

Closed Caption Log, Council Meeting, 02/07/12

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[08:56:20]

mornin g, I'm austin mayor lee leffingwell.

A quorum is present so I'll call to session this session, on tuesday, february 7, 2012.

We're meeting in the board and mission room, automatic city hall, 301 west 2nd street, austin, texas.

The time is 9:05 am.

We begin this morning with item a 1, which will take us into executive session.

Without objection the city council will go into closed session and take up one item.

071 of the government code the council the consult with legal counsel regarding the following item, a 1 discusses legal issues related to austin lifecare, , versus the city of and the roman catholic diocese of austin versus the city of austin, et al.

Is there any objection to going into executive session in hearing none the council the now go into executive session.

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In closed session we took up and discussed legal issues related to item a.1.

So with that we'll go to 1, which is a briefing on emergency medical services staffing, configuration.

>> Good morning, mayor, good morning, council.

Thank you so much for your time this morning.

We know you have a lot to do so we're going to be brief with our presentation.

My name is ernie rodriguez.

I'm the ems director for austin/travis county ems.

With me this morning is paul henchy, our medical director.

What we're going to do this morning is I'm going to provide an overview of what it is that we are wanting to do.

henchy is going to provide some of the details, some of the science behind our rationale behind our decision.

And then I'm going to close it up with a timeline so you can see how we're progressing with this.

Emergency medical services is an ever-changing profession.

It never stops.

We're constantly learning from research and clinical studies.

We're also constantly watching our partners out there to see what other organizations are doing and how well -- what kind of results they're getting from the changes that they make in their -- in their design of the ems system.

So the medical director, myself and even our association would like to change the way that we staff our ambulances.

We want to change to a staffing model that aligns better with our community needs, something that actually matches the type of calls with the type of staffing that we use on our ambulances.

And we also want to improve our patient care.

Our organization is centric around -- or centered around our ability to evaluate what we do, look at the results that we get and then constantly modify our practice so that we can provide better care to our community.

We also need to improve our recruiting and filling of vacancies.

Our organizations currently has 48 vacancies we've been struggling to fill for quite some time now and we need to get those positions filled and adequate staff on board so that our personnel can live a balanced work life.

And finally, we think that making the change that we want to make is actually going to be better for our community over the long haul.

So the different staffing model that we want to use, if we compare it to our current staffing model, which is on slide 2, we use two paramedics on every ambulance and what we want to do is to change that to use one advanced provider, which is a paramedic, and what basic provider, which is most commonly an emergency medical technician.

It can be a paramedic who operates at the basic level as well.

So there's a little bit of background that I want to give you so you understand how we want to do this.

But you can see on the slide 3, we're going to use a combination of two things: Credentialing and certifications to get there.

Credentialing is what henchy provides to our paramedics.

Currently a paramedic can practice at whatever level the -- he designates for that practitioner.

That would be true for my practitioner in our organization.

The other thing we're used is certifications.

We want to use emt and paramedics's considerations in combination to get the most on our ambulances.

So we want to use them combined with credentialing to achieve the best results.

To do that we want to create two positions.

We want to take our current paramedic position and transition it into what we are calling the field medic 2 position.

That would be staffed by paramedics like we have today.

So there's no change in that.

The other new position that we want to create is called a field medic 1 position.

That can be staffed by EMTs AND PARAMEDICS THAT Are credentialed to perform at the basic life support level.

So let's talk a little bit about what that means.

I think I can get it right here.

Just as a reminder -- and I'm sure you know all of this because we've covered it many times with you before.

I'll cover it again.

Emergency medical tech technicians practice basic life support and they do things, like they can defib defibrillate with a defibrillator.

They provide airway support, the most critical type.

They control bleeding, apply splints and several other skills.

Paramedics on the other hand provide advanced patient assessment.

They can manage complex airways.

They can place tubes into the trachea and things like that.

We do intravenous access, so **THEY CAN START IVs AND Administer medications** directly into the bloodstream.

So that's the difference between these two positions.

So why is this change important?

Firstly, it matches our services with our community needs.

It allows us to focus paramedics on the critical skills.

One of the things that we've learned over time in medicine is the more frequently that a practitioner performs a particular skill, the better they get at it.

That's true of any skill that we have to master in life.

This allows us to develop a basic and new advanced providers into experienced advanced providers.

One of the things that happens right now when we're hiring personnel is we get paramedics who are brand-new, they're new graduates.

They come to us without any experience, and we have to turn them away because they can't operate on our ambulances today.

So this would give us the opportunity to bring them on board, put them in a basic position and allow them to develop and grow into great paramedics, which is what we want to do, we want to develop great, strong providers.

This will also increase our applicant pool, and henchy is going to talk to you a little bit about the size of the applicant pool, the population of paramedics compared to the **POPULATION OF**

EMTs, AND Which groups we're hiring from and how this can improve our ability to hire and fill our positions.

Also, because we're going to be looking at a larger applicant pool, we know that we're going to see greater diversity in that pool.

So that's another thing that's exciting no us, is we -- for us, is we really want to push that, we've been working on that and we still have a lot of work to do.

And also this capitalizes on our experience.

Long ago this organization was designed with els providers in it and we operated in that way.

It made since then and makes sense today.

We want to take what we've learned and use that to make this transition a little wit different.

And operate it in a way that we think will make a huge impact on our organization.

One of the questions that we have fielded, and I'll just go ahead and bring this out.

One of the questions that we have fielded in previous meetings we've met with community groups.

We've met with our association, we've met with some of our employees.

We haven't met with all of the workforce yet, but one of the questions that we keep hearing is is this a cost saving measure?

And the answer is no.

Our motivation to do this is not for cost savings.

Our motivation is all the things that I just talked about.

Ultimately we believe that making this change and doing it in this way that we're discussing will make our organization far more sustainable than it is today, and that's what we want to talk about now and I'll let dr. henchy talk.

>> So from the clinical perspective, I guess there are really three main goals to this.

The first, you heard chief rodriguez mention, aligning service delivery with patient need.

The other piece we want is as -- system, this is one of the top ems system in the country and we want to be dynamic and change with that.

And in order that and for future of our organization, we want to be able to cultivate the very best providers that we can in our service group.

So chief rodriguez mentioned that the acuity level, this is the breakdown -- what you see here is the breakdown of our treatment levels over the last fiscal year, and you can see that two-thirds of those are basic life support management, s.o.s.

This very basic level care.

Doesn't necessarily mean these folks aren't sick.

They definitely need to go to the hospital, but what they benefit from is a safe and cbl comfortable ride to the hospital and don't need much advanced intervention.

This is consistent with cities across the country, most cities run a basic life support rate between 60 and 80%, with smaller being advanced paramedic skills.

In our system roughly a third of ours require some level of advanced care, but only a very small fraction of that in our system is about 8% that need these critical life threats, these very, very sick patients that need sort of a maximal intervention.

Again, that's pretty consistent across the country, about 5 to 10%.

So if you look at the way we currently configure our ambulance, we send two paramedics to every call, which means -- and they alternate calls.

So with only 8% of our folks needing critical management, our lead paramedic alternator only sees half of those, so actually their exposure is quite low.

And the reason that concerns us is because there's research in the clinical literature that looks at outcomes associated with frequency of performing complex tasks, and this comes mostly from the surgery literature, where lou -- and surgeons who perform the same type of surgery more frequently are better -- not surprisingly are better, they have better outcomes and lower complication rates.

I think this is a fairly intuitive experience for most folks in that, you know, if you played a sport or musical instrument or anything else, the more you do it, the better you are at it.

In medicine we need a study to tell us that, but that's kind of how that works.

[Laughter] so looking at that we went back and we looked at our own system and looked to see how often are our providers getting to see some of these sick patients and getting to apply their advanced training and their knowledge, and as we look at our system the way it's configured, that number is lower than where we like it to be.

If you look at our numbers, we have roughly 300 paramedics in our community, each paramedic sees about two cardiac arrests a year.

They see two of those critical patients a month and they only see about two of those, even the minor advanced life support, the basic advanced life support, full, patients in any given week.

So that's really not enough for us.

So we looked around the country to see what other systems were doing and how they were responding to that and what techniques they were using to try and increase their exposure, and what we found is that systems all around the country are utilizing a similar practice where they're mixing up their providers to increase their exposure for their paramedic level providers.

And I sent a quick email out to 50 of my colleagues both within the country but also around the world and just asked, I said, you know, how -- how are you doing this?

And I got 30 responses.

You can see some of them here.

All but four of them are used a mixed model like we're discussing with you now.

And chief rodriguez also talked about our applicant pool.

And if you look at our applicant pool, right now we look at paramedics.

We hire from a paramedic pool, but unfortunately that's the smallest portion of prehospital providers.

Across -- these are national numbers you're seeing here.

There are only about 72,000 paramedics in the entire country.

That's about 20 to 30% of the entire pre-hospital provider population, so we're forced to pick and try and find excellent people out of that smaller applicant pool.

What we're hoping to do is by expanding to a much larger pool to include the other levels of provider, we can pick top-quality people for their aptitudes regardless of their certification, because we can bring someone into the system who has good character, good critical decision-making skills and is compassionate and we can train them to be any level of provider.

You can't take someone with a certification and make them compassionate.

That's an intrinsic thing.

So what we're hoping to do is create a much more diverse and eclectic pool that we can draw from to pick the very best people and then make them providers.

Now, we value our folks that we have now.

We have a great deal of highly experienced paramedics, and so our goal is to use those -- our existing paramedics to mentor these new folks coming in and give them a prolonged training phase and a step-wise progression to really build them into -- sort of maximize their ability and give them the maximum training they can so when they do go out to practice on their own we're sure they're maximally proficient.

What we also get out of this is a career ladder.

Now, we've got a traditional career ladder which is a rank career ladder where you progress through a rank, but what this gives us the opportunity to do is in addition to a rank progression, you also get a clinical progression, so you come in at a basic level and we can grow you to advance to higher levels so you can also progress as a clinician, as a provider, and what this also does for us is it allows us across the paramedic level where we're expanding into new roles, like our community resource paramedic, what this allows us to do is be more flexible in terms of being able to put paramedics in those positions and then being able to backfill with other providers.

So it makes for a much more extensive career ladder for providers and hopefully retains some of that expertise in our system.

So if you look at this from our standpoint, from the clinical perspective, by expanding our applicant pool we can pick better people, high-quality applicants, train them, invest heavily in their training, and then once we let them out into the field to practice independently, we're assured that they have much higher clinical contacts to maintain that expertise, and we think in the end this is going to give us better clinical care for our community.

With that I'll let ernie finish up.

>> Thanks, doc.

The transition plan that we have is really very simple.

It's going to take several years to make a change.

We don't plan on doing any sorts of layoffs or letting paramedics go.

It's quite the opposite.

We want to retain as many of the great paramedics we have in our system, in our system.

So we're not in a hurry to make the total transition.

In order to make the total transition it would take ABOUT 130 EMTs OR BASIC Level providers.

It's going to take several years to get to that level.

Using natural attrition will take several years.

On the -- I think the most conservative estimate, three to five years at least before we see enough rotation to have that many personnel on board.

Obviously I'd like to start right away -- I'd like to start recruiting personnel as soon as -- as soon as we can.

It's important also to note that there's no additional costs that we're going to experience by making this change, and one thing that we'd like to strongly recommend to you and ultimately it's your decision, any savings that we do see come out of this we'd really like to see back into the ems system.

We have areas of our community that still need ems development, and this is one of the things that we'd like to see in the long run.

Right now we don't know exactly what the savings are going to be.

We have a team, an hr team, that's developing pay scales for us, and once those compensation plans are developed, then we'll have a better idea of what kind of dollars that we're talking about.

We're hoping that we get those answers this week.

We really just want to take the time to inform you about what's going on because we know that it's out there.

We have been talking in the community about this.

We have a timeline.

I apologize if this is a little difficult to see.

It should be on your handout, easier to read, it's the last slide, just about.

A topic like this is very important to us, and we don't take it lightly.

We've been talking about it for quite some time.

We started in 2009 having this discussion with our ems advisory board.

We met with them to talk about the possibilities of looking at this.

We put it on our time list of improvements that we've been working on with them.

We revisited with them in september of 2010 as that approached and got closer.

Subsequently we met with our association in september of 2010.

We met again with our advisory board in november, and so we've been talking about this for quite some time.

We briefed our public safety commission in december of 2010, and we had workforce meetings in january through april of 2011.

So we've had quite a bit of discussion, and we've taken quite a lot of feedback.

We've listened to concerns.

We've made modifications along the way, and we've looked at better ways to address issues.

We've met with community stakeholders.

hinchey has met with other physicians in the community, members of the medical society, and the er physicians in our community.

We've also met with travis county with their ems subcommittee and with their ems emergency manager.

So we've discussed with them what our ideas are, rationale.

Basically the same information that you've just received.

We also met in february most recently with our ems advisory board.

They support the change and are behind us.

Yesterday we presented to the public safety commission.

They had a few reservations, and we're going to work through those.

Mostly what they want is for us to report on progress so they can monitor us closely.

And we've had community forum meetings.

We advertised those on our city web site, and the council for the neighborhood associations spread that out to all of their members as well.

So now we have some workforce meetings that we wanted to hold in march to cover some of the details, and really our next step is to visit with the city manager and get further direction at that point.

At this point we've got time to answer questions.

I have just a couple of quick ones.

You've answered some of them that I had in going through the stakeholder process, so far you haven't gotten any strong dissent.

There's consensus agreement that this is the right way to go?

Is that a fair way to characterize it?

>> Yes, sir, that's correct.

>> Mayor leffingwell: okay.

The career ladder, I'm glad to hear about that.

Is that going to be automatically available or is that going -- is there going to be an application process like a promotion process, apply for and get accepted, et cetera?

>> Well, we're combining a couple of things.

One is we're preparing for our civil service change, and we're designing a process that would make it a promotion.

And that's something we've never had in ems.

We've never had a career ladder, so we're creating one to go with that and it would be promotional.

yeah, I agree with the concept of having a larger pool of people to draw from because obviously their qualifications and certifications are important too, but it's also important to be able to consider other factors, character or willingness to work on a team, ability to learn, that sort of thing.

So I do think that's a big plus.

Now, on scheduling, is it going to be the case that each crew will have a paramedic on it?

Is that the --

>> our intention is to put a paramedic on every ambulance, so every citizen will have a paramedic available to them.

well, that's good.

You don't envision any scheduling problems trying to work out individual schedules?

>> Nos.

to ensure that that will happen.

And I know you said it before.

Did you say 40 medics were needed right now?

>> We have 48 vacancies.

48 vacancies.

>> Looking to fill.

and it this will be a significant help in helping you fill those vacancies.

>> Yes, sir.

>> Mayor leffingwell: okay.

That's all I have.

>> Martinez: mayor?

council member martinez.

thank you, mayor.

Ernie, thanks to the presentation.

I want to start backwards because you said something right at the end that i think truly is one of the biggest driving factors, and that is ems employees association successfully adopted were able to get the legislature to adopt legislation that would allow them to seek by the will of voters civil service.

And so in civil service structure there are certain things as an employee that makes civil service very attractive, and that is a rank structure, a career ladder, step and longevity.

And these are things that will be guaranteed via contractual -- negotiated via contractual agreements as well but under civil service it's structured vehicle law so your employees don't have to negotiate for them.

They're automatic.

And I think that is a big driving force because we don't have a heavily tiered system in EMS.

You come in, you're a paramedic and hopefully in 10, 15 years you can make commander, you know, but you sit on the box and you run the wheels off that thing.

And so, you know, I can see where there is some value in this, but I'm glad you brought up the civil service issue because that's something that I don't think is talked about a whole lot or mentioned in these conversations.

We talk about the merits of the proposal, but there is a driving force behind it, and I personally believe that the citizens will support our EMS employees going to civil service, and I certainly will be.

So I think it's important that we think about it from that starting point.

I have several questions.

I don't know that we can answer all of them today, but I want to just for conversation reasons and to get the ball rolling on potential policy decision throw these things out there.

And the first one is since it's going to be phased over time, will the current credentials be maintained throughout the system?

So if you have two paramedics today, and so you hire 48 in April, what if an EMT that gets hired -- or what if someone that gets hired at a BLS provider in April actually has the certification of a paramedic, will you credential them to operate as a paramedic or will they have to earn that credential, if you will, via the promotion system?

>> Our intention, and I'll hinchey elaborate, but our intention is to hire them as basic providers and then they have to go through a promotional process to practice at the higher level.

>> Martinez: okay.

And so presumably what happens is in the instance where a majority of our calls are BLS, I presume that the structure is going to be when and if that occurs 5% of the time that provider is going to be in the back of the ambulance providing that care, and in the instance of the 33 -- 41% of the time the paramedic will be riding in the back providing that care.

What happens in the scenario where a patient deteriorates from a BLS patient to an ALS patient en route to the medical facility and you're needing that higher level of care back there?

>> That's a great question, and it's part of the advantage to having the mixed configuration.

And one of the best benefits is that an entry-level person learns from an experienced paramedic.

That's the first.

But the added benefit to it is if someone is in the back, a basic provider is in the back with the patient and they get sick or they get sicker, it's just a buzzer away.

You push the buzzer and it goes off in the cab and you stop and simply switch places.

So that advanced level care is always, you know, just really 2 feet away from you at any time.

so when you surveyed your other systems that run a similar model to this, how often does that occur?

>> They can't -- they can't tell me that.

It's not terribly often, and many of the systems that i showed there have -- I appreciate it may not be terribly often but to that patient it's very terrible when it happens.

>> No, no, what I mean is it's an infrequently occurring event but to quantify that is very difficult.

And frankly I didn't ask them how often that happens.

Many of those systems use not only a two-tiered with a paramedic and emt in the same truck but they use basic life support ambulances, with two basic EMTs IN AN AMBULANCES.

20 years ago when I joined the department we had bls and als, medic and aid units, and the aid unit was a bls system and if things we want downhill we called the als unit.

>> Right.

>> Martinez: so I get it.

You know, I get that it can work.

I do want us to try to

[09:58:01]

quantify that, or at least get some general data as to, one, how frequent it might occur, and two, what are some of the down sides to that or some of the worst-case scenarios, just so that we're prepared.

If we as a council are going to be asked to make this policy decision moving forward, I want us to make sure that we fully understand the potential downsides to it.

>> No, absolutely.

Part of implementation of this we would -- anytime we implement something new we set up metrics to follow it, to make sure we're doing it in the way we want to, to learn from that change, so modify that process in any way that we need to, and then to effect any change that we have to as we move forward.

Because there is an element -- there is a piece of this that is a learning component for the system to go back.

We haven't had an EMT on the ambulance for close to 20 years, and so that's a new process for us.

WE HAVE PLENTY OF EMTs IN The system.

We have more than 2,000 basic-level providers that we invest a lot in and provide a critical aspect of the care that we deliver, and those are our first responders and our firefighters.

So we have them in the system.

We just haven't had them on the ambulance, and we just want to make sure we make that change correctly.

>> Martinez: great.

Thank you.

When you -- when you did your email shout out to your colleagues, your little survey, what -- what do we know about the actual agencies?

Are they stand alone providers like Austin or are they an integrated service within their fire department?

>> They're a full range, full spectrum.

Some of them are third service EMS similar to our system.

Some are integrated in the fire department.

Some like the London service is the -- part of the national health care system.

So it's the full spectrum of different models Mart MaFort. >> Martinez: of the four on your presentation that you use as direct examples, Toronto, San Diego, Wake County and Fort Worth, what is the providing structure of those --

>> fort worth is a public utility model.

Toronto is a third service governmental.

Wake county is a county-based third service governmental.

And I think san diego is fire, correct.

>> Martinez: thanks, steve.

So when we talk about -- we had a few slides about this -- cultivating the sophistication of the provider, more hands-on experience.

I guess I'm trying to figure out how we're going to get that, if the emt is riding up front honking the horn as opposed to being back there with that patient learning that critical skills that will get them to that promotion rank of being the medic.

>> So the most important piece of the assessment and treatment of a patient, the critical elements are ability to gather history, the ability to create a differential diagnosis to figure out what's going on and then to make decisions about what's happening and what interventions need to be done.

Most of that is done actually in the -- in the decision-making process and in the initial contact.

So in the first 10, 15, 20 minutes, depending on the acuity of the event.

Most of the time going to the hospital where there is that degree of separation, where someone has to drive the ambulance, that's mostly a maintenance phase.

That's either following through on treatment that's already been initiated or just -- or just monitoring.

Most of the initial intervention and the decision-making process, and frankly, where most of the learning will come, is where both providers are together at the patient's side.

but so in a responding fashion, from the point that patient is loaded, that emt is no longer going to be able to experience the fruition of that response?

Because they're driving the unit as opposed to providing care.

>> Generally speaking that would be true.

Some exceptions to that would be for our most critical patients where we try and keep as many providers in the back to have as many hands as possible, like cardiac arrest calls, things of that nature, we actually utilize both firefighters from the engine company that we take with us in the back of the ambulance but we now use a firefighter to drive the apparatus for us so we can keep as many folks in the back as possible.

So in the highest acuity folks they'll get that experience because they'll be in the back with the paramedic and some of the OTHER EMTs FROM THE FIRE Service.

>> Martinez: thank you.

We talked a little bit about the applicant pool.

Can you give me a breakdown of ethnicity and gender for austin ems?

>> Not off the top of my head but I can get that for you, absolutely.

>> Martinez: okay.

Because I wanted to see if we have some areas where we can stand for improvement in terms of demographics representing the city of austin.

Obviously I know that what's most critical in an emt and a paramedic is the service you provide but diversity is certainly a value that we maintain here, and that could be another benefactor in moving to the system and increasing the applicant pool, to also increase our diversity.

And the last -- the last point I'll make is, how much -- how much work are we putting into knowing whether or not the bls patient -- obviously 59% bls, that's pretty high number -- how many of those citizens really didn't need an ambulance to get to the hospital, really needed a way to get to a clinic or to their doctor?

What are we doing to educate them and make sure that it's not this tremendous strain and cost to the taxpayers for them to call 911 for a stomach ache, although very severe stomach ache, but you probably don't need an ambulance ride and a fire truck coming to your house.

You really need to get to your doctor and get on the right treatment meds.

What do we know about that group of citizens and what are we doing to try to remediate that?

>> So there's a huge -- a lot of our low acuity calls, we actually have very high transport rate to the hospital.

In most cases it's over 80%.

And part of that is because ems -- you know, people think about ems responding to shootings and stabbings and heart attacks and car accidents, but the reality of the modern health care system is ems is actually for many people in our community is their sole source of access to health care.

The way ems is structured right now, and this goes to the federal level in terms of ems funding for systems, ems systems are designed to take people to an emergency department.

What you've heard about it is our -- with the community resource program provider, is our efforts to begin to look at ways to prevent the next 911 call, but what we want to be able to do is when the 911 call happens, we want to be able to provide that service, because we can't always tell who needs the access to the health care because they have no other way to get there.

You know, a single mom that has no car or any way to get there.

Now, a child with a runny nose may not be a critical event, but if you can't get to health care by any other means that's the service we provide, and we don't want to move away from that until we can get an opportunity to do something else.

And so community resource paramedic is the first step in that, but what we're always looking to do is partner with people in the community to find ways that potentially we can we could get these folks to other resources other than the traditional ride to an emergency department.

And in many cases it's the opportunity not just to get them to an additional resource, or alternative resource but to where they can use it on a regular basis, what we currently use is the revolving door on the emergency department.

>> Hopefully we can benefit from a study going on right now through health & human services.

It's more geared towards patient who are qualified and actually receive medicaid but aren't using it.

So we're trying to find out what is the inhibitor to you using that health care that you're not only eligible for but that you're already enrolled in, and that could also spill over into what we're discussing here, how we better isolate those individuals that may not necessarily need a 911 response but need to get to a clinical setting of some sort.

>> And part of what this does for us is it makes us more dynamic.

You know, health care is kind of a big question mark right now and it's not any different in the pre-hospital realm.

And so by -- paramedics are the highest level clinical decision makers.

So if we're sending people to alternative places, we want the decisions to be made by the folks with the maximum amount of training to make sure we're not missing anything critical.

But in order to do that, to expand our ranks in other projects like the community resource paramedic, that means we have to take someone out of one of those seats on the ambulance.

And if we always have to backfill that spot with a paramedic and we have a limited pool there, we start to get more and more pressure and it affects our ability to explore new options.

So by doing this we're hoping to sort of create the maximum flexibility in the system so that we can respond to changes in the health care system as they come and apply the right provider to the right task.

I'm sorry, i came up with one last question and point.

When we went in the early '90s, mid-'90s, when we went from a bls/als system to an all als system, one of the driving forces was burn-out and attrition.

The attrition rate at that time was literally 18 months for a bls provider because they were getting hammered and never getting any rest and recovery time.

What policy are we going to put in place if you have a bls provider and an als provider and you're running the wheels off this unit but they're all bls calls?

Or they're all als calls and the bls provider can't take the call for the als provider.

What providers are we -- policies will we have in place to prevent that burn-out from happening and to create a little bit of levity in the response?

>> Some of that is you have to look at the causality of where that burn-out comes from.

Some of it was a staffing change, because in a 24-hour shift if you're doing 30 calls in a 24-hour shift you'll get no rack time.

You'll never get a chance to rest.

So we can modify that through those types of changes.

But where paramedics frequently experience burn-out or get frustrated is if you're trained, you know, at sort of the 1200 hour level and you're taking care of patients that don't come anywhere close to needing that level of expertise and you do that time after time and the vast majority of your calls are those lower acuity calls, you're never challenged.

You never grow, you never apply all that training you worked so hard to get.

That's a huge source of burn-out for our paramedic providers.

But there is always the concern of watching how much volume the basic level providers are seeing, and i think we have to -- it's difficult to legislate, but, you kno I was a paramedic for 20 years and worked with emt partners all the time.

If my emt partner was getting hammered and taking six or seven calls in a row, I would be both a bad partner and a bad person not to step up and take some of those, and that's how the system develops.

It's difficult to legislate that, but it's certainly something that we have to watch.

and that's my point for asking the question is, anytime we can't create a policy that an employee can look to and see, here are the rules of the game, what I saw at the station in my experience was friction, because medic 9, depending on who was on it, they would jump up and say, we got this, guys, you all take a rest.

And sometimes they'd say, that's your call, man.

We're als.

And that created major problems.

>> Sure.

and tension within the workforce and i want us to be aware of that and make sure that we don't head down that same road of creating -- I get the tiered structure.

I get that, you know, we need a career ladder, about you we don't need a second class of employees within ems.

I don't want that medic 1 to feel that way or for us to create that culture if we go to this system.

>> That's a very good point, and part of what we're trying to convey is all our providers in our system are important, and that doesn't matter what you -- how you arrive, in the big red truck or the big yellow box.

Doesn't matter to me.

They're all the same.

They have different roles, but in terms of their importance to the system they're all the same.

And that's the message we're trying to convey so we're going to watch that very closely.

>> Mayor leffingwell: kathy?

I have a few questions for you.

Just to pick up on something you were talking about a minute ago about the transport rate, the 80%, more than 80% transport rate, do you have a sense of how many -- of what the percentage would have been if the noncritical cases were not using balance transport?

Where should that number -- what would be a more average number, I guess, rather than a -- I think you described it as very high.

>> It's -- the reason i described it as high is because there's a perception that with low acuity calls those are people that aren't actually sick and don't need to go to the hospital, and that's actually not the case.

What we consider a low acuity call is for example a broken ankle because it's extremely uncomfortable but no one dies of a broken ankle.

So in our world that sort of comes to a low acuity call.

From the individual suffering that injury, that's a fairly -- you know, that's a fairly significant event.

So those patients end up getting transported to the hospital, and I think I see what you're -- the question you're trying to ask.

Those folks make up a big portion of the patients that we see in that -- what's considered a low acuity group, and what it is is a perception of what low acuity is versus what the actual injuries may be.

is there some education that goes on on-site, have had this experience personally where the ems driver said, you know, you have two options and this is one and this is the other and the other is to transport yourself or, you know, to transport your friend.

Do you -- does that go on in a consistent basis, you get a low acuity calls where it doesn't necessarily need ems transport?

>> It does not.

From my perspective, we are access to the health care system.

We have -- when we show up at your house we have very limited diagnostic capabilities in your living room.

So it's difficult for our providers to say that this is or isn't something that needs to be evaluated.

Justas example, a young child with a limp may seem like a fairly straightforward thing, but it can actually range from a simple sprain to things like a septic joint.

There's no way for us to ascertain that on the scene.

So we don't try and discourage folks from either utilizing ems or once we're there, the very first thing we do is we offer them transport to the hospital.

Where we'd like to get -- where we'd like to get to in the future is to be part of that solution but have the solution be a different destination that's maybe more appropriate for the different levels of injury that we see.

But we still want to be the community's resource for access to health care, because it's difficult for us to ascertain why it is that folks utilize us.

And there are systems around the country, in fact, where I did my fellowship was a system that did that, that encourages people to go by a different means.

But frankly, those have not been terribly successful around the country and what ends up happening is people are told to take alternative means of transport for things like broken hips and things of that nature.

We just -- we just don't want to go there.

We provide what we think is a vital service to the community in terms of access to the health care system, and we want to make sure we maintain that role.

>> Tovo: I see.

So you don't necessarily see it as a goal, just to summarize what I think i heard you say, you don't necessarily see it as a goal to convince or suggest to patients that they take an alternative means of transport.

>> Correct.

if it seems appropriate and safe?

>> Correct.

But where we could get to is that they don't necessarily need to go right this minute and to have alternative mechanisms put in place to help get them to health care.

But to just walk up and say, well, you need to find another way to go to the hospital or to your doctor or things of that -- we don't do that.

I wasn't really suggesting that you would deny transport, just suggest -- you know, again, I mean, it was in austin where I've seen this happen a few times, where the ems suggested, you know, it would be perfectly appropriate to transport --

>> yeah, I've discouraged that behavior.

>> Tovo: okay.

Thank you for that clarification.

So on page 6 you talked about -- I guess I didn't completely follow the line of argument about needing to turn away -- you know, on the one hand there's an -- a lack of qualified paramedics,

48 vacancies, but you also suggested that there is -- you know, that you have a practice of having to turn away paramedics who aren't necessarily up to -- anyway, could you just elaborate --

>> a lot of students graduating as paramedics.

They simply don't have the experience to put them on an ambulance to be the encharge paramedic on a ambulance, it's dangerous.

So we opt to give them more experience.

We give them greater experience, higher priority in the hiring selection.

So a lot of the brand-new graduates don't get selected or they're way down on the list and don't make the cut.

>> Tovo: I see.

And so they would be able to come in now at the medic 1 level, get training and then move on?

>> Right.

and I imagine you work closely with acc and some of our other educational facilities here in town to make sure that they're getting -- that there's a close alignment between those education programs and the kind of training you would require?

>> That's correct.

>> The acc students actually do their clinical experience within our system, so we try and work very closely with making sure they have -- because that is part of the pool that we draw from, so we try and make sure that they do have the training that they need and the experiences they need while they're in the education process.

but even given that, that they are doing their clinical experience, you've -- a large number, it sounds like once they're finished, though they have been training in your system, still don't have the experience they need to be that --

>> right.

>> Tovo: let's see.

Are there certain cases that demand two paramedics be involved before you get to the stabilization phase?

And if so, what would happen in this -- under this scenario?

If you need two paramedics to do a particular procedure.

>> There are no cases that demand two paramedics.

There are certainly cases where they are skills intensive where having two advanced providers are advantageous.

I guess the best example is cardiac arrest.

What we currently do is we have -- there's a very resource intensive, and we try and send as many resources as possible.

In addition to an ambulance we also have an engine company that responds.

Sometimes, on a hot summer day we'll have two respond for cpr.

But we also send a commander for additional support who is a paramedic and we envision some of that element too, to continue for our high acuity calls like cardiac arrest.

as you said, you can switch around drivers and what not to make sure there are two in the back.

>> Right.

>> Tovo: let's see.

I think that's basically it.

You know, one of the points you raised that I guess I'd like to hear you address a little bit more, you talked about selecting -- this would give you the opportunity to select individuals who exhibit the right level of compassion.

Is that sort of what you said?

You know, it just brought to mind some of the programs that have sprung up at medical schools around the country, medical humanities programs and the way in which those are informing -- using arts and literature to encourage compassion at tendencies and encourage empathy as a real skill and important quality of expertise to bring to one's role as a physician or medical provider and i wondered if that's part of the vision in terms of training going forward.

>> It is.

We're trying to look at folks with a more eclectic background.

I think they make better decision makers.

To some extent with some life experiences that they've had, we try and put them through -- put our providers through scenario-driven simulated events to do some of that -- have that same experience and the ability to assess their ability to interact with simulated family, with

assimilated patient, things of that nature, because that's what we're looking for in addition to their -- really their critical decision-making skills as well, plus their fund of baseline knowledge.

yeah, I appreciate that.

I think that I've heard abraham bergese, who is a physician and also a writer and I believe he was the director of the medical humanities program at ut's health science center, talked about how literature can help medical students and other medical providers so that, you know -- I mean, you have the option of picking people with an eclectic background or taking those who are interested and well-trained and then introducing them to some perspectives or putting them through some education that might help them be more compassionate.

So, you know, kind of meeting people where they are and then expanding their skill set.

>> In medicine that matters so much.

Where compassion meets the practitioner skill level is so important, and we can't just go off and hire people that have great skills pu no but no compassion.

That wouldn't serve our purpose.

Having a bigger pool to hire from gives us a better selection.

>> Tovo: okay.

Thanks.

I think that about covers the questions I have right now.

>> Mayor leffingwell: bill?

just a couple questions.

I'll try and keep it to a couple.

Particularly in your response to council member martinez's question, it seems like this policy, although easy to describe, is an intervention in a pretty complicated social system.

You have two paramedics who are used to working with one another in a particular way.

They know the rules of discussion with one another, who makes the diagnosis, who follows orders, on a case-by-case basis and the whole world is going to change when you've got a paramedic and an emt.

Seems to me this would require changes to standard operating procedures and might require a whole bunch of changes in in service training.

I wonder if you could comment on that a little bit.

>> So that's -- that's absolutely correct.

It's part of why we -- we are putting a great deal of emphasis on doing this on a small scale, and we anticipate that as we learn and get better at the integration of a basic-level provider, our through-put process will probably shorten but right now we're anticipating a substantially extended throughput process for the basic level provider that nearly matches what our current is for a paramedic level provider and our basic level providers coming in will be exposed to our highest level of folks in terms of our field training officers.

So they'll spend a lot of time with the field training officer learning the nuances of how both to interact with the paramedic but also to give them -- give us opportunities to learn about where we can better integrate in the other direction in terms of the paramedic interacting with the emt.

So it's a very complex task which is part of why we're going in small steps to begin the integration.

What I'm telling the providers is it's not the first 40, it's the first one emt that's the hardest part of this.

I wonder if you could talk about the size of those small stems.

What would be the first step?

How long would it take -- steps, how long would it take before you had it fully integrated?

>> So we have a limited -- we only have enough training officers to facilitate somewhere in the neighborhood of about 24 to 30 folks with the initial -- initial hiring.

So they would be exclusively with the training officer.

They would go through an academy phase that's going to be approximately around eight weeks and then they're going to go through a field training phase that's a step-wise progression.

For example, we make sure they don't -- you know, fall out of the side of the ambulance and in the early -- can you drive, that sort of thing.

And then we gradually progress them through the clinical element of it, and that frankly we're leaving as a fairly dynamic process because we don't know how quickly our providers will be able to progress through that and assimilate and move through it.

So we're trying to leave that flexible on purpose to make sure we move the person through the process at the right pace rather than make the process dictate the pace.

so it makes sense to keep the first 24, whatever you choose, to be very open-ended, you see how it goes, see what works well.

>> Right, and some of them may come from other experiences, either working at a basic or more advanced level and they'll integrate very quickly.

We'll have other providers that come through that may not have that experience and it may take them longer but we'll learn from that process.

>> I imagine you'll learn even after they get out of field training and they'll start working on a full-time basis.

>> We're also going to designate the difference units in a different way in our cab system so that we'll know when it's one of those units on a call and we can provide backup and support to them as needed.

ALSO, IT GIVES THE FTOs And our commanders the ability to go and monitor.

how many units do we have in the system?

24 Is what percentage of the total number of units?

>> I'm sorry, I didn't -- if you talk about 24 emts to begin with that would be integrated into the system, about what proportion of the total number of units would that be?

>> That would give us about six units.

>> Spelman: about six?

So that's about -- how many total units do we maintain?

>> 35.

>> Spelman: 35.

So we're talking about roughly one sixth of the units?

>> It's about 10% of the active field providers right now.

>> Spelman: okay.

And based on that 10%, are we going to do that first, evaluate what happens with those first six units or so and then figure out what to do next?

>> That's exactly right.

roughly -- i understand you want to maintain flexibility especially in the training aspects of this, but do you have a sense it will take for the pool to get through the first six units and evaluate how well it works and what we need to do next?

>> It will probably be close to the he said of the year before we have -- end of the year before we have enough experience to begin to make other modifications.

>> Conservatively 16.

sounds rather quick.

>> Right now our typical paramedic process for our folks that move [inaudible] precept in the field with the training officer, is typically about six months for our more experienced folks and can extend as long as 12 months for less experienced, so we're somewhere in that sweet spot.

>> Of course you also have to go through selection and academy training too before you get a unit out in the street.

>> Sorry, that assumes after that all -- all that has been done.

>> Spelman: got it.

Okay.

[Laughter] so by the end of the year incorporates the time associated with selection, training, field training, then they're out on the street.

At the end of the year you'll have had enough experience with this new mode of driver that you can say some things about what to do next.

>> Right.

>> Spelman: okay.

What kind of information do you think you'll be able to provide us with at the end of the year as to how well this is working?

What directions you need to go in next?

>> So we're look at the standard met rex we use now for performance metrics which is what most people support nationally, cardiac survival right, aspiration and chest pain, times for strokes and trauma and heart attacks and things of that nature which is pretty much our standard metrics.

In addition to that we'll also watch the ratio of our basic life support-type calls to our advanced life support type calls.

I think we'll see some shift to more basic life support calls, because now if you have a paramedic in the back and you're there anyway, sometimes we'll start an iv just in case, and I think those cases will start to evaporate.

And we'll get a more accurate measure sort of what our patient population looks like.

>> Spelman: okay.

So you may have an overabundance of als calls just because you have a bunch of people that know how to do als stuff?

>> Yeah, kind of, yeah.

so you'll have that information and we'll be looking over your shoulder -- that will be helpful to us too.

>> That's a part of any change cycle too is we look for those metrics and then look for change in those metrics to be able to modify our process.

>> Spelman: one more.

If you're dealing with let's say six units, does it make sense to pick six units which have a relatively high a bund answer of als calls or a relatively low abundance?

>> We actually look at those that have a high a bun answer of bls calls.

so start with the easy stuff rather than the difficult stuff.

>> Right.

makes a lot of sense.

Thanks very much.

>> Mayor leffingwell: chris?

Rhyme rile thank you, doctor, and ernie for all your work on this.

It's a significant change and been in the works for a long time and I appreciate all the steps you've taken to get there.

I did want to ask you about a couple of those steps.

First, you mentioned -- your chart on the slide 16 mentions that on january 26 you made a presentation to the travis county commissioners.

Are the -- did they take action on this?

>> No, that was the ems subcommittee and we had just an information meeting.

We talked a lot in the way we're talking now, had a lot of questions and answers.

is there any need for the county to sign off on this change?

>> They didn't indicate that they needed to make any sort of sign-off on it.

>> Riley: okay.

Probably the most significant aspect of all your outreach relates to dealings with the workforce, because this will have very significant implications for the entire workforce at ems, and I just wanted to ask about that.

You mentioned that you've taken a lot of feedback and made modifications along the way.

Are there significant outstanding issues you're hearing about from the workforce?

>> We're -- we had initial -- when we first started talking about this last year, with the workforce, we had discussions then.

The way we've laid this out is we have our continuing education.

I see the paramedics every quarter.

We -- it takes about two and a half months to see all the paramedics.

So we're roughly in the middle of that process right now going through talking with them, laying out sort of what this would look like, some idea of what expectations are like to -- you know, in terms of how the role would play out, the volume of folks who are integrating into the process, and we're about -- I guess about a third to a half the way through that process right now.

We should be finished pretty much by the end of february.

[One moment, please, for]

>> michael dk donald.

Deputy city manager.

Eu79d to respond to your questions about the meeting contract.

The changes we're talking about doing here really don't require a change to the meeting confer contract.

However, the city manager and i met with steve stewart, the president, and we met with our staff here, and certainly a change like this, as you stated earlier, buy-in is important, to have the buy-in of the workforce.

This is something we could have moved forward with but chose to do.

Took meeting with the union city manager and I took a meeting with the union president, and what we committed to doing was putting together a team and they put together a team to sit down and talk about these various issues to try to reach an agreement on all of that.

What we committed to doing is if we were able to reach an agreement, we would put together a memorandum of understanding and then roll those changes, you know, into neating confer contract when we got back to negotiations.

We committed to doing that because, you know, we felt like the buy-in was really important.

>> I appreciate your efforts.

>> >> One of the questions from a layperson and citizen's perspective goes back to a couple of things.

The issue, we have two highly qualified people on the rigs now and we're going to go to a situation where there's one and one more basic qualified person, and, so, the question, there was a question to you about is there ever a situation where two advanced folks are required and you said, no, but there are situations where it's advantageous.

Could you just run over again what's going to happen in those situations where we think we'll be able to get additional resources?

>> Sure.

We try and identify -- part of what makes this possible is our process for -- the term is interrogating -- but we interrogate the caller to obtain information.

We did a much better job than 20 years ago to ascertain the problem before we ever get there.

So we can identify to some level how sick people might be on the front side, straight out from the 911 call and, in those situations, we'll be able to send, if need be, our combination balance with a basic and advanced provider and either send another ambulance as in the case of a cardiac arrest or send a commander to support that crew.

And, so, we have the ability to adjust our response based on patient acuity and that fits in well with that process.

>> And they're building in the flexibility to theoretically send multiple advanced resources when we know multiple advanced resources are needed as opposed to all the time?

>> Correct.

Cardiac response is half a percent of our call volume in any given year.

So we're better suited to sending more resources to a small fraction of calls than to maintain artificially the two-system to respond to that small fraction.

>> The follow-on question to that would be, in the responses to cardiac arrests, what percentage of those were identified at the call before somebody was actually on the scene?

>> I can't tell you for certain.

I'll stop in my head, but it certainly is within the realm of possibility to find out where the cardiac arrests originated.

>> Morrison: 10% Or 90%?

>> No, almost all cardiac arrests are identified up front.

It's hard to answer because we end up resuscitating them and some we won't because someone's been deceased for an extended period of time and don't end up being cardiac arrests.

I could find out for you.

>> Morrison: But it is a large number.

>> Yes, a very small fraction we don't identify up front.

>> Morrison: So I think this discussion is really important just for the simple question of are we going to be able to provide the level of care to the people that are in serious need of care, and we'll be following the performance measurers and know if there's any issues coming up.

So I appreciate that.

And in terms of also another follow-up, in terms of numbers, and I understand you're going to play it by ear and adjust as needed in terms of the training and the transition.

Would you say that, in the end, the target is to have half basic and half advanced on our force?

>> Well, our target is 60/40.

The reason is there are areas in the county where we think it might be an advantage to continue to dual staff balances.

They're so far out it would be difficult to provide support quickly.

And, also, if ever we run into a circumstance of needing to staff balances, you can always dual staff an ambulance.

To do it differently, you have to downgrade the level of the balance.

So if we have a 60/40 split, we're able to continuously staff and cover more on the rural areas.

>> Morrison: And the savings will come in because we'll have a more striated --

>> the 40% would be at the basic salary level.

>> Morrison: And the savings you mentioned, I think you just referred to the few, you said that there are areas of our community that need e.m.s.

Development.

What says that?

>> We have areas and are talking intensely with the county, now.

Most to have the areas are within the county.

We have areas that have almost no protection and too far to reach with drive times as they exist today and have limited emergency service district protection as well.

We're talking with the county about developing a man to be able to put emergency resources into those areas.

We also have areas that are very busy in the city where we need to add enough resources to handle the volumes that currently are coming at this time.

So an example is over on the northeast side out towards the pflugerville area where we'll easily have four or five calls happen at one time and we only have two ambulances in that area, so we need to build up that area.

We have areas in the southeast where we can't get to now.

We have an area at the far end of, we call it esd13, close to elgin, at the border of the county lines, and we almost can't get there from where we are.

So those are examples of areas we need to shore up coverage.

>> Morrison: So the idea is we'll be able to stretch our dollars farther with this shift?

>> Yes.

>> Morrison: Last question, on the time line, is this a -- something that's formally a policy change hat the council will act on and what form would that take?

>> I'm going to defer to mike McDONALD ON EXACTLY HOW WE'LL Proceed on that part.

-- Council member, no, this is not an instance where we'll have for policy direction, but it certainly is something important that we bring to you to weigh in.

If you look at the time line they put together, how interactive we've tried to be with the community, you know, a change like this on the surface -- I remember the first time the city manager and i heard about going from two paramedics to one.

Had a couple meetings with me to come back and that the model made sense.

On the surface, it's certainly something people may not understand, and, so, we felt like it needed to be interactive with the community and, certainly, you being our policymakers, you being able to weigh in and give your opinion before we move forward with something like this.

>> So do we have a formal recommendation and support from advisory board and the public safety commission?

>> We do from the e.m.s.

Advisory board.

Theirs was unanimous.

The public safety commission met yesterday and they'd like to give their recommendation next month when they meet again and they want periodic updates on progress as well.

>> Morrison: And the association?

>> The association is on board with us.

We met with them close to the end of the year last year, and we actually formulated a lot of the design within that table.

And this is a difficult change for them as well.

I really -- I think they've stepped up to the plate in an admirable way and we're really proud of them.

>> Morrison: Okay, thank you.

>> Mayor Leffingwell: Sheryl?

>> Cole: I want to commend you on this work in finally get together make your presentation.

A -- in finally getting to make your presentation.

A lot of people asked questions.

I have a couple.

One will involve the association, if steve wants to come forward.

I understand that we are improving our delivery model and using less personnel to do that.

The only thing I haven't seen is any cost savings or how that impacts our budget.

Do we know any of that information?

>> We don't have all that information yet because they're still working on designing the zoning pay scales.

As soon as we have that, I hope it gets here this week, we'll be able to tally up what those savings are.

>> Cole: Will you make sure we get a memo to council because, when we're doing cost savings, we want everybody to know about it.

>> Absolutely.

>> Cole: Council member morrison asked about the impact on the association.

Do you have any comment on that?

>> This will be a big change for our members and paramedics.

The major thing we need to focus on, and we support this concept, but the concept, the important part about it will be the implementation of it.

What has to happen is we have to bring our paramedics along on this implementation process, and a very important part of that will be talking to them.

We've kind of -- I'll be honest here, I think we kind of dropped the ball a little bit.

It got to the press before we had an opportunity to really have conversations with our paramedics.

>> Cole: That never happens to us.

>> Right.

[Laughter] so we'll have to make up a little bit there, but I think that we can do that, but I think it's going to be -- you know, the success or failure of this will be with the people out there in the streets, just like any major policies change.

And it's going to be very important for us to be successful that we make sure that we have the paramedics on board with this change.

>> Cole: I couldn't agree more and I'm sure all the council has that sentiment.

Let us know if the talks are successful.

If they're unsuccessful, we don't want to know.

I'm just kidding.

[Laughter] we want to know either way.

>> You know me, you will know either way.

>> Cole: Thank you, mayor.

>> Mayor Leffingwell: I have a follow-up to one of the points you raised about the burnel issue and sending all the basic life support people on 60 or 70% of the missions.

I'm a little confused by that because I would think that, first of all, how do you know just by receiving a telephone call, how do you evaluate that situation?

And then, in response, before you get there -- and in response to one of my questions, i understood there would be an als guy on every crew that went out.

So, you know, obviously, mike knows a lot more about this issue, having been there, than i do, but, certainly, he raised a concern for me, and I want to make sure that we devise some scheduling system so that we don't say, okay, you take that, because they don't need a guy like me out there.

You can go on that call.

I would hate to see that happen.

So mike?

>> Thanks.

I didn't mean to give the impression somebody wouldn't go on a call.

That was when we have the two unit system.

There will always be an als and bls provider under this proposal, the concern is the bls provider could reach a level of burnout if they are taking the majority of the calls.

You said something twice earlier that I want to make sure we don't misstate something.

You said there are parts of the county that we can't get to.

>> Yes.

>> I think maybe you meant not within a response time.

>> Very difficult to get to.

Good catch.

>> Martinez: We can get there but just not within the response time?

>> That's correct.

We respond to all calls.

There isn't a call we don't make it to, but there is a delay because of response times.

>> Martinez: Completely understand that.

The last point, chief, while i totally understand that this doesn't require council action, but is within the city manager's purview to implement, you answer to council member riley would roll this into the meet and confer agreement.

If that occurred wouldn't that be an amendment to the agreement and require council action?

>> Again, yes.

Ultimately, if it becomes a part of the meet and confer contract, that would be something council would have to approve.

What we basically said is we put a memorandum of understanding with our commitment and recommendation, but, ultimately, the meet and confer contract, when we renegotiate, is approved by council.

>> Martinez: So your plan is to come to an understanding through an mou and then, in october of '13, when we put a new contract in place, roll it in at that time?

>> That's correct.

>> One last question following up on workforce buy-in.

I heard on earlier you met with some employees but haven't met with the whole workforce.

Can you tell me about any further steps you'd make to reach out to the rank and file to make sure they are on board?

>> Presently, we're meeting with process, and we do that because that's the only way we get 100% of our employees in one place, but it takes several months to do the whole round.

We would like to schedule some additional meetings in march, early march.

We wanted to wait till after we discussed this with the council and several of our other boards we work with before we actually started meeting with our employees.

So those meetings are scheduled to occur the first week in march and that's when we have more detailed discussions about the go-forward plans and answer questions on practical issues.

We needed to have time in discussion with the association because this is where they're bringing their issues forward and that's in process.

In the next week or so, most of those issues should be addressed, and we'll have answers for that and when we meet with the workforce, we'll have answers.

>> Riley: Hope both you and steve will continue to keep us up to date on those discussions and how they're going.

>> Absolutely.

>> Riley: Thanks.

>> Mayor Leffingwell: Anything else on this issue?

Okay.

Now we can go to items of interest from council members -- actually, council member tovo is the first to discuss topics to be discussed at a city council retreat.

I'll turn that over to you.

>> Tovo: This should just take a minute.

I had an item I suggested i wanted to withdraw and didn't know if I needed to do that in a work session, and that is the one about community benefits and city goals and our city vision for creating the most family friendly city in the nation because I think that integrates well into the suggestion council member more since made by the comp plan.

I think we can talk about the city goals as part of that discussion.

I would like to, however, expand the discussion about ways that the city and school district could partner together and looking together as a group at that matrix the staff provided.

So that is one topic that's already on our proposed council agenda retreat, and also would like to expand to talking about youth programs.

I know we have good work happening at the city level, looking at what kind of youth programs we offer and how that works well with other group youth programs, and also I think it's of particular concern as we start to think about the subject because we made cuts to our youth programs last year in terms of the parks summer playgrounds program.

Also, I learned recently, because of a shortfall, one of the after-school programs that the parks department offers through aid also reduced funding and was proposed for a serious cutback.

I think the parks department is working on getting an outside provider to take up the slack.

But youth programs is something we should spend a little time talk about so we all have a clear picture of what's going on at the city and how we are partnering with other organizations to make sure youth in our community are being well served.

So I throw that out there for consideration.

--

>> Mayor Leffingwell: I think the procedure has been any item you want to be considered at the retreat you would want to submit to staff, whichever on the city manager staff is collecting the items, and I'm sure what you want to talk about will be included in the agenda.

>> Tovo: I wanted to make sure there weren't concerns about withdrawing one item or adding.

Council member Spelman, I've heard a lot about the presentation you did to the public safety commission, and this would be a, in my opinion, great opportunity to hear that presentation as a council if you're willing to offer it.

>> Spelman: You probably didn't hear how wonderful it was from the public safety commissioners who no doubt wished I had made it shorter than I did.

I would be happy to review the material and will do it quicker the second time.

>> I would be interested in hearing it.

I think it links nicely to one of these programs that the city did in the past which had measurable impact on crime. Well, that is one of the values of reviewing some of that material because it does link nicely to youth programs, it links nicely to job programs, to drug treatment programs

and a bunch of other things which we do probably not as much as we should, which have a crime prevention component to them as well as having an improvement to quality life component in much broader ways.

>> Tovo: Thanks for your willingness to do that.

>> Mayor Leffingwell: I think that would be up to you, bill, whether you want to make the presentation.

Feel free to submit it.

You have your request from kathy, but it would be up to you.

>> Spelman: It was kind of kathy to request.

I will submit it and keep it as short as possible but no shorter.

>> Mayor Leffingwell: Okay.

>> Cole: Mayor.

>> Mayor Leffingwell: Your question about withdrawing, it's withdrawn, if you want to withdraw it.

>> Morrison: I wanted to broaden the topic of bill's presentation to the public safety commission because, if you'll all recall, when we did our budget last year, there was a discussion about the performance measure and the 0 officers per thousand, and the comments that you made in the presentation that bill made at that time started some good discussion, and I think that there was a good sense among at least some folks that it bore additional discussion.

So I think that the whole topic of that measure and how that plays in our community and our budget is one that I would like to see on the agenda overall, and an abbreviated presentation by spelman might be a terrific part of that.

>> Mayor Leffingwell: I think it's appropriate to discuss that and the discussions should involve whether it should go down or up, either one.

Chris?

>> Riley: Your honor, I want to talk about council committee structure.

We have a lot of other things to talk about so I attempted to withdraw that one, but I suggest to keep it on the agenda as the last item in the event that during the course of our discussion over the day, we decide something requires continued focus from the council in a way that's not presently addressed by our committee structure.

If we decide some particular thing warrants a lot more attention on an ongoing basis, we can talk about whether to adjust the committees accordingly, but I don't expect the committee discussion to be the principal focus of the day.

>> Co I NOTICED THE Comments about abbreviated and i know we have a busy schedule and have blocked out the time from 00 and would like us to have some discussion now about potentially shortening that time, and we can always had another retreat if we need to just based on the agenda items that we already have set.

>> Mayor Leffingwell: Do you have a suggestion?

>> Cole:00 as opposed to all day, and then we can get our calendar for that afternoon.

>> Mayor Leffingwell: Any comments on that from other council members?

Bill?

>> Spelman: I'm concerned we have an ambitious list of things we'd like to talk about, already, and it's getting longer even over the last five minutes.

And in order to give the retreat its due, I think we need to have a more in-depth discussion of the items we have to take up than we have time to do on a city council meeting.

>> Cole: How long will it be?

>> Spelman: I can hold mine off or hold it to an hour or 20 minutes or however.

>> Cole: I'm kidding.

>> Spelman: I think we may want to have a longer conversation on the subjects we're talking about here.

>> Mayor Leffingwell: City manager.

>> Mayor, gray with council member spelman.

You have quite a few issues.

You can take a couple of those and spend your whole scheduled time on just a couple of those.

I speak, also, to say that it's my hope that council will set your agenda because we have, obviously, some prep work to do for you all.

So my hope is, if not today, before the week's out, we will have gotten the final word or input or whatever you want to call it from council so we can begin the work we need to do to have you ready tore the meeting.

So, in other words, for example, we anticipate for these topics preparing briefing papers and other kinds of things on these various topics and to have that packaged and put together for you in advance of your retreat, so the sooner you settle on an agenda, the sooner we can begin to put that information together.

Now, we've started doing some of that because we have, obviously, a general feel for, you know, what you intend upon talking about.

So we started that.

But having it settled would be helpful in terms of us refining that package.

A couple of you already have met with the facilitator for your retreat and, because you have so many topics at this point and it goes to the question of how much time, you know, that council member Cole was talking about lessening that, you probably are going to have to allot so much time per topic, if you have any intention of getting to them all.

That doesn't say you obviously don't enjoy the flexibility if you're having worthwhile and substantive dialogue about a particular issue to stick with that.

Because the point you made, and we talked about it before, is hopefully you will have subsequent retreats, if you will, and I don't think the idea was ever that you would have one and that would be it, but the idea was to recognize the significance of periodically pausing long enough to be deep and substantive conversations about what you consider to be the topical issues of the day.

>> Mayor Leffingwell: I think, mayor pro tem, in response to your concern, certainly if you have pressing business and have to step off, that certainly would be understandable for some part of the work session.

Bill?

>> Spelman: I wonder about the proper means of our making decisions about what gets on the agenda and what doesn't and what order.

The manager quite recently suggested this ought to be our decision but I don't see it posted for the city council meeting Thursday and what would be a reasonable means of our making an open and transparent decision on something like this.

>> You always have the ability under the open meetings act to direct some item be placed on a subsequent agenda.

So there's not a specific posting that you have to have.

Have, if there's an item you want to discuss on a subsequent agenda.

If you're telling the manager you want to discuss parks issues, I think that's okay for him to add that to the agenda without that being a posted item.

>> If we have a long agenda with 15 items and only have time to talk about 5, what would be an appropriate means for deciding the five?

>> I think you should take appropriate action.

But if you want to put it on a accident agenda, you can do that without posting.

But if this body wants to come to a decision and say we want ten items and only have five, you need to have an action item to do that.

>> Spelman: Do we have an action item posted thursday?

>> I don't believe so.

>> Mayor Leffingwell: I think that's probably the last opportunity to do that before the retreat.

It's probably today.

>> Yeah, you could do that.

I didn't know if this item was on thursday.

>> Spelman: Would it be permissible to delegate responsibility for coming up with agenda for the purposing of the manager getting prepped staff for the retreat?

Do we have to delegate that or all seven of us.

We have ten items, what order will we talk about them?

>> I think you can give manager direction to say prioritize these based upon this, and i think you can have that discussion here and say prioritize the ten items -- i mean, I think they still stay on the agenda, though.

I don't think you can take an official action to say we won't talk about that without that being posted.

But I think you can just direct him to say prioritize the first -- I don't have the agenda items in front of me, but i think you can give him that direction.

>> Mayor Leffingwell: Can't we also discuss priorities at the beginning of the retreat?

>> Of course.

>> Mayor Leffingwell: And arrive at a consensus of what we wanted to discuss and what order?

>> Yes, that's okay as well.

>> Mayor Leffingwell: Laura.

>> Morrison: I wonder if staff would give us what their list of items is at this point.

>> Good morning.

We had the fire list that council signed off on, I think, at the last work session.

That included an item to discuss council expectations.

If you don't mind, I'm going to pass this around.

I have what was agreed to at the last meeting.

I brought copies with me.

The first item was a discussion of council expectations and understanding of how the comprehensive plan will be utilized for policy guidance and planning.

So that would remain on the retreat agenda.

The second item as council member tovo discussed is encouraging development that moafdzoff provides community benefits and supports community priorities.

We'll take that off the agenda but keep intent in the topical discussion, just have it occur under that first item.

The third item was city support for and collaborations with school districts that fall within the city of austin boundaries, we keep that.

And add an additional item pertaining to talking about the youth programs that the city currently offers, how the programs integrate with other non-city offerings and, also, a discussion of some of the recent budget cuts and how they affected the city's youth program.

So that would be a third item on the agenda, as I see it right now.

And then we have a fourth item but predominantly would be a presentation from council member spelman, a short inversion of what was presented to the public safety commission including a discussion of the two officers per thousand policy.

And then as a fifth time permitting item.

We would include council member riley item about the subcommittee structure.

We put that on as a fifth item, time permitting.

I think that would be the agenda if we see heads nodding.

>> Tovo: Mayor.

>> Mayor Leffingwell: Kathie.

>> Tovo: I suggest we move for two bullets under community benefit item affordable housing and friendly design to our overall discussion about the comp plan and the last bullet point under city support for collaborations speaks to youth planning.

That's what I had in mind for the second topic.

I would just say, you know, I've met with the facilitator yesterday and we talked about time frames, and my goal is to keep both relatively short, 45 minutes, 45 minutes, a very short staff presentation, and then an stunt for us to discuss.

My idea is not that these be -- I would spend all day talking about them, but I think we can begin a discussion and have some, you know, identify some places to go and have some productivity in that and then follow up later.

So this is just a snapshot of these issues, not intend to be an exhaustive discussion.

I think sometimes if we have a more focused, constrained time period, I think we have more effective dialogue.

That's what I had in mind in terms of the time frame.

>> Mayor Leffingwell: Sheryl?

>> Cole: I thought we could spend a very productive four hours on the comp plan with consideration to the bullet and bullets that haven't been add such as transportation.

So that was some of my let's cut it short and move on because we have these items immediately on agenda.

But I totally respect the idea of going through the day and putting up peoples' ideas that have already been presented.

The only thing that has not been added, and I would also put it under the comp plan, is transportation.

>> Morrison: Simple little topic.

>> Cole: I mean, that's just it.

But the other thing I would just say to city manager and the staff is a lot of times I feel like we spend a lot of time getting presentations from staff, and that's a very good thing, but we don't have time amongst ourselves to talk about what we're going to do with that.

Unless somebody asks, like you did today, well, do you need policy direction or what is that policy direction or how do you guys feel about that, that we're always on a very fast clip.

So I look for this time for us to really have an opportunity to talk.

And I appreciate you saying you would, you know, provide us a presentation in advance so we could do that.

But I want to just ask staff to be very sensitive to the fact that we don't want long presentations.

>> Let me clarify.

I wasn't talking about a presentation at all.

>> Cole: Okay.

>> Spelman: What I was talking about was advanced material, preparing a retreat notebook that would provide you with advance materials, briefing papers, if you will, so that you could read that stuff, hopefully get it to you in advance before you come so you're equipped with information and, you know, we only want to be involved to the extent that you want us involved.

This is council's retreat.

That is not to say, however, that the manager may not decide to offer a perspective as you talk.

I may do that, but in terms of formal presentations by staff, you give us some guidance in that regard.

>> Cole: Well, we are going to have a facilitator, is that correct?

>> We are.

That was council's choice.

>> Cole: And that that time, i think I heard the city attorney and mayor say, at that time, we would decide what the focus of the discussion would be.

>> Mayor Leffingwell: What the priority would be.

>> Cole: Or the time limits and that sort of thing.

>> Mayor Leffingwell: And the order.

Certainly, I think it would be worthwhile to talk about time limits on each topic.

Are you through, sheryl?

>> Cole: Yes.

>> When you compile a list of potential programs defunded and after-school programs and events, I just want to throw out to the council that this is the last year of the holly good neighbor program and while it's only \$1 million to the folks who receive that money in the after-school programs, it's significant, and I think we're going to be facing some difficult decisions as to how we continue those programs that we have been funding through the holly good neighbor program for the past ten years, so I'd like to have that as a part of that overall discussion.

>> Mayor Leffingwell: Duly noted.

Bill?

>> Spelman: First, let me correct a misconception that the 0 discussion is going to be primarily a presentation by me.

[Laughter] I could start a conversation in as short order as possible and enjoy being a participant in the conversation.

We could do it the other way, if you want, but I bet you won't want.

The other thing I'd like to suggest is I want to be able to verify that first section on the comprehensive plan, includes a discussion on the long-range plans of individual departments, which may or may not be incorporated in the comprehensive plan right now.

Is that accurate?

>> Are you asking me?

>> Spelman: Just wanted to understand your thought.

>> I would be happy to make sure we include that.

You're talking about how the comprehensive impacts long-range plans for our department and vice versa.

>> Spelman: The comprehensive plan is the best jumping off place for talking about planning citywide, but we have other individual planning efforts, which I'm not sure of the current status for the integration of the department plans and the comp plan.

That's something I'd like to talk about.

>> Morrison: That's great to include that.

I want to note that I haven't had a chance to talk in depth with staff and the facilitator yet, so some of this might get expanded upon, but I'll make sure that we get the other items that have been mentioned today involved.

>> Spelman: One other addition is part of the discussion of the comprehensive plan, we also consider the relationship of that plan for an annual budget process.

>> Morrison: I would hope that will be part of that but I want to be explicit.

>> Spelman: We'll be explicit.

>> Morrison: That's great.

>> Mayor Leffingwell: This is a retreat and intended to be maybe more informal than a work session, so I would hope, to the extent possible, we could avoid a lot of formal presentations AND PowerPoints, ET CETERA, That it be more of a dialogue between us.

Okay, laura?

>> Morrison: Just one other thing I wanted to throw out.

I notice -- I suggest we add youth programs as an additional items.

Since the city support for collaborations for school districts includes a discussion about youth planning, I wonder if it might be more effective to consider youth planning and collaboration with the school districts because it has to do with it in a more cohesive way.

>> Tovo: It doesn't matter how we consider it.

The facilitator thought it would be good to break it out.

They can follow right after each other.

In terms of youth planning, i was aiming at looking at not just collaborations but what is the city doing, how is it working with partners, what has been successful, what programs have suffered under budget constraints, what are some of the choices that we'll have before us in the future.

So it is a little more focused on what's going on at the city and what some of the plans i know assistant city manager has in terms of global youth planning programs.

So I'm not concerned about how we discuss it, but it is a little bit separate from that matrix.

Matrix.

>> Morrison: And I guess the idea of how we can be effective collaborating with the school district, I can't see how we can separate that from the plans we have on our own.

So however it's represented, just so we understand it, in some ways they're integrated.

>> Yes, absolutely.

>> Mayor Leffingwell: Chris?

>> Riley: Two other particular items I want to make sure we cover.

I agree with mayor pro tem's suggestion about transportation, and I just want to make sure we're all on board with looking at all modes of transportation.

So, for instance, with respect to sidewalks, we ought to be able to have a discussion about where are we on our efforts to get sidewalks in place, how have we been doing compared to historic efforts, what's the outlook and how much -- what's the outlook for the upcoming bond election, if we can get into amounts of how much we have historically spent and how much we ought to be - - we could get into a talk about how much we ought to be considering, just in terms of broad ranges, in terms of meeting needs both in the upcoming bond election and going forward over the long term.

Secondly, similarly, with respect to parks, we've had discussions recently about identifying needs for especially neighborhood parks across the city and setting new goals with respect to having pocket parks within a certain range, a quarter mile, frankly, of people across the city, so we ought to be able to have a discussion about where are we on that, what's our plan and how does the upcoming bond election fit in with that.

Those sorts of items that would be assumed within the first topic about the general plan but could warrant more discussion on those particular topics.

>> Mayor Leffingwell: I would just say, on the transportation issue, there are a lot of parks that are really not right.

I have been working with the transit working group which is a campo committee, and to try to cover the ground we've covered over the course of four or five meetings, it's going to be very difficult, and we're not at the point, yet, where we can have a full discussion of that.

I think it's going to be important, but it's just not going to be ready then.

>> Cole: It's a presentation?

>> Mayor Leffingwell: PowerPoint.

>> Cole: Powerpoint?

>> As the mayor was saying, that is a broad topic.

In terms of advanced material, it will be hard to know how to frame that.

>> Cole: Let me try that.

>> That will be very helpful.

>> Cole: One of the things i think about, just like you talked about the transit working group, you spent whatever, five or six weeks on it, and it's still not right.

We have no idea where you are, where you're going, what to expect when.

It's very similar to campo.

We spend lots and lots of time talking about regional transportation and what -- you know and our colleagues don't know, and, so, we're trying to swing the boat this way, you might be trying to swing the boat that way and we're looking at a bond election.

So I would think the most pertinent way for us to focus our discussion is what we think might be on a bond election, because we, in short order, need to start thinking about that.

Like chris talked about, parks, libraries, affordable housing, transportation, what are we thinking?

What is the normal split between roads and rail and regional transportation?

I mean, not detailed conversation but high-level conversation, we're thinking, you know, 50% or that type.

Or we don't know.

I think it's fair to say I don't know, just like you just said.

We don't know.

We haven't gotten enough information.

>> Mayor Leffingwell: And i think there's enough to cover the high level in regards to the november bond election.

>> Cole: Yeah, I don't know what y'all are thinking --

>> Mayor Leffingwell: I think it's already in here.

>> Morrison: I want to second the concern that what's under the topic might get too big and unwieldy and focus again on it's really about -- we have this thing called the comprehensive plan coming forwd to us, and it tches and should be -- will be used to guide our budget and our major transportation choices d adable housing programs and our bond program and all of that, and it needs to integrate with our other plans, and the question might be where are we on our other plans.

But I want to make sure that we at least get to -- if we want to expand it, that's fine, but that we at least get to how are we as a council going to use this as a tool, and it will touch on those different individual arenas, but that was the original intent of that.

>> Cole: I agree with that.

I just wanted to let you know.

>> Mayor Leffingwell: My only point is I think the language in the agenda is already broad enough to have a high-level discussion on that and my guess is it won't be all that time consuming, either.

So if there's no more discussion on that topic, I think we have -- ed, do you have adequate direction?

>> I think we have plenty of direction.

[Laughter] a --

>> Mayor Leffingwell: And maybe you could post it there will be a prioritization process at the beginning of the meeting.

So with that, the other item i believe council member tovo also wanted to possibly discuss, presentation discussion on the energy rate proposal and the changes, review process, navigant report, the rate case and the customer assistance program audit.

Did you want to have that discussion today or do you want to have it on thursday?

>> Tovo: I know we'll be hearing from the public thursday.

This is a repeat of last week's as we talked about in the work session.

I wanted to have a place holder in case there were other issues.

I certainly have questions to ask about austin energy and we got late word perhaps allocation is something we could talk about today.

But I leave it with my colleagues if you want to spend 10 minutes on our agenda items now and then turn to austin energy because that would probably consume the rest of our time or if we want to go right to austin energy.

>> Mayor Leffingwell: You posted the items.

I have no objection to coming back to it if there are agenda items you want to discuss.

>> Tovo: I would be happy as long as we have a stop time and can turn to austin energy.

>> Morrison: I'd second that.

I think we've done a good job of detailing into -- delving into the detailed facets of the rates.

If we could make sure we leave 20 minutes or something like that at the end, I would be happy to do the agenda items first.

>> Mayor Leffingwell: We'll turn to our agenda items now.

Is there any particular items that need to be discussed or would like to be discussed by individual members?

Laura?

>> Morrison: On number 3, i just got a note that staff said -- this is the item on the wholesale waste water service.

I just got a note that that was going to be postponed.

Is that correct?

>> This is the city manager.

Yes, the mayor of westlake ask it be withdrawn until later in march.

>> Morrison: Okay.

>> Will withdraw that.

>> Mayor Leffingwell: Okay.

Good to know.

So that will be an item from staff to postpone that.

Okay.

On the changes and corrections.

All right.

Kathie.

>> Tovo: A couple of quick questions.

If I need to submit these to the q&a, I will.

Regarding the to 12 and 13, i just wondered what the timetable was on beginning work on the turner-roberts if we passed these items on thursday.

>> Assistant city manager.

I would be happy to get you a time line.

This is an interlocal agreement we'll work with directly with the school.

The reason that we wanted to do that is because that definitely gets us on the ground in terms of the construction quicker.

So since I've got sarah that rushed in from the bullpen, I'll have her give you a better answer.

>> But the short answer is the intent is to move fairly quickly on this.

>> That's right.

>> In fact, I would imagine, i would think that the time line relative to the work that's going to be done on turner-rob wince itself to correct structural and other deficiencies, that time and the other time line for this facility overlap each other.

So they're being very aggressive, sarah and howard and the project managers, on facilitating both parts of that.

>> Great.

Couldn't have said it better.

Sarah hensley, parks and recreation director.

This is to get us moving.

Aisd has been moving forward all long on this multi-purpose facility and we have been working hand in hand with howard and his crews to make sure what he's doing doesn't interfere with what we're doing to develop the facility.

>> Do you have a sense of how long it will take once they break ground?

>> About five months.

>> Tovo: So be in place by next school year?

>> Our hope it will be ready for the opening day of school.

>> Tovo: Thank you for your work and the expediency in which you're all undertaking this.

Then I have a quick question on number 10.

I'm interested in knowing how much we have -- the city has already spent in legal fees for -- this is the agreement with the law firm for legal services related to the rate case.

>> City water department.

We're currently exhausted the initial funds authorized by council, \$250,000.

>> Tovo: So we've exhausted \$250,000.

What was the original proof for amount?

>> \$250,000.

>> Tovo: I see.

So that was what was allocated.

You've spent it and now we're considering an amount not to exceed \$1.2 million?

>> Right, there two parts to the request.

One, as this rate case unfolds before the city council, it's a moving target at this point and we anticipate that we are going to need additional legal advice and guidance as various proposals are discussed.

That's part of this request, but the vast majority of it really is geared toward the public utility commission.

Of course, we have no way of knowing if an appeal is going to take place or not.

But if one does, we will have it relatively -- a relatively short time frame to start preparing for an appeal once council takes action.

It's prudent to begin some of the work at this point.

These are notoriously lengthy and complex and expensive proceedings and, so, it is a large number, but that is well in line with what one would expect to spend in any rate case before the public utility commission.

>> So I guess we've answered the question I was going to ask you, which is why we're voting on such an amount or being asked to vote on such an amount thursday, because it seems like it would only kick in if there is a rate case, which I know everyone is working hard to avoid.

>> You know, this is a hope for the best plan.

It is a large amount, but we think it's prudent to simply go ahead and begin the work, but be ready.

>> Council member tovo, frequently, when we go to outside counsel under our guidelines, we ask for the full scope of work.

In this particular case, frequently, we have the authorization, and if that scope narrows, the entire authorization is not used.

So what we did is we got a full scope of services related to not only this internal city process that continues to go on, but a scope of work that relates to what all the processes are at the puc.

And if you will also look on the agenda, there's an executive session where we will be laying that process out for you on thursday.

But there is, hopefully, if we don't challenged, that authorization will never be used.

>> But I guess, though, in this case, the original authorization didn't include that whole scope.

>> No --

>> so I was wondering why we're not continuing to do it in pieces.

>> At that time, when we did this in 2009, we thought the city's internal process would be over, so we did go for the entire scope of what we hired them to do at that time which was to provide legal advice on how we go through internally looking at how we do a rate case, how advising the department, the things that they needed to be aware of.

We exhausted that because that process has extended, and now we're at a point, however, now, where we need to be looking forward for another potential process and, so, that's what we're looking at as well.

>> Okay.

-->> Tovo: OKAY.

Thank you.

So I think I have questions about 31, but I think I'll save those for the q&a process and our discussion thursday, because I just got a memo that I think answers some of them, in light of trying to keep us on track to talk about austin energy.

>> Mayor Leffingwell: Mike?

>> Martinez: A real quick item.

Don't really have a question, just want to bring it to the attention of the public and council that, very significant in my mind, this item, it's a culmination of so many things, starting way back when, the easement for water reclamation line went through morris williams leading up to leveraging those dollars and working with austin energy to put the substation on the par 314 that I never parred.

I was so glad to see it ripped up because the new par 3, i parred every time since.

But literally, so many of us came together to work this out, create significant improvements for morris williams which is a huge public asset, not only to austin but more specifically east austin.

So the course will close monday, and don't want to alarm the public.

It will reopen.

So what we're going to do is try to put together the different stakeholders involved and it should be a little public education, more than likely monday morning, letting folks know of all the improvements that will happen on site -- a new cart ban, clubhouse, we'll replace all the greens and do major improvements -- but it will be closed about nine months, hopefully, and we reason to a much better facility than the one that exists now.

The reason we're closing it is because there's really not enough footprint to build a new clubhouse and leave the old one standing and, so, I guess the powers that be and the people that are a lot smarter than i decided, you know, we just need to shut it down for nine months, do everything we need to do and open it back up, because that's the quickest turn around time.

So it's a very significant project to east austin and i want to thank austin energy, parks department, government department, the city manager's office, the golf advisory board and so many that played a key role in culminating what's going to happen starting monday morning.

So thank you city manager and thank you staff.

>> Mayor Leffingwell: Sheryl?

>> Cole: I know we got a memo on 31, but I would like to ask questions on item 31 where we are giving funds to capitol metro for the metro rail red line.

Robert, tell me what we're doing here.

I thought we were bringing this back to audit and finance and then we speeded it up and took it directly to council.

>> City manager.

Timing was the factor that we dismissed it before we put the major points together.

We had a meeting to try to refine the deal points last night.

To summarize, to help that mobility asset in our community that is running successfully at this point, but in limited hours, capitol metro asked austin city manager to look into -- really his initiative to look into how to help the mobility asset improve in their operations.

Capitol metro has a quarter cent program they were they have been funding to the city of austin for transportation projects and that was a likely source of funding for this initiative.

So that's the major deal point we've agreed to at staff level is the city of austin would reimburse their costs and it would come out of the quarterly cent program for capitol metro.

That's the major deal point.

Now we're working on retirement of the metrics, how much it costs and how things work out.

Everything is going well and we think it's put together enough for you all to consider thursday because all the major deal points are worked through, especially the financing, and that's why it's up for your consideration, and then we expect to have the deal completely negotiated and executed in a few weeks.

>> Because we didn't take this to audit and finance, I want to make sure we're clear to the public about the financing, and are we or are we not making a loan to capitol metro for 2 million and what are the terms of that repayment?

>> A loan might not be the correct way to say that.

It's funds that they owe us through the quarter cent program.

From a cash flow standpoint, they don't have the ability to pay for that service on an ongoing weekly, monthly basis, so I suppose we're essentially acting as their banker to front the money and at an annual repayment they are repay the funds through the quarter cent funds they already owed us.

So it comes out of the quarter cent funding, but from their cash flow standpoint, they can't pay the expenses on an ongoing basis.

They have to more or less accumulate the funds and pay us back on an annual basis.

That the what we've agreed to.

>> Cole: What do they owe us?

>> The quarter cent program, i believe it was in 2006, chris might be able to help me out on that, it was agreed capitol metro would dedicate a quarter cent of their sales tax to the city of austin for crripion projects for a certain period of time.

That money is currently about \$45 million is left and we spent money over the years on those transportation projects and, so, there's about \$45 million left of that funding that's still to be dedicated to transportation projects.

This seems to fit very well into that category and definition because, obviously, capitol metro is focused on mass transit and high capacity transit and this fits very well, and both entities' goals to improve the high capacity system in the city of austin.

It seems to mesh and improving the red line fits within the transportation project we would spend money on, so it's us agreeing that's where we would spend the quarter cent funding.

>> Cole: So we haven't really had any difficulty collecting this quarter crept sales tax since that agreement in 2006?

>> No.

If you recall, in 2010, we came back and modified that agreement cause of cash flow issues that capitol metro w incurring because of all of theirs comes from sales tax.

As you know, the sales tax was down in the last few years in 2009 and 2010, and they were not able to pay, as we were submitting them invoices on transportation projects, capitol metro was not able to pay that.

As you recall, council agreed to base a formula on their sales tax performance and, based on that, they would pay in a payment plan and we agreed to that.

So since then, they met the performance requirements.

>> Cole: Since 2010, they met the performance requirements.

>> Right.

>> Cole: To a large percent, i know a lot of our transportation objectives as a city overlap with that of capitol metro, so it makes some sense we would pay for some of those and they would pay for some of those.

But we still -- do we have an interlocal agreement with them about how that's going to work or how that does work?

Is that what y'all have been negotiating?

>> We do on the quarter cent.

Th more or less an amendment to that on how we use the quarter cent funds to support the red line operation.

That's what you will consider thursday.

>> All right.

So we can ask further questions on thursday.

Okay.

>> Mayor Leffingwell: At the end of the day, it may be to oversimplify it, we're just using some of the money that they would give us to let them spend on that particular transportation project.

So you could argue at the end of the day, we're not spending any more money on that.

It's money that cap metro will spend and give us to spend on transportation projects and we're just redirecting it.

>> Without that funding source, it would have been a real difficult challenge for us to step up to the plate.

>> Mayor Leffingwell: As you pointed out, sheryl asked the questions, have there been any difficulties, the short answer would be, yes, there have been redifficulties.

That restructuring in 2010 was going from a fixed payback amount to an ability to pay.

They're going to pay based on a formula whatever they can.

>> Tovo: I have quite a few questions but one point of clarification.

The memo talks about the requested council action next week.

Did that mean to say later this week?

>> Yes.

>> Tovo: And then in our backup, there is some reference to the city of austin has demonstrated that the current multimodal transportation network is strained and a capacity deficit exists.

I wonder if you might be able to provide us information specific to the red line about the capacity deficit so that we can evaluate that in terms of making our decision.

Again, I have a lot of questions I'll have to ask you outside of this meeting because I do want to turn to austin energy, if we can.

>> Certainly, you all will take this up thursday, but I just want to say, for the record, from my perspective, I certainly think it's in capitol metro's and the city's best interest, generally speaking, that we support this and that we do what we can to make sure that the red line is even more successful than it's been.

I think that's important, you know, for the city as a whole.

>> Just want to ask mark, historically, the few times we've run on the weekend the red line, it's been extremely, extremely successful.

What are we contemplating in the agreement, should that success not bear out over time consistently?

Is there a breakpoint, if you will, that, if we don't see a level of ridership that we believe is worthy of that investment, that we see funding that operation?

>> We are working metrics into the agreement and also have in the agreement there's a 90-day notice period that the council can discontinue the funding, so the council will always, in the current agreement, have the ability to say this isn't working, the funds aren't going.

They're better spent somewhere else, and, so, you will have that ability.

We'll work metrics in so you have that data to consider.

>> And, obviously, guys, I wear two hats.

Chris and I both do.

I really want this city to be as secure as possible.

This is a council decision and, so, you know, I certainly appreciate all the work that you guys have done and the support that you give cap metro.

But in my position as a council member, I clearly want us to be in the best possible position as a city going into any potential agreement.

So I appreciate all the work thus far.

>> Mayor Leffingwell: Laura.

>> Morrison: Thanks.

Just a couple of questions.

I get your point, lee, that this is not money that's going to come out of our coffers, it's just money they're not going to give us.

On the other hand, I like to remember there's no free money.

So in terms of what we would have been doing, had the 2 million been come together u -- coming to us, what's the planning we do for the funding and how do we shicht things around?

>> If you recall in 2010 with the cash flow issues we were incurring with capitol metro, the city essentially removed away from reliance on that program, so everything was more or less in the queue for that.

We worked hard to find alternative funding sources.

So everything coming in from capitol metro creator cent funds would be funds to allocate to other transportation projects.

So the projects we had in the queue were being funded elsewhere.

So that decision or that challenge has been overcome.

But there are projects that we could have funded that, perhaps, would be in the next bond program from quarter-cent funding that we won't now if we take this step.

I agree with that.

.>> Morrison: SO I GUESS YOU'RE Suggesting we're not in a situation of we told folks something will happen and now it's going to be bumped down the road a few years, that's not the situation.

And can you remind me about the order of magnitude of the quarter cent tax per year?

>> There is only a certain period of time, so we only have about 45 million left.

It's not an ongoing quarter cent program.

It was only for a few years, and we just haven't spent that allocation.

So we have about 45 million left before that's expended.

>> Morrison: We so we're not getting an annual?

We got some up front?

>> It was agreed to for a certain period of years and that accumulated.

They owed us so much money but that stopped and we don't get it from now on, unfortunately.

>> Morrison: If we have 45 2 and we're talking about doing, is that correct, per year -- 2, but we're still negotiating level rion that number.

>> Morrison: Hopefully significantly less.

Less.

>> Yes.

>> Morrison: And the contemplated term of the agreement we're talking about is how long?

>> I don't recall what we have in the ala --

>> Morrison: Something like five years, something like that?

>> Yeah, it could be annually amended, but I don't recall.

>> Morrison: I think durham might know off the top of his head.

>> The current interlocal anticipates the initial agreements were two years with two optional years beyond that.

>> Morrison: Okay.

Thank you.

>> Mayor Leffingwell: I think it probably amounts to something like a mortgage refinance plan, the deal we did back in probably the sweetest refinance plan anybody's ever done, the 2010 agreement.

>> Tovo: I ask one of my big questions.

It's understood that the city is owed a good deal of money.

Do you know the amount?

>> That's the \$45 million that's left for the quarter cent program.

By this action, you're essentially saying that part of that will be dedicated to red line service.

>> Tovo: So, in effect -- well, did we collect any?

>> Yes, we've collected quarter cent funding over the years, by in 2008, 2009, our invoices would go and capitol metro would say we don't have the cash flow and can't pay.

In 2010, we reworked the deal on more performance related on the sales tax revenue that was coming in and, since that time, they have been paying according to that formula.

>> Tovo: I guess we'll know thursday how much of that 45 million debt we're, in essence, foregoing or allocating to this project, depending on your perspective?

>> Well, that's the negotiate and execute.

As I was telling you, we're still negotiating the poison points, especially the cost of service.

2 in and may not have any more information for you thursday.

2 for the two years plus two more years for the additional.

That's the level we have of the negotiations at this point.

>> The capitol metro also needs to work with their service provider and they have a negotiation process with them before we have a final number on what the cost would be.

>> Tovo: We'll hear more thursday.

Thanks.

>> Spelman: Mayor.

>> Mayor Leffingwell: Bill.

>> Spelman: A follow-up to do the last bit, when do you expect that the contract will be completed in negotiation of the contract?

>> We hope to have it done in about two weeks.

>> Spelman: Would we be -- we don't have a meeting between thursday and march 1.

Is the issue?

>> It is.

>> Spelman: So if we only wanted to negotiate, it would hold off till march 1 if we wanted to see the contract itself.

>> Yes, that's an option.

>> Spelman: If you were to provide us with what you call deal points, I'm newsing term sheet, but same thing.

>> Yes.

>> If you were to provide with us a term sheet thursday, is it likely the terms should change materially between the now and the end of the negotiation?

>> I think the major thing that will change will be the cost is what we'll continue to work on capitol metro.

>> Spelman: I presume we're trying to get it down and they're trying to keep it up.

So at least we know the direction of the cost.

Will you give us a presentation thursday on the term sheet?

>> We were just going to provide it in writing that here's the term sheet.

It's an agenda item but we didn't have a formal briefing.

>> Spelman: We want to take a look at the term sheet because we won't have a chance because we postponed till march 1.

>> Martinez: Historically, the few times we've run it on the weekend we saw fair box recovery rate in excess of 80%, which is astronomical for transportation, specifically rail.

Is there a term in the term sheet that provides, I guess, stability to the city to where 2 could literally be reduced by 75 to 80%, should that fair box recovery remain that high?

>> That's the negotiation.

The original request from capitol metro was for the full 2 and rightfully we're suggesting, wait, let's talk about the fair box.

>> Mayor Leffingwell: Sheryl.

>> Cole: One of the memos, you mentioned the time frame has something to do with south by southwest and then it didn't.

Can you help with us that?

>> Certainly.

It was our impression that south by southwest was a limiting factor, but we understand last night capitol metro does have that service funded for the red line for south by southwest.

So that critical path has been removed.

That's already on path.

They very are that funded.

So your action on thursday or inaction, if you choose to do it differently, won't affect the south by southwest service.

>> Cole: I don't know if anybody's here, I don't know the next audit and finance meeting.

I'm trying to figure out if we have an opportunity to do that before our next march 1 meeting, where we could actually see the contract terms, get the history of the -- both of the agreements and you finish your negotiation and actually come to council with us having looked at it.

We rarely make any recommendations on such an item.

And then bring it to council by MARCH 1st.

>> I don't know when your february meeting is.

>> Cole: I don't know either.

Oh, we've not had it yet.

>> So it's coming.

>> Cole: It's coming.

>> THE 22nd.

>> Cole: The 22nd.

>> We can brief you where we're at, at that time, yeah.

>> Cole: That would be good.

I would like to do that.

I make a motion.

This is actually from staff.

I mean, I don't like the idea we're in the process of negotiation.

We haven't landed on the number, don't have the contract, dealing with another entity that we have a good relationship with, but we have transportation projects that we are not going to be able to do, and we still have funding that they have not been able to repay and that's probably something we need to set for the agenda for the retreat, just talking about the relationship with all the other governmental entities, not just aid.

But I would be in support of that.

>> Mayor Leffingwell: Anything else on this item?

All right.

Something else?

Who's next.

Laura?

>> Morrison: I want to ask about item number 8.

I see some of our aarp folks there --

>> Mayor Leffingwell: Can i interrupt you just a second?

If we're adjourning at noon, we have 10 minutes left.

>> Morrison: I hear ya.

This is the item on the substation wall art that I guess we had last saw a presentation and discussion and I know you all were going to go back and talk with the design team and now what we're seeing is an amendment to the design and i wonder if you could give us an update on where we are on those kinds of things.

>> Kevin Johns, director of economic growth redevelopment services.

We have a 15-minute presentation that will outline the solutions that we've come up with.

We've worked very closely with councilman Riley and have recommendations that address both the art wall, the security and maintenance of the electrical facility, the issues on sidewalks and also landscaping and the general feel to the area.

So that presentation, we have Megan, Sue and Fred that can make that presentation.

>> Morrison: Not now.

>> We won't volunteer to do that today, but I think we've got to -- come up with a very workable solution.

We are essentially ready to go from the concept to the sketch phase -- schematic phase and that's the request.

>> Have you had a chance to take it to the design commission because they evaluated that significantly and had a lot of comments.

>> Megan, cultural arts program manager.

We took it to them, as you know, back in October and, so, we have them as approving the schematic with regard to the north-northeast corner and evaluating the scale of the metal mesh, which would be determined during design development.

So once schematic is approved, that's an appropriate scope of work for the next phase we're committed to addressing in that phase.

>> Morrison: So the revisions have not gone back to them?

>> That's correct.

We did take it back to the downtown commission in January, and, so, we're prepared to provide that full briefing to you on Thursday.

>> Morrison: All right, thank you.

>> Mayor Leffingwell: Chris?

>> Riley: A few questions but if we have a full briefing Thursday, I can hold off till then.

Thank you.

>> Mayor Leffingwell: Anything else?

Or we want to spend the last 10 minutes on Austin Energy?

Okay.

Kathie, you asked for this.

>> Tovo: I did, thanks.

I want to express my appreciation to all the Austin Energy folks for staying here and I think maybe this is the last time I suggest we spend 10 minutes on the agenda and try to get back to our discussion.

Let's see.

I have -- I know we asked you to be here to talk about allocation specifically, and I know council member morrison had specific questions about that.

I do have a few other smaller questions as they relate to the schools and the churchs -- church facilities.

So maybe we could run through those fairly quickly and then turn to allocation.

We had talked a little bit -- we had received a letter from the school district asking about single metering, suggesting single metering, and I wasn't sure if that was part of your revised proposal or if you had an opportunity to calculate savings that may have accrued to the school district from that kind of approach.

>> Barry weis, austin general energy.

We have not come up with a solution that solves what they're after and that is several, up to a dozen or more, portables, having them all on one single meter.

That's really up to the school districts to do their wiring and the capitol work that would be required to do that.

>> Tovo: I'll have to circle back to them.

I thought they were suggesting something that was -- well, in essence, I think what they may have been asking for is to not have customer charges on each of those individual meters.

>> Right.

>> Tovo: So that's really, i guess, what I'm wondering if you calculated what the reduction would be to austin energy if that were possible as a policy decision.

>> I don't know that we have the exact answer to that, but this exists in an entire commercial class, and that what we ask customers to do that want to aggregate the meters, I think that's probably the term they used, is they could go about doing that through their capital costs, but we have that situation through our system and that would incur great hardship on austin energy to try to accommodate that.

>> Tovo: And that relates to churchs who may have several different facilities.

>> Right, and it's not uncommon for residents to have that situation in agriculture, for example multiple meters on a small or large ranch and want to aggregate that.

So it's not an uncommon issue.

>> Tovo: I think I'll save the other ones and turn to allocation after we ask this one question.

It's my understanding, we've heard different suggestions from the public, and I certainly have been tossing around different approaches as well.

It's my understanding that if we wanted to do some kind of interim measure that it would need to be a surcharge rather than a flat percentage.

Is that accurate?

If we wanted to do an interim measure and say, you know, cap it at, say, 4% or 3% while we're sorting through some of these weightier issues and really evaluating elements of the rate proposal, is that doable under the guidelines?

>> So do I understand that you're talking about rates overall?

I'm not sure what you're talking about.

>> Well, it is -- with my understanding, and it may have been a misunderstanding, that the puc was comfortable with an interim measure, that if it's a surcharge, a flat surcharge rather than as a temporary, while we're coming up with a full rate increase.

>> I see.

>> That's an issue we would have to discuss with legal counsel, we haven't really assessed that internally.

>> Tovo: Would it be an option for this council to say, look, we need more time.

We're in agreement you need some kind of immediate additional revenue, and we -- you know, we'll authorize you to go forward and collect an additional 3% from all customers across the classes and continue to sort out the other element of the rate proposal.

>> We haven't had any planning or dialogue or any direction working with the city manager on any of that.

So I don't really know how to respond.

>> Tovo: Okay.

But sounds like it could be an option, just hasn't -- certainly not an alternative that's been explored in any of the previous rate proposal ongoing dialogue.

Okay.

All right, thanks.

I'm going to yield to council member morrison to kick off the allocation discussion.

>> Morrison: Thank you.

Considering we have four minutes left, what I wanted to suggest is I think it's important -- let me back up.

Allocation methodology is complex.

I think we've done a good job of really addressing certain things that are really sort of driving a lot of the rate recommendation, and allocation is also a big driver behind it and it's complex and I think that there are really sort of values and policy issues built in them.

So it's my desire that we as a council and a broader community maybe have the opportunity to delve into it and obviously three minutes is not enough.

One suggestion I might have is that we could have some discussion at our audit and finance, if we could fit it on the agenda, to have the time -- I think that it would be fair game for our audit and finance so that we could take the time TO UNDERSTAND EEDs AND BIPs And those things.

If you would be amenable and the finance chair accepts that.

Why don't we try to do that.

>> Sure.

I can do that.

While I have it on the screen.

I draw your attention to slide 7 that we have today.

This is in a lot of the pearl you've had before -- a lot of the material that you've had before.

These are average rate costs, average p rates for 12/14.

What these slides show is the different costs and rates for the different methodologies.

Fundamentally, you're looking at a shift of the cost between the meth dolls to a different rate class.

Is that's what this is about.

>> Morrison: Yes.

>> And we can have that work session or go into it deeper if you want, but I think that this slide shows what the problem was and how we fixed it or addressed it and made it less of an issue than it is.

>> Morrison: Right, and i understand you have.

But somebody loses because it's a zero sum game.

In addition to looking at the outcomes, I think it's important for us to understand something about what each allo gages methodology is built on, the theory of it, you know, whether it's built on -- whether it's built on uniform energy use versus other things, for instance, because I think that plays into some of our values that are beyond just business values.

So maybe it would be helpful if we had an off-line discussion before audit and finance and i could share some of the questions that I have.

>> Sure, and we can take the seven slides that we had today and get those into a memorandum or something out ahead of time so you have a head start to see what we're going to talk about.

>> Morrison: That's great.

Second question is what kathie was mentioning in terms of interim -- the potential for doing simple stopgap, temporary until we get a final recommendation in place, rate increase, how would we formally get that on the table to discuss and see what our options are in that regard?

>> Well, that's an interesting question because, really, we're interested in your feedback, too, and process from this point forward because we don't have anything in front of you until march 1, which is another public hearing.

We have a public hearing, obviously, thursday, and march 1 was another public hearing with potential adoption and we don't have official interaction and now we have audit and finance and we're certainly interested in how do you want to process this from this point on.

This is what we were hoping to get direction on today.

>> Morrison: I'm definitely interested in having that option on the table an across-the-board increase of something or another to keep us out of the criticallicle range, make sure we're mott moving backwards in terms of financial stability.

>> I can tell you, I heard you mention a number, and it would have to be larger than that.

That, we do know.

>> Morrison: I mentioned a number of 2% because I know that's sort of the number in our affordability.

I heard council member tovo mention 4.

>> Tovo: Then lowered it to 3.

>> Morrison: So one question would be what kind of percent would be required to actually keep us from digging the hole deeper kind of thing.

>> We definitely could go back and be prepared for whatever kind of dialogue or options that are out there, but, right now, what we know from our best business is that a very small increase has to be connected to several of those later in order to do something.

In other words, a very small one isn't going to top gap us for very long, so that's the issue.

I'll work with the city manager and we'll come up with a game plan to address this.

>> Morrison: Great.

>> So the important thing is that on march 1, be ready to answer with some specificity questions like, this what percentage would it take.

You know, the discussion had about the legality of the surchargics that kind of thing, and that would be the appropriate time and place to officially make those kinds of suggestions at the point where we get to actual consideration beyond public hearing.

But public hearing and consideration of a proposal and realizing it might not all happen in one fell swoop.

But the other thing I wanted to mention was, we talked about i certainly am not supportive of totally relegating a big part of this to the audit and finance committee.

I think it's important they hear it but I also think it's important the whole council, this is an important decision the entire council needs to be privy to all that kind of information.

So if you want to duplicate that, that's fine.

>> Cole: Are you supportive of us only hearing the allo -- allocation issue?

Because I agree with you.

I want to make sure we agree on what we hear.

>> Mayor Leffingwell: I'm fine with that.

The rest of the council needs to be briefed on that, too.

>> Cole: That's all.

>> Mayor Leffingwell: We are beyond our adjournment time.

>> Tovo: Mayor.

>> Mayor Leffingwell: Yes.

>> Tovo: A thought to ponder, I agree with what you said as well and I think if we had a focused discussion on the allocation methods, that will take up a lot of audit and finance time and I would throw out to all of us to decide whether we need a work session between now and march 1, if we're moving to take action on march 1, a couple hour work session would be in order.

>> Mayor Leffingwell: We'll have a work session two days prior to that.

>> Tovo: But that doesn't give us time to respond between tuesday and thursday if we're trying to hammer something out.

>> Mayor Leffingwell: Certainly, if you want to bring that up, it could be considered, but there is no mandate that we make this decision observe march 1 either.

I feel like we'll continue that discussion.

>> Tovo: We'll talk about this thursday and maybe that's an appropriate time to talk about scheduling as well.

>> Something I said before, we're happy to entertain any questions you have, but I would prefer not to be in a position where we're asked to respond to what if scenarios off the cuff.

This is so complex.

We were talking about messengers just before, and, so, I'd rather understand, using that as an example, what council wants us to look at in advance so that my team can have the time to do that analysis.

>> Mayor Leffingwell: Okay.

So with that objection, we're adjourned at 12:05 p.m.