In addition to that, we are testing, having to change our

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testing priorities, so that includes ensuring that people who are symptomatic get tested first and get tested quickly. Those who live in congregate settings, those a part of critical infrastructure and those that are vulnerable populations, these still are our priorities. But what this means is that we are not going to be able to test through Austin public health and community care, those who are asymptomatic. We simply do not have the capacity to provide those tests and ensure adequate turn around types for those who are at the highest risk for being positive and that's the list there. We are also in the process of discussing with other partners about transitioning some of the testing more of the testing responsibility to private partners, as director Hayden mentioned earlier we have a contract with I am aware, and we are in the process now of working with our consultants at Haggerty to discuss transitioning more of the testing to nongovernmental

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entities so that we can focus public health and public resources in other areas where only we can provide those services. As I said before, we are also having to prioritize and work on the structure to prioritize the case investigation and contact tracing. So let me explain a little bit about this. Case investigation and contact tracing is at the heart of public health intervention and disease investigation, but when we have widespread uncontrolled disease transmission in the community at the rate we are having it now, it becomes less useful for some of the reasons I mentioned before. So the we really do need to prioritize those efforts where we can be most impactful, in those areas that are being harder hit

or where the consequences are more dire, since a nursing home or assisting nursing facilities and certainly those having more recent onset of illness so that if we intervene, if contact then

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and do the contact tracing, we have a better chance of capturing those who still would be at risk for spreading outside in the community. So, again, you know, we are having to go through a prioritization process. This is not just Austin. This is every jurisdiction in the state of Texas and we have had regular communications with our partners at the major metropolitan public health departments and we are having -- they are having the same discussion in their jurisdictions. This is just where we are right now in this pandemic. One other thing that we intend to add on to this conversation is to engage the individuals who themselves who are positive in helping us notice their contacts notify their contacts right now they are asked to provide that information and unfortunately, it is becoming more common that people do not want to provide public health in Austin and across the state information

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about their contacts, where they have been. So I think it is important we engage them. If they are not comfortable sharing that information with us, we need them to share it with their contacts so that we can, again, inform those individuals who are at risk for having contracted covid-19 so they can stay home, avoid infecting others and get tested. So this does -- this does rely on a community effort and it really requires all of us to do the things we need to do to get this under control so that we can have protection of the public health and protection of our economy as well. We are working on enhancing messaging at the time of testing, as Stephanie said earlier, providing masks and hopefully some other equipment at the time of testing so that folks can protect themselves at home, continuing to advocate for the utilization of isolation facilities so that folks can separate themselves from their families to prevent that

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household spread between those that are a major contributor right now to the spread of the disease. So again we have got to authorize our use of resources so that they can be most impactful right now. Next slide, please. >> So in looking at our needs, and again this is part of the conversation that which had with the ambassador birx as well as commissioner hammer statistic and the rest of the team .. Is we really do need an Greg segregated electronic lab reporting system. I spoke last week on the fact we are still relying on faxes to bring information in regarding positive results. They have to be transitioned to a digital format in order to initiate that process. This is not acceptable and we need to move swiftly to have a statewide, comprehensive system that is integrated with local health departments to achieve

mission. We have got to improve testing capacity and lab turn around times and we certainly had that conversation with the state as

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well. Our lab partners are all working on increasing testing. We also had a discussion yesterday regarding the importance of pool testing, as we looked particularly towards the fall and the opening of schools, we need to have the ability to test hundreds of thousands of people a day potentially in our own jurisdiction to ensure that as we open schools we can do so safely. So I believe this is a priority for the white house, that that was certainly indicated yesterday in that meeting. We need to integrate local and state platforms for contact tracing and case investigation. Each of the local health departments have a platform, sales force, the state has a platform called Texas health trace. Those two systems don't talk to one another. And we are working with the state -- you know, I engaged with commissioner hammer statistic and others to have

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that discussion, is it possible for us to integrity great these two things together to really help the efficacy of our efforts? And we are hopeful we can have an ongoing conferring about that and really build the efficacy of that so we can have a cross-jurisdictional system. With that enhanced messaging to our teens up through our individual age of 40 to 49 so that we can flatten the curve just amongst those groups where we're seeing the most threat right now. We've spoken about federal and state support for paid sick leave to remove the disincentives from going to work when you are sick because you need to have that paycheck to support your family. We need federal and state support for the distribution of masks publicly so we can assure every member of our community has access to masks and protective

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equipment not only when they go to work but even inside their household when individuals are ill. And we really need a reassessment of long-term strategy at the state, local and federal level based upon the resources that we have. Again, as Spencer said, this is a marathon and we need to better understand what that pool of money is going to look like going forward. We have some information regarding the end of 2020, but beyond that is in question. And we really need to have a better idea because there are many different strategies we as a public health department can utilize, but it hard to do when we're not sure about the long-term funding. So far we focused on temporary funding, temporary positions, but it's going to be challenging for us to recruit and retain temporary folks. We've already had a number of folks who started with Austin public health, they were offered a permanent position with benefits at other locations and they are

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gone. We really must at the local, state and federal level shore up public health not for the short term but for the long term, but doing so will give us short-term benefits. And finally, next slide, please. As Spencer said, we have to be this community of us. Not just for covid-19 but everything that we do. And if we cannot do this, we are not going to be successful. We are at the verge of having that recommendation come from me to the mayor and to judge Biscoe that we close things down again. Right now is the time to act. Right now is the time that we all must make decisions not just for us and our family but for this community. And that decision needs to be I'm going to stay home if I don't have to go out, and if I do have to go out to a public place, I'm going to

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wear a mask, I'm going to social distance and I'm going to play close attention to my personal hygiene so we can stop this spread and flatten the curve again as we did a few months ago. With that I'll pass it back to you, Spencer. >> Thank you, Dr. Escott, and I'll note for council and community, this presentation has been placed in the backup of this agenda so if you want to have reference to these slides you can find them there. There are many questions for the presenters, but I did see Dr. Miers from Dell medical school has joined us so with permission, we'll go right into his presentation and open up for questions. >> Mayor Adler: That's what we should do. Dr. Meyers, are you with us? >> I am, yes. Can you see me? >> Mayor Adler: No, I can't see. >> Can't see. Give me a second.

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Can you see me now? >> Mayor Adler: I can, yes. >> I'm going to try to share my slides and then I'll get started. Let's see. A are you able to see my slides? >> Mayor Adler: Yes. >> Now in presentation mode? >> Mayor Adler: Yes. >> So thank you for your time. Good afternoon, everybody. I'm going to share just a few slides that give current estimates for where we are today and where we may be headed in the next few weeks. And follow up on my presentation from I believe last month, show you what things might look like if we enact the triggered policies that are now on the key indicators dashboard under different scenarios. Let me start with very short-term projections based on analysis we do on a daily basis to try to get a handle

[2:04:24 PM]

on how fast is covid spreading today, how quickly are things rising in the community in terms of new hospital admissions and total number of hospitalizations in the five-county msa. Here are short-term projections. Using our estimates for the recent transmission rate, we are estimating this from daily hospital admission data, but between the time someone is infected aen the time they get admitted to a hospital, usually around ten days, what we estimate today reflects how fast it was spreading about two weeks ago, a week and a half ago. Based on those estimates, this is a projection for where hospitalizations are going, so the black dots there along the bottom go I think up to about maybe Friday of last week. And then we project from there using our models that are fit to the local data. Each one of those gray lines represents what we call a

[2:05:25 PM]

possible trend. Each one of those are equally likely to happen in the future. You can see the mass of the projections climb steeply upwards or continue to climb at the same exponential rate we've been seeing the last few weeks. And that black line in the middle is sort of an average projection but doesn't mean it's more likely than any other. These are projections assuming behavior doesn't change. Assuming that the virus continues to spread at the rate it's been spreading the last two weeks. If people dramatically change behavior, wear facemasks more, take other precautions or other policies to slow transmission, we would see that's lines slow. These are projections without any behavioral change. I'm going to add a line which corresponds to our current estimate for hospital bed capacity for covid-19 patients in the five-county msa. So based on these projections, although there

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is a lot of uncertainty and you can see there's some lines that never come close to the red line, that sort of mean projection is projected to approach hospital capacity and maybe cross it mid-to-late July. I'm going to show you a similar graph, but instead of showing you total number of covid hospitalizations, I'm going to show you daily hospital admissions for the five-county msa. So what you see along the Y axis here is not the single day hospital admissions but the seven-day average. You are probably aware that is what we are tracking to a daily basis to figure out when it is we should move into different alert levels. The red dots are the observed number of daily admissions. Again, probably up through about July 27th. And then the gray lines going off to the right are our projections, again, the yellow area is the possible range that we are projecting going forward, the 95%

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range. Each individual gray squiggle corresponds to a possible scenario and the black dashed line in the middle corresponds to the middle or average projection. And again, these are projections without

behavioral change. This is assuming nothing changes, people don't become more cautious, we don't change our policies. If anything changes, these projections will probably no longer be accurate. I'm Gooding to add a line to this one too. If we believe that we are not able to slow transmission and we are really approaching at high velocity our hospital capacity, that our earlier models suggested that we probably should enact a stay-home order or do something to dramatically slow transmission around the time we cross a seven-day average of 70 new hospital admissions. And it looks like we could get there within the next couple of weeks. But again, it depends on the

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projection. Okay. So this is sort of kind of current situation and short-term projections. Now, I'm going to show you some longer term projections and these are much more kind of -- you should think about these as plausible futures. It's very hard to project what covid-19 is going to do beyond a couple weeks because we cannot project behavior or policy. All of these are meant to be if thens. If we do this, this is what we might see. Let me go into those graphs. This is what we might see if we are able to follow the staged thresholds that we have in place, the tryingers that are now on the key indicators page. This is assuming that we actually trigger at the thresholds that I'm about to tell you and that people comply. That there's enough adherence we slow transmission. So the current projections assume the following

[2:09:30 PM]

thresholds. When we went to yellow as soon as we cross a seven-day average of ten new hospital admissions, Orange when we hit 60, and 60 we have a little bit of time before we get there so we have a little bit of breathing room before we get to Orange, but it has to happen quickly. Then we would be -- if we really do move into Orange and people change behavior and we slow transmission, we could afford to wait until we hit 123 daily hospital admissions before we have to actually slam on the brakes and put down a stay-home measure. And in fact, the hope would be if we move into Orange quickly, that we'll never get to the point we need a stay-at-home measure. This is a projection under that policy assuming that we adhere and so in this particular projection so again the black is sort of a middle line, no more probable than the lower gray lines or the top lines so you can see there's a the look of possible futures. But if we end up on the black line, we expect we

[2:10:30 PM]

will have to enact an Orange alert within the next week or two. And if we successfully slow transmission under Orange, we expect to be able to stay under that 1500 capacity with 95% certainty and never have to go into a red measure, a stay-home measure. However, we will have to stay in that Orange, that more strict state for quite a long time, probably through most of the first semester of the 20-21 academic

year. I'm going to show you projections assuming we are not able to go into Orange immediately. That transmission continues at its current rate and we do not slow -- we are not able to slow transmission either because we not able to change the policies that really make a difference or because we do change the policies, but people don't adhere and transmission continues at its current pace. So in that case, we may not be able to use these sort of partial measures to slow, to

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tap on the brakes, and we may have to have no choice but to eventually resort to a stay-home order because hospitalizations are continuing at an alarming pace and they look like they may soon approach our capacity. I'm sorry, I meant to mention, we would project in this 18-month horizon there would be around 2,000 or 2100 deaths in the Austin area. The next projection, imagine we're not able to enact Orange for some reason or doesn't successfully slow transmission. Then we would instead of being able to wait until we get to 123 seven-day average of hospital admissions, we will have to slam on the brakes much more quickly because our hospitalizations are fast approaching capacity at the exponential rate they are increasing. This is what we might expect over the coming months. If there's no choice except to let it spread like it is now or be in a full-flown stay at home, then we project we will have to go through several prolonged

[2:12:32 PM]

stay-home orders. The first of which will have to be enacted probably by mid July. Again, these are possible projections depending on behavior. Each one of those gray lines is equally likely. The black line sort of a middle curve, and the red areas in this graph correspond to periods where we would have to enact a stay-home measure -- I'm sorry that still says 1400, but that's for 1500 capacity, that line across the top. In order to keep our hospitalizations under 1500. So that's what it would look like and that really looks pretty bleak, right? It's several months of periodic stay-homes. So the hope is really that we can put in place measures to slow transmission that really are effective before we get to the point where we really have to enact a much stricter measure. And the last graph I'm going to show you is a scenario where maybe we can't get people to go Orange right

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now, we're not able to in the time we have really slow transmission in a way that changes the sort of very concerning rapid increase in hospitalizations, so maybe we will actually require a stay-home measure in the next couple weeks. So if so, what if after that we can put measures in place, put orders in place, raise awareness so that when we're finished with the first stay-home measure, we really can go back into Orange instead of just regressing back to yellow. And so in that way maybe we would only

have to use one stay-home measure, and then after that be able to mag things with less restrictive measures. So in this case there's three different triggers. There's a 10, 50, 80. And what you are going to see here is that we go into a stay-home measure in mid-july, it lasts five weeks, 35 days, and then

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after that we go through about a three and a half-month Orange period and then we can start to relax things even further. So it's just another possible scenario. That's not all or nothing. It's sort of -- it does require kind of really reigning things in very quickly, but then if we can -- we can find a way to enact more -- less restrictive measures that are effective, maybe we can move into that kind of policy following the initial stay home. Those are the updates I have and I would be happy to answer any questions. >> Just real quick, under this scenario can schools open in the fall? >> So under any scenario -- the only scenario I would say that would be really impossible to have any schooling would be if we're in red. If we're in a stay-home order, we're really at a point where we really don't

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want anyone out and about. Under Orange, Orange is -- Orange is assuming that transmission has been reduced quite a bit relative to what it is today. So it is definitely possible that schools could be open in some capacity, but it would have to be with pretty extreme measures in place to ensure that in-person schooling is not amplifying transmission. The answer is yes, but extremely cautiously. It looks like in this particular scenario, if we really do go into a stay-home order in mid-july in this particular curve and it's five weeks long, we would be looking at going into Orange about the time schools are scheduled, aid is scheduled to start in the fall. >> Mayor Adler: Thank you. Colleagues, anybody have any questions? Or any of the people that have spoken on anything. Mayor pro tem.

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>> Garza: I didn't know if [inaudible] Limited time because my questions are not -- they are for Dr. Escott and Stephanie Hayden. >> Mayor Adler: You can ask any question you want. >> Garza: Okay. So first about the contact tracing, I was trying to understand the faxing issue and who is faxing to who? What that whole issue is. >> Dr. Escott: So councilmember, currently receiving information regarding testing comes via fax. Now, sometimes that's email fax, the email -- receive the email. But it's basically being faxed from these facilities. So that's quest and lab core, the testing places, the hospitals. That's the primary method of transmitting information to all public health entities.

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Statewide electronic lab reporting which automates this process which makes it more efficient. We have worked with our partners to generate some electronic feed. We are working to enhance that feed. However, in the short term we have faxes come in and we have the electronic thing which goes through both to aggregate that information to see if there are duplicates or not, if there are positives or negatives if they are Travis county or some other county. Still a very manual process and I had this same conversation yesterday with the task force and ambassador birx did mention U.S. Digital services is working on this. The U.S. Digital service came to Austin to receive this and that was a request we made from them. They are working on that this is something may take a

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very long time to solve. >> Garza: Okay, and then you mentioned the three partners that make up the pie chart of the positivity. You said that there's 11,000, I didn't catch what that number was. 11,000 people have been tested from those three partners? >> Dr. Escott: Those three partners I mentioned are Austin public health, community care and Austin regional clinic. Those are the three largest testers. There are others who are now sending information in to us. But just from those three partners, there was approximately 11,000 tests done last week. >> Garza: Oh, last week. >> Dr. Escott: Correct. >> Garza: Just last week. I thought you meant total. So last week. Real quick, can you explain -- so the pie chart that shows the percentages of -- by ethnicity and race has just positivity. So it had the Latino

[2:19:38 PM]

community at 32% positivity, but can you explain the -- the hospitalizations are significantly higher. I want to understand the different numbers there. So is it because even though the 32% makes up a proportionate number to the representation of Latinos, there's still more likely of that 32% there have a higher chance of getting hospitalized and a higher chance of getting a positive test. Can you explain that whole relationship? >> Dr. Escott: Yeah, so two things. First of all, the 32% under represents the Latino community. Because a significant portion of the unknowns are also Latino community who chose not to provide information. I say that because when we investigated just on our tests, you know, who makes up that group and that's the

[2:20:39 PM]

group that we are also calling and doing contact tracing so we have further information on that group to make that judgment. But also to what you said, the Latino community has a higher rate of hospitalization as compared to those that are positive in the white, non-hispanic group. So both those

things are true and both those things are contributing to what we're seeing in the hospitalizations. >> Garza: Okay, and then I have a couple questions for public health. Thank you, Dr. Escott. And thank you, you are right, I meant to say even though that pie chart makes it look like making up less, it's not in fact the case. With regards to public health, those three centers mentioned, and I didn't catch what we were. One was in dove springs and it was kind of a list of

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extra measures that were being taken. What are those three centers? >> Hayden: Dove springs, givens and rundberg were the three sites we are going to start testing July 6. >> Garza: Testing what? Sorry. >> Hayden: We are going to provide pop-up testing in those communities. >> Garza: Okay. And then we all got an email from members of the Latino coalition and there was a question about -- about specifically outreach because of the despair ate numbers that we're seeing in the Latino community. A specific outreach plan, strategic plan, action plan for that community. Is there -- and I forgot what it was, it was supposed to be -- it was referred to as we're talking about all

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the minority groups. Is there one specific for the Latino community because they are seeing such disproportionate rates of positivity and hospitalization? >> Hayden: The plan that was submitted to your office to all of the elected officials' office on June June 11th by Adrienne in my absence was more of a comprehensive plan. The staff had as a result of that there were some measures in there that specifically targeted Latin X folks. And so we thought it would be important for us to put together all the information that has been provided in this community as of today, and that information is in the email that was sent out earlier this morning. I'm not sure if you've had a chance to look at that or not. The efforts actually go back as far as early March.

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According to the notes that I have based upon when staff started providing a level of outreach engagement, really a little of both. Staff are also working on another more detailed plan that we are going to work with partners to do that. And so that one will be more specific to that -- to latinx particularly. >> Garza: Okay. And on that same -- the percentage of hospitalizations positivity, do we have numbers on, like, deaths on what the makeup is for people who have unfortunately passed away because of covid? >> Hayden: Yes, we do. I don't have that in front of me. Dr. Escott, do you have that with your -- I thought you

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had that with your information Scott. >> Dr. Escott: I don't have it on my presentation. I believe that's on the dashboard. We can make sure council gets that information. >> Garza: Okay, and just the last point I'll make, it's not a question, but seeing those projections, 2100 deaths, and if all the -- you know, disproportionate ways we are seeing this affect the Latino community in the 50s and above, I don't want to make any assumptions, but my sickle cell sum shun it's about that 50 or above for the outcomes of death. Seeing that 2100 number and thinking that half of that is over 1,000 people, I just really hope we can focus on this community, you know, absolutely it's affecting our minority community more than any other, but when

[2:25:43 PM]

we're seeing one particular group being so affected, I really would like our staff to -- and I appreciate all the work that's being done and as city manager cronk said it can't just be the city of Austin, it has to be everybody all hands on deck, everybody working together. But I think we really need to concentrate on this community that's being so affected. So let me know what my office can do to be available to help with whatever the strategic plan is, but we need something specific. If we're heading into those very scary projections that we just saw. Those are all my -- I have more, but I'll pass the mic. >> Mayor Adler: To that end, mayor pro tem, you are absolutely right. The report that director Hayden mentioned working with the partners that's the focus plan, strategic plan, I think we're going to see here in the next few days to

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that end. The dashboard does have the demographics by death and it says that hispanic is at 40%. With respect to the deaths. Councilmember Casar. Then councilmember kitchen. >> Casar: I have some questions on the Latino community stuff, but I want to start with one for Dr. Meyers. Dr. Meyers, thank you for everything you are doing for this community right now. A question that I have is how do we make sure that if -- we're going into executive session soon, I think we need to figure out how it is even if we don't have permission, how is it that we can go back to shutting things down like we did in April and hope we get permission to do that. One concern and something we've seen throughout this is cities and governments acting too late. And I appreciate that your model has all of those gray lines on it and then they kind of come together around

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one black line, but what I would hate is for us to miss the moment that we need to act. And so I would want to be extra careful. What if it winds up being one of those gray lines that's a little sooner or what if we take an action but because, for example, we don't have permission it is not as impactful in flattening the curve as what we did in April. I guess my question to you is should we be acting as if we're on your projected black line or should we be acting like we're on one of the gray lines that's a little bit earlier just to be safe? I would hate to act a few days too late, and I know this is asking a lot of you and putting on you, you know, to tell us what to do, but you just have been the best voice on this. So help me on how extra careful we should be? Should we be acting like we're on the black line or a

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few days earlier? What should we do? >> Right, it's a million dollar question. I mean the thing is that we -- in some ways we should already be trying to be in Orange, right? Even though we've now bumped the Orange up to maybe 50, maybe 60, I mean we should -- there's no reason not to already be working our hardest to -- within the rules that we have to follow to get people to understand the risk to wear facemasks, to get employers to provide paid leave and other support so that people can stay home if they are potentially exposed. Education, everything, but right now it seems like we should be doing everything we can short of a stay-at-home measure to slow transmission because we are definitely at that point. If not today, depending on which graph you look at, we'll be at that point next week. We would like to be tapping on the brakes in every way

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we can at this point. >> Mayor Adler: Next question, the black line staying under 1500, did you -- did your triggers ensure that the black line stays under 1500 or are you looking also at the universe of lines? >> That 95% of those lines stay under 1500. So no matter what [inaudible] We're on, there is a 5% chance we're on a line that's alarmingly early and ends up blowing by that line, but the way the math works is that the triggers that we derived sort of guarantee 50% won't exceed that. They do go above, but, you know, they won't necessarily go twice as high as that line, and then we could be on one of those. And so I mean I think, yeah, we want to be doing everything we can now to get people to make decisions on a daily basis and protect themselves, protect their neighbors, their families, their community.

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I mean I think the -- and I know I'm not directly answering your question, so if it looks like people are not slowing things down, should we err on the side of -- stay at home 50, 60, 70? It's hard to know. It really depends on the community's risk tolerance and what we assume. Do we believe if we are given -- if

Austin is given the authority to enact a state-at home measure, it will be immediately effective at slowing transmission or do we think once we enact a measure do we think it will take a couple weeks for people to adhere. There might be reason to act a little earlier if you think there is some inertia in the system that's going to take time to overcome. >> So basically what I'm hearing is if we -- if our order or any order, be it from the governor, the

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governor's permission, as effective as it was in April and we act based on the triggers you laid out, 95% of your future worlds stay under that line. >> Yeah. >> Casar: It's not that 50% do and 50% don't, it's 95 of them stay under that line. Is that right? >> Yes, that's right. >> Casar: If our order or any action to go into red is not as effective as in April, then there's a whole different assumption you would have to put into your model. >> That's right. >> Casar: That's the worrisome piece is we need to make sure whatever we do -- first of all, it would be great not to have a stay-at home-order, but if people don't, this is contingent on people following whatever it is we do. >> Let me just say one other thing which is that these triggers and these projections are all based on two goals, right? One is we want to minimize the amount of time we're in

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a stay-at-home order and if at all possible prevent our community from having an overwhelming number of hospitalizations that exceed capacity. But nowhere in these analyses is additional goals of let's just try to minimize deaths, let's just try to minimize hospitalizations. This is a very specific optimization problem. If we take measures now that are orange-like, doing better at cocooning hospitalizations, protecting our latinx communities, protecting our vulnerable population, there are other collateral benefits of that. We may be able to bring down exposure in vulnerable populations, bring down hospitalizations, reduce deaths, et cetera. So these thresholds are specifically tailored to do one thing which is minimum amount of restrictions to avoid exceeding hospital capacity and I imagine there are other goals as well. >> Casar: Thank you. Sorry.

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Go on. >> Dr. Escott: Council, I was going to add and thank you for that summary. This is why we've built the alternate campsite. This is why I recommended to the city manager that we initiate the process of activating that alternate care site to give us a buffer. One if one of those five gray lines is the line we're on and we need that extra capacity, that's what that's for, if we overshoot the mark. Let me be clear, we do not want to utilize that community, we do not want to care for people outside the hospital if we can avoid it. That takes all of us making changes now. I don't think there is any one of us and probably not

anyone in the community that wants to see us shut down again. That's why we have to have those people act now. That's why we are staying in Orange now. But we can't just be in Orange in theory, we have to be in owner in practice and

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we've -- Orange in practice and we've got to get this community engaged in that. It takes all of us. And as Spencer said in his opening remarks, we cannot do this alone. This problem is much too big for government to do this alone, it has got to be all of us. We need folks not to wait for public health or Austin or Travis county or the state or federal government to do it, they need to have those conversations with their family members, with friends, with community groups because we need that action now. >> Casar: Dr. Escott, I don't know if it's you or Dr. Hayden to answer best, earlier this week -- sorry, I guess last week, we don't know what weekends are, a few days ago we were getting more communication from constituents of people symptomatic that couldn't get a public testing date within a week. I hear the changes that it is that you shifted to. What is our goal as far as

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symptomatic people, how quickly they should be able to get a public testing date if they are a person who cannot afford another option? Where are we now? >> Dr. Escott: Council member, I want those people to be tested within two days so that within three or four days we can have a result back. But let me say very clearly, in the circumstances that people cannot get a test, because we could be there, right? Our rate of increase is increasing very rapidly and it's going to be hard to keep up with testing. In any circumstance if you cannot get tested and have symptoms consistent with covid-19 right now, you must assume you are positive. You must say home. You must protect yourself and your family. You cannot -- you cannot wait on a positive or negative test to take action. We really do need everybody to do that. Again, and I said this last week, we really do need folks who have the resources

[2:36:54 PM]

to get private testing to do that. We need them to go to Austin regional clinic or to their private practitioner or one of the many resources in the community that does testing. If they have insurance, the test is still free for them because we need to focus our public resources on those who have no other means for testing. So thank you for bringing that up and again, we need ongoing messaging about that as well. >> Casar: And I think that brings me to one of my last points for this time which is also in the last few days hearing from more and more constituents who -- and these are primarily folks in the Latino community, who had an employer say when is your test scheduled? Let those folks off work and say come right back to work when you are done getting tested. Which is against the mayor's orders. It is

people who are sick and feeling sick getting tested and brought back to work and those constituents said I was Gooding to get

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let off work if I get a positive test result. These are people who are symptomatic. That's what's happening in our community and we need to double down on our messaging to the business community to let employers know that isn't acceptable. And I think our testing -- competition with aph, but at our testing sites when we do contact tracing, whatever we can do to make sure that people stay home. And when they come to the testing site and they are symptomatic, they say you are going home, you are not going back to work, and if somebody isn't getting paid, we have to find a way to have their employers to follow the federal law and pay them or for us to keep them home. Overwhelmingly, I think that's a big thing happening in the community given people's lack of access to sick time, even though more and more of those folks have it based on the federal law. I want to emphasize what you just described we're hearing already from people they are getting called back to work straight from the testing

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site. >> Dr. Escott: Yes, and councilmember, that's a plan, it's just not a very good plan. We do need people to have a good plan. When I think about the reopening process that we had in Texas and we see that it's not working out well and we've got to learn a lesson from that. And certainly a lesson if we have to shut down again that we need to take stronger steps before we reopen. Now, I'll just point to, you know, what our sister city did in Australia, south Australia, before businesses could open they had to go to the state website, put in their business name, square footage of their business and describe their plan. And that plan had to be approved. That plan included information for contact tracing. The business owner maintained. So if there was cases, that case contact and case investigation could be done. We've got to have businesses have a stronger plan than

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that. We've got to have everybody engaged and that includes our business community. I'm thankful for the work of the Austin chamber. They have been sharing the messages, but unfortunately not everybody is in that group, not everybody is as engaged as they need to be. We're going to reach out to them some more so we can continue to advocate and all businesses understand the importance of decision-making in terms of contributing or improving the rate of spread that we have right now. >> Casar: And we need to make sure that message is getting to those Spanish speaking workers in particular targeting those folks. I just heard from the folks at Seton that 63% of their recent covid admissions are Spanish speakers.

So not only do we have a disproportionate number of Latinos, two-thirds is Spanish speakers so I appreciate that focus. That's all, mayor. Thanks. >> Mayor Adler:

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Councilmember kitchen, then councilmember harper-madison. Then councilmember Ellis. >> Kitchen: Can you hear me? >> Mayor Adler: Yes. >> Kitchen: So I have three different sort of categories of questions. So the first question I think is -- I'm not sure who it's for, but I think I saw in one of the slides -- my question is about what we might be able to do in 78745 because I'm not sure if I heard that area as one of the areas that we can provide some assistance for in particular. And I think I saw that it was one of the top two areas on one of the slides for additional -- additional infections. And so is 78745 on the list for the next -- one of the

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next ones to be considered some focused outreach? That is one of the areas [inaudible] 44 and 45 and there are some significant parts of 45 with hispanic populations. And so I'm wondering, I'm just wanting to make sure that 78745 is on y'all's radar screen to add targeted outreach for that -- for those areas. >> Hayden: Yes, it's on our list. We're actually -- is going to assume additional information so I need to reach out because she had a list of information she was going to send me and she may have tried to send while I was out so I'm circle back around. >> Kitchen: Is it safe to assume 78745, part of that is in mayor pro tem's district, part is in mine and maybe part of it is in councilmember Renteria. But so y'all are working

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on -- to see what you can do in that area? Is that what I heard? >> Hayden: Yes. >> Kitchen: Okay. Okay. Let's see, then, second question is -- and so I'd like to follow up and I'm sure the other -- my colleagues in those areas would like to follow up with you, Stephanie, so we can get a more definitive idea what can be done in that area and when. Okay. Then for you, I think this is -- probably this is for you, director Hayden, and Dr. Escott. I want to step back for a minute and I know that you guys have all been doing just amazing amount of work and so I want to ask about this from an infrastructure perspective, from a staffing infrastructure perspective and a public health department infrastructure. I want to know how you all are thinking about what your needs

[2:44:02 PM]

are to actually carry out all of these things that need to be done. You had mentioned Dr. Escott I think on one of your slides about thinking of, rethinking local strategy and my question relates to local strategy, related to staffing infrastructure and the way the public health is working, or perhaps there is a name for additional consulting help. So can you speak to that for they? Have you all thought about -- have you thought yet about what you need from that perspective moving forward? >> This is Stephanie, I think I probably should address that for Dr. Escott. Yes, the team has -- we have met with a consultant and then the consultant met with the executive leadership team, and as a result of this, we are going to provide a plan to measure -- at the end of July

[2:45:04 PM]

about what the department would look like, because we know this is going to go on, you know -- we don't know how long, but we know it is going to continue. And so as we are looking at, you know,, once we shift back and the city starts helping us, the plan though is to kind of setting up a management structure, and so a team is working on that. So we will have more explanation specifically about what that. So absolutely, yes. Through the different phases of that and will be working to finalize those needs. >> Okay. I a am glad to hear that. Therethere is public health, just from my perspective, public health has been -- public health department and our public health infrastructure is something that this council has been working to build over the years and I thank the mayor pro tem for a lot of her early work in that area, but

[2:46:06 PM]

we know that there is more that needs to be done in a good year, and now that we are confronted with covid, there is much more that we need think about in terms of our public health infrastructure .. So I want to encourage you all F I am glad to hear there is a plan for thinking through that and city manager I am glad to be hearing you will be thinking about that. I want to ask you to bring too us as a council, if you need to, what is needed in that area, so that we can be sure to address it. I wouldn't want there to be a situation where you have identified what needs to happen but then you hit a brick wall in some areas, because that is something, as the council we want to be a partner with you on to make sure that happens. So then the last area I wanted to ask about was the nursing homes. So thank you, Dr. Escott, and director Hayden, and I think it was assistant director stirrup

[2:47:08 PM]

that reported on that, so I think the recent nursing home report, which was a report on the, you know, first phases or completing the first round of testing for all of the nursing homes was very helpful and also very hopeful, I think, so -- and I think I heard you say, Dr. Escott, that there has been some work started now with testing in assisted living facilities so I wanted to confirm that I heard that correctly. Can someone tell me what the testing in the assisted living facilities has begun? >> Yes. >> The testing has begun. We have -- we tested eight new facilities. >> Kitchen: Okay. And so I assume you have a plan for proceeding with the main ones; is that right or --

[2:48:08 PM]

>> Yes. What our staff are doing right now is, because we are proceeding to follow both the -- long-term care, our staff are going to send the survey out to -- with the idea of exactly what they can do on their own to test their entire facilities. And there is the same thing we did with the nursing homes as well. >> Kitchen: Okay. >> We are trying to determine if they are able to -- some of them need the swabs themselves and we are working on that process now. So as clusters -- we will continue to test in that phase until we have a final idea of what that result looks like. >> Kitchen: Okay. And thank you, Dr. Escott, I think for mentioning the

[2:49:09 PM]

dashboard on the nursing home -- I can see on the covid website under clusters, for anyone who is interested, that we have got the first -- first information up from last week, so I I am glad to hear the work is being updated to get that updated so I appreciate that. >> And then last question was relating to one of the slides that showed the -- I think it was the positive cases by age. Does that slide include the nursing homes? >> You know which one I am >> Yes. It includes all of the testing data that we have received in from our partners, including the department of talk health. >> Kitchen: So it would include those? So -- >> Correct. >> Kitchen: Okay. Thank you. Mayor, I have a comment real

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quick. I am sorry -- was unless the top five, is also -- we shared that so I am wondering if there is a spot between the 45 and 48 -- if you are looking for areas, direct Hayden. Because those two touch each other. >> Thank you. >> Mayor Adler: Thank you. Councilmember. >>Harper Madison. >> Thank you, chair, thanks to all of the experts on the line. I wanted to start with Dr. Meyers. You said something along the lines of, you know, you talked about the degree of uncertainty but then you said something along the lines of, if we enact policies that make a difference, and I just wonder if you have specifically in mind what are you indicating there? When you say "Make a difference"? >> So I mean anything that actually effectively slows

[2:51:12 PM]

transmission. So if -- and I don't know -- you know, it is hard to know what is fueling all of the transmission in Austin. There are things you hear about, liking people going to bars, the younger people going out and not wearing face masks. Also you can imagine this probably like what we heard a little bit earlier, people whose employers are asking them basically to work while they are likely infected and infectious. So this virus is spreading in a lot of different ways, in a lot of different communities in Austin so it is any measures we can take to slow transmission in all dimensions. People actually do wear face masks if they actually are given incentives and support that they need so that they can stay floam work if, you know, if they don't feel well or if they think they have been exposed to someone else in their household or someone who else is infected. So there are many steps we can take and certainly, you know, taking extra measures to shelter

[2:52:12 PM]

vulnerable populations including nursing home populations and other older individuals of our community and younger people who have underlying conditions or lack of access to healthcare, et cetera. >> Okay. Councilmember, I just also wanted to add, I think it is important for us as a city to identify what we can do to dial things back. Because what we are trying to do right now is dial things back so we don't have to dial things on. And so I met with director Hayden and made the recommendation that we close our nonchlorinated pools. Barton springs, Barton creek and deep Eddie. Because that is a place where people congregate. That's a place where we see the target age group behaving in such a way which is not protective. I think we have to identify

[2:53:13 PM]

those areas that we as a city -- we know we can control our programs, our space so we have to do what we can. We need others to do that also. Businesses, restaurants, how can I dial things back, still keep things functioning, still pay the bills but dial things back so we don't have to dial it off? Because in any circumstance, if we have to dial off, we are all going to be hurt by that. So I think it is critical as Dr. Meyers said, to identify those things we can immediately to to turn things down. I will say in conversations with the state yesterday that, you know, I think that the governor is increasing in his flexibility to do what needs to be done to either director msa's or to dial things further down or dial them off or allow the local

[2:54:14 PM]

governments to make that determination. You know, I think the state sees that we have gotten ourselves into a situation that we cannot maintain. So I am hopeful that local and state can work together to really find that sweet spot, how can we get things back in a situation that we can control it, where we can test people who need to be tested and contact people who need to be contact traced. And then in the future when we reopen or open things further again, move back to a higher stage of reopening that we find a better path to to do that. >> I appreciate both of your answers and I would like to say on behalf of my colleagues, if there is ever any sort of -- sometimes we are operating off of the information that we are gleaning from you, we are extracting what we can from your presentations but if you have something explicit, if you were able to enact X policy, we would be able to prevent the spread of

[2:55:15 PM]

-- by way of -- I think that would just be so helpful if that is ever the case. And I do find that oftentimes the information is presented in a way it can get a little vague and I can understand the difficult position you are in but certainly you understand the difficult people we are in as well. So as much as possible I would love to really get like explicit guidance so a perfect a example here is one that would be difficult and no one would have to say the words but something we recognized that was problematic during the course of the last shutdown where the problematic parks, like really just saying these are the 11 parks where people congregate too much, it turns out as a municipality we need shut parks. So if we were to have that conversation and the truth was, you know, you all as the experts leaned in the direction of, that being the appropriate course of action, it would be great to have that, you know, sort of support to be able to make the difficult decisions. >> Harper-madison: But with that I just have a few other

[2:56:15 PM]

questions. So speaking of hard to reach population as meeting I am having this week is with some folks who are from the various communities that make up our like African diaspora communities and one of the things that they were working on designing just getting empowered as communities to independently go through, you know, the dozens of dialects to be able to communicate to folks. I am looking to figure out, and I guess this is probably an hph question, and you Dr. Escott, how we can help to empower those communities more. It is certainly not a question I am asking right now. Just put it out there that my office and I am certain some of the others, district 4, have a lot of folks from the diaspora as well, I saw -- on there leading the charge in operation too of transmission, that's highest concentration of folks from the mother continent in which case I think that is another conversation when we are talking hard to reach populations that

[2:57:17 PM]

to date I haven't heard anybody make mention of. I think there are some assumptions about African community and African-American community, and certainly will recognize we are not a monolith. So I just want to make sure we are addressing those communities as well. And so I will be in touch with some ideas I have and really look into extract whatever ideas you all have for how we can empower those communities. >> Before you go on to your next question, Dr. Meyers now, so does anybody have any last questions for Dr. Meyers before we thank her and let her get back to -- Dr. Meyers, thank you very much for the time you spent with us. I will point out with respect to Dr. Meyers work we saw two models that let us open schools in the fall and both of them require us to really be able to do Orange really well, which is everybody mask, everybody social

[2:58:19 PM]

distances, no big groups, and one scenario has us doing it right thousand, in which case if we actually did it right now we could open up schools in the fall, or we can't do it right. [Speaking away from mic] And we have to psyche ourselves up to actually have the discipline in which case we have to do -- our number continue to screen here for a week or two in which case we have to do a red shutdown for 35 days, but we can tell people at the beginning .. This is not open-ended we will do this for 35 days and at the back end of 35 days we have to religiously mask everybody and social distance. >> Mayor Adler: Dr. Meyers thank you forgiving us both scenarios. >> Thank you. Bye bye. >> Mayor Adler: I apologize councilmember Natasha -- >> >> Harper-madison: I heard during the course of the presentation about a timeline or about the nextest sort of maps

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we are going get, I wonder what the timeline is on the completion of that. >> >> Sent the survey out today. Our hope is that we will get all of the results back this week, at the end of the week, and we hope to have something by about the weekend if we get everything in. And we know we are going to have to make changes to it as -- we will continue to update it. >> And just to be clear, you said -- and St. John's, correct? >> Gibbons, dove springs, St. John's is where our testing site is .. >> He is said -- the third one. >> Thank you. .. >> And out of curiosity, can you explain how those sites were selected? >> Yes.

[3:00:20 PM]

>> They were based upon the data that we received. Our current data that -- as well as ensuring early on, in conversations with community members, based upon the data and then the conversations that

we had with community participants wanting to see if we could start in these areas. This is just the beginning, as I said earlier, and we will be planning some additional sites. But we wanted to go ahead and get moving. And then we will change as we go along. That's where we are going to start and then we can change as we move along. >> I for one am very happy to see there is finally some movement there as gibbons and especially see the 02's in the top 5. That is right in the heart of 02. So I am really excited to see this happening. >> Harper-madison: One of the things I heard during the course of the presentation was how some hospitals are at capacity.

[3:01:20 PM]

I am curious to know which hospitals those are. >> >> Councilor, that is not information that we share publicly. >> Harper-madison: Okay. >> Because there is constant shifting and we really do want the hospitals to have the freedom to shift resources. I will say that the cooperation we have with our hospital partners is really remarkable and even across the systems, they are sharing information, sharing resources. We have a commitment from all three major hospital systems that if one system runs out of ventilators the other system will either send them to them or accept those patients into their facilities. So to move around resources and patients as necessary, to care for folks. Again, right now, we have capacity. We are going have capacity for,

[3:02:21 PM]

you know, looking at the projections, at least another two or three weeks so we don't want the public to think that there is not room for them if they have something going on. It is about what is happening in three or four weeks from now that we get concerned about. And we don't -- we don't want to approach that 1,500 line and risk not being able to take care of people within the walls of the hospital. >> Harper-madison: So my last two questions are, during one of the presentations, under Caldwell county is upward of 33 percent. Where do those people go for treatment? They coming to Austin or is there another closer regional hospital that they are going to? >> Councilor, I don't know specifically about to the Caldwell county cases. I will say that, you know, the Austin msa, particularly Travis county facilities serve as a much larger jurisdiction than

[3:03:22 PM]

just the five county msa. We are dash that people can come to when they are ill. We have rural hospitals that will send folks when they become sicker than they can manage. And, you know, it is hard to say where -- the hospitals is it is a hospital in marble falls? There are other outlying facilities that some folks may choose to go to outside of the msa or outside of Travis county. I will also say that Caldwell county a much smaller number of tests so it is hard to extrapolate the 33 percent. I think they tested 30 people

last week. But the important message is that it is not -- this is not just a metropolitan issue and I at this because of the numbers in the metropolitan area people get the false impression, oh, I

[3:04:24 PM]

live in the country or live in a rural community I can't be affected by this. This is a city problem. That's not the case. This is an everywhere problem. This is a a worldwide problem and regardless of where we live we all have got to follow the guidelines of the mask and the social distancing and the personal hygiene. >> This may be a tall order. Is it possible to sort of see numbers by county and then hospital resources in terms of proximity. It would be helpful to sort of map out in my mind's eye for no other reason to make sure we are advocating for appropriate resources to come to our hospital facilities in Austin if we are servicing outside of the five, then, you know, I think the resources should reflect the populations of people we are actually serving. So just to put that on your radar. >> The last thing. >> Harper-madison: The last thing I will ask is, we were talking about testing facilities, driveup, so I have heard through grapevine you

[3:05:25 PM]

don't have to drive up. You can walk through, walk up to the testing facility. I just want to make certain that is in fact the case, if for no other reason we can share that information with folks who want the most accurate information. I think that's is -- >> Our current test sites at St. John's is drive through only. So let me explain a little bit about that. Part of the reason for doing -- a major part of the reason for doing that is because the car and the window serve as protection for the testers and the way that was built out, the personnel, the ppe usage was optimized by having people in cars. The programs that Stephanie mentioned are different. I will let Stephanie answer the question about those. >>

[3:06:28 PM]

>> Harper-madison:. >> The pilot sites we talked about earlier in the community are going to be, you will have the ability to walk up to those sites. And then I think the other thing that -- also mentioned is community care has set up where folks can either drive or walk up to those sites. But that might be the other piece. There are several others that are -- >> Harper-madison: So Dr. Escott's response built on the second half of my question. The second half of my question, there was, I heard early on about taxi vouchers and ride share vouchers and options for people who are car less to go to driveup testing. I just want to see if we still have that system, if it is up and running and robust and if that is the case, if the window serves as a barrier, I just wonder how we reconcile a person being in a car with a driver who is not a family member but

[3:07:31 PM]

having this swab and exposure, just brings on more questions than answers for me about transportation assistance. >> So currently I am unaware of a ride share or cab that is willing to do that. We have had some circumstances I believe where ems has, in the past had to help with that because they have larger vehicles and they can isolate the driver from -- from the person being tested, but this is why we needed to identify the resources for the walkup testing or home testing so that we can provide a different option for folks who can't access that drive through appropriately. >> Harper-madison: Director Hayden, I am sorry. Would you correct me if I am wrong. I thought, you know, several weeks ago we talked about transportation assistance. Was that exclusively for people getting transportation to the

[3:08:31 PM]

clinic, being dropped off and then returned home or -- because I may have misinformed some members of our community if there is, in fact, not transportation assistance. >> I have to apologize. I was not here two weeks ago. Let me see if Adrian surf Rupp stir rip can recall in the last community -- >> It might have been six weeks, all the weeks are the same. There is aid random Sturrup, with respect to transportation, what we were able to get our partners to assist with is transportation for noncovid related rides, so to the grocery store, to the pharmacy, to any other noncovid medical appointment, but not for testing, which is why we have

[3:09:34 PM]

been strategizing around these pop-up sites and other opportunities for people to test. >> That is very important information. I was definitely misinformed. I made some assumptions, so there is, in fact, a need for us to -- okay. That is neither here nor there. I think that was all of my questions. Thank you very much. >> >> I think you are muted mayor, but I read your lips that I think you said my name. I want to extend the conversation more about testing availability and the percent of positivity rate. So I know you had said it, Dr. Escott but I wanted to give a little more space to what happens when we have ample testing available and people are able to get it quickly and when we don't have ample testing and how that relates to percent of positivity with the five and ten percent. Can you go into a

[3:10:35 PM]

little more detail about that? >> Sure. So it is -- there is availability of testing in terms of people needing testing and the test collection kits. There is availability in terms of space for the labs to do the tests and there is availability in terms of rapid turn around times. And if you don't have all three of those things, then testing becomes less effective. We are we are testing not for the identifying somebody so we can give them a treatment which may be the case for flu. We are testing for the purpose of isolating and contact tracing and boxing it in. So we don't have all of those elements together, then we laws the effectiveness of that testing strategy, that boxing in strategy. And in that circumstance we have to scale back so that we can identify those who are most likely to be positive, ensure they get testing first, or those

[3:11:36 PM]

where having that answered positive, negative may be the most impactful, such as our communities of color, such as nursing homes, jails, and other congregate settings. And that's where we have had to prioritize those individuals so we cans 13 that we have a, ensure we have a timely turn around so we can impact this disease. >> I think it is important to note if you want your percent positive rates to go down, you need to have a lot of testing available so that you are able to figure out who Ising they and who who is actually positive and needs medical attention or needs to self quarantine when you don't have enough tests then you are only testing the really urgent cases and then you are going to see that positivity rate go up. So you actually want less positivity rates, you need more tests, not less. I think that is an important distinction that people need to understand. And I know that you said it. I just wanted to give a little more time in this discussion to that important distinction. And also I appreciate on another

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topic, you mentioned discussing, it is probably with parks and recreation department, about nonchlorinated pools, and I appreciate knowing that discussion is going on. >> Ellis: I and my team have been having conversations about the hill of life and 360 access point, because when other pools and other sources of entertainment for our community are not available, those places are being over crowded. And it has become a serious issue that we have been working on for a number of weeks, director Neely with parks and recreation and her team has been working very hard, as well as Dr. Spillar and the transportation department and so I wanted to to make sure we wanted that to be a part of that conversation. I would like it to be a part of that conversation because people are treating open access spaces now like they are the pool options. I know it is getting hot out there, but with the graphs and charts that Dr. Meyers showed us over how important our behavior is over the next few weeks that

[3:13:39 PM]

is a very important conversation and I would love you to be involved with parks and recreations in those decisions. My office is happy to help too. They have been working extremely hard with neighbors in the community to try to address this situation and I think that needs to be wrapped up in these conversations as well. But can you -- you also had mentioned about bed capacity numbers and I think early on, we were given a number closer to 4,000 beds. Can you talk about the difference between 4,000 and 1,500 beds and what that means for hospital strategies and our community as a whole? >> Certainly. So the 4,000 number was total beds available. That includes those who -- those beds a that can be used for covid and those that can't. So those that can't, those that can are easily used are labor and delivery beds, pediatric

[3:14:41 PM]

beds, and psychiatric beds. Those are not easily converted to care for covid patients. And the rest of that, outside of the 1,500, are those we expect we have to have capacity to care for everything else. So heart attack, strokes, you know, traffic accidents, everything else that folks get hospital life for we still have, hospitalized for we still have to provide .. And that's where the 1,500 comes from. That's the capacity that we think we can dedicate for covid patients without substantially impacting these other -- those other patients. It is important to note on that number, and as you know last week there was a lot of conversations, because it is about what numbers were at capacity and the like, and the governor had numbers. With the hospital, we went to the hospitals and we said give us a planning number, because they pointed out correctly that we are not really going to know

[3:15:42 PM]

answer to that until we are there, so how many more beds you need is -- whether it there is a flu outbreak or not or all of these other things. So at best you are moping for a bell curve. Maybe they get help from an affiliate hospital in Michigan or something like that. So you can't really be sure. What they gave us was their best assistance on what an appropriate planning number would be .. That's the number then that we gave. >> Ellis: I appreciate -- >> Councilmember -- >> Ellis: I think that is important for people to know, the definition of what beds are available for what is kind of depends on the needs, as time goes on. >> And councilmember, there is consensus in this discussion with the task force yesterday and with my colleagues across the street that, sitting across the state, the consensus is, the beds and the space are not going to be the issue, it is the people that provide care for those beds that is going to be

[3:16:44 PM]

the issue. Because those people have 0 to come from somewhere so we are going to be relying on nurses, physicians, others who can be flexed into the hospitals or into the alternate care sites if we have to use them that may mean military personnel need to be requested to help staff hospitals because remember that as we have seen uncontrolled widespread community transmission, that is going to hit nurses and going to hit doctors and hit respiratory technicians and going to hit paramedics and emt's and firefighters. So that is going to further impact our surge capacity and 0 those things are taken into consideration, and I am grateful that our hospital partners have worked those, what is the expected number of people that may be added at one time that can't staff this bed so that we can better prepare for the future. >> Ellis: I appreciate that. That's a really important part of this conversation because

[3:17:45 PM]

sometimes I hear the discussion around, you know, why should I wear a mask? I am not worried about myself, and it really is a matter of protecting the doctors and the nurses too, and protecting people on the front lines who work in grocery stores to make sure we can keep our stores going so much about wearing a mask is actually how much you care around people around you and even your own family you may be quarantining with, you may inadvertently give something to them and a lot of the conversation needs to be around how we are protecting each other as a community. So I really appreciate that line of thinking and reminder as the weeks do go on. I have one last question. I am not sure if it is for Dr. Escott or Dr. Hayden, but which had a question around childcare centers. So the ones that are able to operate or helping the essential workers. How is notification working with childcare centers? We talked a bit about nursing homes and what kind of

[3:18:46 PM]

regulations and information that can be the given out about the people who are in nursing homes for people who work in nursing homes but I am curious, because we got news recently that there was a childcare center in my district that was showing some positivity rate and this was in the news, and so I was just curious if you could daylight, are there state regulations around that notification or who is entitled to the information if they do find that someone in a childcare center has tested positive? >> As you may know, the state of Texas also regulates childcare facilities and so those regulations are provided by the state. However, Austin public health staff have been providing some technical assistance. Typically, with the weekly report that comes out Friday afternoon with the noncluster reports, you will see that industry would be listed there

[3:19:48 PM]

if that has been a site that we have noticed in the past we have put childcare facilities on there as well. And it is the same type of process as we have for any other business that has a cluster of three or more by providing that additional technical assistance. The other thing, just as a reminder, we have been able to provide some hygiene type of assistance to them upon request. And so they have been reaching out to our staff to get that additional cleaning supplies for those facilities if they need it >> Ellis: I appreciate that. That's helpful and I don't have any more questions. >> Mayor Adler: Okay. Anybody vessel any more questions associated with this topic? Councilperson tovo. >> Yes. >> Tovo: Thank you very much, all of you for this information. I have a couple of quick

[3:20:51 PM]

questions. Firstly, I think mayor pro tem, it was said well, that reducing -- I shouldn't try to summarize, but in any case I think you made the case mayor pro tem Garza it really can can't just be the city, the community has to be a participant this this and I just wanted to thank the Austin -- contractors association for all of the work they are doing to communicate with their members and they were the recipients of many masks they were able to -- foundation that has gotten masks -- but I appreciate the really good work that the contractors association is doing to help with -- to hen get the message out among the individuals they represent. And so I agree we really need to rely on our community partners to help us really reach individuals throughout our community who are most at risk. And my staff and I will certainly be looking for opportunities to communicate

[3:21:53 PM]

against -- communicate to some of the younger members of our community who reside within district 9, including easy the dash cam pus and elsewhere. In district 9. I wanted to ask about a couple of quick things. First, I missed one point, I think I am not sure if it was my connection or on your end but I didn't understand, and I think this question is for .. Director Hayden or her staff. When the contract with revolution foods has been extended through, I missed the end date. >> Good afternoon. That contract has been extended through the end of July. >> Tovo: Thank you so much, assistant director Sturrup. We know that there are

[3:22:53 PM]

additional food needs. I noes ace, I know the aid food program has been extremely helpful in reaching out to the parents and caregivers within our school district, they have extended their student meals through the summer, and likely the money .. We allocated by council resolution will not be able to stretch through that same period, and so I wonder if you could help me understand, and this may be a question for the manager, whether our people -- as long as there is additional funding, contained within

the spending framework under that category of food assistance whether that is something that you, manager, could go ahead and authorize absent further council vote to allocate more funding for that particular need. >> Thank you, councilmember. As you know this is an ongoing discussion we will have with our providers and based on the need I will continue to -- if we are

[3:23:53 PM]

not able to do it on our own but I think we have that authority to do so and and be raising those to the council for further direction or further decision making. But we will continue to update you as we get more information. >> So I guess I am sorry, I somewhat followed you city manager but not completely, if there is additional funding, we approved a spending framework that had about a million dollars beyond what -- beyond what already had been allocated, as I recall, for our food needs so we know there will be additional costs associated with that contract for revolution foods which is absolutely necessary. We know that there are additional needs for those caregiver meals, possibly others. >> Tovo:, you know, we don't meet as a counsel or at least at this point we are not scheduled to meet as a council again until late July. Do you have the authority you already need to make additional allocations in those areas if you deem those the highest

[3:24:55 PM]

priorities -- or would you need another council vote? >> Not at this time. I have the authority but I will make sure I am updating council as appropriate. So I will be getting with staff to provide a real-time update on what those needs are and then letting the council know as well. >> Tovo: Thank you, I appreciate that. I was trying to figure out what the path guard is, just to put in my own strong urging that we do fund, you know, provide some additional funding. And I also just want to say thank you, Jason, Alexander sent out a link that shows there was also a private effort to raise funding for the student portion of the meals, and so, you know, I would encourage those community members who are able to contribute to those community based assistance programs to do so, because we do have such a need for food, of course not just among the students in aid and their -- but in other areas as well. That brings me to my next question. I wondered if someone on the

[3:25:55 PM]

call could provide us with the status of the -- program in del valle. Last I heard it was still -- it was not up and running yet. There was still contract negotiations going on. So if someone has an update on that, that would be helpful. >> >> Good afternoon, councilmember. Yes. Let me check staff and get the most up to date information and I will respond back shortly. >> Okay. I appreciate that. Thank you. >> I believe, could you please cycle back to something we talked about earlier. >> Tovo: And tell me what

the status is of our isolation facility. I missed -- I missed what the total occupy city is. You gave us the occupancy for our pro lodges but it wasn't clear to me whether our isolation facilities are at full

[3:26:58 PM]

capacity or not. >> I don't have that informs in front of me but I can get that for you as well. >> Tovo: Thank you. So if there is -- remind us, who is eligible for isolation -- >> >> The isolation facility is available for those who are confirmed positive, those who are persons under investigation or awaiting on a test result, and those with a known close contact exposure, so, you know, if an individual is a household member or had a close contact they live with somebody who may be 0 -- or with themselves have a high consequence or high risk of serious illness, they can isolate themselves there as

[3:27:58 PM]

well. >> So, yes. >> So at that they would definitely qualify. >> Yes. >> We definitely qualified? >> Yes. >> As far as you know they still have capacity within the isolation facility? >> Yes. Last time I checked at the end of last week we had around 70 individuals there. It was a significant increase from the prior weeks which was averaging around 20. We had done some significant outreach and worked with the media to incur the use of that and I am happy it is increasing. There is still plenty of capacity there. >> Tovo: That is terrific news. And I know we can find information about how to get in that cue or how to get that referral from the covid website at Austin, Texas dot government, so I will go there for that information .. If people are aware of -- I was made aware of a situation where a close contact is aware of an

[3:28:58 PM]

individual who has covid and is continuing to work. What suggestions would you have for that person? Is that a 311 call in is it --? Is it counseling that individual to go to the isolation facility? Are there any -- are there any official mechanisms that you would suggest beyond just trying to have a conversation with that individual about saicht and risk and the resources available? >> Yes. Councilmember, you know, again, it is up to all of us to try to reinforce one another's protective behaviors. Certainly starting there is where we would like. Individuals who are positive or who are close contacts are issued an order from me which requires them to stay home. There is the potential for legal action if there is a violation of that.

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There is a criminal offense and a fine and we also have the ability to go to a court ordered quarantine if that becomes necessary. But again, you know, there are so many people who are being infected right now we honestly don't have the ability to enforce all of them so really go to step one, having the reinforcement piece. >> Tovo: Thank you. I think that's a good reminder that there are legal actions that can be taken. Oh goodness. I lost my last question. I know. So we did get an e-mail today thank you forgetting the word out Austin public health, about the need to make sure that even during a time like this, family members are making sure that children within our community are getting the kind of preventative care that is mess in terms of vaccination and other things.

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I know my family went outlast week to get up to date on our well checks and our vast vaccinations. We delayed them a bit. It was time to get everybody up to date on that. But I think it is -- I would ask you just to address that. I assume since you sent this out, that it is -- that you want people to remember that it is a high priority and it is -- it is -- it is a high priority -- even at a time when we are encouraging people to stay home for nonessential reasons. Can you address those two issues together, why it is still important to see that preventative care and why the confidence that you have in our medical facilities to make sure they are managing risk well for their patients, that that is -- when we are telling people to please stay home if you are able to, it is not preventing them from preventative care.

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>> So -- I will just personalize that. I asked that question of myself. You know, is this the time to go seek that care or should we delay for another period? So if you can just kind of speak to the parents like me who are kind of weighing those, weighing and balancing those choices. >> You bet. You know, right now is the optimal time to get -- as I said, there is plenty of spaces in clinics and plenty of spaces in the hospital in the er right now. For folks who need to seek care, and in particular those preventative services. You know, back in March, those places were starting to close down, not because there was a danger in contracting the illness, but because we didn't have enough personal protective equipment for hospitalized people and for the first responders so we really had to concentrate that ppe where we really needed to have it. Now, ppe is more broadly available. There are procedures in place,

[3:33:01 PM]

including symptom screens and temperature checks when people come in, separation of those who are sick in waiting rooms versus those who are well. And generally speaking, getting rid of waiting rooms. So, you know, people are waiting in their cars until it is time for them to come in. They check in, they are the only one in the lobby area. They check in and go back to a room. So the clinical services, of the

hospitals and clinics as well have done an excellent job of tabling the principles of social distancing and hygiene and modifying practice, just as our businesses have done. So it is very safe for folks to seek care and really must get that preventative care done. We have talked before about not only the importance of immunizations at preventing those diseases which may be prevented by immunizations but also we look towards September when the new flu shot comes out, it is going to be critically important, critically important

[3:34:02 PM]

that we have better immunization rates than we have ever seen before. Because we cannot total offense level rate a covid surge and flu surge at the same time, there is just not enough capacity. So I really would encourage folks to get that preventative screening done and another thing I want to mention is, you know, when we think about health and whether or not we are healthy or not, we often think about how we feel. And let me just say that it is not about how you feel. It is about, really, if you are healthy or not. And I bring this up because we have so many in our community that either don't have access to primary care or have not accessed primary care, they don't know that they have clinical obesity, hypertension, heart disease, diabetes. So not knowing you have those is different from not having them. It is really important that if you have those things that you get those treated now.

[3:35:08 PM]

Because certainly it is of great benefit in the long run but in the short-term, you are better off in regards to covid-19 if you have diabetes and it is managed or if you have hypertension and it is managed rather than those things being unmanaged and now you have covid-19. >> Tovo: Thank you. That is very helpful. >> This is -- I have a question. Can you hear me? >> Mayor Adler: Yes. Councilperson alter, why don't you go ahead. >> Alter: Thank you. So I really appreciate the -- [indiscernible] -- I wanted to better understand what we are telling people when they go for testing before they get their test results, this goes a little bit on what councilmember Casar said about -- care.

[3:36:08 PM]

What should we be telling people when they get a test back before they get the results back knowing there is a delay of several days, they don't get their order unless they test positive. And yet we may have significant spread if they are going about and not quarantining themselves. >> So they are given similar instructions before the testing. If they are symptomatic, in particular or if they have an exposure. If they are signing up to our Austin public health, public enrollment, they are sending electronic information they receive as part of the package that they are going to receive in the future, they receive a written

document, a flyer in English and Spanish with instructions again as well as also now receiving masks, so they can protect themselves and their family particularly the

[3:37:09 PM]

circumstances where they can't use a isolation facility. We encourage folks to use that facility. It is a great hotel room, food, wifi, TV, and that really is our best way that we can separate folks and prevent that household transmission. I can tell you that folks should be scared about that. We have folks shouldn't be afraid of that. Folks from city and county government whose families have had to isolate a in those facilities because they have been exposed or they themselves are using the isolation facilities to separate themselves from their family, we have seen healthcare workers use it, it is not frightening. It is a hotel, and it is available, we are certainly talking to the state about helping us support additional facilities, should we need it, and, you know, can we -- this it is a process, rollup facilities, we

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will move to the next facility. On that note I do have an update. We have 95 occupants right now of the isolation facility and that is out of 246 total capacity. >> Dr. Escott, we also have another facility that we have on stand by or is that being used as a lodge right now? >> We do have the iso2, which is on stand by should we need it. >> Okay. Thank you. Then I wanted to go back to your discussion with the parks department. Can you speak about other recommendations you had beyond the pools, beyond what -- openings in the park that we might need to consider, I am particularly concerned about basketball and other things in our parks, games with folks in very close quarters with no masks sweating and breathing over each other, right in the

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age groups that are, that we are the most concerned and whether that is a cause for spread. >> Director Hayden, which had a great conversation with director Neely regarding parks and pools and what we can do to further dial things down. And as you know, I think now is the time we have to continue those conversations. It was a great conversation this morning so we need to have more conversations to look at some of those details. And identify those particular things that are happening on city property that need to be mitigated further. And I think Sheila and her team are also going to continue to look at best practices from other locations to learn how we can do things even better. You know, quite frankly right now is not the time we can take a lot of chances.

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Right now is a time that we kneaderrer on the side of being a bit more aggressive on the dial back so we can avoid the dialoff. So, you know, I have had a similar discussion with city manager and with or departments. I think we all have to think about what is it that within our departments, the services we provide that they pose a risk because of congregation, in particular, that we can dial back or dial off temporarily until we get control. >> Alter: Thank you. I understand that there have been changes for county parks out to July 4th. Are there any plans for changes for all parks with regard to that? That would be my first question. My second question is probably for the city manager. I understand that our park systems are under a lot of stress. How are we making sure they have the resources they need to meet the extra needs that are happening at parks? Thank you.

[3:41:14 PM]

>> >> Again, we had that discussion with parks this morning. I have provided some recommendations. I think there is some further discussions that need to be held to make a determination of, you know, dial down versus dial off in a timeline, but I will say that I am quite concerned about this Independence day weekend and the risks it may pose for large congregations. And let me be very clear. Because this is important. Again, the city can only do so much. We could turn things off, turn things down, limit activities honesty space, but that could mean folks go somewhere else and congregate in other areas. And I know we want to celebrate. I know we want to get together with our families. I know we want to have firework shows and barbecue and do the things we normally do, but now

[3:42:16 PM]

is not the time for that. Now is the time we have to be strong together by staying home, by doing things within our own household, by watching the fireworks on TV. I know it is not exciting and speaks, but that's what we need to do right now because we are in a very dangerous spot. And if we have those activities happening this weekend, this may accelerate things in a much faster way and we just cannot take that chance right now. >> Councilmember I appreciate this line of questioning, because it is important that we look at all of the ways in which we can lead as examples from the city enterprise including some of the restrictions you may have remembered from back in April, and even what we did for the Easter weekend holiday, so we are looking at all of those and we will have more information for you shortly. And with regards to your second question on the resources for

[3:43:17 PM]

parks, I am a in constant communication with AMC shorter who is talking to director Neely and very aware of some of those constraints they have, and we will be continuing to provide the resources they need to maintain their operations. >> Alter: I appreciate your attention to those issues and I appreciate all of the work that you all are doing in these very difficult circumstances. Thank you. >> Which had a very similar questions about the parks. Why haven't we closed them? I mean, all of the modeling, the modeling specifically said unless we drastically change behavior we are heading towards some really scary numbers. And I feel like we have to do what -- I guess, you know, everything is anecdotal, but

[3:44:17 PM]

just because, you know, like I don't know why is Barton springs still open and a why is -- a find a chlorinated pool and I guess the concern about well then they will just go somewhere else, but maybe they won't, and maybe they a -- maybe if we send a strong message, don't leave your house, don't go anywhere, a that that is the message that is, in fact, heard. >> Mr. Garza: Because it is not just about, you know, the location you end up, if you are on your way there and get in a vehicle accident, you are taking public safety resources off the grid, so to speak, you are taking, you know, heaven forbid something bad you are taking a hospital bed off the grid, all those, you know, going to Barton, to the greenbelt, I remember making several rescue calls there of people falling and falling over a cliff and, you know, just I don't

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understand why cash -- and I get it is a tough balance but I feel like we have to control the things that we can control and believe me I have gotten tired of jogging around my neighborhood, but I will continue to jog around my neighborhood because I don't want to go to, you know -- to run on the trail. Why aren't we closing those places? >> Unless Dr. Escott has something else I will ask Dr. Shorter to have this additional information on the discussions they are having with the parks department. >> I have nothing else. >> Shorter? >> Mayor Adler: Shorter? >> Still on mute. If there is technology issues I am happy if we can get maybe

[3:46:17 PM]

some further -- but I know we will start getting those questions a lot, especially as we head into July the 4th because I am on the inside and I get all the information. I have no desire to go anywhere on July 4th and it is because -- and I feel like we need get everybody else to there. Like we don't need to be going anywhere. I am just going to say what the questions are. I know we are running out of time, so part of this was to also ask I hope we are going to continue doing these -- thank you, mayor, I reached out to the mayor and thought it was important for us to have this information because we usually get them

during the work session and we are not having work sessions right now, so I really encourage us to have these regularly, especially as we see these numbers rising, so with that, with that in mind, which had questions about -- I have heard that community care, you cannot get tested there if you do not have an id and that can affect some in our undocumented community. I would just like to get some clarification on that.

[3:47:19 PM]

Questions about second -- if there is any discussion about a second stimulus package from the federal government. Funding update and any other health update on where that money has been allocated and what -- because I have heard a lot of misinformation on who has -- who has gotten a part of that. And just I think it is important for us to -- >> Mayor Adler: We do have shorter if you want to chime in briefly. >> Yes. I am on the line. Spencer, thank you very much for taking the question, and councilmember for asking. I will say quickly that we are absolutely aspenser mentioned in conversations and we are talking earlier this morning about maybe ago quick decision. We will likely be releasing and announcing information about the status of our parks for the holiday weekend within the next 24 to 48 hours.

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That includes those Googles that are not chlorine pools. They will include those in the announcement. The I will just remind council that park system, including our trails is a very important component for mental and emotional health during these times, so we would like to sort of make sure that we are drawing the proper line in terms of making sure that we keep the community safe but that we also are offering opportunities for our residents to get out of their home and safely recreate. >> Mayor Adler: Thank you. Councilperson Flannigan. >> Flannigan: Thanks. I just want to agree with what the mayor pro tem laid out. I too have been -- I have been getting tired of running through my neighborhood and definitely not just running back and forth to the kitchen from my home

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office. So I appreciate what you have to say there, mayor pro tem. But I am it is hearing from my neighborhood leaders in my district that neighborhoods that have their own park systems, neighborhoods that have their own pools that are for their communities and the longer the city keeps ours open the harder it has become for them to do the right thing by their own residents. I think it is really clear that we should be really erring on the side of caution as the city because it sends the message to the public and also I am seeing today that finally mayors in Williamson county are beginning to join and put mask orders on in their communities. I really wish judge tra Vail would do the whole for

Williamson county because there are still parts of areas joining my council district that are not incorporated into any city but I am glad to see the mayor and the

[3:50:25 PM]

city council in Round Rock and their mask orders. I would encourage you Spencer and all of our staff to very much err on the side of caution because it sends the message that the private owners of these types of facilities need to know what they need to do to protect the community as well. >> Mayor Adler: Okay. Mayor pro tem, you asked one question that needs to be responded to here. You do not need need a government issued id at community care in order to be able to get testing. I think that their website might say that, if it does, it is not accurate. People should bring something, something that has their picture on it but they are letting people take tests even in the absence of that. Further questions? Councilmember. >> Harper-madison:? >> Remember we have an executive session when we are done here. >> I will, yes. I just wanted to say briefly, just for the record, apparently

[3:51:27 PM]

folks without transportation can call the Austin public health nurse line to schedule at home testing .. I know a lot of folks are tuning in with us right now I want to make sure that was said on the record. >> Public service announcements. Hospitals have asked if you have the virus, please, there is a real significant need right now for plasma, for blood donation, for people that had that at one point we had 20 times what we were using every day, and now we have the exact amount -- so we have a great need for people, if you have had the virus, please consider donating blood plasma so that can be utilized. Councilor toe electroand then councilor Ellis. >> Sorry to backtrack here a bit but we were not -- the staff and I were not able to find on our

[3:52:29 PM]

covid resources on the website the number of individuals should call if they need to access and get a referral for the isolation facility. .. >> Stephanie, Adrian are still on, if they are sell on, they can contact 311 and we can get them connected. That's probably the best way. >> Great. Thank you. And now just ask, if they are listening that we figure out how to make that clearer on the city website about what somebody should do if they want to do the isolation. Thanks again. >> Mayor Adler: Councilmember Ellis. I really appreciate you giving us that update about the parks and recreation department. >> Ellis: I would ask other park spaces being utilized similar to unchlorinated pools

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should be looked at. I think the same precautions we are trying to prevent with nonchlorinated pools like Barton springs have I think springs we are having the exact same anybody other places and I know there are not many where we have a lot of water right now for people to congregate but I think those areas need to be identified and included as well. >> Mayor Adler: Thank you councilmember. >> Mayor Adler: Okay. Colleagues are we ready to go to executive session? >> One quick final -- >> Mayor Adler: Yes. >> So Dr. Escott, thank you for letting us know we should start saying if you don't have insurance, the public dash I know you are trying to ramp that up the as fast as we can and if you have insurance to go with -- you mentioned if you do have insurance it is free, but I have seen a lot of reporting, including in "The New York Times" today about Austin residents going to a private place and still winding up with a big bill. Is there thinking we need know about that? Is there any information we should be giving people to

[3:54:32 PM]

handle that? >> Yes. So -- and, you know, folks need to do a little homework to find out what the other charges are. So that the test itself is free and covered by insurance without a deductible. But the visit, if they are going to a clinic thick and they need to see a physician or a nurse-practitioner, there may be a charge for that visit. Certainly if they are going to an emergency room, there is going to be an er bill that comes with that test. So ers are not the places to go to just for the purpose of testing. If you think you have a severe illness, if you short of breath, have chest pain, you are light-headed, you are dehydrated, that may be the place you need to go, but but not if you just want to get a test done. That will come with with a big bill. That's true with the er's for the hospitals and the freestanding er's. So call ahead and check on that.

[3:55:34 PM]

You know, I think there is more and more facilities offering testing every day and as director Hayden said, we will have a map soon about that. We are seeing more -- like CVS and Walgreens and in the future, you know, grocery stores and others that will have testing. And that's why I said earlier, at some stage aph is going to diminish as those other entities at a take on more responsibility for testing and quite frankly, when it is closer to home and it is convenient, people are going to do it more easily with fewer barriers, particularly a if they can do that a cost-effective or freeway. >> Thank you. >> Mayor Adler: All right. Colleagues, ready? >> Mayor, I want to thank -- I am sorry. >> I was just going to say probably the same thank you but just really appreciate your leadership mayor and the entire leadership of our council it is

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more critical than ever we are united as one community, one city to tack until pandemic and I am just so proud of the work we are doing and the incredible work of our public health professionals so I just wanted to say that out loud. I really appreciate everyone's support. >> Mayor Adler: I really appreciate that. And in the amount of time that Austin public health is spending, director Hayden, Adrian Sturrup, Dr. Escott, but it is everybody, it is the communications team, it is the eeoc center, these are our people that have been like on emergency duty now going on three months, and I just want to thank everybody, both in the city and county. It has been -- it has been a real pleasure working with Sarah Eckhardt, the judge, who also

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has been putting in a large amount of time, it is great to welcome judge Biscoe and I would just close with the last thought, if we are reinforcing public messaging that this really is crunch time for the city. In is crunch time -- this is where our individual actions will add up and determine whether or not dash whether we can protect people and save lives, and at this point, right now, where we sit right now, it is really going to take everybody in our community deciding without order, without repercussion, without penalty, this has got to be the time when our businesses and our individuals do what is necessary to protect and support ourselves. And I hope we make the choice to do that.

[3:58:40 PM]

I am -- masks and social distancing, no large groups, don't go out if you sick. Stay home if you can, it is the safest place you can be. And with that, city council and I will go into closed session to take up one item pursuant to section 5.071 of the government code, related to item 2 which is the city's response to covid 19. It is 3:58 and without objection we will now go into exec executive session. After executive sessionally come back out and close the meeting. No one else will come back -- colleagues I will see you in executive session. [Executive session]

[5:31:04 PM]

<<Mayor Adler: We are out of Closed Session. In Closed Session we discussed legal matters related to item: 2. It is 5:31 p.m. this is June 29th, 2020 and this Special Called City Council Meeting is adjourned. Thank you.