

City Council Work Session Transcript – 12/08/2020

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[9:04:40 AM]

>> Mayor Adler: Colleagues, today is December 8th, 2020. This is the city of Austin work session. It is 9:04. We're holding this session remotely over webex. We have a quorum present. We have some items that have been pulled today. We also have a briefing and we have executive session. So it's the intent at this point to start with the briefing, which is our covid briefing, and also to include some nursing home information. We'll go from that to pulled items. Looks like the pulled items are the water forward issue, the arc issues, pier south, old San Antonio road and then we have executive session. Hopefully we can get this

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done and go to executive session and not have to come back to work session, but let's see how that goes. Let's begin with the covid briefing this morning. Again, I'll turn it over to the manager. I want to say at a really high level again, thanks to Dr. Escott and public health as the numbers are about to show, our community still continues to do really well relative to the other parts of the state, due in no small measure to the folks that we have working on this in our community. Obviously always anxious about the numbers. Manager, do you want to follow up?

>> Cronk: Thank you, mayor. Good morning. As part of our regular covid briefing for work session we're going to ask to divide this up into three sections. One a briefing from director Hayden.

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Then we'll turn to Dr. Escott for his presentation, pause for questions and then we will bring in our partners at the university of Texas for their third iteration of the nursing home study. So with that I'll ask director Hayden to kick us off. Good morning, Stephanie.

>> Good morning, Spencer, thank you. Good morning, everyone. I wanted to start my briefing because I would like to acknowledge the work of Austin public health and Dr. Escott being on our team. The department has the best employees and they just really have a true heart for public health and I really want to take some time to acknowledge them. But this is a team effort and so when we think about team, and I have conversations with folks across the state of Texas at health departments and across the nation, I have to acknowledge Kristopher

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shorter for his leadership. He and the city management team, Spencer cronk, have been so helpful to Austin public health in the midst of his response. And I also want to thank the mayor, mayor pro tem and all the officials. You have supported Dr. Escott and I throughout this pandemic and I can honestly tell you in talking with some of my colleagues, they're just not getting this kind of support. Your support and belief of public health and the science has helped our community tremendously. We would not be where we are as a community without your leadership and your support. Now, we are transitioning, and I've always said this is like a marathon, so for those of you that are running, we're 13 miles down and we have 13 more to go,

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and so I don't want us to celebrate prematurely. I do want us to stay focused and celebrate along the way the accomplishments that we've made. And so I wanted to just thank our full team again. So thank you again. Our epidemiologists and our surveillance staff are moving, you know, very quickly, meeting with others, looking at clusters, reviewing the data. As you may have heard, the CDC updated their information last week. Our team is finalizing our guidance and so we're going to be putting out a statement later today, but we also will need to update, you know, all of our guidance that we have in place. Our childcare folks are working under the saves to

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put our document in place to work with United Way. Our childcare folks have continued to distribute health and safety supplies and we have some areas where we're really being proactive. Even though we're working throughout community, is important for us to determine where there's a greater need and be able to provide some additional support. As a reminder, we are continuing to work with our

schools. We have a mailbox for our schools to email us. We have a mailbox for our childcare facilities to email us if they need technical assistance or any -- anything they may need that is connected to covid. During this week we have began working with aid as a pilot. This is to provide some in-home rapid antigen test

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for campuses, for students and staff. So we are looking at title I schools to be able to do that work. So we will provide more information with that. As you all be aware, I know you've been hearing so much about the vaccines, and, you know, the information about pfizer and about modern, and just a reminder, we have established a vaccine distribution coalition. We've had four meetings, and we're going to have one more meeting, but one of the things we've done is that we've shifted the position. We're going to still remain a town hall type setting. We've had over 150 people at our last meeting and so we are dividing into subgroups. We're going to focus on

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priority population engagement, communication, as well as working with our providers. And so this Friday we will be meeting with our health care providers and vaccine providers to discuss several things that we want to make sure from a plan perspective that we include that. Our plan will be available probably towards the end of this month. We'll have one more meeting on December 18th where we're going to share that draft plan. Then from there we will include this in your weekly briefing where you will see the plan that we have put in place for our vaccine distribution. We're continuing to test all of our sites, dove springs, givens, montopolis, walnut creek, lark center, pflugerville.

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You can go to the St. John site. It's a drive-in sight. We have day, evening and wean hours. With our homeless update, eating apart together, we provided over 600,000 meals and we will continue that operation and we're preparing for next calendar year. UT Dell and community care continues to partnership with us. To date we have tested over 850 clients, and a very low positivity rate. As you all may know we had our first cold weather shelter activation last Monday on the 30th. And definitely we'd like to acknowledge all of the partners that assisted us with that process. This was a transition as most of you know, our plan

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originally we were working with churches and other locations, but we made a transition to recreation centers and so we had a successful cold weather shelter and we housed over 60 adults. Our isofac and protective lodges, we have over 275 guests there. We have housed over 74 individuals. And we'll continue to house individuals in that -- through the protective lodges. With our long-term care as you will see from the website and I'm Dr. Escott will include this in his presentation, there has been a significant increase in our long-term care facilities. Over the last 14 days we've had an increase of 124 cases

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so our team are really providing some additional support to them as well as looking at their care plans, looking at their ability to provide extra ppe. At this point they've not requested additional support from the strike team but our long-term care folks will continue to provide them that assistance. Its other thing that some folks may be curious about is with the covid-19 vaccine, CDC has partnered directly with CVS and walgreen's to administer the covid vaccine at long-term care facilities. So most of our operators have registered to receive that vaccine. At this point that concludes my presentation and I will turn it over to Dr. Escott. Dr. Escott?

>> Dr. Escott: Thank you,

[9:15:49 AM]

Stephanie. I'll ask av to pull up my slides. All right. Mayor and council, it's a pleasure to present this update. Next slide, please. Again, this is an update on our graph on new confirmed cases in Travis county with the yellow being the moving average. Yesterday we reported 272 new cases, which gave us a moving average of 301. Generally an increase over the past seven days the day before we were at 309 moving average on a little bit of a drop, but we typically see a decrease on Mondays so we'll have to watch this week to see if we're going to continue this oscillation that we've seen or if we're going to continue in an upward direction. We did see a decline the

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week of Thanksgiving and that increase starting of course the week of Thanksgiving. This is an update of our new admissions to the hospital. Yesterday we reported 43 new admissions with a moving average of 35. That's an increase over the past six days. Again, we see the same effect as we saw on the new confirmed cases with a dip during the week of Thanksgiving and an increase the following. Since June and July we're about halfway up that stretch that we saw there, but I'm going to talk about something

different that we're seeing on the next slide. This is our hospitalizations, so we're looking at in the blue the total hospital beds being utilized. In Orange the icu beds and the gray, ventilator use. Yesterday we reported 246

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total beds being utilized with 226 on the moving average which is an increase over the past four days. Icu utilization 75 yesterday. Moving average of 75. And that's been flat for the past week so I want to point out on this slide is if you compare from where we are now to where we were in June and July and you follow that line down to the icu and the ventilator use you can see that we're using about 50% more icu beds for a similar number of hospitalized individuals. So what we're seeing is the effects of clinical treatment. We're seeing the ability of our health care systems to manage patients now out of the icu setting whereas before back in June, July, it required icu care. We're also seeing the benefit of having some of

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the therapeutics in place such as our convalescent plasma, the antibodies, and the remdesivir and some of the other medicine rations used for covid-19. Overall we're not seeing the impact of icus that we were before and that's great because as we discussed during our initial surge, that's the rate limiting step as far as our hospitals are concerned. I did see a report today expressing some concern about our icus being at 85% capacity. Let me say in discussions with our health care leadership from the three major systems, they are not concerned about the capacity. As a reminder, hospitals generally operate around this range of 80 to 90 or 95% occupancy of icus. So it's not alarming at this stage that the icus are at

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85%. That doesn't mean we shouldn't be careful. We should, but our hospital systems are in good shape right now locally and we're grateful for the work they're doing to maintain that capacity to care for people. Next slide, please. Mayor and council, this is an update from the UT modeling consortium. I'll say that the data you're seeing here, the last green dot is on December the second. They're working on some updates into the system right now. I expect they're going to update the next day or so. Right now it's showing flattening with a decreasing trend over time. I'll tell you that I think this is overly optimistic. I think we're more likely to see a flattening and an increased trend the next time that they update it. And the reason is because the blue line that you see here, which is the best guess, if you will, of the

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future, is already lower than we've seen in that week or so between when it was last updated and now. So again, we are seeing increases over the past week. My expectation is that this graph and projection will change soon. Next slide, please. We see the same thing in terms of the projections for hospitalizations. My prediction is that again we're going to see this flattening and trending upward on the next update. Next slide, please. And icus, again, we have been flatter in terms of icus, so my expectation is that this will remain relatively flat with the update, but again, we may expect an update later today or tomorrow. Next slide, please. Mayor and council, this is an update of a slide that I showed you last week.

[9:21:58 AM]

This is related to active cases per capita or per 100,000 population. You can see that Travis county is at the bottom of this in the dark blue line. I also want to point out that between last week and this week, the line for Bexar county, which is in that lighter shade of blue, is going in an upward direction where it had been relatively steady in the past. You can see that Dallas county and tarrant county continue that upward trend but not as acute as it was a couple of weeks ago. Lubbock county is flattening out as is El Paso county. Again, El Paso still has more than 5,000 active cases per 100,000, so still in a catastrophic situation but

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improving. This is a new graph I'm sharing with you and this is again based on the Texas department of state health services data related to cumulative deaths. So again this is showing cumulative deaths by county per 100,000 population. To give us a comparison to those same counties. Once again you see Travis county is at the bottom of this list with less than 40 deaths per 100,000. When we look at a tarrant and Dallas counties they're about 30 to 50% higher than that per capita. When we jump up to Bexar county it's about almost 100% increase over where we are and then of course Lubbock and El Paso counties significantly higher than we are with El Paso county more than four times the cumulative death per capita as Travis county.

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This there's not something magical about Travis county. We don't have a force field around us. The force field is created because people have decided to put their masks on, to distance and to do the things that we need to do to protect this community. When we look at the difference between the death rate in El

Paso and the death rate here this is how we can begin to conceptualize how many lives have been saved by avoiding that kind of surge here. If we had seen this kind of surge here or seen in future, we're talking about the difference between 500 deaths here and what would be more than 2,000 deaths. So we're talking about saving more than 1500 lives in Austin and Travis county so far because of the work energy this community and the policies that the mayor and judge and council and commissioners' court have implemented to protect this

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community. We have to continue that. As director Hayden said, this is a marathon and we have a long ways to go in terms of getting this community vaccinated and protected, but if we hold off, if we maintain our vigilance, we can continue the trends that we've been seeing and set the example for the rest of Texas and across the country. Next slide, please. Mayor and council, than update of the hospitalizations based on age group. You can see that we've had an increase in our hospitalizations related to that 70 to 79 age group, that mustard yellow color. We've seen an increase in that 80 plus age group. We've continued to see a decline in the hospitalizations related to that 20 to 29 age group which is that lighter yellow color, but I'm going to talk more in a little bit about that 20 to 29 group.

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This is the same, but broken down by hospitalizations within each age group. You can see in the 80 plus age group we went from 20 to 34. In the 70 to 79, that increased. We're concerned about the increases. We talked last week about that increasing positivity that we're seeing in these upper age groups and the expectation that was going to translate into increasing hospitalizations, which has happened. Overall we've moved from 185 hospitalizations two weeks ago to a little more than 200 last week. So again, we have to continue the efforts to protect the entire community, but in particular those who are over the age of 60 or 65 because they have a much higher risk of being hospitalized and having a severe illness. Next slide, please. This is an update of our graph associated with

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hospitalizations by race and ethnicity. You can see that we've had further decline in our percentage of our latinx community hospitalized. Last week 39.4% of hospitalizations were from the latinx community. 10.8% in our African-American community. Asian-american community 2.7%. And our white non-hispanic, 50.5%. So this represents the first time in this pandemic that the percentage of white non-hispanics has been over represented in terms of representation in the community. This is what we've expected to see as the disease transmits throughout the community that the hospitalization rate may take -- may look a lot more like the breakdown of the race and ethnicity in our

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community. And overall we continue to be concerned about this disproportionate impact on our latinx community, our African-American community, and as director Hayden mentioned earlier, we'll continue our efforts of outreach to those communities. Next slide, please. Again, similar to the age graph, this is a breakdown by numbers of individuals hospitalized in each of those race and ethnicities. You can see that same numbers in the latinx population hospitalized between each group. The big difference that you see is that the numbers of white non-hispanics went up substantially from 79 to 94 to account for the difference in percentages. Next slide, please. This is an update of our graph associated with positivity across our community. Two weeks ago we were at

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6.5%, that's week 48. Last week the data that we have so far is 6.8%. So relatively flat as compared to last week and three weeks ago. Now, people would ask me what about week 47? How do we get down to 5.2%? The answer is we tested a whole lot of people. So the testing the week before Thanksgiving skyrocketed which accounted for the increased number. Actually, the number of positive people during week 47 was higher than the weeks on either side of that, but because of that substantial increase in testing it appears that the positivity went down. I think it's more accurate to say the disease transmission the last four weeks has been about the same. Next slide, please. This is that positivity broken down by race and

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ethnicity. It's been relatively flat. Our African-American community week 48 6.4%, relatively flat. Our asian-american community, week 48, 3.9%, week 49, 6.8%. So a significant jump there. Again, week 49's data is firm because we still have a lot more data points coming in so -- our American Indian and Alaska native community, especially 7.7% week 49 and our white non-hispanic 5.3% week 48 and week 49, so relatively flat there. Again, we want to be under that green dotted line and

[9:31:15 AM]

all of our race and ethnicities continue to be above that mark. This is a breakdown of positivity by age group. Again, we see that we've got an increase in our 40 to 49 age group. Luckily so far for last week we're seeing significant decreases in the older age groups. The 60 to 69, 70 to 79 and 80 plus age

groups. When we look at our data from our Austin public health only testing, what it shows us is that last week 50% of the positive tests were in the 20 to 29 and 30 to 39 age group. Now, those two age groups represent about 45% of our population. So significant overrepresentation in terms of cases in those younger age groups. As a reminder, we need everybody to follow those --

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that public health advice, masking, distancing, hand hygiene, making sure that they're staying home when they're sick. Even if they have mild symptoms, those -- that disease can spread to other people and folks who are more vulnerable. So it is critical that for people of all ages, all the advice and protect themselves so they can protect the rest of the community. Next slide, please. As director Hayden mentioned, this is an update of our nursing home longhorn care facility dashboard. It's on our covid-19 website at the city. We've had more than 2,000 cases associated with these long-term care facilities since the pandemic began. 124 in the last 14 days. Similar number the two weeks prior to that. Again, as we see disease increase in the community, we see it impacting our nursing homes and our most

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vulnerable individuals. A total of 210 of the deaths in the entire community have been from these facilities. That's about 40% of the overall deaths. And that's why nursing homes and long-term care facilities will be one of the initial targets for vaccine because if we can't effectively vac -- if we can effectively vac continue Nate these sites we can eliminate that 40% of future deaths that our community may experience. Obviously we also see increased risk of death in older age groups outside of nursing homes with the eight plus, 70 to 79 and 60 to 69 age groups representing about 81% of the total deaths that we've experienced. If we add in individuals over the age of 50 with

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overlying health conditions it accounts for close to 95% of the deaths that we've experienced. I bring this up because while we want to have widespread vaccination across our community, it is critical that we focus our efforts on those older individuals, because if we do, we can really impact the potential for death and severe disease in the future and we also then protect our hospitals, our health care workers and first responders that are not going to be exposed because those people don't end up in the hospital and I think that we have more work to do from our vaccine coalition, but I'm excited by the work and the contributions of the group that's assembled. Next slide, please. Mayor and council, this is an update of our schools report. This is for the week of November 30th to December sixth.

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You can see we've this 82 student cases in that week. 79 staff cases. Foyer cases in other groups so those are visitors to campus that aren't directly affiliated with the campus. Again, Austin ISD was virtual last week so we have more than 50 cases that didn't expose others on the campus so that should help limit the impact in the next couple of weeks. Next slide, please. You can see that while the cases are manageable, the real impact we're seeing is on those individuals that need to be quarantined as a result of exposure. So more than 1400 individuals in our Travis county schools are staying home because they have been identified as a close contact. This is impacting our schools. In particular the 176 staff members who are in

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quarantine can have a dramatic effect on the school's ability to continue normal operations. So we are continuing to work with our schools on this, and in addition to that we are taking into account new direction from CDC regarding the duration of the quarantine. On that note I'll switch to the next slide and talk about what was released this morning from Austin public health. And I'm going to talk you F R. Through this. It may be hard for you to read, but part past process of the interpretation of CDC guidance is the way when people think quarantine and when we can be okay with a shorter duration. I want to be very clear that CDC continues to say the 14-day quarantine is the safest route to go.

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They also point to the fact that people should be guided by local health departments on how to interpret this information. So this is our interpretation on that guidance. They face the expectation was that the exposure when masks were worn or not? So if it was not, masks were not used, if that question is yes, then they enter a 14-day quarantine. We are seeing transmission in athletic activities, happening in social activities, happening in carpooling. This is where we're seeing that disease transmission, household contacts is another great example of that. So there's a much higher risk of transmission, which

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means we need to hold on to that individual for longer to ensure we're giving the full 14 days before we allow them to interact with other individuals in the community. If the answer is no, if you're wearing a mask during exposure, the next question is do you live or work with an individual who is at high risk for severe disease? So this can be -- workers at nursing homes, this could be employees working in jails. This

could be individuals who have someone in their household over the age of 65 or has a high risk medical condition. If the answer to that question is yes, they also need to quarantine for 14 days. Again, to ensure that we are limiting the potential impact on those who are at higher risk. The next question is are they a first responder. Ems in particular or health

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care worker. If the answer to that is yes, we are advising that they need to stay quarantined for seven days and on or after the seventh day have a test which is negative before returning to work. If the answer to all those questions is no then they can utilize the 10-day option or the seven days with a negative test. So what's the difference between the health care worker first responder and this last option? The answer is the last option is the individual needs to be tested on arrest after the fifth day and can be cleared on the seventh day. We want to be careful for the health care workers and first responders because of the interaction of other people, in particular patients, and in that individual who had been exposed. So that gives us two extra days to determine if that person is likely to develop disease or not. Again, we will be codifying

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this guidance in our city and county orders and rules to reflect these changes. I have faced a question are these recommendations or requirements. They're requirements and these are in the code and gives the health department authority for individuals who have been exposed to disease. We have seen some information come out from the tea with guidance for schools, but again the tea and uil don't have the -- that enabling legislation to provide guidance or institute rules associated with individuals who have been exposed.

[9:41:33 AM]

Mayor and council, we're still in the middle of our influenza season. Week 48 we had a 1.45% positivity. A total of 1.04% for our overall positivity. Only 33 cases to date so far identified for flu. Next slide, please. Again this is an update of our graph associated with our trends this year as compared to the three previous seasons. Again, we are remarkably lower than the previous three seasons. If folks still haven't received their influenza vaccination we recommend they do that now, particularly as we head into December, January and February, which is when we expect to see the peak of our flu season. Our hope is that folks will continue to get their flu shots and that that -- those protective actions for covid-19 will will also help to keep this curve flat for

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the duration of flu season. Again, we remain in stage four of risk. And I just want to clarify something because I think sometimes the message may not be clear. In particular when we talk about the social gatherings

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it is safe for individuals to go to a restaurant and have a meal with their family members and take their masks off while they're eating. The risk is when people are outside of their household and that mask comes off, that is where transmission is happening. You know, it's critical. It doesn't matter the setting. That is when transmission is happening when that mask is coming off. It's happening in car pools in its happening in parties, in breakrooms in businesses. Where employees are taking breaks and taking their masks off. We must be careful and very selective on where we take our mask off and be face to face, particularly within six feet indoors. I went out to a man with my family this weekend and the restaurant did a great job.

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Everybody had their mask on, they enforced the masking, it wasn't crowded, less than 50% occupancy. Boosts with high -- it was all done very well. But we wore our masks into the restaurant. We wore our masks while you were seated. We wore a mask when the waiter came within six feet of the table and we had our masks off while we were eating and drinking. There's minimal risk. We're not as concerned about transmission happening from tables across the room. We're seeing transitioning happening from people seated at the table with you and that's why it should be limited to people within your household. And with that I'll pass it back to you, Spencer, for questions.

>> Cronk: Thank you. And mayor, with that we'll turn it back to you for questions from the dais.

[9:45:58 AM]

>> Garza: I don't see the mayor. Does anybody have questions? Councilmember Flannigan?

>> Flannigan: Just as you go through the slides, I'm curious when -- which slides are including the Williamson county part of the city and which ones aren't? Because I know the dashboard includes it because it's Austin public health, but some of these charts are broken up by county and Williamson county is now recently into the highest level. I think they may -- they said red. I don't know if it's the

same as our scale. And of course I think y'all saw the news story that the Williamson county GOP is doing a pot luck dinner in Georgetown, which I think, Dr. Escott, is squarely in the camp of things not to do in a pandemic. But I am curious about the

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wilco numbers and if we can start seeing those, if you can if wilco to the start of counties and if you have any comment on what spread looks like in suburban communities specifically because in my case at least from my constituents you have families from Williamson county and Travis county going to the same schools, going to the same grocery stores. It's not like other areas where maybe there's distance between centers. It's really blended.

>> Dr. Escott: Councilmember, the data on positivity will include some Williamson and surrounding county residents and that's based on the fact that some of the individuals are tested within Travis county. I can tell you when we break down the positivity by county, Williamson county is significantly higher in terms of the positivity for the data that we are

[9:48:00 AM]

receiving than is Travis county. Caldwell county is significantly higher than Travis county in that positivity as well. So again, I think the more compliance that we see with public health guidance, the lower the positivity rate. And I think having large events that don't involve masks and distancing is a terrible idea. We are in unprecedented surge in this country. We have unprecedented numbers of deaths daily in this country. This is not the time to host a pot luck.

>> Flannigan: Can we start adding wilco to some of the county charts that you show in your briefing?

>> I will. What I can do, councilmember, is to have a similar break down with the

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msa counties?

>> Flannigan: Thank you. I know a lot of folks watch this and I don't want them to think that the Travis county numbers are doing so much better than other urban counties is somehow representative of the challenges we're seeing in our suburban counties. Thank you.

>> Mayor, you're mute.

>> Mayor Adler: Sorry, I had technical issues. Ann, go ahead.

>> Kitchen: Thank you. And thank you, director Hayden. I appreciate what you said when you started your presentation. Everybody has been working incredibly hard. And I'm also pleased to see the difference we're still making here in Travis county so I appreciate that both you and Dr. Escott have pointed that out to us. I think it's important for

[9:50:01 AM]

us to -- for our community to understand that and understand as Dr. Escott said that we need to maintain the behaviors that we've been engaging in so we can stay at the bottom of that start when we're looking at other counties and keep our death rate down. I have just a few questions. On the pro lodges you mentioned this director Hayden, but I can't remember what exactly you said. There are 200 something folks still in the pro lodges, right, is that what you said?

>> Yes, yes, ma'am. There are 275 in all five protect active lodges.

>> Kitchen: That's great. Sounds like we're making progress. And connecting people to housing because I think you said there were 74 now that had been connected. Is that right?

>> Yes.

[9:51:01 AM]

>> Kitchen: That's great. That really is good. I think when we talked last week maybe or I forget when, but we had talked about the -- sort of the trajectory on what happens with those pro lodges. And my thinking is that they need to remain functional until we get everyone into housing. So can you give us the status of that? Because I know there was some thinking that they needed to be closed down at the end of December and I'm not certain where we're at right now. Can you talk to us about that?

>> Yes. There is going to be an update that is going to come out to mayor and council next week about homelessness in general. It will also have this information in the memo. But the goal is to house the folks that are at the protective lodges.

[9:52:02 AM]

>> Kitchen: Yes. So will we keep them operating?

>> Yes.

>> Kitchen: Without enclose closing them down at the end of December?

>> Yes. We will keep them operating. Once we start to move folks, you know, from a protective lodge, we will consolidate. So you will see that in the memo. But the goal is to house the 275 guests. About 170 of them actually have, you know, a case manager assigned. And as we transition folks to housing, then we continue to assign the other folks. All of them have access to behavioral health services because we know that is very important to all of our guests is to have that access to behavioral health services.

>> Kitchen: Okay, thank you. The other question was and I think maybe councilmember Casar had raised this.

[9:53:02 AM]

I forget now. But the other question was -- that is good. I appreciate hearing that, director Hayden. So the other question was just extending those pro lodges because we're still in the middle of a pandemic. And we are looking at -- I'm not going to predict, but we're looking at significant additional time before our community is vaccinated and we can say that we're past that. So -- just tell me the path to understanding if you don't have the answers today. But the path to understanding, what our options are for keeping those open?

>> Well, currently we are working with FEMA because we're under a declaration of emergency. And so, you know, we'll continue to -- staff are working on a memo that we're going to send them that just talks about the need for us to maintain them.

[9:54:02 AM]

So the goal is that FEMA would reimburse the city of Austin at the 75%. So as long as we're under that declaration we'll continue to bill FEMA in hopes that they will approve it. So that is the strategy moving forward as long as we're under the declaration.

>> Kitchen: Okay. Thank you. I asked that you all return to council and ask us before you close them because I don't know how my colleagues feel about it, but I'll leave it to them to speak to that. But I feel pretty strongly that we should not be closing pro lodges because we are still in the pandemic and we are still experiencing increases, even though we're doing a good job in this community, we're still under threat. So I do not want to see the pro lodges closed. I would just ask that -- I don't want to hear -- I

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don't want to hear after if FEMA turns you down or if something else happens, then I would ask that you come back to council and say we've tried all our options to keep this open. I'd like to hear that before so that this council has the opportunity to consider that and then say here's what we think we can do to

keep them open. So I would just ask that you all do that. The commitment from you, city manager, that we have that?

>> Cronk: Councilmember, thank you for bringing that up. Certainly as director Hayden mentioned, we have been successful in moving people from pro lodges into housing, and as that process continues there will be a need to consolidate the different facilities, but I hear you loud and clear. We don't want to not have that option for people to utilize these important resources. So we will be providing that update to you through the memo, but we have the

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ability to extend these leases with the current contracts. And if there is any need to come to council to further extend we will do that obviously with the direction that you're giving right now.

>> Kitchen: Yes. And I want to be clear, I'm not just talking about the 274 people. There are criteria for people in the pro lodges. So what I don't want to do is that those are the only people that we're going to know protect. If there are people that continue to meet the criteria for the pro lodges, I don't want us to consolidate people as we get them into housing and close down pro lodges and close down the opportunity for someone who meet the criteria to actually go into a pro lodge during the time that we're still in the pandemic. So I wanted to make sure that that's what I meant. Does that make sense? Is that clear?

[9:57:05 AM]

>> Cronk: Councilmember, I think so. I'll talk to staff to make sure that direction is up to staff with what the operation is.

>> Kitchen: And you will come back if you are somehow not able to do that, right?

>> Yes.

>> Kitchen: Mayor, I have other questions, but you can come back to me.

>> Mayor Adler: Okay. I don't see any hands yet. Dr. Escott and director Hayden, you added Chris shorter to the list of people to thank and I think that's real appropriate, like one of the real strengths of what we've done here has been how we've worked with communities experiencing homelessness during this period of time in setting up those systems. And he was one of the folks who acted really quickly and early on that and done a really good job as well.

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Thank you for adding him. With respect to the vaccine issues that -- I don't know. And again I apologize if you discussed this when I was having technical difficulties and it disappeared, but the vaccine issue, just to be clear for the community, starts coming out here in December we would anticipate to the highest priority folks, and then there are other tiers as it rolls out that in the coming months and then we hope to be able to get it to the community generally in late spring to the summer. Did you have a chance to talk about the priorities and who is getting it first?

>> No, mayor, we did not talk about the priorities. I can go ahead and share that now with phase I, which

[9:59:06 AM]

is where we are phase 1a. Hospital staff, ems, home care staff as well as long-term care residents and employees are slated for the initial vaccines. So the vaccines that we are aware of that are going to arrive will go to our hospital staff initially.

>> Mayor Adler: That's good and working through those and the frontline workers that are dealing with people that have the virus and those people in a long-term care facility and other places that represent the highest number of people that have the most serious impacts if they get it. We're going to be talking I guess in the community. At some point the hope is that it gets analyzed and I'm sure that the local folks here will also be talking a look at the effectiveness and safety of

[10:00:08 AM]

the vaccine, but when it comes out we'll be in a really high adoption rate in order to be able to protect the entire community. So again since we're probably not going to see you until January, this being the last council meeting, you're putting together that kind of effort to make sure that people understand and have the information to be able to make that educated decision about the uptick and use of what we want to touch base really quickly, Dr. Escott, and you talked about the I.C.U. Numbers a little bit in relation to the headline that's in the newspaper today. That it was something like our I.C.U.S are nearing capacity. And what I understood from what you said is that headline might be overstating it just a little bit in terms of present concern for the community. We went to the community back in

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June when the numbers were going up and we were on a trajectory to have our I.C.U.S overwhelmed. We're not seeing that same slope right now and that same numbers in our I.C.U.S, is that correct?

>> That's correct, mayor. You know, in talking to our account executives, the hospitals are busy, but not busier than usual at this time of year. You know, there's 75 in the I.C.U. From covid but there's other things that may normally see an increase this time of year. You know, again, normally hospitals don't -- similar other businesses don't run with a lot of extra capacity. You know, they work with that, you know, 85%, 90% a lot of the time. In the winter in a typical year, you know, it's at 90% or higher for a lot of the season.

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You know, in having the conversations with our health care executives regarding elective surgeries they feel comfortable continuing those procedures based upon the, you know, the current demand and capacity. But, you know, again, we're watching those numbers closely and we continue to meet with those executive weekly. There are, again, concern about -- about our hospital staff members. And, you know, in addition to, you know, people being exposed and quarantined in relation -- you know, nurses and respiratory techs and doctors, we're also seeing personnel going to other states that are facing a surge now. And this is really at the heart of the reason why the highest priority for vaccination across the country, including here, has been to reinforce our hospital

[10:03:13 AM]

infrastructure.

>> Mayor Adler: And I just want to -- on the I.C.U. Issue, just because of the headline, I.C.U.S normally operate at 85%, 90%, that's what hospitals do and that's how they keep the staff there and we're running those numbers. But in terms of having a virus pandemic warning sign in our I.C.U.S right now, we really haven't doubled in the last month the numbers from 70%, and we were up at 80% some odd earlier. And the way that the state measures concern with respect to I.C.U.S is the percentage of patients in the I.C.U.S that are virus related. And their warning sign is when you go above 15% of the patients in the I.C.U.S virus related. And there are about five counties in the state right now that have exceeded that number. That's when people start taking the remediation action. We're not up at the 15% number.

[10:04:13 AM]

We're significantly below that, is that correct?

>> That's correct, mayor. And it's actually for the T.S.A., the trauma service area, so it's much broader than the five county M.S.A.

>> Mayor Adler: Okay, so our numbers are below that. And we have the triggers that would let us know, just like in June, if we start getting to the place where our I.C.U.S start to be getting overwhelmed, we have the ability to be able to do that. But at this point we have the capacity such that our hospitals are still doing elective care, for example. So if somebody has an elective surgery that needs to be done, this is not a time not to be reaching out to the hospitals to have taking care of the things that you need to take care of, is that correct?

>> That's correct.

>> Mayor Adler: Okay. On the positivity numbers, good to see that the Latino community numbers are low in terms of total admissions. We see the positivity numbers,

[10:05:14 AM]

where it's about 10%. And kind of holding. But just to note kind of as a red flag off in the distance that community cares numbers, the integral -- the -- the health component arm of our system that's dealing with folks that lack insurance and that kind of stuff, they're seeing pretty significant increases right now in positivity, in Latino communities, is that correct?

>> Yes, mayor. The numbers from last week so far are over 22% positivity for that Latin X population that they serve.

>> Mayor Adler: Okay. And I just point out that because that's kind of like one of the early warning signs and signals -- I know that you and director Hayden continue to watch. I was looking at the age breakdowns on the charts that you have and you can look at this later but I was seeing that

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the number of approach in the 70-79 range, that number seem to have gone up. As you know as a bigger percentage of the bigger group, but in the line chart it seemed to go down in the last week. And I didn't understand that. So you might want to take a look and peek on that. And then the last thing before I turn this over to my colleagues is the county judge and the mayor's orders will have to be renewed by the end of the month and we continue to work with you on drafting those orders that may have a little bit different way of taking a look at gatherings outside, so as to encourage people to be outside as opposed to inside. We don't want to chase people inside for activities and probably a renewal of the eviction orders in a way that coincides with what the J.P.

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Courts will be doing. So I appreciate your continued assistance with respect to those orders as we try to go to the science and data that they give us.

>> I have a couple questions but I wanted to quickly thank the assistant city manager Chris Shorter. He hasn't really been in these meetings but working hard behind the scenes because when I have had specific questions from constituents or issues, he's the one that I've reached out to. And, I mean, within hours the issue is taken care of. So, thank you for that, assistant mayor Chris Shorter. And this is my last meeting with you director Hayden. I'll be an emotional mess this week. But we'll hold it together as much as possible. It's been an honor working with

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you and your team. I truly believe even before the pandemic, you know, the work that we did to increase your budget, public health's budget, really has saved lives, especially, you know, in this time. And improve the quality of life for Austinites, and thank you so much for always working with me on those issues and for my colleagues for obviously always supporting those things. And Dr. Escott, I want to thank you for being, you know, such a great voice during this time. You've shown -- and I appreciate you pointed it out that you can have different political ideologies but still believe in science and facts. And I'm grateful that you've pointed that out and you've kept our -- helped to keep our community safe. So thank you for that. My questions -- a quick one -- the 14-day quarantine slide, I'm sure that's something that I can

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access, but I'm operating on really low staff right now, so I was wondering if public health could send that to all council members and if you have it in Spanish I'd love to share that on my social media. I was -- I was wondering about -- I think that it was a statesman article that talked about the number of vaccines that we're getting. And I had two concerns. I had a concern -- and I hope that public health is thinking about, you know, fraud and, you know, during this time there's been -- you know, these testing facilities pop up in parking lots and I'm a little worried that something similar may happen when the vaccine starts to get distributed that prey, you know, on people that maybe don't speak English very well or elderly. So I'm hoping that we're anticipating -- we see this energy builds all the time, you know, targeting certain communities. So I hope that we have a plan in

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place to ensure that our community is not being taken advantage of as the vaccines start to get distributed. And then the -- there was a statesman article that I saw about -- so Travis County had like

164 people confirmed to distribute the vaccine. And so I was curious, you know, during the first phase of this pandemic, it was kind of a hierarchy in testing and it was just public health that had all of the testing. And then as I guess that supplies got, you know, better, you know, than A.R.C. Started having testing and everybody else. Is something -- could something similar like that happen with the vaccine? So I understand that right now now ahierarchy of the vaccine, I'm assuming through the government agencies will be distributing that. I wasn't sure about that. Is it possible that at some

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point the private, you know, the A.R.C.S and all of the community clinics -- or not necessarily community -- the private clinics -- would start to get -- and would they be required to follow the same distribution? Is this kind of different than the testing, because there was -- and I'm assuming that it's going to constantly change because that's what happened with testing. First there was this protocol to get tested and then this protocol to get tested, so can we expect something similar when the vaccine starts to get distributed?

>> Yes. And I also would like to publicly thank you for all of your support to Austin public health. You are definitely going to be missed by us. And so the really great thing with this response is that as you read over -- about 170 or so that have registered to provide the vaccine.

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So when more vaccine becomes available, those providers will start to receive their shipment. And so, you know, your typical pharmacy where you may go now to get, you know, a flu, you know, vaccine you'll be able to go to those sites as well. You know, several offices have signed up with the state. Anyone that -- we're still looking for providers in our community. And so we just ask them to reach out to the state of Texas and, you know, and sign up with them. Everyone that signs up with them has to go through a training and they train them on their system and kind of train them on the platform. And so, you know, us as partners, we will be able to see, you know, where vaccine is going in Travis county and how many doses of, you know, who is

[10:13:24 AM]

getting what based upon that system. And so Austin public health and the E.M.S. Have signed up to, you know, to be able to provide it. We're going to be working, you know, from the city of Austin employee directive, Dr. Escott and I will meet with Joya to talk about how we have done with the flu the vaccine as well. But the goal is that everyone should be able to get their vaccine. The more that comes, the more

that providers will have that access. So we're really excited about how this process has rolled out with reputable vendors that are registered with the state.

>> And let me clarify something as well, the supplies that are going to the hospitals right now are what we call "Closed pod." That's point of distribution. That means that they're only

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providing vaccine for their employees. So people can't go to hospitals and ask for a vaccine at this stage. We'll continue that closed pod system to get those priority 1a folks in to secure that health care infrastructure. As we move into, you know, phase 1b, phase 2, then we're going to be talking about having that -- that vaccine available more publicly outside of what we call an "Open pod." But we really must prioritize those who are at higher risk for severe disease. So, again, you know, those who are over the age of 80 are at the highest risk for severe disease and death. And then followed by 70 and 60 and 50. So, you know, we're going to have to be patient as a community. The younger and healthier folks are, the longer time it's going to be before they're going to have a vaccine available to

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them. Because public health is not receiving all of the vaccine and it's not the only distributor, what we're working on is community guidance for who should be prioritized for vaccines. So we can all be approaching it from the same direction in terms of how we're going to prioritize the right time for various parts of our community to receive vaccine.

>> Garza: Okay, last question, is it possible that -- how do I ask this -- that people with access to more resources could get the vaccine sooner? And I'm assuming that is possibly the case and so I would -- I'm sure that everybody believes this, but we'd encourage to make sure, you know, any access that public health can get to the vaccines we prioritize our communities of color and make sure that it's

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free to those communities for equitable reasons. Because I know in the beginning of this, I had heard anecdotal stories of people being able to get tested before really it was very widespread. And it was -- it was people with access to resources. And so just hope, obviously, that we are -- once we get to this stage where we can start vaccinating the general population, so to speak, you know, that is not public health and not in the hospital, that we prioritize and make it free for our most vulnerable populations.

>> I don't think that there's any question that that's the plan.

>> Mayor Adler: Council member kitchen.

>> Kitchen: I had a question related to the aid caregivers fund. And I think that this is a

[10:17:32 AM]

question for Dr. Hayden. Is that -- can you give me the status of that? I had understood that perhaps caregivers fund was going to be ending. Can you tell me the status of that?

>> Yes. The funding for those meals will end this month. And so, you know, we've, you know, worked with A.I.C., you know, to get us to this point. The funding for those meals will end later this month.

>> Kitchen: Do we have any options -- and I'm happy to talk to you, you know, offline -- but I'm curious if we know yet what our options might be to extend it?

>> It may be great for you and I to maybe talk offline.

>> Kitchen: Okay.

>> So I can get with Dora and schedule that. Would that be good?

>> Kitchen: Okay, let's do that.

[10:18:33 AM]

My question really relates to -- first off, I want to understand the continued need under that assumption. And then I'm wanting to understand what kind of options there might be. So we'll schedule to talk and I know that -- I don't see council member tovo --

>> Tovo: I'm here and I'd like to be in the loop since I brought that legislation forward and I would like to understand if there's other options and so thank you, council member kitchen, for including me in that.

>> Mayor Adler: Anything else before we head to the nursing home briefing? Yes, council member Renteria.

>> Renteria: Yes, I noticed here in Austin I.S.D., that on the chart we've had the most staff cases in all of the other school districts. Do you know -- can you tell us what is the big problem with the

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staff infections and the severity in the Austin I.S.D.? Does anyone have information on that?

>> Council member, generally when we're saying disease spread amongst school staff members, it has to do with outside activity -- activity outside of the school. Primarily social gatherings. So, again, we have to maintain our force field and that's the mask and be very selective who we're without masks in front of. So we have not seen transmission in classroom settings between the students and teachers. We have had some cases of teacher-to-teacher in situations like break rooms or smaller rooms when masking is not followed. But that's generally what we've been seeing with the staff members.

>> Renteria: Well, that's very

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concerning, you know, because it seems that the staff in the north Austin I.S.D. Are the ones having the most infection, even though some of the other schools, like cloverdale have a high student infection but a very low staff infection. I'm very concerned, you know, that maybe we need to reach out to austinities and let their teachers know, you know, what we're seeing. I hope that they're seeing that too so, you know, when they're out doing other activities they take care of themselves a little bit better.

>> Yes, council member, we meet with all of the superintendents in Travis county on a weekly basis. You know, there is a substantial difference in the size of the district and faculty and staff in acs, compared to all of the other school districts which is going to be impactful on those

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numbers.

>> Renteria: A big concern, you know, is that there's a lot of discussion right now where teachers do not want to go back to the classrooms. And they are starting to see that there's a big infection going on within staff members, you know, that's very alarming. Because we do have a lot of teachers out there that, you know, they have pre-existing conditions. And they're very afraid to go back and hear the possibility of them losing their jobs for not going back. And then they see a big staff infection rate within the staff members and, you know, it's sort of justifying their argument that, you know, they don't want to go back. And they shouldn't be forced to go back. And they shouldn't be laid off. And that's a big thing also.

>> Well, again, council member, they work in a school that's much different than they got the

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infection from the school. Again, we have seen the same issue with other members of our workforce. You know, people are very concerned about the workspace and they're wearing masks and distancing because it's very well organized, but they feel safer in different settings like in barbecues or family gatherings, which is much less safe than the school work environment. So, again, we have to reiterate the message that the same concepts that we talk about needing to protect schools, you need to utilize in your personal life to protect yourselves there as well.

>> Renteria: Thank you for that. It is just alarming.

>> Mayor Adler: Okay. Any others before we hear from the nursing home core? Let's move over to that.

>> Thank you, mayor, and we'll let Dr. Escott go to the

[10:23:40 AM]

commissioner's court but I'll have Dr. Hayden to kick off this next part of the briefing.

>> We, as you recall, council passed a resolution that discussed the need for a study in long-term care. This is our third report. We have Stacy chain who is here today and he'll provide a presentation. We have also -- you should have received the report from Katie. She sent that in your packet as well as the presentation. At this time I will transition over to Stacy chains.

>> Thank you, director Hayden. Apologies, it took a minute there to transition I'm also joined by a colleague of mine, Stephanie Morgan, so

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the individual controlling the thewebex, if you could bring her in, I appreciate it. So thank you again, director Hayden, for having us and the council members and to the mayor as well. The presentation that we're going to share today is a little bit different than last two times that we were in front of you and for a couple of reasons. The last two times that we presented to you was around the research that we had done regarding the challenges for the nursing homes and the facilities faced. It was more conclusive in nature. We are currently knee deep in design and development in terms of responses to those challenges that we observe. And so this is very much a progress report. We wanted to share that with you before the year end because we wouldn't see you again -- we wouldn't have an opportunity to see you again until January and we did not want to wait that long to have a sense of where we were making progress. So this is an opportunity to

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share. For the person controlling the A.V., if you could bring up the slide, I would appreciate that. Thank you so much. So as director Hayden mentioned, this is the third phase. We're now in design and development. If you could go to the next slide, please. We're going to spend -- just touch on the objective once again and share with you an approach that we have divided into three tracks to tell you a little bit about the direction of the strategy for the design and then the prototypes that are currently being developed before we talk about next steps and open it up for discussion. Next slide, please. As a reminder, we were asked by the city of Austin to identify the challenges really at a systemic level to keeping residents safe from the covid-19 pandemic. Both the nursing homes and the

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assisted living centers or the long-term care facilities. As I have mentioned, the previous phases of work sponsored by the city were really focused on research and understanding the challenges. The current phase of work, which has been generously sponsored by the Michael and Susan Dell foundation is about standing up responses to that. As a group of folks from U.T. Who are actually committed to design, it's not just research that we're interested in, it's actually in standing up the responses to those and making change against the challenges that we observe. Next slide, please. The goal for these subsequent phases is really to design and develop and then actually to implement and evaluate the possible solutions. So we're doing that across a number of fronts. And that's divided into what we've defined as three tracks. Next slide, please. I don't need to pause on the state of covid statistics.

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Dr. Escott has shared that already, so we're go ahead and go to the next slide. We have divided the work into three tracks and what you will hear from my colleague Stephanie Morgan this morning really focuses quite significantly on track one because that work is being done in collaboration with the long-term care facilities themselves. It is the biggest effort, the one that requires the most intense work, and is being done in facility and in collaboration with those facilities. So we started that work first because we knew that it was a long effort, so most of what you will hear today is an update on that track in particular with a very specific focus on the critical workforce that is keeping residents in those facilities safe. We'll touch on track two and track three, which will progress further subsequent to this presentation. Track two is really thinking about what it takes from a regional collaboration standpoint to actually spawn the

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systemic response. And then track three is really on some long-term policy and regulatory issues that we hope to inform the upcoming legislative session on. So I'm going to pause now and hand this over to my

colleague, Stephanie Morgan. She's a design researcher and designer and project lead at the design institute for health. She's taking on primary responsibility for the design and development phase of this work and I'll let her share the subsequent details. Stephanie?

>> Thank you, Stacey. Next slide, please. Just to bridge with what Stacey just shared, we wanted to ensure that the approach would be able to maximize the number of individuals who could both contribute to the design development as well as collaborate with us for the potential for future collaboration to ensure that whatever is done currently today can be hopefully more sustainable as we consider both now and near and far term solutions. Next slide, please. And so this is where I think

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that I'll really begin to pick up the thread that we last met in September regarding the identification of the five strategic opportunity areas. You might recall that infection control, staff well-being, expansion and the staff roles and retention and incentives and resident well-being. Where the areas after phases one and two of research really emerged as being areas critical to investigate in terms of figuring out how from assistance perspective that we could be able to meet the challenges and the challenges and gaps identified in those spaces. Next slide, please. And as designers we came out of those five opportunity areas with probably around, you know, 50, 54 specific ideas and considerations that we could move forward with. And the question that we get then is how to take that information and insight and filter it down really into action. So specifically with this work we reviewed those opportunities identified and collectively we designed a strategy and feasibility lens to understand

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what we could actually implement, actually create in the next few months and stand up. We also worked with Dr. Liam Frey, and an expert in geriatrics to figure out if the avenues that we were going down could really resonate with the long term care experience of staff and residents as well. Next slide, please. And so in doing this we arrived at these five nuanced design directions -- training, helping with infection control, preventing staff burnout, building staff morale and improving the communication capabilities. Next slide, please. And so part of our process is really trying to understand from the facilities themselves what their needs are and what solutions can be generated to most meet those needs. Typically in non-covid times it's a collaborative process, usually in one room together with a lot of tools around us to

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allow us to have feedback and to build and co-create together. It almost goes without saying that, unfortunately, during the times of covid, while we briefly considered switching to do that remotely, just with scheduling and actually with the facets to have the ability of many staff to participate by having specific time slots. We wanted to reiterate how we'd solicit that feed back in more facility-centered ways. We sought to do that through a survey as well as follow-up on-site discussion. So we were able to distribute our survey to eight of the nine facilities that we participated on site in phases one and two. And to receive 140 survey responses from a wide variety of staff. Next slide, please. And we're also to see if the facility was open with follow-up conversations on-site to dive a bit more into the details and to understand from the facility itself what needs they would have to bring some of these

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ideas to life. You can see that we attended six specific facilities on site, about 31 additional one-on-one interviews with leadership and management who are perhaps more of the operation culture. And overall protocol development, down to those delivering it beside and those frontline staff and those supporting to keep things running. Next slide, please. I did just want to share briefly the method with facilitating these conversations through the use of conversation tools, visual cards that help to capture the idea with a few follow-up prompts with a and B, again, to bridge towards realization. So we talk about creating some group support service. Options that our team has that would help to inform how we disciple these interventions, you know, is this something that you anticipate using on a 30-minute lunch that fits you and your needs most with your

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professional duties. Conversely, is this something that you would benefit from having access after hours, perhaps weekends, off shift or other times that might work for your needs. So using the visual and a brief follow-up conversation we were able to leave with a bit more information to help to fuel our design process. Next slide, please. So this is an overview of just the entirety of ideas that we were able to share back with staff members to get input on. And you can see that there's a range of things in here, you know, from very clear tactical ideas and placing more hand sanitizer in more patients and putting Xs on chairs to call out the need for social distancing in collaborative spaces in break rooms and more fluid ideas with staff appreciation campaigns, really acknowledging the hard work of every long-term care staff member and considering how they might like to be recognized. Not everyone is keen on having,

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you know, big showy external displays of gratitude. Maybe more one-on-one might meet their needs better. Next slide, please. It was through an aggregation of conducting our on-site discussions, reviewing

the survey data and channeling the design strategy that we really arrived at pursuing our design directions on preventing staff burnout and building staff morale which are really two sides of the same coin when you start to consider the long-term staff well-being and the gaps there today and how we might move that forward. Next slide, please. And to share a bit more about the thought process and rationale behind that, for anyone not familiar with burnout and low morale perhaps in health or health care settings, it is a very well studied area. And the negative implications that impact that burnout has on staff, especially health care workforces, is incredibly apparent and it affects our

[10:35:51 AM]

ability to perform daily tasks, focus, affects long-term health. It's a pretty extensive unfortunate list of circumstances. A what we find with the long-term care staff specifically, they're very well known root causes as well. We know that there's low pay, high turnover and not ideal staffing ratios as well as stressful and challenging work. I think that this is something that we have shared in our prior conversations with all of you. We know that these considerations matter, especially in the long-term care space, when it affects an individual's ability to perform their daily tasks and their daily tasks pertain to affecting someone's life potentially, there's a need to really focus on this and to figure out how to perhaps move the needle on it. Next slide. And so I think that as we have mentioned at various points in our conversations, our team really takes a human-centered design perspective in all of this. We believe in putting the person at the root of the problem at the core of our process and understanding their needs, their gaps, their challenges, and how we might be able to use design

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to kind of mitigate and resolve some of those. And we understand, you know, there are continually changing natures of covid. We've all just sat through, you know, Austin public health sharing the new guidance and vaccine distribution and rollouts that will be happening. Those will be facets that continually change and that we will continually adapt and respond to. But the emphasis on how to create our long-term care staff in an avenue that has better pay, that reduces the burden and reduces the overworked nature of their line of work is going to remain unchanged unless we're really able to focus in on that now. If we apply this human-centered lens it really begs the question on how we could not address one of the most deeply known and most critical areas in this space. Next slide, please. And so if this is a well studied area and it might raise the question, what can design do specifically? And why haven't things been done

[10:37:53 AM]

prior. Our team has spent the first few phases of this project understanding the problem space and our frame and understand phases as we call it. We strategize with the three tracks that Stacey shared at the start to move forward and to execute on a couple Korea areas of this problem. We're now bridging into our prototyping stage where we create solutions themselves and launch them, bring them to life and allow them to actually exist. Learn from those, and to iterate our process accordingly. We anticipate not actually getting everything right and we hope to use this process of trial to actually to learn and to be able to output avenues that we think that might have more sustainable impact longer term. Next slide, please. And, lastly, before bridging into sharing the prototypes, diwant to just briefly ground the conversation into what is a prototype as I know that various sectors and individuals might have different interpretations of the word. But for us this is the initial realization of an idea or concept in a way such that

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people can experience and interact and engage in it. And to identifying ways to improve the idea itself. So for us these can be everything from actual instructional guidances that folks can read, to trying out actual therapeutic services by a virtual means to all the way to standing up a physical interactive space where perhaps someone could come and get supplies. Next slide, please. Thank you. So I wanted to share the status of the four current prototypes that we are in progress of developing and continuing to work through. We are excited to share these now. We believe that in sharing things early for feedback and I want to reinforce that we're working actively through the details and the logistics of these. And we welcome sharing each of these at a high level and then allowing time for discussion with everything that I just shared, but especially some of these prototypes. The four prototypes are the gratitude portal, a service

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connection as well as one-on-one support. And as I have mentioned now a few times if we're thinking about creating hopefully impact from an assistance prospective, part what that means is really thinking about how to encourage and to start a series of interactions from the most simplest -- the simplest point. So for that is the essential care pantry. On the the anchor of interaction that I would say that the rest of the prototypes build from. From there we begin to wonder, you know, if we have this set point of interaction with people. How can we use that to intercept vise or repeat behavior or potentially to expand those interactions to bridge into something that might help folks build more behaviors and strategies to help longer term, you know, to potentially cope with some of these challenges. And then, lastly, how to use the collection of these to really foster relationships and to help to create avenues from which people can identify and to find avenues to receive support in a variety of ways that might be necessary for them as

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individuals. Next slide, please. And so as I had mentioned the first prototype that we envision is the essential care pantry which I have already acknowledged as being the anchor of this interaction. So it is what it sounds like -- it is a physical space on-site that would be staffed with a variety of essentials, you know, it could be food staples, cleaning supplies, toiletries. And we acknowledge that there's potentially a seasonal angle that it could take with back-to-school supplies, for example, and components like that. As well as little luxuries and other necessities that others may not always be able to purchase or acquire for themselves. And ideally this would be something that is free to all long-term care staff to access. Next slide, please. And part of the reason that we believe in moving forward with an initial direction like this is that we've heard repeatedly from some of the long-term care staff that work at home, you know, that are a few places that

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have considered going, and there's other behaviors that individuals choose to practice, but there's just such -- I would say a filtering and a down selection of the activities they choose to engage with. Such that we really felt the need to ground this in the location perspective in the facility as much as possible. We envision this being, you know, something that could be staffed -- or could be stocked based on the staff's needs and conducting some sort of assessment prior and curating it so that we provide what is actually needed as opposed to making assumptions based on what we think that they might be. Next slide, please. And, of course, the line of thinking that our team is pursuing is the notion of, you know, we're keenly aware of the positive and then the potential negative impact of coming in, dropping in the essential care pantry and allowing it to be stood up for a couple months and our work is going through the end of March, and then removing that. So part of thinking about the sustainability of something like

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this, how could we leverage the local corporate partnerships and local retailers and local grocers or even private donations. We have all seen next door threads, for example, and people asking how they can help or where they could donate supplies. So how can we be an aggregator of sorts and prompt that to be collated into a single location such as on-site essential care pantry and a long-term care facility. And we also anticipate there be ways to move this and to scale it in the future if we consider a form of digital platform where we can be extending the reach of how we identify needs, to how we connect people who might be able to meet some of those needs. It could help also to grow the model as well. Next slide. Our second prototype, the guide to portal, really hones in on the notion that since the start of covid but prior to that, long term care staff has never been held at the same level,

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recognized and appreciated and even respected as other members of our health care work force and frontline responders as long-term care staff have felt the burden of covid, we believe that there's an opportunity to also to help to formalize an expression of gratitude and a way for them to be publicly recognized, both internally by perhaps their own resident families as well as externally by the community in ways that they're comfortable with. Next slide, please. So there are a couple of ideas for how this might, you know, be realized. It could be everything from resident -- staff profiles, figuring out ways to share this information externally to the community to see that. And then through that elevate the role of the long-term care staff workforce. We also believe that there are opportunities in doing that to allow the community to become involved and be some of those issuers of the gratitude. It could take the form of something as simple as a letter writing campaign, letters of thanks, I think in a very

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digital age, a handwritten thank you note that is personal and acknowledges the actual work that someone is doing can go a long way. And we have seen that happen and to see those being put on bulletin boards in facilities and to show the impact of that work. Next slide. Again, as we envision, you know, if we're creating this hub of interactions where we're allowing gratitude to be exchanged in a variety of ways, where the long-term care staff experience is really elevated and garnered the respect that it deserves, are there ways to connect it to a gifting platform? Could you see a staff story that really resonates with you and should you be able, you know, to choose to somehow contribute toward that? Is there a way to even scale this to other industries where similar lines of workforces are not nearly as respected or acknowledged for the work that they are doing, despite the challenging times that we're all existing in. Next slide.

[10:46:03 AM]

Our third prototype that we're considering exploring and putting out is a service connection of sorts where in it's creating almost a marketplace where individuals in the long-term care space might have exclusive access to a number of resources, services, sette set, that might meet their needs and not currently exist. Next slide. We acknowledge similar to the gratitude portal, again, this need that the long-term care staff doesn't necessarily get a lot of the, you know, the tangible, even intangible rewards that other workforces that we have seen that have reaped during these times. You have seen posts of people getting free sneakers and free lunches and the long term staff have not benefited from as many of those. So given the timeline of our project we're targeting to pilot and launch mid-january, running through March, you know, and there are questions of, well, could we do something from a

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service angle with tax preparation and helping long-term care staff with that? Could we do something to support the remote learning nature of the students and the children of our communities via some form of a tutoring service? So trying to see in this initial iteration if we could launch something like that to determine how that works with staff and if it's something that would be of value. Next slide. And, again, as we look to learn from this process and iterate it as we move forward, you know, we could decide if that service connection idea really should transition more toward an essential care pantry format and meeting more basic essential needs. Or conversely, if it has the ability to respond more in lines of creature comforts, for example. Like a family cooking class, for example, taught remotely as we may not be able to be in a cooking space yet together. Similarly, we see a way to maybe evolve a more donation or gifting aspect of this to help with the potential financial sustainability and viability of

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the model. And then, lastly, a bit more conceptually, thinking about how we might be able to leverage some sort of a marketplace notion here. You know, if other folks are able to potentially donate services there might be a way to do a trade or an exchange or offer sliding scales or explore other models, again, to figure out how this could both evolve and be sustained in the long term. Next slide, please. And the last concept that we'll share is one-on-one support. So part of the idea with the first three is to meet a variety of needs in a variety of ways. And our team also acknowledges that there is always the possibility that may not be enough. That may not also be how people choose or prefer to interact with services. And the one-on-one support is almost a safety net prototype of sorts where the focus can be choosing to opt in and to receive additional supports and services as needed. Next slide.

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We envision this, you know, kind of being operated with licensed mental health professionals. They could understand who might be interested in these types of services and, you know, and even on a weekly basis to offer up via text or email their ability and to work with staff to connect, you know, however long is needed during those times to determine if it's a matter of enrolling in the social services that might exist. If it's a connection to behavior and mental health support. And it might be in other instances a need for a listening ear. Next slide. Lastly, as we look to see how this specific prototype might be able to evolve and expand moving forward, looking at regional expansion. You know, if this is something that we're piloting hopefully in the facilities that we have currently been working with, are there ways to actually to allow this to happen in every facility? Could it become a standard or a norm? And looking to create a sustainable model or to integrate that into facilities, what does that mean from a

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staffing perspective? Is this something that long term it continually would be outsourced to a third party external to the facility? Or would we invest in creating roles for individuals within the facility to offer those services in house, to build those relationships, that repoire, and arguably to become that much more successful with providing the services. Next slide. So, again, just to kind of recap the intent, you know, looking at the essential care pantry as being this anchor of interaction, if we're able to provide free supplies, materials, etc., and drawing people to a single source of safe interaction within a nursing home. Bridging into guide-to portal and service connection which help to similarly meet the basic needs of long-term care staff, while allowing for there to be an elevation and respect to be garnered for the hard work and roles they perform Daley in the long-term care facilities. And lastly, one-on-one support and our safety net catch-all, hoping that if the other three don't always meet the needs of

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an individual that we'll be able to address them via another avenue. Next slide. And I will very briefly just touch on the next steps that we have for this track as well as the other two tracks which as Stacey mentioned that we're beginning to ramp up a bit more now that our track one work is well underway. And then we'll open for discussion. But our track one next steps is that we are continuing actively this week and next our prototype development and we'll be finalizing those after sharing them out with facilities, ideally for additional feedback and considerations, for example, at the essential care pantry. Can you send us a photo where this would be set up for you so we can think through more of the construction considerations and installation. And we'll also be finalizing our plans for each of these prototypes on how to measure and evaluate them based on the data that the nursing homes might already be collecting as well as additional metrics that our team might be interested in exploring. And our targeted aim and launch

[10:52:08 AM]

is January launch with a conclusion targeted towards the end of March to work with our project timelines. We'll ideally share these all back again perhaps to all you come spring. Next slide, please. For the regional collaboration track two angle, we are actively in conversations with Austin public health to determine if there are ways for us right now to be supporting a few avenues. We're aware that there have been some conversations with integral care, Austin public health, and actually a facility that our team has visited in town, to see I think more of a group format, a group therapy support service. And so our understanding is that that might be concluding in December. And so if there are ways for us to kind of pic that thread up or

-- pick that thread up or to extend that longevity to the first quarter of 2021. And we're working actively to see if there are ways for that to happen as well as some other more other workforce solution

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ideas that we have been identifying to augment some of the staff challenges and considerations there. Next slide, please. And lastly, track three, we -- we can't do this work we believe without really acknowledging one of the long-standing root causes that emerged in our first phase of work and has been a topic of repeat conversation and repeat reinforcement whenever we try to understand, you know, where the challenges are in this space and why. And that is just the low wages that the staff make. We understand that, you know, we have heard how many hurdles exist from a policy and regulatory angle with reimbursement rates and why that is the way that it is. And yet we're going to try to push and see what we can do this that regard as well, understanding that we actually do have an interesting timing with our project, with the legislative session starting, just trying to see with our role and our learnings if there's ways to create tools, resources and other sorts of documents to help to explore different

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conceptual facilities and financial models perhaps. When you look at what it means to invest in staff retention and we see the costs right now but are there ways to actually understand how you might be saving money in the longer term. And looking to identify where there might be resource, human or otherwise, financial waste in the system. And how could those be understood and investigated and potentially repurposed. In service of seeing how our team can work towards supporting changes in staff retention. Which is just such a critical need in this space and that directly impacts the resident care and outcomes. Next slide. So if you follow that, I understand that there's probably a lot to catch us up on from September. We have been working pretty quickly and immersively in this space to see how quickly we can make something happen while hopefully being thoughtful and intentional about it. So we're excited to hear thoughts and conversations from the mayor and council.

[10:55:10 AM]

>> Mayor Adler: Before we open up for questions, just one con--

>> Before we open for questions, we want to alleviate and offset the emotional burdens associated with doing this work as long-term care workers. We recognized early in the research that the system survives on the force of will and the generosity and the work of those essential care workers. And actually supporting them and ensuring they stay well is critical in ensuring that the system stays well as well. So I

think that at this point we're happy to hear questions, commentary, any discussion from the council and mayor and others.

>> Mayor Adler: Great, thank you for that. Colleagues, Paige and then Kathie.

[10:56:11 AM]

>> I'm thankful for the thought and research that went into this. Did you find a lot of variation from facility to facility? Or did you find that they were all following the same patterns and identifying the same needs?

>> I think that based on the survey results we did have infection control and morale and burnout bubble up throughout the facilities. In the follow-up conversations you're able to unpack nuance. I think where the facility, you know, might have more impact is when you consider things like leadership, operational cultures, things like that, really impacting the staff morale in that regard. There were folks who felt pretty competent and up to speed on infection control and their training needs and knowing where to go to ask for help. And then you can also see the flipside of that. So there were some needs across facilities and then ones that definitely were more or less based on the facility.

>> Ellis: I can really appreciate that because we may sometimes think that medical professionals, because they have so much knowledge and background, that they are also

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suffering the same human conditions of surviving the pandemic. So they're doing their jobs and helping patients but at the end of the day they're also going through this just like everybody else and really need our support and attention. Thanks.

>> Mayor Adler: Thank you. Kathie?

>> Tovo: I just really wanted to say thanks. We don't always hear from the two of you at our presentations and when we do on a couple of occasions during the pandemic, it's just been extremely illuminating, I think for me, but also I would anticipate for the public that may interact less with some of the care facilities and those who are really critical to the work that goes on within them. I think that the ideas that you presented are really innovative and I hope that our community will rally around them. I just wanted to express my appreciation for this hard and really creative work. Thank you.

>> Thank you.

[10:58:17 AM]

>> It's great to have this interaction with the university of Texas. There's so much resources available on that campus for us and the expertise. And I really appreciate these opportunities.

>> Mayor Adler: Ann?

>> Kitchen: I really appreciate this work and I will echo what my colleagues said. And I really appreciate you doing this work in the context of setting a path towards implementation and sustainability. I think that, you know, while recognizing that, you know -- that the underlying problem is the low wage, so I think that our legislative package includes doing what we can as a city to support the efforts to address the wage levels. But what I particularly appreciate about this also is

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some very innovative ideas that are really doable I think from a community standpoint through combinations of many different potential. I mean, you know, from a public health perspective there's work that the city could do, you know, from central health's perspective, to the work with managed care organizations in town that could also contribute and the community as a whole. I mean, because as a community, these are people that we need to take care of because they take care of our elderly. And these are some of the most low-wage workers that we have in our city. And our city has focused much of our effort on trying to help our communities, our lower income communities and our communities of color to have access to resources. And so this is, you know, -- this set of folks, 5,000 to 6,000 people I think that you gave us numbers at one point that are doing this work in our

[11:00:19 AM]

community, and doing what we can doing what we can as a community to help, I think there are significant things that we can do in addition to continuing to push on the fact that they need to be paid better. But I think we don't have to wait and rely on the legislature to fix that issue to do other things to be a real, tangible support for them. So if I understand what you're doing, you all are actually going to try out these ideas and try them out in a way that you can then learn from them, which I think will be a huge help to then taking them to sustainability and finding the community partners who can fund and sustain them over time. And remember that when you presented this to us we had the discussion about how, you know, our facilities are like in the sense of the resources they bring to the

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table so there were facilities in that, you know, the eastern part of our city who if I've not participated in -- who have not participated in the study despite your attempt to reach out to them. And you know the challenges that those facilities have that relate -- that really relate to the fact that they're primarily taking

medicaid patients and they don't get paid as much. But regardless, I think that you're piloting these kinds of -- these kinds of solutions and activities that can then be something that be it further resolved used in those facilities also. And perhaps with additional community support or city support or central health support or other support, but just the access to -- you know, to food and other supplies through the essential food pantry could be very, very helpful to

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people. So I'm excited to see how that works out. So just wrapping these workers with all the support you've talked about can make their lives easier and help and the fact they're not being paid what they should be paid. So thank you very much and I appreciate y'all's work.

>> Thank you.

>> And also -- I'd like to make sure you're connected to our senior commission. I'm sure they would appreciate the chance to work with you as you move towards testing.

>> Thank you, councilmember. We were connected to the senior commission prior to our last presentation and he some very productive presentations and met with them and they've helped to inform a -- much of the work that we're doing right now. I would just say that our

[11:03:26 AM]

goal is not just to affect the facilities in which we intervene, but also the models that we take up as well. Provide evidence that they can work. And more importantly that is to recognize that this will be a broader effort to establish some of the communities in community and regional collaboration level and ultimately through policy and governance actually supports continuance of addressing these challenges over time. Over so I'll end by saying particularly to you, councilmember kitchen, but to the council and mayor as a whole for being supportive and having the courage to lean into this challenge. It is not the usual tact to look at this problem and say we should do something about it, but actually do something about it. And what you do and foundations like the Michael and Susan Dell foundation that have worked on this. So thank you for that.

[11:04:27 AM]

>> Mayor Adler: Colleagues, anybody else have anything else on this?

>> All right, Stephanie, Stacy, thank you so much. Richard mayor, I thought I saw councilmember Renteria's hand raised.

>> Mayor Adler: Pio, did you have your hand raised? Thanks, Ann.

>> Renteria: Yes, thank you. For someone growing up and working, my first job was at a nursing home and I know how hard these people really work for the low wages that they earn. And this is exciting, especially the food pantry, because I know that I have friends that are working and family that are working in the assisted living business, and they sometimes have to work double shift, you know, because someone don't show up. And the food pantry is very

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important to them because they're not going to have the time to go out and get the food for their kids and. And you know, these people are single parents, which is very hard on them. And I'm really glad that you're going to be looking into this because it's -- I think it's one of the most overlooked positions in this society. So the thank you for doing that.

>> Amen to that. Thank you, sir.

>> Thank you.

>> Mayor Adler: Colleagues, anything else before we move on? Kathie?

>> Tovo: Just very quickly, I want to thank the staff, but also to councilmember kitchen because she has been an advocate for pushing this work forward. So thank you, colleagues, for really continuing to make us aware of the importance in this area.

>> Mayor Adler: Anybody else? All right, thank you.

[11:06:27 AM]

Manager, I think those are all the presentations. Colleagues, that then gets us to the pulled items. I think mayor pro tem pulled the Austin water item, item number 6. And also item number 7. Are you with us, mayor pro tem? We'll come back to those. Kathie, I think you pulled the art commission's

[indiscernible] Items.

>> Tovo: I did. We have gotten some responses back from staff on my questions that were submitted through the council q&a. But I have some questions

[11:07:30 AM]

about that.

>> Mayor Adler: Items 20 through 24.

>> Tovo: Colleagues, you will see the questions that I submitted through the q&a. This is something that it looks like council has only done twice in the history of the public places program, which is to deaccession some of the artwork. So I had questions that went beyond the backup information. Among other things, there weren't images available in our backup so I have asked that they be available. In the q&a and hopefully the staff can switch them over in the agenda backup as well so members of the public can easily access them. So I would ask them for images, some questions about the deaccession policy. I requested it about 10 minutes ago. I have some follow-up questions, but I will probably need a few more minutes to read through it. One of the questions I had asked about each of the artworks, and they really

[11:08:33 AM]

range. One is in councilmember Ellis's district. The other are in mine. And I am satisfied with the responses on a few of them that they are -- they have gone through the review they needed to go through. But some follow-up questions, with regard to moments under the overpass of Lamar near the railroad tracks, my questions, staff, about that one, I understand now why the blue signs have been noted by the arts commission to not be reused because it appears that that's the artist's request that those blue signs not be reused for any purpose. So that part of my question has now been answered. I'm not -- that site, that artwork was painted over. So can you help me understand what that process

[11:09:35 AM]

is. It looks to me like it was painted over before the deaccessioning was submitted to us for our approval.

>> Yes, councilmember, synovia holt-rabb for economic development. You are correct that they have been painted over, but parts have been stolen and it has been vandalized. So it went through the proper procedure of written requests for deaccession, reevaluated by the panel, submitted to the arts commission for a final

[indiscernible].

>> Tovo: I guess what's the impact of our making the decision on Thursday if the artwork in essence has already been so significantly altered? The artwork that we're doing the accessioning doesn't really exist any longer and I'm wondering why the process of painting over it wasn't delayed until the decision was made to

[11:10:36 AM]

deaccession the original artwork.

>> Thank you for that question. And I will defer to synovia who is on the line -- sue lamb who is on the line.

>> My name is sue lamb and I'm the art in public places program manager. That painting happened as a part of a tempo program in 2018. It was an experiment at the scale of the city and reimagining an artwork that created temporary moment over an existing piece. So when that artwork was deinstalled, which was just recently, we had a conversation with the artist and asked if he was interested in having us reinstall his work as it was originally intended, which included painting the murals

[11:11:39 AM]

and painting on both sides of the -- both mural walls. And he actually agreed with staff that reinstalling those murals was not the highest and best use of the site at this point.

>> Tovo: Thank you. I think in this circumstance when you have had so much contact with the artist, the process is understandable. Again, I think since there's been very few, just two, previous opportunities to really have this process in place, I guess I would just request that we really -- that I would ask our staff to take a look at the -- to take a look at the process as it's outlined and it's just been uploaded for our review so I haven't reviewed it yet either.

[11:12:43 AM]

It just gives me pause. While it worked out in this circumstance, I absolutely would have concerned about one of our pieces of public art being removed in advance of actually the decision and the process running its full course. So the context you've provided here is understandable, but I would like that not to be kind of the way we -- I'd like to just note that it was a real exception rather than the process that's described. In terms of moving forward, another recommendation I have, and it may be that I just need to bring this forward as formal council action to revise the policy, but when you have -- when you have artwork that is really significant, significantly placed in parkland, I see from one of the questions I've asked that there was -- that there were opportunities for the public to weigh in at the arts in public places panel

[11:13:43 AM]

meeting and at the arts commission's meetings. Meeting I believe there really needs to be a formal connection back to the parks and recreation board. And in one of these cases I'm going to recommend that that happen now. Because two of them are found within parkland so having that connection back to our parks board and that formal input I think is really important in these circumstances. And it appears that the policy that we have right now for our art in public places doesn't include that review. It is it look as if recommendations were made through the parks and recreation department, so perhaps you can tell me in particular -- I don't know. It's hard to know how to have questions that are general and questions that are specific. So let's just move through them maybe in terms of the specifics. So one of the items is the -- is along the Lance

[11:14:44 AM]

Lance bike path and bike way. And it's the yellow. As I did some research over the weekend trying to figure out which artwork was being proposed for removal, it wasn't clear to me whether it was all of the pieces of yellow art or just the tunnel. And so I know that you've provided some -- an image now of those, but if you could just be -- help me understand which piece are? Are we removing the signs as well as the tunnel and the bike -- I'm sorry, as well as the bike storage?

>> Yes. This is sue lamb again. Yes, indeed we are removing the entire artwork which is composed of a lot of components that you're referencing, such as the tunnels and the signage, but we're talking about deaccessioning the entire artwork. And just to clarify.

[11:15:45 AM]

Deaccessioning just means removing the artwork from the listed holdings of the artwork collection. It doesn't mean that we are necessarily removing them from the physical world. It's a process that is a best practice of museums and art collections to keep a maintainable collection basically.

>> Thank you. I appreciate that information in the backup about the distinction there. It's not clear to me what is being proposed in the circumstance of these five artworks. I mean, it sounds as if Karst is going to be both deaccessioned and removed. Moments has already been removed and is proposed for deaccession. Lab it sounds like is being proposed for deaccessioning. Are you also proposing it for removal?

>> This is sue lamb again. We are expecting that the department will be able to make those determinations. The artwork itself can remain in place and the

[11:16:47 AM]

department can do their own due diligence for what makes sense for the department and --

>> Tovo: I'm sorry.

>> I was going to say particularly in case of bicentennial fountain, which is at vic Mathias shores, which could be in the parks and rec department purview to determine what happens next with it.

>> So with regard to lap, who was the user department? Is it public works or is

[11:18:10 AM]

>> Tovo: The information I read in the backup was not really clear -- it was not clear to me having read it whether or not these were being proposed for academic and removal or just deaccessioning. I think if you would treat that as a question through the q&a, which of these art works being proposed for deaccessioning were also being proposed for removal. I think that would be helpful information to have so we have a sense of which -- at least two of them have already been removed. Some of them it sounds as if are still in discussion with the user department, but to the extent that there's been a decision made it would be helpful to know that. And when there hasn't been a decision made it would be helpful to know what the process would be for that decision: So moving on to the fountain in republic fair park, as I understand that's being proposed for removal because it has been removed and was

[11:19:11 AM]

done outside of the art in public places process. My question is really about the parks department since that's a park department asset. I don't know if there's anyone on the line who can speak to me -- who can speak to how it happened that that was removed without permission.

>> Director Mcneeley is on the line.

>> Tovo: Thank you, sylvia.

>> Good afternoon, councilmember tovo and mayor and the rest of council. So as I understand the situation with republic square, there was a vision plan that was -- that received public comment before prior to all of the renovations that occurred on republic square. As a part of those conversations and with our partners, it was determined that that particular fountain was not -- was not reparable, nor was it something that would complicate the new plan at republic square. If I can -- I will be

[11:20:12 AM]

completely honest in that I don't know at the time if this department knew how to -- I don't know if they knew what the process was for deaccessioning for removal, however, through public comment it became -- and through the planning process it became known that that was not a piece that would complicate the new plans of that particular park space. I did -- as I've come to understand now, there would be a different process put in place obviously if that were to be something that we're doing in the future. But it was removed. It was not salvageable as my team explained to me, so it's not as though there were parts or pieces that were put in storage or anything of that nature. So now that we're aware of what should happen we're being fully transparent and going through the process.

>> Tovo: Thanks very much. So yeah, it sounds as if looking at all the different pieces of information as if

[11:21:13 AM]

there's some learning to come from this, which is a good thing,. Since you're on camera, would you address the question about the fountain? That's the one that felt to me as if it needs a little fuller public process. This was a fountain that was installed for the bicentennial. If it were a structure I think we would at 40 years or older it would be subject to historic preservation review so that gives you a sense of how long it's been. Gives the public a sense of how long this has been a part of our park. So deaccessioning it from again when I read the backup I assumed it was being proposed for removal based on the context and the conversation that was in the backup about it that was a maintenance issue and the additional information we've received about it potentially being a safety hazard as well. Could I ask what the parks department plan is with regard to whether you're proposing it for removal or not.

[11:22:13 AM]

My question about whether there's been any contact with the artist, I don't believe was answered for that piece of art. So that's a question I need answered as well. And I had also asked that for each of these we be told what the cost is of deaccessioning the artwork. The answer came back the cost is only going to be triggered if the department chooses to remove it. In the [indiscernible] Of the item it was said that the department has the money. So is there a cost to removing a substantial fountain? Do you plan to remove it and if so do you plan to do any further public feedback at the parks board level or elsewhere did it since it's been a part of that space for awhile? And what is the contemplated cost of doing so, of approving it.

>> So for that particular

[11:23:13 AM]

piece of work we have a couple of things that are in play. One is that we've been working with aipp and with our partner organization, the trail foundation, and we have recommended a vision plan for arts that would be along the trail. The one thing that we need to consider is whether or not this piece of artwork is close enough to the trail to be in consideration of that kind of vision plan. The second thing is that we know that with project connect passing that there is the possibility of an Orange line that might be coming through that space. That is not -- we are not in any way, shape or form -- we've not determined that that is absolutely happening so I want to be sure that I make that clear. However, it's something under consideration and so when we talk about whether we would repair that or remove it and put it somewhere else or how we would deal with it, we want to make sure that we're very cognizant of the fact that we don't invest in something that in the near future will

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have to be moved moved. So we want a little more information about how to handle that situation. So with all those two things being said, the parks and recreation department is committed to some further communication with the community through the parks board to determine what is the best path forward. We understand that this will no longer be a part of aipp's inventory, but it has not been released from nor has there been any definitive decision of what will happen to it as being part of the parks and recreation department inventory. So we have a little more work to do and yes, we absolutely will engage the parks board. We will absolutely engage the artists and we'll have to do another assessment of what it may or may not cost to keep it in the location that it is or if we were going to move it or what could happen to it in the future.

>> That's great. I really appreciate that response. As I look at the backup, it talks about the funding of

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the costs associated with deaccessioning being available in your budget and with the parks department which is what gave rise to the assumption that it was being -- that we were making a decision on Thursday both to deaccession and to remove it. So thank you for that information and all that makes sense to me to make sure that if there is any will to keep it where it is and repair it that a decision first would be made about whether or not the Orange line is going to go through it. I would also say I would hope to have questions that could be answered about why it hasn't been maintained better? Part of the rationale for removing it is that it hasn't been maintained well. While certainly our conservation guidelines have meant that our fountains aren't running, it seems as if there are -- there would be things that could be done to make sure we're maintaining these pieces.

[11:26:22 AM]

So I definitely want to make sure as a city that we have procedures in place to maintain the art that's been entrusted to us. That may be in certain cases really important to the public to see standing for years years from now or 75 years from now. As I understand the backup there is a time capsule here so if the fountain is removed the time capsule that was part of the bicentennial celebration would be moved. Again, it may be that this fountain is appropriate to remove it, but having some -- having that additional information makes sense to me.

>> I think that is my last question on these items. So again, thank you. If we could get that follow up information in the q&a about which -- which of these artwork pieces there have been decisions about removing it.

[11:27:22 AM]

It seems like one of these pieces was not actually part of the iapp program. I'm not sure which one that was. So I think it was the fountain at republic square park if I remember.

>> We'll update our q&a and make sure it's a part of the backup.

>> Tovo: Great. Thank you so very much for this information. It's very helpful. I thought I would make a motion to postpone action on the fountain in auditorium shores, but I think given director Mcneeley's discussion about future investigation, I feel comfortable with us moving forward on Thursday. So thanks again synovia and Ms. Mcneeley.

>> Mayor Adler: Sounds good. Anybody else have anything on these items 20 through 24. The next item pulled, Kathie, you pulled it as well, is the health south tract.

>> Tovo: Yeah, with policy ayes, I will have to -- apologies, I will have

[11:28:23 AM]

to step off the dais now for a few minutes. I can be here for a couple of minutes and then I will have to ex-excuse myself for a bit.

>> Mayor Adler: Okay. Colleagues, it is 11:28. We have health south to discuss and then we have two zoning cases, the original and then we have the water forward items now that mayor pro tem is back with us. The goal was to try to work toward these things and then go to executive session. If it looks like we're going to have to come back after executive session, then we can certainly do that and take health south later if we want to give people more time to with be with us.

>> Tovo: Mayor, I'm just leaving for about 15 minutes. I wonder if you could go to the water forward items and the zoning and then by the time I'm back, I think we have an executive session for health south as well so that would keep those two -- that would keep us in with

[11:29:23 AM]

our executive session. I'll do my best to get right back here.

>> Mayor Adler: We will go to water forward before we do that. Ann, your hand is raised.

>> Kitchen: I was going to tell you that the item I pulled I don't think is a long conversation. So.

>> Mayor Adler: Sounds good. Mayor pro tem, do you want to tell us about the water forward items you pulled, 67?

>> Garza: Sure. My main concern or question was about creating the criminal penalties. That just kind of stuck out to me, especially as we are kind of at this moment where we're decriminalizing all kinds of important things and trying to stop the history of kind of overwritennizing all kinds of offenses. So my understanding from what I've read and my question to law is is there any concern about striking

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the criminal penalties part? There's still the ability to find through civil penalties and also take away permitting for anyone that violates the code, and from now until Thursday I'm happy to reach out to any of the advocates. I know this has been a long time in the making and I know we approved many of these changes and this is just coming back to us for the final approval. But that just stuck out to me as we have these conversations about this history of government, policymakers, just constantly creating new offenses. And we often hear, well, we rarely use that part of it and it's just there as a deterrent sometimes. And -- but we've been pretty good about deciding that. If it's not being used for that why have it in there? A main question for law or Austin water or whoever can answer it, can you provide any concerns about taking

[11:31:26 AM]

out the criminal aspect of those two items?

>> Councilmember, this is Ross from the law department. Thank you for your question. I think rights on. The thing about our city code is it's really the standard for any code provision that if there's a violation it's standard that it can be prosecuted in many court as a class C misdemeanor. So the thing about that is we are creating options there not to go the criminal route because we have the administrative process that we can follow and you mentioned that is what the city has been doing. It's extremely rare with these water conservation ordinances that they pursue that criminal penalty. They have been going the administrative and civil route, which is a special thing that's been set up in the water conservation

[11:32:27 AM]

ordinances. So that's the intent.

>> Garza: Okay. I'll have more conversations up until Thursday, but I made the amendment to strike the criminal part of the new -- of item 6 and seven.

>> Garza: Frankly, if law can possibly provide a draft where those parts are struck, I would appreciate it.

>> Okay. We'll circle back with you on that, mayor pro tem.

>> Mayor Adler: Mayor pro tem, was there something specifically about the water forward components or are you suggesting a change in all kinds of similar kind of code provisions?

>> Garza: I had a very brief conversation with councilmember Casar. I think it would be good to take it out of all of our

[11:33:30 AM]

ordinances, but specific to this one, I think that's a bigger task and I won't be on the dais for. But I do -- it just stuck out to me as we're -- as we're seeing the effects of overcriminalizing behavior. I just thought that -- there's a constant, we've always just done it that way or it's boilerplate. I've seen so many times in the six years if we need to do something and it's said because it's always been done that way. I don't want to put that out and hopely for this one specifically possibly strike that. I'm open to any discussion. I see councilmember kitchen raising her hand, so I'm open to any discussion on it. Those were just my concerns.

>> Mayor Adler: Thank you. Ann?

>> Kitchen: What might be helpful is I appreciate what you're asking, mayor pro tem, and in general I agree

[11:34:35 AM]

with that. I would like to understand, and I can imagine some circumstances where a criminal type of penalty would be needed and appropriate so it may be that we want to look at targeting it or looking at what the language says. I know in environmental issues generally and I don't want to overstate my knowledge because I'll go back also and look at this as you are going to do. But in general we have needed criminal penalties to enforce environmental protections. And that has been really important as a community for environmental justice issues and other issues like that. Now, I'm not suggesting that this

situation is the same. I need to go back and look at it. So what I think might be helpful for us to understand is the specific kinds of circumstances that we're talking about. In other words, what would the violation be that we really think we're trying to

[11:35:35 AM]

protect against? Because a criminal enforcement would be a last ditch effort and I would think that it would apply to circumstances where you have a pattern or a practice of ignoring a rule or requirement that's needed for public safety purposes or public health purposes, which I can see being part of our purpose behind the water forward provisions that we're moving forward with that all ties back to the health of our community. So I'm just saying that I would take a look at it also and I would ask law to -- if you're thinking about what the mayor pro tem is requesting, I would ask y'all to think in terms of what behaviors specifically are we trying to penalize and what is the importance of penalizing that behavior? And are there options that really put some parameters around it so that we might be looking at a pattern of practice, as something that

[11:36:37 AM]

is truly egregious or something like that. So that would help me think about it.

>> Mayor Adler: Would it make sense to have the public safety committee take a look at this issue more globally? Maybe we should be taking the broader step with respect to code provisions? I would imagine it doesn't just apply to this, but to the whole thing. And maybe it would be better to do that, to send this policy question to the public safety committee to take a look at the issue globally. And in that context you could look at the kinds of things that you raised, Ann, but not just with this, but with how that would apply to code violations generally. Just throwing that out there.

>> I appreciate that, mayor and I agree. This is coming kind of late in the game and I don't mean to -- I don't want this to

[11:37:37 AM]

not go through. So I am open to that approach as well, to take a more global look at this because I realize from now until Thursday it might be hard to talk about anecdotal situations, but I think it's an important thing that I would -- that I think we need to stay on top of and in that case I may just abstain from item 6 and 7 if we're not going to strike that part of it.

>> Mayor Adler: Anything we can do to reduce our caseload as county attorney I want to make sure we're doing. Anything else on these two items? Yes, Ellis?

>> Mayor pro tem, I appreciate you raising that and I appreciate the clarifications offered by Ms. Kitchen. I'm not a lawyer, but it seems to me that this is qualitatively different than some of the other situations that we're talking about. A, this is for an on-site water reuse system that

[11:38:38 AM]

impacts potentially hundreds or thousands of people depending on the size of the property. So not following through with the procedures and other stuff can have enormous public safety public health mechanisms. So I'm not sure that this is equivalent to some of the other situations where we've looked at stuff. I'm not a lawyer, that's my first creek and I agree with councilmember kitchen that we've needed to have that mechanism in place for some environmental things. The other thing that I point out is that this is in some sense the initial set of regulations for what is going to happen for kind of voluntary use of this over the next couple of years. As we transition into making it mandatory these will be revised and it may be more appropriate at that time to see if this is the necessary and how it's played out. I would be somewhat more comfortable with that

[11:39:39 AM]

because the folks for whom this is going to apply are all going to be people who have all voluntarily said that they want to move forward with the system and there are consequences of if it's not run properly according to these rules, there's some very serious health and other implications and municipal court is not even that strong of a level of retort in that case. So again, I am not a lawyer and you have a much broader purview of the issues. And I am totally comfortable with the public safety committee reviewing the broader question, but just my gut is that these are qualitatively different sets of issues. And I don't know if law can speak to that if Mr. Crow wants to speak to any of of this in your sense of the necessity of that provision.

>> No, I kind of agree that at the end of the day some

[11:40:41 AM]

kind of enforcement, criminal enforcement may become necessary. From my talking with staff at Austin water about the manner of enforcement in recent years is that it has typically been done through the administrative enforcement, just an administrative fine, but they they usually ratchet that up over time. It's after three or four times they have not responded to an administrative penalty that they will finally turn to some kind of criminal process. So that's rarely done. In the last few years I think there's been one and it was a larger commercial operation or multi-family unit or something of that nature. So that's

when they turn to the criminal when there's been a serious situation that they have not been able to address administratively.

>> Garza: Could I respond?

[11:41:46 AM]

>> Pool: I have a new question.

>> Mayor Adler: We'll let

[indiscernible] Respond and then we'll come back to you.

>> Pool: I haven't spoken yet.

>> Mayor Adler: Go ahead and respond, mayor pro tem.

>> Garza: I just wanted to point out that what I read of the municipal code it is just a fee, a criminal fee. I may have misread it, but it doesn't carry the possibility of jail time so there already was a civil penalty process in addition to the administrative process. So I agree that we're talking about an infraction that there may or may not be racial bias involved, but regardless in the criminal system there is that once you get in there. So I think it is important to take a global look. Taking that out does not mean that somebody would not be held accountable.

[11:42:48 AM]

They could also get their permit taken away from them. There are measures in place besides the criminal aspect of it.

>> Mayor Adler: Leslie?

>> Pool: So my question to law is in the instances where we have used the criminal sanction, are we talking about individual or are we talking about corporations or businesses?

>> They could be either, but typically my understanding from talking to staff is that in recent times they've been typically larger offenders.

>> That was my assumption and in that case they have a greater access to resources, including lawyers themselves, and knowing that they can continue to break our rules and regulations and simply have a civil

[11:43:48 AM]

penalty I think is probably an insufficient situation. So with regard to acquiring additional information on acquiring used how the history of it and why we potentially want to have the final option of having a criminal penalty and where that has been necessary, I'd like staff to provide that additional information too. It sounds like we're not talking about individual resonance where I would see we would to be aware of disproportionate and discriminatory actions. But if we're talking about large companies and entities, we probably need to retain the ability to pursue them with criminal penalties in order to get them to cooperate and to deal with the cost of whatever the negative outcome, for example, on the water supply that may have occurred.

[11:44:48 AM]

So I'm not -- I'm looking at this, everyone, from a higher level and a larger corporate type of deterrent than I am for individual residents where I agree that you would need to be sensitive, but not necessarily in a corporate setting. So staff, do bring us additional information on the kind of groups that we've had to -- that have come afoul of this particular regulation and let us know how that's worked out. Okay. Thanks so much.

>> Mayor Adler: For what it's worth, it's my understanding that the mayor pro tem is not going to move to make that part of the consideration on Thursday, and if the council doesn't take any different kind of action, I will refer the larger policy question on this or however it would be broken out to the public safety committee so that the membership there can see whether or to what degree it can be pursued. Any further comment on this? Page and then Greg?

[11:45:50 AM]

>> Mayor, I'm also thinking it's not just a public safety, but also a public health issue. And so it could be that it goes to the health and human services and public health committee as well.

>> Mayor Adler: Paige and then Greg.

>> Ellis: Thank you, mayor. This is a very interesting conversation around criminal violations for code infractions. I think a lot of us would probably have some sort of scale of what we find to be most egregious and least on this. There could be a couple of committees. I'm thinking councilmember Casar and I are on housing and planning and that could be an interesting conversation there. But I know that protecting our clean water supply and making sure that we are resilient as the climate continues to change and as we continue to live through droughts this is going to be a really important conversation. So I think this would be one of the things on the spectrum that I would find most important for the city to be able to control good and responsible behavior for this one. There maybe other ones that

[11:46:51 AM]

have been copied and pasted dollar amounts, but it sounds like there is more legal advice to thresholds. I know we covered this conversation when people were throwing scooters in the river. Also an environmental concern. But we found through discussing with legal there were certain thresholds that certain violations met. So I think it's an interesting conversation looking forward to looking a bit more about it, but this one would be important for me -- for us to be able to protect our environment.

>> Mayor Adler: Greg.

>> Casar: I think it's been summarized here. I want to thank the mayor pro tem for raising the issue generally because I don't think anyone on the dais has talked about or wants to reduce the seriousness with which we take our environmental protection. I think we all want to pass these. I think it is worth asking ourselves if this is just sort of standard operating procedure throughout our code when that does and doesn't make sense and

[11:47:52 AM]

that's where I'm hearing the mayor pro tem's question coming from. And I think that's where we can land. And I see -- I think hearing everybody it sounds like where we're all at. And I think you're leaving us with a task to work on in the coming weeks and months.

>> Garza: Yeah, I'll reiterate, taking away criminal liability is not taking away responsibility. It means it may be the same level of fine. It's not saying they're not held accountable in any way. And I guess -- just as we're having these broader discussions, a crime -- a crime is a bad -- it's a bad thing. And if you do something that's a crime. And I think it's just a changing of how we think about especially in the conversations more specific ins more tests that happened and we're talking -- the

[11:48:53 AM]

protests that happened and we're talking about violent versus non-violent crimes. And are they even crimes if they're not violent. So I get that there's a discussion to be had over the importance of non-violent and violent and environmental concerns. I absolutely agree. But as we're having broader discussions, again, if we took away the criminal penalties it does not mean they could not be held accountable. They could still be held accountable.

>> Mayor Adler: Great. Guys, let's go on to the two zoning cases here and see if we can knock those out before lunch. Councilmember alter, do you want to give us a head's up and talk about 68 and then Ann on 69? Alison, you're first.

>> Alter: Sure. So I wanted to talk about item 68, which is the pier property rezoning. And we have postponed this item twice now and I'm not really aware of progress

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that has been made between the applicants and the neighbors and finding a path to solve the concerns that are being raised, but before we discuss it further, I wanted to ask if staff could give a brief overview of the case, the history and implications of the dock's current zoning. I don't know if Jerry rusthoven is around.

>> Hey, councilmember, this is Jerry rusthoven with housing and planning. The case was triggered by a red tag. This was the property that was the former pier restaurant and they had a series of docks on the water and people on could go to the restaurant and park their properties. A family has bought the property and used it as a family retreat. They received a red tag for the docks falling into disrepair and they were not allowed to repair the duxes because they didn't have the protozoaning. They have filed for a cr recreational zoning to repair the docks, and there

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is an existing kitchen there and they have talked about the possibility of opening a restaurant there. I am not aware of any further agreements made between when we last postponed. I understand the neighborhood and applicant have been talking, but I'm not aware initiative agreement agreement at this point.

>> Alter: Thank you. So as I understand the issues, there is a primary issue about the potential impact of gasoline sales on water quality and now the applicant is not proposing to do gasoline sales per se, but the new zoning would allow them to go to various commissions and request whatever they need to be able to do that. And so -- and then there's a concern about whether the further construction of the docs might pose problems for the nearby water district, which has a water intake nearby and whether that would push them out of compliance with tceq for

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their water intack. So I have some questions for staff but I wanted a sense from my colleagues whether there were other areas of concern that they had that we also should make part of the conversation beyond the question about whether rebuilding the dock puts in jeopardy the water district and the discussion about the gasoli SNE a weshat's allowed there. So I don't know if my colleagues have any other thoughts that they want added to the mix.

>> Mayor Adler: Leslie?

>> Pool: Thanks, Alison. I was curious if staff or the applicant or legal or development services could speak to the existence of the gas station there and the timing, which came first, were the docks and gas station there and then the intake came in after them? And if so regulates it? Is it a city of Austin or is it tceq?

[11:52:55 AM]

And just what the relation is. I'm curious about whether these questions were asked in its previous iteration

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on the most fundamental level there's the question if tceq would invalidate the development. And if there was any discussion on what impact zoning would have on jeopardizing the legal operation of the water intake. And I'm not talking about Ina water quality perspective. I want to idea do we have any information from tceq from a legal perspective whether this would jeopardize the water intake.

>> Councilmember, we're not aware if there have been any discussions. I will have to see if there have been discussions with tceq. We would have to have a discussion later if they wanted to reintroduce the gas tanks or I think that council could add a condition to the zoning case that would prohibit the marina from selling gas. But I'll have to check with watershed to see if they've had that discussion with tceq.

>> Mayor Adler: Chris, do you have [indiscernible]?

>> Councilmembers, Chris Harrington, environmental

[11:55:19 AM]

officer. We have not spoken to tceq. I would anticipate that based on the information that we have, that their permitting is not within our regulatory authority. We would be evaluating the impacts from water quality and environmental protection perspective at the time of site plan when they come in to actually construct the facility. Those facilities would require at least one land use commission variance. And so we would be looking at that once we had the full picture. It's very difficult to speculate what tceq would or would not do and they certainly wouldn't be giving us that answer based on the level of information currently available.

>> Alter: I appreciate that. A lot of the arguments depend on this -- the assumptions that we make about the situation with tceq. And again, I do want to underscore that there's no gas service unless you go through the various land commissions and stuff. So we wouldn't even be

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allowing that, per se. But can city staff try to reach out to tceq before Thursday and see if we can get any information about how they would treat this zoning case and the subsequent dock construction and whether it would impact the legal operations of the water intake facility. They may be able to not do it, but I think it would be nice to get a sense if we are to tell us something from a legal perspective on that.

>> Yes, councilmember. We'll do our best, yes, ma'am.

>> Alter: Great, thanks. Then the second issue was so the tceq matter seems a fundamental issue. And at some level if that's not resolved, everything else may end up being moot, but assuming we were able to get clarity on the tceq, I'd like to know from Jerry or legal would it be possible for us as a condition of zoning to prohibit gasoline sales.

>> Councilmember, I think you could. I think that I'd have to discuss it more with the law

[11:57:20 AM]

department, but I think it would probably be in the form of a public restrictive covenant that would prohibit it because the marina use generally speaking allows it. It does require additional approval, but I think that we could do probably a covenant that wouldn't restrict that.

>> Alter: So I'm going to look for that information from tceq when it comes and consider that public restrictive covenant. I'd love to know if there are other issues that my colleagues have. And obviously I will continue to discuss this with the applicant and those opposed before Thursday. But really it does seem to come down to those couple of issues. I would point out if they decided to open a restaurant they could rebuild their doc and have -- go through the same process with the gas station. So even absent sort of this zoning change moving forward.

[11:58:25 AM]

So I don't know if anyone has any further thoughts on this at this point. The I hope we get some closure on the tceq matter for Thursday or have to come up with a different option for second reading and .. And find a solution in the third reading when we have more information. Any other comments or thoughts on this?

>> Mayor Adler: All right. Then let's move to --

>> I just want to say I appreciate all of the folks como have reached out. We are ting to get at the issues and understand the best they can, a circuitous zoning case. Thank you.

>> Mayor Adler: Okay. Ann, do you want to talk to us about 79?

>> Yes. Thank you. I wanted to let my colleagues know that I will be asking for a postponement on 79 in order to have time to work out issues related to traffic and flooding

[11:59:29 AM]

safety. This is an area -- this is a development -- well, there are three issues that need to be worked out and that's the reason I am asking for postponement. There are safety issues, water flooding related issues and then the third is there has been no communication as of yesterday, there has been no communication with Akins school, which is impacted from a safety perspective, next to this development. So I am going to be asking for a postponement on Thursday and I will put more details on the message board, but let me just say a few words about it so I can explain it. This is north of Akins, Akins school, Akins high school right there on old San Antonio road, old San Antonio road is an old substandard road with no sidewalks and no by lanes.

[12:00:31 PM]

It has been a road that has been recognized for a long time as having safety issues that cuts right through the school properties in the sense that the school's athletic facilities are on one side of the road and the school proper is on the other side of the road. So there has been study of the impact of this development. Traffic study is triggered when you have a development of 200 units. This development is 197 units. So they were not getting a transportation -- a traffic impact study relative to the impact on the school and the impact on that road, that substandard road that runs through school -- you know, school property and runs through there. And so there are some very serious issues that have been raised about the impact of that

[12:01:34 PM]

additional traffic on that substandard road and the impact on the schools and the school has not had a chance to weigh in. The parents have not had a chance to weigh in because they haven't been contacted. So that's one thing we need more time to have conversation about and see what that impact would be and also I will be requesting that we do a traffic impact study. I don't think the difference of three units, given the large safety issues in this area should prevent us from getting a traffic study. The second thing is, there is a low water crossing on old San Antonio road north of Akins and right near this development. There has been conversation for quite some time from staff about closing that low water crossing. During a flood event there are issues related to safety. So there is related to safety of putting more -- more use on that old San Antonio road in -- and

[12:02:36 PM]

the egress that would have to happen. So all of these are just to identify for people there are three major conversations that need to be happening that are not going to happen between now and Thursday. This is the first time. This is coming to us. I have talked to a developer and he understands the need for not breaking -- I prefer a postponement because we need to work through all of these issues. So I just wanted to bring that to everyone's attention. I think -- you know, mayor, I could, you know, get into details with staff right now if you want to do that, but, you know, I don't think that is necessary. They are here if you want to start having that conversation. My purpose today was just to give you all a heads-up on what the issues are and why I think it is important that we -- I just don't see us being able to wade through those issues between now and Thursday.

>> So I will just ask my colleagues does it make sense to

[12:03:36 PM]

you all to postpone? Do you have concerns about postponing or questions you want me to make sure that we address in order for you to be okay with postponing? What are people's thoughts? I don't know if you even had a chance to look at this stuff.

>> I know you mentioned you had spoken briefly the applicant and we traditionally allow postponements on either side of the case. Is there a reason -- and maybe that is something for staff to report back to us on as well as you councilmember kitchen if there is anything in particular about this case that wouldn't let us go through the normal process on one side.

>> Kitchen: I can tell you the developer agreed that he -- he would prefer, of course, that it go on first reading. He is not objecting to first reading. He would rather it not go on postponement. From my perspective we are not going to even be ready to talk about what it should be so why don't we just postpone.

[12:04:37 PM]

I can go back and talk to him about that. I think he might be amenable just to the postponement.

>> Mayor Adler: For me generally speaking in these kind of situations I think collectively as a group -- postponements but in't have heard from the property owner to know whether there are exigent circumstances. Or not so I can't speak to that, and that's a general rule, generally what we have done. >>

>> Kitchen: Okay. Thank you.

>> Mayor Adler: Okay. Guys, it is 12:04. I would recommend that we take a break for lunch. The only thing that we are going to have coming back is going to be the item number 30. We can either come back and do the public hearing and then do the -- I mean the public conversation and then do the executive session or we can just reconvene in executive session

[12:05:38 PM]

and then come back out after executive session back to the dais. I want you to think about that for one second. Before we take this break I want to just touch base on item 48. It wasn't pulled. It was the police contract. Policing consulting contract. That is in front of us. It is something that I support. I am real proud as a city that we have initiated this direction that we are moving on to reimagine public safety and I think that the more advice and consultation we get the better we will be. And I am real proud that we are taking as a council the lead in trying to make Austin which is a really safe, big city into an even safer big city. There are a lot of cities that are already involved in this conversation as well. We have already made advancements that many other cities are looking at and I am proud that Austin is able to serve as a best practice for a

[12:06:39 PM]

lot of those cities and those conversations and I hope we continue to stay at the cutting edge. I speak right now just because we are not going to be together as a group for several weeks going into January, and in relation to policing and the things that are being looked at. You know, we allowed in the work that we did before for the possibility that one or two of our police cadet classes still might begin in fiscal year '21, depending on factors such as a revised curriculum and successfully being able to complete and work forward the kind of recruiting process that we would like to have. And I recognize that we have done that. You know, a real benefit I think of doing the reimagining of public safety is decreased need for the number of sworn officers, less reliance on our

[12:07:40 PM]

police as mental health first responders, as we house more people that are experiencing homelessness, less reliance on our police officers as our social workers. That said I still think there is a critical role for police in our community, even reimagined that there is a need for professional and well-trained force that actually substantially ways we would like reflect the culture and values of the -- of our city. I think that future cadet classes, make sure that we have that police force and present a real opportunity to make sure that we have the kind of police training that we want and that we create and integrate real cultural change agents on to the force, that we use those cadet classes to improve racial diversity within APD. I know that council has approved

[12:08:40 PM]

overall policing staffing levels in the past budget. In order to be able to maintain even those levels in the face of normal attrition we are going to need to have some ongoing cadet classes. I know that curriculum review process is underway. So all that said, by preamble I just want to say that I for one would like the process to move quickly so as to allow for cadet class in the spring and I for one would like the manager to be able to come back with a proposal on the timeline that accomplishes that goal. And I recognize that is increased urgency and typing, it takes time to recruit cadets, which is made more complicated by the present pandemic situation. So I for one think we need to start now in order to be ready as the curriculum review is

[12:09:42 PM]

accomplished. It is my understanding that the APD training begins with several weeks and if not several months of state mandated courses that I understand are not currently under review because they are mandatory, what that might mean then is that the actual Austin specific training that is so critically important, critical component of reimagining policing, public safety, might start late, later in that cadet class giving us even additional time to make sure we are implementing well. It is my hope that an upcoming class could really be among the change makers and change agents, folks that truly recognize where we are in this conversation and the desire the community to reimagine public safety and policing and embrace it is

[12:10:44 PM]

community's have vision for reimagining public safety and enhancing of the culture of the department. So I for one would like to see us move forward with a greater sense of urgency that might otherwise exist to do what it takes in order to initiate a cadet class this spring. Leslie.

>> Leslie pool thanks for those.

>> Pool: Thanks for those comments and I completely agree. I had a conversation asking for a status update on where we are on the writing of the refreshed curriculum. It is really important that we get that squared away and that we move forward. It has been difficult to communicate effectively, I think to our residents here how much we support a positive view of our values and culture with regard to the police department,

[12:11:47 PM]

you know, every barrel can have a couple of bad apples in it but

-- and that can have a real dragging effect on the entire barrel and I just want to support the comments that I am hearing both from you today and from others of my colleagues previously that we do support good work and good officers and good officer behaviors and interactions with our community from the police department. Getting our, standing up the the academies next year is vital to our continuing to have good positive interactions and relationships between the community and our police department and it is imperative that we move forward with that as quickly and as professionally as possible. I think there are some comments I read from -- with the greater Austin crime commission asking for that very thing. Can we not press guard to try to

[12:12:48 PM]

get our cadet class 1 or 2 next year? And I think with the good work that people from the justice coalition and justice liberty and our other steak holders are doing with regard to curriculum input and also from the public safety side of the house that we should have successes there and so as far as timing is quickly as possible as we can do that and do it well, the quality, of course has got to be paramount, but we also need to press forward with all -- with all urgency. Thanks.

>> Mayor Adler: Okay. Greg.

>> Casar: The council has voted on this several multimultiple times and the first time was after we had important testimony from cadets that dropped out of the academy and laid out really compelling reasons about why there needed to be change and so I think we

[12:13:49 PM]

all are committed and should remain committed to fixing the things that we have been told for months aren't working and so I for one want to make sure that that process is deliberate, isn't rushed and that we establish a standard about -- by what -- of what we think is acceptable given the testimony we heard from those former cadets in the community, and the community and we should make sure that we are meeting that standard and of course meeting that standard on a reasonable and expeditious timeline but I think now that it has been quite some time since question had that testimony I just don't quantify the public or any of us to forget what it is that we heard from those former cadets because it really opened my eyes to what -- how much change is necessary in the academy.

>> Mayor Adler: Okay. Anybody else want to speak on this issue, 48?

[12:14:49 PM]

Councilmember harper-madison.

>> Harper-madison: Thank you, mayor. I will say I both recognize and appreciate what you presented here, what councilmember pool has presented here, what councilmember Casar has presented here because the truth of the matter is all of those things are true and they all get to exist in the same space and time, yes, we need a professional well-trained well paid force but we also shouldn't have to take the opportunity to delineate between good and bad officers we have to make the assumption we put the best practices in place that we feel assured that what we are producing by way of our professional police academy is uniformed officers who understand what their responsibilities are to the community, how to engage in appropriate professional behavior with all of our citizens and how to avoid putting themselves, the department and the city in compromised positions by way of misconduct.

[12:15:50 PM]

And so I certainly appreciate that we need move forward. I would like very much, as I said all along as we started this process with a resolution that I authored I would like very much for us to be able to move forward with recruitment efforts and our cadet classes. I hope, though, that we don't lose sight of the importance of making sure we establish some form of proficiency and readiness. I don't -- I don't think anybody would be willing to make compromises, especially because we have been able to witness what the manifestation is when we are not prepared for the fully professional accountable police department. I would certainly hope no one wants to rush a process that is so important.

>> Mayor Adler: Councilperson kitchen.

>> Kitchen: I just want to add my voice to what everyone is

[12:16:50 PM]

saying. I think that -- I think as councilmember harper-madison said, all of these things are true. I think that, mayor, you have suggested a path that could potentially work. I think bottom line of course for us is that we see these changes made, that we have been

-- that we identified and set a path towards a while back, and so they need to be made and I am hopeful that that can be done because I agree as you said, mayor, that we need get to the point where we are -- where we can stand up additional classes. So what I would say to the city manager is let's get this done. Let's get the training changes made so we have a path as the mayor has suggested.

>> Mayor Adler: Councilmember

[12:17:51 PM]

tovo.

>> Tovo: I appreciate all of the comments so far and I will just add that I know that several of us, and I will just speak for myself, have emphasized that manager over the last month certainly since we took the vote over the summer, but even before that, as councilmember harper-madison indicated she brought forward a resolution about the cadet training classes now I believe more than a year ago, I thought that set a very direct path forward for how -- for what a priority it should be to revise that curriculum and I am 100 percent in support of it and have emphasized over this past year to the manager multiple times the importance of getting that work done so that we could have those cadet classes meeting again as soon as possible and so I absolutely support that process taking place and would again just add my -- add my

[12:18:51 PM]

support to the amendment that was made this summer that mayor Adler and councilmember alter and I supported and I believe councilmember harper-madison you were a sponsor on that a cadet, class could take place if those changes were made so I urge that to get done, I hope that -- I hope that some of that work has taken place so we could see that cadet class as early as next spring. I think it is an important thing to move forward to do, if we are prepared in terms of the curriculum having been revised.

>> Mayor Adler: Councilmember alter.

>> Alter: Thank you, councilmember tovo for bringing up the budget rider that we worked on with councilperson handwritten and mayor, councilmember harper-madison and Adler that set forth for the city manager to come can back with a budget amendment to move forward with a cadet class. And I just wanted to invite the .. City manager to speak with us

[12:19:53 PM]

on the timetable as to where we are at, you know, obviously several of us have, probably all of us have Ben talking with this, about this with you. In private and it would be, you know, I think helpful for you to provide some further insight to the community as to where that process is at this point.

>> Mayor Adler: Before the manager speaks does anybody else want to speak to this issue? Before we go to the manager? Councilmember Renteria.

>> Renteria: Yes, mayor. And I also support what you are saying. You know, and I just want to let the public know that, you know, we haven't really, you know, defunded the police officers. We still have a force that is the highest paid officers in the state of Texas and we have supported them with all of the

benefits and high pay because we have a lot of faith in them, but there is something wrong where the training, and that's what my whole focus has been is to make

[12:20:54 PM]

sure that they get proper training to focus on working here in Austin. Citizens of Austin is paying the officers job, paying for their job, you know, and so, you know, we need sit down and work together with them and really focus on the training and the glad that what we have been focusing on, because it is very important, you know, we were very close, we had a really great working relationship with the union and, you know, about three years ago it just broke down and it has been going downward ever since and it is really not a fight with the police officers. We really support our police officers, it is just we need refocus, you know, that we need our job -- we need for them to focus on Austin. You know, and there has been a lot of distraction because it

[12:21:54 PM]

has been a very horrible year for us with the pandemic and, you know, a prethat was going out there and creating a lot of hate and anger, just slowed down everything and come back, we need to work together and I hope our police officers, the union are hearing us and saying, you know, we really want to work together but we need to make sure that the training is getting done the right way for the citizens of Austin.

>> Mayor Adler: Councilmember Flannigan.

>> Flannigan: Thanks, mayor. I appreciate this conversation but I also think it is important to note that I feel like this is completely consistent with all of the work we have done thus far, starting with councilmember harper-madison's resolution last year I coresponse stored, including the work we did in the budget, I know we had a conversation about cadet classes next year in that Austin budget hearing and many of us, myself included expressed an interest in getting back to cadet classes as soon as the training is

[12:22:57 PM]

addressed. So I think despite the very extreme and misleading political rhetoric that is being put into our community that has always been a consistent position from all of us on this council and so I want to -- I also want to acknowledge that we often also tell the city manager to do everything faster and that's not always a reasonable expectation either. So I am interested to hear the manager's response but we are pretty bad at telling the manager to do 100 things and then you only give him money for 10, diswi often how I describe that.

>> Mayor Adler: And then I will ask the manager then, councilmember Ellis.

>> Ellis: Thank you, I am sure city manager has prepared his remarks and prepared to speak a couple of times now but there has been such detailed work going on behind the scenes, I know people oftentimes are saying, you know, where are we in the process? And unless you are following our

[12:23:57 PM]

local city hall journalies or following, you know, us and some of the work we are doing you may not be seeing it, but the public safety team is having very detailed, very lengthy conversations about how to properly calibrate our public safety responses and what it is going to look like to really reimagine public safety, and deputy city manager -- sorry, I always have to slow down on her name, but her team has been doing a lot of great work too and I did a public safety listening session with my district and greatly appreciate my district constituents showing up and sharing ideas with me and my team about what they think policing in a modern community is going to look like and what I understood was that we are much more on the same page as it seems like we might be at times but we want a safe community, we want to make sure we have the appropriate response so when you need an armed trained officer to show up you have an officer

[12:24:58 PM]

there. When you need a mental health call you have mental assistance coming, paramedics helping in the downtown area. There are so many ideas people have brought forward that we have been working on and so I look forward to continuing this conversation and really showing the public what work has been going into it, because I think they will see that we are largely on the same page about process, even if sometimes you do hear narratives that are conflicting.

>> Mayor Adler: We are going

-- and with that the manager disappears. I will turn it over to you, but just to close the purpose of me standing here or raising this issue one is I think it is entirely consistent with when we get, what we did back in August and I know there has been a lot of work that is happening. We do want to reimagine policing because we think it will make us safer and we think the work is going to impact potentially the number of officers we need if we can

[12:25:59 PM]

change the kinds of things that we expect, as we expect too many things right now. And we do need to make sure that we do these classes correctly and for the benefit that we want to see. I-flow is a process

that is set up and I know we have have a lot of consultant involved, but one of the reasons I raised it now is I want to say that I want you to take a look at everything that is happening and figure out what it is going to take in order to be able to achieve all a of those things and have this class in the spring. Because I think that the time is also important. You know, taking a look at, you know, if this gets -- consultants or the timelines that have been established, also taking a look at whether or not the fact that the first several months as described by the state

-- gives us additional -- but T to the degree we can get all of the high hopes and expectations and demands we have, I my hope

[12:27:00 PM]

is we can initiate a class this spring.

>> Thank you, councilperson, I certainly have appreciated this discussion to enhow to ensure we have a cadet academy and the curriculum that is appropriate for our community and that will really be training our officers in a different way than we have in the past. As you noted there has been a lot of work already that has been done. There is coordination with other entities, consultant we brought on board to ensure that all of the recommendations that have been put forward and will continue to be put forward are aligning where the time frame that you are describing right now that we would come back in the spring to be ready to initiate a class. But as has been noted, that would also involve coming forward with a budget amendments because all of the money that had been allocated for these training classes was reallocated by the council in August. And so we will be working on that, so we will be making sure

[12:28:01 PM]

that we can present something for your consideration but I know part of this is also giving on going update and I ask asked our deputy city being to describe a task force meeting that is going to be happening tomorrow and we will be touching on not only this process but also all of the items that are in resolution 66 from December of 2019.

>> Thank you, city manager and hello mayor and councilpersons. First I just want to be thankful for all of your support as we continue to reimagine public safety in the future, as the city manager mentioned, we will be having another of our task force meetings this coming Wednesday, a longer meeting, it is from 4:00 to 8 and part of that meeting will be providing quick update on the work that the city has been doing both in the decoupling front as well as continuing to work with the task

[12:29:01 PM]

force on those areas that fall on the reimagining front and helping form some work groups hopefully as we move forward. As part of those scopes of work, I will say it again, all kudos to the council who approved last November on the resolution 66, approval of the -- associates vendor contract that really has fast tracked and accelerated to the managers request, all of the efforts on training and we expect that report to come forward in March of next year. That report will consider previous reports that have been going on. There has been great work by Dr. Villanueva and Ferguson, pd has put some efforts, community panels have been charged with looking at some of the training videos, so pearl and associates will certainly be bringing all of that work and bringing that forward and in addition we have asked 21 cp which is the

[12:30:01 PM]

contract that I know that acm shorter wrote to you about will be looking to help us with pd and with staff really on staffing concerns and bringing some of those recommendations as we move forward. So there has been a lot of work in this area and know that we are both being -- both have a sense of urgency to bring the work tarred but are also being quite intention fall and thoughtful to make sure that what we are bringing forward really responds to the moment and the criticisms and the changes that I think we all feel that we need in the future. So I appreciate your support and happy to answer any questions. But I also just invite anyone to tune in to Wednesday's task force meeting as well.

>> Mayor Adler: Colleagues, it is 12:30, does anyone have anything else? Thank you, deputy city manager. Anybody have anything else? All

[12:31:01 PM]

right. It is 12:30. I am going to recommend that we reconvene at 1:30 in executive session. We will do the executive session and then when we come out of executive session we will finish the conversation with the public conversation about healthsouth. The city council will now go into closed session to take up three items pursuant to 557 of the legal code related to ie 2, Smith versus city of Austin, pursuant to 550174 the government code question will discuss personnel matters related to the city manager that is E 3. And pursuant to 551072, and 071 of the government code we will discuss president and legal matters related to item 30. Without objection, we will have lunch on our way to executive session, which will start at 1:30. Mayor pro tem.

>> I just have a question on the order of executive session it

[12:32:03 PM]

items. Because I will not participate in one of them.

>> Mayor Adler: I think it will go probably --

>> Mayor.

>> Mayor Adler: I think it would be helpful to start with the Smith case, mayor pro tem, that's the one and we will call you afterwards, I will ping you.

>> Okay. Thank you.

>> Mayor Adler: It makes it easy, then, okay. Thank you. %-@Natasha.

>> Thank you. I just have a quick question. I wonder, I don't know if it will change anything but after having conversation with my colleagues and staff, I have been assured that there is no negative implication of postponing the healthsouth item in which case I think I would like to ask that we have the opportunity to postpone that item. Can we go ahead and decide that now and not have to have the public comment period after executive session or is that still going to need to happen?

>> Mayor Adler: Ann?

>> Kitchen: Just a quick question. Councilmember do you have a mind

[12:33:04 PM]

to when to postpone it to?

>> Our January meeting.

>> Okay. I think -- I don't see councilmember tovo, but I would suspect that would be in line with they are thinking.

>> Mayor Adler: Let's hold the executive session in case there is information there that is going to be helpful to us. We are going keep it on the call. But if we are going go ahead and postpone this item then there may not be a need for us to come out afterwards. I am hesitant to do that without Kathie here.

>> I am sorry. I didn't realize she wasn't here.

>> Mayor Adler: That's okay. But if it is only me that comes back out, that will be why.

>> Okay.

>> Mayor Adler: All right W that, 12:30 three, let's go ahead and recess see you guys at one with 30 in executive session. See you then. >>

[1:52:34 PM]

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[4:07:23 PM]

[music].

[4:25:07 PM]

>> Mayor Adler: All right. It is still December 8, 2020. The time is 4:24. We are out of closed session. In closed session we discussed legal matters related to item e2. We discussed real estate matters related to e3. We did not discuss legal and real estate matters related to e30, we did not discuss the personnel matters related to item e3. We may pick both those items up on Thursday. Still anticipate that on Thursday we're going to be postponing item 30, there may be a councilmember or two that addresses it just to kind of lay out what they expect happening over the next month or so. But that item won't be before us for action. Don't anticipate having public comment because we'll be laying out additional information that we will want public comment on once it gets laid out. With that said, 4:25, this

[4:26:09 PM]

city council meeting is adjourned. Staff, thank you for hanging around.