CITY OF ST. AUGUSTINE

Emergency City Commission Meeting
Monday, April 13, 2020

The City Commission met by means of Communications Media Technology (CMT) Monday, April 13, 2020 at 11:00 A.M. The meeting was called to order by Mayor Tracy Upchurch, and the following were present:

1. Roll Call: Tracy Upchurch, Mayor/City Commissioner
Leanna S. A. Freeman, Vice Mayor/City Commissioner
Roxanne Horvath, City Commissioner
Nancy Sikes-Kline, City Commissioner
John Valdes, City Commissioner

Staff: John Regan, City Manager
Isabelle Lopez, City Attorney
Darlene Galambos, City Clerk
Meredith Breidenstein, Assistant City Manager
Candice Seymour, Recording Secretary
Laura Morse, Recording Secretary
Marie Lopes, Office Assistant

Mayor Upchurch modified the agenda and read Item 2 prior to the 'Invocation and Pledge of Allegiance'.

2. STATEMENT OF THE MAYOR

Mayor Upchurch provided a statement for the emergency meeting:

- Governor DeSantis' issued Executive Order 20-69 on March 20, 2020 that stated municipalities were allowed to conduct meetings of their governing board without a quorum of members physically present, or at any specific location, and could utilize Communications Media Technology (CMT), such as telephonic or video conference as provided by Florida Statute Section 120.54(5)(b)2
- Isabelle Lopez, City Attorney, would explain public comment procedures
- Commission members appearing remotely at the meeting were identified:
  - Mayor Tracy Upchurch
  - Vice Mayor Leanna Freeman
  - Commissioner Roxanne Horvath
  - Commissioner Nancy Sikes-Kline
  - Commissioner John Valdes
- Ordered speaking was required by attendees to ensure proper understanding and a clear record, due to the meeting's virtual nature
- Speakers should be recognized by Mayor Upchurch or the moderator prior to speaking
- Mayor Upchurch would call each commissioner in order to provide their comments on any item
- Commissioners were to notify Mayor Upchurch of their desire to provide further comment through the Zoom software, or by indication in another manner

INVOCATION AND PLEDGE OF ALLEGIANCE

Mayor Upchurch delivered the invocation, and Commissioner Freeman led the Pledge of Allegiance.

3. CITY ATTORNEY ANNOUNCEMENT OF PROCEDURES

Ms. Lopez reviewed the procedural guidelines for CMT meetings and reviewed the Resolution.[1]

Resolution 2020-13: Adopting Emergency Meeting Procedures pursuant to Executive Order 20-69 for the Declared State of Emergency in Response to COVID-19.[2]

Mayor Upchurch's connection was disrupted and Vice Mayor Freeman opened the public hearing; however, there was no response.

MOTION

Commissioner Sikes-Kline MOVED to pass Resolution 2020-13. The motion was SECONDED by Commissioner Valdes.

Ms. Lopez stated that the content of the resolution had been discussed; however, she advised that an Acknowledgement and Waiver of Rights, 'Exhibit B' of Resolution 2020-13, required discussion, should the Commission move forward with public meetings that involved quasi-judicial matters.

Ms. Lopez explained that should the City move forward with a Planning and Zoning Board (PZB) meeting, a Historical Architecture Review Board (HARB) meeting, or a City Commission meeting with quasi-judicial items, they tended to be planning based decisions, and applicants would be asked to waive the normal hearing procedures they were entitled to under Florida Law. She stated that the 'Waiver and Acknowledgement' indicated the applicant's decision to go forward under this methodology with an understanding of the legal risk. She concluded that utilizing virtual meetings was unusual and had not been tested in the court system.

Mayor Upchurch's CMT connection was re-established.

Vice Mayor Freeman advised Mayor Upchurch of the motion on Resolution 2020-13 and Ms. Lopez' briefing on the adoption of emergency meeting procedures. She returned the floor to Mayor Upchurch.

VOTE ON MOTION[3]

AYES: Sikes-Kline, Valdes, Freeman, Upchurch
NAYES: None
MOTION APPROVED UNANIMOUSLY

4. PUBLIC COMMENTS FOR GENERAL PUBLIC COMMENTS OR FOR AGENDA ITEMS NOT REQUIRING A SEPARATE PUBLIC HEARING (3 minutes per individual)

The Commission heard from the following members of the public, whose emails were read by Darlene Galambos, City Clerk:

Steven Bond, St. Augustine Yacht Club
Susan Hill
Ann Breslauer
Denise De Clair

5. AGENDA ITEMS AS DETERMINED BY CITY MANAGER

5.A. Update on the City's current COVID-19 activities – Due to the fluid nature of the virus, the City Manager will provide a report contemporary to the day of the meeting

[1] Attached to original Commission Packet
[2] Attached to original Commission Packet
[3] Commissioner Horvath's connection was disrupted; therefore, she was absent for the vote

John Regan, City Manager, introduced Dawn Allicock, M.D., Health Department Director, Florida Department of Health, St. Johns County.

Dr. Allicock provided a status update of COVID-19 virus:

- Governor DeSantis issued a thirty (30) day 'Stay at Home' Executive Order 20-91 effective April 3, 2020
- All fifty (50) U.S. states, the District of Columbia, Puerto Rico, Guam, Northern Marianas and the U.S. Virgin Islands had reported cases of COVID-19
- Every Florida County had been touched by COVID-19
- The Florida Department of Health (DOH) dashboard was updated to provide additional information and functionality, including a map with cases by zip code, with real-time data and information for residents and visitors
- To date, Florida had tested 183,000 individuals, or about 0.9% to 1.0% of Florida's population, with a positivity rate of 10 – 11% noted
- St. Johns County had tested about 1.0% of the population with a 5.0% positivity rate noted
- Florida's hospitalization rate was 14% and 17% in St. Johns County
- Florida's mortality rate was approximately 2.4% and 1.2% in St. Johns County
- Zip code data review showed 170 St. Johns County confirmed cases, with 18 in zip code 32084, or a 10.5% positivity rate which was about double the expected rate for St. Augustine since 32084 was only 5.5% of the overall St. John's County population
- Early research showed up to 25% of people infected may never have symptoms, and those who developed symptoms may not until 48 hours after being infected, which was important since those without symptoms contributed to the virus transmission

Dr. Allicock discussed the mitigation strategy of social distancing:

- Very significant and led to an optimal decrease in viral transmission as data indicated
- Virus required close contact for transmission, and did not easily go from person to person; therefore, maintaining six feet of distance inhibited the virus and would cause its eventual decline
- Hypothesis was that transmission would decrease during summer as most respiratory viruses were seasonal
- Virus peak was originally estimated for May 3, 2020; however, it was changed to April 21, 2020
- Preparations should be taken for a second virus wave potentially in late fall or early winter as seen with the 1918 pandemic
- If social distancing eased up, the trajectory of the pandemic could dramatically change for the U.S., based on the experts modeling

Dr. Allicock discussed virus reinfection:

- Current evidence suggested that being infected with the virus, then recovering, may not guarantee non re-infection
- Information was crucial for economies to re-open and people to safely return to work
- When a virus attacked the body, the immune system moved into action with white blood cells and antibodies attacking the 'intruder'; however, since COVID-19 was so new, it was unknown if the infection taught the immune system to protect against future infection
- A small study in Shanghai noted that in some infected individuals, no antibodies were detected, which questioned the lack of immunity

- It was possible the virus did not illicit a strong enough response in some to imprint a memory on the cells of the bodies' immune system
- It was not clear if viral particles were viable and mitigant doses sufficient to cause infection through talking or exhalation
- The World Health Organization (WHO) contended that the COVID-19 virus was primarily transmitted through respiratory droplets and close contact
- The Center for Disease Control (CDC) reviewed whether masks protected the person wearing them or protected others from the person
- Per the CDC, upon receipt of a positive COVID-19 test, the DOH conducted an epidemiological investigation for close contact identification with others, who were instructed to self-isolate for 14 days after exposure, to contact the County DOH and their healthcare provider immediately with symptom development
- Public health focused on early case identification, isolation, and contact tracing, which was an attempt to curb the spread of the disease

Dr. Allicock discussed the vulnerabilities of the virus:

- The virus had the propensity for substantial mortality in the elderly and those with significant medical conditions; therefore, long-term care facilities were monitored daily to limit outbreaks
- Younger individuals in their 20s, 30s and 40s had also been affected and required intensive care
- Young individuals were asked to stay away from a parent or grandparent with compromised immune systems when stay at home orders were in place

Dr. Allicock noted the following public health message:

- Everyone played a role to lower workplace and community impact by taking daily preventative actions to help impede the spread of respiratory diseases like COVID-19
- Information was updated twice daily at www.flhealth.gov/COVID-19, which contained links to daily reports and the Florida COVID-19 data and surveillance dashboard
- The best measures were:
  - Maintain 6 feet of social distance
  - Wash hands with soap and water for a minimum of 20 seconds
  - Use hand sanitizer with at least 50% alcohol, if soap and water were not available
  - Cough into your arm or sleeve
  - Use a tissue when sneezing or coughing and immediately dispose in the trash
  - Stay home if you were sick
- Much was unknown about this virus; however, science would get the proven effective treatments for COVID-19 and a vaccine creation
- Science allowed the reduction or delay of infections which saved lives, and eventually COVID-19 would become endemic like a cold or the flu
- Most people infected with COVID-19 would recover

Dr. Allicock concluded that should the pandemic continue community impact, she expressed empathy for the struggles of individuals and families affected.

Dr. Allicock answered questions from the Commission:

- *How could the City assist the DOH?*
  - Enforce social distancing, and note that vaccines saved lives

- *Was St. Johns County's goal to test 100% of the population for COVID-19?*

- The Governor and the State Surgeon General worked to set goals based on the State's hot spots, using the example of highly impacted counties like Miami-Dade, Broward and Palm Beach

- *Was there a time frame to accomplish this goal?*
  - It was understood to be ongoing at that time

- *Were there plans for expansion of COVID-19 testing locations?*
  - Governor DeSantis recently stated that on Monday, April 13, 2020 the National Guard of Contract Nurses would begin to stock drive through sites in Jacksonville, Orlando, Fort Lauderdale and Miami
  - To meet demands, criteria would be expanded at these sites and testing would occur for any age, symptomatic and asymptomatic, health care workers, first responders and anyone who had close contact with positive cases
  - Looked at expanding and getting rapid lab testing to all Florida hospitals, and looked to acquire antibody tests
  - Florida was looking for ability to be at 1 test per 100 people sometime that week, or the week following

- *How long did test results take?*
  - It varied, as the DOH State labs had a turnaround time of about 24 to 48 hours and commercial labs appeared to be much longer
  - Some hospitals had a turnaround time of 8 hours, and Flagler Hospital went online with a same day results turnaround time
  - Hospitals and private physician offices had begun to test, which would provide a faster turnaround

- *How many employees currently performed contact tracing?*
  - Of the 64 full time employees at the St. Johns County DOH, 47 were assigned to COVID-19, or about 73% of the staff

- *Were there plans to employ contact tracing employees?*
  - The DOH sent three public health students two weeks ago with options to work for up to a month
  - Two nurses were also sent to assist for two weeks

- *Would St. Johns County conduct antibody testing and if so, who would get tested?*
  - Currently, information was unavailable on antibody testing, except that the Governor's press conference indicated the State was looking at the implications
  - There was no information on the time-frame

- *So that the community could understand the virus reality, was there information regarding those individuals seriously impacted and their recovery, such as were they school workers, the elderly, or children?*
  - The youngest patient seen was 2, and the oldest was 91
  - The numbers seen showed the focus was largely somewhere between 45–54 years old
  - The virus had impacted every segment of the population
  - Data regarding schools could not be shared; however, the DOH website indicated the number of people within age groups
  - Hospitalization rates were those with co-morbid disorders, but the younger population was also seen
  - People less than 50 years without co-morbid had been hospitalized, had recovered, or were recovering and leaving the hospital
  - The DOH had not shared recovery data information
  - The State was still reviewing the meaning of recovery, it was still being defined and was uncertain,

and data and time would provide information on the true definition

- *Were the projected number of beds needed at Flagler Hospital during the virus peak in St. Johns County being looked at, along with alternate sites?*
  - Flagler Hospital worked in collaboration with Emergency Management, the DOH and the County to determine how expansion would occur, if necessary, and what an alternate care site would look like
  - The State of Florida was looking at the entire State options

- *Since 25% of people showed no symptoms but could be contagious for 48 hours, and only 50% of the public wore masks, was there planned action from policymakers or leaders to insist that the public wear masks when shopping, or when in contact with another person?*
  - From a scientific standpoint, the question was valid and reasonable; however, it was 'above her paygrade'
  - Although masks were not comfortable, they were a minimum discomfort to save others
  - In other parts of the world, masks were a part of daily life, and it was difficult to recognize whether our science was supportive
  - The decisions were up to the leaders like the City Commission

- *A known person had been waiting for 7 days for test results and with this wait period, what was the purpose of being tested?*
  - Individuals who were part of the contact investigations could get tested at the DOH with results within 24-48 hours
  - The test in question must have went to a commercial lab, and they had extended wait times
  - Additional resources received by the State and expansion of testing sites would hopefully change the result times
  - The focus was contact investigations, or those individuals exposed to positive cases

- *From a medical point of view, what takeaways as a local government of the State could be done differently next time?*
  - As a profession, public health did not have the same intensity, understanding and acceptance that needed to be relied upon in these types of situations
  - Our society was global, with travel ability from one continent to another in a matter of hours, and viruses and bacteria jump from one species to another, which meant they would be on our doorstep again
  - The same thing would be faced again, and nothing learned, if we were not prepared to be in front of a future occurrence
  - Pandemics had been discussed since 2006 and were an expectation
  - Avian Flu, H1N1, Zika, Ebola affected us globally, and we did not learn well from the experiences
  - Once something was fixed in public health, the monies were re-located elsewhere or disappeared
  - This was the first experience of this pandemic type in her 20 years of public health, the resources were not there, we were not ready, and people were not listening
  - People lived longer with chronic illnesses and naturally corona disorders occurred, with lesser impacts on healthy people
  - Preparedness and a strong public health investment were necessary to prepare for these eventualities

- *Were there discussions at the State level regarding the upcoming hurricane season and ordered evacuations, and preparedness review?*

- The DOH Director of Emergency Management had pondered this very challenging question
- At the State level there was discussion, but she was not privy
- Shelter requirement openings were reviewed in light of COVID-19

The Commission discussed:

- The virus must be stopped to avoid a second wave; therefore, the use of a message with the upcoming hurricane season provided a great impact for citizens
- City assistance was offered to the DOH for contact tracing, if needed
- Dr. Allicock was invited to provide a future update, and appreciation was expressed for her medical insight and passion for the community

Mr. Regan introduced Inder Singh, CEO and Founder of Kinsa, Inc., developers of the 'smart thermometer'.

Mr. Singh noted his empathy for the current difficult decisions the Commission faced regarding people's livelihood versus lives. He discussed the Kinsa smart thermometers and the pilot project development with the City which was an effort to target viral outbreaks.[4]

Mr. Singh noted that smart thermometer data showed that aggressive social distancing activities curbed community spread of illness, and it was not the time to relax social distancing measures. He stated that Kinsa targeted the use of the smart thermometers in 5 million U.S. households, which would show early community illness spread.

Mr. Singh answered questions from the Commission:

- *How many thermometers were presently in Florida?*
  - Since the start of flu season, there were tens of thousands active; however, people only used the thermometer when sick
  - Florida did not have the same number as New York and California and the resolution was not county by county, but State level, showing the difference between north and south Florida
  - Thermometers alerted that something atypical and an acute rise was occurring in Florida; however, did not have the resolution capability to go to the precise geographical level
- *Other than St. Augustine, how many other Florida municipalities had pursued the thermometers?*
  - A mayor of an undisclosed larger city had initiated a conversation with the Florida Governor and State public health authorities, but had not procured thermometers yet
- *How many cities outside of Florida had pursued the thermometers?*
  - Connecticut Governor had announced the smart thermometer initiative with Kinsa, Inc.
  - A larger state where a philanthropist who requested anonymity was working with the Governor's office on funding the deployment of over 400,000 thermometers
- *What would the City's dashboard look like after it was constructed?*
  - Encouraged use of City dashboard through healthweather.us where zooming on county level presented lots of continuously maintained data
  - A feed or data alert ability would be an appropriate measure set up to ensure the data was specifically available for St. Augustine
  - The activation of 600 thermometers in St. Augustine would be roughly over 10% household penetration, which was great for understanding

[4] Attached to original Commission Packet

the illness level and speed at which it spread
- St. Augustine had under 20,000 people and national restrictions existed for providing data to a resolution below 20,000 people
- A visual dashboard with subsegments of the City was not useful since describing different parts of the City was disallowed
- A localized dashboard at the County level made sense, as it would not just show St. Augustine, but areas of the county with adequate thermometer dispersion, thereby allowing discussion of the county area differences
- The Florida dashboard could be made available to the State and locally, if the State incorporated large scale thermometer distribution with ability to zoom in as needed to see important adjacent areas

For the early warning system to work at a practical level, did it require individuals to take their temperature more often than when just feeling bad?
- It was requested that people take temperatures as normally done
- Looked at percentage of people who had fever or illness

Were thermometers tied to just one person, and not a household?
- They were tied to the household
- Audience targeted was larger households, for broader population coverage, and larger households tended to spread disease more

Commissioner Sikes-Kline noted the challenge of the 20,000 person restriction, and that discussion should occur with the County regarding additional census tracks, underserved communities and perhaps the consideration of the water and sewer service area, which was larger than the City limits. She noted there were requests on how to bring the smart thermometers to other areas, such as Vilano Beach.

Mr. Singh stated that for early warning system optimization, it must be in the hands of the 'earliest of early' warning signals, or those who spread disease. He noted that those in underserved communities typically sought late care and treatment, due to lack of insurance or doctor access, which resulted in disease spread when asymptomatic or mildly symptomatic, and this had spill-over effects into adjacent communities.

Mayor Upchurch noted the importance of reviewing the spread outside the immediate City environment, that the City had the advantage of wealth and many families could purchase their own thermometers. He stated that the focus should be on the underserved community to make the project successful.

Mr. Regan reviewed the details of the distribution of the 600 thermometers, including the question script that would be asked to those callers who requested one.[5]

Mr. Singh provided an academic point of view regarding the thermometers:

- Traditionalists in health care thought of drugs, diagnostics and vaccines; however, we needed to think about how 21st century accessible technologies enable both the rich and underserved access to outbreak prevention measures
- 80,000 Americans died of the flu in 2017 and 2018 and had there been a 12-week indicator to prepare, the outcome could have been different
- A 12-week indicator for the flu existed today, on a location by location basis, due to the thermometer network set up
- Reasonable cost to set up the infrastructure, it was necessary for this country and other countries for outbreak prevention

[5] Attached to the Meeting Minutes

- St. Augustine would be the first community with more than 10% household penetration
- Collaboration and coordination with the City demonstrated to other city governments and public health that the data could be used to respond
- This was not just a science experiment, but a reality experiment of how to convert science into useful response approaches

Ms. Lopez requested the Commission's decision on the following matters:

- The City Manager had expended public funds to purchase the smart thermometers which was not publicly bid, and challenging public policy circumstances existed with targeting specific communities for providing free thermometers
- Although the City would not obtain or transmit individual health information, it would be part of the participant selection and distribution, not everyone would get a free smart thermometer and this was a public policy decision that required a comfort level
- The thermometer terms of use should be clear:
  - The City had no intentions to provide third party rights
  - Current terms of use had a broad indemnification clause
  - The Commission had no intention on providing these third-party rights to turn around and sue the City
  - Any decisions made on public health grounds would take in a myriad of information, and were not just bound by this dataset

Mr. Regan stated that no particular action was required at the meeting; however, if the Commission did not stop his actions, he was moving forward with the distribution of the 600 thermometers, currently in the possession of the City.

The Commission discussed the following with Mr. Regan and Mr. Singh:

- Requested a plan for expansion of the thermometer program under the discussed considerations
- Expand opportunities for the community to purchase their own thermometers, with anticipation of County member participation
- The inability for individuals to purchase the product directly was a challenge, and people were excited about participation
- A public messaging campaign was being created for the purchase of the thermometers
- Congress allocated $200 million in grant programs for the systems and to expand the program regionally to the underserved community
- Thermometer supply was expected to increase, with 25,000 to 30,000 per week currently being produced and 200,000 to 400,000 expected by the end of May, early June
- Bulk purchases online were currently backordered; however, supply would be unlocked within weeks
- Kinsa, Inc. was unable to prioritize one set of users over another, and the website was the best avenue to purchase the thermometers
- A buy-one-get-one program currently provided under-privileged children with the second free thermometer
- School based thermometer programs worked with school nurses on prevention activities and the reduction of illness based absenteeism, and were successful in curbing the spread of the flu and potentially other infectious diseases

There was Commission support and appreciation for the actions and vision of Mr. Regan, and consensus to move

forward with expansion efforts on a County-wide thermometer program.[6]

Mr. Regan reviewed the details of the City's efforts in each department, to prevent the spread of COVID-19:

Fire Department:

- Began training in early February 2020
- Electrostatic fogger was purchased for use all apparatus and living spaces
- Changed protocols to limit number of on-scene responders
- Obtained additional 9,000 to 10,000 masks available for first responders and work force
- First responders screened twice a shift
- A second main station established at the Florida School for the Deaf and Blind, with separate rooms and eating facilities, which would avoid the loss of 1/3 of the Fire Department in the event a first responder became infected

Mr. Regan noted that moving part of the Fire Department north had cut response times in area from 5:23 seconds to 3:31 seconds and that the total call volume for the City was down about 30%.

Communications:

- Communications outreach was continued on all media platforms
- Worked through Emergency Operations Center for major press conferences
- Great feedback was received from the community regarding City actions

Police Department:

- The P.D. building and vehicles were decontaminated
- Shift schedules changed
- Officers were self-monitoring
- No direct client contact

Financial Services:

- Worked through drive-in window
- Where possible, staff worked from home
- Utilities were not being shut-off

Planning and Building:

- Where possible, staff worked from home
- Utilized electronic filings for business permits, licenses and board applications
- Continued Code Enforcement measures in the field
- Number of building permits and inspections were at normal levels
- New business tax receipts at normal levels
- Board applications were below normal

Utilities and Public Works:

- Ensured critical services stayed in place, with extra protections with wastewater and water treatment operators to ensure health
- Five pressure washing crews were cleaning town
- Painting was being done
- Striping curbs
- Slowed spending with the delay of major projects
- Continued budgeted contract for the parking garage with pressure washing, cleaning interior, the promenade, elevator equipment
- On Street parking was suspended until further notice
- All hands were on deck cleaning
- Engineering work continued
- Mobility department was taking public input and making modifications to improve social distancing

General Services:

- Ordered hand sanitizer and cleaning equipment in advance
- Deep cleaned public restrooms
- Closed Visitor Information Center

[6] Recess taken from 12:50 PM until 1:00 PM.

- Continued processing bids and contracts, which was important for the support of first responders

Mr. Regan concluded with the following:

- Staff was reduced inside City Hall
- Social distancing measures practiced
- All departments given masks to use when in close proximity with other employees
- To date, there were 7 to 10 employees in isolation; however, no employees had COVID-19
- Continued meetings with County staff and Flagler Hospital

Mr. Regan commended Donna Hayes, Human Resources Director, for modifying the employee policies to be favorable to individual circumstances to ensure that employees continued to receive a paycheck.

Mr. Regan commended Meredith Breidenstein, Assistant City Manager, for her management of individual task forces to solve problems.

Commissioner Sikes-Kline stated the need for a permanent plan and program for specific cleaning measures of public places such as garages, elevators, restrooms and streets to ensure the public's safety and confidence.

Commissioner Valdes inquired about the need for less labor-intensive equipment or technology that would assist with expediting the cleaning.

There was Commission consensus for these requests.

Mr. Regan stated that he would return to the Commission with proposals on the cleaning topic and he would also look into equipment, technology and the people to ensure a clean and safe City. He noted that the field of environmental engineering and public health were one in the same and he planned to bring future proposals on how the City affects public policy for the good, so that our public health system can do more rapid intervention and detection.

Mayor Upchurch noted his support for Mr. Regan's compassion and analytical side and commended the great job performed with his leadership at the City and throughout the County. He noted that Mr. Regan had pulled together critical staff, and functions and had thought of things other leaders had not, and in many ways this pandemic showcased his true abilities.

Mayor Upchurch inquired about the ability to convene our citizen's boards, such as HARB and PZB using the CMT format, since there were applicants anxious to move forward with important matters.

Ms. Lopez noted that Resolution 2020-13 adopted earlier in the meeting enabled the CMT's to be legally set up for the lower boards, and it was a matter of the Commission to decide on moving forward and when to have those meetings.

There was Commission consensus to move forward with the lower boards meeting through CMT.

Mayor Upchurch noted the Commission should be sensitive about matters that would generate public interest and their ability to appropriately hear the public.

Commissioner Freeman stated her concern about items of great public importance not getting fully reviewed and believed those items should be postponed so that citizens were allowed the opportunity to be heard, and for the Commission to digest the requests.

Mayor Upchurch noted that the Commission must rely on City staff to prioritize these matters with the applicants.

MOTION

Mayor Upchurch MOVED to approve Proclamation 2020-05 to recognize Health Care Decision Day. The motion was SECONDED by Commissioner Freeman.

VOTE ON MOTION[7]

AYES: Upchurch, Freeman, Valdes, Sikes-Kline
NAYES: None
MOTION APPROVED UNANIMOUSLY

Resolution 2020-14: Consideration of a Modification of Event Policy which provided the City Manager the ability to re-schedule events and festivals if there was a declared State of Emergency.

Mr. Regan reviewed the Resolution which provided the City Manager the authority to assist large events that were cancelled, and upon their request, to reschedule them in the fall. He noted these events initially included the Rhythm and Ribs and the Seafood Festival, and stated that under the current policies, the City Manager was unable to re-schedule.

MOTION

Commissioner Freeman MOVED to pass Resolution 2020-14. The motion was SECONDED by Mayor Upchurch.

VOTE ON MOTION[8]

AYES: Freeman, Upchurch, Valdes, Sikes-Kline
NAYES: None
MOTION APPROVED UNANIMOUSLY

Mr. Regan advised the Commission that the City of St. Augustine was the first government in the region to host a full virtual Commission meeting.

Mayor Upchurch inquired about the letter from the Yacht Club.[9]

Mr. Regan noted that the City's small business tenants received a 50% rent abatement for April and May, with the cutoff on small businesses at the Yacht Club, the State offices and Flagler College. He noted that The Yacht Club submitted a letter which raised issues regarding the rent, and this would be revisited and responded to by Mr. Regan.

6. ITEMS BY MAYOR AND COMMISSIONERS

Commissioner Sikes-Kline inquired about the short-term rental enforcement procedure based on an inquiry she received and should this be handled by standard code enforcement.

Ms. Lopez noted the following:

- Any order of the Governor through the Emergency Powers Act, made a violation a second-degree misdemeanor, enforced by law enforcement, not code enforcement
- The simpler method for reporting those who did not follow the vacation rental prohibition, was to visit the State's website, or the Department of Business and Professional Regulation (DBPR), which had a violation reporting page for any entity in violation
- Vacation rental prohibition was extended through April 30, 2020, and check-ins or registrations were not allowed through that date

Mr. Regan noted that this would be treated as a complaint and would move forward promptly.

Commissioner Freeman noted that the enforcement of this very specific issue through DBPR was precisely what the City

[7] Commissioner Horvath's connection was disrupted; therefore, she was absent for the vote
[8] Commissioner Horvath's connection was disrupted; therefore, she was absent for the vote
[9] Attached to original Commission Packet

argued against in Tallahassee, short-term rental regulation from Tallahassee versus locally. She noted that now that the City had an issue, the City would be required to realistically address the problem.

Commissioner Freeman noted her appreciation of the initial aggressive and fast response to the pandemic, believed it was the right thing to do and in moving forward hoped that the approach would be conservative in putting ourselves at risk.

Commissioner Horvath reiterated her hope that Mr. Regan would review the hurricane season issue and what the State proposed the City should do, in the event of a shelter at home situation. She noted that perhaps it could be prioritized based on needs but stated that the issue required an advanced review.

Commissioner Valdes noted his pride for being a part of the Commission, and commended Mr. Regan and City staff's aggressive and early actions to curtail COVID-19. He noted the homeless issue and their virus exposure, and requested updates for County activities that addressed it, such as finding motel rooms for those underprivileged.

Mr. Regan noted the effort of the Emergency Operations Center (EOC) to locate hotels and spaces for the homeless to shelter. He stated that Barry Fox, Chief of Police, was more involved with the issue, that he would obtain an update from Chief Fox, and provide a response to the Commission.

Mayor Upchurch expressed appreciation for all those involved in the CMT meeting.

7. ADJOURN

Meeting adjourned at 1:35 p.m.[10]

Tracy Upchurch, MAYOR

Darlene Galambos, CITY CLERK

CORPORATION OF THE CITY OF ST. AUGUSTINE

[10] Transcribed by Laura Morse