

City Council Work Session Transcript – 11/10/2020

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[9:04:22 AM]

>> Garza: I will be chairing the council meeting, I will call our work session to order. We have a quorum meeting virtually. It should be a pretty short work session. We have, I think, two pulled items, and then we have the covid briefing, which we will start with. City manager, did you want to say anything before the briefing?

>> Sure, mayor pro tem, councilmembers, good morning, we have the one briefing as the mayor pro tem mentioned on covid-19. With your permission, we'll have director Hayden start off the briefing, we'll turn it over to Dr. Escot and then pause for questions, let Dr. Escot go to commissioner's courts and then we have Bella Harden the officer to talk about protective lodges at your request after that. With that, I will ask director Hayden to start off this briefing. Dr. Hayden.

>> Good morning, thank you, Spencer.

[9:05:23 AM]

Good morning, everyone. I hope everyone is doing well today. I want to start out by talking about the work that our epidemiologist, our surveillance team as well as additional support. We identified early on and continue to focus to support the schools, higher education, long-term care, and then there are some other nonnursing home sites that we are providing additional support to, our teams work closely with the schools to provide additional services to them. We are hosting a weekly call at this point, it is about 50 members that are tending that meeting. Dr. Escot meets weekly with the superintendents as well. So that allows us to make sure we are receiving quick,

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accurate information about what is happening in our schools as well as our long-term care facilities. Our staff have worked with our schools to -- tea has put together the rapid antigen testing project. So we are providing guidance on that test. And our goal is to ensure that things are aligned and we have consistency. As you know, we currently have about a thousand rapid antigen tests. We're going to work with the schools to provide that testing and just as a reminder, we have selected title 1 schools in Travis county to focus on. The other thing, as we move along this process, we're going -- we found it is important for us to put

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together a document "When to quarantine." This is a guidance document we put in place with schools and child care. And it would be used by our nurses. So when any individual calls our nurse line our staff will be able to refer back to that document. As you may recall, our team put together an interim guidance on reopening schools. And so since it is an interim guidance. We know that as we move along and things change, we do need to make should changes to that document. So our team is working on updating that interim guidance on reopening schools. We are continuing to conduct investigations and provide technical assistance to other businesses and other entities

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in the community, whenever we determine that they may have a cluster, which is three or more cases at that site. On Friday, the 6th our vaccine coalition meeting met. As you may recall, we have over 100 people that attend that meeting so within the group of folks that are attending is healthcare providers, we have community nonprofit agencies, but it is actually a regional meeting. So we have partners from Hayes county, Williamson count and bastrop county that are attending as well as members from state health services. So as we really plan within the msa, it is important for us to be able to decide and think about what are going to be our priority populations. So that meeting particularly

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focused on priority populations. And we are also looking at subgroups within the population. Knowing that initially when we receive the vaccine, we are anticipating it to be a smaller allocation. So knowing that it may be a smaller allocation, even though priority populations will have already been identified at

a high level from the centers for disease control, it is important for communities to be able to drill down a little further to get those subgroups within the priority groups. We are working very closely with the Texas department of health services with guidance from the centers for disease control. So we're part of operation warp speed. So that was one of the reasons why we put together the coalition. The department has weekly meetings with state health

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services, and we are reviewing webinars weekly about the vaccine distribution. And so the state did inform us last week that the phases have changed a little bit. As you know, the state came out with a plan on October 16. And initially, they were anticipating phase one of the plan would start November. So they changed that to say November is a planning month. And an participating that December could potentially -- this is all subject to change -- that that would be the month for the first phase of their plan. Right now, we have over 75 providers that are registered with the state to provide vaccines in our community. So that is really good news for us. And our hope is that during

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this planning time, we will have more providers that agree to provide the vaccine in our community. As a reminder, we are continuing to provide walk-up sites, dove springs, givens, Mon top louse and the rumburg community at the library. We have the drive-up site at St. Johns. All of the locations we have day, evening and weekend hours. So if you have had folks that had an exposure to someone that may have tested positive, or have any symptoms, please ask them to either go to our website. If they don't have access to the internet, call our nurse line. Lastly, we are continuing to do at-home testing. That is still available to our community. I want to switch and start

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talking about long-term care. That incident management team over the last 14 days, we have seen 18 new cases at our long-term care facilities. Most of those cases have occurred among staff. So what our staff are doing is we're providing the ppe to them. And making sure that we send out enough for the facilities to have. To date, we have placed an additional 269ppe orders. And one of the things our staff continues to meet with the team of individuals that are calling in from the long-term care facilities. They meet weekly. So discussion was held about providing ppe kits for the essential workers. So what our team is going to be working on is putting together some kits with

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reusable fabric face masks, and hand sanitizer, and encourage the facilities to provide these to their employees. Because overall, we want to be able to keep everyone as safe as possible. We are continuing to partner at the social service branch, we are providing ppe in our community and we are also partnering with individuals throughout the community. So whether it is a combination of they're providing food assistance, ppe, flu shots, those are the things that we are partnering with individuals to do. This past weekend, we had an exercise, and it was -- we provided flu vaccine to almost 500 doses were provided. So it was at the expo. And then so it was a

[9:14:38 AM]

drive-thru. So we really -- it was overall a success. It was a great success. We could learn from that exercise and the one we did on October 24. These are the kind of exercises when the vaccine is here, we can just move into a place of providing the vaccine throughout the community when it is widely available. Our long-term care folks continue to test and offer that to our long-term care folks. And hhsc is requiring a testing strategy for all of the long-term care facilities. So our staff have just kind of let them know, we are there as a support. With the covid-19 vaccine, our

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long-term care partners have signed on directly with CVS and Walgreens for the administration of the covid-19 vaccine. So that -- the last day to sign up was this past Friday. And so that way, it puts a priority population that we know definitely will need the vaccine. They will be provided through CVS and walgreen's. If we had any partners that were not able to connection, we will follow-up with them and see how we can fill in the gap. We continue to -- with our homeless update, we continue to provide the eating together apart initiative for people experiencing homelessness. That program is really moving along well. We have good partners that have provided feedback to us

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about how the program is just really helping so many people. But our isovac and protective lodges, if people are in need to isolate and quarantine, we encourage them to go to the iso fact. With the protective lodges, we have under 300 guests. All over of the protective lodges, we have provided flu clinics in all of them. So our staff were able to provide the flu vaccine to them. We are continuing to work with flu clinics this week at the arch and Salvation Army shelters and sunrise navigation center. Next week we will provide flu shots in tar Asa library. I am so excited that the team is continuing to make

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progress. As of today, 63 individuals have transitioned to permanent housing, which is wonderful! Our team are just working really, really hard to transition the folks out to permanent housing. Lastly, with the child care, staff are continuing to provide additional support, and we have identified initially seven zip codes and we spread out a little more to additional zip codes. We're continuing to distribute health and safety supplies to child care providers that indicate they have a need. We continue to have our info lines open for long-term care, for schools, as well as child care. So they can receive the additional support that we have. That concludes my presentation. I will transition over to

[9:18:42 AM]

Dr. Escot. Dr. Escot.

>> Thank you, Stephanie. I will ask av to pull up my slides. There we go. Next slide, please. Mayor pro tem and council thanks for the opportunity to update you all on our current covid-19 situation. Unfortunately, the past couple of weeks have brought us a worsening situation. This graph is showing us the new cases diagnosed in Travis county. Yesterday we reported the highest number since September of 214 new cases, which gives us a moving average of 154. Our low, after our initial surge was on auction 4, which

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was 64 cases on the moving average. We're up 140% in a little over a month. 60% in the past week. So a significantly worsening situation here in Travis county from covid-19 transmission. Next slide, please. This graph is showing us the new admissions to the hospital. Yesterday, we reported 24 new admissions with a moving average of 26. Again, this has more than doubled our low that we encountered on October 4, following our initial surge. That number on the fourth of October was 12. So again, more than double over the past 30 days. You can see similar to our case numbers, the past week to 10 days have brought us significant increase in a relatively short period of time. Next slide, please.

[9:20:46 AM]

Again, this graph is showing us the -- in blue the hospital beds being utilized for covid-19, the Orange icu beds and gray ventilators. The hospitalization number yesterday was 1040 with the moving average of

132. Our low following the initial surge was, again, October 4. With the moving average of 77. So 71% increase in a little over a month for hospital utilization. Our ICU beds yesterday, 45, with the moving average of 46. Again, more than double the low that we had on October 2 of 22. So again, all of the measures we currently have related to COVID-19, including admissions, hospital beds, it

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is all pointing to the fact that things are worsening here, similar to what is happening in other jurisdictions around the state around certainly around the country. Next slide, please. So this morning, I'm also providing you the updated projections from the UT modelling consortium. You can see that, you know, last week, things were looking relatively flat. With the increases that we have experienced over the past week in terms of admissions that 60% increase in cases that we have seen. The projections for the holidays are looking ugly again. The projections are that right now, it looks like we will transition to the Orange stage, going past 40 admissions to the hospital right around Thanksgiving. So the day before or day of Thanksgiving, the projection is currently estimate that we

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will hit 40. Again, these are projections, this is not a forecast of what will happen. But assuming that transmission is staying the same over the next couple of weeks, this is what we can expect to see. Next slide, please. This is a graph of the hospital beds being utilized similarly. Significant increase over the coming three weeks leading into the first and second week of December, with more than 300 admissions to the hospital by the second week of December. Next slide, please. Finally, these are the projections for ICU utilization. Back over the summer, we were talking about identifying 350 ICU beds available in Travis county that could be

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utilized in a surge event. Unfortunately, given the situation around Texas in the fact that many of the resources that we would need to utilize to staff extra beds are being utilized in El Paso right now and certainly we have other jurisdictions, Lubbock, Amarillo, Dallas, and others who are facing significant increases in cases. We can't depend upon that staffing that we may have in we were the only ones surging at the time. So in discussions with our healthcare executives, we believe a more reasonable number of hospital or ICU beds for that surge is around 200. So you can see that with this projection, through the second week of December, we are approaching 130 or so ICU beds needed in the next three weeks. And certainly we are going to

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hit the maximum soon after that. I bring that up because if the situation worsens, if the projections are too optimistic, we may have to have discussions about taking us into Orange or potentially red before Thanksgiving. Again this is not what will happen, this is what could happen. If we don't change the situation right now. Frankly, this is looking similar to the first surge. We're at similar numbers today as we were June 17, June 18. Which was about two weeks away from the peak. It is really up to this community to act in a more protective way, to reinvigorate those calls to protect ourselves and protect

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our families and our community so we can turn this beginning of a second surge into more of a bump. We have the possibility of driving the numbers down before Thanksgiving and certainly before Christmas. And you know, we need to start looking at ways to reduce risk so that we can avoid having a second surge, particularly on the cusp of the possibility of having a vaccine in the near term. Next slide, please. This is an update of our hospitalizations from last week, based upon race and ethnicity. The green line represents our latinx community. Last week 41.5% of new admissions were from members of the latinx community. 37% of the white, non-hispanic community. 14.6% from the African-American community.

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Again, as we have been seeing throughout this pandemic, we see disproportionate impacts associated with our communities of color. As director Hayden described earlier, we will continue to focus efforts on these communities through education, through ppe, immunization for the flu and through vaccination for covid-19 when available. Next slide, please. This is the same data broken down by actual numbers of individuals hospitalized. You can see the last week of October significant decrease from 142 to 105, in admissions to the hospital. We have seen an increase from the last week of October and first week of November. So you can see that 54 individuals in the latinx

[9:27:52 AM]

community hospitalized. Last week 19 innet African-American community. We're continue to track these numbers and report those to you weekly. Next slide, please. This is a breakdown of the new hospitalization based upon age groups. You can see the mustard yellow line are 70-79 age group, luckily has see decreases over the past couple of weeks. You see a slight uptick in our 80-plus age group, the Orange line. Again, those are the two groups, along with the 60-65 age group that we are most

concerned regarding admissions because those admissions are more likely to lead to icu needs and certainly more likely to lead to deaths associated with covid-19. We have seen a decrease in our admissions related to the

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20-29 age group. And our 10-19 age group is maintaining itself relatively steady the past several weeks. Next slide, please. Again, this is the same data broken down by numbers of admissions. You can see, again, that seven -- correction that 80-plus age group, 21 admissions, 22 in the 70-79 age group. 26 in the 60-69 age group. So, again, those top three age groups representing about half of the admissions to the hospital over the past week. And again, we are concerned about the impact regarding longer length of stays for the individuals. Icu admissions and again deaths. Next slide, please. This is an update of our

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positivity by week. If you recall, two weeks ago, when I last spoke to council, we talked about this, you know, fact that we're relatively steady, 3.8, 3.9% for about six weeks. Week 44, which was two weeks ago that bumped up to 4.2%. The data we have for last week -- there is about 8,000 lab tests that go into this David sears -- dataset that you are seeing has an increase of 5.2%. About a 40 to 50% increase over the past two weeks in terms of positivity. We're seeing similar increases in other datasets that we're monitoring as well. Again, certainly the data is pointing that we will continue to head upwards, remember, the cases that were diagnosed last week are likely to be hospitalized this week. So we have to continue the

[9:30:54 AM]

work, continue the effort to decrease transmission. We did see a bump before Halloween started but certainly we're seeing a significant rise in many cases, tracking back to halloween-related activities. Next slide, please. This is a breakdown of the positivity by age group. Correction, by race and ethnicity. That red dotted line was the one we were shooting for. You can see back on week 42, that we only had our latinx population over that 5%, and many of the other groups close to the 3% where we would really like to be. Unfortunately, week 45, we see that our African-American community, our latinx community and our native hawaiian, pacific islander community all showing positivity over the 5% mark.

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Last week, so far, our latinx positivity 9.0% African-American 6.9%. Hawaiian pacific islander, 8%. White non-hispanic 4.9%. And our asian-american population, 2.9%. We're seeing significant increases across many demographics in terms of positivity. Next slide, please. This is a breakdown of the positivity by age group. Back on week 41, week 42, you can see that -- week 41, all of our age groups were under 5% that maintained for most in week 42. Before we get to week 45, 20 to 29, 40 to 49 is 50-59 are

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all over 5%. You can see certainly 50-59 age group is a new trend that we have not identified before, but certainly concerning. Remember that as age increases there's a correlation between increased hospitalization and increases in death. And we're certainly concerned about that increase in that 50-59 age group. Again, when we look at the positive cases tested by aph in the past seven days, about 50% of the cases are in the 20-29 age group and 30-39 age group. So we are seeing significant trends. In those groups as well. Next slide, please. As director Hayden mentioned earlier, certainly improvements over the past two weeks in terms of our cases at that long-term care facilities. This is on our dashboard page

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at austintexas.gov/covid-19 which has facility-specific information. As you mentioned, we are seeing ongoing case transmission, particularly amongst staff. Again, similar to other places, schools, businesses, restaurants, et cetera, we're seeing that activity, that transmission happening outside of the work space and in social environments. So we'll continue to keep an eye on this and report on this weekly. As director Hayden said, continue to report through our long-term care facility task force. I will mention we have not seen any cases associated with visitation changes at nursing homes. There are strict protocols in place for those visitations and we're pleased we have not seen any cases associated with that so far. Next slide, please.

[9:35:04 AM]

This is a draft update of our school report for last week. 10/26 to 11/8. You can see a total of 101 cases associated with schools across Travis county. 63 in students, 35 in staff, three in individuals visiting the campus. You know, this may seem alarming that there is more than 100 cases in our schools. These cases represent 73 different schools over the past week with cases. And only a few that have more than three cases. Again, in talking to our schools' task force and superintendents, the transmission we're seeing is the same we've been talking about for weeks. Transmission is happening in athletic and extracurricular activities. More substantially, it is happening outside of the school building itself. It is happening in social

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gatherings. It is happening when people are getting together to share a meal. It is happening when they're getting together at parties and other events. This is happening throughout our community. A significant portion of the cases that we're seeing, new cases we're seeing are, you know, tracking back to times when people are taking their mask off, closing the six-foot distance to be close to other people. Family and friends, generally speaking. This is why it is important for us to remind folks and to certainly echo this messaging, you know, everywhere that we can that there is not a safe space outside of your household. If you are going outside of your household or people are coming into your household, you need to have a mask. You need to have a mask, social distancing, pay close attention to the hand hygiene. I can't stress it enough that if we don't really get our

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vigilance back, if we don't change our ways, if we don't go back to those protective actions that we were taking over the summer and in the spring, we are going to have a miserable winter. And now is the time to change that. Now is the time to go back to the protective habits. If you -- if folks started shaking hands or hugging, it is time to stop again. If they started having larger gatherings or getting together with family or friends at restaurants or at their home, it is time to stop again. We're in a very dangerous spot. We have to be very concerned that cases are surging across the U.S. And across the state. Our emergency management plan partly depends on redundancies. Depends on having resources that we can pull into areas that are facing surges. If surges are happening across the state, surges are

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happening across the country, that redundancy goes away. We don't have that extra protection we need to handle a more significant surge. Next slide, please. Again, it is flu season, as director Hayden mentioned earlier. I'm happy to say that our flu cases have remained low throughout Travis county. 14 total cases to date.

>> Over the season so far of 1.04%. So this is excellent news again. If folks haven't gotten their flu shots yet, now is the time to get it. Today. As I just described, we don't have the redundancy in our healthcare system to manage a surge of covid and influenza. Next slide, please. This is a graph showing a comparison of this season,

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which is in blue to the previous three seasons. You can see that we continue to track below the prior three seasons this year. And, again, the influenza vaccination, the social distancing, the masking, the hand hygiene will help us maintain this line very low, which is what we need to do to keep our community safe. Next slide, please. And, again, we remain in stage 3. You know, our trigger point has been 40 for that transition to stage IV. We are currently reviewing the data, the trajectory of change, as well as the updated information from our healthcare systems. And I will say that there's a possibility that we may need to transition to stage IV before 40, depending on the angle. And, again, this has a lot to

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do with the fact that our surge capacity is diminished because of what's going on in other jurisdictions around the state, around the country. So we will update council next week, as well as commissioners court and provide further information on that. That concludes my presentation. Spencer, I'll pass it back to you.

>> Thank you, Dr. Escott. And Dr. Hayden and we'll pause for questions from the council and then we'll hear from

[indiscernible] After that.

>> Garza: Thank you, Dr. Escott and director Hayden for your continue efforts. Do any of the councilmembers have questions? Councilmember Ellis?

>> Ellis: I do. Thank you, Dr. Escott. Can you tell me any more information about the cases. Is it one cluster, multiple

[9:41:14 AM]

cluster, extracurricular activities, anything else you can tell me about that.

>> Primarily it's related to extracurricular activities. I don't have all the details for the cases last week, but we had issues -- as we've had in other school districts -- related to athletic events and transmission in those programs. We have done some widespread testing of the football program within eanes to try to identify additional cases and put a lid back on it. But we can certainly reach out to your office and provide some further information.

>> Ellis: Yeah, I'd certainly love to know more if that information's available and to see how we might be able to curtail that number from going up any higher.

>> We're working very closely with the superintendent there, and eanes has been very engaged and proactive in terms of working with us to limit the spread of covid-19 there

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and certainly in the early stages of planning.

>> Ellis: Very much appreciate that. I know the 78746 zip code when we started mapping zip codes had kind of shown up higher pretty early on, so I'd love to know how we can help be a part of the solution to that.

>> Councilmember, I'll also mention that, you know, one of the things that we're seeing, particularly in the suburbs is parties happening with high schoolers. This is really the primary way that we're seeing this spread. You know, we have athletic programs and we can see cases associated with athletic programs, but it's more likely that that spread is not happening on the field, it's happening when they're getting together for meals or they're getting together for parties. So I think it's important for us to encourage all of our communities to really -- if they took a break from the

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vigilance and started having larger gatherings, to go back to that more protective action so we can change the shape of this curve. We really do have to flatten it again.

>> Ellis: I can appreciate that. I know I've been out, when I'm at the store, and I see, you know, groups of friends kind of going to the store together the way that we would have seen precovid, so appreciate you paying close attention to that. Thank you.

>> Garza: Councilmember alter?

>> Alter: Good morning. I know that aid only very recently kind of went back to school, and both of my kids' schools there were cases over the last week that were reported. Can you tell us what portion of kids are actually back in school where we're seeing the numbers that we're seeing right now? Because I think it really varies across ages and across schools and populations. Do we have any knowledge about

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that?

>> Garza: Real quick councilmember alter, we can hear you but it's really loud and there's a noise attached to it. Just FYI.

>> Alter: Okay. I'll see what I can do on that. I've got like four zooms going with an area, so I'll try to turn the volume down then. Thank you.

>> Councilmember alter, there is some variability based upon the school district. I will say that in my discussion yesterday with the superintendent, aisd has about 27% capacity right now who is in-person. Generally speaking, most school districts are around 50%. There's some that are a little more, some that are a little less, and there's some variation across the county. There tends to be a higher percentage in-person at elementary schools and fewer in our high schools, but there's certainly not any that

[9:45:21 AM]

are much above 50% right now. And I think that's part of the reason why we continue to see, you know, relatively low numbers of cases associated with schools. You know, certainly it would be much more difficult for us to manage the spread of disease if it was at 75 or 100% at this stage. But we'll continue to track that. I did have a discussion with the superintendents also about stadium capacity and they've, you know, reinforced their enforcement of that 25% maximum. Many of the school districts who are having football games have less than 25% right now, so I think that's going to continue to protect us as well.

>> Alter: Thank you. Mayor pro tem, is this better? I moved the microphone away.

>> Garza: No, it's really high

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and distorted and a bunch of councilmembers pulled their plugs out of their ear, but I mean, we can hear you clearly, it's just loud and distorted.

>> Alter: Okay. I'll see what I can do.

>> Garza: Did any other councilmembers have questions? Councilmember kitchen?

>> Kitchen: Yes. I have a quick question for director Hayden. Thank you for sharing with us what -- and you also Dr. Escott about what is going on with our long-term care facilities, and in particular the ppe kits for the essential workers. So I just wanted to verify, because I'm not sure if I heard it right, so those will have the reusable cloth masks for the workers, the staff and the long-term care facilities, so they D use it with their families and at home. Is that the thinking there, director Hayden?

>> Yes. Yes, agency member and the --

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basically, you know, they're going to send out the requests to let them know it's available.

>> Kitchen: Okay.

>> And then based upon the response, then the teams would put the packages together and then provide them to the long-term care facility.

>> Kitchen: Okay. But then -- just to distinguish, so the P. E that's provided for use in the long-term care facilities, those would be the surgical masks, right, and/or the n95s?

>> Yes. Yes. So the ppe packs includes the n95s. We have provided some gowns, gloves and face shields.

>> Kitchen: Okay. Okay. And then let's see. I would also like to understand, and it doesn't have to be now, but you could give us maybe a brief update now, maybe send us some more detail, we had talked a while

[9:48:26 AM]

back about the creation of a group or task force, I'm not certain what we were calling it exactly, to work specifically with you-all to help reduce the incidence among our populations of color. And is that -- can you tell me what that group is working on right now and/or send me information about where I can find out more about exactly what they're working on?

>> So currently, you know, we have a couple of things in place. We're continuing to work under the social service branch with the priority populations. And so that work is continuing to happen. We have established a strike team specifically for the hispanic and Latin X communities, and so we meet every other Monday evening at 6:00 P.M. With them, you know, working on, you know, various

[9:49:27 AM]

strategies, you know, bringing information to them, information comes back to us. And it is directly connected to the plan that we, you know, put in place that went out in the survey. And so we will continue that work on the weeks that we don't meet, there is a team of subset of folks that come together and address high-level tasks. For example, you know, one week they met about providing additional ppe in the community. Next week, they're going to meet to talk about public charge, and so they just -- we just have different topics based upon what the committee would like to see that can be addressed outside of the meeting, and then comes back to the meeting for presentation and kind of any questions and overviews.

[9:50:29 AM]

The next phase of it, I've been talking with my team because we've been looking at the numbers in the African-American community, and so we're going to establish that group of folks next. And that way they can also -- we can work more closely with them and align the work that we're doing.

>> Kitchen: Okay. Thank you.

>> Garza: Councilmember Renteria?

>> Renteria: Let me unmute there. You know, we've been seeing the numbers of the hispanic community and now the blacks and African-Americans, when y'all tried -- I'm pretty sure y'all track who these people are -- that are getting this and you're tracking them to see where they're getting it. Can you give us some more

[9:51:31 AM]

information that, you know, we've been having a lot of efforts out there trying to get the word out to our community and passing out ppe and sanitizers. Can you tell me where these people are actually catching this virus?

>> You know, according to the data that we have, people are still having gatherings. And we talked about this yesterday at our press briefing. I live at home with my husband and my son, but my sister and her husband decide to come over. They're my family, but we all take off our masks. And so that's what's happening is that folks are sometimes meeting with other family members that don't live in the house with them, and they're letting their guard down and they're taking off their masks, you know, and as Dr. Escott said, people are hugging and shaking hands and,

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you know, all of the things that we really should not be doing. And so it's important for us to, you know, as folks are looking to -- because we know we would prefer individuals not -- you know, not have these gatherings. In the event you are going to have these gatherings, we want you to continue to wear your mask, social distance and, you know, all of those protective measures we want folks to continue those. That is significantly, you know, where folks are actually catching the covid. And we continue to provide you-all weekly nonnursing home report which picks up all of the other history. And so there are some other areas that we continue to

[9:53:34 AM]

monitor.

>> Renteria: Well, thank you for that information, because I think we're just going to have to put that message out to the public that, you know, it's not -- you could catch it at your work site and you can take it to your other families, to your families or brothers and sisters and give it to them. So thank you for that information.

>> You're welcome.

>> Garza: Councilmember Casar?

>> Casar: So, of course, the most important thing is for people to take action to avoid a surge. In the last time that the surge started really picking up in one of these work sessions we were discussing that because there were more and more cases across the state, because there were more and more cases here and people were getting tested, it was starting to take longer and longer for the results to come back. Do we know where we are now on how long it takes for if somebody goes to a public testing site, how quickly they

[9:54:34 AM]

get the results back?

>> Councilmember, right now we have very few cases that we've reported over the past week that are older than 14 days old. So if they're getting tested through E ph, generally speaking those tests are coming back in 28 to 48 hours. There are a few that are longer than 48 hours. So the information we're getting is certainly more timely than it had been. We haven't seen huge dumps of data of old cases like we saw in previous months, so we are hopeful that that will continue as you've just described, as the surge happens locally around the state, around the country, there's certainly risks of that lab turnaround times will lengthen out again.

>> Casar: And I remember in those case instances where we had still a lot of people who had insurance, who still thought that the best place to go was the city sites which

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are really best position for those folks without insurance, so, again, I think the top -- the main message should be let's not even get there, and folks do not engage in gatherings, and for us to start to see that increase in people coming to get tests, that if you have a private -- if you have insurance, you can go and get it for free at your physician or medical provider or at the city sites are, of course, available for everyone, but best saved to those people who have no other option. Director Hayden, I know I've asked this before, but it just seems so persistent and consistent, I don't know if this is for you, director Hayden or Dr. Escott, where we're seeing even more really the most disproportionate impact in the hospitals being in our black community and then the positivity rate being highest in the Latino community. And it just seems to be getting more and more persistent and more and more

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pronounced. Once it's been so constant, I want to draw some sort of conclusion, some sort of lesson out of that. What should we be -- how should we be -- at this point once it's becoming more and more pronounced, where frankly the Latino hospitalization rate is becoming less disproportionate, which is a good thing, but the positive rate stays so stubbornly high and then the black hospitalization rate seems to be getting in some cases worse, how should we be taking action to address that? Just because they're different.

>> Well, you know, I'm going to say really across the board we know the proven methods are, you know, face covering, hand hygiene, social distancing. But I really think the other kind of thing that is really

[9:57:38 AM]

happening not just in Austin, but across the nation, is folks are getting fatigued. You know, I was just kind of looking on my way driving into the office this morning and kind of looking at people working on the highway. And I even noticed that folks who were not -- they're right there with people, but they do not have their face coverings on. And so even like with kind of the gathering that happened over the kind of Halloween weekend, photos were shared with us about how folks, you know, were gathering. So, you know, people continue to gather, they continue to, you know, go, you know, around other folks that are not in their families. And then I mean, let's also think about, you know, I'm going to kind of do a plug for this is open enrollment, and so my hope is that folks would reach out to foundation

[9:58:40 AM]

communities and enroll to get health coverage for '21 because what happens is as an individual does not have a primary care physician, 23% uninsured folks live in Travis county, and so the information is just showing that people that don't have insurance, that don't have a primary care physician, are tending to be the ones that once they do go to a physician and they get this diagnosis or they go to the hospital, you know, they find all of these other underlying health conditions. And so you have all of these things that are working, and typically the populations where this is -- where you see it the most is in the hispanic and the African-American community. And so -- and so that really adds to, you know, what we are seeing in our community with the numbers. My hope is, is that we

[9:59:42 AM]

continue to work on what type of additional equity strategies that we can put in place as a community to really start to just kind of turn the curve on the inequities that we are seeing in our community. And that, in itself, you know, will help with the covid as well, but it will help us to be a stronger community in those populations where we see the disparity.

>> Renteria: Well, thank you all. And I'm sure we're all -- we're going to keep pushing that message out and then really interested in sort of what the continued vaccine strategy conversations as we follow this.

>> Garza: Councilmember kitchen?

>> Kitchen: Just as a follow-up, director Hayden, it would be helpful to understand what we are -- from a city's perspective, what we are doing to get the word out. In other words, I'd like to have a better understanding of what our program is for, you

[10:00:46 AM]

know, reaching out, how we're using the media, for example, or other mechanisms to reach out. So is that something that you can either talk with us about right now or send to me? Or send to all of us.

>> Yes, I mean, I can just kind of give you a high level.

>> Kitchen: Okay.

>> So typically, you know, we have continue with mass media, just kind of really trying to reach the masses that way. Our staff are working with -- we have some smaller contracts with nonprofit agency that are working at the zip code area and are providing some outreach and information to them. We've had some departments that have gone door-to-door. We've had our nonprofit agencies that have provided information to the folks that they serve. Our staff are -- we're going

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to also do an additional -- we have a hispanic celebrity that my staff are working on, and we're working with univision on some more targeted getting information out but with that particular strategy, our hope is that we'll be able to reach some additional folks. But what we're finding is, is that we have to do a hybrid of everything. You know, we have folks that are able to get the word out through our distribution list, contact list. We really applaud you all for sharing information because a lot of folks are getting that information from you-all's distribution list, and that is so helpful, so please continue that. But we've got to be able to get as much information out to populations that may not typically just, you know, turn on the news or, you know, we're using radio as well

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because that was a suggestion that was made from some of our community members. So we're just being as holistic as we can be to get the information out.

>> Kitchen: One just quick follow-up question. So is that including paid media, like you mentioned univision, are we doing advertisements, paid advertisements?

>> Yes. Yes, we are. We are. You know, you, preelection, you know, you'll probably start to see us come back again, but, you know, we kind of had to get out of the whole business during the election, besides radio. But you'll start to see us, you know, have advertisement about testing on, you know, major networks. You'll continue to hear it on our radio stations as well as, you know, working with univision.

[10:03:49 AM]

And it is paid.

>> Kitchen: Thank you.

>> Garza: Councilmember Casar and councilmember kitchen's points, you know, I do -- I feel like our air waves have been consumed with election. You know, I remember just watching the local news and every single commercial was a campaign commercial. And so, you know, I certainly agree with Dr. Escott, of course, that we have become less vigilant and I'll probably even admit to getting more lax as I should have as well. My husband and I were having the discussion more recently, that we need to, you know, get back to being where we were in the beginning of this. And I know when this all first started, there were so -- we had that really -- we did that council -- the -- what's it called? The commercial, whatever it was, you know, encouraging

[10:04:50 AM]

folks to mask up and. You know, I have certainly seen, you know, billboards with people in private companies, which I appreciate, encouraging people. But it -- I certainly believe we do need to -- and I think it's because of the election, has really taken a lot of the attention and so I certainly hope now that we're passed that for the most part that, you know, I feel like as a community we have always valued science and math, and to get back to concentrating on those public announcement messages and I'm incredibly grateful for the community who has continued to participate in voluntary ppe and thank you to public health for, you know, whenever we get questions about wanting more ppe, public health -- I know you have limited supplies and I know you also are concentrating on, you know, childcare facilities and those

[10:05:50 AM]

kinds of things as well, because they have such a small supply of ppe as well. So -- but I did have a couple -- oh, and also to councilmember Casar's -- you know, when you asked that question, I -- I know you know this, too, but I just -- I thought healthcare for all and, you know, and things that really help the minority community are the big things that, you know, we hope that we can -- we all keep saying that we can't go back to where we were before this pandemic. And so I hope that since the election's over, we can concentrate really hard on those efforts and encouraging our community and all of us, you know, as a community leaders, we're concentrated on different -- on, either, your own campaign or something else that has maybe distracted from this very important message and showing those numbers again, and so I certainly am committed to refocusing and

[10:06:51 AM]

prioritizing and getting that message out to our community because those disparities really need to be addressed. I had a quick question for Dr. Escott. I know in the beginning when we were talking about what organizations were giving us information about positive cases, it was like public health, I think central health, community care and then I think Austin regional clinic would share information. I'm curious if we're -- and I'm sorry if you said this railroaded, do our positive cases also include -- I know a lot of people getting rapid tested at CVS and -- I don't know about Walgreens, I've heard specifically CVS. Do our case numbers include every single entity that is testing people right now?

>> Mayor pro tem, the -- it includes all of the positive pcr tests in Travis county. We're not reporting positive antigen tests, which are -- they're not confirmed

[10:07:52 AM]

positives, technically speaking. And we are tracking that internally. There hasn't been a significant contribution to positive cases from antigen tests, but we do have that data as well.

>> Garza: So the pcr -- and sorry I don't know this. Is there a difference between the rapid tests and the tests that people were getting in the beginning of the pandemic?

>> There is a difference but they're both pcr test. One is the rapid version that we have internally at Austin public health and many others do as well versus the sendoff test that goes to a lab, which is a standard pcr test that we've been used to.

>> Garza: Okay. And then the only other thing I thought I had was I think for some -- for many who have become a little more lax is because this whole thing has been so difficult because

[10:08:52 AM]

there's no end in sight, right? We don't know how much longer -- nobody thought we would be -- what is this, 10 months, nine months, eight months in. And I think the conversation about the vaccine provides a little bit of hope for people, so if -- you know, as soon as we get any valid good information, I think maybe that provides people with the end -- an end is kind of in sight and maybe that helps the mental feeling of how much longer, you know, is this -- are we going to be quarantined and self-quarantined. So I look forward to understanding that information a little bit more. I've read a couple of articles about testing and, you know, trial testing and thinking that there may be something soon. So I think that would be helpful for people to know there's an end in sight. So, you know, if somebody was going to do something, like I don't want to do that for six

[10:09:54 AM]

more months, but if you know maybe it's only four, maybe that would get people back to that really vigilant -- vigilant stage. But, regardless, the evidence is there, to mask, to social distance and it saves lives. So I hope we can reprioritize and focus on that more as a community. Did anybody else -- councilmember tovo?

>> If I can just respond, we have the real threat of losing another 100,000 Americans between now and the inauguration. And with a vaccine likely to come probably first quarter of 2021, now's the time where we should all be working together. You know, we've all seen the pandemic movies and something happens to the star right before, you know, the anecdote or the vaccine arrives. Let's not be like that.

[10:10:54 AM]

We have the promise in the short-term of a real solution. And if we can all work hard as a community, as a state, as a country, to band together to suppress the disease now, we can avoid that 100,000 deaths and we can have the promise of protecting the community so that we can avoid large outbreaks in the spring and in the summer.

>> Garza: Thank you for that. Councilmember tovo?

>> Garza: Cathy, it's doing that chipmunk voice again. Still the same.

[10:11:58 AM]

Are you trying to call in? Are your questions for Dr. Escott or director Heyden? I think that was a yes.

>> Tovo: [No audio]

>> Garza: Is it possible for Dr. Escott and director Hayden to stick around for a couple more minutes and we can start the vela presentation and then if Kathy's able to figure out the sound thing, bring them back really quick? City manager?

>> Yes. Yes. We can do that. I think Escott maybe has about

[10:13:00 AM]

15 minutes, but, yes. So I'll turn it over to vela Carmen and [indiscernible] To provide an update about the strategies for the protected lodges. It looks like Kathy just came back.

>> Tovo: Is this any better? Dr. Escott, thank you. I have just two quick questions. Thanks for waiting. I know someone I know went to get a covid test recently and it was self-administered, which I hadn't heard of before. And having had the covid test, I know you really have to get it, it seemed like, pretty deep. And I wondered if you could comment on whether the self-administered tests in your experience or your evidence are as accurate as the ones that are not self-administered? And if that's -- and if there is any difference -- well, let me just start there.

>> So there are some

[10:14:01 AM]

self-administered tests. There are some tests which are approved for nasal swabs rather than nasopharyngeal swabs. Those nasal swabs are really okay for individuals to self-test because they're not complicated, it doesn't require discomfort. You know, there is variability in the effectiveness of the tests, particularly depending on whether somebody's symptomatic or asymptomatic. And, you know, it also has to do something with the community prevalence of the disease also. So an individual who's asymptomatic who has a negative test, you know, there's more room for error in those circumstances, if -- particularly in the circumstances that they're using a rapid type of test. So there's some variability, really depends on the specific

[10:15:03 AM]

tests regarding the accuracy.

>> Tovo: Can you talk me through why asymptomatic individuals, why there's more room for error in that kind of test? I'm not necessarily connecting the dots there.

>> Sure. So first of all, individuals who are asymptomatic, what we call the pretest probability of a positive test is much lower. So in that circumstance, if you get a positive test, it may be more likely to be

false positive than a true positive. And, you know, if -- if it is negative, one of the concerns regarding that asymptomatic individual is that their viral load may not be high enough to detect a positive. And that's true for the antigen test and it's true for the pcr test. Now, technically speaking, the

[10:16:04 AM]

threshold of detection for pcr test versus an antigen test or -- a regular pcr test and a rapid test is relatively small, meaning that it's a matter of hours Halloween the viral load is high enough to be detected by the pcr versus one of the rapid tests. So it's not going to miss a lot, but certainly when we hear worries about the accuracy of the rapid test, it has to do with that asymptomatic population because their risk is already low because they don't have symptoms of having a positive test.

>> Tovo: Thank you. What is -- what would you say is the best source of information for really understanding the different kinds of tests? I remember earlier in the summer when I needed to get a test, there were -- the test that was being offered through rapid means, not here but in another community, was not -- I mean, I think it was about 80% effective based on some of the research I did. So if you're an individual really trying to get the most

[10:17:05 AM]

accurate information, would you say is the CDC the best source of information E plaining the different tests and the accuracy levels phorias versus symptomatic?

>> Yeah, CDC is a good resource. We'll work with our joint information team to put some links on our website for test. I think a lot of people do have questions about testing. Some people have asked, you know, why are we utilizing antigen testing and rapid testing if it's not as good.

>> Tovo: Right.

>> The answer is because you get a quick result. And from the public health perspective, a quick result that is pretty good may be better than a delayed result that is more accurate because what we're seeing is that somebody may be tested on a Friday and then get a result on Monday. Well, they're not -- they may not be following the directions of, you know, isolate yourself until you get a result. They may be going to school,

[10:18:05 AM]

they may be going to work, they may be traveling via airplane, so having that rapid result, particularly for individuals who are symptomatic and have a higher index of concern, would be very helpful for us. In that circumstance, the rapid tests are going to perform much better.

>> Tovo: I think that would be very helpful information to have available, especially as we move into the holidays and there may be individuals who want to be around a family member who is ill and they really want to get the most accurate information and have the ability to kind of choose among different sites, that would -- getting a little clarity around those, because it has really shifted in terms of what is offered where and how -- can you talk for just a minute about the 14-days and whether there is any shifting information about that? I noticed a couple of the states that had previously, or at least one that had previously required a 14-day quarantine now really requires sort of a seven-day period. So can you speak to whether

[10:19:07 AM]

individuals who are wanting to quarantine...

>> The current CDC recommendations are still the 14 days. Having said that, we do know that most people who are exposed who eventually will test positive will do so in the first seven or eight days following the exposure. So there is some work being done to identify whether or not it's safe enough to isolate people for seven or eight days, have them test, if it's negative, release them. Particularly when we think about the impact on public safety, the impact on healthcare symptoms, the impact on schools. So there is work being done particularly focused on those areas and I'm hopeful that at some stage we can decrease it from 14 days to make it more

[10:20:08 AM]

reasonable and certainly to ensure that we can provide essential services.

>> Tovo: Thanks. But for now, 14 days is still the...

>> Correct. And as we get more questions, you know, a lot of folks, you know, they get a phone call from the school principal saying, hey, your child's been exposed, they want to go immediately to get the child tested and show the negative test. There is no point in getting a test the same day of exposure or the day after or two or three days after. Unless a person develops symptoms. If they're going to get tested and they're asymptomatic and they've been exposed, at least a week following that last exposure is what we'll advise. It still doesn't allow you to get out of quarantine, but it does give you an indication of whether or not you're likely to develop covid, a symptomatic case of covid or not.

>> Tovo: Thank you. That's very helpful.

>> You bet.

>> Garza: Yeah, actually just

[10:21:09 AM]

reminded me because I did get a constituent question about travel because I am starting to get people planning more about traveling during the holidays and flying. So if somebody wants to be cautious about, you know, getting tested after that, they should wait -- once they return, you're suggestion is that they should wait at least a week to get the best accurate result; is that right?

>> That's correct.

>> Garza: Okay. Thank you.

>> I will say also that if folks are thinking about traveling over Thanksgiving or, you know, between Thanksgiving and Christmas, there are many countries that have very strict requirements for testing and that a travel health Visa, many are requiring testing within five days of travel and also requiring testing once you've arrived in the country. So please do your homework to ensure that you have that -- those steps in place before

[10:22:10 AM]

you book and pay for your travel.

>> Garza: Or don't travel. Okay.

>> Better yet, don't travel, but... Unless it's by car.

>> Garza: No, thank you. Because I know people will be doing that. So thank you. Councilmember tovo?

>> Tovo: I was just going to mention on that front, did note on the CDC, and perhaps it's also on our website, the CDC did a really good assessment of different travel options over the summer. It's kind of a one-pager, looking at really low-risk activities, moderate-risk around high risk. Our family found that to be quite helpful. Just recommend that to others who might be considering different methods of traveling.

>> Absolutely. My family and I went to a weekend to an airbnb down in Kyle just to get away from the house. Kids needed to get out of the house, we needed to get out of the house. That's a very safe

[10:23:10 AM]

out-of-the-house activity. Going to the house that you're staying at, companies like airbnb and others have done a great job of creating protocols for cleaning, they space out reservations, they generally don't have -- you can't book a place if somebody has left that place within 48 hours of your arrival there, so the industry, our businesses are doing a great job of adapting to the covid-19 threat and, you know, as companies do that, we can start to do more normal things. But we have to understand that it's -- we're not back to normal yet. And we can't be. So look for those safe options, and I appreciate you bringing that up.

>> Garza: I love that you traveled to Kyle, Dr. Escott. I think that's all the questions. So thank you so much for your continued efforts in helping us fight this pandemic.

[10:24:11 AM]

>> And with that mayor pro tem, I'll [indiscernible] Commissioners court and I'll turn it over to director Hayden.

>> Thank you, spen ser. At this time we're going to ask vela [indiscernible] To come forward and provide an overview on the protective lodges [indiscernible] That we have in place. Vela?

>> Good morning mayor pro tem and councilmembers. This is vela Carmen, interim homeless director, as director Hayden just stated I'll be giving an update on where things hand with our protective lodges. Part of covid-19 emergency response in order to protect the high-risk individuals and to help reduce our community spread, we've stood up five protective lodgingfaciliti

[10:28:00 AM]

stand by.

>> Alter: While we're standing by, can I see if my audio's any better.

>> Garza: Yes. I just heard it's back. Is that right?

>> I've got that as well.

>> Garza: Is the av teng on.

>> Mayor Leffingwell: We heard that the stream is down but broadcast is still up to the TV. They're broadcasting TV and it's just the web stream that's down. That's all the information we've got.

[10:29:03 AM]

Fr.

>> Garza: I'm in the office and my staff said the TV was down, too, but that it's back up. I think we can go ahead. Is that right, Morgan?

>> Garza: Go ahead with the presentation.

>> We are looking to be able to close down two of the five pro lodges in December, again, deciding which ones those would be based on various factors, and that would mean that some current guests pro lodges would transfer to another facility, another shelter, in order to consolidate our sheltering operation. We expect some additional rapid rehousing programs to be up and running in December and January with our esg, our federal coronavirus cares act

[10:30:04 AM]

funding dollars through the emergency solutions grant or esg coronavirus virus funding. One of those programs will be starting December 1st, where they'll be taking on new individuals, new clients to help get them housed and there is a solicitation open right now for \$2.8 million funds coming from the federal government through the state and then directly to our community that echo is

[switching captioners].

>> We're hoping those will be up December, January. So we would look at planning to close additional in early 2021, and basically basing those on reaching enough exits to folks exiting, again,

[10:31:05 AM]

to safe housing or other safe options. We're looking at internal funding and federal funding to cover these operations. The various eligible expenses as we ramp down and close the temporary shelter. We are compiling information on what gaps exist and what assistance might be needed from a policy or funding or resource coordination standpoint. We'll be providing updates at the work session for the rest of the year in order to let mayor pro tem and council know where we stand and if we have identifies needs that we need to put forward for the community. I know at last work session, councilmember kitchen asked about what

[10:32:06 AM]

challenges we're facing in our exits. When working to house people, all of our current existing housing programs are still in operation throughout our community. This is an additional 300 plus people that we have been trying to get into housing options on top of other programs where people are getting house

housed through housing program. There is a challenge in terms of staffing limitations. Our nonprofit agency is adding more capacity. Again, that's been happening, but it's been slower than we would like. That's just part of our reality. There's also just -- tends to be turnover at time. That's federal funding throughout the whole country including to the state, and so there have

[10:33:06 AM]

been additional staffing positions open and so people might move to a new job and that creates a vacancy where they were and it takes time to hire to fill that position. So there is a little bit of a turnover. It typically takes 60 days or so once someone is enrolled in a program to get into housing. Our community can do that in 45 or so, and that's what we really have been pushing to have happen with our guests at the pro lodges who need housing assistance. We're looking -- we've put together a capacity building team with the help from our consultant, city staff, and echo staff are currently assessing any unmet needs and looking at solutions because this is not just

[10:34:08 AM]

diverting our pivoting our current programs by expanding our resources in order to house individuals who may need assistance. So at that, I'll take any questions.

>> Councilmember kitchen.

>> Thank you. One question I have is, I would like to understand how the closure of the pro lodges fits into our overall strategy -- hotel, motel strategy, and the reason that I'm asking that is because the addition of these pro lodges that have served about 300 people, I guess, has been helpful beyond just covid for our community,

[10:35:08 AM]

and so now what we're talking about doing is reducing our capacity as a city to provide this kind of, you know, interim housing shelter, I guess might be the best word for it. So I'm wanting to understand how instead of just dropping back to where we were before covid, how we're going to transition this into improving our capacity as a community. The other thing that -- so that's one question about it. I would like to understand how this fits with our hotel, motel strategies. The second thing that causes me a bit of concern is as we talked about earlier with Dr. E Scott, we're not past covid at this point, we're going ahead and shutting down, you know, two of our pro lodges

[10:36:09 AM]

and planning to close additional pro lodges next year. So I would like to understand that better. But we're still in a pandemic. We're about to be in our second wave. So I'm wondering what it would take to continue our pro lodge efforts at the level that we've had them at. It concerns me a great deal to start shutting down when we're still in the midst of the pandemic and talking about yet a second wave. So I guess all that boils down to two questions, two overarching questions. Why are we shutting down now and what would it take to keep those going? So that's one big question. The second question is, when we do -- as we do start shutting down, how does that transition into our hotel, motel strategy so we're not just having a level of capacity for shelter and then just

[10:37:10 AM]

dropping it. So I would like to ask you to speak to that. I do hear you about the capacity building plan and around staffing and those things. I think that's very helpful. I appreciate understanding that in a sense of a path to try to address that through your capacity building plan. So appreciate that.

>> So the first question about still being in the pandemic, we're very aware of that. That's why we've made it a priority not to exit people. The pro lodges were stood up as a protective measure for people who have high risk at infection and high risk of negative outcomes should they become infected with covid-19 and so that is why we are not shutting

[10:38:10 AM]

them down and exiting people without a safe place to go. So we are basing our closure on the ability and the rate at which we can find safe exit. Right? So whether those are housing options, which is ideal, and other people local, housing options through housing programs or other safe housing options, that's our top priority, and we absolutely -- it would be an absolute mistake to close down these protective facilities in the middle of any surge or certainly where we are now which is still significant community spread through the community. So the funding primarily to operate these lodges has been tied to our federal funding, and a large amount of that ends at the end of December. So

[10:39:11 AM]

that is through the cares act. So that was -- you know, that's what we were planning around initially having no idea when we started in March how long this would go on and sort of what turns the pandemic would take. So it sort of ties into your second question, I think, as well in that the ideal

situation for people who do not have a place to safely social distance and have hygiene resources, which would be some sort of shelter or home, the ideal situation would be housing to have a home rather than shelter. And so the motel conversion strategy, of course, happened -- you know, came into play before the pandemic hit our community. All along, the city staff have been looking to

[10:40:12 AM]

purchase buildings, and it coincided with the protective lodge facility. We have some facilities now. There are two of our five protected lodges that the city owns the buildings. But our primary concern is to convert the building into housing as a permit option rather than prolonging the temporary space and the cost of operating that as a temporary shelter. So it is -- it's tricky and it's complicated, and we're working through that. That's part of our decision process. I will say that one of the facilities that we have -- that we have operating as a pro lodge right now will remain as a sort of long-term

[10:41:12 AM]

sheltering facility for the foreseeable future. But we are looking at sort of the emergency operations under our emergency operations center. Certainly not completely siloed from our normal operations in our community, but there are some differences in how things are run and how things are funded and how things play out. So our goal is to look at the five protective lodging facilities that we have right now with the people in them and plan on those safe exits into housing options and safe options and be turning those facilities into permit housing options as we can along the way.

>> Okay. Just one -- I know others have questions, too, so I'll just ask. One of the

[10:42:13 AM]

things I'm operating under the assumption is that there's a continued need for the pro lodges and there are more people that would need to be -- need this kind of shelter as we continue through the pandemic. Through that's the premise behind my thought of keeping these open as opposed to not having that option available anymore. So would you agree that we're in a situation where we don't have that kind of protective housing for every single person that needs it at the moment. Is that right?

>> We don't, although there are individuals that have higher health needs and higher acuity than others. So we certainly need more shelter in general in our community in terms

[10:43:13 AM]

of more shelter and more housing. That is for sure.

>> Okay. Then I'll ask one more question and turn it to others. The hotel, motel, I think we might need a longer conversation about it. I am not sure if I heard you correctly. So I think what I heard was that the thinking is to turn those places into permanent housing as opposed to the housing focused shelter concept that we had been talking about as places people could come and then, you know, it would be connected to services for longer term housing. So to me that's a change that maybe I missed along the way. I'm not sure we had a discussion about that approach. Because if we do that,

[10:44:14 AM]

then that still leaves us with needs for more of the housing focus shelter. So I would like to have a longer conversation about that. We've had these conversations about there's pieces -- there's pieces -- I think it was shown to us as puzzle pieces. We need all those pieces. But the shelters for one of those pieces as well as the housing, which I thought was what we were doing with the hotel, motels that we were acquiring. So that really is a -- to me, that's a longer -- I don't know if it's a conversation everyone wants to have today, but I think as a council, we need to understand that. To me, that sounds like a different approach for those hotel, motels than we were talking about before. Am I hearing that right, y'all?

[10:45:15 AM]

>> So we can certainly give a broader update on the motel hotel strategy. What we're looking at right now of the two properties that have been purchased by the city is that one would remain as a bridge shelter, and one would convert to supported housing. This is a continuum along the way, but we know that the permanent supportive housing units in our community are in very high demand. Housing is really where we would want to put our investment rather than just prolonging sheltering. So at this point, we are looking at one of each of the two, but we can certainly give a broader update here in the future for you all.

>> Okay. What I would like to have in the future is, obviously we

[10:46:15 AM]

need all of these parts. We need shelter and we need permanent supportive housing. So I just need to understand better what's the data that is driving what we're doing and what end are we driving towards in terms of the number of shelters we need, the number of permanent supportive housing we need. So I

just need to understand what's driving those decisions and what our goal is and how we're progressing toward that goal. Perhaps we can have a future meeting where we can have that conversation.

>> Sure. We can do that.

>> I have had a chance to visit the pro lodges in my district and appreciate everything the staff is doing that. Really important in saving lives. Are we closing any of these? I

[10:47:16 AM]

think what would be really important for us, maybe just one-on-ones to know whether that decision as we get closer to it is because we found housing for pretty much everybody and we are on that path or if it is a funding issue. If it's a funding issue, it would be useful for us to decide whether -- the fact of the matter is, not enough funding has come down and here is how we're going to deal with it or whether there is reprioritization or asks that we can make to buy us the time that we need. I know that the cares act dollars is a large -- we passed our large budget. There is as we get closer, the conversation you just had with councilmember kitchen, what's most interesting to me, as we get closer to that point, it would be useful to know if what is driving any closures

[10:48:16 AM]

is funding or if it's that we actually have housed folks and are ready to convert it.

>> That makes sense. We can certainly provide that information on the update as we -- the updates we provide at the work sessions moving forward.

>> Thank you, Ms. Karman.

>> Councilmember tovo and then alter.

>> Very quickly, I appreciate my colleagues asking questions about how to move forward and how we can continue the work that staff are doing to identify long-term housing solutions. But I also have to stop and appreciate Bella and your staff and all those who have been involved with housing. I think the director said 63 individuals. Is that the number?

>> Yes. As of

[10:49:17 AM]

yesterday, 63.

>> That's really terrific. Thanks, too, to the community partners working to make that possible.

>> Yes. I appreciate you mentioning that. We have multiple partners who have really committed resources and really rallied around this additional work. I'm very appreciative for them as well.

>> Were you done councilmember tovo? Councilmember alter.

>> Thank you. Ms. Karman, I was wondering if you could speak for a moment about how we've done relative to covid rates among our homeless population. It's my understanding we have not had a major breakout. Can you speak to that?

[10:50:18 AM]

>> Sure. We don't have a definitive count of people who have experienced homelessness testing positive for covid-19 because people may have tested positive at a clinic or a lab -- I'm sorry -- at a hospital, some other provider and did not indicate their housing status that they are experiencing homelessness. But we do have a count that just over 100 individuals experiencing homelessness have tested positive and recovered from covid-19. We did have an outbreak at the very beginning in one of our congregate shelters. During the surge in July, we had some very small numbers of people in other shelters, including staff members, maybe two or three in different locations, but have really managed to keep the numbers down across our community for

[10:51:19 AM]

this population and for the staff and different agencies that work with this population in congregate settings, which is a very big challenge. So yes, we have a pretty low rate. We really credit the protected lodging as helping with that, having both the protective lodging and the isolation facility certainly when we have had people with symptoms or known exposure or tested positive, that we have a place for people to go and be safe and be isolated from others and not spread that. That's been a significant resource in our community for sure.

>> Thank you. I just wanted to open that up to highlight because I think it is a success story for our pandemic response. We set out to

[10:52:19 AM]

try to protect vulnerable populations and with respect to the homeless population, not seeing a massive spread as other cities have, I think, is important and a testament to the strategy. That does underlie, you know, concerns as we potentially move into a second surge over what happens. So I just want to

underscore comments that my colleagues have made already that, you know, we need to be really mindful as we move forward for the context within which we're operating, which I know that you are keeping in mind. The other question that I wanted to get some additional clarity, and I know you prepared to talk mostly about the protective lodges. If you don't have this data right now, you can provide it to me later. It's my understanding that with covid, we have had to modify the capacity levels and the way that many of our shelters are functioning because some of the

[10:53:21 AM]

traditional congregate settings don't comply with sort of what we need to do to protect people under covid conditions. Can you give us a sense of how much less capacity we have in those shelters because of this modification?

>> Certainly. And as you suggested, I don't have the numbers in front of me. It really depends on the facility setup. So we have some shelters and typically our family shelters and some domestic violence facilities and some other congregate settings are much more separated in terms of individual rooms and bathrooms where they've essentially been able to keep pretty close to 100% capacity. Our two largest shelters for people experiencing homelessness downtown,

[10:54:22 AM]

the arch and the Salvation Army, have had to reduce their capacity by 50% or so, I would say, because of the setup of the facility where it is more dorm style, many more people would typically be living and sleeping in the same areas rather than be separated out. So it does depend -- it differs by facility-based on the physical structure of the facility.

>> Thank you.

>> Any other questions? I don't see any other questions. Thank you, Ms. Karman. Did you want to close, city manager?

>> Sure. I just appreciate the engagement from council on this important topic. Hearing from the

[10:55:24 AM]

directors on our continued effort to -- this pandemic. We have staff to do that. We appreciate the sports and leadership of this council. With that, I'll conclude our briefing and turn it over to our items.

>> Thank you. The items that I had pulled were 10 and 43, but I just received a message that 10 has been postponed by staff. Is that right? Is there staff that can speak to that?

>> We do have staff that can speak to that. That's correct.

>> Who had -- I'm sorry. It was councilmembers Flannigan and alter.

>> It was tovo to be clear. That was a mistake.

>> So it was tovo and

[10:56:25 AM]

alter?

>> I just want to flag it here because the folks that I spoke with are not city staff. I spoke with Mr. Nunen and Mr. Jaslav. They were going to be adjusting and updating the service plan for whenever we bring it up. So I just want to flag the issue to make sure that staff can follow up on it. So Mr. Nunen and Mr. Jaslav said they could adjust the service plan. The issue I was concerned about is from a budgeting perspective, the city has been very conservative, understandably, with respect to our estimates of our hot funding year or year. The way that the service plan was written was such that if we had raised an amount of hot taxes above the annual estimate, that money would go into sales and marketing for the 40% bucket that was supposed to go for the

[10:57:26 AM]

convention center bucket. And there were a couple different models of the way that could be shaped. They will shift it back, if it exceeds the estimate, will go into that 40% bucket accordingly. And my understanding is that they are planning to make that change, but I just want to raise that for staff and my colleagues so they know they will be looking for that.

>> You cut out there at the end. So they can be looking for that?

>> I'm sorry. Yeah. Just wanted to make sure that my colleagues and staff can be looking for that as it comes back and as they revise the service plan.

>> Okay. Councilmember kitchen.

>> Yes. Thank you. I think that postponing it will be help, ful and -- helpful and give us more time. My questions will be when it does come

[10:58:27 AM]

back -- first off, do we have a date that it will come back? At this point, it's just postponed? Can I ask that question first? Does staff have a date?

>> Indefinite. We will update you. Any update on that?

>> You're correct, city manager. Indefinite postponement. Stakeholders need some time. They anticipate it won't be very long, and I don't have comments after that. But right now, we don't want to put them under any undo pressure to meet a date. So we are requesting an indefinite postponement with the target of coming back as soon as possible.

>> That's fine. So my questions will relate to when that comes back. -- when that comes back, my questions will relate to the conversations we had previously about the ability and the route for addressing funding towards some dedicated funding for homeless

[10:59:30 AM]

services. So I'll want to understand that better. At some point, I'll want to have an executive session so that we can dig into the legal aspects and make sure we're understanding that. So that's just a flag. Those are questions that I had already brought up to Mr. Nunen.

>> Were there any other questions for staff on item 10? Councilmember tovo?

>> I appreciate staff suspending this item right now. I had some questions, too, that I think would -- sorry. I have a music concert going on in the back. Give me a second. Okay. That's a little better. Thanks. Anyway, I appreciate the willingness to postpone it. I went

[11:00:32 AM]

back and reviewed our conversation and the question and answer from September 28th, meeting September 28th, 2017, and at that time, the concession was 40% also, but with 20% as a direct concession to the city and 20% through the convention center. So I had intended today to ask some pretty particular questions and actually I ask they be updated through the q&a, the same questions updated for the current plan. But also, I would like to talk about a direct concession in addition to the 20% that would go through the convention center. Then when it comes back to us, I have some questions that I also intended to ask in executive session, including some questions surrounding the legal analysis of the legislation that passed last session related to

[11:01:32 AM]

funding and I'll just say, part of my interest in exploring whether we can adjust the service plan for that direct concession links up with when councilmember kitchen said. We've talked about the tpid as a mechanism for -- doing other things. They are supposed to do things in terms of marketing and assisting our convention center and Austin and attracting visitors to our city, but we also absolutely talked about it as a source of dedicated revenue for homelessness. So I am interested in that direct concession in part because that was a path we've been proceeding along in terms of that direct funding. So when it comes back to council, I have a couple questions to ask. In executive session, I have that question about why the switch from 20 direct,

[11:02:32 AM]

20 through the convention center to 40% through the convention center, and then I think it would be helpful -- we had conversations back in 2017 and since about that path through the convention center back out to the city and it is -- it remains unclear to me. I think what would be helpful is if we have kind of a drama long the lines of the flow of funds back when we were talking about hotel occupancy taxes in relationship to the convention center if we had some kind of diagram like that, I believe that would position us better as a council and as a community to really understand how that money that goes through the convention center comes back to the city and what requirements -- how the different requirements for those dollars and the different requirements for hotel occupancy tax dollars relate to that movement through the

[11:03:32 AM]

convention center and back out to the city. So hopefully that was clear. I'm happy to work with staff on clarifying those questions. I think it would be best accomplished in a diagram form. Then I would want to also talk in executive session about some of the conversations that we've had about restrictions on funding and restrictions on the uses of hotel occupancy taxes and now adding to that restrictions on the use of tpid funding because some of the -- I'm having trouble aligning some of the different answers we've gotten about when restrictions apply and when they don't. Again, thank you very much. I'm glad that we're having the conversation and beginning the process.

>> You kind of cut out there, too, but I think

[11:04:33 AM]

we got most of your comments at the end there.

>> My last comment was just I'm glad that -- I appreciated the moment and the opportunity to have those conversations. The last thing I said was I'm glad that we're having the conversations and moving forward.

>> Great. Were there any other questions on item 10? All right. Thank you. Thank you, staff. Then item 43 was pulled by councilmember harper-madison. That's the last item I have listed as pulled. So do you have another one, or you have a question on 43?

>> I have another one. I want to pull 20 and 58.

>> Okay. We can get staff available on 20 and 58 while we talk about item 43. If I can -- can you take the chair? I need to step away for a second. We're talking on 43

[11:05:33 AM]

right now.

>> Okay. We'll move to item 43. Councilmember kitchen, are you raising --

>> I had a different question real quick when we get to it. That was really about item number 11, which. My understanding that was postponed. I wanted to confirm that.

>> That's my understanding as well. Is that right, manager, that item 11 being postponed.

>> I'm going to ask to determine that.

>> That's correct.

>> Right. We'll move to item 43. Councilmember harper-madison.

>> Thank you, councilmember Casar. I had general commentary to make sure my colleagues understand what the intent was here. It brings much needed focus to a neglected part of east Austin that is basically experiencing considerable growth, the kind of impactful,

[11:06:36 AM]

long-term growth that we really have to be very thoughtful about right now. So there's a substantial amount of anticipated development in the area as we all know, including significant investments, like Walter reed long, the community initiative. However, I do think -- and I always have thought, even just coming in I've thought there was something that lacked in the way of cohesive overall vision to ensure these projects not only support each other but they help to create great places to live and stable jobs and improve connectivity and provide high quality public spaces. So in my mind's eye, from the beginning, I thought I couldn't help but think, these things are all connected. Why aren't we looking at

this in a way that connects them better? So in my mind's eye, this is our opportunity to really get it right and get ahead of unfettered growth with more proactive action in this

[11:07:37 AM]

area especially with regard to -- these are really important. Implementing project connect, we can spur economic development. We can limit sprawl and associated strain on our city resources. We can encourage healthy living and minimize the impacts of traffic and congestion and limit greenhouse gas emissions and provide housing at every income level, mitigate displacement, but we need to act before it's too late. My staff, city staff, community members -- thank you community members who offered your time, talent, treasures, so many community members have worked so hard over the past couple of months to really put together this resolution. So with this one, I wanted to get ahead of it and let you know what my intention was. While this is definitely going to be the first step of many, my hope is that

[11:08:38 AM]

through our continued collaboration, along with the city manager, we will ultimately create the future model for equitable planning in our city. This is so important to me. It's one of the -- I think at the end of my four years, this will be my baby. So I'm really proud of this one. I look forward to having support and if there are any questions that you have between now and Thursday, that you feel comfortable asking them of me or my staff. But that's it. More or less in a nutshell.

>> Thanks. I look forward to supporting it. I see the mayor pro tem is back. We're on item 43. Back to you.

>> Any questions, of course, by the message board if you're not in councilmember harper-madison's staff. Councilmember alter? Is.

>> Thank you.

[11:09:38 AM]

Councilmember harper-madison, I appreciate you bringing this forward. I think we have a real opportunity to be thinking and talking about these groups all together, you know. We didn't have a lot of conversation, for instance, when we talked about the Walter E long vision plan, we didn't talk about the expo center and I think -- I hope this process can help us restart the relationship with the county and the conversations there and be a catalyst for really important set of larger conversations. I did want to get a sense of the timing because there are lots of different pieces that are moving, and some are

moving faster than others. Because there's so much ambition in this, I wanted to get a better sense of the timetable that you had in mind and then how do we fit

[11:10:38 AM]

certain pieces that may be moving at different speeds altogether?

>> I'm happen tee say so

-- happy to say there are so many community members who put efforts into specific components. I would be hesitant to offer a timetable but I would be happy to follow up to give you a better idea how we might be able to calibrate this thing in a way that makes sense, you know, in the appropriate sort of general order.

>> Now my mute button was going crazy on and off. I appreciate that. Part of it is the -- in what order, but also just some decisions are going to need to be made on certain things on a

[11:11:40 AM]

timetable not dictated by this planning process. I don't know necessarily what all of those pieces are because there's so much in here. But choices are going to be made on what Tesla is doing or what the expo center has to do that may -- and what project connect has to do or colony park that may move differently than the speed we're able to move on Walter E long on John Trevino. I don't know that we can get everything resolved down to the level that we ultimately want it in time for some of those decisions to be made and so I just want to flag that we have to have a flexible enough planning process and this may very well do this. I just wanted to get a sense of your thoughts on that so that the pieces can move when they do need to move at a different pace.

>> I completely understand what you're saying, and I think the one thing that should offer us something in the way of comfort is that essentially we're just asking the city

[11:12:41 AM]

manager to help us bring back the scope in terms of the scope, the process, the time line, I think this and of itself is offering us the opportunity to get that information by way of direction of them bringing that back to us. Hopefully that's helpful.

>> Thank you. I'll reread it again and see if that's how I read it. Thank you.

>> Okay. Sure.

>> Councilmember Flannigan and then pool.

>> Thank you for including me as a cosponsor on this item. I think it's more important work that we need to be doing and trying to build things cohesively. I have added language to it that I think it already posted or will be there for Thursday about including Travis county in this process. Having all of the really crazy annexation lines out there, which in most cases, because of changes in state law, cannot be changed. I think we need to make sure that we are

[11:13:42 AM]

partners with the county in how we do the planning process so it can be aligned with whatever their pit processes may be as they continue to build projects outside of our jurisdiction but will benefit from the amenities that city of Austin taxpayers are paying for. I'm hopeful with two new members of the commissioner's court we can find a really synergistic approach and this will be one of many things where I hope we -- like we did for project connect, do joint sessions and get us at the same table so we can cocreate the same vision.

>> Councilmember pool.

>> I think Alison was asking a question about a time line. I definitely think all of us should see if there's any aspects of the development, which I have been a fan of and supportive of and attempting to advance it

[11:14:47 AM]

[indiscernible]. It's been going on a long time. I think all of us would need to know what the timing -- time lines look like and the public would appreciate that, too. So whatever it is that staff has pulled together, I would expect y'all would put together to brief us on aspects of the development so we can continue to support it and make sure that it's continuing in the right direction. Certainly on board for that, including, of course, our colleagues at the county level. It's music to all of our ears to hear that they are interested. That, too, has been a long -- that partnership has kind of ebbed and flowed over the years. I think we're poised with really great posture to make additional strong efforts in that direction. Thanks.

[11:15:47 AM]

>> I don't see any more questions. Did you want any closing remarks, councilmember harper-madison is it.

>> No, not necessarily. If there was anything I can put out in the way of further scope, the first resolved is the city manager's directed to return to council with a planning scope and process for how to accomplish this. I think hopefully that answers some of these questions, but I do look forward to being able to -- if we find ourselves in a position where there's a lack of clarity, like -- thank you, by the way, councilmember Flannigan for being a cosponsor and for offering what helps to fortify what we're trying to put forward. Offering our colleagues at the county to work alongside us and so I do think if there are any questions moving forward, we can get

[11:16:49 AM]

there. That was it. Thank you. There are three zoom meeting happens in a very small space right now. It is ridiculous. 2020, wow. I don't know if you can hear my daughter learning math next to me. I'll mute real quick.

>> I was just going to say, I don't know if this was your background noise or -- I was going to tell people to mute. Or ask people, rather. I think those are all the questions for item 43. The next item that councilmember Renteria pulled was 20. Do we have staff available? Maybe you can help us with your question, councilmember Renteria.

>> Yes. My biggest concern is, I just found out about this location. Item 20 is the proposal

[11:17:50 AM]

to move the downtown community core. They are recommending that it's built there on second street, which is 1719 east second street, which is like half a block from the most eastern point of the boundary of the downtown community core that you can put this. I'm really concerned because I haven't heard anything about the community being contacted, or have they gone through the contact team? I'm afraid that if we go ahead and approve this, there's going to be a lot of angry residents because it's in the middle of a residential neighborhood, you know. There's real nice restaurant on the corner of Chalmers. There's condos across the street. There's a single family housing on the other side. I mean, it's just -- and I'm concerned because this

[11:18:50 AM]

is the first time -- yesterday was the first time I've heard about this location. I'm going to request that we postpone this and give it more time. I'm just afraid that we're going to be completely away from downtown. We have a big problem there on Cesar Chavez and Chalmers. It's a half a block down with drugs and even capital metro had to pull their bench down there because of dealing. I just don't like the idea of the environment and then the people are going to be really -- I don't know, but I have a feeling

that if this gets pushed through without having the neighborhood really input in it, that we're going to have a lot of angry people. I just don't want to have that

[11:19:52 AM]

during this time period. The election was a lot of distraction and now that it's over, well, almost over, I want more time to really look into this and see if it's really the appropriate place. I think something like this should be downtown, you know. I hate to think we're going to have to change the east Austin community core, but that's right in the middle of it. We've been getting a lot of these. We can have it at the library, but that has to go because there's a homeless camp surrounding the library and we have the soup kitchen across the street on Cesar Chavez. I just don't think it's an appropriate place to put that. We should be looking down there and maybe put it there where it's close to downtown instead of all the way

[11:20:59 AM]

to east Austin.

>> We do have staff from our office of real estate services and then the downtown community core. Maybe I'll ask Alex to describe the process of how this site was selected.

>> Thank you, city manager. Yes, interim officer for real estate services. We have gone through what we feel as staff is a rigorous process to ending up at this location. We have looked at multiple city owned spaces within all of the jurisdiction for downtown Austin community core for their jurisdiction, there is a downtown. It does encompass downtown, west campus, and east Austin. What we feel is we've looked at city locations being the first floor of the library, utilizing

[11:22:00 AM]

the municipal building, which is the old city hall. We've actually gone through multiple iterations of looking towards a lease for this, and those deals have fallen through. This is, I think, the third lease agreement we have put together. This is the first one coming to council. But as we look for leases, purchases, we've looked to be within Dax jurisdiction. This is the first one due to the sense of urgency of finding space for dac. We wanted to move this item forward as this lease location, and speaking to -- I know councilmember Renteria did bring up that temporarily, they are operating out of the library location. It is near that location. So it is still within dac's

[11:23:01 AM]

jurisdictional boundary. But can also pass it over to Pete to see if he has any -- if he has had any conversations with the neighborhood or anything like that. That is not typically something the office of real state does moving forward with finding a location, an administrative location for staff to operate out of, but I know that it does provide public facing service as part of their operations as well.

>> Good morning, councilmembers and city manager. We have not had any inquiries from the neighborhood regarding our presence either at terraz as or regarding the proposed facility on east second street.

>> Can you all speak to the postponement and if

[11:24:04 AM]

that's something that you -- obviously it can happen anyway. Can you speak to the postponement request?

>> I would just want to check back with staff before we would be able to answer that at this point. I'm sorry.

>> I know that you also contacted me yesterday. So I didn't know about it. I'm sure that the community didn't know about it. So that's really concerning to me because it's -- that's not the process that our community goes through. It's the process of, you know, going to work with a neighborhood to make sure that it's going to be okay and to give them that information, but I feel like if we pass this Thursday, it's like we're putting a fast one

[11:25:06 AM]

on the neighborhood. I don't want to be seen as being part of that. So I would vote -- if we don't get the postponement, I'll just vote against it.

>> Does anybody else have any questions for staff while they're here? All right. Councilmember tovo.

>>> Just a quick question. City manager, I know that real estate staff, I think, reach reached out to our office to brief us on this. I want to make sure that that is with a real estate issue like this one, that the part -- part of your process is always to make sure that staff are reaching out to the councilmember whose districts are impacted by one of those real estate transactions. So I know this issue came before the public safety commission at the last meeting or maybe a couple meetings ago. But just wanted to ask you what your process is

[11:26:07 AM]

for letting councilmembers know about upcoming real estate transactions.

>> Absolutely. There were some revisions that were made to make sure that we are engaging with the councilmembers, particularly the ones impacted in their district. There was a lot going on these last few weeks, but we did, as you mentioned, present before the committee, but in order to get on everyone's schedule before this council meeting, just proving challenging. So we'll look into the impact of postponement and if we're able to still work with the potential landlord to be able to move forward with that, if it were to move to a different cycle, by making sure that we have the appropriate level of engagement with council offices and the community before moving forward.

>> Thank you.

>> I really would appreciate that because, you know, I just don't

[11:27:09 AM]

like to operate that way. I just don't like the -- the community needs to know what's coming in especially with the past troubles that we've had in that area there. It's still -- I don't know if it's [indiscernible]. We do have a lot of people that just hang out there, you know. It's concerning to me, you know, that we're going to be adding another facility right next to a restaurant and neighborhood housing that's on the other side of Chalmers. So I just want some more time to really grasp this and see if this is the right place to put something in downtown community core. That's my big concern, and I always think that you're going

[11:28:10 AM]

to be forcing people all the way over to east Austin from the downtown, and you're still going to be forcing them to come down to one side of town to the other side of town. That's concerning to me that we might not be able to service, you know, all the clientele that we've been getting here.

[11:30:38 AM]

Congress and. I am alarmed that, you know, we are losing the ability to have affordable units in that area . South Austin is getting to the point now that we are building a lot of apartments down there .. A huge amount, and we are not getting the affordability there that we need to and I just don't want to

make it into an exclusive area where only people that are wealthy can live there, so I am really concerned and I urge the developer to really get

[11:31:38 AM]

down and work with the neighborhood or else I am not going to be able to support it. Thank you.

>> Does anybody else have any questions? Councilmember alter.

>> Alter: Not on that item so

-- somebody else.

>> Councilmember kitchen. Is it on 43?

>> Well, it was 58?

>> Yes.

>> Yes, I just want to say, councilmember, I hear your concerns about that area, so I just wanted to appreciate you raising that and we will -- I will ask my staff to reach out to you and offer any assistance if we can help you.

>> Renteria: Thank you.

>> Yes. That is just north of my neighborhood and that area is

[11:32:39 AM]

really getting a lot of, a lot of new development so --

>> I think that was all on 58. Councilmember alter.

>> Alter: Thank you. I just wanted to flag an amendment that I will have for

-- I am not sure if it is an amendment on 73 or 74 that relates to the impact fees. It is a small amendment but it addresses an issue that we have talk about before about payday lending and not wanting to encourage that. And so by, as part of the impact fees we are trying to encourage banking systems in certain service areas, but the definition that is used in the

-- includes or may include payday lending so we have been working with law to make sure that we won't be inadvertently encouraging payday lending by providing those institutions a break on their impact fees and I will try to post that as soon as I can, but with the city being

[11:33:39 AM]

closed tomorrow I want to flag it in case I don't have it too much before Thursday.

>> I have the thing and I need to review it.

>> Okay. Thank you for flagging that. That's a good flag, an amendment likely. Are there any other questions on anything on the agenda or any comments on suggestions on what you would like to -- what you would like to take things and I will likely be taking these things Ford we always do. We don't have executive session today and I do not believe we have executive session Thursday either. And she is saying that is correct. So councilmember harper-madison.

>> Harper-madison: Just real quick I want to say something along the lines of if there is anybody else admission to councilmember alter with questions, concerns, amendments they are going to bring forward about impact fees, something that has been helpful or me is just asking questions from professionals and, in that space and it is clear to me that we

[11:34:39 AM]

definitely need to address it. I would encourage people to take that same opportunity and ask questions about the impact of the impact fees.

[Laughter] Because, yes. It is something we could address.

>> And I also just for public I think we all know it is just set for first reading that change, so just also, as folks are going into Thursday it will be just first reading and my understanding, second will not be back until the beginning of the new year. For any further iterations. So with that, I don't see any other hands. I would just encourage folks to wear your masks, wear your masks, please social distance, I think we are, you know, we are close, but we still need to keep our community as safe as possible, and so thank you for all of your efforts. I am sure many of us are feeling

[11:35:42 AM]

a little happier this week because election results and so I certainly -- it is a historic moment for our female majority city council and also I am sure for our male colleagues who have always been incredibly supportive of us so with that, I will, if there is no objection I will see you all on Thursday and we are adjourned at 11:38. >>