

City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 04/27/2021

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[9:04:01 AM]

>> Judge Brown: 2021 and it is 9:03 A.M. Meeting here at 700 Lavaca with commissioner Howard and commissioner Travillion, who has pointed out I do not have a tie on today, which she has offered to help me tie it next week. Got this on for six weeks. >> [Inaudible] >> Judge Brown: Take you up on that. Thank you. All right, so I'm going to hand it over to you, Mayor Adler, to call to order the meeting of the city council. >> Mayor Adler: Here on the same day, same time, convening the Austin city council meeting. We have a quorum. Also being held remotely. And I'm not wearing a tie in solidarity, judge. [Laughter] >> Judge Brown: And also let me announce that we have commissioner Gomez and commissioner Shea joining us remotely. And Larry, let's take it up

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for public comment. Do we have any callers right now? >> We sure do, judge. I believe we have three callers. We should be ready to go and I believe our first caller is Kathie McCourse. Kathie? >> Good morning, judge and county commissioners. My name is Kathie and I'm speaking on behalf of traffic coalition on agenda item 10 asking to you collaborate with the city of Austin to fully fund the success by six recommendations to transform the care and early education system. During the COVID-19 pandemic, the role quality child care place in our economy and its impact on educational trajectory regarding school readiness. Helped many providers open or remain open during the

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crisis. The child care sector was fragile during the crisis will continue to leave children and families behind, especially families of color. We have a unique opportunity to build a more equitable and resilient system by investing new federal funds in key infrastructure, funding to strengthen existing programs in the short term and investing in new [inaudible]. Planning has been ongoing through the decade-long work of the coalition and the recommendations presented have been formed by data include input and buy in-community stakeholders and focus on equitable changes outlined in our strategic plan. The recommendations addressed the following goals. Provide additional child care funding to address -- due to changes in employment status, sustain infrastructure to increase access to quality affordable child care including full-year pre-k partnership and support. Planning and implementation

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of solutions to address the lack of non-traditional child care and strengthen the child care system through shared services which strengthens the business side of child care. Stabilizing the child care workforce which is predominantly comprised of women of color earning poverty level wages and stabilizing programs that support outside of child care. Thank you for continuing these recommendations and using the American rescue plan funding which can help us redesign our economy and systems so that they work for all families. Thank you. >> Judge, our second caller is Cynthia Smith McAllen. Cynthia. >> Good morning, members of the commissioners court, thank you so much for the opportunity to testify today on item 10. I'm in support of allocating \$6 million from the new American rescue plan funds to strengthen and sustain the child care system in

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Travis county. I'm Cynthia Smith Mccollum, we're a nationally accredited pre-school, a Texas rising star four star program and we prioritize enrolling families with children with special needs. I live in commissioner Travillion's district which is our central school is in commissioner Howard's district and we're planning a third location to open in commissioner Shea's district next year. Our schools are a part of the pre-k partnership in addition to success by six. I see firsthand the impact high quality early childhood education has on children and their families and on our entire community. The recommendations from success by six outline proven and effective ways to strength insystems and increase access to high quality child care for children and families in Travis county. Increase access to high quality, affordable child

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care will positively spur economic growth by allowing parents to go back to work knowing their children are well cared for. Our 45-year-old program started 2020 with three schools, but we were forced to permanently close one location due to the challenges that were brought about by the pandemic, including staff recruitment and retainment, increased costs associated with the ppp and other covid protocols that we are required and choose to follow to the highest degree of CDC recommendations, and a dramatic decrease in enrollment in our program. That has still not fully recovered. We appreciate the county for recognizing how essential child care is to our economy. It's often overlooked, but we know that it's the sector that makes all other work

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possible. The arp recommendations that are outlined in item 10 are crucial if the early education and care industry is going to survive and be able to meet the needs of parents. These recommendations will strengthen family, friend and neighbor care. We know a majority of lower income and high risk families struggle to find quality care and the recommendations are playing out plans to build networks, share resources and help unlicensed providers become licensed and connected with resources and support. It also builds support for families that need non-traditional hour care. This is something that we are particularly eager to be involved with because we know at this new location in north Austin -- >> Judge, that's three minutes. >> Judge Brown: Thank you, Cynthia. >> That we want to -- >> Judge, before we take the third caller, apologies. We thought these you will

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todayers were speaking to covid and they are speaking to item 10 and we believe the third caller is as well so just want to know how best to proceed. >> Judge Brown: Let's hold on to item 10 until we're back at the regular commissioners court meeting. >> In that case we give you the floor black. >> Judge Brown: Thank you very much. That's all for public comment on the joint session on the covid briefing. Dr. Escott, there you are. Let's go ahead. >> Dr. Escott: All right, judge, can you all see my slides? >> Judge Brown: Yes. >> Dr. Escott: Fantastic. Thank you for the opportunity to update the council and commissioners court on our covid-19 response. A couple of quick updates here. Again, this is an update of

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our pie chart as it relates to our progress towards herd immunity. You can see that we have about 43% of our overall population that's either partially or fully vaccinated. A known 6% of the population with

confirmed diagnosis of covid-19 since the beginning of the pandemic, an estimated 13% additional cases that went undiagnosed, which leaves about 38% of our population vulnerable. Again, this is assuming that there is zero overlap between those who have had covid-19 and those who have been vaccinated. Obviously there's going to be some overlap, so it's best to term at least 38% of our community is still deemed to be vulnerable to covid-19. So we still have a ways to go, but we are certainly making progress. This graph is an update of our progress as compared to other metropolitan counties related to vaccinations.

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I'm showing you two things here. One is on the left the individuals age 16 and over who have been fully vaccinated, and on the right 16 and older with at least one dose. You can see that so we only have two counties that -- metropolitan counties that have reached that one-third threshold for full vaccination, that's positive 36.1% and El Paso at 39%. Similarly, we only have two metropolitan counties that have surpassed that 50% mark in terms of individuals with at least one dose. And again, that's Travis county at 52.9% and El Paso county at 59.8%. There is quite a bit of variability across the metropolitan counties in terms of the vaccination rates. Again, it is essential that all of us across the state of Texas continue to advocate for vaccination, which is certainly going to

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hasten our achieving of herd immunity. So we will continue those efforts and continue that outreach. But again, we need everybody to do it. This is an update of our graph related to confirmed cases in Travis county. Yesterday we reported 95 new cases, which gives us a moving average of 81. That's a 31% decrease in the moving average since last week. So we're certainly pleased with a clear downward trend in terms of new cases. Last week I spoke about a concern regarding our increased plateau. So we have moved from about 100 cases on a moving average to about 120 cases. So now we've dropped even lower than that previous plateau at 100. So again, moving in the right direction. This is an update of our new admissions to the hospital. Again, our key indicator for

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our stages of risk. Yesterday we reported 24 admissions to the hospital with a moving average of 19. That's a 17% decrease as compared to a week ago. Again, we had that period, the Friday before last and Saturday where we had significant jumps in admissions to the hospital, 37 and 30 on those two days. Last week we saw a bit of a plateau and a significant decline towards the end of last week and over the weekend. On Sunday we reported a low for quite some time, seven admissions to the hospital, which is the first time we've had single digit admissions since October 5th. So again, things look like they are

improving in terms of admissions as well. So we expect given the drop in cases as well as changes in positivity that this week will continue a downward trend.

[9:16:12 AM]

This is an update of our hospital numbers, so the blue again is the total hospital beds being utilized, Orange ICU beds, and the gray are ventilators. Our hospitalizations yesterday were 138 with a moving average of 140. That's a slight increase of one percent compared to a week ago. ICU 46 yesterday with a moving average of 40. That moving average is up 3% from last week. Our ventilators 22, with a moving average of 20, a decrease of 5%. So relatively flat in terms of our hospital numbers. Again, the changes in hospitalizations are lagging indicator both in upward direction and in downward movement. So we do expect to see decreasing numbers this week given the other measures that I've discussed. This is an update of our hospitalizations by age group. You can see that the older

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age groups are relatively flat in terms of the percentage of hospitalizations. We've got some have been decline, particularly 60 to 69 age group. However, generally you see significant increases in the younger age groups. That 20 to 29 age group in the yellow and 10 to 19 in the gray, and even the one to nine age group in that lighter Orange towards the bottom. Again, this is what we expected to see given the increases in vaccinations amongst people 18 and older. And certainly a focus on individuals who are older in the older age groups is going to drive down disease in those age groups and we're going to see relative increases in the younger age groups who are not yet vaccinated. This graph is the same data but provides the numbers of individuals hospitalized. We've seen a 19% decrease in overall hospitalizations

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last week as compared to the previous week. 168 to 136. You can see the significant compression of older age groups with in particular our 60 to 69 age group dropping from 31 admissions the previous week to 15 admissions last week. And you see some across the board decreases in those older age groups. Again, you don't see the same thing in the younger age groups. In fact, we see some expansion. 8.1% of our hospitalizations last week were for individuals 19 years old and younger. So that's -- that's 11 children and teenagers hospitalized from 10 last week. 26.5% of the hospitalizations last week were for individuals younger than 40. So again, as we see improvement in the older age groups as they get vaccinated, we are certainly going to see relative increases in the percentage

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of hospitalizations amongst younger age groups. Again, I want to focus a little on that 20 to 29 age group. We have seen week over week significant hospitalizations in that age group. We also know that those age groups are less excited about getting vaccinated because they perceive the decreased risk of hospitalization and death. However, it is essential that our young people, our college students, our young members of the workforce, it's essential that they get vaccinated because they will see an impact from covid-19. We will continue to see hospitalizations and we certainly have the potential to experience deaths in a that age group. We also know that age group has significantly higher numbers of interactions with other people as compared to older age groups. So from the transmission standpoint, it is essential that we are targeting those younger individuals who are likely to spread it more

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readily to other members of the community. This is an update of our graph of hospitalizations based on race and ethnicity. You can see some increases in our white non-hispanic group, which is the blue line at the top. You see some increases in our latinx community, the green line, and significant decreases in our African-American hospitalizations last week moving from 17.2% to 10.1%. So some ongoing movement there. Again, we maintain our concern regarding the disproportionate impact on our communities of color, and director hayden-howard will talk about in terms of vaccinations for those communities. This is the same data broken down by numbers of individuals hospitalized. Again you see an overall decrease in the total number of individuals hospitalized in this graph.

[9:21:14 AM]

49 to 45 for latinx community, again a big drop for African-American community with 25 hospitalizations the previous week and 12 last week. So again, significant improvements there. This is an update of our positivity across the community. I'm happy to say that we have had a significant decrease in positivity since the report last week. So again, you see that two weeks ago, three weeks ago, sorry, we were at 4.8%, two weeks ago 4.5%, and last week so far 3.9%. So we continue to edge closer to that 3% mark that we would like to be at to really ensure that transmission is under control. So again, we're making progress and I'm certainly thankful to our community for their ongoing wearing of

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masks particularly indoors, which is certainly contributing to this success. This is a breakdown of that positivist by race and ethnicity. You see significant drops, almost across the board in these race and ethnicities. I'm going to highlight a few. Our latinx community dropped from 6.4% positivity the previous

week to 5.9% last week. African-American community 4.6% to 3.9%. Our asian-american community 4.1% to 3.1%. And our white non-hispanic members 4% to 3.1%. So in those race and ethnicities across the board decreases we have made -- continue to make significant progress there. But, of course, we have more work to do to get everybody below that green dotted line, which is that 3% positivity rate.

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Again, this is positivity broken down by age group. You can see that most age groups have dropped in terms of their positivity, with some exceptions. That 10 to 19 age group in that gold color has had an increase certainly well above that 5% threshold, about 5.5 to 6%. We continue to see significant positivity also in our 40 to 49 age group. But our older age groups, you know, continuing to drop for the most part with our 70 to 79 age group and 80-plus age group at or below that 3% threshold. So again, the highest positivity that we're seeing right now is in the age groups that either do not have access to vaccinations or they are not getting vaccinations. You know, so we need to continue that effort

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particularly in our younger people who we haven't focused on over the previous weeks to go and get vaccinated. Certainly there's plenty of availability now through aph, the Cota and clinics, pharmacies and drugstores and grocery stores. This is an update of our positivity in school-aged children in Travis county. Again, we see the same trend as we've been seeing in previous weeks with high schools or middle schoolers over that community positivity rate in elementary and preschool under that. 8.1% for high school aged students last week, middle school 4.1%, elementary school 2.9%, and pre-schoolers 1.4%. Again, in terms of our high school and middle school cases, we are not seeing classroom transmission.

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Those transmissions are almost exclusively related to extracurricular activities or social gatherings where that masking and the distancing are not being followed. This is an update of our long-term care facility dashboard. Again, we've seen an increase from our lows in previous weeks. 16 cases in the last 14 days, 25 in the previous 28 days. Again, we're seeing a small number of facilities that have relatively small outbreaks. We have one facility that has nine cases. The rest have, you know, two or three or one cases. 64 facilities in the community have zero cases with nine facilities with one or more cases. A relatively small number of outbreaks in these facilities. Our teams continue to investigate those and offer support for those facilities to decrease the spread within those facilities.

[9:26:21 AM]

A quick update on our regional infusion center. Again, this was opened with a partnership with the Texas division of emergency management on January 6th. 1,049 individuals treated with monoclonal antibody therapy. That was changed with recommendations from the fda, but our ability to provide the monoclonal antibodies exceeds the number of folks coming in or being referred. As a reminder to our community, if individuals with diagnosed with covid-19 and are at high risk for severe disease, they should be referred to this regional infusion center for this therapy which has been shown to decrease the need for hospitalizations in those high-risk individuals. Again, an update to our influenza report. 1.32% positivity last week, a total of two new influenza cases. Overall 1.2% positivity,

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which is just over 150 cases for the season. Again, we are tracking for a record low season this year. You can see there's a bit of lag in the reporting here, but, you know, all signs indicate that we are going to continue with that record low season, and you can see that influenza season ends at the end of may. So hopefully we will continue this trend through the rest of the season, through may. And we can mark us in the record books as a success for influenza. Again, we remain in stage 3 of our community based risk guidance. I'm going to talk more about that in the next slide here. I discussed last week a reanalysis of the triggers associated with covid-19 and that risk-based guidance.

[9:28:24 AM]

That has been done and it's apparent we can make a shift in our triggers for transition into stage 2. We're still working on that and expect to finalize that in the next week and likely will present that to the joint session next week. There's been a couple other updates. There was a publication this morning in the proceedings of the national academies of sciences which was an important paper that has come out. And this paper analyzes prior publications which really indicates that air borne transmission appears to be the primary method transmission of covid-19. The previous working theory was that it was large droplets which play significance importance on distancing. That six foot of distancing was the distance necessary for those droplets to fall and to avoid transmission. However, looking at a number

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of clusters, it appears more likely at this stage that air borne place a more significant role. What does that mean for us? It means that all the protections are not equal or less likely to be equal, which means that masking is probably more important and distancing is less important. We also know that duration of

exposure is an important factor as well. So let me give you a practical example from this paper, and this is a 12-page publication so I'm going to simply phi it with one example. If we take a typical classroom space with 19 students in it. And we take away masking, and an individual with covid-19 enters that classroom, they've calculated using some modeling the maximum duration before risk associated with transmission. That duration without masking is -- with normal

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ventilation is 1.2 hours, with mechanical ventilation, good air turnover, 7.2 hours. When you add masking into that simple cloth mask, not n95, not anything fancy, a simple cloth mask, those numbers change to eight hours for normal ventilation and 80 hours for good ventilation situations. So this indicates masking is going to remain important in that indoor setting. But it indicates that we can probably reassess the distancing issue particularly indoors so that we may be able to modify those guidelines. As you are all likely aware, president Biden is going to be speaking to congress this morning regarding updated CDC guidance on masking and distancing, particularly as it relates to outdoors. So we are going to anxiously await the CDC's release on

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those revised guidance and incorporate those into our guidelines as well. We do know outdoor transmission is rare and it's likely we'll further relax those requirements for masking and/or distancing outdoors. We are going to be releasing this week guidance on summer camps and guidance on graduation ceremonies as those things are coming up in the next month or so. One final thing that I want to mention before I transition to director hayden-howard is the Johnson & Johnson vaccine. We had a pause for a while and both the federal government and dshs has approved the use of Johnson & Johnson vaccine again. But there's some concern because the community is concerned because people in polling data are significantly less likely to take that vaccine now. So I want to make it very

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clear the risk versus benefit of the vaccine and the relatively rarity of the clotting events that we're seeing. So this data is from CDC, and there's two groups. Again, the vast majority of individuals affected by clots have been females between 18 and 49. There have been some cases in individuals over 49, but this gives a snapshot of the risk of covid-19 versus the risk of the vaccine. So for every one million doses of Johnson & Johnson vaccine in females age 18 to 49, we can expect about 13 cases of those rare blood clots. However, in that same group we're going to prevent 12 deaths, 127 icu admissions and 657 hospitalizations. So obviously in that circumstance the benefit of the vaccine far outweighs the risk of the vaccine.

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Similarly, and more substantially, in females over the age of 50, we can expect out of a million vaccines two cases of blood clots, not deaths, just cases of blood clots. But in that same group, the prevention of 593 deaths, 1292 ICU admissions and hospitalizations. While we are going to issue guidance for clinicians across the community to look for those blood clots, we're going to provide information to individuals receiving the vaccine about blood clots, the benefit of the vaccine, the Johnson & Johnson vaccine, far outweighs the risks of these rare blood clots. With that, I will transition over to director Hayden-Howard. >> Hayden-Howard: Thank you, Dr. Escott. Good morning. I want to start briefing by giving a snapshot of the APH

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vaccine dashboard. As you can see, we have data from community care, we have data from COTA, from the efforts there, as well as APH. According to our dashboard, the Asian population has received 12% have been vaccinated, African-American is 5%, and the Hispanic/Latinx 21%. The other thing I would like to point out on this dashboard is that there is a -- in the demographic section, you can see here next to it it has a map on it. You can go to that map and you will be able to kind of hover over and be able to see where we have provided

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vaccines in Austin and Travis County. But then you'll be able to see, you know, other places as well. Next slide. With the vaccines for child care, education and our senior population, Austin Public Health has provided 273,000 vaccines. Last week we provided 21,955 vaccines. Continuing to provide vaccines to child care and school staff, and shows you kind of where we are with our senior population receiving their first and second doses. According to the documentation on the website, 104,000 individuals that are 65 years of age and older have at least received one vaccine. Next slide.

[9:36:41 AM]

As you all know, we did pilot our walk-in location at Delco on Thursday and Friday of last week. We actually had a very good turnout. On Thursday we provided 887 vaccines, and on Friday 710 vaccines. As you all know, the weather was very challenging for us on Friday at our Burger site. We did need to cancel those appointments, but did ask folks to go over to Delco on both of those days. If they couldn't

make it the same day, that they could come back the following day to receive their vaccine. However, with the folks with the walk-ins, staff have

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developed a system in order to really be able to move them through very quickly. And so we are moving to no appointment is necessary. Our site will be open Tuesday through Saturday at Delco. We also have our interpreters available as well. And our online scheduling is open. And so it's open every day with the exception of Fridays from 7:00 A.M. To 7:00 P.M., which allows some time for us to make sure we're updating and working on our system. Next slide. I wanted to share our mobile vaccine program flyer. We have this in English and in Spanish. They are working on the

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other translations. And so just kind of wanted to emphasize that, you know, folks call 311 tomorrow, that our -- they will be able to actually schedule the appointment. And so what our staff have been doing in their conversations as the equity team has been calling folks that are at home, they ask them do they have other family members in the home that we can provide the vaccine to. So if it's a caregiver there and there are other members in the household, we will provide that vaccine to them. We just ask that when they schedule the program to come out that they alert folks to how many folks they have in the household that we can come prepared to provide that vaccine. The mobile team is

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continuing to provide vaccines. We have fully vaccinated over 2,281 individuals. We have provided over 3,617 vaccines, so that's your first and your second doses. They are continuing with our neighborhood model, as you all know, we communicated that we would be shifting to neighborhood model. We will maintain Delco and burger as well kind of during this process, but we are -- this week we're working with foundation communities at Arbor Terrence and skyline. And working with border facilities and providing those vaccines to them as well. Also this week we will be at booker T. Washington providing vaccines at that

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location. Our goal is to continue to work with the housing authority to make sure that we're able to move through all of their properties as well as the foundation community sites as well. With the homeless population, all guests at all of the lodges have been offered the vaccine. Now, we've had some that have not accepted initially, so we are going to go back and offer that to them. But at three of the lodges, they are fully vaccinated. And then at one of the lodges, 75 of the folks have received their first D dose, and staff will be going back to provide their second dose. In addition to that, we are continuing to work with u.t.-dell and community care on the homeless population.

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And so we have been to the arch as well as the Salvation Army and community first village. Also, you know, we have several other locations that, you know, we want to make sure that we are providing those vaccines to. And so we will continue to work in collaboration and partnership with them. Until we're able to complete this. And so my hope is that you will share the mobile vaccine flyer in your newsletters and in any kind of communications that you have to alert the public that, you know, we are ready to provide more vaccines. Next slide. I wanted to share with you that the department has a

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health equity website that is now active. And you can see the website there. But basically what it captures is it captures the work we have been doing in the space of kind of overall covid in general, but it picks up on the testing as well as the vaccine efforts. So my hope is you are able to go in and check out our website. That completes my presentation and I am available for questions. Thank you for the opportunity. >> Judge Brown: Thank you, Stephanie. I'm going to add from Cota. We also shifted to allowing people just to drive up to get an appointment -- or to get a vaccine without making an appointment and we also had some appointments. So on I think Friday because of the weather there were about 200 shots given,

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Saturday there were 617 that just showed up, and 1100 who had appointments, so almost 1700 people Saturday and then Sunday similar, we had I think 1,000 show up without an appointment and about 755 with an appointment, so 1755 total on Sunday as well. And then other efforts of the Travis county collaborative included hillcrest elementary and del valle, manor high school site, and teams led by chief Bailey and constable morales that have gone to apartment complexes and done individual shots throughout sort of eastern Austin and eastern Travis county. With that, I will pass it on -- I guess if I could ask one question of Dr. Escott, actually I'm going last. I apologize. I'll recognize commissioner

Gomez first for questions. >> Gomez: Judge, I don't have any questions. >> Judge Brown: Thank you. Commissioner Shea?

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>> Shea: Thanks, judge. I have two questions but they are brief. One is what information do we have about documenting or tracking the circulation of the variants, the mutations in the community, and also there was a news story about I think three million or so people had not gotten their second dose. We're clearly well passed the time they were supposed to get it. Do we have any sense for whether or not that's an issue in this community, people not getting their second dose? >> Dr. Escott: Let me address the variant issue first. We continue to work with our partners at U.T. As well as dshs to monitor the variants. We are looking at opportunities to increase the detection of variants, which is going to be important for us particularly in those break-through infections are individuals are completely vaccinated and develop

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covid-19. So there is some of that continuing to be done. We are looking at opportunities to increase that effort over a long duration of times so that we can, you know, have situational awareness regarding that, particularly as new variants emerge, particularly the hot spots in places like India that is being devastated by covid-19 at the moment. I don't know Stephanie wants to take the second part. >> Hayden-howard: According to staff, you know, we're not having a big no show rate with the second dose. Typically if they don't show, our staff are reaching out to them. In addition to that, you know, with the kind of more active outreach to reschedule them for an appointment, and just asking them if they have received their second dose for them to alert us.

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And so that is built into our system to alert us about receiving the second dose. >> Judge Brown: Commissioner Travillion. >> Travillion: I'll start off again by saying thank you because it seems that we have put a system together that has allowed us to not only get people in more comfortable but also move with mobile apparatus to address the needs of community in community. And I think that's critical. Because I think the work that we have to do at this point is not quantity work, it's quality work. How is it that we make sure that we continue an education process about vaccine hesitancy, what are our plans to do that. Which institutions are we working on.

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The African-American community, we have to work through the African-American church. When we talk about sick and shut-in community members, churches have those lists. Neighborhood associations, membership associations. I want to make sure that we are continuing to do the quality work, the planning work because I think that what I want to see over time is a sustainability plan, because we will be here in six to 12 months talking about boosters. So what are we doing to make sure that we are building a sustainable plan so we are -- we are -- whether we're talking about health events, shots, testing, or even emergencies like bad weather, what are we doing to make sure that we build a plan to reach out to our communities consistently and make sure that they understand that we are

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working with community and can be trusted to reach out to them all effectively. So I'm interested in the sustainability plan going forward. And what -- I guess the question is what are we doing to build a sustainable plan that considers the making sure that we get to the community that is hesitant, but then also that we are preparing for how boosters will roll out in six months from now. >> Hayden-howard: Commissioner Travillion, you know, typically because the department has really solidified relationships in the space of equity, and so during this time we have been able to establish some additional relationships with partners that, you know, we had not typically partnered with before, which has been really, really great. As you are aware, the

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department has seven contracts with non-profit providers that are really helping us from a perspective of outreach and engagement. And so really trying to address the hesitancy. In addition to that, our staff are working on that as well. And so what we are really looking at is is that sometimes, as I stated a loss week, that conversation has to happen multiple times. And so providing that education, giving reassurance about the vaccine itself. So as we move forward, kind of looking at where we have typically been as a health department, as you know in the past we have provided -- we have attended health fairs, we have attended, you know, events in the community where we have provided the flu vaccine.

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And so looking to, you know, replace that -- those events where we are there providing, you know, the covid vaccines as well. As we, you know, start to look at the possibility of boosters, we're also planning for what the rollout will look like for, you know, for children once that is approved. That is the kind of plan that is, you know, near and dear what we are working on, as you know, we are one of the providers

for children with vaccines. And so kind of looking at how that will roll out in addition to coming back to provide the boosters as well. We know that there may be instances where we still need to do a hybrid when it comes to the boosters. So whether it is a couple of mass sites, but we know we need to keep the mobile

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vaccine program going, going into the communities and that partnership, and we also know that having those non-traditional locations is going to be very important. The other thing is that we have extended our hours so we are working later. We want to be able to, you know, meet people where they are, but provide services where we're in those communities where people get off from work, they can come into those sites and are able to receive that vaccine. These programs are sustainable over time, and so we will continue to work there. But we have to be flexible. So even when we put together plans and we kind of lay out what we would like to do and communicate that, we still have to come back and make improvements and make any shifts that we need to make in order to meet the people that we need to meet them

[9:52:59 AM]

where they are and be flexible. >> Travillion: And the idea behind the project plan for me is more to have an asset map that's outcome centered so we know who we reached out to, we maintain our contacts there. We know how many people were served in that area. We identify any gaps that are necessary and we incorporate addressing those gaps into a plan. You all have done an excellent job of building a process and a system. I just want to make sure that we strengthen it, standardize it and are able to replicate it when we're given any type of emergency situation. I just -- I have a -- I strongly support project planning and asset mapping to make sure that we don't have to reinvent the wheel every time a new event occurs.

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So I appreciate the work that you've done. I just want to document it. Judge, that's it for me. >> Judge Brown: Commissioner Howard? >> Howard: Thank you for all the progress you've made in the community. I want to give a shoutout to firefighters in western parts of the county giving shots at neighborhoods and fire stations. It's good workout there. Thank you. >> Judge Brown: Dr. Escott, I had one question about one of your slides. I think it was showing there was like 6% of people that we know have had covid, talking about who has been vaccinated and who might be -- have some immunity to covid. Is there any way to tell who that 6% is that had it and compare that to who exactly had shots to

know if there is overlap or not or is that a thing we can't tell? >> Dr. Escott: Judge, it's a difficult number to get to because of the different

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data bases. I can tell you that for the people who aph vaccinated, 5,246 of them were cases in the past. So they had confirmed cases of covid-19 and then were vaccinated through aph. I can't tell you about the 350 other providers because we don't have that level of detail from the state on the end track system. So there is some overlap. How much overlap, we don't know. >> Judge Brown: Thank you very much. Mayor, I'll pass it over to you. >> Mayor Adler: Thank you, judge. We'll start now with district 10 and work our way back to district 1. Councilmember alter glad good morning. I would like to know to what extent we've seen these break-through cases where folks have been vaccinated and gotten covid in our

[9:56:04 AM]

community. And then I was wondering if you could speak to how protocols have changed within hospitals for patients to have their advocate or another adult or parent or guardian along with them as we are in the current stage. Got. >> Dr. Escott: Councilmember, we have 30 cases of individuals with break-through covid-19 infections. Again, out of a very large number of individuals vaccinated, a very small number went on to have covid-19 after they were completely vaccinated. We've got another -- a total of 246 individuals who had one dose and sometime after that one dose but before the second dose were diagnosed with covid-19. So again, very small numbers of individuals vaccinated with one or two doses that went on to get covid-19. We have had discussions with our health care executives

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regarding relaxation of the visitation policies. You know, they all work independently so they have independent groups that are making decisions about that, but I do agree that particularly for visitors or patient advocates who are fully vaccinated, you know, it makes sense for those rules to be relaxed to allow for those patients to have more normal of a hospital experience which certainly can contribute to their healing. >> Alter: Thank you. Do we have any analysis that we're doing for those break-through cases to understand the circumstances? You know, like in schools we know clearly it's extracurriculars. Do we have any sense of patterns in how folks vaccinated among the small few who are getting it what the circumstances are? >> Dr. Escott: Those cases are referred to dshs.

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I can see if there's any details we can share, but I'm not aware of any particular patterns associated with those breakthrough cases. Again, in context, for vaccination for any disease, we expect some variability in the protection that individual people in our community may receive. You know, we're going to have folks who are very well-protected. We're going to have folks who are partially protected and have a breakthrough infection. And we're going to have some that have, you know, have relatively little protection because they don't mount that immune response. So, this is certainly expected, certainly what we see with other vaccines. And, you know, again, I think it's a testament to the efficacy of the vaccine, get it in large

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evaluations of efficacy, 90% of greater. As a frame of reference, the best influenza vaccine we've do do documented is 60% effective. So, we have incredibly powerful and effective vaccines. >> Mayor Adler: Okay. Thank you. Councilmember tovo. >> Tovo: Thank you for all your work. My question is really just a request. If you could, Dr. Escott, make available the scientific paper that you spoke about this morning, staff could potentially attach it to the backup for today's meeting. Distribute it to the city -- I'm sorry, can you not hear me? >> Mayor Adler: You're better now. >> Tovo: I was just asking -- my only question today is really a request if Dr. Escott would make available to us the scientific paper he indicated this morning talking about airborne transmission and some of the newer info, either via

[10:00:12 AM]

our direct email, or as backup. >> Councilmember, I'm happy to share that. I will get with Jay. There's copyright issues. I have to make sure I can transmit that. >> Tovo: Oh, I see. Okay. >> I expect to be able to get it to you. >> Tovo: If it's not possible, I'm sure we'll see summaries of it in the media. >> Mayor Adler: Thank you. Councilmember Ellis. >> Ellis: Thank you, mayor. Dr. Escott, can you tell us why we're still seeing higher numbers in the 10-19 and 40-49 age group? Is that a matter of where it's being transmitted, or is there something else going on? >> I think clearly the 10-19 age group it's for two reasons -- number one, they're not vaccinated, and number two, 10-19-year-olds have the highest number of interpersonal interactions of any age group.

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You know, the 40-49 age group is a bit more difficult to assess the whys. Again, we're commonly seeing these transmissions happening in social encounters amongst unvaccinated people. Again, you know, historically, looking back at our vaccination strategy, really good focus on older age groups. So, that

vaccination rate in the 40-49 age group is not going to be what it is in that 65+ age group. So, again, I think the best thing that we can do now is to encourage that folks in all age groups who are eligible now to get vaccinated, and to maintain the masking and distancing, even as the cases fall. We're still going to see that transmission happen in those environments where we have unvaccinated people who are not using those protections to prevent transmission.

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>> Ellis: Thank you for that answer. Is there still an expectation that by summer, some of the ages under 16 might be able to start getting vaccinated? That was a hope we had earlier. Are we still on target for that? >> I believe so. Again, most of us are expecting that 12-16 age gap will be filled sometime in May with the modification of the EUA for the Pfizer vaccine. For, you know, under 12 it's going to be a little bit longer, probably mid-summer to late summer for that one. But the 12-16 is an important gap. When we look at the positivity rates in our school-age children, every week middle school and high schoolers are well above the community positivity rates and elementary and preschool are well below. So again, if we can effectively get the middle schoolers and

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high schoolers in the fall semester for our middle school and high schools, really have a chance of looking almost normal would be my hope. Again, that's going to depend on the vaccine being approved and people getting vaccinated, getting their children vaccinated. So, again, that will certainly be the focus for late spring and for the duration of the summer. >> Ellis: Thank you. >> Mayor Adler: Thank you. Councilmember Pool. >> Pool: If I could just ask Dr. Escott to repeat when he thinks we might be moving into stage two? >> Well, councilmember, my expectation is we're going to be able to change that threshold for stage two from 10 to 15. We still have a little data to go through. We still have to look at the overall picture of the risk-based guidance and how

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we're going to modify those. But again, you know, looking at the positivity data for last week, and the expectation that hospitalizations this week will decline because of that decrease in positivity, decrease in new cases, we could enter that stage two territory this week or next week. Again, we want to see us stay in that territory before we're going to make the switch to stage two. But that could be happening very soon. >> Pool: I really like the fact that we're more certain about the low transmission when outside and things like that. It seems like overall, some pretty good news this week. Thanks so much. >> Yes. Again, we're anxiously awaiting that guidance from CDC today, from President Biden as well. Our expectation is that vaccinated plus outdoors, things

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are going to be really relaxed for that group. Unvaccinated outdoors with distancing, things are going to be relaxed for that group. When we talk about outdoors plus closing the distance, plus no masking, that's still going to be a concern. So we're still going to have the issues with large gatherings, but I expect -- and am hopeful -- that outdoor gatherings that are relatively large plus masking we'll be able to look forward to this summer. But again, we'll have more updates on that this week. >> Mayor Adler: Thank you. Councilmember Kelly. >> Kelly: Thank you, Dr. Escott, and director hayden-howard for your leadership on covid in Travis county. As many of you know, district 6 includes a part of Williamson county, so I wanted to loop in the good work of the team up there for a moment. I read in the news the covid-19 vaccine supply has caught up

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with demand in wilco. I spoke with a judge and he said this will be the last week Williamson county uses mass vaccination sites for first dose appointments. People can still get one at the Dell diamond by signing up at curative.com. For information about how the county is handling covid, you can go to their website. This weekend, I'll be getting my second dose. I wanted to encourage others to do the same. If anyone has any questions about what it was like, feel free to email or call my office with your contact information. I'd be happy to explain to you how my experience was and ease any concerns you might have. Thanks again. >> Mayor Adler: Thank you. Councilmember kitchen. >> Kitchen: Thank you. I just wanted to follow up on a couple of things related to how we're working with the community to help more people get vaccinated. So, we had asked about a couple

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of things last week that I believe you're probably working on, but I'd like you to speak to that. We had talked in terms of more outreach. So -- or more proactive outreach. So, the question, the reverse 911 or something similar. So, if you could speak to working on that. And then we'd also asked for some kind of template or guide for each of our offices so we can be helpful to you all in reaching out to the community. So I wanted to ask about the progress of that. And then the final, related to that, I think commissioner Howard had mentioned fire stations providing shots. So if you could provide an update on what's happening there. So those are the three related things related to outreach. And then I had also asked last time about data that we were tracking, polling or other data. So if you could -- I haven't received anything yet. So if you could just let us know

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the status of that, too. >> I'll start, kind of, backwards and move to the beginning. So, with the last question you asked, our staff are pulling that data together. We will share that at the briefing on next week. We definitely need to receive the information from a couple of other surveys that we were alerted about. So we'll pull that together and have that ready on next week during this time. And then as far as the guide that you mentioned, it would be helpful for the team to be able to have a little bit more information about what you're looking for in that guide. Typically, as Dr. Escott mentioned earlier, our staff are able to put together, you know, various types of guides. But we need to have more content

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about, you know, what are you going to do, who are you trying to reach and then be able to provide that information. So, for example, as he mentioned earlier, you know, we'll be pushing out guidance for graduations, as well as summer camps. So we'll need to have more information about that. >> Kitchen: Well, I can speak to that real quickly, if you'd like. The goal is simply -- you know, some of our council offices have been working with your staff to set up events in our districts. So, a guide is probably too -- you know, too formal a word. I'm just wanting to know, if we want to be helpful in our districts, what information do you need to know from us, and what do you need us to do to set up an event or an effort to reach certain people in our districts? So, it might just be a series of questions that you can send us

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that say, you know, if you are -- you know, if you, councilmember, are concerned about, you know, a geographic area, or an apartment complex, or a population in your district and you want to be helpful in reaching them, here's the information we need from you in order to set something up. That's all I'm looking for. >> Okay. So, at the heart of the matter, you're wanting to do a vaccine event in your district. >> Kitchen: At the heart of the matter, yes. >> Okay. And so you would be able to provide some locations that you would want our staff to look into to provide those vaccines at that location, is that -- >> That sounds great. Because it sounds like that's one of the things you would want from us, is a location. I just need a list of what you would want from us. And I'm asking this because I know that I'm not the only one that's interested in doing this.

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And so it would be helpful for all of the councilmembers to have that information. >> Okay. I will get with -- typically, Bryce has been sending out updates. And so I'll ask Jen to get with him and then they

can include it in the update that he sends out. >> Kitchen: Okay. >> A high-level document, when we're looking at providing vaccines, because I think the thing that really would be helpful to include in there is how many people you're wanting to target, because that kind of defines what type of team we send out to be able to do the vaccines. >> Kitchen: Okay. Thank you. >> Mhmm. And then with the outreach and education, we are actually working on that with our

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vendors. I understand there was a question that you had about a poll. And so I've asked staff to be able to get with the vendors so they can share that information that they have done thus far with the needs assessment that they've done. In addition to that, my staff are recommending maybe more of a -- what's called a Casper. It's a door-to-door type of assessment where we gather information about the vaccine. But you also get information about, kind of, any other kind of health challenges. >> Kitchen: Okay. >> So the team is looking at that and are going to provide recommendations for us. So I'll have more information about that as well. From a kind of public relations kind of marketing perspective,

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we have been providing -- when most people go to get their vaccines, we give them a sticker. We don't have a bracelet, but we do have a sticker. And that is a part of our public relations campaign showing that you received your vaccine. And so we have been doing that for quite some time. And so we'll continue to do that. And then I think with the reverse 911, our communications team has a contract where we're able to send Texas messages and communications. So I think for us, being able to maybe kind of narrow it down to, you know, specific folks in targeted areas. And so we would want to work with the grassroots organizations to be able to do that, as well as having conversations with our staff

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about that as well. So, we'll come with more information about that. >> Kitchen: Okay. And then the last question was about the fire stations. >> Yes. So, we met with the fire chief staff last week, and we identified a few locations, kind of giving them the area. And so they are going to go back and assess and look at where we can be in that space. We have agreed to provide the -- we can cover the salary of that individual. And so they did alert us to the fact that they may have to use retirees. And so they are going to, kind of, go back and kind of look at that. And so we will be able to provide you an update over the next couple of weeks.

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It may not be next week, but it will probably be the following week. What we talked about doing was just starting with a pilot at one particular site and then kind of see how that works, and then kind of look at some additional sites. So that is definitely in the works with our fire department. >> Kitchen: Okay. Thank you very much. And so you've identified locations. And can you share those locations with us? >> No. Not at this time, because they needed to go back and see -- there's several things they're looking at. One, they want to look at the kind of space it is, if it needs to be indoors or outdoors. They need to go back and check through all of those sites, you know, from a -- kind of do all the logistics of that. And so once we have that, we are looking in the eastern crescent. That is kind of where our primary, kind of, focus is along

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the eastern crescent, as well as the rundberg area is the other area that we've identified. >> Kitchen: Okay. Thank you. >> Councilmember, I wanted to also mention, we've changed our meeting and briefings to alternate weeks in order to free us up to have more engaged conversations with the community. So, certainly if you or other councilmembers are hosting a town hall, or a community discussion, please reach out and we'd be happy to participate if we can. I think to get us over this hurdle of hesitancy, we need to have more dialogue directly with the community, answer questions, and promote that vaccination effort. So, certainly if we can be of service in that process, we're happy to do so. >> Mayor Adler: Okay. Thank you. Councilmember Casar.

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>> Casar: I saw that the Delco center is available from 1:00 to 7:00 P.M. Through Saturday. I saw that online. Are we at a place yet where we can say that that is going to keep happening every day until future notice, is that the current plan, or what's the current message around how often people can expect that that walkup opportunity is there? >> That is the plan, for us to move to that as a model. So you can definitely share that with any of your constituents. >> Casar: Sorry. I broke up a little bit there and lost you. But basically what it sounds like we're saying is that that is until future notice going to keep on being available until we let folks know, seven days a week, 1:00 P.M. Through 7:00 P.M. >> It's Tuesday through Saturday and it's 12:00 P.M. Until

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[inaudible] P.M. >> Casar: Got it. Okay. Thank you for correcting me on that. On the website, I think it says 1:00 through 7:00, so maybe something for us to go and fix. >> Okay. >> Casar: And then as far as

the -- what the experience is like when you show up there, are folks -- should folks be expecting a small line, or does it seem like at this point, when people show up they're able to get quickly vaccinated? What's the experience like there when we get questions from people about what they should expect? >> What we are doing is, is we are honoring if you schedule an appointment, we are honoring the fact that you scheduled an appointment. So, I mean, if anyone has even gone to Disney world where you can do the fast pass. So if you have an appointment, you move through faster. If you don't have an appointment, you move through a

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different entrance, but you do kind of work your way through. And so one of the things they're still encouraging folks to do is the appointment. But if not, we're still seeing them, but it just takes a little bit longer, because you don't have an appointment. And so we're working you into the process to make sure we are honoring those people that have appointments. Still a quick process, though. >> Casar: So sometimes there's a shorter line. Sometimes it's longer. But still pretty quick. About how long should folks expect to wait, more or less? >> I am not prepared to answer that question. [Chuckling] I will get with staff. >> Casar: That's fine. >> To have an idea. But I will tell you that staff did some -- kind of touch base with folks that were in the line

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and talked with them about why they chose the walkup as opposed to going through the system. And so they felt like it was convenient. If they decided that day they wanted their vaccine, they just drove over and they were able to receive the vaccine. And so folks did like the fact of having that flexibility to go whenever they want to go, now that they've made their mind up to get the vaccine. And they liked the location, too. They said it was easy to get to at Delco. >> Casar: I appreciate that. Thank you, director. >> Mayor Adler: Thank you. Councilmember Renteria. >> Renteria: Thank you, mayor. And I also want to thank all the -- Stephanie and Dr. Escott, because of the hard work y'all

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have been doing. But I also want to just announce that we're going to have a walkup at San Jose catholic church this Saturday starting at 9:00. And the address is 2435 oak crest avenue in south Austin. So, everyone is invited. It's going to be a walkup. So you can get your vaccine shot there. And thank y'all. >> Mayor Adler: Thank you. Councilmember Fuentes. >> Fuentes: I guess first I want to say I'm thrilled and grateful to hear that we've moved to a nearly on-demand scheduling system being open nearly every single day with the exception of Friday. I think that's great. And I'm very appreciative that we're able to

roll out a mobile vaccine program starting tomorrow for our homebound individuals. I think that's incredible progress that we're making and I'm very appreciative of the effort.

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A couple things I wanted to flag. So, just hearing from the data, the numbers that were reported from the walkup vaccine clinics hosted both by aph and by the county collaborative . . . You know, that was over 3,000 vaccines administered through a walkup method. And so I'm curious, you know, what is aph's effort to scale and accelerate mobile vaccine pop-up clinics in this spirit of a neighborhood approach? We've seen success with this type of availability. To me it makes sense that we have more of these opportunities. And while I'm very heartened and glad to hear that Delco will remain a walkup clinic open six or five days a week, you know, I would like to hear more about what is aph doing to provide mobile vaccine clinics all throughout our community. You mentioned last week that

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there were talks of doing some apartment-level strategies. If you could speak a little bit more on that. And then also, how is that being coordinated with the county? I was able to attend some of the county's pop-up clinics that we had this past week, and they were very successful. And it makes such a difference when you're out there and folks are driving by and they see that you're in their community, and they want to hear what are you doing. I personally spoke with individuals who were hesitant to get it, but because it was right there in front of them they were like, okay, we'll get it. Because the county is also doing mobile -- these pop-ups, I want to make sure that they're coordinated with our city's efforts, because we're targeting the same, you know, hard-hit communities. So if you could speak to both of those things, please. >> Yes. So, we are coordinated with the county.

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And so the city and the county, unfortunately, we couldn't meet last week. However, we are meeting this week to kind of look at logistically where we're going to be. We had several conversations with the county about the locations they were going to be and where we were going to be as well. The goal is, is to be able to put that on the website to where, you know, we're able to have some type of calendar. So our communications folks will be working on that to put that on the website so folks will have that awareness of where we'll be and their ability to kind of walk up to those locations. As far as apartment complexes, that is definitely in the works. Right now we are continuing to focus on the foundation community locations as we make our way through all of those, as

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well as the housing authority sites. As you know, there are 15 locations of those, kind of, throughout. And then, you know, continue to focus on the group homes as we continue to do those. Now, that is a separate team. Like, for example, the sacred heart event. That is a subset of the folks that will be at your Delco, your Berger, etc. And so they are working with leaders to kind of receive those locations of existing events so we can kind of partner with them and be in that space. As you all know, we are working with aid to pilot a couple of their locations as well. So we are, you know, really, you know, kind of moving as quickly as we can to, you know, keep at least one large site available,

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and then start to gradually shift more and more. So as we start to shift more and more, you will hear, with the map that will be locate on the site that we will be sharing, this is kind of where we're planning to go, give you a snapshot of that calendar for the month of where we will be. >> Fuentes: Thank you. And I appreciate that. I just want to just share a sense of urgency of wanting to get these mobile vaccine clinics out there and scaled up and ready to go. I mean, it's been something that I've talked about at least for the last month. And it was part of the resolution that council unanimously passed a month ago. And so I just want to, you know, really, you know, if there's anything that I can do to support that effort, please count on me in that effort. And the other thing I wanted to flag is when you're doing these mobile vaccine clinics in neighborhoods, a very important component of it is you have to

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have individuals, canvassers going door-to-door knocking on surrounding doors of wherever the clinic is. And that piece is so critical, because it's an offline way for us to reach our community. And it's so needed, because while we can put a lot of resources and attention to social media, you're still missing a key segment of our community. And so as we develop the neighborhood model and start implementing the neighborhood model, I'd like for us to also consider if there's a way that we can support efforts, canvassing efforts or door-to-door neighborhood outreach efforts, because that's going to be key for us to reach herd immunity, that grassroots touch. Thank you. >> Mayor Adler: Okay. Thank you. Mayor pro tem. >> Harper-madison: Thank you very much, mayor. My colleagues asked most of the questions that I was otherwise thinking. There is one that came to mind.

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So, if given the shift in our, sort of, primary -- the primary folks who are showing positive, and then the increase in younger individuals and hospitalizations, I'm curious to know if there's any, sort of, forethought right now about how -- what the implications are for the start of the school year? >> So, again, councilmember, I expect that we'll see the vaccine be approved for that 12-16 age group sometime in may, we're hopeful. So really, the normalcy of the fall semester depends upon the vaccination effort for those young people over the summer. We are certainly engaged in dialogue with our superintendent. We've encouraged them to, you know, focus in particular on the student athletes who start even

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earlier than the normal students so that we can have some significant numbers of those young people vaccinated prior to the fall semester. My guess is that there's likely to be masking early in the fall semester as we continue to get those middle schoolers and high schoolers vaccinated. I don't anticipate that there is going to be an occupancy limit on schools in the fall semester. So, again, my expectation is fall semester looks relatively normal for middle schoolers and high schoolers, with the potential exception of masking. >> Harper-madison: And I assume that you excluded elementary school because they're not eligible to receive the vaccine? >> Yes. You know, we don't anticipate that the vaccine will be approved for elementary and

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certainly preschoolers before at least mid-summer and perhaps later than that. So I don't think it's likely that we'll see significant numbers vaccinated prior to the fall semester. However, the disease trends in this elementary school and preschool has been very low. That data has been consistent throughout the pandemic. So again, I think elementary and preschool environments right now already look relatively normal. So I don't think there's going to be much change, at least in the early fall semester, for them. >> Harper-madison: And then one last question. I suppose this would sort of be a massive undertaking, but I wonder if it would be prudent to reach out to those summer camps, especially the overnight ones, and see if it's possible for them to encourage the 12 and older potential campers before they come to receive both

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vaccinations? >> Yes, councilmember. That will be part of our guidance, particularly if and when that pfizer vaccine is approved. Due to the timing, you know, the expectation of may sometime, we may end up with partially vaccinated individuals going to summer camps. But I agree that that would be certainly a mechanism to help encourage vaccinations of those middle schoolers and high schoolers over the

summer, is to create a requirement. Certainly summer camps that do require vaccination prior to start have a lot more ability to have normal summer camps than otherwise might be possible if that's not a requirement. >> Harper-madison: I appreciate it. Thank you. >> Mayor Adler: Thank you. And again, I want to thank Dr. Escott and director

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hayden-howard. I also want to thank Travis county. The numbers of the facilities and the operations that are being done through Travis county are great. And it's increasing our capacity to reach all communities. Director hayden-howard, I want to thank you for the equity page and standing it up. Thank you for getting that going. We're already sending that out to people so they can loook at it. I want to report and thank the over 100 doctors that have now volunteered on that list to provide -- help provide the vaccinations as we move to a more decentralized place. And just to note that, again, the best vaccine for someone to take is the vaccine that is made available to them. It's good to see the high level of vaccination that's happening in Travis county compared to our peer and colleague cities.

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My daughter Sarah and I both have taken the j&j vaccine. And I know everybody just takes the vaccine that's there for them. But I just wanted to say that publicly so that people can see that we're all taking all of the vaccines as well. And with that, judge, I turn the gavel back to you. >> Judge Brown: Thank you. So, the next item we're talking about jointly just to -- because we've gotten a lot of questions about the American rescue plan and how that process will look at the county and city level. So the thought is that county and city staff will just give us a very short briefing on, kind of, where the money came from, the rules about it, and a little bit about process, but nothing about specifically programs or anything like that that the money would go to. That process will -- we'll start

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that this afternoon at the commissioners court to discuss internally and would love to hear from callers at that point about ideas under item 10. But for this agenda item, as a joint effort, it's really just to shed some light on the process and what the rules are. So, basically we're going to lay out the funding sources available, past actions, federal rules, not suggest any spending possibilities or priorities, and not trying to discuss or debate any specific possible funding recipients or subjects today .so with that, though, I will pass it I guess from our side, I think it sounds like Jessica Rio will handle that part. And then I think city manager Spencer cronk, your team on the city side will handle the layout, if I understand that correctly. And then after that we'll adjourn and go back to our

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separate departments and take questions or anything like that later at the commissioners court. And then y'all can do that separately at city council. That was clear as mud. And I will go ahead and pass it over to Jessica or whoever is going to kick off the . . . >> Thank you, judge, Jessica Rio, county executive, planning and budget. I'm going to pass it to the city team. Travis county has a couple slides. When it's the appropriate time, I will speak up. >> Great. Thank you, judge and mayor and council, Spencer Cronk, city manager for Austin. And again really appreciate the framing, judge Brown, because that's what we have done. We have coordinated between the city and the county to provide a high-level overview of these funds. And so without further ado, I'm going to pass it over to interim budget officer Kerry, city of Austin, to frame the conversation. >> Good morning, commissioners

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and council. I am Carrie Lang. I am the interim budget officer for the city of Austin. Can you all see my slides correctly? >> Mayor Adler: Yes, we can. >> Great. I am going to -- we're going to give a presentation on the American rescue plan, an overview on that. Excuse me. In the essence of time, I'm going to go ahead and pass it on to our consultant, Ralph, who will talk about the details of the federal funding. >> Thank you. Good morning, everybody. And I'll go -- I think I'm doing the first few slides. So, this first slide is just kind of to put into perspective the scale of the American rescue plan. It's a \$1.9 trillion bill. You'll see the biggest part of that is \$424 billion for payments to individual taxpayers. Those are the \$1,400 checks. But then the next biggest pot of

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money is state and local fiscal assistance, \$360 billion. And then you see all of the other pots of money, some of which will also come down to state and local governments. Moving on to the next slide. So these are estimated direct allocations to the city and the county. And you'll see the city will receive an estimate. And these are just estimates. The treasury department hasn't put out official allocations yet. These are all based on a chart the house government reform and oversight committee put out back when the bill was moving. But I think these are as good -- they're pretty accurate. The city of Austin will receive \$195.8 million out of that \$360 billion. Emergency rental assistance, again, this is an estimate, \$22 million. And then this last one we know,

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hud has put out these allocations. The city will receive \$11 million from that. And then the county will receive \$247 million in fiscal assistance and an estimated \$10.6 million in emergency rental assistance. So, a lot of -- I've worked for local governments in Washington for just over 25 years. And this is once in a generation kind of money coming down to local governments. Next slide, please. And the way that the state and local fiscal assistance is going out, cdbg entitlement cities, Austin, pflugerville, round Rock, will receive a direct allocation. County also receive a direct allocation. And then non-entitlement local governments will receive their funds sub-allocated from the state. The state has to sub-allocate these funds within 30 days of

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receiving them. And this shows you what the various local governments in Travis county will be receiving. Next slide, please. As you saw on that pie chart, which was a really crowded pie chart, there's a lot in this bill. And these next few slides don't come close to covering everything that's in this bill, but this is kind of a broad overview. There's a lot of money for the small business administration to provide assistance to small businesses. The restaurant revitalization fund, I'll just let you know that today and tomorrow, sba is holding webinars for potential recipients of those funds and they are looking to open applications soon. Applications for shuttered venue grants opened yesterday. The sba had some glitches with their website, but that is up and running. The paycheck protection program -- congress extended that through the end of next

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month. And the American rescue plan included extra money for those loans. Also included an extra \$15 billion for economic injury disaster loans. And the bill included \$8 billion in assistance for airports, of which \$800 million is set aside for aid to airport concessions. Next slide, please. Aid to households -- the big part of that was, again, the \$1,400 checks, \$424 billion of the bill. But there is a one-year expansion of the child tax credit, and of the earned income tax credit, also one-year ex-tex extension of the childcare independent tax credit. Increased affordable care act subsidies and nutrition assistance. Particularly on the child tax credit extension, that is one of

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the bigger parts of the bill. And the child tax credit in 2021 is refundable, which brings I think an estimated 19 million households into the program. And in addition to being refundable, the legislation makes it -- makes half of the tax credit available in monthly payments that will start on July 1st. Next slide. Oh, and I think this is -- before I turn it over, like I said, that doesn't -- I don't think you can cover everything in this bill in a powerpoint presentation. There's assistance to transit in this bill. Capital metro

is slated to receive \$130 million. There's assistance to airports that I mentioned, \$8 billion there. We still don't have those allocations. And just so much more. I will mention, really quickly, because I think this is

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important for your constituents, one of the provisions in the bill is funeral assistance from FEMA that goes directly to households. That is open. And I mention this because when FEMA put out its portal and its 1-800 number for people to apply, they also put out a fraud warning. And so I think same with the child tax credit and a lot of the other individual assistance in this bill. I think that there will be a lot of fraud. And I think that that's just something that the city and county can do in terms of education to help people out that way. Thank you so much. >> Thank you. And now Rosie Truelove will speak to the specific funding we anticipate coming to the city. >> Good morning, I'm the director of the city's housing and planning

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department. We have as a direct allocation from treasury, we have about \$22 million that will be coming to us for emergency rental assistance. This is going to be deployed in phases and can be used for eligible things such as rents, rental arrears, utilities and home energy costs, utility and home energy cost arrears and other expenses related to housing as defined by the U.S. Treasury. Next slide, please. We also have funding as Ralph mentioned that is going to be coming to us through our home allocation from HUD that is specifically to be used for homelessness. And this will be \$11 million. We do not have any guidance on this yet for when we'll be able to apply for or plan out these dollars. We do anticipate getting that in the next couple of months, but we are excited about the opportunity for \$11 million to be spent directly on homelessness. And this can be used, again,

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for things such as tenant based rental assistance, development and support of rental housing pursuant to the home program, transitional housing, housing counseling, homeless prevention and non-congregate housing that can be used for emergency shelters and converted to permanent housing or remain as non-congregate shelter. Dollars a little more flexible than standard home dollars. Next slide, please. There is funding that will be coming to the state. This will be allocated from the treasury. The total allocation is 9.9 million. This is going to be a homeowner assistance fund. We're still waiting for additional information about this, but this -- we anticipate that this will be able to be used for mortgage payment assistance, for financial assistance to allow a homeowner to reinstate a mortgage or other housing related costs, principal reduction and things of that nature. This will be coming through

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the state and will be something that we can apply to be part of. And next slide, please. And then lastly, I wanted to mention that we will be -- that our local housing authorities will be getting additional emergency incremental section 8 vouchers to transition homeless people or people at risk of homelessness to stable housing. Total funds for this allocation is 5 billion, and again we're still waiting to receive additional information to our housing authorities about how these vouchers will become eligible. So I think now I'm turning it over to Travis county. >> Thank you for that. So really the focus of the next three slides is with regards to the American rescue plan, and the discussions we've had with commissioners court and will continue to have later today. The program categories that we've discussed thus far

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with commissioners court include existing programs starting with crf, the coronavirus relief funds. As you may know, we received a little bit over \$61 million last year and those went to direct and joint response, as well as other vital programs. We're currently working on budgets for commissioners court consideration for select program area including food distribution, non-profit and small business assistance, workforce development, and then, of course, we're also working on rental assistance currently through that funding. We also have continued ongoing response and joint response and then we are also tracking in the budget office the revenue replacement, any eligible areas to provide that information to commissioners court. And then we've also been discussing resiliency planning, community engagement and given the arp

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funds are one-time program evaluation. And new programs that will be discussed later today with commissioners court as well. Next slide, please. So we're multitasking quite a bit at the county. We've outlined three tracks and later today we'll discuss a fourth track, a more community engagement track. But track 1 as presented here are those first year or phase 1 budgets for food distribution, workforce investment, non-profits and small business support. We'll bring those back at the appropriate time to be considered by commissioners court. Track 2 are the program areas mentioned a few seconds ago that we'll be discussing with commissioners court today. And then track 3, our budgets were due yesterday. And so we have over 50 independently elected officials at Travis county ailing and we will be looking through these budget submissions to see if there are any areas that match up

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to the arpa funds or need to be discussed in that context. Next slide, please. Finally, just wanted to provide key dates. Obviously this calendar could be moved by the commissioners court. This calendar was provided by staff. Program areas submitted by the commissioners court and then discuss an appropriate prioritization of such program areas at a later date. And of course I want to also mention that we're awaiting guidance from the treasury and such guidance will inform how we proceed. And one last thing, just want to make sure from a staff perspective we're looking at this as a phased approach. We are -- we know that we're receiving the funding over two fiscal years. We know that we have to have all the funds spent by December 2024. We have time to be thoughtful and multi task, have faster tracks for some things that could be stood up quickly and take the time

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needed to stand up more thoughtful programs and more return programs. And I believe that is it from the county and I will pass it back to the city. Thank you. >> You are on mute, Kerry. >> Judge Brown: Sorry. Is somebody saying something? Because I'm not hearing. >> Judge, our interim budget officer Kerry Lang is trying to unmute her screen. One secretary. >> Judge Brown: Thank you. >> Can you hear me now? >> Mayor Adler: Yes. >> My apologies. The city staff will be

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presenting to council on may 6th to accept the first tranche of funding and we're looking to appropriate funds for health response and city is working on council's response where you identify priorities of homelessness, early child care and education, workforce development and jobs and food and housing insecurity. Some things that we want to make sure we all take into consideration to the FEMA funding or FEMA reimbursement is we have not provided -- they have not provided final determination on the eligibility of costs for the non-congregate shelters. We're estimating that at 75% cost recovery right now. We are also waiting on the treasury department to provide final determination of allowable uses for the arpa funds. And as county staff mentioned, they are working with the commissioners court

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on prioritization of programming for funding. Other consideration that we would like to make sure everyone is aware of are the ways that the funds, the state and federal -- state and local fiscal recovery funds can be used does include public health emergency response to covid-19. Any necessary investments in water, sewer or broadband infrastructure. The provision of government services to the

extent of the reduction in revenue due to covid-19 public health emergency. To provide premium payments to essential employees and providing grants to employers of essential employees. Funds can be transferred to a private non-profit organization. A public benefit corporation involved in the transportation of passengers or cargo or a special purpose unit of the state or local government. And then finally, things that the -- cannot be used

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for include pension funds -- sorry. Includes pension funds. Are there any questions for us? >> Judge Brown: So just want to say thank you all so much for presenting this today. I wanted to make sure we're ensuring transparency from the county and city side and I think it's important for the community to hear this late outed. Thank you to city and county staff. We're grateful for the amount of time you put into this presentation and also behind the scenes on all the work you've done and you will be doing in the next several months to figure out this new process and this great opportunity that we all have here to help out on the local level. We are at Travis county committed to a transparent, equitable, accessible process informed by the people in our community who have been most directly affected by covid and I look forward to continuing this conversation with

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commissioners during our regular meeting today. Thank you very much. I will -- >> Mayor Adler: Judge? We're going to go ahead and take our leave, if it's okay. And again, thanks to the court for letting us join in this joint meeting and we appreciate our staffs working with one another to see if there are opportunities to leverage any common priorities that might exist. So thank you so much and with that, judge, it is 10:54 and I'm going to recess the city council portion of this joint meeting. Again, thank you you all. Take care. >> Shea: Thanks everybody, stay safe. >> Tovo: Mayor, just to clarify -- >> Mayor Adler: No, we're done today. >> Pool: So we're adjourning.