

City Council Special Called Joint Meeting with Travis County Commissioners Court Transcript – 03/09/2021

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[9:02:50 AM]

>> Judge Brown: Then we have commissioner Gomez, commissioners and commissioner Travillion with us remotely. The commissioners court, we're going to first take up a public hearing item real quickly and go to the joint briefing with the Austin city council. Let me call up the public hearing on item number 1, receive comments regarding a request to authorize the filing of instruments to vacate a drainage easement dedicated of the official public records of Travis county located within lot 1a, block D, estancia hill country subdivision, phase 8, a subdivision in precinct 3. Do I hear -- [music playing]

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>> Mayor Adler: 2021. It is 9:06. We have I think a quorum of the council present. I need a couple more people just to jump in here. We now have a quorum present. So I'll call to order this special joint session council meeting which a joint session with commissioners court for a covid briefing. Thank you, judge. >> Judge Brown: I'm going to call to order the joint meeting of the Travis county commissioners court and Austin city council. Do we have any callers for Travis county public comment? >> We do not have any callers for that, judge. >> Judge Brown: Thanks, Audrey. All right, so again I think we're going to -- for the first round stick to one question if we can for Dr. Escott and director hayden-howard, go in the same order in the past so we would go through commissioners court members and then the county judge, city councilmembers and then

[9:07:14 AM]

the mayor and close by the mayor and close by the county judge. So Dr. Escott, I think I saw you on there. There you are. Did you want to give us your briefing on covid? >> Dr. Escott: Yes, sir, thank you, judge. I'm going to share my slides with you. And I hope you can see that. >> Judge Brown: Yes. >> Dr. Escott: Perfect. Again, thank you, judge, thank you, mayor. Aimed like to update you both regarding our covid-19 response in Travis county. This graph I'm showing you is an update of our Travis county cases by date. The yellow line again showing the seven-day moving average of those new cases. Yesterday we reported 104 new cases with the moving average of 120. That's a 50% decrease in the moving average in one week. So again, significant

[9:08:14 AM]

improvements regarding our case numbers here locally. This is an update of our admissions to the hospital. This has been our key indicator for transition of our stages of risk. Yesterday we reported 31 new admissions to the hospital with a moving average of 29. Last Monday we entered into stage 3 territory. We had four days of declining cases, and fortunately the last three days have been increases in cases. The net is no substantial change in our moving average of admissions since a week ago. This graph is showing three things. The blue is our total hospital beds being utilized for covid-19 patients. The Orange are the icu beds, the gray are ventilator beds. Our hospitalizations yesterday 228 with a moving

[9:09:14 AM]

average of 232. That's a 15% decrease over the past week. Our icu utilization, 72 yesterday, moving average 71. A 24% decrease in the past week. And our ventilator using 55 with a moving average of 52, a 20% decrease over the past week. Again, all three of these measures you can see slight decrease in the past couple of days. Again, we're going to keep monitoring these numbers this week and I'll talk more about the overall picture here in a little bit. When we look at the projections by the U.T. Modeling consortium, we have seen some flattening of projections compared to a week ago. The -- they haven't updated the projections in the past couple of days, so right now we're still seeing a

[9:10:15 AM]

downward trend. According to this model suggests that we will enter into stage 2 territory around April the 4th. However, with the increase over the past couple of days, I expect that this projection, which may be updated later today or tomorrow, will flatten out and will not show us a path at least through the first week of April of stage 2. Again, we will continue to monitor these Rosalinda injections. This is projections of total hospital bed utilization. When we get out to the first week of April, projection right

now is we'll drop below 100 hospital beds being utilized for covid-19 patients. Similarly, we see a decline expected in the icu utilization with us -- the projection now suggesting that we'll drop below 30 in

[9:11:16 AM]

the icu usage in the first week of April. Again, what these models show us is if disease transmission stays the same as it is now, if those protections stay the same as they are now, we're going to see a decrease. Obviously there is some concern about how that's going to change after Wednesday with businesses opening up 100% and with relaxation on the mask mandate. Again, if we -- if the community responds by taking a lot more risk, these graphs will move in the other direction and we'll have a third surge. So again, if we want to see this reality, we have to continue the protections that we've been doing for the past month to further drive down those case numbers and transmissions. This graph is an update of the hospitalizations by age group.

[9:12:16 AM]

We did see an increase in the percentage of individuals in the 80-plus age group hospitalized last week, decrease in the 60 to 69 age group by a significant amount. Also increases in the 20 to 29 and 30 to 39 age group in terms of percentages of the hospital -- of those individuals hospitalized in the last week. So again, you know, some movement in who is getting hospitalized, which I'll talk more about on this slide. When we look at the difference between two weeks ago and last week, there's about a 20% drop in overall admissions for the week. So it's a -- it's -- that's good news, that's great news. We did see an increase from 25 to 32 in that 80-plus age group who were hospitalized, decreases in the 70 to 79 and 50 to 59 age groups. We see a lot of compression

[9:13:17 AM]

in those older age groups, again, which is good. We know that the older you are, the more likely you are to have a severe course more likely to need icu admissions and certainly more likely to die from covid-19 as well. What is concerning, however, is the thickness of the bars that you see in the younger age groups, the 20 to 29 and 30 to 39 age group in particular. Again, we need lots of disease transmission in those age groups to net, you know, 44 admissions between those two age groups. So again, even though younger people, people in their 20s and 30s, may not have as severe of a course on average, it's important that we continue to promote disease prevention in those age groups, masking, distancing, and personal hygiene because we have seen in previous surges that it starts with those younger individuals and then spreads to the

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older age groups which has more impact on morbidity and mortality. This graph is showing an update of the hospitalizations by race and ethnicity. This week on -- for last week 42.4% of hospitalizations were in our white, non-hispanic group. 41.8% in our latinx population, and significant decrease in our percentage associated with African-Americans moving from 15.9 to 11%. So very pleased with that change in particular. When we look at the overall admissions broken down by race and ethnicity, again you can see in the green our latinx community, a significant decrease, 87 to 76, decrease in white non-hispanic 84 to 79, and then a big drop in our African-American community moving from 35 admissions the previous week to 20

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admissions last week. For some more positive news, this is our overall positivity in our community for covid-19. Last week 4.6% positivity for our data set that was collected in Austin public health. So significant decrease as compared to 6.9 the previous week and 10.3% the week before that. Again, I want to reiterate the importance of testing for covid-19. There are lots of symptoms which can mimic other diseases. If anybody has any of the symptoms associated with covid-19, it's important to get tested. The better we can do at detecting covid-19 and isolating folks who have covid-19, the better chance we have of further driving down the positivity and the

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hospitalizations and deaths associated with covid-19. This is a breakdown of the positivity by race and ethnicity. Our native hawaiian and pacific islander group moved from 23.1% the previous week to 20% last week. Latinx community, 13.4% the previous week to 8.4% last week. Our African-American community, 6.9% the previous week to 4.9% last week. Our American Indian, alaskan native increase 5.7% to 6.9%. Our asian-american community, 4.4% this week to 2.6% last week. So that's the one group in particular who is doing the best right now in terms of positivity under that 3%

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threshold that is our major goal. Our white non-hispanic community 5.6% to 4.1% last week. So by and large, the improvements across the board in terms of race and ethnicity and our positivity for covid-19 testing. Similarly when we look at our distribution of positivity by age group, we see across the board decreases in positivity with the exception of our 80-plus age group. Again, smaller numbers of individuals being tested. They are the highest this week so far, and we'll continue to monitor that

situation. But we're seeing drops across the board generally speaking with some age groups approaching that 3% mark, and we've got many who are close or below that 5% threshold.

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When we look at the positivity in our school-age children, the story is a bit varied. Our high school positivity for the past week, that's 228 to 3-6, 5.3%. Middle school 8.7%, elementary 4.3%, and our pre-school 5.9%. Again, we're pleased to see the T.E.A. And our local school districts continuing the mask mandate, continuing the protections including the distancing and the hand hygiene, and again, if we continue to do those things, we'll continue to decrease the positivity in our school-age children. Again, we were continuing with the situation, continue to meet weekly with our superintendents. We have a schools-related task force that is working closely with the school districts to monitor disease transmission and ensure that

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they have the resources they need to address any transmission that may be happening on campus. For some great news, this is our dashboard associated with our long-term care facilities. You'll see that in the past 14 days there's been a total of ten cases, and that includes staff and residents. 36 in the past 28 days. So remarkably low cases associated with -- with long-term care facilities. I'm not certain, but I feel fairly confident that these are record low numbers for transmission in those facilities. And again, I think this has a lot to do with the focus from the federal, state and local governments on getting these folks vaccinated early. I think we are seeing an impact of that focused vaccine effort, and it, again, is saving lives in

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these facilities and certainly helping to contribute to the better situation in our hospitals. Quick update on our regional infusion center. Again, this was opened in conjunction with the Texas division of emergency management to provide monoclonal antibodies to residents who are at higher risk for severe disease and death from covid-19. A total of 730 individuals so far have been treated through this facility. Capacity to provide the treatment than people who are getting it. So as a reminder, we're sending communications out to our health care community to ensure that they are referring individuals who may qualify for this. Again, covid-19 is still around, it's still dangerous, particularly pore those who have risk factors for severe disease so we need to continue this effort to push folks there to receive this antibody

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therapy which may decrease their risk of needing hospitalization. Also I want to update you on our alternate care site. As of yesterday, we had 28 individuals still hospitalized in the alternate care site, the Austin convention center. A total of 187 individuals in addition to that have been treated and discharged from the site. As of yesterday at 5:00 P.M., the alternate care site is no longer accepting new patients, and we will begin the process of demobilization of the facility with the expectation that all the individuals who are currently being treated there will be dispositioned by the 20th of this month. Again, we will continue to have the resources available should we need to stand it up. The expectation from the Texas division of emergency management is that if we need to -- to stand up this site again or a different site or an alternate care

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facility, that it would take about one week from the order to being able to serve patients. So again, we're grateful for the partnership with tdem to provide this service and in the future as well if it's needed. So quick updates on influenza. Again, very low numbers of influenza thanks to the vaccination efforts, the masking and distancing and hand hygiene efforts. Our positivity last week, .44%. One single influenza case identified in Travis county for week 8. To date 1.17%, less than 100 positive cases of influenza so far in Travis county. When we compare that to the previous three seasons, we see that we are still in record low territory. So again, we are pushing

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past the major peaks. There's still some possibility of seeing flu into March and early April, but that risk is certainly dissipating quickly. Finally, mayor and judge, you know, we've discussed the possibility of transitioning to stage 3. We've been in stage 3 territory for the past week, and to the commissioners and council, I'll say that I sent a text out to the mayor, judge this weekend expecting that we were going to transition to stage 3 today. However, given the fact that admissions are on the rise for the past three days, that we've seen plateauing in some increases in our hospitalizations, as well as the concern about overrelaxing our mitigation efforts with the removal of the mask mandate and -- and,

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you know, potentially as we head into spring break next week, I've got some concerns about doing that at this stage. We will continue to monitor the data. If there is solid indication that we are decreasing in our admissions later in the week, we might make the determination at the end of this week to

transition. However, for now we're going to stay in stage 4 to ensure that we continue the advocacy and the efforts that got us to this stage and need to continue at least for the short term. So as a reminder, we're recommending folks stay at home to avoid non-essential trips, to continue the masking and the distancing. We're recommending our businesses operate at a maximum of 50% capacity at this stage to help ensure that spacing, to ensure that if people are going out to restaurants or retail that

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they can do so in a safe way. Again, our effort is to preserve public health and the economic health and by finding that appropriate middle ground, we can do both things well without taking too much risk on either side. And finally, I want to share with you all a joint statement from lots of the area entities, health care entities, public safety and others that really codifies the importance of masking. We -- we believe in masking. We know it works. We saw the dramatic impact that the masking mandate had when issued by the governor on July 2nd with almost two weeks to the data substantial and sustained decrease in transmission. We need that to continue. We need the efforts to continue. We need people to continue

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to mask and distance and do those things that have gotten us out of surge here in Travis county. So our hope is that that people, our community, our elected officials will continue to echo the messaging that these protective measures, these non-pharmaceutical interventions work and they are important for us to continue. With that, I'll transition over to director. >> Hayden-howard:.. Good morning. Next slide. So we wanted to spend a little time talking about the scheduling system update. One of the things that we made a change is is that we have moved to a Monday release of appointments. One of the concerns that we were receiving is that the tuesday-thursday didn't

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allows much flexibility and folks wanted more than a 24-hour turn-around to come to appointments. And so on yesterday ex, folks, our team worked to release appointments yesterday. We released 10,700 appointments, and so those were scheduled all of our sites were scheduled through the week, through Saturday. And so the goal is is that as we are watching if there are any level of no-shows, our goal would be to go back in the system on Thursday and we release additional appointments for the remainder of the weekend. That is going to be the process that we're going to continue to do and see how that works. And so we did receive some

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positive feedback. I actually sat with the team last night as we released the appointments and was able to watch the team interact with folks. They are typically looking at comments on Facebook, Twitter and Reddit. And so they are actually answering questions as they come up as folks are online at that time. So it's definitely a process. We're continuing to do some additional upgrades and looking at other ways of how we can improve the system. Next slide. We have provided -- and just as a reminder, this is, you know, more of an on-time snapshot. The vaccine dashboard was

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updated a a a week ago, so that data is a week out. And so this is as of March the 6th. We have provided 112,948 vaccines. Our first and second doses. One of the things that we continue to do is to provide the modern vaccine into our community. And so at our current footprint of operating five locations, we have the capacity to operate and to provide 37,000 vaccines a week. Including that existing footprint. If we increase the hours of operations in those existing sites and potentially add one more, we are looking at burger center for a location in March. And so adding that site

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could potentially bring us up to 46,000 vaccine. And so we're definitely, you know, kind of looking at the various scenarios. And so I want to share some additional information as we proceed through the presentation. Next slide. As you all know, we have introduced the concept of school Saturdays. As of last week, we were informed by the department of state health services that all eligible school staff as well as child care folks are eligible to receive the vaccine. As you all may recall, we actually did a school Saturday in January on the 30th. And so prior to this process of adding what we have done is that we were working with

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the school districts, public, private, charter, and we were able to provide vaccines for 4,300 folks. So after we introduced this concept, we have provided 5,500 school staff and we have provided 2,168 child care employees. We will continue to work with them. Always encouraging other partners to look at doing school Saturdays because we know that that is a pretty large population. As of the 8th, as I shared with you at the last prejudices last week, I wanted to just share some data with you. 69,770 people, 65 years of age or older, have received

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their vaccines through Austin public health. As we have, you know, made some modifications, making outbound calls and proactively working with seniors, whether it is through our non-profit partners that we receive referrals from, continuing to work very closely with them. In addition, we have our mobile team, and the mobile teams are basically -- we have vans that our folks travel to locations and we are using fixed facilities where we are going. And so basically with the mobile teams, this week we are finishing the housing authority where we will have completed four properties of folks that are seniors and are the disabled, working

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with adapt. We also have started working with foundation communities as well. One of the things that from an equity perspective, we have started our meetings with our faith-based initiative. Our staff are starting to have a process, three-prong process where it definitely talks about the education, but it moves to the ability to sign up and to provide vaccines working with faith-based locations. We are partnering with u.t.-dell and community care, as we have done with surveillance testing. They are assisting us with -- with providing vaccines at protective lodges and the arch. And so we will continue to

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do those things as well as other partners that provide services to folks that are homeless. Next slide. This next slide just kind of moves us into strategy options to herd immunity. And so basically what we wanted to share with you is a couple of scenarios. This first scenario will show you that if Austin public health set up locations that were able to do 25,000 vaccines a day, and the illustration is using modern, it would be a 16-hour clinic. It would require 2400 staff a day. We are estimating the salaries, you know, kind of based upon, you know, starting with a livable wage, so it would be between

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1.8 and 2.5 million a week for salaries. And as you all know, we have a contract, and so it depends on if it's a walk-up or a drive-thru, the cost for that is between 400,000 to 800,000 a month. And so basically 85% of Travis county residents would be provided the vaccine in eight weeks. The other thing that this model has to keep in mind is that it has to keep in mind the second doses. That is -- you know, you always have to plan for that. So there could be the potential of providing 50,000 vaccines a day based

upon providing the second dose. Next slide. This other slide, you know, puts us in more of a partnership perspective.

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We are really grateful for all of our partners in Travis county. And so this is a public-private strategy. So as we look at this public-private strategy, if Austin public health maintained at 24,000 a week, you know, considering if we were using moderna, then basically with the approved sites, all of our partners would only need to do 267 vaccines a week. And so basically no additional hours or no additional staff would be needed because basically the partners would be able to do that. And so the time line for that would be -- we would be able to get that done in 12 weeks. And so one of the things I, you know, want to just give you an example is is that HEB, Walgreens, Sam's and Walmart and CVS have a

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direct contract with the federal government. And so in conversations with HEB, HEB, for example, has the ability to do 4,000 vaccines per day at 40 sites. And in our conversation with Austin regional clinic, they have the ability to do 30,000 vaccines at 30 locations in a month. And so as you can see, as you add more providers that will be able to receive vaccines in our community. This equation will be cut in half. As you all know, the current administration has talked about providing vaccines and have them ready to distribute in may. And so in the current scenario, as vaccines are starting to come into our community, this equation totally changes because what we've seen in the past is is that the Austin Austin

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public health health -- Austin public health begins to shift its focus and provide to vulnerable populations and the private sector tends to do a little more than the public does only because of their existing infrastructure and the number of sites and capacity that they had over the years. Next slide. So when we think about equity and best practices, the things that we know have really, really worked is is because we will get to a point to where we have more vaccines and people that are not want to go have a vaccine. And so we want to make sure that we are working with hesitancy. As you all are alerted, we have our eight organizations that are working very

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closely with Austin public health as well as our -- in our community to be able to get out to provide the education and start those conversations. One of the things that, you know, we are want to go pivot to is being in non-traditional settings. As I stated earlier, the mobile team is currently in non-traditional settings. We are partnering with our haca sites as well as foundation communities. We've met with family elder care to be able to go to reliance garden, et cetera. So being able to to be in non-traditional locations. We've also in our conversations with the faith-based community, we have identified three pastors that are willing to be a host to provide vaccines. And another conversation

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that we've had, there's other community partners that are definitely interested in also providing services in these locations. And so we are just definitely looking at our strategies and our goal is to get us to herd community, but we also want to -- herd immunity but providing the best services that we can. With that that concludes my presentation and I'm available for questions. Thank you. >> Judge Brown: I'm good going to give a quick summary of the circuit of Americas stuff because some councilmembers had asked what that looked like. So this past weekend we gave 10,000 vaccines at circuit of the Americas, and again it was through community care, mainly community care patients, although we were able to include about 420 del valle ISD teachers and staff as well as about

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1,000aisd teachers and staff over the weekend. And then I think at this point we have gotten all of the previous clinics and I think with a few this past weekend gotten all of the 65 and over staff of pflugerville, manor and del valle and aid, I believe, at this point. So I think working obviously with Austin public health I think in pretty short order within the next week or two, we should be able to vaccinate all teachers and staff who want to be vaccinated in short order. Let's see, so this weekend we gave the pfizer vaccine and just a couple highlights there. It basically doubled the pharmacy staff that we had to have. Pfizer comes in a vial that originally was a five-dose vial. My understanding is the previous administration at the federal level sort of upped that to six and I think you can often get six but not always get six out of that.

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And in addition you have to mix it with saline to prep it, you have to -- which results often in the people who are prepping it having to sit there and flick the -- what is that thing? The needle? >> Syringe. >> Judge Brown: Thank you, commissioner commissioner Howard to, get the bubbles out. We actually had helpers from local grocery store chain that was awesome. We had people from esd 11 helping with the pharmacy part. It's a much bigger lift with pfizer than it was with modern. I don't know how Johnson &

Johnson is set up, but I'm hoping we can get those in the future. So I think total in the clinics that we've done with community care, we've done about 14,000 doses. The vast majority of those have been community care patients. Looking in talks obviously with the mayor and Austin public health trying to

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figure out if we can get back to just sort of one ledger effort that's coordinated altogether, and I think we're heading in that direction. We had over 1,000 volunteers at the circuit of Americas. It's astounding how much we've been able to do just with volunteers, obviously with paid staff from community care and ascension Seton, but most overwhelm overwhelmingly volunteer driven. Hopefully Johnson & Johnson vaccines, but I think we could get up to if we're doing it seven days a week close to 50,000 a week is what our goal is. I think obviously right now, next weekend, for example, we're going to have 14,000 doses, so that would be 4,000 Friday, 5,000 Saturday, 5,000 Sunday. I think we're looking at doing Saturday just like Austin public health is as a

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day focused on educators and staff at the ISD level. So my math on that was that it would take us if we were trying to get to Travis, bastrop, Caldwell and hays counties around 16 weeks. I think I need to get together with director Hayden Howard, but with the combined effort of what circuit of the Americas is doing, Austin public health, HEB, all the hospitals, we're really starting to get a capacity to give out lots of vaccines, and I think still the common denominator is we're hopeful we get nor vaccines across the board for the region, and all hoping we can get Johnson & Johnson because that in effect doubles our capacity. We don't have to do a second shot with Johnson & Johnson so that really -- literally doubles the capacity that we have. I'm also happy to answer any questions, but let's turn it

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over to commissioner Gomez and work our way through the commissioners court for questions for Dr. Escott or director hayden-howard around this effort. >> Gomez: Judge, I don't have any specific question. It sounds like the vaccinations are starting to move forward and that's what really is going to make a big difference. And then the -- the bishop issued a letter which I think is a very positive message to people in the pews that it is essential to get a vaccination. And simply to lend support to human life and human dignity. And so I think that's going to be just a tremendous positive note to move forward. And so that message will continue to get out. But it sounds like we're finally on that road to try to get as many people vaccinated and that's a real

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positive issue. So thanks very much for all that you have done to get this process moving forward. >> Judge Brown: Thank you, commissioner Gomez. Commissioner Shea. >> Shea: Thanks, judge. And as usual, thanks to all of our staff that are just working incredible hours and making an amazing effort to try and keep the community safe. I have kind of a two-part question. And I do want to talk about the cost of the -- of these mass vaccination efforts, but judge, we can have more of that conversation in our county meeting. I'm hearing alarming stories about second infections from people who had tested positive for covid, had gotten it previously, and then are getting reinfected months later. In some cases very seriously. I wanted to ask about that.

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But my other question concerns the governor, I think recklessly lifting the mask order and saying Texas is 100% open, full steam ahead. I'm extremely concerned about spring break, St. Patrick's day, one of my personal favorite holidays, Easter. These are big events coming up where people gather in large numbers. And I will just tell you, we've been trying to make plans for a very large national conference here, and the national staff were incredibly alarmed that the governor had taken this action and they said that changes their thinking about planning for this large convention this summer. Because it raises their concern there will be a greater rate of spread in Texas. So if you could speak to some of that, that would be really helpful. Thank you. >> Dr. Escott:

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Commissioner, I'm concerned about the impact of the executive order as well. I think we all are. Speaking to my colleagues, my physician colleagues, hospital administrator colleagues, our superintendents, everybody is concerned about what's going to happen next. Everybody seems to be on the same page that this seems a bit too soon and a bit too aggressive for where we are in the pandemic. I'm grateful the governor has reiterated the importance of masking, the importance of distancing over the past several days, but my concern is that what people will hear is you don't have to wear a mask and everything is open 100%. That's the wrong message. The message is we've got to continue those protective actions. We have to continue the masking and distancing and

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hand hygiene. We have to continue to avoid large gatherings so we can drive down transmission. This certainly leaves us open to a real possibility that we thought just a few weeks ago wasn't going to be

realized and that is a third surge. But as you pointed out, relaxing now followed by spring break, Easter, St. Patrick's day, and a number of vaccinated which is not anywhere close to herd immunity certainly leaves us open for a third surge here in Texas. I'm particularly concerned about this action really before essential workers are even able to get vaccinated. We saw that school staff was added after the fact, but, you know, I think we need at

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least another few weeks, another month to start thinking about any aggressive reopening. Because we need to vaccinate those folks who are going to be face to face with customers. Who are going to be at higher risk for contracting the disease, and, you know, because many are from our community of color, they are going to be at higher risk for severe disease and death for covid-19. Our community needs to understand we have to stay protected. We still have health authority rules in effect which require masking in businesses throughout the city and the county. Those things will stay in place, the enforcement of those will stay in place. Because we have to continue to protect our community so that we can save lives. >> Shea: Any thought on the reinfection rate with the variants? Are you seeing a rise in

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that? >> Commissioner, we certainly have seen many reports of reinfections with variants. We know that -- that the roll of variants is increasing in Texas and around the country. And again, this is more evidence that suggests that we should be more cautious right now so that we can decrease the risk of the variant transmission. In addition to that, and probably more concerning is the creation of new variants. We've already seen this in the news this morning out of the pacific northwest. The more the variants mix with the original strains, the more likely it is that you are going to create further mutations which likely will start to be more able to evade vaccine. Again, we're at a critical time spot right now where we have to continue those protections to avoid the

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impact of the current variants and potentially new variants. >> Judge Brown: Thank you. Commissioner Travillion? >> Travillion: Just a couple things. Number one, I appreciate the candor and the clarity of your last answer. You know, it's really important that when science guides us in one direction that we don't -- we don't allow politics to guide us in another direction without calling it out. So I appreciate the clarity and the candor of your answer. Secondly, I want to publicly thank you and director hayden-howard for the work that you did with -- with under served communities to make sure that churches were being

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reached out to, fraternities and sororities were being reached out to, folks who are not normally a part of the discussion. I appreciate the efforts that you made. I think they were important. I think they paid differential friends -- dividends last week and will continue for the community. My concern as we talk about essential workers, I'm particularly interested in making sure that we have our teachers and our title 1 schools covered. I know that we just opened up the call last week for teachers, but I am particularly interested in teachers and kids that operate in the title 1 environment. And my question is have we considered using our mobile teams to make sure that all of our personnel in title 1 schools are targeted and that we have an opportunity to address them at those

[9:54:55 AM]

schools if necessary. >> Hayden-howard: Commissioner Travillion, we have not decided to use the mobile teams that way. One of the things that we have done thus far is we have a closed location and we have allowed teachers and staff to go to those. And those are basically where staff are reaching out to them and actually scheduling an appointment. So even though they are going kind of the mainstream way at the site on Saturday, there is -- there are other days of the week, five other days during the week where that staff are able to go. That process has worked very well. Our staff have been able to target those efforts with them and we can continue to do that. And so we can definitely-he

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I'll mention to staff that you want to make sure that we are adding special effort for title 1 schools. >> Travillion: Well, and I appreciate that. My last comment is, you know, when I looked at the eight-week approach versus the 12-week approach, it seemed to me that the 12-week approach was -- is reliant on the existing -- the existing pharmacy and -- and grocery store structure, which is not as available and apparent in the eastern crescent. I just want to make sure that if we're -- it doesn't bother me that we have a public-private rollout, but I think that we have to take specific steps to address the lack of an infrastructure in the eastern crescent and the institutions which can be worked through to make sure that we are doing some of

[9:56:56 AM]

the things that could happen in an HEB on the west part of town and can't happen in a grocery setting or a pharmacy setting on the east part of town. >> Dr. Escott: Commissioner I'll respond by saying the benefit of the public-private path is as the pharmacies start to provide vaccine, as the health care clinics and other vaccine providers ramp up their efforts, that frees up city and county resources to only focus on those communities and needs. It allows us to shift from a population-based approach to -- for vaccination to our traditional clients, which are those who don't have access to our means. It allows us to have smaller vaccination efforts which are closer to people's homes

[9:57:56 AM]

or churches or businesses so that we can do a more effective job at reaching that group of people. >> Travillion: I appreciate that. I just always like to see the operational plan as we change strategies and as we change tactics, I just want to make sure there's an operational plan in place so that we can -- so we can explain to the community exactly what's changing and how that's going to impact their ability to gain access. So so, thank you. >> Judge Brown: I'm sorry. Commissioner Howard. >> Howard: Thank you, judge. I don't have any questions. Everything commissioner Travillion said rings true to me. We want to make sure we have access all across the county, from the east to the west. So, thank you for all the work. Thank you. >> Judge Brown: All right. I kind of already went earlier,

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so I'll go ahead and pass it on over to you, mayor, for questions. >> Mayor Adler: Thank you. We'll work through our council at this time from 10 working down to 1, give people a chance to do that. Councilmember alter, do you have any questions? >> Alter: Yes, good morning. I can't tell you how exciting and refreshing it is to actually be talking about our ability to ramp up to herd immunity and to have that target, you know, within striking distance, and have vaccine flow, and really be able to talk about that. So, very excited that we are able to have some of that conversation this morning. I had one point of clarification and then a question. So the point of clarification is trying to understand how the scenarios that director hayden-howard put forward and the information about Cota go together, because I'm not sure that those are the same numbers. And whether the aph numbers

[9:59:58 AM]

include Cota, and if we combine them, if it would be faster. So if someone can explain how those work together in terms of how we're thinking about how many weeks. Director hayden-howard was talking about Travis county alone. And the judge was talking about four counties. So the numbers are not the same, but in terms of for what would happen for Travis, if you could talk about that. And then my second question is, with respect to the call-in number, which I guess, the 972-5560 number, we are

hearing that that number is not being answered. And I don't know if it's certain people are calling and they got into some purgatory and it didn't get answered, they just need to hang up and call back, or if you could tell us what's going on with that number. I believe that's the number people call if they are not able to do stuff online and they don't go through 311. But we're hearing some concerns about that line and what's

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happening there. >> The information that I shared about herd immunity is based upon what Austin public health would do in the scenario, including the private community. It does not include what is happening at Cota. So we would have to get with the judge and have a conversation about what that data would look like. I will check with staff about the 972 call center number. It should be working. So it may just be, you know, technical difficulties, etc. But we've added some additional staff. We've shifted all the nurses, because we need them to be providing vaccines. And so I will follow up with the team and get an understanding of what's happening with that line. >> Alter: And if my team can be helpful with sharing the info

[10:02:00 AM]

we have, let us know. But the concern is we're hearing people who are staying on for hours never getting an answer. And just need to know if people are, in fact, answering and they just need to hang up and try again, because they got somehow into some weird place. You know. Or if it's taking them a really long time to answer calls. We just need to know that so people know what to expect. Thank you. >> I'll add on to director hayden-howard's response. There are different versions of the math depending on where the vaccine goes. The 24,000 that was mentioned in the presentation is 12,000 for 12,000 from aph, 12,000 from Dell medical school, the two hub providers. There's 24,000 more vaccines distributed throughout the Travis county community, actually. So really, even if we have a few

[10:03:02 AM]

players, aph, Dell medical school, the Cota effort, HEB and some of the large pharmacy chains, the timeline starts compressing significantly in we can get the vaccine. We introduced that there are 350 other vaccine providers in the community. And the numbers that they need to provide on a weekly basis are really very small to really get us vaccinated by the end of may. I think it's important for us, again, that we push this effort to ensure that we can get everybody -- every adult vaccinated by the end of may so that we can start to decrease that risk of the variants emerging and potentially new variants emerging. That gives us the summer to focus on our children. And hopefully we'll see a vaccine available for them over the summer so that by the start

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of the school year we can have a normal, ordinary, normal school session for the first time in a while. >> Mayor Adler: Okay. Thank you. Councilmember tovo, do you have a question? >> Tovo: I do. That, too, is an exciting prospect, of having a near normal school experience for all of the many educators, parents, and students, including those in our house. I had a couple quick questions, and one relates to that. Do you have any sense, Dr. Escott or director hayden-howard, of what percentage of educators here in Travis county have been vaccinated at this point? At one point, you were able to estimate how many weeks at the current rate of vaccination it would take to vaccinate all those who had registered in the aph site, who were currently eligible. That was a month or so ago. But I just wondered if you had any idea, if you could give us any sense of where we are with

[10:05:03 AM]

regard to the educators. And then my second quick question is really one for the judge, I think, for judge brown. And that is if you have any thoughts on how many of those who have been vaccinated out at Cota are Travis county residents versus residents of other counties. >> Councilmember tovo, what we typically do when we look at the school footprint, we don't only count educators. We look at all of the staff and students. So thus far, we've provided 5,500 vaccines to school staff. And so that is your teachers. That is your cafeteria worker, bus drivers, etc. And so we've sent out a survey. And we are right now, based upon what we have received, we know that there is at least 22,000

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folks that have been accounted for in that survey. That is not the full survey. So I just want to kind of put that out is there. That's based upon what we've received. In our system there is about 10,000 folks that have signed up that say they work in an education capacity. And so those are kind of the universal numbers that we have. Our staff will, you know, continue to pull that information about the number -- the full number. But right now, we are aware of 22,000. >> Tovo: Director hayden-howard, just to clarify -- yes, thank you. I wanted that broader number for all who are involved in the educational mission, whether they're teaching in the classroom, or on the custodial staff. So what I just want to be sure I understood your answer. So, 5,000 have been vaccinated

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within Travis county. >> That's Austin public health, so that does not pick up what Cota efforts have done. So they would have to share that number with you. >> Tovo: And then -- and you're aware of 22,000 others in the aph system. >> No. The 22,000 were based upon a survey that staff sent out to the school districts, charter, public, private. And that is still not a full response. In the public health system, there's 10,000 folks that are registered. >> Tovo: Thank you. And does that also include childcare providers? >> No. Right now we've provided 2,168 folks that work in the childcare arena. Staff have not shared with me, kind of, the survey of that

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number. >> Tovo: Okay. Very good. Thank you so much. And then I guess, judge brown, if you would pick up on the Cota question with regard to Travis county residents, but also if you have a count for how many of those associated with education have received vaccinations out at Cota. >> Judge Brown: Thanks. My understanding is we've done a hundred childcare providers. This past weekend, we did a thousand aid employees. So, teachers and staff. We did 420 or so from del valle ISD this past weekend, teachers and staff. And then in previous weeks we've done over 65 population from aisd, del valle ISD, pflugerville ISD and manor ISD. And of the numbers that have come through either Cota or the clinic that we first did with

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George morales, I think that number would be somewhere between 500 and 1,000. 65 and over were not super high for the three eastern crescent ISDs. I would guess the total number of educators -- of teachers and staff from ISDs and childcare workers that we have done is somewhere between 2500 and 3,000. And I can get a more accurate number later today on that. And then I think this weekend, our hope is to dedicate all 5,000 that we're giving out on Saturday to ISD employees and workers. And then as far as what is being done Travis versus others, we had been looking at mainly in terms of community care patients. And I know that there are obviously community care patients because of, you know, many reasons. People might work here and live in the surrounding counties for a variety of reasons.

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So I don't have an exact count of what the breakdown has been between Travis county and the other three. I do know that we are in more or less doing it now on a per capita basis based on the vaccines we get in. So we've got 1.3 million people in Travis county, 88,000 in bastrop, 43,000 in Caldwell, 230,000 in hays. So it will more or less track that in terms of the population going forward. And I guess further, of the very first 3,000 that we did that first week, we divided it up into six. >> Tovo: Got it. >> Judge Brown: Five partners. Each county got an equal amount, community care got an equal amount, Travis county

gave its amount to community care. Each of the other counties gave half of their amount to community care. >> Tovo: Thank you. >> Judge Brown: I can try and break those down more exactly,

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but the general sense is that first week, we probably did more in the surrounding counties than their population would dictate, but now we are moving to more based on population, where we're doing a lot more out of Travis county. >> Tovo: Thank you very much. Thank you both for all that information. It's very, very helpful. >> Commissioner tovo, the state estimates 32,884 individuals in the school staff or childcare staff. 32,884. >> Mayor Adler: You're muted, Kathy. >> Tovo: My apologize. Apologies. That number is for school plus childcare in the Travis county area? >> Yes. >> Tovo: Super. Thank you very much. >> You bet. >> Mayor Adler: Okay. Thank you. Councilmember Ellis. >> Ellis: Thank you, mayor.

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I've got a question for Dr. Escott, for clarification. It seems that some people, once they're getting their first round of a vaccine, are under the assumption that they no longer should wear their mask, they can't spread it, it's okay to go back to normal. Can you provide a little more insight into what the expectations of being able to spread or get infected are among individuals who are in the process of getting vaccinated? >> Yes. So, immediately after your first vaccine, you have little to no protection at all. As time goes on, the protection continues to improve. And really, the protection is at its fullest two weeks after the last dose of the vaccine. So for the Johnson & Johnson, that's the first dose. For the others it's after the second dose. Yesterday the CDC shared some new advice for individuals who have been vaccinated, which decreases the restrictions for

[10:13:12 AM]

individuals who are fully vaccinated to be around one another. Again, it's still focused on family members, not being out in the public without a mask on. Again, the best advice right now is wear a mask wherever you go if you're leaving your house. Again, we have to be aware of the variants and decreasing efficacy of the vaccine associated with variants. That's the known variants, as well as variants that could emerge at any time, which may further evade the vaccine. So, again, the advice across the board, if you're out in public, is wear a mask. >> Ellis: Thank you. I think I saw in that graphic if there's anyone in your close range that is unvaccinated, that people should behave according to protecting the least vaccinated person that may still be in your family household.

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And then quickly, I know Austin public health had shared a graphic yesterday that kind of answered questions about if you are 28 days from your first vaccine, or 42 days, and when you should expect your next appointment to be scheduled. Can director hayden-howard briefly discuss that? Because I know I've got a question on social media that was about if I hit 28 days do I just show up, do I wait until 42, how does that work. And I do appreciate public health staff manning the social media accounts and trying to help answer as many questions as possible, but can you talk a little bit about that timeline? >> Yes. The graphic that we shared on social media is just basically a chart that just -- it's a flowchart. And so essentially, what it's just saying to folks is is that if you had the vaccine and it's

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been 28 days, our goal is is that we are going to proactively schedule those appointments. And so you should hear from our office within five days. The other point is that we give you the card. And so the card will be very close to the date of when you come in, based upon, you know, the date of clinical operations. And so they should be receiving an email with an appointment if they've been folks that have gone through the equity line. They will receive a phone call from that team. We've also sent out text messages as well. One of the other options that we have put in place is that there is a form that folks can fill out if they've not heard from us. And so going online and filling out that form, and submitting that to us. That way it allows us to kind of

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true up. What we are finding is, is that unfortunately folks have created several accounts. You know, we have some folks that have created four and five accounts. And so each of those accounts are tied to an email address, which potentially they may not be checking. When I was on a site last night, the staff were trying to assist a person to get an appointment. And they just basically said oh, I used my other account. And I got the appointment through that. And so we really don't want people to create all of these accounts, because what ends up happening is is that staff have to go through every one of those accounts to see, you know, where your information, you know, is actually flowing. The other thing that we've also noticed with accounts is that some folks end up not being eligible because they put in an

[10:17:16 AM]

incorrect date of birth. And it shows them as being a 1-year-old. And so it's those type of things we're concerned about. You know, cookies, we want people to make sure you turn those off. So it's those types of things that our folks are just kind of reminding folks. And then having information that shows

when you're starting to log on. And so at the 42-day mark, in case someone is missed and you're like oh, I'm looking at my card. They haven't emailed or called me, it's been 42 days. They can go to a site with that card and we will provide the vaccine to them. So, it gives us a way just to kind of -- how we can catch everyone, just in case someone is overlooked. >> Ellis: Thank you. That's really helpful. And I appreciate all the hard work that you've put into it, and for your staffs. I know it's been a long haul coming up on one year, but I really appreciate it.

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>> Mayor Adler: Thank you. Councilmember Kelly said she doesn't have any questions today. Councilmember Pool. >> Pool: Dr. Escott, I heard and read yesterday a really exciting report from the hill about the centers for disease control making some statements about people who had received both their vaccines and their ability to congregate with folks in their homes and so forth. I was not able to jump onto this call right at 9:00. I think I got in about ten after 9:00, so I may have missed any discussion of that. But if you could please expand on it in case it hadn't yet come up. It's -- really, it's like that light that we all know is at the end of the tunnel is literally getting closer.

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>> Yes, councilmember, I'm happy to discuss that. We'll be sending out some infographic today or tomorrow from aph to help explain that. Individuals who are fully vaccinated, more than two weeks after their final shot, if everyone is vaccinated, they can congregate without distancing and masking. This is designed to allow family members to be together, one household plus another household, if everybody is vaccinated. There's also some allowances if everybody is vaccinated except for low-risk individuals, it also allows for some commingling. But as we said before, the default should be the least protected person. If you have one person who is at higher risk for severe disease, then everybody should mask, even if they've been vaccinated.

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Again, we can expect that as we roll through the spring, we're going to see changes in the guidance, in how to manage individuals who are fully vaccinated. So we can expect to see some further improvements in that guidance as we go forward. We have more data now that suggests that while individuals who have been vaccinated can transmit disease, it's really unlikely that that will happen, because the viral load is so much lower in vaccinated folks who get covid-19. It makes it very, very difficult for them to then transmit disease to other people. So we should have something out in the next couple of days on that from Austin public health. >> Pool: And so that includes the two weeks after the

full vaccination. It includes still wearing masks and disin public. Social distancing in public.and I guess someone who talked

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to reporters yesterday said, if you and a friend or you and a family member are both vaccinated, you can have dinner together without wearing masks or without distancing. And in addition, vaccinated people can visit with someone in a single household who is not vaccinated without protections as long as you have had your double dose and have sat out the two weeks, right, for pfizer and modern, and I guess also for Johnson & Johnson. I just think that, along with the continuing cautions, of course, really should be our headline. This is the really, really good news we've all been hoping for. And I think it should also underline and emphasize the importance of continuing to wear our masks and keeping our distance socially so that we can force it down even further, like your graphs were showing, and also so that we can have that kind of joyous reunion that I

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think we all are going to have sooner, sooner, sooner rather than later. But if we let down our guard, that sooner will be later. And dang, I think we're all desperate for it to happen as soon as possible. So, continuing with the masks. >> Yes. That's the name of the game right now. And, again, when we look at public policy that's likely to evolve over the next several months, that policy should take a little bit of additional risk at a time. You take some time to assess the impact of that little bit of risk increase. And if you did okay, you take a little more risk. These dramatic shifts that we all want to do -- we all want to be there. We want to take risk and return to normal. Those are going to come back to bite us, as they have every other time throughout the past year. So we all have to be comfortable

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with incrementlizing that risk so we can keep one another safe and avoid that third surge. >> Mayor Adler: Thank you. Councilmember kitchen. >> Kitchen: Yes. I just want to thank -- really want to thank director hayden-howard and Dr. Escott and the whole team that's working on this. I believe there's been significant progress in reaching out to vulnerable populations and seniors. And I know that we're all feeling -- you know, we're all feeling some light at the end of the tunnel as we get more vaccines into our community. And I also want to reiterate the caution of Dr. Escott that we should wear masks. And thank you, councilmember pool, for that. I have a quick question. I have two questions. So I'm just going to ask one of them now, and if we go through again I'll ask that. I want to shift a little bit. As we look forward to schools

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opening up, and the potential for others to open up in the future, I want to ask a question related to infrastructure, I guess, might be the way to talk about it. And what I'm thinking about is ventilation systems, and systems to help filter or screen in buildings. And I know that that's not something that's been top of mind at the moment, because of our efforts to reduce that risk. But as we are in buildings more, as kids go back to school, that sort of thing, Dr. Escott, can you help me understand the extent to which there's been any thinking or progress around how we might think about our public buildings and how we might think about the ventilation systems and filters that can be put in place? >>

Councilmember, thank you for bringing this up. It is an important factor as we consider the end of covid-19 and

[10:25:28 AM]

protections for future airborne pathogens, even things as simple as flu and tuberculosis. These enhanced ventilation systems can really help to decrease the ability to transmit those, particularly in large closed spaces. I'm happy to say that we've been discussing this particular issue with the Austin convention center related to the city facilities and they have made some significant changes associated with that to help better protect visitors to Austin as they use our convention center space. I think this is something that we do need to look forward to in the coming year to two years to help solidify that infrastructure, to better prepare us for future outbreaks, or even a bad seasonal flu, because we know that ventilation systems usually aren't at the

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top of the list of budget needs or desires, particularly as it pertains to our schools and our title 1 schools. It is something that we need to look at and plan for in strengthening our infrastructure. There are many other issues, but that certainly is one of those that we can make significant improvements on. >>

Kitchen: One followup question. Do you know if there's any efforts at a federal level to provide assistance to schools, for example, to put ventilation systems in place? Or do you know if it's even being discussed at this point? >> I haven't read through the full text of the covid relief bill. I understand there was a significant amount of money earmarked for schools, but I'm not sure if infrastructure-related ventilation is among the items that those funds can be utilized for. >> Kitchen: Thank you very much. I think this is something we

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need to have some -- begin to have some more conversation about and plan for. So, thank you for that response. >> Mayor Adler: Councilmember Casar. You're muted. Go ahead. You're fine. >> Casar: You can hear me now? My question is about making our goals explicit if we've reached having those goals. I've heard in this presentation, it sounds like really powerful and positive news that we want to try to get to that herd immunity between the next 8-12 weeks, or Dr. Escott, I think you said that basically equates to the end of may. Is that our -- based on the supply that it seems like we might get from the federal government and from the state, is that currently our goal? And I understand that there's all sorts of caveats about things we can't control, but now that you've sort of said it, I

[10:28:30 AM]

want to understand and know whether that's what we're trying to get to. >> Councilmember, I think that is what we're trying to get to. You have identified the unknown, and that is will the vaccine supply be able to get us there. I don't know the answer to that. We certainly are seeing increased indications from the federal government that the number of vaccines available will continue to increase through April and into may. So I think it's very likely that we will have enough to do that. The question is how soon will that increase start to be realized. If it's a slow increase with, you know, a much larger increase as we enter into may, it may push the timeline out beyond the end of may. But that's where you have to have some flexibility. That's where the public-private partnership helps us to distribute the load amongst 350

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providers rather than just a few. So small increases in the output from those 350 providers can start to make up a lot of the difference very quickly if that vaccine load is weighted towards may. >> Casar: Right now the limiter in getting to that goal is the supply. If we keep hoping for the supply to reach the level so we can reach the goal over the next 8-2 12 weeks, getting herd immunity. If we get sufficient supply but we see issues with demand, then we need to get education and outreach. Thankfully in Travis county, it seems like a lot of people really want to get the vaccine. So I hope our issue, once we have supply, is not demand, and we can do our best to address that. What I want to state clearly here is that what we can't have is, the limiting factor be our distribution capacity. That once we get enough supply, we absolutely need to make sure that every single vaccine gets

[10:30:36 AM]

into an arm based on us or the private partners being able to get it into arms. Director hayden-howard, you kind of presented two scenarios for distributing it. Is it our sense that if there is sufficient supply and then there is sufficient demand, that we will have the distribution capacity to make sure that we actually can get that many vaccines out between here and the end of may? >> The preferred route is the public-private partnership. That has served us well in the past. It allows so many more locations. We definitely keep in mind the equity needs and the needs of the eastern crescent allows Austin public health and potential partners that we would contract with to focus our efforts in zip codes where we have seen a high increase of

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positivity. >> Casar: But if -- basically, what you're showing us, though, is if a lot of vaccines do come to us, though, as opposed to the -- as many going to the private partners, that it might cost us more money, but we can hire the staff and ramp up the capacity to get those vaccines out? Is that what you were showing us in the first -- you showed us two scenarios. >> Yes. We showed you two scenarios, but the reality is, is the second scenario is what would probably happen. The first scenario is not as likely, because what the state has done this time with this pandemic is that they got all of those providers signed up and had them approved. In the past with H1N1 they did it on the back end. They worked with the local

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health departments. And the local health departments, you know, were able to kind of start the process. But then from there the vaccine went out to the private partners. And so what would typically happen is is that the private sector would definitely stand up -- they already have their facilities operating. They are already providing some vaccines right now. They don't have it at the level that they can provide it, but they are ready to provide the vaccines. And so that one is more likely because of the fact that also those contracts, those federal contracts are in place. And they are already receiving vaccine. >> Casar: Right. But just to be really clear, we're not -- we aren't choosing scenario one or scenario two. It sounds like the state and federal government choose

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scenario one or scenario two for us. And then we execute based either your first slide or your second slide, based on what they say. Is that right? >> That's correct. >> Casar: And so what you're showing us is, it's more likely that they're going to pick number 2, because that's what they've been doing. But if they pick number 1 we are going to do it and get shots in arms. And if they pick number 2 it's going to work. But what you're showing us is either way, if the supply is there, we aren't going to let distribution

capacity limit vaccines. We're going to make sure that we get all the vaccines out in 8-12 weeks if they deliver enough. And these are the two ways you do it based on what they pick. Is that accurate? >> That is accurate. >> Casar: Okay. I think that's really important for us to be able to communicate and commit to, that once there is enough vaccine, and if people want it, we are not going to be

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the ones slowing down in any way it getting out. We've got a plan to get it out. And if any of that becomes hard, or you need something from us, or from the community to get that done, then of course you have to -- you guys come and let us know, because distribution capacity shouldn't be the limiting factor here. So, thank y'all. >> Mayor Adler: Thank you. Councilmember Renteria, do you have any questions? >> Renteria: Yes. I want to know if, you know, va is now administering shots to all their veterans. And they just recently lowered the age to 65. Do you get that information, how many people they have administered shots to? >> It goes into the Texas department of state health services. It does not come to Austin public health. And keep in mind, you know, it's veterans in general. So that's not going to be just Travis county. It could be, you know, across

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the msa. >> Renteria: I know. My wife got her shot there at va, so. And my son got his shot, because he works for the school district. And so also, his wife there at f1 got hers Saturday. So I'm really thankful for that. You know, I was very alarmed because I was directly at a fast food shop getting a sandwich, and I saw some -- after the governor announced that they were not going to mandate masks anymore. And these customers came in without masks. And the lady was trying to tell them we don't serve, you know, because she's diabetic and she didn't want to serve them. But they got really hostile. And I'm afraid that this is what's going to happen here, that people are going to be, you know, being very disrespectful for businesses that have their mask-only customers and they are wanting to challenge, you know, these businesses and walk in.

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And we saw that happening early on in April, may of last year where there were fights out there in the store. And I just hope that people realize that these people -- you know, some have, you know, existing, you know, medical. And they're going to be out there being really hostile to people that have no -- they just want to earn a living and work out there. So I really want to reach out to the grocery stores that are mandating masks so that, you know, they can keep their workers safe and their customers safe at the same time. So, I just want to give a shoutout to those people. And to the ones that are trying to

challenge this, I hope that they have a little bit more respect and act their age instead of going in there and picking a fight. >> Mayor Adler: Thank you. >> Councilmember, let me respond to that.

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I want to make it very clear to our community. In the city of Austin and Travis county, businesses are required to require masks. If an individual enters a business that requires a mask and is not wearing a mask and they are asked to leave and they do not, they're trespassing. That's a crime. They can be arrested for that. They can't be arrested for not wearing a mask. They can be arrested for trespassing. If that trespassing involves violence or threats, it's going to increase the level of the crime that's involved. Again, people can have their own personal views about masking. They can't do that when they enter in a business that requires masking. They give up that right. If they don't want to go to that place of business, they don't have to. But if they go in that place of business, they have to have a mask on. >> Renteria: Thank you for saying that, because we're going

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to need the help to inform all our small businesses and grocery stores that, you know, they do have the support of the city and the county. So, I want to thank you for that. >> Mayor Adler: Thank you. Councilmember Fuentes. >> Fuentes: Thank you. Good morning. So, my line of questioning really is looking at today's hearing and looking at the material from the lens of we have 11 weeks until the end of may. And I stated earlier, you know, president Biden has committed to having enough vaccines within the next 11 weeks and in seeing today's presentation, that has been super helpful as a starting point for us to have a conversation of what does our plan look like to meet the need once we have the supply. And I appreciate councilmember Cesar's line of questioning, because I really want to build off of what -- the conversation we're having around the two

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scenarios that were presented during today's presentation. You know, a few months ago we -- some of my colleagues and I drafted a letter to draw attention to the disparities we were seeing in vaccine access. So I'm looking at strategy number 2, which director hayden-howard, you mentioned that was kind of, perhaps the preferred option of what we could do. I'm looking at this slide from, okay, with equity in mind, what does this mean. And so my first line of questioning -- and I do have -- I want to ask about mobile vaccines, but I also want to talk about the registration process. And then also talk a little bit about employer outreach, because we received some data that that's another area that we really need to hone in on, and making sure we have safe working environments and education around

employers and how they can help facilitate vaccinating employees. So, with looking at strategy number 2, I see that you have a

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hundred doses outlined, or I guess kind of earmarked for mobile sites. And could you talk a little bit more about the mobile vaccine outreach? Because I think that is a significant tool for us to truly meet our community need. We all know the barriers with online registration. You know, getting folks to -- through the process. And I'm glad to hear that there's a form that folks can fill out if they haven't heard back from aha. But, again, that's requiring people to go back online to fill out that form. I really like the concept of doing these mobile pop-up sites for vaccines where we have a vaccine mobile clinic that goes into hard-hit areas where we don't have a preregistration at all, where folks can walk up and get vaccinated. I think that would do wonders for our community. So I want to make sure that our mobile outreach strategy is robust and well thought-out, especially knowing that we're

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anticipating the supply within the next eleven weeks. So with a hundred doses earmarked for that mile tool, or the mobile strategy, can you talk us through a little bit more about what that looks like? For example, how many mobile sites are we thinking about? Have you already identified areas where these mobile sites would go? Has aph engaged our fire department and sought a partnership with AFD on really utilizing fire stations, which are already well-suited in our neighborhoods? And have they been engaged to perhaps help with some homebound vaccinations? So, to help our seniors who aren't able to get out of the house. And so I guess I'm just trying to get a sense of what are those conversations that you all are engaging in around mobile outreach. And then also, if you could touch on the operating hours, because I just want to make sure that we're keeping in mind with

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our working families taking an hour out of their day to get vaccinated might be challenging, which is why we have to get that employer buy-in as well. So that's kind of my first round of questioning. >> Okay. When we look at the mobile efforts, the mobile efforts will be using nontraditional settings. So what we've done thus far is, is we've been working with the housing authority. And typically what the housing authority has done is, is they will typically collect the names of the individuals that need to be provided the vaccines. And so each of these partners -- like, housing authority, foundation communities, they assist us with determining where we can be. They assist us with a list of folks that they're going to refer to us. And then our team will work with them to schedule the folks to come in.

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And so that is what we've done with the housing authority, and we'll continue to do a little bit more of that this week, as well as foundation communities. And so what ends up happening is, is that everyone has to be in the system. And so what happens on the back end is that our folks will -- are here on campus doing data entry. And so they're entering all of that information in the system, which allows us to run reports and use the dashboard. And so with the mobile efforts, they are a little bit more flexible, because we're going to a site, working with a partner on a captive audience. And we will definitely continue to do those efforts. One of the things that we know is definitely going to help us from an equity perspective is to continue to do those efforts.

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We've identified several locations, had several partners with looking at faith-based locations as well to provide those services. One of the things we've talked about with so of -- with some of our partners because they have folks either willing to help with their congregation to train them to teach their folks how to set up those accounts. And so our teams have been hosting some events, we're going to do another one on 24, 25th of this month in English and in Spanish, working with the parent support specialists at aid, for example. Because want be to be able to have them to work with populations that are saying, you know, if you train me me and teach me how to do it, I

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will be able to set up my own account. It's a hybrid approach with train the trainers in our community, and with partners that are willing to do that. From the fire perspective, early on we did have with chief baker. As you all are aware, the fire staff have been a tremendous help to us. They are at our existing pods helping us providing vaccines as well as they've been part of the incident command structure, and have also helped us, you know, from kind of a drawing perspective putting vaccines in needles. And so we've used them that way. The fire part of it to sign up is voluntary. And so, you know, so we are working with the fire department because they are going to bring back on some retirees that have retired to be able to kind of funnel

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them into operations. The other thing is is we're going to be working with meals on wheels and starting with them roughly probably about the 22nd of the month to be able to kind of go from, you know, from home to home with folks as they are delivering meals. And so we're definitely, you know, kind of looking at all of our operations and, you know, how we would be able to continue with our mobile efforts, but also, you know, keeping in mind that some of the smaller locations that, for example, are in dove springs or may be in the rundberg community, those locations have worked well. And so having a combination of different types of footprints. And then we are also looking at hours because in our conversations with some of the faith-based folks, they said, you know, hey, we're willing to do this on Sunday after church. And then we've had some

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other partners that say, you know, Saturday, Sunday are great days for us to sign up folks and have them come through. The other area is is that, you know, making sure to work with our partners to be able to get the information out to, you know, to employers, making sure that they have the information that they need from a safety perspective. And we've continued to do that this entire time. We will continue to do that as things are reopening. For example, our environmental health staff have already started having conversations with restaurant owners, but they are also starting to talk with people as folks may look to open up, you know, pools in the area. But making sure that we are having those conversations or our partner that has contracted with the department is doing so. So we definitely have a

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significant amount of work that is going on in the department. >> Fuentes: Thank you. And just so I'm clear, so at this point aph will not be operating its own stand-alone mobile clinic. It will be all done through -- or right now the plan is for it to be done through a partner organization, for example meals a wheels, like the one you just listed. >> Hayden-howard: Yes. So it's different operations. So the example with the meals on wheels is is our -- that's a part of our mobile team, so they would be working with meals on wheels to identify locations where they would go to provide the vaccine, for example. So that's an example. Or the housing authority they will say, okay, partner with us, we will provide the community room at our site. We will organize all of the folks who would need the vaccine, et cetera, and

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right now we're working with seniors and people that are disabled. For example, with churches, for example, most of them are getting congregation folks 65 years of age or older or meet the 1b criteria. And so all of the partners, it's definitely a partnership where the partner is responsible for certain aspects of the mobile operations, and then Austin public health is respond for bringing the staffing, the

vaccine, et cetera, indoor and outside of the facility, for example. >> Fuentes: So just looking at the numbers from those -- from working at haca and foundation communities, that was only, like, 3% of aph's total weekly allocation. And so I guess then I'm just trying to think, like, are

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we reaching -- at this point either you are a resident at the haca property or foundation community or on a meals on wheels list or you happen to be a parishioner of one of the churches that is partnering with aph. Other than this, the outreach that they are getting from aph is perhaps a -- well, no, they are not getting a phone call because that's based on a referral list. So then at that point if I'm an austinite that's not fell I eight with any of those entities, it's up to me to get registered online or to call the number. >> Hayden-howard: Well, we have eight nonprofits that are on contract to, you know, that are doing the outreach, the education part of it. As you also know, the department has several nonprofit partners that we fund that have said these are some of the efforts that they are willing to do. If there is a person that

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does not fit into any of those scenarios, we are encouraging them, if they know how to be on a computer, know how to operate the sign-up, we are encouraging them to go to the system to sign up to enroll. And then that way, you know, we typically, you know, we would not, you know, be able to miss anyone because most people will be going through the portal. Or they would be working through a partner. In the instance that it is a senior citizen that is not doing any of those programs, our staff will be creating a flier for home bound. We received some referrals from that, our folks are collecting those names. And so our staff will be doing home visits with folks that say me and my wife are disabled and home bound. We're not working with any of those organizations. And so basically our staff

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would be able to go into their homes to provide those vaccines. So folks are going to fit into one of those categories. >> Fuentes: So is there a reason why -- why aph is not considering doing a mobile vaccine clinic on its own? >> Hayden-howard: Are you saying to be in a van going from place to place providing the vaccines? >> Fuentes: Yes. >> Hayden-howard: We actually had a conversation with a company last week that did provide us a proposal, and so the purchasing team are looking at that. So that is something that we have on the table that we are considering. >> Fuentes: Okay. And then I guess going back to the call center, you mentioned earlier that we had call operators from the call center, if I'm right, to help with actual

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facilitation with vaccines. How many do we have answering the calls and how many are bilingual? >> Hayden-howard: So we have within Austin public health and we're still working with the county, the county has their 20 staff had are providing outbound calls, we have our Austin public health staff that are answering the calls as well. So between the two of them, it's a footprint of about 80 people. And then about 15 of them are bilingual. >> Fuentes: Okay. And my last question, I just wanted to get a sense, it seems like there's so many moving pieces with different providers and even if we go to strategy 2 with aph working in partnership with a private provider, how is all of that being coordinated between - I'm just trying to get a sense, is there a coordination of like you and others who get

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together for a meeting and say, okay, the Austin area has this amount of supplies, we're going to ensure we get out of our educator and child care staff vaccinated this week with that supply? Or even like a coordination an asking for more, you know, inies -- increase from the state health department. I'm curious about that between all the different providers. >> Hayden-howard: We have a vaccine coalition that meets, regional coalition with members from hays, bastrop, Williamson and Travis county. Within that coalition there's also a subset of that group that are providers. It is not every provider that is being approved by state health services. But what we've been able to do is to develop a plan that we put out to the public. So basically we will provide

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guidance of what we're going to do on Austin public health side and encourage them, for example, like the school Saturdays, for example, definitely want to encourage them to be present and to do that initiative. And so having those conversations with them on a regular basis sometimes is in a larger group and sometimes it's in the smaller group. >> Fuentes: Gotcha. Thank you. >> Mayor Adler: Thank you. Mayor pro tem? >> Harper-madison: Thank you, mayor. I have to echo the sentiment of the first colleague of my who spoke, councilmember alter, genuine litho -- enthusiastic and that's how I feel, the first good news in a long time. That tells you a lot about what kind of -- the rapid succession of bad news we've been receiving, if this which in and of itself is

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not great news, but it's the best news in a long time. I feel very much like this was a opt mission you're mystic presentation and I appreciate all hard work. All the questions I would have asked, director hayden-howard and you just boom, boom, boom. I really only have a few left, but want to say thank you to all the folks who have been doing such hard work to get us to the place where it feels like we can breathe again. A couple of my questions had to do with, I guess, you know, populations of folks that I didn't hear us speak specifically to. You have to forgive me if I walked away for a second. Did we speak to inconsiderate people and what our vaccine strategy looks like there? And/or, you know, I can't think of another example, but other examples of close

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quartered living accommodations? >> Hayden-howard: Yes, we worked with Travis county. We have provided them some vaccines to provide to their inmates as well, and we will continue to work with them. One of the other areas is that we've had conversations with -- with some of the smaller locations where they are board and care facilities. Our staff have, you know, have met with them throughout this process, one, to ensure that from a safety perspective that they adhere to safety. And so one of the things that we're rolling that into our operations so we can also provide those vaccines. Because what we're finding is some of the locations have people, you know, that suffer from severe

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disabilities. And so it's really not going to be helpful from them to leave that facility to go into one of our facilities, even though they are Ada compliant, it would be easier for us to work with our mobile team on those efforts. >> Harper-madison: Thank you. I appreciate that. I also wondered how we're addressing some of the multi-family complexes that aren't part of the haca inventory. We have some income restricted, but they will be on their rolls. I want to make sure year not missing any. Do we have a system for capturing those? >> Hayden-howard: What we're doing with this round, because of the real push-out from the governor's office is one 65 years of age and older, so that's why we focus initially on those locations that haca has that are primarily seniors and people with disabilities. With the second phase, when

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we start to look at, you know, when it's opened up broader, and you've probably heard Dr. Escott refer to it as 1c, the majority of folks may fit into that category. We know that there is a mixed use audience in those as well, and our hope is that if they do fit into the current criteria 1a, 1b, that they would reach out to us if they are not associated with one of the nonprofit organizations. >> Harper-madison: Okay. Just -- I'm sorry, I want to get clarity. When you say they reach out to us, do you mean the people

who operate the facility or property management or the individual parties? Hideki irabu the individuals. The individuals. >> Harper-madison: And my last question is, I appreciate the effort that Travis county did at Cota. I just can't think but how far Cota is for a lot of

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folks who otherwise would love to have access to that resource. I just wonder if there are other considerations about considerably further north, sort of Samsung area, or central mass distribution location in addition to Cota. >> Hayden-howard: Well, the department is looking at expo, as you may recall in November. >> Harper-madison: Yes, ma'am. >> Hayden-howard: We did an exercise there. And so our goal is to work with the county to provide vaccines at that location. >> Judge Brown: I can jump in a little bit on that. Community care also is simultaneously getting vaccines out through their own patient network and other places. They believe they have a site in central east Austin and pflugerville. But to your point, yeah, what my personal goal is to try to make sure we have full capacity going at circuit of the Americas

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because I think it's just the mass numbers of people that we have to get vaccinated, there's -- I think our first priority should be getting that up and running full, at full tilt. Aph, same thing with their sites. And I do -- the people who have been coming through Cota, based on the community care outreach we've been doing, I think have been a group of the population that I think you and I would both agree are people we should target first and I've been really impressed with the work community care has done to reach out to those communities to get them in there. But I agree, I think we need to work on getting Cota up and running, -- expo up and running. Elsewhere around the county. Like councilmember Casar pointed out, we need to have full caps tonight the entire county, east, west, north and south, so when we get these mass quantities of vaccines, we're making them

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available to people no matter where they live, no matter what our income is, matter their ability to drive somewhere. That will include mobile clinics. I think that will include smaller clinics in different neighborhoods around the county, but would love to work with you, mayor pro tem, on planning those locations. >> Harper-madison: That would be great. Thank you. Appreciate it. Thanks everybody. >> Mayor Adler: Thank you. I again want to thank Dr. Escott and director Hayden and your staff's work, thank the county, community care, ascension for helping with the sites. It's good to see the numbers that are coming in and the news has been really optimistic this week and with the CDC, so I agree with everybody looking at this light at the end of the tunnel.

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I remain real concerned, as Dr. Escott, you expressed, that it could all be -- it's precariously balanced. We got to this place because of the behaviors that everybody adopted. And we are so close now to being able to run this course and how important it is for us to be able to maintain that. And I sure hope we're doing everything we can in order to be able to do that. I have been contacted by a lot of businesses that want to be able to support that and want to be able to require their employees to -- and customers and everyone to mask when they come in. But are hoping for some -- some order or sign or unambiguous statement from the leadership in order to be able to really give them something to be able to rely on.

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I think that was part of the initial confusion that -- or am am ambiguity when the governor announced stages for the grocery stores. I want to know exactly where we stand with respect to the orders that exist now. As mayor, I've entered orders that require masking, require businesses to require masking, and that order still reads the same way. The governor has obviously taken the position that his order trumps a mayor's or a county judge's order in that regard because of -- the legal arguments that are currently before the third court of appeals right now relative to what we did for new year's eve.

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But so as to not politicize this, while the order reads that way, we're not going to enforce the mayor's order, my order, and let the third court of appeals wrestle with that legal question. But separate and apart from that, Dr. Escott, as the health authority, has been very consistent about his rules from where he sits. And the council has taken action to, you know, six months ago or something, to make sure that his orders also had the force of law and ordinance in the city. So I want to ask the city attorney, Ann Morgan, can you speak to the orders and the standing of those orders and what they say now? >> Sure, mayor.

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As you reference and Dr. Escott referenced earlier, council back in July passed an ordinance which we can do as a home rule city and pursuant to the Texas health and safety code which authorized Dr. Escott. The ordinance weigh reupped in December. The health authority rules are in place until April, so until next month. They are related to covid-19 and they allow Dr. Escott to enact rules that are reasonably

necessary to protect public health as it relates to covid-19. And so they apply to both individuals and sites. They require class C misdemeanor that's punishable by a fine up to \$2,000. The actual fine would be determined by a judge or jury in municipal court. The health authority rules will be enforced by the same departments that have

[11:08:30 AM]

enforced the mayor's rules for the past year. Of course, our first step always is education, and then if there are subsequent verified complaints, then it would result in criminal penalties. And so if somebody has a complaint, they could refer them to 311. And the general description or similar to the things the orders have been about from the mayor, they require face conversations, they limit the number of people who can gather together, they require physical distancing so the six feet apart issue, and then there's some specific things about if people test positive or in a household people who test positive, what happens there. There's some specific pieces of information about child care facilities, schools, construction sites, that type of thing. So our recommendation is that we shift from the enforcement of mayor's

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orders as you just described and move over to Dr. Escott's health authority rules, which again have been in place for quite some time now. >> Mayor Adler: Okay. Thank you. We're so close to moving into a place as we see now where more normal lives can return. And I appreciate the consistency that our doctors and data drive us to. And I'm pleased to hear that. Direction continue. Judge brown, those are all the questions from the city council here on this run. >> Judge Brown: Thank you. We're a little past 11:00. I think we have hit our time. If you want to -- thank you, director Hayden, Dr. Escott

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and thank you everybody for all of your efforts on ramping up the capacity to vaccinate people in Travis county and central Texas region. We're in a race against the virus and its mutations and we have to do everything possible to make sure that we are getting the vaccine out as quickly as possible and that we're building capacity to give out more so that we will get more vaccine whenever it is available. And I think really impressed buoy the team effort to -- by the team effort to work on that. I'll hand it back to you, mayor, if you want to adjourn and then I will come back here and adjourn. >> Mayor Adler: Okay. I want to close this out. Ann, I see you have your hand raised. We don't have time for more questions. That was our deal with the county. So we'll just go ahead and close this out. It is 11:11, and I'm going to adjourn the city council's participation in the joint special called

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meeting with Travis county. We're going to now go as a council back to the city council meeting on the other channel, and we'll convene that and I think then we go into executive session. Is that the way to handle that, Ann? To convene the meeting, then go into -- >> You should exit this meeting and reconvene a council meeting for yourselves. >> Mayor Adler: We'll do that in five minutes. I'll see you guys there. Judge and to the commissioners court, thank you for letting us participate with you. >> Judge Brown: Than you, mayor and city councilmembers. I'm also going to adjourn the meeting of the Travis county commissioners court and we will come back in five minutes. So we're going to adjourn.

[11:14:23 AM]