

# City Council Special Called Meeting (Joint Meeting with Travis County Commissioners Court) Transcript – 03/30/2021

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[9:04:34 AM]

>> Judge Brown: 2021 and it is 9:04 A.M. We're meeting at 700 Lavaca and I have commissioner Travillion and commissioner Howard and commissioner -- >> Mayor Adler: I call to order the city council meeting, it's March 30, 2021, 9:04. This is happening [inaudible] And I see five of my councilmembers but I don't see a sixth. >> >> Tovo: Are you counting me? >> Mayor Adler: Thank you. >> Pool: Mayor, who else -- >> Mayor Adler: For the record, councilmember Pool, councilmember Kelly. Councilmember Alter, councilmember Ellis and myself. >> Kitchen: You got me

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right, I couldn't hear, mayor? >> Mayor Adler: Yes, we've got you. >> You are a little muted. >> Judge Brown: Could you turn the volume up? That's very loud. >> Travillion: Be careful what you ask for, judge. >> Judge Brown: For efficient use -- I'm sorry. Audrey, do we have any callers for Travis County public comment? >> We do not have any callers on the line, judge. >> Judge Brown: We're going to go as always to help ensure the efficient use of Dr. Escott and director Hayden-Howard's time, we're going to limit ourselves to one question in the usual order and if time permits we can do a second round of questions. We hear the presentations and then go to the commissioners and then the county judge and pass it off to the councilmembers and the mayor. And first I guess we have Dr. Escott here.

[9:06:35 AM]

Do you want to kick things off for us? >> Dr. Escott: Thank you, judge. It's a pleasure to be back to update on the covid-19 situation. Can you all see my slides? >> Judge Brown: Yes. >> Dr. Escott: Excellent. First off, an update on our new confirmed cases in Travis county. We reported 87 cases yesterday with a moving average of 98. We've been flat, really oscillating at around 100 cases on that moving average for about two weeks now. So not much movement in any direction regarding our new cases in the past couple of weeks. This is an update of our new admissions to the hospital. Our admissions yesterday were 19 with a moving average of 19. A week ago we were at 19.

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So really oscillating in a tight range between 19 and 22 for about the last 16 days or so. So again, not much movement there either. Relatively flat. This slide is showing three things. The blue is our hospitalizations, the Orange is our icu admissions and the gray is our ventilators. Our hospitalizations were at 149 yesterday with a moving average of 152. That's a decrease of 46% since the beginning of March. Icu numbers yesterday 57 with a moving average of 57. A decrease of 39% since March 1st. And our ventilator utilization 30 yesterday with a moving average of 33. A decrease of 49% since March 1st. So again, these metrics are moving in a downward direction.

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You know, as you can see they have been flattening out a little bit so marginal decreases, but certainly better than the alternative. This is an update of our projection from the U.T. Covid-19 modeling consortium. This was updated this weekend, and the update indicates that if we continue our protective actions, if we continue to mask and distance and do the things which we're doing now, that stage 2 territory, that's moving below a moving average of ten admissions, is projected on or around the 13th of April. This is an update of the hospitalizations in the msa. Again, the projections show if we continue those protective actions, around the 8th of April we will

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drop below 100 hospitalizations in the five-county msa. So again, good forecasts for the next several weeks. This one is the -- the projection of icu numbers. The projection is that we'll drop below 30 on or about the 15th of April. So again, all of these projections moving in a downward direction. You know, we've certainly been pleased to see that we have not seen a spike in cases yet. We are concerned about a spike in cases particularly since the U.S. Numbers are increasing. We have 31 states on an increase right now. Which, again, and I think everybody has heard this in the local and national media, we're not

done with covid yet. Covid is certainly not done with us yet. So if we continue the precautions, if we continue

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to mask and distance and do the things we've been doing for the past year and be a little patient, particularly through April, April is going to be a critical month for us. If we hunker down and continue to do those things and not take too much risk, then may, June, July, summer looks much, much better. It gives us another month to get people vaccinated. So again, I know we all want to get back to normal and socialize and do other things that we have done in previous years, but we just need another month or two. So this is an update of a slide I showed you last week, and this data is really available publicly. This is off the U.S. News website. They've got a lot of different metrics associated with covid-19. So I've got quite a few for you today. This is an update of the

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covid-19 deaths per hundred thousand population. Again, as of yesterday Travis county was at 74.2 per hundred thousand. This is compared to more than 160 in the U.S. On average per hundred thousand. This is, you know, compared to the state average right now, which is 162.7 deaths per hundred thousand, so the state, you know, state death rate, state mortality rate is about 220% higher than the rate in Travis county, and we're very pleased with that number. Again, we're not through with this yet. We've got a lot more work to do to keep those numbers low, but certainly pleased with how we're doing locally. You know, a lot of people have asked why is this. You know, I think some of it is certainly policy related.

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It's related to some of the protective actions that we've taken, the early closure of sxsw and large events before anybody else in the country was doing that. It's about, you know, some of the orders that we issued early to protect nursing homes and hospitals and the efforts to get ppe out and all sorts of things including our vaccination effort. But it's important to understand there are some underlying factors of the community which may be contributing to the success we've seen. So to give you some data on that, again, these are all data that is recorded on that U.S. News site, this is a graph of the obesity prevalence in the metropolitan counties in Texas. You can see that Travis county is the lowest of these metropolitan areas. I did not include tarrant

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county because it traditionally tracks relatively closely to Dallas county and so I did not include them here, but again, we know obesity is a significant factor in the severity of covid-19 illness. So we started lower and I think that's certainly contributing to the success we've seen in terms of deaths. Diabetes, another factor associated with covid-19 severity. Travis county is the second lowest in terms of diabetes prevalence. Age 65 and older, Travis county is younger than other jurisdictions that we, you know, around Texas for metropolitan jurisdictions, which certainly plays a factor in the success. This is an estimate of individuals in fair or poor health. Again, Travis county significantly lower than the other jurisdictions. So, you know, these are some

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of the underlying factors, and these don't happen by luck. I think these are reflective of underlying policies in place that contribute to the social determinants of health, that contribute to not only mortality and decreasing mortality from covid-19, but for many, many other things in our community. And I bring these things up because we have to think about the next phase. And the next phase beyond covid-19 is how do we address these underlying health conditions that have eluded us for so long in this country, in this state, in this community. Diabetes, obesity, these are things which are easy to diagnose and that we can treat, we can get better if we invest the resources, if we encourage public health and community health

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responses to address these underlying issues. They will become issues in the future. They are contributors for many other disease severity and mortalities and something that we can't lose sight of. We also know that -- that economics, that financial security is also a contributor and a significant factor in the social determinants of health. This is a graph of unemployment rates for the metropolitan counties around Texas. Austin is the lowest and generally has been the lowest or second to lowest back to 2007. So again, another factor that contributes to success when it comes to the mortality rates from covid-19. This is an update, and I think this one has more to do with the underlying policies that we've had in place to prevent transmission of disease. These are the cumulative

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cases per hundred thousand by the metro jurisdictions. Again you see that Travis county has defined the bottom particularly since September. Again, I think due to the community even agement and partnerships and the activities from the city and county to stay safe and keep people healthy. Again, lots

more work to do now and after covid, but certainly pleased with the way that Travis county and the city has handled covid-19 so far. Back to my usual slides, this is an update of the hospitalizations by age group. We have seen some decreases in the older populations to a large extent. Again, populations that we see getting more vaccinations are going to see decreases in hospitalizations, generally

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speaking. We have seen increases over the past week in a few of the age groups. The 40 to 49 age group, the 20 to 29 age group, and that 10 to 19 age group. So again, populations who are less likely to have been vaccinated so far. So again, you know, I've said this many times over the past year, but covid-19 affects every age group. So it's important that every age group understand that they are at risk for being hospitalized. They are at risk for dying if they end up having a severe course. So we all have to take protections regardless of our age. This is a break also down of the hospitalizations by age groups, numbers of individuals hospitalized. You can see 164 individuals hospitalized in the msa last week compared to 166 the week before. So very flat in terms of the

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numbers of hospitalizations. But we can see that, again this week the older age groups are compressing a bit in terms of numbers of hospitalizations as the vaccination rate rises in those groups, and the hospitalization numbers are expanding a little bit in the lower age groups, particularly in that 40 to 49 age group, moving from 18 the previous week to 25 last week, and the 20 to 29 age group moving from 14 to 20 last week. You see some increase also in that 10 to 19 age group. We went from two hospitalizations the previous week and more than triple to seven last week. We'll look at the hospitalizations by race and ethnicity. We see some flip-flopping. The blue number is the white non-hispanic group, which

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decreased to 38.9% of the hospitalizations in the last week. The green is our latinx community, 32.6 to 45% last week. So again, we're seeing ongoing movement in the individuals impacted by covid-19. You see week over week in terms of numbers of individuals hospitalized, a 45% increase in the latinx representation in the hospitalizations last week moving from 46 to 67. Significant decrease in our white non-hispanic hospitalizations 73 to 58. A slight decrease in our African-American population, hospitalizations 18 to 14. I will also note a significant increase in the hospitalizations involving our asian-american community moving from one the previous week to six last week.

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Again, the asian-american community relatively steady at that five to six hospitalizations per week with last week being the outlier. This is an update of our positivity in our community. Again, flat. 4.4 the previous two weeks, 4.8 prior to that, 4.3 so far this week. Again, we still have data coming in from last week so there may be some movement for that 4.3, which we'll update next week, but again not much significant difference in terms of positivity. This is an update of our positivity by race and ethnicity. Our latinx group, 7.6% to 7.2% last week. African-Americans, 3.5% the previous week to 4% last week.

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Asian-american, 4.1% last week to 3.2% -- sorry, 3.2% last week from 4.1 the previous week. And our white non-hispanic group 3.8% the previous week to 4% last week. So, you know, relatively flat in terms of the positivity by race and ethnicity. This is an update of the positivity by age group. You can see that just about every age group is at or below 5%, with the exception of the 10 to 19 age group. Again, significant positivity there, significant positivity in that 20 to 29 age group as well as the 40 to 49 age group. So again, we're seeing distribution across the age groups still in terms of positivity with significant decreases in the 60 to 69 and 70 to 79 age groups --

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sorry, 70 to 79 and 80-plus age groups last week. This is a breakdown of the positivity by -- for school aged children for the previous week. Again, we're continuing with the [inaudible] We've seen for many weeks with high schoolers above, 6.4% for middle schoolers, and elementary and pre-school below that community average, 3.4% for elementary school students and 2.5% for pre-school aged students. This is an update of our long-term care facility dashboard. Again, very low numbers in the previous 14 days, six cases in the previous 14 days, 16 in the previous 28 days.

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As I said last week, which was 6 and 20, 98% drop in new cases in long-term care facilities. Very pleased with the effort there and certainly reflective of the efficacy of the vaccination effort. As you may have seen, there was a report released yesterday indicating that in real-world deployment of vaccine, the pfizer and modern are shown a 90% efficacy in terms of protection. So a very, very good protection. Certainly the Johnson & Johnson is an excellent vaccine as well and we have another candidate astrazeneca, which is likely to be reviewed in the near future. A quick update on our regional fusion center. Opened on the 6th of January. 880 individuals have received mRNA now.

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Switching to other monoclonal antibodies effective against those variants. Updates on our influenza situation. Again, a single positive case identified last week, positivity of .68%, overall positivity this season 1.8% with just over 100 positive tests so far this season. Graphically, this is what it looks like. Again, a record low season for us so far in terms of influenza. Again, I think this illustrates the efficacy of the total effort. We have vaccines, we have masking, we have distancing, we have all those things in place to have a record low season and we are in fact seeing that. Again, as a reminder, we remain in stage 3 of our community-based risk. Again, more hopeful to see

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stage 2 in the middle of April, but that's going to depend on all of us continuing to protect ourselves. We do have holy week this week. We have Easter Sunday this Sunday. And as a reminder, folks who are in a high-risk category, so they themselves are at high risk for developing severe disease or they have somebody in their household who will be at high risk, those individuals need to be very protective. Those individuals should avoid large gatherings, including family gatherings to avoid transmission, particularly at a time when we're getting so many people vaccinated. I will say that if people choose to go in person for religious services, please wear a mask. I know that, you know, it's in style now not to wear a mask in some circumstances, but if we continue to mask,

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particularly around holidays where the churches may be more filled than usual, having that masking is not only going to protect yourself, but it's going to protect the members of your faith community. And I think that would certainly help -- decrease the risk of cases locally following Easter. With that, I will switch it over to director hayden-howard. >> Hayden-howard: Thank you, Dr. Escott. Good morning. As you can see here, this is from our aph vaccine dashboard. We do update this on weekly. So this is as of last week. According to the data, we have provided about 29% of the hispanic latinx

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population vaccines, African-Americans 6.48, Asian about 9% have received the vaccine. We had a meeting with -- with community care, and they are going to start providing their data to us, and so we are going to capture the vaccines that they are providing as well as the vaccines that is being provided

out at Cota. So over the next couple of weeks, will you start to see a change and it will not only be aph vaccines, it will be all of the -- those partners I've just stated. Next slide. With the vaccine update, this just gives you a snapshot as of the 27th. We have provided 173,826 vaccines.

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Those are your first and your second doses. We administered 25,000 vaccines. We are continuing with our mobile vaccination program. You'll probably hear us referring to this as the MVP. And so we continue to work with meals on wheels. Mayor Adler joined me yesterday and we provided a vaccine to just Murphy yesterday and it was quite an honor to meet her. She has a very, very interesting history and she has contributed so much to Travis county. So for me it was definitely an honor to meet her. With our mobile vaccination program, year to date we have provided 14-"1.com 547

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vaccines. Of those about 14 hundred have been first vaccines. And then 105 of those have been the second doses. So we have 205 people that are fully vaccinated by receiving those services from our mobileaccination program. In addition, we have been working with family eldercare and we are going to start providing vaccines with folks that receive those services. We are in conversations with the Austin Vietnamese medical professionals society. We have partnered with them in the past for flu vaccines. And so we are going to plan a closed pod with them. In addition to that, we have had conversations with community first village, and so we will be going out

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there as well. Our -- this Saturday coming up, we will be for a pilot at St. James Baptist church. And so we are looking forward to that. One of the things that is very important for us is ensuring since we are a hub and we're working with everyone in our county, we are starting to look at how we could collaborate better. And so we have a meeting with U.T. Health yesterday as well as the nursing school, and talk with them about a collaboration. We will be meeting with all of those partners as well as Travis county to really take a look at and have a map and look at where all of us are providing services. Because it's going to be important for us to be able

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to collaborate and be able to understand where there's gaps in our community and make sure that we are providing services. And so we are going to continue to look at that and collaboratively put together an interim plan about how all of the partners can work together to ensure services are happening in the eastern crescent. Next slide. This is just an update on our vaccine for child care, education and our senior population. We provided over 11,000 vaccines to school and child care staff. For our senior population, this is people that are 60 years of age and older. As you can see, we provided 53,000 first doses and 30,000 second doses. According to Texas department of state health services, over 81,000 folks that are 65 years of age or

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older have received at least one vaccine. Next slide. As you all may have heard, as of Monday everyone is eligible 16 years of age and older. With that announcement, there was an announcement made that if you are 80 years of age and older, you can kind of move to the front of the line. You can show up at a location and receive your vaccine. And so what we are really encouraging folks that are 80 years of age and older, for just a smoother process, because we want to be able to make sure we do your registration and are able to be able to get them in and get them out, we are asking folks if they are 80 years of age and older, they live in Travis county, we are

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asking them to call 311, provide their name and their phone number, and our staff will give them a call and schedule them an appointment. And so we feel like that that will be the smoothest way for us to continue to provide the service for folks 80 years of age and older. It allows them the chance to line up their transportation if they need that and then they are able to move in and out. We continue to encourage folks that appointments are always best, but we will prioritize this group. Next slide. We are - this is just another update on our scheduling system. We released 7,000 appointments on yesterday. And so we will release some additional appointments on Thursday. We are typically receiving our first dose allocations

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consistently on Thursdays. And so what we are doing is releasing appointments on Thursday that carry us over into the following week. And be able to start using some of those 12,000 doses that we are receiving on Thursday, on Friday throughout the next week. We are continuing to make improvements to our system, and so our system is going to be off line this evening. And so we're just, you know, encouraging everyone that if you try to get on our system tonight, you will not be able to because we're going to be making some updates. And so one of the things that we know is very important is being able

to view and print a copy of your vaccination record. And so you will be able to do that. In addition, you will be

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able to opt out if you no longer would like to receive text messages or emails from us. And you can update your information if you have been in before and there has been some changes that you need to make. Some of the -- one of the call to actions that we have is that if you have a -- if you have an account with us and you no longer need the vaccine, we would really love for you to go into your account. You will be able to do that on tomorrow. And then it allows us to continue to work through that system. And so this is definitely a call to action. We will definitely be saying more about this on tomorrow, but we are just emphasizing the importance of folks that may have received their vaccines and don't need to

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receive any communication from Austin public health at this time. That completes my presentation. I am available for questions. Thank you. >> Judge Brown: Thank you. Let's just go straight to the questions. Commissioner Gomez, do you have any questions for director Hayden or Dr. Escott? We can go back -- there you are. >> Gomez: No, judge, I don't have any questions right now. I guess the only one that I would be -- what is our estimate of the percentage of people who are vaccinated now? Dr. Escott or -- >> Dr. Escott: Sorry. Was trying to find my mute button. It's about 31% yesterday.

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According to the dhs website. It's about 14% fully vaccinated, 31% with at least one vaccine. That's individuals 16 years old and older. As Stephanie said, the numbers for individuals 65 and over was much higher because of the concentration initially in those groups. >> Gomez: Okay, that's sounding a little better from where we started, so -- and even then, though, I think we need to kind of still tell people that even with two shots, we still have to be very, very careful. And so that message needs to continue going out. And people are working the community; however, they are still getting the message, well, you know, no, we're not really interested in getting the vaccine, and that's very dangerous to us. Trying to get that message out. And so I guess we just have

[9:39:16 AM]

to continue working. And maybe we'll always have people who will say no, they don't want the vaccine. So we just have to keep trying. Thank you. >> Judge Brown: Commissioner Shea. >> Shea: Thanks, judge, and as usual my thanks to Dr. Escott and director hayden-howard and all the staff who continue to do remarkable work to keep our community safe. Do you think we have reached the point where we would be seeing a -- an impact on our numbers from spring break or do we still have another several days before that starts to show up? I'm really pleased to see that our numbers are at least holding steady, but is it too soon to say we dodged a bullet from spring break? Are we likely to see an

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impact in future days or have we passed that point? >> Dr. Escott: Commissioner Shea, it's too soon to say. Residentially we look for the immediate reaction that is correct ten to 14-day period. We're still within that period. Some of the data, though, looking at surges following things like removal of mask mandates indicate that the impact may be six, eight weeks away from when that policy change happens. So I think it's still a bit too soon. I think it's refreshing that we haven't seen a spike, but, again, we also have to appreciate what we're seeing as compared to some of the projections from U.T. If we had maintained the existing policies in place, we would be on a clear down trend right now. We're not, we're flat. So it's very consistent with

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the modeling that U.T. Did which indicates some flattening for a couple weeks and then the beginning -- they are beginning to increase. We're not out of the woods yet. >> Shea: Just a quick shout out to judge Laura Livingston. I appreciate the wisdom in upholding our mask mandate for our community and her reading of the law. Thank you. >> Judge Brown: Commissioner Travillion? >> Travillion: I'll try to do this reasonably quickly. First of all, I want to once again say thank you to Dr. Escott and also to director hayden-howard for the care that they have given, the time that they have spent, their willingness to work after hours and on the weekends, and to work with communities and to assure them that we are working on their behalf.

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I appreciate the efforts that you have taken. But as I was listening to the numbers about how Travis county compares to other counties in the state, on one hand I'm pleased, on the other hand I'm concerned you're concerned that gives too Rosie a picture because given that picture, it's hard to then argue that we've got some infrastructure problems in Austin that need to be addressed. And we do. I don't want to give us a false sense of security. I want to have data-driven decisions. I think that we need to talk about and understand the infrastructure that does not have clinics on the eastern side of 35,

where there's significant food insecurity as well. When we look at those numbers, I think we need to see those numbers stratified

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by zip code area so that we know exactly what's happening in all parts of the city and don't just give a collective picture, which is a little too rosy, in my estimation. I also want to see those issued stratified by eeoc category if we could. So it's important to know which zip code areas and which ethnic communities in which communities which are low-to-moderate income are -- how they are being impacted and how we can improve that. Because if we can define the areas that are not doing so well, if we can evaluate our infrastructure in real terms, then we can build an after-action plan that can address our issues. It is important that we recognize what we are missing and we build a system to address the back side of the normal distribution curve. We do a great job generally across affluent parts of

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this community. The parts of the community that are not affluent are having trouble, and let me just give you a confirm of examples. I was glad that you pointed out Harry Ann Murphy was giving this a shot and I think it's important that she is. She is a classmate of martin Luther king, Jr., Jr. I don't know how it took us so long to get to somebody who is over 90. One other group I talked to personally and asked for Dr. And Mrs. Delco, Wilhelmina Delco. They have a center that is named after them that we're giving shots at, and they had to go to Williamson county to get a shot. How could that be? We have to look at our -- let's look at what our issues are and build to

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address those issues. I think that it's good, we have to have the data that's necessary to address the real problems that exist on the ground. I realize that these are not -- these are not new problems. These are not issues that were created by any manager in this room today. But they are real approximate, they are legitimate problems, they happen because of a lack of investment over generations, and unless we define them as problems and build to their solution, they will never be solved. So I'm -- I'm pleased that we're doing better, but I'm still frustrated that there are a lot of really basic things that we've not done yet. >> Judge Brown: Thank you, commissioner. Commissioner Howard.

[9:46:20 AM]

>> Howard: I just wanted to put a pin in the comments Dr. Escott made about a healthier community, about social determinants of health, about things that we know exist and what are we doing to address them. I would love to see a joint session with our partners Dell med and central health and others to talk about social determinants of health. A quick Google drive this morning, a lots of stuff happened in 2015 in our community around a healthier community. And so much has happened since then. So let's put a pin in this and get back to it real quickly. I believe that's how we're going to best handle, you know, crises in the future is to have everything running as best as it can including the health of our people. Thank you. >> Judge Brown: Thanks, commissioner Howard. A couple updates on the community collaborative effort at circuit of the

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Americas. We did the first round of second doses this weekend. It was modern, so that was obviously much easier than doing pfizer. We did that on Saturday. We had Bidi Bidi join us, one of Selena's band, to make is drive-thru shot experience even more fun and sighting that it is. I hear rumors that Austin symphony may be joining us soon. We took this weekend to see where we are and look at what ways to go forward, and I think part of it is circuit of the Americas, hopefully burger center, expo center are all good just to get the number of doses up in the community. That's obviously a huge part is massive numbers of vaccines. Like commissioner Travillion pointed out, we need to make sure we're getting to a model where we're having

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neighborhood models, and I know councilmember Fuentes and histories and director hayden-howard have looked at this as well. This weekend we started something with Dr. Hockaday where they were able to give out pfizer vaccines in their community. Part of it was walkup patients, which is a great start, I think. We're also talking with Karen Smith and mayor Wallace to do something similar in manor this weekend. We had hoped we could do it last weekend, didn't come together. We're going to try to do that this weekend. And talking with del valle ISD to do something similar there. I recognize with all of this effort, staffing is going to be the biggest problem. We also did an effort with commissioner Howard and mayor cox and Baylor Scott & white in lakeway where we got out 500 shots in lakeway

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and Baylor Scott and white also worked to get 500 out in pflugerville. Thanks to them for pushing on. That director hayden-howard, I would love to keep working with you. As the county and Austin public health work and the city working together to see that not only are we doing everything asthmas I as massively, but working to try to increase the percentage of people who are Latino, African-American

receiving shots in the county. Overall we need to do better about addressing the equity issues around the vaccine. I realize I have talked and I guess that's just an update from me today and happy to answer any questions if anyone else has any. I will -- director hayden-howard, do you want to say anything? About that? I just want to give you an

[9:50:25 AM]

opportunity. >> Hayden-howard: Well, our -- you know, we're excited that you were able to -- Travis county was able to provide the vaccine to the central Texas alliance. Our staff were able to work very quickly to modify their existing contract that they had with us. Because, you know, I think it's awesome when they step up and they are able to provide the service to our community, but they don't have a lot of funding to be able to provide that. And so our staff were able to work very quickly to pivot their existing contract to allow them to provide those services with an updated contract. I think one of the things that is -- is important as we start to have conversations and start to look at a map of Travis county, being able to

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identify where we all could be. Because what we don't want to do is that we don't want to overlap and several of us are at one place and then we have gaps in the community where we are not. And so I think the meetings that we're going to have, there's going to be a couple meetings we're having where we're going to look at a map and we are able to start to look at where the data shows where we have high positivity rate, a large number of folks that are people of color, and then also making sure that we're not just there one time, that we put together something that's comprehensive so folks will be able to know in that community that we will be at this place at this time and they can count on it. And so those are some of the things that we are working

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on, and not just Austin public health, we are working with other providers in our community to be able to do that work together. So my hope is as a result of that we will see more African-Americans, more hispanic and more Asian folks to be able to receive their vaccine at these -- through this partnership. >> Judge Brown: Great. That he sound wonderful. Yeah, absolutely, the thing with Dr. Hickaday would not have happened with Austin public health's assistance. I want to give you that shout out threw. I guess in general working with these other groups we encounter every week at circuit of the Americas, every Monday we're like how can we get the necessary medical staff for this weekend that is, you know, trained in the right way and has the right association, affiliations with ascension and community care.

[9:53:27 AM]

And I know we're not alone in that. Over the next three months that's going to be the thing that limits how much vaccine is staffing. High thoughts in working with the doctor and del valle, if people have the staffing ability to get shots out, we need to cut through the red tape and figure a way to let them do that. I know most of the red tape is from the state and the paperwork is a beast, but I just want to make sure at the local level we're doing everything we can to cut through any bureaucracy or processes that we can to still safely give the largest number of vaccines possible and take advantage of people in the community who know how to give a shot, frankly. But with that I'll pass it on, mayor, to y'all's side and --

>> Mayor Adler: I appreciate that, judge. And I appreciate the work that you and Travis county are doing to -- out at Cota.

[9:54:29 AM]

It's good to hear director hayden-howard, that you are going to incorporate that data because I think that would give the community a better feel for what we're doing well and what we're not doing well. It would give us a more accurate picture of what's happening and I think the community is real interested in seeing that. And as we move forward into this next world where the federal government is getting more and more vaccines into an area and they are relying more and more on their national contracts with drugstores and clinics and grocery stores and the like, the strategic use of Austin public health and Travis county is going to get more and more important because those other places aren't going to have a ready equity focus to them. Colleagues, we're going to go through, as you recall last week I started at the wrong place. The mayor pro tem corrected

[9:55:30 AM]

me. This time we're going to reverse the order and start at district 10 and work our way back. That starts councilmember alter with you. >> Alter: Thank you. Good morning. I have two questions. One is that we're hearing some confusion over when folks' shots will be uploaded into the system that they have received a shot. Even the first shot. So if you could speak about how much after they get the shot that those records are updated. I know you said you were doing an update tonight as well, so if you could provide some insight on the timing folks should expect for that information to be loaded. I know there's a lot of paperwork that's involved, so if you could shed some light on that. And then we're hearing really mixed reports on the size of lines, at seems to be kind of random, and I would like to know about when we hear about a

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two-hour line at Delco center, is that a function of just people -- too many people showed up early or we don't have enough stuff or times of days when we have more appointments. So if you could help us understand the fluctuations and what's causing those in the lines and whether there's any resources we need to devote to reducing that. Because as we transition to folks who are more reluctant, that kind of line is going to be prohibitive for them. Thank you. >> Hayden-howard: With the system, within 48 hours they should be able to see that on their account. I think it's really important for -- and our folks are continuing to try to go through that system when we identify two accounts, our staff are starting to email folks and say which one of these accounts do you want to use. Because we need to

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consolidate those accounts. And so that's also a part of what could delay it being where you may think it is. It may be a one of those accounts that you've set up, so our staff are having to do a lot of qa. If you just have one account, within 48 hours you should see the information uploaded to your account. As far as the sites and how sometimes the line gets backed up, a lot of people are showing up much earlier than their appointment. You know, in conversations where I've had with folks, they may have had a 10:00 appointment and they got there at 9:30. And so the way that system schedules folks, you know, it's scheduling people, you know, to be there at a certain time and if a lot of other folks show up. So that's one concern.

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The other concern is -- is that we are looking at the number of vaccinators that we have. And so if we have a day where we don't have enough vaccinators that show up, it does delay how quickly people can move through that line. And so we have a couple of contract -- contract providers that we are using as well. Our fire chief has connected us with some retirees from the fire department that are going to -- we're going to onboard them as well. And we've also made a request to the state of Texas, a S.T.A.R. Request for vaccinators, because that's going to be the area that we will be challenged at some

[9:59:33 AM]

point as we continue to be working, providing vaccines. So that will definitely slow down the line. [ Coughing ] >> Mayor Adler: Okay. Councilmember tovo. >> Tovo: Thank you, mayor. Thanks to our public health staff. And thanks not just for the work -- the tremendous work you've done during the pandemic, but also for continuing to work to address health disparities in our community. That was a



very interesting presentation, Dr. Escott, about comparing Austin to other counties. Having said that, I fully support commissioner Travillion in continuing to look at where we have gaps and really address the substantial health inequities that we continue to have. I wanted to ask a question specifically, I think director hayden-howard, for you, about what our plans are for vaccinating individuals experiencing homelessness. I know you mention that had

[10:00:35 AM]

mentioned that community first is going to be part of the mobile vaccination clinic. Can you remind us, or can you share with us information about what the plan is, kind of which -- is it Austin public health, or is it community care, or who has been tasked with really reaching out to individuals, both in encampments, as well as in our shelters and whether those plans -- how much of those plans are currently under way? >> We're currently working together with community care and UT health. And so they have already started providing some vaccines at some of the protective lodges. They've provided some at the arch as well. We have an event -- had an event this past Saturday -- friday/saturday at one of the other protective lodges. And so we're basically

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approaching this process together, letting each other know, you know, what area we are providing the vaccines. And so our goal will be to continue with this process until we're able to provide those vaccines. As we look at encampments, etc., that's the other area where we need to do some planning for that as well. So we'll be collaborating with them in that space. >> Tovo: Director hayden-howard, sorry to just ask one quick followup. Are you -- I know last week -- I think it was last week, you got a small number of doses of the Johnson & Johnson vaccination, which requires just one. Are those -- as you get some doses that are just -- that are those, are you prioritizing those for individuals in encampments, or is there a plan to have a host team potentially go out in the field and use those for individuals in

[10:02:39 AM]

encampments? Around that. >> Yes. That is one of the vaccines that we are going to use. We have been using -- UT has been using pfizer, especially for folks that are in the protective lodges. And we have used modern as well. So we have used a combination of vaccines, including Johnson & Johnson. But our goal is, is that we made requests for 12,000 vaccines of Johnson & Johnson. And so our hope is is that we will be able to use those for the encampments, because as you know, it's a onetime shot, easier for followup when people are not staying at the protective lodge or at the the arch. It's easier for the staff to provide those vaccines. >> Tovo: Thanks so much. >> Mhmm. >> Mayor Adler: Okay. Councilmember Ellis. >> Ellis: Thank you, mayor. My question is going to be for

[10:03:40 AM]

Dr. Escott. Can you tell us if there's any new information about transmission among vaccinated people? I know each shot has a little bit different time to take effect, and there is some variance out there. I was curious as more folks are getting vaccinating, do we need to continue wearing our masks? I'm trying to figure out what it looks like for the long haul. >> Councilmember, there was some updated data based on the real-world experience with pfizer and moderna, both indicating 90% efficacy, which means that people who are vaccinated can still get the virus. And the more virus that is transmitted, the more that efficacy is going to be challenged. So it is important for vaccinated folks to still wear their masks, to still distance, to still follow the hand hygiene. Really, we need to drive the cases down to zero, or very near

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zero before we can start to have those conversations about doing away with the masks for now. But we've got a ways to go. Again, we've got about 31% of the adult population vaccinated. A little low when we consider individuals 15 years old and younger. We're making significant progress, but we've got to hold the line. We've got to continue the protections. You know, at least through the end of may, and allow us to get closer to that herd immunity, or hopefully achieve herd immunity by the end of may in the adult population. Again, even after that we are still going to have the ability for the disease to circulate effectively in children. What's been seen in other countries who are closer to herd immunity than we are. So I think we're really talking about early fall when we talk

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about the entire community being able to relax, if we are able to identify a vaccine which can be utilized safely in children. >> Ellis: Thank you for that. I know I've heard people saying they're more likely even with a typical cold, flu symptom that they would wear a mask more readily than they thought they would have before this. I hope that's a practice we do carry forward. >> Yes, councilmember. I think we have really learned a lot about how effectively we can manage flu. Just a couple of years ago -- last year, the 2019-2020 flu season was bad. Our hospitals were filled. Many of the hospitals and icus were filled with flu painters. Patients. I know nobody wants to hear this, but it is a way that as a community, when we have indications of a bad flu season,

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that we can save a lot of lives. We just keep those masks around. Keep them in a drawer and utilize them for future seasons of flu. >> Ellis: Thank you. I know some of us have amassed quite a collection, so, thank you. >> Mayor, you're muted. >> You're muted, mayor. >> Mayor Adler: Thought it might be helpful, Dr. Escott, to double back or for you to let everybody know how many lives we did save this year from influenza based on past years, because the percentage that got the flu was much lower than in prior years. Councilmember pool. >> Pool: Thanks. A quick question for Dr. Escott, just to follow on the variants, the prevalence in our community, just a little bit more information. Do you know which ones and how

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prevalent, and what amount of testing for variants are we doing? >> So, there's not a great deal of variant testing being done. The primary testing right now for our community has been done at UT, amongst the individuals that they're testing. There are some state efforts in testing as well. So it's difficult for us to calculate the percentage of the variants. However, you know, a couple of weeks ago when UT ran them, about a third of the positives were the uk variant. They're certainly seeing increases in the California variant. I think in Texas and perhaps in many parts of the U.S., we are already seeing what's likely to be a majority of variants as compared to the original strain. >> Pool: Thank you so much. I'll pass it on.

[10:08:48 AM]

>> Mayor Adler: All right. Yes. Thank you. Councilmember Kelly. Is she still with us? We'll come back to her if need be. I think that councilmember kitchen had another engagement she needed to go to. That gets us to councilmember Casar. >> Casar: Thank you, mayor. So, I think at the last one of these joint sessions you all presented to us two potential draft pads, one where the public agencies were distributing more of the vaccine, which might put us at a faster distribution path, but slightly more expensive, and one where more of the private pharmacies would be doing more of the work, which might be a little bit longer, not too much longer, and less, potentially, expensive. Do we know yet which of the two paths we're on? Is it somewhere in between? Is that something we're still waiting on? Which of those two paths are we

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on? >> Councilmember, we're on the same path we were before. We don't have a lot of clarity on where those increases in vaccines are going. I do still believe that we're going to see significant number of the new vaccines going to private industry. Certainly the white house has indicated a significant ramp-up of the allocation to those pharmacies. The president was on yesterday talking about that the vast majority

of America has pharmacies within five minutes of where they live. So I think that's likely to be the national strategy. Again, I think that's okay for us, because we know that we have parts of town that -- where folks live that they're not five minutes away from a pharmacy, and that means that we can focus on those populations. So we are ready to tweak and

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pivot based on whatever strategy is handed to us, but certainly feel confident that we will be able to achieve the goal. >> Casar: When does that surge in vaccines come, and when do we find out about the mix in strategies? I wish I could ask the president, but I've just got you guys here, so -- >> So, according to a meeting that I sat in on last week, it was white house staff. And they were laying out what they were anticipating was going to start coming into communities as early as early April. Seeing more vaccine, 2.8 million of modern, 1 million of pfizer, 1 million of Johnson & Johnson. And then basically what they said is, is that after that

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first initial week, then after that there should be up to 6 million starting to come out. And then in the month of may, they were anticipating 17 million-weekly to be going out across the nation. And so we're anticipating that April is going to see an increase in the numbers of vaccines that are going to our partners directly in the farmcy program. We're also anticipating that more vaccine is going to start to come in through Texas through dshs. And so those additional partners will be there. And as Dr. Escott shared, as we continue to have those conversations with our partners about, you know, what are they receiving, then our approach is, is to -- as we continue to do these pilots and make sure the pilots are working properly for us, we will begin to start to

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pivot from our current operations and start looking at more neighborhood operations that we are able to do, partnering in other locations, communities that don't have a pharmacy, as Dr. Escott stated, or a clinic that's nearby, and be able to start doing those operations. So that's our hope is that we will continue to watch and listen and be a part of those national meetings as well as state meetings to be able to understand where the vaccine is going, and then communicate it directly with our partners about what they're receiving. >> Casar: Thank you. >> Mayor Adler: Thank you. Councilmember Renteria. >> Renteria: Yes, thank you, mayor. I want to just start off and say thank y'all for the work y'all have been doing.

[10:14:00 AM]

I've seen a lot of my friends and people my age are starting to get their vaccination. But I'm very alarmed by the hospitalization increase that went on this week. These people that are ending up in the hospital, are they young, or are they seniors? I seen that the 80 group and the 70-year-old group are going downward. But I see that some of the other age groups are starting to go up, and I was just wondering, who are -- what age are they going to the hospital? If y'all know that. >> Yes, councilmember. That was on that slide. I can make sure we get the slides to your office. But we are seeing the older age group numbers of hospitalization start to decrease and the younger ages start to increase.

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Again, that has to do with a number of factors. We know that covid-19 is transmitted via close contact. And people who are younger can have more face-to-face contact than older people do. Some people right now are more likely to be vaccinated than younger people, given the early prioritization. This is the pattern we've expected to see. It's the pattern we're going to continue to see until we get more people vaccinated. But I think it's critical for all of us in the meantime to continue the masking and distancing as protections that have gotten us down to this level. I will say in particular for our latinx community, that, you know, I know this is a time to celebrate this week. You know, holy Thursday, good Friday, Easter Sunday. It's a thing and it is a time to get together with family. It's a time to gather together

[10:16:00 AM]

with your church community. We have to be very careful, particularly in our hispanic community, because it could light a fire. And I don't want that to happen. So, again, folks who are high-risk really need to choose the virtual option. Other folks, if they're going to gather together, go to church in person, please wear a mask. Please wash your hands. Please do those things to minimize your risk. >> Renteria: Thank you for saying that, because I've been seeing that. I live right next to festival, and I use the park down there a lot. And I've been seeing a lot of the young folks coming down there gathering and partying, and almost none of them have masks on. So I also want to relay a message that please, you know, you might not die from this, but

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your older -- grandkids -- y'all guys, let's focus on making sure that your family stays safe. I really want to thank y'all for relaying that message. And we need to just keep saying it over and over. This virus, this

covid virus is not over. And I'm really concerned that, you know, I'm starting to lose a lot of my friends at my age. I'm 70 now. And I'm alarmed. And I just want to let my people know, hey, come on. You know, you're getting rid of -- you're getting your grandparents infected and they're ending up in the hospital and they're going to have long-term medical care needs. So please consider before you go out there and look at your father and grandfather and say hey, I love you more than, you know, just being out there and

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having fun with my friends without masks. So please mask up. >> Mayor Adler: Councilmember Renteria, thank you. Real important. Councilmember Fuentes. >> Fuentes: Thank you. I'm heartened to hear there are efforts to do a plan for eastern crescent, especially knowing that the role of aph can pivot as more vaccine doses come online. But to be honest, I'm also greatly disappointed that we're now in a phase of doing a plan for the eastern crescent. We are in week 16 of the vaccine rollout. We talk about equity. And we know that this virus is disproportionately affecting our black and brown communities. We have to do everything we can to ensure that we are getting vaccines into the arms of those who need it the most. And so I guess the question

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is -- I'm happy to hear there is a mobile vaccine program. I think that's a great way for us to continue to move to address the unique needs, especially for our homebound individuals. So, director hayden-howard, if you could speak a little bit about what does that mobile vaccine program look like in terms of having it as part of our neighborhood-level operations. You know, I just want to get a good sense that we have a strategy in place for individuals who are not affiliated with nonprofits such as meals on wheels or family elder care. If you are an austinite who needs a vaccine, how will Austin public health mobilize to bring those vaccines into hard-hit neighborhoods? Could you speak a little bit more to that? >> So, currently what we have done with the mobile vaccine program is, is that we have primarily worked with partners,

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because our goal initially is to be able to go to places where partners have existing relationships, like meals on wheels, the housing authority where there's several folks there that we can use the community room to be able to provide those vaccine. Also, we have been receiving referrals, just across the community. Folks are calling 311. Our folks are scheduling them. So they're going to folks that are not affiliated with any type of organization. And they are providing those vaccines. They started that

process last week of going to just kind of a list of folks to be able to fit them in with the other process. And so it is a team of four folks. There's three people on each of the teams.

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We are bringing on one additional team to be able to assist us. And so whenever we're looking to do a pilot or a location, we call that a closed P.O.D. That's a little different than our mobile vaccine folks. We typically use the existing folks that are working at a Delco or a Berger, etc. And then they are the ones that go over and provide that clinic setting with the larger footprint. So those are two different strategies that we have been doing thus far. So, you have the mobile vaccine folks, team of three. And then you have the folks that will do a closed P.O.D. And that is multiple folks. And it depends on how many vaccines that -- your throughput

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that you are trying to get through. And so like I said, that is set up similar to your Delco, your dove springs, your pflugerville, is that complement of staff. And so we'll continue to do that process of making sure that we are working our way and continue to prioritize the folks that are 65 years of age and older through our mobile team. And then once we're able to make sure that those areas are covered, then we start to do a little bit more pivoting. And so what I spoke of earlier, what has not happened, we've not sat down with the county. We've not sat down with UT health, Dell med. We have not sat down with UT nursing school collaboratively. We met with them individually.

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We talked about, you know, what you're doing, community care what you're doing, etc. But what really needs to happen -- and I'll give you an example. With our black faith initiative, we were looking at two churches. And in our conversations with UT nursing school, they already had those on their list. And so it doesn't make sense for us to go there and they're there, too. And so what makes sense for us all to do is to have a meeting where we collaboratively say I'm committed to being at these locations. Where are you committed to be? And then where do we need to expand. But we have a map that says this is the map and this is where Austin public health is going to be. This is where UT health is going to be through the nursing school. This is where Dell med is going

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to be. This is what Travis county's going to do, Cota. And this is what community care is going to do. That way we are all working toward the common goal. Austin public health does not want to be in this business alone where we try to address everything that's happening in the eastern crescent. We've got to have our partners with us. They're willing to do it. They've been moving forward with their plans. We've been moving forward with our plans. We've got to bring those plans together for this to be successful for our community. >> Fuentes: Yes. That's like music to my ears. I love to hear that. That's exactly what we need, especially we want to have a cohesive strategy in vaccinating our eastern crescent communities. So I'm very happy to hear that type of collaboration is taking place. The other quick question I had -- I think I missed this and it was covered earlier. The data coming out of our Cota vaccine site that we have going on with the county, when can we

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expect that data, to see the demographics from it? >> We're going to send a report that we're going to receive from community care. We talked with them about that. We'll send a memo forward. Over the next couple of weeks, they're going to be sending that data to us and you'll start seeing it on the dashboard. So probably over the next couple of weeks we'll start to actually populate and put that data there. >> Fuentes: Gotcha. Thank you. >> Mhmm. >> Mayor Adler: Mayor pro tem. >> Harper-madison: Thank you, mayor. I agree, that's music to the ears. This is the second meeting in a row where I've got to tell you, the presentation made me feel optimistic. I am starting to think about what does our covid future look like. I think commissioner Travillion

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and Howard both spoke to it in terms of, you know, the preventive elements. I wonder how many of the resources that we have to combat covid will go to some of the disparities in healthcare, preventive healthcare, food insecurity, etc., that sort of led certain populations of people to be more susceptible to negative outcomes, to be folks with those comorbidity concerns. So my hope is that that's a part of the conversation moving forward as a result of this. And then I also think a lot about -- you said variants, I've been saying mutations. As the virus changes and grows, are folks going to be needing to get boosters along the way? Will there be immunizations coming soon for those under 16? What does it look like for kids

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going back to school in the fall? I certainly don't need all those questions answered now, but generally if you could give me a high-level overview of what our covid-19 future is looking like. >> Councilmember, first of all, thank you for your comments. And again, I agree that we've got a lot of work to do in terms



of addressing the disparities in our community on many, many levels. And we can't lose sight of that. Regarding our covid future, you know, there are a lot of asterisks right now. There are a lot of unknowns. I will say that, you know, I think the general expectation for an immunization for younger individuals, sometime this summer. When I say younger individuals, it's likely to be incremental. So we're probably going to see the gap bridge for

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12-16-year-olds first. And then, you know, perhaps younger kids. As the risk of the disease itself gets very low in terms of severe disease or death, the burden of safety grows substantially, because you have to prove that the vaccine is going to be safer than the natural disease. So it's going to be more challenging to develop vaccines for younger people and to meet that burden. You know, for our middle school, high school-age students, I think it's very likely that there will be a vaccine available for them before the start of school. I think that, you know, it's likely that we're going to see some ongoing modifications of normal in the school year next year, but I think with the vaccinations of faculty, staff, and those older students, I think it's much more likely that

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we're going to have a relatively normal in-person presence in the schools next year. Regarding boosters, a lot of this really depends on how we do as a country in vaccinating our community and then immediately transitioning to ensure that the world is vaccinated. Because if we don't vaccinate the planet, it's going to increase the likelihood that covid is going to continue to mutate and for us to end up in a flu-like situation where we have annual boosters for the circulating strains. >> Harper-madison: Thank you. I appreciate that. >> Mayor Adler: Thank you. Dr. Escott, I really appreciated the slides as well that talked about just the underlying health factors. I thought that was real

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instructive. I appreciate commissioner Travillion's questions that speak to the disparities that we've seen in even more bold relief with covid. I'd like to request that at some point, that you see if you can give us those same charts, but de-aggregated by race and ethnicity so that we can see the same thing, but broken out that way. That would really help us, you know, perhaps better target or better understand what we were seeing here. I would imagine that that would be available, wouldn't it? >> Mayor Adler: I will do my >> I will do my best, mayor. >> Mayor Adler: I know it's extra work, so prioritize it appropriately. One chart you had at the end had the state average of number of cases per population. Is that chart related to underlying health conditions, or is that chart for policy?

[10:31:25 AM]

>> Well, mayor, I think it's a mix of the two. Certainly in many of the areas that we know are risk factors for covid-19 severity and death, it was an uneven playing field to begin with. Travis county had lower rates of diabetes, individuals in fair or poor health. But I think what's really telling is the cumulative cases per capita. That can't be explained by those things. [Multiple voices] >> But not the transmission. Now, are there factors outside of policy that affect transmission? Certainly. Population density, multigenerational household. There are lots of other factors that come into play. And I'll tell you that without question the next decade is going to be spent looking back at the rates of disease, the rates of death, and trying to

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sort out what were the critical factors. But I do want to say this. And this goes back to commissioner Travillion's comments. We have been fortunate in Travis county. Travis county has been an example. The city of Austin has been an example for what can be done. And it certainly is a success story. But it's a success story on the backdrop of a country that's failed. We can't claim success when there are more than 550,000 Americans dead, more than 45,000 Texans dead. When we look at countries who have been very successful, like Australia, if we do a direct comparison to our sister city, same population, same geographic size, their cases, 606. Cumulative.

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Deaths, 4. That's what can be done. Now, certainly, Australia is an island. It's easier to protect islands in this sort of circumstance, but there are underlying factors. There is healthcare availability to all people. There's an integrated healthcare system. There is a well-structured and funded public health system. There is a sense of liberty and a sense of community that lives there. And we have to take note of that. It cannot just be about individual liberty. There has to be a balance between liberty and community. And I think it's quite clear that America is out of balance. >> Mayor Adler: Thank you. Judge brown, I'll turn it back over to you. >> Judge Brown: Thank you, mayor, and thank you, councilmembers and commissioners very much. We are going to obviously keep working on this.

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And I think there's some meetings today about ways that the city council -- the city, Austin public health, and Travis county can work together even more on coordinating efforts to get vaccines out to those hardest hit in our community, and look forward to those meetings that are going on with all of y'all. And with that, I think we will adjourn our part of the meeting and look forward to joining y'all again next week. >> Mayor Adler: Sounds good, judge. Thank you. At 10:34 here on March 30th, '21, we will adjourn the city portion of the joint meeting. Thank you again for letting us join you. >> Judge Brown: Thank you.

[1:30:14 PM]

>> Good afternoon, Austin. Welcome to our virtual media availability. I'm officer Kevin Krzan with the Austin police communication office. Availability is on atxn3. As you know, last week Joseph Chacon was confirmed as the interim chief of police. Today he and Spencer cronk will be talking about the future of APD. To start city manager Spencer cronk will share a message. After city manager cronk concludes chief Chacon will talk about his taking the helm at ap. We will have statements and then turn it over to the media. Chief Chacon, over to you. >> I thought I was going to start so I'll get going. City manager Spencer cronk

[1:31:16 PM]

and although many are familiar with chief Chacon, I welcome this opportunity to formally introduce him to our intradriver community. I want to express my appreciation to the city council for confirming him as my choice of interim chief of the Austin police department last Thursday. I want to reiterate that today we have no intentions of setting back until a permanent chief arrives. There is far too much important work to be done over the next few months and we have to be focused on moving forward. We need to continue to work on transforming the cadet academy, eliminating discrimination of bias, improving police-community relations and reimagining public safety. I am confident that chief Chacon's commitment to reform will enable us to make progress on our objectives over the coming months. In doing so he will have the full support of the city manager's office. The city of Austin's commitment to maintaining public safety and making sure all people in Austin feel safe in their communities is unwavering.

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We are investing in effective programs and strategies to make Austin a place where the efforts of police are supported with the high caliber training, public safety investments to prevent crime from occurring in the first place and appropriately handling of mental health crisis in social services. There is a pivotal time for our community. I am confident in chief Chacon's ability to navigate us through these

challenging times, continue to build public trust, move forward on the commitments we've made and lead this dedicated and professional police department while we search for our next permanent chief. To that end we'll continue to urge the committee to share their thoughts and ideas about the police chief search by visiting [speakupaustin.org/your next police chief](http://speakupaustin.org/your-next-police-chief). Emailing [community@austintexas.gov](mailto:community@austintexas.gov) or contacting Austin 311. And with that it's my pleasure to turn it over to chief Chacon. Thank you.

[1:33:16 PM]

>> Thank you, city manager. Thanks to everybody who is joining today. First I want to reiterate how proud I am to have our mayor and city council confirm city manager's decision to have me serve in my new role as the interim police chief for the Austin police department. I intend to keep Austin safe and to effectively identify our next permanent police chief. I want to directly to community and reassure you that the dedicated men and women of APD are committed to ensuring the safety of all populations in the greater Austin community. We continue to work hard and take the appropriate steps to reimagine public safety and to provide the highest levels of professionalism and service. The service that you expect from your local police department. After many meaningful and

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sometimes tough decisions I want you to know that we hear you and we're actively taking steps to move forward in the right direction. For those of you that don't know me I want to just provide a moment to be able to tell you a little bit about myself. I'm going to start with first that I am a person of integrity. Nothing is more important to me than upholding this value throughout the organization. This is done intentionally and daily in every interaction that we have with our community. I value the commitment that the hard working men and women of the Austin police department display on a daily basis as they deliver critical services to our community and they also value the community input that has been coming in driving the efforts for us to provide police service in the manner that our community desires. And importantly I believe in transparency and accountability. By displaying these core tenets in everything that we

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do, we can build trust and legitimacy between the department and our community. I've been leading the department in a couple of areas that I think are very critical right now to the community including in the area of ending homelessness and in how police interact with those that are in mental health crisis. I've been active in both these areas for a couple of years and they're areas for which I have a passion and I'm going to continue to advance the department's efforts in these areas. That kind of concludes my opening comments. I do want to leave some good time for media to go ahead and ask questions. I'll be

talking throughout about the goals during my tenure so very briefly I will say that I do want to facilitate effective organizational change. I think that it is important

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that you the community be able to see that your department is growing and is growing in the way that everybody in the community would like to see. I'd like to really effect a good transition of APD to new leadership and to bring on a new and revamped culture actively engaging in this search process through the team. We will be enhancing equity and inclusivity in all decisions, including the academy to make sure we are meeting the community expectations so that when we reopen it that we are doing so with the full offense of the city council and the people that they represent. I mentioned it already so I think it's important to reiterate the transparency enhancing communication and engagement with our community. I'm also enhancing communication significantly within the police

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department. Then building the trust. Enhancing that relationship between APD and the community I will be engaging with many parts of the community that may have -- may feel that they have been disenfranchised or been neglected. I am actively reaching out and trying to reengage on those. I'll turn it back over to you, Kevin so you can moderate the session. Thank you everyone for joining today. I look forward to the questions. >> And now we move it over to Kareem Hernandez and to our speakers. >> Thank you for having this conversation with our interim chief. I will start with the questions from univision. In recent weeks we have seen robberies in food trucks,

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the majority owned by hispanic vendors. How can the recent budget cuts affected officers patrolling in these communities? >> It's important for the community to understand that at the police department we have made changes to our staffing structure over the last several months to make sure that we do not lose the officers that are on the street. That we still have strong presence in our patrol areas because as a police department there's nothing more important that we do than answering 911 calls. That is our number one priority. So being able to effectively respond, to respond quickly and we have been able to continue to retain within a reasonable standard the measures that we have in place that kind of define how we're doing our police services. We will continue to do that and that's why it really is

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important that we restart the economy class because we need to bring in some fresh officers to start refilling the ranks and to make sure that we're bringing them on in the right way. We are looking at things like violent crime and I am-- I have put out a mandate this week to my command staff to bring back a violent crime initiative that we will institute within the next one to two weeks that we are going to be looking very actively to target those people that are committing violent crimes. I think that's the expectation from the community and that's the effort that we're putting forward right now. >> Next question from report Austin. What are the challenges you think the police is facing in their relationship with the hispanic community and what will your approach be with the immigrant population in Austin?

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That was reporte Austin. >> So I'm very glad in this moment right now that we have an opportunity that we now have an hispanic chief. At the conclusion of this I will be speaking in Spanish and speaking to the Spanish community in their native tongue. It's it's important that we value all segment of the community, including the Latino population. In recent weeks we have seen many more crimes being committed across the country against our asian-americans and pacific islanders, those of that descent. So we need to make sure we're keeping an eye on all parts of the community, providing equitable services to all of them and that -- no less the Latino or immigrant community that is out there. I want to build trust.

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I want them to understand when they call 911 that we are certainly most important interested in their safety. You know, our officers are there to make sure that they are safe and that they feel safe just like all other segments. Community. Segments of the community. >> Next question K CBS Austin. Last Austin some community members and councilmembers called for a change in police leadership and use of force during the black lives matter protest in Austin. As interim chief what steps will you take to relieve lingering police distrust in community regarding these events? I. >> I talked a little bit about this at the offset and I'll expand a little bit. I think that what is most important for people to understand is that we have to be transparent in what

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happened last summer. We have to look very critically at ourselves to see where we did a very good job and I think we did a good job in many areas. And in other areas where certainly we can say that improvements needed to be made. The more that we communicate and that we explain the things that

are going on that's how we will build that trust. And increase police legitimacy. We have to be communicative. So I have committed to city management and to mayor and council that I plan to be as open and transparent in as quick and expedient a manner as possible when we have incidents that happen in which the community has an interest. So I'm not just talking about those critical incidents like an officer-involved shooting, but other items of interest as well that are happening within the police department or the police department is a part of, I want to be out

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front really explaining what's going on. I think that's important not just for our own -- our community, but for the men and women of this organization as well. So that's a commitment to them as well. >> This is from the Texas tribune. Do you support efforts at the Texas legislature for cutting the police budget for specific bills that he does or does not support? >> I testified regarding a number of bills that had to do with quote, unquote, defunding the police and holding cities accountable. I came out strongly that I did not think this was the right way to address an issue that we S. I think that local departments and really local

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municipalities have to have control local police departments. They have to determine how the community, based on the input from that community, is going to be policed and that it should not it should not come from a state government or from the federal government or some other level. It really needs to be that local control. There are a number of reasons, the budget is one thing, but what I testified to specifically was that we have to have trust from community from the police officers that patrol locally and that trust is built by the daily interactions that happen. So over time we have built those kind of relationships with people in community and if we have another department that just steps in and all of a sudden is asked to do the same thing to the same level, I think that you're setting those folks up for failure. So that is what I testified to and I would not support

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any measure that is looking to be punitive in any way towards a local entity. I think that we have to work with our local government to find that right mix, that right framework for how policing is going to be done and I'm committed to doing that. >> This next question comes from Kut radio. Do you plan to apply for the chief of police job? >> It is something I am considering and I have not made any decisions about. >> Next question comes from the Austin chronicle. On video recorded yesterday at a rally near fourth and congress shows an Austin police officer pushing a woman in a wheelchair until she falls out of the chair.

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The officer proceeds to walk away without helping the woman. With any of the officers at the scene undergo go an internal affairs disciplinary investigation? >> I have seen the incident in question. We are -- I've already spoken with the area commander and we are doing our review of such types of incidents, which includes the use of force, which includes the response to the community and how we handle this, to ensure all the policies were followed. I don't want to get out ahead of this and make any comments about whether I think it will go to internal affairs or not. I want to conduct that which is part of our policy and that review is currently being conducted. >> Next question comes from KVUE. How many depending officers disciplinary employment decisions will chief Chacon inherent and what is his

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timeline for making those disciplinary/employment decisions? How will grand jury's indictment of an officer influence chief Chacon's disciplinary/employment decisions? >> So with regard I'm going to answer the first part obviously first which is I couldn't tell you the number of incidents that we have where officers are alleged to have violated policy. I can tell you that we have a very robust internal affairs decision that is on a timeline. We have timelines that are set by state law. That we have to operate within. And we are -- we will do so in each one of those cases ensure that we don't let deadlines pass by. We work very closely with the office of police oversight that is conducting the oversight of those to ensure that they are the kind of checks and balances for us to make sure that we are conducting unbiased and thorough investigations and

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that ultimately kind of help the process towards the end of making sure that we hear from the police monitor, Farah muscadin, how she feels regarding whatever the incident is. With regards to officers that might be facing criminal charges or indictments, there is a process in place for ensuring that any kind of timelines that might be set by display are extended until -- by state law are extended until the investigation is complete. That is something that we receive back from our district or county attorney that says no charges are going to be filed or if charges are filed until that action is complete all the way through court. So we have processes for all of those in place and protocols that we will follow to make sure not only are we maintaining officer's rights, but that we are

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holding officers accountable for whatever the alleged action is if it turns out to be founded. >> Next question comes from the "Austin american-statesman." How will you repair wounded relationships with the activist community in Austin? In light of recent events in Atlanta, what actions do you plan to take in helping protect the aapi community in Austin? >> Thanks for the question. I have been already in kind of my limited time here reaching out to some of our activist groups here in Austin trying to engage. That is going to be a continuous effort throughout my -- what is probably going to be a short tenure as the interim chief to make sure we're continuing that they're a vocal and kind of vital part of our community. And so I really need to be

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able to sit down with them, to hear what they're saying and not only that, but to see what the kind of wants of whatever group it is to see if it's something that we can do. And so I am committing to doing that. I have already done it with a few and will continue to do it with other groups and certainly any member out there that might be watching this who is interested in meeting with me, I ask you to please get in touch with me. So that is my desire to be as engaged with our community, including our activist community as possible. With regard -- I apologize, I'm thinking about the question now with the asian-american and pacific islander community, following the actions that have happened in the last couple of weeks, we have stepped up patrols in areas that we know we have businesses or places of worship that are owned or operated by people of asian-american descent. We want to make sure that

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they feel protected. We want to make sure that we're keeping a watchful eye. I'm glad to say that we have not seen anything in the community specifically that is targeting asian-americans, but it's something that we are keeping an eye for to make sure that if we do see it not only do we address it, but we make sure that we notify the community so that they have awareness. >> Great. The next question, the daily Texan. What actions do you plan to take as interim police chief to ensure diversity and inclusion in the training of the upcoming cadet class and what do those diversity inclusion changes to the curriculum look like? >> So there are a number of things that we're doing right now to ensure that we are going to put together a cadet class that the city of Austin can be proud of, that

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we are really looking at a diversity, equity and inclusion lens to make sure that every training video that we have, every class that we put on, that we are doing it in a way that is going to promote those values. In order to do that we've hired Ann Kringas, the new training academy division manager. She has extensive experience in this area and in the area of academics to be able to transform our academy

essentially into an institution of higher education. And we're creating a much better adult learning environment and with a focus specifically on adult learning. We're also contracting with the Joyce James consulting work to do the groundwater analysis of institutional and racial inequities in policing training. So this workshop that will be conducted -- and we are in the process of not only putting our cadets through it, but our incumbents, the people that are already

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here, really looks at institutionalized racism at that groundwater level. And as the underlying cause of societal and generational racial inequities. It's important for our officers to be able to understand that and internalize it and then look through that kind of as a mentioned a lens as they provide services down the road once they graduate from the academy and are out there serving our citizens. So I've just mentioned a couple of things that we're doing. There's a number of things that we're going to be doing, but all of these are part of the blueprint that we're laying out for city management and for the city council to understand how we are really trying to advance this effort of redoing our police training academy. >> I will just add that I appreciate the police chief's leadership on this. I know he was actually visiting the academy this morning to reinforce some of

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the messages that we've been conveying both through the blueprint and the steps we've been taking to have a reimagined and a revisioned cadet training academy that will really reflect our community going forward. So this is an incredibly important topic and we are putting all of our resources and efforts to make sure that we can stand behind it and it's something that the community can support. Thanks, chief. >> Thank you. Now the next question is going to be from fox 7 news. Even with the new cadet class this summer it will be about a year before new officers sworn and how will you address the officer shortage in the meantime? Will more specialized units see cuts between now and next year? >> I can say that that is likely. We continue to lose officers through normal attrition and right now our attrition rate has been -- it has been

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higher than normal as we are officers that are entering the time in their career where they're eligible for retirement. And we've seen a number of officers that have left in the recent months. And that is leading -- leaving our patrol ranks short. As I mentioned earlier it is so critical that we have patrol that is staffed appropriately so that we are ensuring the safety of the community. And importantly I'm ensuring the safety of the officers that they have enough officers out there to back one another up as they go to what can sometimes be very dangerous calls. So yes, we are looking at areas, we're being very strategic and

very intentional and thoughtful about which units might have to be downsized. I am taking input from a number of areas and have heard very clearly from many community members about the things that they value. And all of those things are coming into our -- kind of our focus right now as we

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look at where we're going to have to do that. I've said it a couple of times, this is why it's so great that we are actually getting our academy back up and running again. I think people are going to be very proud of the product that we put together ultimately in the curriculum and the the things that we're going to be doing out there, and importantly we are going to be adding back to the ranks and so that once we have enough officers we can push those folks back to their regular assignments. >> Great. And we're on our last question. It's from KXAN. You've been with APD for more than two decades and some argue that enough needed change can't come from someone who has been within the department that long. How do you bring the change that makes for a more transparent, efficient and effective police force? >> That's a great question and I think it's a fair

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question. I would ask you for the people that I have the daily interactions with for the community members that I'll be engaging to just have an open mind. I would ask you to look at not only the words that I'm telling you, but the actions that will follow and judge me by that because I tell you that I'm a person of integrity, I tell you that I'm a who is here to make sure that this community is safe. And in the same breath tell you that we are going to deliver police services the way the community wants. So those two things are the things that are going to be driving the operations, how I'm going to be driving the vision and mission here for our police officers. And it starts with us at the top and then it goes all the way through the organization. I plan to really instill a

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sense of service, of servant leadership throughout the department that by the highest ranks of the department really delivering that to all of the officers, the officers who are actually taking the 911 calls are going to turn around and they're going to deliver it to the community. That is the way that I want to see this happen and what I'm actively working towards. So I would just say, please, give it a chance for those that might have doubts and just let me prove it to folks. >> Thank you, chief. That was the last of our questions and thank you to crime. Chief Chacon would now like to address the Spanish community directly. Chief Chacon. >> Okay. Give me one moment, please.

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[Speaking Spanish]. ... [ speaking Spanish]. [Speaking Spanish].

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>> Thank you, chief. And before we wrap up, we would like to give chief Chacon and city manager cronk a chance to make any closing remarks. We will start with chief Chacon. >> I appreciate it. I'm just so excited. That's all I can really tell you is that this is a great opportunity. I think for us to showcase how good this police department is. I think with much of the things that have been going on in this country and the things that are going on nationally that has been lost in that narrative. My intention is to highlight the really good things and then importantly it is to shine a light when we fall short and to be as transparent as possible and to hold ourselves to high account. So I will be doing that in the coming months. I want to leave this department in a better

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place, audiograms continually improving -- always continually improving for when we find that next police chief and I turn the reins over. So city manager cronk and mayor and council, I want to thank you for showing the confidence in me to be able to lead us through this interim period, and I can promise I won't let them down. >> Thank you, chief. And now over to city manager cronk. >> Well, thank you for creating the space for this important conversation today and I am so proud of the way that our community is willing to have these important conversations and discussions on such a broad range of subjects related to public safety. No doubt that these discussions will continue as we undertake the important process of finding Austin's next police chief. And as I've said before my goal throughout will be to ensure that our residents are heard and who they want to see lead our department and I look forward to a transparent and inclusive process that relies heavily

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on extensive engagement with the community as well as the city leadership and the employees of the police department. I want to thank chief Chacon for being here today for taking on this incredible responsibility and I want to thank our pool reporter from univision for asking the media questions. And with that, this concludes our press conference.

[5:32:53 PM]

>> >> >> >> >> Chair: We have seven, which gives us a quorum. Okay. That being the case, I'm going to now call the urban transportation commission special called meeting on March 30th, 2021 to order. We want to take a moment to -- I think we have two new members although only one is here. Ryan, do you want to give 30 seconds to say something about being involved of in

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this? >> Sure, certainly. My name is Nathan Ryan and I'm representing district 2 with the urban transportation commission now. I've excited to be here. The last few years I've gotten quite involved in transportation and housing-related issues in Austin. It's close to my heart because I think it's connected to everything, where you live, how you get around. The economics of that matter, the environmental friendliness of that matters. It is core to every other decision we make as a city. So I'm really excited to be on the commission and working with y'all. And if you hear my dogs barking in the background, I apologize, but that is pretty likely that they break in at some point and have opinions. >> That's all right. Puppies and kids are always welcome. >> Great. Yeah. No, super excited to be here. >> Chair: All right. Okay. So we'll call to order. I do see on the agenda the

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approval the minutes. I did not get minutes in the package or in the backup. I feel like we need to skip this item if that is the case. Did anybody actually get the minutes? >> They were -- sorry this, Casey. They're in the meeting link. They're in the meeting link email with the agenda attached. >> Chair: Okay, sorry, I was looking at the utc site it's level. So here are the minutes. I have not read through them, but they're thankfully very short. Is there a motion to approve the minutes? >> So moved. >> Chair: Is there a second? I will second the motion to approve the minutes. Any discussion? All in favor raise your hands that are on camera. The others will have to speak up. >> Aye from Athena.

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>> Thank you much. Casey, did you get that? That was seven. >> Yes. Did you also call the meeting to order so I can get a time down. >> Chair: I did. It was probably two minutes ago. >> Thank you. >> Chair: Okay. Let me close that now and go back to the agenda. Okay, we have citizens communication general, so these are people who want to speak on something that is not on the agenda. We have two people signed up for item 3b, which we will do at that point. Was there any last minute citizens communication of a general topic? Casey? >> Nope, just those two. >> Chair: Just those two. Great. Then we will move

on to new business. The first item up for discussion, item 3a, discussion and possible action regarding appointment of an urban transportation commission member to the project connect community

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advisory committee. I believe there are three presenters whenever you want to take it away. >> There we go. Sorry about that. I tried to unmute myself. Hi, everybody. My name is Jackie Nirenberg and I am the director of community engagement and involvement for the new Austin transit partnership. And today you will be selected a designee for the community advisory committee. I'm going to share my screen if I can. >> And Jackie, this is Cheyenne from the city manager's office. I'm also available to answer any questions. >> Great. Cheyenne, did you have slides too? >> I did. I had our -- >> Do for it. Yes! >> Well, we're all very eager to be here. This is Cheyenne Krause.

[5:37:57 PM]

I work currently in the city manager's office supporting assistant city manager fiandaca. I apologize if I slur my words because I had some dental work done. Jackie and I had been working together along with annick Beaudet over the last several months regarding the project connect advisory committee. These slides are to guide you through and set up your discussion. Ultimately who the utc appoints is very much your decision so we hope this is helpful for you all for that -- for framing it. Next slide, please. So the project connect community advisory committee was created -- the framework for it was created by the city council and the capital metro board in December of 2020.

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They amended an interlocal agreement between the city council and capital metro for project connect and added a simple framework for this committee. The committee will advise the city and the new Austin transit partnership on the 300-million-dollar anti-displacement assessments, the tool that's being created to help guide those assessments. The equity key performance indicators, which was a separate - - created by a separate council resolution around project connect and wanting to have a framework for measuring our progress on some equity-related things for project connect. And equitable transit oriented development study that we are just starting that will focus on transit-oriented development around project connect around the entire system. The recommendations by the advisory committee must be heard by either the city, capital metro or the Austin transit partnership. So this is a three-party kind of working relationship that we have established.

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Some of you -- for clarification, since some of you may or may not know, when project connect was approved by voters in November 2020, the city and capital metro created the Austin transit partnership, which is an independent local government corporation. They have their own board and the Austin transit partnership is ultimately the recipient of the project connect voter approved tax rate. That money goes to the Austin transit partnership. The Austin transit partnership then is responsible for delivering project connect in partnership with the city and capital metro. Next slide. So just in terms of membership, the project connect community advisory committee is going to be 11 community members, six of whom were intended to be appointed by an open application process and I'll get to more of that in a

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little bit. And five community members appointed from within existing city and capital metro boards and commissions. So that would be the urban transportation commission, the mayor's committee for people with disabilities and the community development commission on the city's side. And then the two capital metro customer and community committees. Members must be a resident of Austin or live within the capital metro service area. They cannot have a contract for property, goods or services with the city, capital metro or Austin transit partnership. The membership term is intended to be two years with anticipated monthly meetings. You know, as an as sixth street on this and I hear -- asterisk on this and I hear Jackie trying to chime in, I'll note that we've had questions will how long the meetings will be and all that. And I think you all through your work as commissioners that some meetings are really quick depending on what's on the agenda and some meetings go a little longer and it depends on

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what's on the plates plate for that given month. That's what I can tell you at this point. >> Jackie, were you trying to chime in? >> No, that wasn't me. >> Next slide. We were supposed to close at the end of February. Given the winter storm and our entire community losing a week essentially we did extend it to March 5th. We shared it on social media. Jackie and I and annick pushed it out to our networks that we have earned through working on the Austin strategic mobility plan, project connect, capital metro, you know, our own personal networking groups and things like that. We shared it with other city departments, with our partner agencies, really tried to get a diverse group. We also of course asked the capital metro board and city council to share itment we

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hope you saw it in your councilmembers' newsletters, those kinds of things. The council and the board wanted a group of participants from a wide array of topic areas. You didn't have to have previous experience working in transportation and mobility and equity issues. They were interested in people with labor experience, people who were parents who used the capital metro system currently or would like to use it in a different way with their children. People with mobility experience. People who had experience on other types of access issues. So very, very broad. And the framework established a nominating committee that made a recommendation to the full city council and the capital metro board for consideration. Our role as staff was essentially to facilitate collecting applications,

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equipping the nominating committee with the ability to review those applications and make a decision. So that's kind of how we framed it up. Next slide, please. This is how -- this is the lay of the land currently. So on the left you see these are the applicants that were nominated by the nominating committee. You'll see that it ended up being eight instead of six. That was the decision of the nominating committee as they were reviewing -- [inaudible]. I apologize. I realize I muted myself. The nominating committee recommended eight people instead of six. They also recommended an ex-officio member. I believe Mr. Carner works with the university of Texas so that was identified in their recommendation. And I added a note here that both must be firmed by the council and the capital metro board. That has happened from my

[5:45:05 PM]

understanding. The city council approved them last -- approved the slate last Thursday and the capital metro board approved the slate on Monday. On the right-hand side these are the current standings from the existing boards and commissions and capital metro committees. And you can see we are here tonight of course to get your recommendation. We are also waiting on a recommendation from the mayor's committee for people with disabilities, which is anticipated this week. And the other three committees have appointed their members. Next slide, please. So this is where we are at. The check marks on the left-hand side kind of denote where we have gone so far. And I should note of course now it's past the 29th. I finalized this slide last week. So capital metro did approve the eight nominees for the committee and so the only thing left undone is the appointments from the two

[5:46:05 PM]

other committees. And this timeline was set up with the intention of potentially having the first meeting in April in terms of date, time, location, those types of logistics, I would imagine that Jackie and I and annick will work to identify the best date and time and logistics once we actually have the committee



members to be respectful of everybody's schedule. And I believe that that was my last slide. Next slide, please. I would add, and I think Jackie would as well, this is not the only opportunity to get involved with project connect. In fact, Jackie can elaborate of course if you would like to, there are other committees being formed through the Austin transit partnership. There will be an opportunity for people who either wanted to participate or are just hearing about this now through watching atc to put their names in through the application process there, I believe. But also we want -- this is

[5:47:06 PM]

a committee for the community. We want people to pay attention to it. We want people to get involved in project connect and stay involved. This is a -- there are some things that are going to be imminent this year. There are things that are going to take years to deliver and we are excited and hope people will be invested throughout that whole time. So please continue to push people to project connect.com. The advisory committee website is there, but projectconnect.com/getinvolved has a lot of information about opportunities to participate no matter what your interests are. And with that, Jackie, would you like to add anything? >> Yes. I would just add that there are three technical advisory committees to the board that were going to be launching an application process for next week just to expand on what Cheyenne was saying about other opportunities. So one is going to be the engineering architecture and construction committee. There will be a finance and

[5:48:08 PM]

risk committee. And there will be a planning, sustainability, equity and dba committee as well. Each one will have its own board liaison and we're looking for community members who have either lived experience or professional experience in those areas who feel that they can contribute. In addition, there will be a number of working groups that can contribute along the way and possibly advisory groups as well. There will be a lot of opportunities to plug in. >> And with that I guess Jackie and I are available to answer any questions. I did frame it up for you at the beginning that this was really a conversation amongst yourselves about who is interested and has the capacity to participate. But we're happy to answer any questions that you have for us.

[5:49:08 PM]

>> You're muted. I think you're speaking. >> Chair: I think this is listed for discussion and possible action so we can take action today. I guess the first part is does anyone have any broad questions or details that you need to hear from Cheyenne or Jackie before we talk about membership? And Athena and Alex, I can't see you so you will have to speak up if you have questions. Okay. Let's move into an action stage. Are there individuals who want to self-nominate? >> I'm definitely would be willing to self-

nominate. I would be very interested in serving, but I would -- >> Would you drop off -- Jackie, I guess I have a question. This is in addition to the ambassador network, right? >> Yes. There's also the pcan will still be going and we're always welcoming folks to

[5:50:09 PM]

participate in that advisory group as well. Thank you for bringing that up, Mario. >> Chair: So do other commissioners, anybody, Athena or Alex, I can't see you, but do you have questions, do you want to self-nominate? Nathan? >> Well, I'm glad that Susan self-nominated because that's who I was going to recommend for this. She has a background in transit and [inaudible]. >> Chair: Okay. Well, do I hear a nomination that utc appoint commissioner somers to the citizen advisory committee. Is that what it's called -- >> Community advisory committee. >> Chair: Sorry. Commissioner wilfley. >> I would make that nomination. >> Is there a second? >> I will second. >> Daniel Alvarado seconded.

[5:51:09 PM]

Any discussion? Nathan, Athena, Ali? >> I would love to say I think Susan is the one for the job. I'm always impressed by her knowledge. Thanks for stepping up, Susan. >> Chair: Okay. All in favor raise your hand or say aye. >> Aye from Athena. >> Aye from Ali. >> All opposed? Any abstentions? It's unanimous. Congratulations, Susan. One more thing to add to your list! >> We will be in touch with the advisory committee in the coming days. I think I owe a list of emails to Jackie so look for that and we'll be in touch. >> Thanks, everybody, and congratulations, Susan. >> Thanks. >> Chair: Okay. Moving on to item 3b, which is a right-of-way vacation application for 2209 south first. There are two citizens who

[5:52:10 PM]

have signed up. They don't want to speak, but they do want to express their support, Brandon Allen and Brad peace stein, both are in favor of this vacation application. So I guess city hall, take it away. >> Coming up. >> Sorry. I'm a little new to this. Hi. Good afternoon, commissioners. My name is mashell Smith. I work for the land development services department. Is somebody doing that? >> This is the av tech. Coming up on your presentation. >> Thank you. Item 3b is for an alley right-of-way vacation of an unpaved alleyway generally abutting 2209 south first

[5:53:12 PM]

street. We enter -- the city city of Austin's final number is [indiscernible]. The owner is requesting the vacation of a 4,357 square foot tract to allow a mixed use project with low work units and multi-family units. All affected departments and private utility franchise stakeholders have reviewed the request and recommend approval. Subject to the conditions on the master comment report a public utility easement and drainage easement will be retained over the entirety of the right-of-way vacation area. The public works director per code sent this to the planning commission and to utc. The application -- I'm sorry, the applicant's representative is available to answer questions regarding the development and I am available to answer questions regarding the right-of-way vacation process itself. >> Chair: Okay. Thank you for that summary. For those who don't know in south Austin, this is in or used to be and across from all the used to be,

[5:54:14 PM]

[indiscernible] Used to be and it's essentially an empty lot -- it's a lot of warehouse-y little spaces behind a little building. Can you give us just a brief overview of what will go in there when you say mixed use development, just a 30-second, one-minute overview. >> I would like for the applicant's representative to do that. When they wrote in the application itself that's kind of what they said, so I don't know much of the details as far as the height or units or anything like that. I believe Dave Anderson is one of the participants that can speak to kind of again the more general questions about the development itself. >> Happy to do that, Michelle. Can you guys hear me? >> We can. >> My name is Dave Anderson. I work for junco group and I am here tonight, commissioners and chair to answer questions that you might have on this alley

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vacation. This project is housing project with live-work units on the first floor. I think we're in the range of 100 to 110 housing units and I think what's germane to the discussion tonight is it's on a core transit corridor. It is-- it has very close access to bus service. It is reducing the curb cuts. Mario, you seem to be familiar with it. It's like a giant driveway, isn't it? >> Yeah. >> We're reducing curb cuts to two which reduces about 250 feet of driveway there. It would have to have street trees and large sidewalks, so it's going to transition this from a kind of scary situation from a pedestrian

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perspective to something that's a heck of a lot safer. In addition to that the property backs up on the eastside to east Bouldin creek and in working with staff the -- my client is going to be able to dedicate parkland back there and put a trail along east Bouldin creek and also restore theory riparian area back there. So -- the riparian area back there. So you're getting a better bicycle and pedestrian experience on

south first and live oak. So on the western portion and northern portion. And on the eastern portion of the site you are getting what staff hopes will be the first or early segments of what could ultimately be a trail along east Bouldin creek running north and south that's in

[5:57:17 PM]

their long-term urban trails plan. So the alley itself, it's in bad shape. It's never been used. The structures that are on this site are in significant disrepair and so it's -- that's a general summary of what's there and of the project that I described. >> Thank you for that. Significant disrepair I think is a -- I know that spot well. I think commissioner Wilfley may know it well, she's in the same neighborhood. So this is available for us to discuss. Are there any more questions before we move into some

[5:58:18 PM]

action? Okay. So is there a motion to approve this alley vacation application? Who wants to be the first? >> I would make that motion. >> Is there a second. >> I'll second it. Athena. >> Chair: She just beat you out, Nathan. Seconded by Athena. Is there any discussion? Let's take a vote. All in favor of approving this application raise your hand. If you're voice only please say aye. >> Aye from Athena. >> Aye from Ali. >> That is everybody, but I'll run through it. Anybody opposed? Any abstentions? Unanimously approved. Congratulations and good luck. >> Thank you, commissioners

[5:59:18 PM]

for your service. >> Chair: Okay. Moving right along, we'll get to item 3. 3c, Chalmers avenue right-of-way vacation application. It looks like maybe the same speakers or one of the same speakers. Wherever you are ready. Do you have outside speakers or you're looking to Mashell again. >> Stephany Roy, Mashell Smith, Meg Greenfield. >> This is a street vacation of Chalmers avenue, which is a paved and functioning street between third and fourth street. The final number is 10254-02. The housing authority of the city of Austin, HACA, is requesting the vacation of approximately 0.39 of an acre tract. HACA is asking for the

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vacation -- vaccination. For the vacation to further enhance their affordable housing project, provide a more contiguous play area for the children and increase pedestrian and bicycle connectivity in the

neighborhood. Haca is tearing down the older buildings and increasing their unit count from 158 to 398. All affected departments and franchise stakeholders recommend approval subject to the comment report. A public utility easement and access easement that will be retained over the entire area. The public works code sent this to planning commission and to utc. Haca's representative is available to answer questions and I am available to answer the right-of-way vacation process. And I wrote that up earlier this afternoon and I was sure that Jay segura was going to be doing a presentation, but I don't see him as being one of the participants.

[6:01:22 PM]

Casey, do you know if anybody signed up for Chalmers? >> No, we didn't have anybody signed up for that one. The only people I have listed are meg green field and then Phil -- >> Yeah. I think meg Greenfield is with -- yeah. I'm surprised she's not on the line. So I can answer kind of what I read as far as what they're doing, why they're wanting the vacation area. Is -- was on their application so I don't have a lot of more information about the project itself, but again I can certainly answer questions regarding the process. >> There is some content in our backup that talked about it broadly. Commissioner weather fly, were you going to say something? >> I was going to ask a question. I notice the block just north of there it looks like

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the alleyway was vacated there as well. It's hard to tell. I haven't been there on street and looked. It looks like there's some sort of a passageway, but I can't tell if that's a bike path or what it might be. Is this a continuum there somewhere? >> What's so interesting about that is right after this application came in I happened to be in that area and I saw what you're seeing on googlemaps or whatever. And I immediately called the office and said oh, they didn't even go through the application. They've already built it! I was all upset they skirted around the process. Well, exactly right. So they're doing third to fourth now. They've already done fourth to fifth years ago. It's actually a very attractive kind of community area. You can walk, you can bike. I think there's times that they kind of even close it off and they do community

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events for people that live in the units. My understanding is they're going to -- it's a phased project where they built something, they moved people in, they tear down the old units. Once they've built the newer units they move those people back in, they tear down another. So haca has done a really nice job of making those-- just my opinion obviously. But making -- taking advantage of property that they've owned for a long time and them going from 158 units of affordable housing to almost 400 units

affordable housing is just fabulous. It's everything that Austin would want it to be. And again, east, but not very far east, so it does -- it is on the cap metro. It will be much more user friendly as far as bikes and

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pedestrians. I've heard a couple of people say it will be safer for the children that are walking to the school that is fairly close to this area. So yeah. I agree with you. I think it's probably going to mirror what's on the other side that you're seeing on Google Earth. >> Thank you. >> You're welcome. >> Chair: Okay. Are there any other questions? Comments? Okay. Then let's have a motion to approve this vacation? >> I will move to approve. >> Nathan, now's your chance. >> Was that Ali or Athena? >> This is Ali. Move to approve. >> Is there a second. >> All right. Any final discussion? All right. Let's move to vote. All in favor of approving the vacation of Chalmers

[6:05:25 PM]

avenue rise your hand or -- raise your hand or say aye if -- >> Aye from Athena. >> And aye from Ali. >> All right. Any objections? Any abstentions. Passed unanimously. All right. Thank you very much. And congrats. >> Thank you. >> And now what will be probably a longer presentation. This is item 3D the Dougherty arts center project. The presenter is Kevin Johnson. If I could ask you one framing question, Kevin, when giving your presentation, maybe you can give us a 30 seconds or a minute on what you want out of this presentation tonight from us. >> Sure. I think that's a great way to start the conversation and hello to all the commissioners. My name is Kevin Johnson with the parks department. This is a presentation we've taken to quite a few boards and commissions. We're in a preliminary design phase for our Dougherty arts center

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project. We've been given some direction by city council to look at a few alternatives for this project and that includes how we're addressing issues of traffic and parking at the proposed site. So we would -- we've been seeking the recommendation of our preferred scenario from other boards and commissions. If you all feel like your focus is more specific on this project, we would welcome a statement from you all that you might want to share with council as they consider how we will move forward into the design phase on this project. Does that sound reasonable? >> Chair: Yes, thank you very much. >> I don't know what kind of commentary you were looking for. >> No. I appreciate you asking that upfront. I did want to say I'm aware of that. And we are going to try to get through the presentation fairly quickly so we can mostly open it up to questions and comments at the end, but I will add that I'm joined by my colleagues, Robert burns, he's a

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principal architect in studio 8 and Boback terraini, who will also take a short part of this presentation. To set more context, for those of you unfamiliar with the Dougherty arts center project this is a facility that the parks department has long been seeking a new home for. And a few years ago we initiated a feasibility study to move the existing site to the parkland side of butler shores and follow that up with a community engagement and planning phase and ultimately went to council in the spring of 2019 and they approved the relocation of this facility to butler shores. And that approval came with some additional interest in how we were addressing issues of parking, how the building footprint was sort of facilitating vehicular access to the site and so they asked that we look at a few alternatives. And tonight's presentation is really geared towards the

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response to that feedback that we got, how these four scenarios kind of all consider different criteria that council gave us. There are a lot of constraints on this site and a lot of moving parts and pieces to project. But we'll try to make it fairly straightforward for you guys. And each option provides a different proposed parking solution. I'm sorry, I got a window of notes here that just got away. I think that's a sufficient context to get us started. I did want to reiterate that we're in a preliminary design state for our project right now, but we plan to go back to council for a briefing next week and then we expect that they will take action on the item at their final meeting in April and that will begin a process for schematic design in which we can address a lot of these issues more fully. So I think as you will see in the presentation our department has a preferred scheme and like I said if

[6:09:30 PM]

you all felt compelled to make a motion of support we would welcome that and also leave time for questions and comments as we get there. Next slide, please. So let's locate ourselves within the city. This shows both the current Dougherty arts center site as well as the new site at butler shores in the center. Screen. The uses on butler shores currently exist of three little league ball fields that are on the westernmost edge. Those will remain program by south Austin little league. There are two softball fields in the center of the site oriented in the northeast direction. That's really the project site for the Dougherty arts center is the central area of the site here. A couple other key components of the project site are the parks and recreation department's main office just above the proposed word on this map and then obviously the Zach

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Scott theater complex obviously borders the eastern edge of the site. We're really excited for the cultural arts neighbor that we'll have at this site and just the visibility for the cultural arts scene that convergence of arts functions really occurring on this site and really extending all the way into butler park that includes the other cultural arts facilities, the long center and the palmer auditorium. Next slide, please. So I spoke a little bit to the council direction. The rendering you're seeing on this image that came out of the planning process from 2018 and 2019 to orient you to that, the new Dougherty arts center is indicated in purple sort of along the tomb my road frontage. Obviously this is a very conceptual and schematic diagram but we had indicated that there would be a parking structure that supports this facility accessed by both Riverside drive and Toomey road and that the pard main office

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which is indicated in blue there would remain on the site. In may of 2019 when they did approve this they had asked that we consider what essentially boils down to these three alternatives and so they're listed with numbers one through three here and that ties to later in the presentation as we have some numbering convention for the options that we're showing you. But option one is basically that the new Dougherty arts center would sit on this site and the existing pard main would remain as it is today. Option two is one in which the existing pard main office would be demolished and reconstructed as a part of this project to really create kind of more of a campus feel. And like I mentioned that interest was coming out of -- by putting the footprint of the pard main office in play may be an opportunity to pull the massing of the building northward a little bit. There was some concern about possible congestion and

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overloading of functions along Toomey road so there was interest in seeing how we could potentially alleviate some of that traffic. And the third option is relatively similar. It's that the new Dougherty arts center would be relocated -- would be rebuilt on this site and the existing pard main office would be relocated off of this site altogether. Now, both options two and three as it relates to our main office those are not funded. It's something we explored at council's request, but just do want to be clear that our department was not funded through the bond to build a new main office. We were funded through the bond to deliver a new Dougherty arts center. Some additional feedback that we heard was to approach parking in a comprehensive fashion on this site to consolidate existing surface parking and really provide an underground solution that meets the needs of the district. I did want to point out that's sort of a partially unfunded request as well because meeting the needs of



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the larger district was never tied to the funding request for the Dougherty, but it's something that we've explored and the team certainly wants to put forward the best planning scenario for this project as we move forward. Then to address the unfunded requests we were asked to seek alternative funding mechanisms and interest in philanthropy, both conversations that our department has started with the city of Austin and with external partners as well. Next slide, please. So the request to reconsider whether or not the main office would be a part of this site and project warranted a look at its historic context. I'll just point out quickly that interesting an historic building, eligible for listing on historic register. We've presented to the historic landmark commission and also received some interest from the preservation community. Obviously that's a significant constraint on the site and something that we want to take into account

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with the options that we're putting forward. Next slide, please. A snapshot of our stakeholder engagement, just as a -- within the most recent phase of our project we've had a series of virtual forums for participation in this project both citywide and also with small groups. We've engaged the very targeted artist communities that use the Dougherty arts center. You know, it supports both fine arts and performing arts and we wanted to be sure that our team had a real thorough understanding of what makes all of those programs function collectively in it this space so we were designing the facility with all of that in mind. We were working with partners like the Zach theater, the trail foundation, within the city the Austin transportation department and many others, excuse me. Next slide, please. And out of our engagement

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process a mission statement has come together for this project. It's really seeking to combine the missions of the Dougherty arts center, which is to support arts access for all with that of the parks department, which is to create communities so this is kind of a natural convergence of an opportunity to create community through art. We also have five principals of the building, this is designed to our architect's design process, sort of setting benchmarks in as we move through the process. We do have some ambitious designability goals for this project and its location, seeking a Leed gold certification and also a well certification at this facility, which would be the city's first well certified building. Here is a snapshot of the constraints. What this essentially indicates is that on this map there are kind of two natural footprints for a building on this site both in the northwest corner to

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the left side of the purple and pink lines and also tucked into the southeast corner more adjacent to the Zach theater. The purple and pink lines that transverse the site are various utility easements and the -- and building is not allowed on there. There are also amazing heritage trees on this site that we would look to design around both with the pard main office and a couple in the vicinity of the Zach theater complex, which is on the right side of the screen. I did want to point out that the Zach theater lease is indicated by this Orange dashed line. There are some options you will see later because of the proximity to the site would require some intervention within that Zach lease boundary. Next slide, please. And with that I'm going to turn it over to Robert burns, our architect from studio 8 to walk you through the four options that came from this process.

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Are you there, Robert? >> There you go. Good evening. >> Thanks, Kevin. I wanted to walk through the site planning scenarios that we came up with. So again, there are three different scenarios we looked at. Option one we actually have two different options for option one. So I will start there. Once we get further down. But a lot of what Kevin just set, you know, we are looking at preservation of heritage trees on this site and how to work around them. How this building relates to the Zach Scott complex while still having its own identity. Looking at how traffic evolves around this site where pickup and dropoff happens, where loading happens for the theater

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activities. As Kitch mentioned too the existing pard main office is historic so obviously we want to be sensitive to that. Although we have looked at some scenarios where that may go away or be modified in a certain fashion. And we want to be sure that wherever this gets place it had has a civic presence and identity and reinforces this arts district for the city of Austin. If you can go to the next slide, please. So I'll start with option 1a. This is again where the existing pard main office remains in place and we build a new Dougherty arts center. In this case it is located just to the south of the pard main office building. You can see the major building blocks that bring up the Dougherty program,

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which are the galleries, theaters, the adult studios and the youth program. The youth program will have pickup and dropoff for students at various times of the day. Obviously theaters have shows that require patrons to come visit the site and also back loading of the theater areas. In this case locating it in this place we are looking at the possibility of creating an arts district plaza and a primary point of entry off of

Riverside drive. So the idea behind this would be that we're creating this loop drive around the central plaza. Potentially there could be underground parking under this plaza so people could be dropped off and then park underneath. And go down an arts promenade. You can see it there between the Dougherty arts center and the pard office building, the main entry to

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the building. The youth programs would be primarily accessed off of Toomey road as would theater loading and dropoff, people coming to use the adult studios. There is parking along Toomey road that exist today. We would be taking up a portion of that primarily in front of the new Dougherty arts center would be. And this is in partial compliance with subchapter E requirements. The remainder of the site would be parkland. It would be a combination of open passive space and perhaps some more focused program areas. We maintain some connectivity through the

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site. There's an extension of the hike and bike trail that are adjacent to the apartment units that are on the southside of Toomey up Barton springs road. If you go to the next slide. Option 1b, the pard office building remains in place, but in this case we've located the new Dougherty arts center in the northwest quadrant of the site. Again, it would be accessed off of Toomey road. In this case we have contemplated a district parking garage that would be essentially located to the south of the pard office buildings. This garage could be accessed or would be accessed from Riverside drive and also from Toomey road. So two points of access for this. This is an underground garage that would have parkland over the top of it. Again, we're contemplating the civic arts plaza, loop

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dropoff that would primarily accommodate the Zach theater. This would eliminate the surface parking in that location. We do have a kind of rear entry point and rear loading area for the theaters that would be accessed off of Toomey road that runs off the westside of the site. Again you can see the major building blocks of the program with the gallery, studios, theater and the youth programs. Let me make a point too that with -- actually, I'll get to that later on when I talk about parking. If we can go to the next slide. So on option 2 this is where the existing pard office main building is demolished and there is a new pard office building located on the site.

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So we've located the Dougherty arts center essentially in the area where the existing pard office building is. It works around the large oak trees in that location and creates some really nice courtyards. Primary access to the Daugherty in this scenario would be off Riverside drive. There would be a loop drive that would allow patrons to be dropped off and the new pard office building we have located just to the south of the new Dougherty arts center. And again there would be a loop drive off of Toomey road that would provide access to that as well as loading for the theater. There's potential to put district parking underneath the building structure. You can kind of see it dashed in there. And in this case it would be accessed off of Toomey road. And the park is fairly well similar to the other

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scenario, mostly open passive space, trail system that runs through it and provides connectivity and then some programmed areas within the park as well. Nix next. On and finally, option 3, this is where the pard main office building essentially goes off site. In this case we're reincorporating the original 1959 building into the Dougherty arts center so you can see it there is that kind of I-shape up in the upper right corner. Pretty similar setup to the previous option, again primary access off of Riverside drive. Garage access under the building and access for school pickup and dropoff and theater loading off

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Toomey road in this case. Next slide. So the parking scenarios, the way we've got this set up, so option 1b we're setting up to where we would expect the parking garage to be under the arts district plaza. You can see it there shaded in in the blue. Again, this would be solely accessed off of Riverside drive and then again loading and pickup off of Toomey. Option 1b has the underground garage located where you see the blue block in that diagram. This is really one of the only options that provides us access from Riverside drive and Toomey road for the parking garage itself.

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And option 3 and option 2, there are really two different scenarios. We could do garage in either location, either under the arts district plaza or underneath the building. Again, it's under the plaza is accessed solely from Riverside drive. Under the building is accessed solely from Toomey road. I will make a statement that the underground garage under the arts district plaza, there are two heritage trees on either side of the perimeter of that that would likely be impacted by that concept and would have to be relocated on site somewhere else. Next slide, please. So we're going to talk a little bit about parking on-site and I believe we

[6:28:00 PM]

have Boback on and then he can speak to the traffic analysis. >> Boback, are you there? I think he's muted. >> Is it possible to make Boback terani a panelist if he's not already. >> I see him on the attendee side. He is not yet a panelist. >> Good evening, everybody. Boback terani here, consultants for the Dougherty arts center project. I'm going to try to blow through this a little bit so we can get to the meat of it. Basically our team was brought on board to evaluate parking and tdm opportunities as well as the preliminary analysis of the impact on the surrounding system. So what you see here is kind of an existing inventory of

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the parking that's currently in place. As has been mentioned before, we were in coordinations with atd at the very onset of this study. We definitely -- everyone was in favor of looking at this from a district perspective. And so given the fact that the Zach theater is already there, the [indiscernible] Are in place, the Dougherty is already here, with the Dougherty arts center and its emerging cultural district it made sense to look at everything holistically when we're talking about talking and such. So next slide, please. So the scenarios that we have looked at and these were developed through extensive conversations with the staff and their existing program at their existing facility and the anticipated programming with their proposed facility. So scenario one was kind of our baseline in terms of the typical

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weekday 8:00 A.M. To 5:00 P.M. And scenario two had shows and other things that would go on in the evening hours. And then scenario three is a weekend scenario with multiple events converging at the same time and so when we evaluated which scenario would make the most sense from an analysis perspective and a planning perspective and an infrastructure investment prospective, scenario two made the most sense. Because scenario two is likely to be occurring on a more frequent basis. So when we talk about events, I'm not talking about large-scale events. We're talking about an after-hours at gallery or a theater event that would be going on after 5:00 P.M. Which would occur more than a night or two every week or every other week. Scenario three is a couple of times a year scenario. So it didn't make any sense to analyze that and then, you know,

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to have the city invest in infrastructure that would only be needed for a couple of times a year. So that's why we landed on scenario two being the analysis scenario that we move forward with. Next slide, please. So shared parking is what we evaluated. So there's various ways to get to a shared parking number that makes sense. Leveraging various uses, which is why we looked at it at a district level. You have your office uses during the day and your active uses on nights and weekends and so on and so forth from a shared parking perspective. You'll see the pod identified previously and now and here in a couple of spots and in the future. I just want to make it clear that the suspect schlosky redevelopment zoning approvals, the city of Austin was able to negotiate 80 parking spaces that

[6:32:06 PM]

that development will make available to P.U.D. As part of the overall area and so we're leveraging those spacings as part of our analysis. And the management, as most of y'all are familiar with, is something that the city of Austin definitely wanted us to evaluate and to incorporate. They're currently utilizing some measures at the existing facility with T.D.M. As it relates to transit passes and some other items but we're also in enhancing with the new art center such as cubbies and storage spaces for people's art supplies so that they're not having to lug it around. Therefore, they would be able to make decisions on whether or not capital metro or bicycle or other mobility options are available to them. And then building all brand-new parking which I think that we can all agree that we don't want to build 100% out here because when you build it, they will come. So we don't want to be in a

[6:33:07 PM]

situation where we're encouraging everybody to just drive their cars because -- or just parking everybody. Next slide, please. And so with the options that we evaluated, again, with T.D.M., shared parking, one thing they want to make clear is what you are looking at on the screen here is that there's a 10% buffer added to the numbers that we came up with from a net new parking space requirement to address the district. And so with option 1a, we're talking about 232 new spaces, with the existing inventory that would be slightly modified based on the redevelopment of the area. That would be a total of 449 parking spaces in the district. And so the parking garages that we alluded to earlier in option 1a, we would be talking about 232 spaces in that parking structure to complement and to supplement what's currently available in the other lots and areas within this district.

[6:34:07 PM]

1b, 222 spaces and option 2, 240, and option 3, 212. I believe that is my last slide -- next slide, please, to just make sure. Okay, so I wanted to dive into option 1b a little bit more in depth because that is the preferred option for us. So, again, the parking structure that is identified off Toomey road is a below

grade structure. So if you're that surface lot, you would be able to get out of your car and walk on that green space without having to get into an elevator or a stairway or what have you from that side of the road. Parking is accessible from Toomey. And off of Riverside there's no parking structure immediately off, but when you -- there is access from that -- call it traffic circle into that parking circle. It needs to be noted that we were very cognizant in not having direct connectivity from

[6:35:08 PM]

Riverside and to Toomey, and with the council members so on and so forth we didn't want to create a quote/unquote, a cut-through because that would be at the detriment of the residential community within this area along Toomey road. But we felt that it was very important to provide access to the parking structure from Riverside and Toomey for increased mobility. You know, there's a lot of places throughout Austin that you can point to that there's single points of access. There are neighborhoods that way and there are developments that way. And that creates more traffic issues than increased access when it's done correctly. And so our thought process and our analysis and coordinating with the city of Austin was that we need to provide as much mobility in this area as possible, but done in the most responsible way as we could. The drive along Riverside and the traffic circle that is shown

[6:36:09 PM]

here -- the need for that is mostly identified with the programming of the school. And so the Dougherty art center has a robust after-school program where the students are bussed in and brought here, dropped off, and then parents come, queue up after hours and pick up their students. So that drive coming in off south Lamar and Riverside using that traffic circle, the intent is to serve that specific programming for the school. So I will let Kevin take back over and then if y'all have any questions, I'll still be here. >> Thank you Bobek and city commissioners, I know that we have thrown a lot of information at you on a short amount of time and I'll wrap up and maybe we can end on slide 22. When considering the operational needs of the facility and the architectural design opportunities that Robert spoke to, and then also when weighing

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the potential risks to the project, the project team and the deck staff prefer option 1b. As Robert was describing, it's the lone option that has a strong relationship to the hike and bike trail. And it also has a prominent site that is worthy of a cultural art center in the city and, obviously, preserves the historic pard office on-site as well. Specific to what Bobek was speaking to, it offers an underground parking, and it can be built with a more efficient floor, and so it would be only be two stories below grade instead of three to meet the parking capacity. And it meets the council direction to provide access to the facility

from both Toomey road and Riverside drive. So that makes up a lot of the rationale for this being the preferred scenario and there's more on the screen that I won't read to you, but I wanted to

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point out the Zach theater complex and we have coordinated with them and their organization is in agreement that the location of the facility and in option 1b and the parking garage that they would be able to utilize is their preferred scenario. And then just to another sort of project manager hat item, you know, proposed parking solution here being decoupled from the construction of the actual building, allows both of those elements to be constructed concurrently that has an impact on project duration and cost. So all of the constraints and the criteria that our team was asked to look at, we feel that 1b responds best to all of it, and with that I'll stop and open it up to questions and comments. >> Chair: Okay, thank you all. That was good. There was a lot of information in there. Looking through the people whose faces I can see, let's move into discussion.

[6:39:12 PM]

And if you want to just speak up, who has questions and comments, commissioner Weatherby. >> Weatherby: If you looked at the plans for Lamar in that area, especially Toomey, it's an awkward area moving in and out of and I wondered how this might affect that. >> Yes, ma'am. So we absolutely are coordinating with the Austin transportation department on their south Lamar project. As y'all are aware, that segment between the bridge and Barton springs has been approved for construction and so we are coordinating with them. Our project is set off a little bit from Lamar. And so we feel that those improvements, you know, they're going to enhance the mobility on south Lamar. And we're currently looking at the performance of those intersections and how it works with moving over there. That traffic is already on the system. It's just kind of in a different

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location. They're already going through Barton springs and Lamar. With the increase in size and the relocation of it, it's kind of a reallocation of trips with some increase of trips as well. And so as part of phase B of our project, once the council does approve the general location and the scheme, that's when we're going to really dive into the analytics of how are these intersections performing. But we absolutely have been taking those with the improvements of the city of Austin into account and coordinating with capital metro with their bus service and so we feel that all of that leverages very positive results for this district coming together. >> Weatherby: Thanks. >> I have a specific question. This is from south Lamar, if you were to right now to walk, you know, to get and go (indiscernible) Is that a viable route for, you know, wheelchairs and old people that



[6:41:14 PM]

might have some disabilities or anybody with disabilities? It's a pretty good distance and I ride my bike down that route a fair amount. Is there any chance that buses will go to the area or from Lamar? >> So the capital metro bus service, there will be a new stop at south Lamar and Toomey and that distance is about 534 feet along the frontage of Toomey and south of Lamar and over. And however many feet into the complex. As part of our project, like any other development, we are going to have to improve the sidewalk along Toomey road within the frontage of our property. And so there will be -- you know, there is kind of a new sidewalk built there, but it will be enhanced more to have the clear zone and sidewalk that we will need. So if there is an A.D.A. Needs individual coming off the capital metro bus, I believe they should be able to navigate

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the sidewalks from south Lamar along Toomey road, into the complex. Or they could use Riverside because I believe that there will be a bus stop at Riverside as well and that then from that location they'd be able to go into the facility as well. >> Okay, and as much as anything else, just a shared distance, probably 500 feet, it's probably a couple hundred feet in there. So, I mean, I like the layout, it's worth thinking whether cap metro might be able to adjust a bit to make that easier for some people. >> Yeah, and you know, the other thing to keep in mind is that capital metro has a fantastic service which is their on-call A.D.A. Service which I personally know of people who use that. You call them up and they literally show up at your front door and they take you there. So hopefully our citizens know that that service exists. But, yeah -- yeah.

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>> So I had some questions or comments. Are you done, Mario? >> I am. >> One is, again, sort about the pedestrian and the active transportation experience along Toomey which you sort of addressed a little bit there. One of the things I know that your preferred scenario is 1b that has the D.A.C. Closer to the river which I think that is -- is, you know, for the reasons that you stated can be really be intriguing. I think that one advantage of having it sited closer to too many sethat pedestrian and active transportation access, which I really like things to be sort of, you know, interfacing the streets where people can walk up and I think that is something that this commission has generally, you know, or at least me appreciate. So -- and also some of the other scenarios, I know -- I think that too that there's some kind -- there's some level of sort of loading Zones. A lot of times I think that I

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was wondering if you could speak to when you talk about theater loading and trucks with equipment and how you envision those interfacing with people that are walking, both in terms of safety, right, of those folks interfacing with one another. And also in terms of sort of maybe aesthetics, if that makes sense. Because I live up near the domain, and one of the things about the pedestrian experience at the domain and you're walking along and suddenly you're inside of a loading dock or something. I don't know, sometimes we don't design our urban spaces that well. So I'm curious if you could speak to that a little bit. >> I think that bringing up slide 18 in the presentation will help that conversation. >> Yeah, sure. And, no, you raise a good point. It's one of the many constraints that the team has looked at and tried to incorporate and because of the theater program at the D.A.C. There are needs to construct sets and to do all of the creation of art, I guess,

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that is not always a pretty process. And so it's something to accommodate at this facility. Option 2, as you were indicating, it does -- there would be access from Toomey road with trucks that would need to access that area. I think that is one natural advantage to option 1b as well is that it provides a more intuitive sort of back of house space for those back of house functions that, you know, providing access to the studios and the theaters. And there are also some maker spaces associated with this facility. There's a big ceramics program at the center and so there's an outdoor kiln yard as well. So to pull some of that building program off of the very visible street frontage can be an advantage. And something that we accommodate in scheme 1b. >> Commissioner, if I could draw your attention along Toomey road that there is a trail. So, yes, we're not building

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facing to the roadway but if you're an active transportation or micro-mobility or biking or walking, there is that trail. So towards that surface lot you will see a brown area called trailhead and you can follow that down to Toomey road. So there's a wide trail that does lead you up to I think a very nice pleasant ride up to the campus. >> Somers: Where would the bike rack facilities or the bike parking be located in this scenario? >> So, yes, per code we'll have to provide parking -- bike parking. And those would have to be right next to the campus. So as part of the site development process, we can work to identify if there's other locations that bike racks can be placed. And we can also look at putting some bike racks within the garage to help to shelter from weather, but, yeah, that -- in terms of the location, we haven't specifically identified those in this phase of the project. But per code they have to be

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right, you know, in the campus itself. It's not going to be like in the surface lot and you have to park and walk all the way over. >> I have another question about the bicycle parking. Will the bike racks be positioned in a place where you don't have to, like, hop a curb? >> Yeah, we can definitely -- so, again, we're not there from a design perspective yet, we're still trying to get the city council to kind of bless our overall scheme. And then we'll get into the weeds of the design during the permitting phase. But that is duly noted. Yeah, we'll make sure that there's curb ramps accessible to those bike racks so that you're not having to dismount and walk over. Or you're not having to pop a wheelie to get up. >> Somers: Thanks. >> Chair: Okay, commissioner Alvarado. >> Alvarado: I want to harp on a

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common gripe which is the windy bike path issue. So you seem set on option 1b and I do actually like the fact that the studio is right off the bike path. I think that bike accessible studios sounds pretty cool. But the connection from Toomey road to the studios -- just the connections in general -- got a lot of windy bike paths. I want to reiterate my common refrain that bikers and people trying to get places don't want to go winding around your curvy bike paths all the time. We just want to get places. So that's just a little gripe. I think that it makes sense in terms of the connectivity overall, 1b is maybe the best scenario. But it's particularly the Toomey connection that goes -- connects to the Barton springs kind of -- Barton springs road connection. It's just -- it's just -- I see this a lot where particularly pard, no offense -- you guys

[6:49:25 PM]

think of bike paths where people want to recreate instead of people want to transport themselves from one place to another. So I really recommend trying to straighten some of those out and have direct routes throughout the system. Especially in this area which gets very congested on the hike and bike trail itself. Adding some more connectivity and alternative routes parallel to that would be really be useful. >> That commute -- I do it more than pure recreate. And sometimes I know that there's a sign that says to not cut behind, but if you go behind the building and straight through -- not just me -- but there's a lot of people who do that because it's simpler. Instead of cutting up through the schlotsky parking lot.

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And I love them but sometimes -- sometimes there's a middle ground. Additional comments? >> Can I ask one last question and it's probably for Kevin. You mentioned the schlotsky P.U.D. Can you

characterize what is going on in there on that little corner? >> Sure, as we understand it will be a seven story office building. And they are providing quite a bit of parking in what will be, you know, a public paid garage underneath. I believe that it will be four levels and about 430 spaces. So it's a substantial project. We do have on slide 19 of the presentation, just showing the relative heights of the buildings in the area. And the P.U.D. is indicated there, the big white building. >> All right. That really gives me confidence that you will have those parking spaces.

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>> Yeah, there's quite a bit available there and as Bobek mentioned we have reached an agreement with that developer for 30 full-time dedicated spaces and 50 spaces on a daily bases they will be discounted. >> Thanks. >> Chair: Anymore questions? All right, this is posted for possible action. Let me double check and make sure that it is correct. This is not posted for possible action. So does that mean that we cannot make a motion on this. >> I believe that it was the intention that we gave you the opportunity if you would like. >> Is there a legal requirement that it says discussion and possible action?

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>> I actually don't know about that, but I can find out if you just go ahead and make the motion and then if it distribute count we can swing back around and do it at the next meeting, though that is redundant. >> I'm sure that it has to be posted for action, right? >> And it might not take and we may have to do it again, but in case there's flex we can do it. And if it doesn't take at least our sentiment is known, even if it's not legally binding, I guess. So is there a motion for us to approve or show support for the option 1b as the preferred alternative? I will make that motion. Is there a second? No? >> I'll second, Athena.

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>> Chair: Okay, thank you, Athena. Is there additional discussion? Okay. Seeing none, hearing none. So the U.T.C. Offers its support for option 1b as the preferred alternative for the Dougherty arts center project. And all in favor raise your hand or say aye. >> Aye from Athena. >> Aye from Allie. >> Chair: All opposed? Abstained? It passes unanimously. Well, thank you very much. And I guess that we'll hear back from our liaison or somebody who will send us a cease desist and maybe we will do it again. Okay, we have one more item, 3e. This is listed for discussion and possible action.

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It's the C.O.A. I-35 recommendations recently submitted to txdot and round 2 of I-35. City hall, give it to Rob Spillar. >> Give me one second. >> And I just heard back from the executive liaison that it has to be posted for discussion and possible action. So I think that our next one is April 13th. And we can revote on option 1b and most likely to just skip the presentation. >> Chair: Okay, that's good. Commissioner Weatherby? >> Weatherby: Looking at the

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agenda it appears that B and C are also not listed as possible action. >> Chair: I think that the vacation -- it's always possible for action. I will have to go back to the agenda. >> Weatherby: Well, discussion and possible action for the appointment to the project connect committee and to the I-35 recommendations, but not to anything else. Typically -- you know, I can understand that we're a little out of habit here. But there's no -- usually we always post a discussion, possible action on every item. And this time it's only on the first and this last one. >> Chair: Yeah, it's usually every presentation item -- I don't recall offhand for the sort of pieces, but if that turns out to be the case, I guess let us know and we will -- >> Weatherby: If we're going to check, we better check all of them and make sure they all get

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reposted. >> Chair: Yes, very good point. Are we going to have 3e? I don't see -- is the presenter here to present? >> Hi, this is Eric, can everybody hear me? >> Chair: Yes, I can. >> Okay, great. Okay, great. Hi, good evening. Yeah, Rob Spillar, he sends apologies but he wasn't feeling well today. So I'll fill in for Director Spillar, and I'm the managing engineer with Austin transportation department. And I'm serving as one of the tech leads for this I-35 project

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with city staff and also a liaison with txdot. So I'll be here this evening to present an update on our ongoing coordination with txdot and led by the environmental impact statement known also as the E.I.S. For the I-35 capital express project. We are in the middle of txdot second scoping comment period which began March 11th and continues through April 9th of next month. And this is a follow-up to txdot's first scoping process that occurred last November and December. I'll note that individuals and agencies seeking to provide comment as part of this second scoping process should do so by April 9th, so they'll be incorporated into the administrative record as part of the complete scoping comments. Txdot assured us that they'll accept and consider comments beyond the scoping deadline of April 9th

but the comments submitted after the date are included in the subsequent publications by txdot as they move through the process.

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And finally we don't anticipate that txdot will extend the deadline for the second comment period as they did for the first. But the city staff is prepared to provide comments to txdot by April 9th, the deadline. Next slide, please. So I'll provide a summary of what txdot is proposing as the I-35 capital express project. And also identify the key city objectives that the city communicated to txdot and will continue to do so during the review process. I'll explain the build alternatives proposed and evaluated by txdot, and finally, I'll discuss the project timeline including the upcoming milestones. I want to stress that txdot designated the city as a participating agency as a local jurisdiction and stakeholder. And txdot is the project sponsor and responsible for conducting the D.I.S. In accordance with the national environmental policy act, nepoa,

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that is controlling this. And txdot is required to coordinate with the city, but we as the city did not have the ability to force, if you will, the project to consider new alternatives or to reject certain designs. However, we do feel that we have certain responsibilities and positions as a participating agency. Mainly, we're certainly in a position to advocate for what our professional engineers and planners believe to be the best project for the corridor. We also have the responsibility to make sure that txdot is aware of the public opinion and policy direction by the city leadership. We also have the responsibility to ensure that the process is completed in an open and a transparent fashion and in accordance with Nepa and, finally, we have the responsibility to amplify voices that might otherwise go unheard. Next slide, please. So txdot is considering improving the I-35 corridor within our region under the capital express project, which

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has three distinct components. North, central and south. Today I'm focusing on I-35 central project, which is a portion of I-35 between U.S. 290 east and Kenning Lane and U.S. 71. And this is a portion of I-35 which the E.I.S. is completed. So I-35, north of U.S. 290 east and south of White Boulevard and independent of this project, and txdot doesn't anticipate significant impacts for these north and south projects and is completing an environmental assessment which doesn't require the same level of public involvement underneath as this impact statement for the central project that we're doing right now. Next, please. So for the central project, txdot is examining one new build alternative to keep the

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existing conditions with three build alternatives. And all three alternatives have two managed lanes in each direction which are soon to be managed by the vehicle occupancy as most likely high occupancy vehicles. They provide fly-over connections at U.S. 290 east and various operational and safety enhancements throughout the central project limits. These enhancements might require that lanes be added to facilitate the vehicles entering and exiting the main lanes. All build alternatives provide an opportunity for prebuilt substructure to support. And txdot considers the -- for the most part the coverings local enhancements and not included as part of the central project. And the build alternatives are differentiated how their lanes are positioned vertically, which I will explain in more detail later. All build alternatives will reconstruct ramps, bridges and intersections throughout the corridor with the purpose of

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improving access, mobility and safety that the existing corridor lacks. And they'll improve and enhance the pathways and accommodate transit. Next slide. And they have participated with txdot since our initial mobility investments in the corridor dating back to the 2010 bond program. In their documentation, txdot provides the information shown on the slide and based on the experience in this corridor and we know that this information to be accurate. Maimly, the corridor carries 200,000 and 300,000 vehicles every day and much of that demand, about 86% of all vehicle trips, are destined to a local address within the region. And crash rates on I-35 make it one of the regions and Austin's

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highest mortality corridors. I want to inform how we are advising our policy members. Next, please. First I-35 is critical to Austin's economic sustainability and to our mobility. And the fact that it carries between 200,000 and 300,000 vehicle trips every day makes I-35 critical to the long-term success of Austin. As a region we have replaced this facility with the city arterial or a boulevard. Our existing arterial network is already full and our best city arterial will only carry up to 40,000 trips a day. And with 86% of the trips on I-35 coming and going to a local address, it's likely that some of the trips will divert to the newly approved U.S. 183 and the demand will continue to grow. But I-35 will remain in heavy

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demand. Local trips using I-35 corridor generated from a variety of origins and destinations throughout the region, and although the investments and the project connect, for example, are targeted to serve specific corridors, including portions of the I-35 corridor, these high capacity investments will help the efficiency of the I-35 corridor but they're not likely to serve all of the origins now served by I-35 in non-transit modes. And the freeway corridors is important, and the mobility of austinites throughout the region and it's important to the movement of people and freight and services throughout central Texas. And so a continued freeway alternative on this corridor is needed to meet the existing demand. It can't be removed or replaced with a non-freeway concept. Next, please. So the existing I-35 facility needs to be replaced and reconstructed because of its inability to perform safely and

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because of the ongoing impacts that it causes to our community. Our crash statistics covering all streets within the city of Austin limits, including streets operated by txdot, indicate that I-35 is one of our highest concerns for serious injuries and fatalities. I-35 design is substandard as it dates well back to over 50 years ago. The existing I-35 operations create great congestion on the corridor and on the city street networks and to improve the access to our employment destinations is needed. And existing I-35, it prevents adequate east/west pedestrian crossings and other travel, leading to congestion and preventable fatalities. And finally I-35 is a physical manifestation of racial segregation and really needs to be addressed in this project. Next slide. So third, the reconstruction of any kind will be impactful as we

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can probably know and predict, making an expansion of I-35 a reasonable proposition if the community is going to endure the pain, if you will, of reconstruction anyway. We don't know exactly how long it would take, but reconstruction at this scale would likely last a decade and cause a range of impacts. Therefore, expanding the ability to move people -- or more people, freight and goods should be included, including improvements to north south and east and west mobility in the design. And address the access to the capitol and state facilities and downtown employment centers. And we stated in our comments that the project should avoid and minimize and mitigate the community and environmental impacts. The operational concepts need to dictate design, including how manage versus H.O.V. Lanes can improve operations. And then finally the opportunities should be preserved. If I could summarize, the primary design parameters that

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are advise side that it needs to be replaced and we have comments on specific designs and we are also actively pursuing the attributes identified above. Next slide, please. I'll now provide details on the alternatives as shown on this image from txdot to orient everybody, this is the three build alternatives with north being on the left side of the image, and so you can kind of imagine yourself if you were driving or going down the corridor from north to south, you'd be going from left to right on this image. So the no build option provides only operation and maintenance of the existing conditions with no improvements. And serves as a comparison benchmark for the build alternatives. All three build alternatives

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have the same proposals and preserve the opportunity to construct lids. And the differences are how the lanes are stacked vertically relative to the city's cross streets and the managed lanes. So this image shows in yellow where the cross streets would cross over I-35 and in red where the cross streets would cross under. So specifically to build alternative one it proposes managed lanes and tunnels downtown and south of Riverside drive. And place two levels below the cross streets and frontage roads but the general purpose main lanes between the managed lanes and the cross street frontage roads. Alternative two has managed lanes one level below the cross streets and frontage roads but at the same level as the general purpose main lanes. So rather than going two levels below and tunneling, kind of all of those general purpose and managed lanes are kind of are on the same level. And alternative three is similar to two, but places I-35 managed

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lanes above airport boulevard. A.T.D. Is asking txdot now as part of the early environmental documentation to clearly to identify how the three build alternatives were determined, why narrower alternatives were not proposed and to provide data supporting the definition of the current alternatives. This is typically required as part of the administrative record presented in the final E.I.S. Documentation. Next slide. Here's txdot's rendering of a typical view from the northbound frontage road and looking down town. And this image shows how the frontage roads and the cross streets and the highest level with the freeway proposed below at a lower level. Next, please. So specific to transit design, transit connections propose that

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Riverside drive -- and these locations were discussed with the city of Austin, and txdot about a year ago prior to the environmental process starting. But it is important to note that these ramps will not be funded by txdot as they are designated transit only. So the city and cap metro and the region will need

to determine how to best fund these facilities if they're to be constructed as part of the initial project. But the city believes that these direct access ramps are critical to improving the access to U.T., state employment destinations, the capitol, and other downtown employment centers. And they're also critical to our ability to meet that 50/50 future load split as called out in our Austin strategic mobility plan, more specifically meeting and reducing the number of single occupancy motor vehicle trips down to 50% of all trips being made. And so we envision this direct commuter transit service similar to what is provided at north

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express lanes to the park and ride facilities near the mall. Next slide. So here are all of the evaluation criteria that txdot is proposing with this project which total to almost 30 in all. 9 I should note that we feel that all of these evaluation criteria are important, however, the yellow highlighted items are those city specifically requested to be part of the process as part of our initial scoping comments. And so for many of these evaluation criteria there's a high, medium, low measurement for these criteria. So we're communicating that we are requesting the use of more quantitative evaluation data rather than qualitative measurements wherever possible, which is will help to provide the community with the greatest ability possible to consider the build alternatives and to inform their thoughts and comments. Next, please.

[7:12:55 PM]

So related to the evaluation criteria here, the key objectives that the city staff have included in our first round of comments in the public scoping period and continue to seek during the second period and beyond. And I have already touched upon most of these, including the multimodal ability and the north and south and east and west mobility, and the person carrying capacity, and the avoidance and the reduction of impacts on the natural built environments and supportive community project goals. I also want to emphasize that comments given to txdot are speaking with one voice across many city departments to emphasize our key objectives and to carry more influence in the process. Our comments seek to emphasize and support the adoptive policies and plans to support safety and multimodal transportation and to reduce the number of single occupancy trips as an example. Next, please. This slide summarizes the

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comments provided by various council members and the mayor and staff believes that we are have comments from our policy members. We're communicating all comments that we collect to create one voice from the city. However, we do understand that our responsibility as staff is to provide the best

technical recommendations as possible to inform our local leadership. And then commissions and council can all, of course, consider policy and a variety of positions related to the project that they wish. Next slide. So regarding the overall timeline of the environmental process, we're now in the second part as emphasized in Orange in this image. Providing comments on the evaluation criteria that will refine the comments for the public open house scheduled if for this summer, most likely in June. And there will be a selected

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alternative in the summer of next year. Next slide. Here we show staff's timeline associated with the second scoping process. Including our recent briefings and meetings of the city departments, commissions, and council members and our current tasks are highlighted. Here we are, T.A.C. And it's now 309th and not the 27th, it gives you a reference of what we have done and where we are at this moment. And A.T.D., like I said, is scheduled to send a consolidated comment letter with all of the department comments for the scoping meeting on or before April 9th. And that concludes my presentation. And I can take questions now. Thank you. >> Chair: Okay, thank you for the presentation. Let me look at my screen here for a second so I can see people. Does anybody want to start with some commentary or some

[7:16:00 PM]

questions? Commissioner somers. >> Somers: So I always have a lot of questions about I-35. I'll start with this one. You stated in your presentation -- I have heard this a lot before, including in the very, very early phases of "Protect connect," right before we were ramping up to I-35 and it kind of got put on the back burner and then we found the funding and that's led to where we are now. And I hear over and over that txdot can't pay for transit exclusive facilities, that has to be footed by cap metro and the city or, you know, other entities. And my question is -- why is txdot a department of transportation which includes transit? Or are they a highway department? Is that state law? Like, could you explain that a bit for us. >> I will share what I know. I than we recently did an exercise to kind of -- to the best of our ability, to try to summarize kind of where all of the funding sources that

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total -- I think \$4.9 billion. Some of the categories for these funding sources -- I think they do have very specific restrictions that they are upfront required to be paying for. I don't know what the exact language is, it could be motor vehicles or capacity related improvements. I think that what txdot did was to identify from the region and pull from them. So maybe the original source project might not have been multimodal, for example, or had a transit component, but now that maybe they're being used for

I-35, they might still carry over those restrictions. So that's something that I'm aware of. You know, txdot is sort of hinted that a lot of these are -- permits are paid by gas taxes, and, therefore, they believe that it should be first and foremost vehicular

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improvements. So I can't speak directly for txdot, but kind of relaying kind of the thoughts that I have heard. >> Somers: So my second question is in -- I'll stop and let other folks ask questions -- but with we heard from director spillar we had a interesting and productive conversation about how if we were able to do managed toll lanes for any additional lanage, that would really allow for a smaller, more sustainable, and I think a type of footprint for the highway that a lot of stakeholders would prefer. But that managed toll lanes are sort of not in vogue right now with maybe txdot or state leadership perhaps. Could you inform us if there's been any progress on that? I know that you said at the beginning of the presentation that the managed lanes would likely be H.O.V. Lanes. It's not as you know, and you're a professional in this field, not super effective.

[7:19:02 PM]

Can you speak to what progress we have made in that world, if any? >> Um-hmm. Um, speaking from more of the design team which is usually at txdot, there was several months ago perhaps an opportunity to consider fewer than two continuous managed lanes in each direction. What I was -- what I was told is that it was not on the table. So two managed lanes in each direction is required. Some of the concepts that we maybe could have considered is, you know, maybe one managed lane continues entirely through downtown. And maybe a second managed lane can sort of drop in a key access point in downtown and, thus, you know, affecting the footprint maybe in a positive way of not being as wide and needing as much right-of-way. So as of now, txdot has told

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us that it will be two managed lanes in each direction, not tolled. With the -- generally for general purpose lanes in each direction association that's kind of what we're going on in terms of describe parameter. >> Somers: How can citizens impact that? I know that the business community -- the chamber of commerce wants tolled lanes. You know, any additional lanage that is added, instead of H.O.V. Lanes. I mean, I'm just -- I'm flummoxed on how little anybody seems to be able to move txdot on these issues. And -- you know -- >> Yeah, part of the comments -- sorry -- >> Chair: I was going to add in one enhancement to your response in case it fits right in, actually. To Harris county, it is sent are not sitting by

[7:21:08 PM]

and say this is what we're told. This is a collaboration and it doesn't mean anything, so we either throw our hands up or we take them to court. I'm not saying either way is the right way, but I would sleep better at night thinking that someone is willing to take someone to court, quite honestly. I wonder if that is coming up in response to what Susan is saying? >> At the leadership level of txdot and state, I think that what we can do as community members and agencies, stakeholders, is that I don't think that we have seen the sort of analysis showing the benefits or a comparison between -- you know, managed lanes being free and the H.O.V. Model or tolled. I think that's one way to sort of -- you know, if you want to base these long-term design options on data, that's one way to kind of, you know, to provide input and feedback on kind of

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what are the numbers showing and what is the reason to be choosing one or the other. Or perhaps if it's not tolled in the beginning, does the design preclude a change in use and structure moving forward, that we're not locked in through just the construction and the design and the operation. As it opens day one, that maybe that things could change if different decisions were made down the road, if you will. >> Chair: Thank you. And let's see if we can throw in another question here. So a request for clarification. So you used the phrase in your presentation that there needs to be some way to understand if there were narrower alternatives pursued. And then you mentioned that theoretically there's a record of the alternatives that they have looked through and how they came up with these. Is -- what is the likelihood that if they did never pursue

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alternatives and if it turns out that it was always the plan and it didn't matter what anyone said because they never actually looked at it. Are there opportunities for putting their feet to the process and to say, well, let's look at narrower alternatives? >> I think could be part of the comments submitted that we haven't necessarily seen the differences in footprints between the alternatives. I do believe that they are anticipating needing right-of-way. I know that in some parts of the community it's sort of tied to a certain number of lanes and maybe with the assumption that all the additional lanes are just for additional capacity. It's a little difficult -- a lane is a lane. But then again, not every lane counting from east to west is a thru lane. And we are working in txdot looking at sort of a collector

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distributor system that aren't continuous, but actually, you know, pick up traffic. They don't necessarily have to go through all of the frontage roads and the intersections and the signals and trying to be smarter with the footprint that we have. But which still might increase the overall footprint. And so, yeah, we haven't seen a comprehensive evaluation of -- between the alternatives and what the ultimate footprint will be in terms of right-of-way, existing or needed, and how the tradeoff is between those footprints and kind of the number of lanes and how they're used functionally in all different ways. Between the frontage rain and a managed lane, there's general purpose so it's very complicated and we're talking about horizontally and also vertically trying to fit in every component of this redesign. So it's not going to be a typical standard cross section from north to south, it will be

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changing pretty frequently. >> Mario, if I may. I just had this discussion, and we had similar questions about what the possibilities are for legal action and also, like, kind of the evaluation of other criteria or other scenarios. And the first thing is the recommendation that I wrote is about this exact subject. So that's a good segue. But as far as the I-45 situation, they already have a completed design essentially, is from my understanding. So they're about a year or two ahead of us. And that I think is where they have - have found the grounds to do the lawsuit, whereas we're still in the scoping phase. And from what I understand txdot has not released any schematics to the public or anything like that that would actually show displacement or the grounds which the lawsuit in Houston is based on.

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So I think that is probably a great course of action for us, but I don't know if it's something that we have to -- we should wait on long term. I mean, I say "We" as the collective "We" or the people who may or may not be opposed to this project in general. So that's what I have right there. But if -- unless anybody else has any further comments or questions, maybe we can move on to the recommendation. >> Hopefully we can move forward. This presentation and parts that came from txdot and the climate change just isn't mentioned. And air quality is barely mentioned. They have gone from 12 lanes to 20 lanes and it's hard to imagine how that is not essentially a doubling. When you factor in 200,000 to 300,000, and 50% more, etc.,

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etc., it's daunting to me that in this city with the efforts that we are making -- we're not putting a full core press on the climate impact of this. Everybody -- it's real. I was a climate refugee and I had to leave

my house because it was uninhabitable and I had to go to stay with friends. I'm not the only one. It's real. And I wish that there was a firmer advocacy on behalf of the city on the comments that make a case for really, really, really in the analysis to taking it as a first-class citizen. So, yeah, there's my two cents on that. >> Chair: Here, here. So commissioner -- Alvarado, I can't see you, Athena, do you have comments or questions? >> I'm just -- I'm good.

[7:28:19 PM]

>> Chair: Okay. Commissioner Alvarado? >> Alvarado: Do we have to officially to begin consideration of the recommendation? Or what is the next step? >> I think you make a motion. >> Alvarado: I will make a motion to go ahead and to consider the commission recommendation for I-35 capital express scoping round two. Regarding the public engagement process and the additional comments regarding scoping. We'll go ahead and move to begin discussion. >> I'll second the motion. Does city hall have to put up in a shared way? >> Give me one minute, chair. >> Thank you.

[7:29:22 PM]

>> What recommendation is this? >> They're putting it up right now. It should be in the background information available on the website. I don't have the number in front of me. >> I mean, I don't see it on the website. That's why I was hoping that city hall has it. >> No, I'm with city hall right now. They only have what I've put in with backup. But I never received a recommendation. Do you know who sent it? >> I sent it before the last meeting that did not meet quorum and [indiscernible]. >> For the March 9th one. Let me go back and find that real quick. >> I can --

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I can give the run down. This is round two of the public comment. We submitted a large recommendation for round one that was a lot more focused on the design and scope of I-35, and that was very detailed and that went up to city council that was supposedly directed towards city council and txdot. This recommendation is more focusing on the critique of the public engagement process as well as their lack of consideration of alternative designs. And lack of apparent coordination with project connect and other local new prongs that came after [indiscernible] The selection. So again, I guess I don't have the -- I guess you don't have the recommendation in front of you. >> We just made you a presenter if you want to

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share your screen. >> Close your Twitter first. >> Yeah, here we go. Is that sharing? >> I can see it. >> Okay. I think I maximized it. Can you see that? >> Yep. >> Okay. So I'm not going to read this word for word, but I'll run through it. The whereas', the first whereas, capital express [indiscernible] To improve the people moving capacity and infrastructure in central Texas and etcetera, etcetera. Let's see. The next couple of whereases are about the txdot's lack of meaningful engagement and apparent inability to meaningfully consider an

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alternative design scenario. Then I also commented on the current excellent period, which was a critique of the first comment period. We're asking for a 90 day comment period instead of a 30 day comment period. The first time we asked for that txdot extended it 19 days, but most of those days were within the Christmas and new year's holidays. So I think that that's just throwing us a bone, but it's not very useful. I also took into consideration the fact that between the -- between then and now we had the winter storm event as well as the continuation of the covid pandemic which has made it more and more difficult to participation in public

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engagement as it exists thus far. Also in the first public engagement period the Austin department of transportation, campo, Austin state legislators all have asked txdot to reconsider the public -- the purpose and need of their Eis and have called for the consideration of alternative design scenarios. Also the November 2020 election has project connect and an active transportation bond which as shown -- has shown overwhelming support for [indiscernible] Automobiles. So starting with the therefore be it resolved, I wanted to reaffirm all of the previous recommendations regarding the design and scoping of I-35 so that's what we passed back in

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December. And then we asked that we extend the comment period to at least 90 days. I believe the city staff or city council just asked for 60 days. The exact number of days is not as important as just the willingness to do anything to improve the public engagement. I also added the be it resolved that we recommend that txdot adopt the revised purpose and need, which was proposed by city staff in their letter to txdot on December 29th, which gave a very comprehensive overhaul of the purpose of need and need which is kind of the guiding principle of the scoping process. And I think it was really well



written and written with our original recommendation in mind. So I support the staff recommendation there. And let's see, also the be

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it further resolved that utc recommends txdot actually consider stakeholder [indiscernible] Design scenarios. So alternative design scenarios mostly involving capping or other types of redesigns that are not currently in the scenarios listed by txdot. And finally, that txdot fully coordinate with the project connect implementation team. If I had written this for you today I would say also include contribute to funding for coordination with project connect. Since I didn't know that txdot was completely unwilling to fund transit projects, but that's my transit recommendation there. So I hope that's comprehensive. >> And I will speak in favor of this, especially the second to last or

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penultimate be it further resolved, I love the idea that not -- to collaborate and take a genuine proposal. There are plenty of proposals who do not work for txdot who are asked to come up with a proposal, the same with txdot. Some work for the city of Austin and some with think tanks and various fields and manage to things together. There's no reason that these proposals don't receive as' genuine, diligent, close reading look to see what they have to offer. That would mean collaboration to me. That would mean an actual engagement process. Not something else. So I really appreciate that be it further resolved specifically. The other ones as well, but that one I -- a strong thumb's up. Anyone have comments? I know there's a lot there. Hopefully you were reading it. >> Sorry. Again, this was supposed to

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be going on before the reading and not just presented to you here, but that is the situation now. >> Yeah. I think it's important that we do get something in to the discussion. I know that when director spillar was here last time he also very strongly encouraged us as an organization and as individuals to provide the comments that they can so they can provide it in a kind of unified voice for the city of Austin. >> Yeah. And to be clear this would be submitted as the utc's official public comment for round two. I would go ahead and do that. And the city council obviously would as well and I would encourage everybody to submit individual comments as well. >> Is there further discussion? I can't see people on the phone. Athena, Ali? >> This is commissioner Ryan. I just want to say I'm getting my feet wet so I'm

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mostly listening tonight, but this is a really very well constructed recommendation. And I would love to explore ways to maybe include what you mentioned Mario about climate change. I think it's really important that we make a statement about that in the way we approach this project. So any way that we can look to incorporate that, and especially after the events of February I think would be -- it would be a good use of this platform that we've got. >> >> I want to let you know. We did definitely go over that in our first presentation. We had a whole section on climate change. >> I was actually opening up the document from -- if you go to [austintexas.gov/utc](http://austintexas.gov/utc). You find that the opening innocence of our recommendation says whereas

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the city of Austin faces a climate controversy if we do not act in a concerted way to fundamentally how we change our cities, prioritize resources and find fossil fuel resources. And towards transportation, etcetera, etcetera, etcetera. So it starts with an opening sentence that addresses climate change. Approximate. So we could always copy and paste a sentence again to reemphasize. It would be included by sort of the comment when you say later on we find of reemphasize the initial -- but maybe say it flat out. >> I love it. Not climate controversy, but the recommendation. But any chance we have to I think bring that up is not bad. If y'all think it's covered in that call back I'm fine to that too. >> I should also point out I reference pollution in the

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opening whereas. Because I felt that was covered in the first recommendation. Recommendation. But again, we can add to that, but I'm just working off of Google doc. This is not just the official. Hopefully by now city hall has gotten an official recommendation for us to vote on? >> We voted on Google docs in the past. And afterwards what will happen is it will put in at the top the actual code number and stuff and reformat it. >> Okay. >> We would have to do an amendment going on to it, but you guys -- >> I think we can do that if we don't have a problem carrying here, but we can draft from the dais for sure. >> We do va motion, right? So we can amend. >> If you don't mind if you

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go to [Austin, texas.com](http://Austin,texas.com) and if we do chat here. I was about to share a link with you. >> This is the December recommendation, right? >> Yes, the December recommendation. Obligation looking at it. I'm totally good with voting on this as is right now if y'all would like to without amending. I thought your point earlier was a good one. >> Yeah. It will take a moment to copy and paste it if you -- if we want to

go to [austintexas.gov](http://austintexas.gov). >> I wondered too if we might be able to -- if we could just add in "And funding" somewhere. >> Right at the top of the page. Recommendation. There you go. Sorry, you were saying? >> Oh, the part about

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funding transit infrastructure, add something in -- I think it's the last whereas or be it recommended or whatever. Sorry, and as "And fund" or something. >> So I'm adding the -- the whereas. >> I guess it's kind of the same. And then for this one -- >> You would say coordinate and fund or contribute to funding to fully coordinate and. >> How is that.

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>> I would add an S after fully coordinate. >> Fully coordinate if. >> With. >> That does help. >> Will coordinate with and contribute funding to. Yep. >> Do we have more discussion? All right. Seeing none, hearing none, we had a motion. We discussed it, we have a recommendation in front of us. We are able to vote on on this recommendation. All in favor of utc making this recommendation, raise your hand if you're on camera, say aye if you're on the phone. >> Aye Athena. >> Aye from Ali. >> All right. That is unanimous. Any objections? Hearing none, it is unanimously passed. And I'll coordinate to get

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the final numbers and it will be on the official letterhead and all that and it will go through its process. >> Thanks, guys. >> Thank y'all. That wraps this up for the core agenda items. Let me go back to my document here. All right, thank you, Eric for the presentation and good luck to us all. A couple of brief items we adjourn. Staff briefings. Downtown commission, that is commissioner Weatherby. >> Really nothing to report. The last meeting we discussed the relocation of the downtown police headquarters and received the same presentation that we did for the Dougherty arts center. >> Okay. Joint sustainability that is Kelly. She's not here. >> I think she's no

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longer -- I think she has rolled off her commission. So we may need to appoint someone to that. Is that accurate, Casey. >> Yes, Kelly Davis is not on the commission anymore. >> Well, it's not on our agenda for now, but Casey can you make a note that we put that on the agenda for next month. I guess we'll do

that when we -- do we have a bicycle advisory, pedestrian advisory liaison back in the day it used to be Emily Smith. Okay. So then we should go to that agenda item as well. We need to restaff some of our 10 Ta tells. They've gone away. City council ability committee. That was me. I did not go to the last one

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because we skipped it and the timing was off. I did go and give a presentation on our I-35 recommendation that was in January for what we had done in December. And then whatever we did in January. So basically I just go and have 10 minutes and talk about it and see if there are questions for resolutions that we passed or additional ideas that we've come up with that we want to discuss. So for that if it comes up I will talk about stage two or phase 2 I-35 recommendation and maybe Dougherty arts. And with that, that is our last item on the agenda. We normally have an agenda item where we discuss things we want to discuss next month so obviously we need to discuss who is on which commission or council or who

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is in charge of just reading their notes. You don't have to necessarily attend. So we'll put that as one item. Does anybody else have items that we want scratched or someone to talk to us about? >> I'll pipe up and say I haven't forgotten the corridor team presentation I've been trying to get for a little while. They're schedules haven't zined up. We didn't have -- synced up, we didn't have some meetings. So Casey, if I need to resubmit that let me know. I assume that's kind of in the hopper. >> They were supposed to be on the March 9th meeting but they weren't able with the special Ed Ising to get on. You don't have to resubmit it. I'll reach out to them for the 18th one. >> Okay, thank you. >> Another item we should discuss is who is on project connect advisory network. Pcan. Anyone can show up, but I

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think it is important that we have at least one official member. I have been it for years, Susan has been it for years. I am happy for other people to take that on officially if someone wants to make sure that they attend and then give the staff's report and advocate for the things that we've talked about. Athena,al, Nathan, Daniel, Cynthia. Anybody who wants to do that will discuss that one next time as well. Any other things? People have? >> Per our discussion earlier I just want to make sure that we -- the votes that we took on B, C and D or B and C were counted and confirm if we need to revote those really, really quickly. >> Yeah. And Casey, it's worth question to like legal, I guess, can we do a vote by mail?

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Can we vote in by email so we don't have to coordinate a meeting to show up for five minutes? >> Yeah. I'll ask about that. I've actually got a meeting with some people that handle that tomorrow so I'm going to double-check on all of those and then I've reached out to the applicants for the row items just to make sure when their items need to be at council by. >> Perfect, thanks. If you think of things along the way, don't forget the people all have city of Austin email addresses I'm super bad at checking that, but it's a good habit. If not I'm on Twitter. I'm not super good at checking either, but find us and let us know the things that are on your mind that we should put on to an agenda. And with that, is there a motion to adjourn? >> Motion to adjourn. >> Nice! >> There we go. >> Second all in favor? Aye. Yes, adjourned. Thank you all very much. 7:50.

[7:50:59 PM]

Still the lightest bit outside so we did it before dark.

[11:30:20 PM]

>> Judge Brown: 2021 and it is 9:04 A.M. We're meeting at 700 lavaca and I have commissioner Travillion and commissioner Howard and commissioner -- >> Mayor Adler: I call to order the city council meeting, it's March 30, 2021, 9:04. This is happening [inaudible] And I see five of my councilmembers but I don't see a sixth. >> >> Tovo: Are you counting me? >> Mayor Adler: Thank you. >> Pool: Mayor, who else -- >> Mayor Adler: For the record, councilmember pool, councilmember Kelly. Councilmember alter, councilmember Ellis and myself. >> Kitchen: You got me

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right, I couldn't hear, mayor? >> Mayor Adler: Yes, we've got you. >> You are a little muted. >> Judge Brown: Could you turn the volume up? That's very loud. >> Travillion: Be careful what you ask for, judge. >> Judge Brown: For efficient use -- I'm sorry. Audrey, do we have any callers for Travis county public comment? >> We do not have any callers on the line, judge. >> Judge Brown: We're going to go as always to help ensure the efficient use of Dr. Escott and director hayden-howard's time, we're going to limit ourselves to one question in the usual order and if time permits we can do a second round of questions. We hear the presentations and then go to the commissioners and then the county judge and pass it off to the councilmembers and the mayor. And first I guess we have Dr. Escott here.

[11:32:22 PM]

Do you want to kick things off for us? >> Dr. Escott: Thank you, judge. It's a pleasure to be back to update on the covid-19 situation. Can you all see my slides? >> Judge Brown: Yes. >> Dr. Escott: Excellent. First off, an update on our new confirmed cases in Travis county. We reported 87 cases yesterday with a moving average of 98. We've been flat, really oscillating at around 100 cases on that moving average for about two weeks now. So not much movement in any direction regarding our new cases in the past couple of weeks. This is an update of our new admissions to the hospital. Our admissions yesterday were 19 with a moving average of 19. A week ago we were at 19.

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So really oscillating in a tight range between 19 and 22 for about the last 16 days or so. So again, not much movement there either. Relatively flat. This slide is showing three things. The blue is our hospitalizations, the Orange is our icu admissions and the gray is our ventilators. Our hospitalizations were at 149 yesterday with a moving average of 152. That's a decrease of 46% since the beginning of March. Icu numbers yesterday 57 with a moving average of 57. A decrease of 39% since March 1st. And our ventilator utilization 30 yesterday with a moving average of 33. A decrease of 49% since March 1st. So again, these metrics are moving in a downward direction.

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You know, as you can see they have been flattening out a little bit so marginal decreases, but certainly better than the alternative. This is an update of our projection from the U.T. Covid-19 modeling consortium. This was updated this weekend, and the update indicates that if we continue our protective actions, if we continue to mask and distance and do the things which we're doing now, that stage 2 territory, that's moving below a moving average of ten admissions, is projected on or around the 13th of April. This is an update of the hospitalizations in the msa. Again, the projections show if we continue those protective actions, around the 8th of April we will

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drop below 100 hospitalizations in the five-county msa. So again, good forecasts for the next several weeks. This one is the -- the projection of icu numbers. The projection is that we'll drop below 30 on or about the 15th of April. So again, all of these projections moving in a downward direction. You know, we've certainly been pleased to see that we have not seen a spike in cases yet. We are concerned about a spike in cases particularly since the U.S. Numbers are increasing. We have 31 states on an increase right now. Which, again, and I think everybody has heard this in the local and national media, we're not

done with covid yet. Covid is certainly not done with us yet. So if we continue the precautions, if we continue

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to mask and distance and do the things we've been doing for the past year and be a little patient, particularly through April, April is going to be a critical month for us. If we hunker down and continue to do those things and not take too much risk, then may, June, July, summer looks much, much better. It gives us another month to get people vaccinated. So again, I know we all want to get back to normal and socialize and do other things that we have done in previous years, but we just need another month or two. So this is an update of a slide I showed you last week, and this data is really available publicly. This is off the U.S. News website. They've got a lot of different metrics associated with covid-19. So I've got quite a few for you today. This is an update of the

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covid-19 deaths per hundred thousand population. Again, as of yesterday Travis county was at 74.2 per hundred thousand. This is compared to more than 160 in the U.S. On average per hundred thousand. This is, you know, compared to the state average right now, which is 162.7 deaths per hundred thousand, so the state, you know, state death rate, state mortality rate is about 220% higher than the rate in Travis county, and we're very pleased with that number. Again, we're not through with this yet. We've got a lot more work to do to keep those numbers low, but certainly pleased with how we're doing locally. You know, a lot of people have asked why is this. You know, I think some of it is certainly policy related.

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It's related to some of the protective actions that we've taken, the early closure of sxsw and large events before anybody else in the country was doing that. It's about, you know, some of the orders that we issued early to protect nursing homes and hospitals and the efforts to get ppe out and all sorts of things including our vaccination effort. But it's important to understand there are some underlying factors of the community which may be contributing to the success we've seen. So to give you some data on that, again, these are all data that is recorded on that U.S. News site, this is a graph of the obesity prevalence in the metropolitan counties in Texas. You can see that Travis county is the lowest of these metropolitan areas. I did not include tarrant

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county because it traditionally tracks relatively closely to Dallas county and so I did not include them here, but again, we know obesity is a significant factor in the severity of covid-19 illness. So we started lower and I think that's certainly contributing to the success we've seen in terms of deaths. Diabetes, another factor associated with covid-19 severity. Travis county is the second lowest in terms of diabetes prevalence. Age 65 and older, Travis county is younger than other jurisdictions that we, you know, around Texas for metropolitan jurisdictions, which certainly plays a factor in the success. This is an estimate of individuals in fair or poor health. Again, Travis county significantly lower than the other jurisdictions. So, you know, these are some

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of the underlying factors, and these don't happen by luck. I think these are reflective of underlying policies in place that contribute to the social determinants of health, that contribute to not only mortality and decreasing mortality from covid-19, but for many, many other things in our community. And I bring these things up because we have to think about the next phase. And the next phase beyond covid-19 is how do we address these underlying health conditions that have eluded us for so long in this country, in this state, in this community. Diabetes, obesity, these are things which are easy to diagnose and that we can treat, we can get better if we invest the resources, if we encourage public health and community health

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responses to address these underlying issues. They will become issues in the future. They are contributors for many other disease severity and mortalities and something that we can't lose sight of. We also know that -- that economics, that financial security is also a contributor and a significant factor in the social determinants of health. This is a graph of unemployment rates for the metropolitan counties around Texas. Austin is the lowest and generally has been the lowest or second to lowest back to 2007. So again, another factor that contributes to success when it comes to the mortality rates from covid-19. This is an update, and I think this one has more to do with the underlying policies that we've had in place to prevent transmission of disease. These are the cumulative

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cases per hundred thousand by the metro jurisdictions. Again you see that Travis county has defined the bottom particularly since September. Again, I think due to the community even agement and partnerships and the activities from the city and county to stay safe and keep people healthy. Again, lots



more work to do now and after covid, but certainly pleased with the way that Travis county and the city has handled covid-19 so far. Back to my usual slides, this is an update of the hospitalizations by age group. We have seen some decreases in the older populations to a large extent. Again, populations that we see getting more vaccinations are going to see decreases in hospitalizations, generally

[11:43:36 PM]

speaking. We have seen increases over the past week in a few of the age groups. The 40 to 49 age group, the 20 to 29 age group, and that 10 to 19 age group. So again, populations who are less likely to have been vaccinated so far. So again, you know, I've said this many times over the past year, but covid-19 affects every age group. So it's important that every age group understand that they are at risk for being hospitalized. They are at risk for dying if they end up having a severe course. So we all have to take protections regardless of our age. This is a break also down of the hospitalizations by age groups, numbers of individuals hospitalized. You can see 164 individuals hospitalized in the msa last week compared to 166 the week before. So very flat in terms of the

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numbers of hospitalizations. But we can see that, again this week the older age groups are compressing a bit in terms of numbers of hospitalizations as the vaccination rate rises in those groups, and the hospitalization numbers are expanding a little bit in the lower age groups, particularly in that 40 to 49 age group, moving from 18 the previous week to 25 last week, and the 20 to 29 age group moving from 14 to 20 last week. You see some increase also in that 10 to 19 age group. We went from two hospitalizations the previous week and more than triple to seven last week. We'll look at the hospitalizations by race and ethnicity. We see some flip-flopping. The blue number is the white non-hispanic group, which

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decreased to 38.9% of the hospitalizations in the last week. The green is our latinx community, 32.6 to 45% last week. So again, we're seeing ongoing movement in the individuals impacted by covid-19. You see week over week in terms of numbers of individuals hospitalized, a 45% increase in the latinx representation in the hospitalizations last week moving from 46 to 67. Significant decrease in our white non-hispanic hospitalizations 73 to 58. A slight decrease in our African-American population, hospitalizations 18 to 14. I will also note a significant increase in the hospitalizations involving our asian-american community moving from one the previous week to six last week.

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Again, the asian-american community relatively steady at that five to six hospitalizations per week with last week being the outlier. This is an update of our positivity in our community. Again, flat. 4.4 the previous two weeks, 4.8 prior to that, 4.3 so far this week. Again, we still have data coming in from last week so there may be some movement for that 4.3, which we'll update next week, but again not much significant difference in terms of positivity. This is an update of our positivity by race and ethnicity. Our latinx group, 7.6% to 7.2% last week. African-Americans, 3.5% the previous week to 4% last week.

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Asian-american, 4.1% last week to 3.2% -- sorry, 3.2% last week from 4.1 the previous week. And our white non-hispanic group 3.8% the previous week to 4% last week. So, you know, relatively flat in terms of the positivity by race and ethnicity. This is an update of the positivity by age group. You can see that just about every age group is at or below 5%, with the exception of the 10 to 19 age group. Again, significant positivity there, significant positivity in that 20 to 29 age group as well as the 40 to 49 age group. So again, we're seeing distribution across the age groups still in terms of positivity with significant decreases in the 60 to 69 and 70 to 79 age groups --

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sorry, 70 to 79 and 80-plus age groups last week. This is a breakdown of the positivity by -- for school aged children for the previous week. Again, we're continuing with the [inaudible] We've seen for many weeks with high schoolers above, 6.4% for middle schoolers, and elementary and pre-school below that community average, 3.4% for elementary school students and 2.5% for pre-school aged students. This is an update of our long-term care facility dashboard. Again, very low numbers in the previous 14 days, six cases in the previous 14 days, 16 in the previous 28 days.

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As I said last week, which was 6 and 20, 98% drop in new cases in long-term care facilities. Very pleased with the effort there and certainly reflective of the efficacy of the vaccination effort. As you may have seen, there was a report released yesterday indicating that in real-world deployment of vaccine, the pfizer and modern are shown a 90% efficacy in terms of protection. So a very, very good protections. Certainly the Johnson & Johnson is an excellent vaccine as well and we have another candidate astrazeneca, which is likely to be reviewed in the near future. A quick update on our regional fusion center. Opened on the 6th of January. 880 individuals have received money know clonal.

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Switching to other monoclonal antibodies effective against those variants. Updates on our influenza situation. Again, a single positive case identified last week, positivity of .68%, overall positivity this season 1.8% with just over 100 positive tests so far this season. Graphically, this is what it looks like. Again, a record low season for us so far in terms of influenza. Again, I think this illustrates the efficacy of the total effort. We have vaccines, we have masking, we have distancing, we have all those things in place to have a record low season and we are in fact seeing that. Again, as a reminder, we remain in stage 3 of our community-based risk. Again, more hopeful to see

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stage 2 in the middle of April, but that's going to depend on all of us continuing to protect ourselves. We do have holy week this week. We have Easter Sunday this Sunday. And as a reminder, folks who are in a high-risk category, so they themselves are at high risk for developing severe disease or they have somebody in their household who will be at high risk, those individuals need to be very protective. Those individuals should avoid large gatherings, including family gatherings to avoid transmission, particularly at a time when we're getting so many people vaccinated. I will say that if people choose to go in person for religious services, please wear a mask. I know that, you know, it's in style now not to wear a mask in some circumstances, but if we continue to mask,

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particularly around holidays where the churches may be more filled than usual, having that masking is not only going to protect yourself, but it's going to protect the members of your faith community. And I think that would certainly help -- decrease the risk of cases locally following Easter. With that, I will switch it over to director hayden-howard. >> Hayden-howard: Thank you, Dr. Escott. Good morning. As you can see here, this is from our aph vaccine dashboard. We do update this on weekly. So this is as of last week. According to the data, we have provided about 29% of the hispanic latinx

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population vaccines, African-Americans 6.48, Asian about 9% have received the vaccine. We had a meeting with -- with community care, and they are going to start providing their data to us, and so we are going to capture the vaccines that they are providing as well as the vaccines that is being provided

out at Cota. So over the next couple of weeks, will you start to see a change and it will not only be aph vaccines, it will be all of the -- those partners I've just stated. Next slide. With the vaccine update, this just gives you a snapshot as of the 27th. We have provided 173,826 vaccines.

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Those are your first and your second doses. We administered 25,000 vaccines. We are continuing with our mobile vaccination program. You'll probably hear us referring to this as the MVP. And so we continue to work with meals on wheels. Mayor Adler joined me yesterday and we provided a vaccine to just Murphy yesterday and it was quite an honor to meet her. She has a very, very interesting history and she has contributed so much to Travis county. So for me it was definitely an honor to meet her. With our mobile vaccination program, year to date we have provided 14-"1.com 547

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vaccines. Of those about 14 hundred have been first vaccines. And then 105 of those have been the second doses. So we have 205 people that are fully vaccinated by receiving those services from our mobile vaccination program. In addition, we have been working with family eldercare and we are going to start providing vaccines with folks that receive those services. We are in conversations with the Austin Vietnamese medical professionals society. We have partnered with them in the past for flu vaccines. And so we are going to plan a closed pod with them. In addition to that, we have had conversations with community first village, and so we will be going out

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there as well. Our -- this Saturday coming up, we will be for a pilot at St. James Baptist church. And so we are looking forward to that. One of the things that is very important for us is ensuring since we are a hub and we're working with everyone in our county, we are starting to look at how we could collaborate better. And so we have a meeting with U.T. Health yesterday as well as the nursing school, and talk with them about a collaboration. We will be meeting with all of those partners as well as Travis county to really take a look at and have a map and look at where all of us are providing services. Because it's going to be important for us to be able

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to collaborate and be able to understand where there's gaps in our community and make sure that we are providing services. And so we are going to continue to look at that and collaboratively put together an interim plan about how all of the partners can work together to ensure services are happening in the eastern crescent. Next slide. This is just an update on our vaccine for child care, education and our senior population. We provided over 11,000 vaccines to school and child care staff. For our senior population, this is people that are 60 years of age and older. As you can see, we provided 53,000 first doses and 30,000 second doses. According to Texas department of state health services, over 81,000 folks that are 65 years of age or

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older have received at least one vaccine. Next slide. As you all may have heard, as of Monday everyone is eligible 16 years of age and older. With that announcement, there was an announcement made that if you are 80 years of age and older, you can kind of move to the front of the line. You can show up at a location and receive your vaccine. And so what we are really encouraging folks that are 80 years of age and older, for just a smoother process, because we want to be able to make sure we do your registration and are able to be able to get them in and get them out, we are asking folks if they are 80 years of age and older, they live in Travis county, we are

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asking them to call 311, provide their name and their phone number, and our staff will give them a call and schedule them an appointment. And so we feel like that that will be the smoothest way for us to continue to provide the service for folks 80 years of age and older. It allows them the chance to line up their transportation if they need that and then they are able to move in and out. We continue to encourage folks that appointments are always best, but we will prioritize this group. Next slide. We are - this is just another update on our scheduling system. We released 7,000 appointments on yesterday. And so we will release some additional appointments on Thursday. We are typically receiving our first dose allocations

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consistently on Thursdays. And so what we are doing is releasing appointments on Thursday that carry us over into the following week. And be able to start using some of those 12,000 doses that we are receiving on Thursday, on Friday throughout the next week. We are continuing to make improvements to our system, and so our system is going to be off line this evening. And so we're just, you know, encouraging everyone that if you try to get on our system tonight, you will not be able to because we're going to be making some updates. And so one of the things that we know is very important is being able

to view and print a copy of your vaccination record. And so you will be able to do that. In addition, you will be

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able to opt out if you no longer would like to receive text messages or emails from us. And you can update your information if you have been in before and there has been some changes that you need to make. Some of the -- one of the call to actions that we have is that if you have a -- if you have an account with us and you no longer need the vaccine, we would really love for you to go into your account. You will be able to do that on tomorrow. And then it allows us to continue to work through that system. And so this is definitely a call to action. We will definitely be saying more about this on tomorrow, but we are just emphasizing the importance of folks that may have received their vaccines and don't need to

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receive any communication from Austin public health at this time. That completes my presentation. I am available for questions. Thank you. >> Judge Brown: Thank you. Let's just go straight to the questions. Commissioner Gomez, do you have any questions for director Hayden or Dr. Escott? We can go back -- there you are. >> Gomez: No, judge, I don't have any questions right now. I guess the only one that I would be -- what is our estimate of the percentage of people who are vaccinated now? Dr. Escott or -- >> Dr. Escott: Sorry. Was trying to find my mute button. It's about 31% yesterday.

[12:04:01 AM]

According to the dhs website. It's about 14% fully vaccinated, 31% with at least one vaccine. That's individuals 16 years old and older. As Stephanie said, the numbers for individuals 65 and over was much higher because of the concentration initially in those groups. >> Gomez: Okay, that's sounding a little better from where we started, so -- and even then, though, I think we need to kind of still tell people that even with two shots, we still have to be very, very careful. And so that message needs to continue going out. And people are working the community; however, they are still getting the message, well, you know, no, we're not really interested in getting the vaccine, and that's very dangerous to us. Trying to get that message out. And so I guess we just have

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to continue working. And maybe we'll always have people who will say no, they don't want the vaccine. So we just have to keep trying. Thank you. >> Judge Brown: Commissioner Shea. >> Shea: Thanks, judge, and as usual my thanks to Dr. Escott and director hayden-howard and all the staff who continue to do remarkable work to keep our community safe. Do you think we have reached the point where we would be seeing a -- an impact on our numbers from spring break or do we still have another several days before that starts to show up? I'm really pleased to see that our numbers are at least holding steady, but is it too soon to say we dodged a bullet from spring break? Are we likely to see an

[12:06:03 AM]

impact in future days or have we passed that point? >> Dr. Escott: Commissioner Shea, it's too soon to say. Residentially we look for the immediate reaction that is correct ten to 14-day period. We're still within that period. Some of the data, though, looking at surges following things like removal of mask mandates indicate that the impact may be six, eight weeks away from when that policy change happens. So I think it's still a bit too soon. I think it's refreshing that we haven't seen a spike, but, again, we also have to appreciate what we're seeing as compared to some of the projections from U.T. If we had maintained the existing policies in place, we would be on a clear down trend right now. We're not, we're flat. So it's very consistent with

[12:07:03 AM]

the modeling that U.T. Did which indicates some flattening for a couple weeks and then the beginning -- they are beginning to increase. We're not out of the woods yet. >> Shea: Just a quick shout out to judge Laura Livingston. I appreciate the wisdom in upholding our mask mandate for our community and her reading of the law. Thank you. >> Judge Brown: Commissioner Travillion? >> Travillion: I'll try to do this reasonably quickly. First of all, I want to once again say thank you to Dr. Escott and also to director hayden-howard for the care that they have given, the time that they have spent, their willingness to work after hours and on the weekends, and to work with communities and to assure them that we are working on their behalf.

[12:08:04 AM]

I appreciate the efforts that you have taken. But as I was listening to the numbers about how Travis county compares to other counties in the state, on one hand I'm pleased, on the other hand I'm concerned you're concerned that gives too Rosie a picture because given that picture, it's hard to then argue that we've got some infrastructure problems in Austin that need to be addressed. And we do. I don't want to give us a false sense of security. I want to have data-driven decisions. I think that we need to talk about and understand the infrastructure that does not have clinics on the eastern side of 35,

where there's significant food insecurity as well. When we look at those numbers, I think we need to see those numbers stratified

[12:09:06 AM]

by zip code area so that we know exactly what's happening in all parts of the city and don't just give a collective picture, which is a little too rosy, in my estimation. I also want to see those issued stratified by eeoc category if we could. So it's important to know which zip code areas and which ethnic communities in which communities which are low-to-moderate income are -- how they are being impacted and how we can improve that. Because if we can define the areas that are not doing so well, if we can evaluate our infrastructure in real terms, then we can build an after-action plan that can address our issues. It is important that we recognize what we are missing and we build a system to address the back side of the normal distribution curve. We do a great job generally across affluent parts of

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this community. The parts of the community that are not affluent are having trouble, and let me just give you a confirm of examples. I was glad that you pointed out Harry Ann Murphy was giving this a shot and I think it's important that she is. She is a classmate of martin Luther king, Jr., Jr. I don't know how it took us so long to get to somebody who is over 90. One other group I talked to personally and asked for Dr. And Mrs. Delco, Wilhelmina Delco. They have a center that is named after them that we're giving shots at, and they had to go to Williamson county to get a shot. How could that be? We have to look at our -- let's look at what our issues are and build to address those issues.

[12:11:08 AM]

I think that it's good, we have to have the data that's necessary to address the real problems that exist on the ground. I realize that these are not -- these are not new problems. These are not issues that were created by any manager in this room today. But they are real approximate, they are legitimate problems, they happen because of a lack of investment over generations, and unless we define them as problems and build to their solution, they will never be solved. So I'm -- I'm pleased that we're doing better, but I'm still frustrated that there are a lot of really basic things that we've not done yet. >> Judge Brown: Thank you, commissioner. Commissioner Howard. >> Howard: I just wanted to put a pin in the comments

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Dr. Escott made about a healthier community, about social determinants of health, about things that we know exist and what are we doing to address them. I would love to see a joint session with our partners Dell med and central health and others to talk about social determinants of health. A quick Google drive this morning, a lots of stuff happened in 2015 in our community around a healthier community. And so much has happened since then. So let's put a pin in this and get back to it real quickly. I believe that's how we're going to best handle, you know, crises in the future is to have everything running as best as it can including the health of our people. Thank you. >> Judge Brown: Thanks, commissioner Howard. A couple updates on the community collaborative effort at circuit of the Americas. We did the first round of second doses this weekend.

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It was modern, so that was obviously much easier than doing pfizer. We did that on Saturday. We had Bidi Bidi join us, one of Selena's band, to make is drive-thru shot experience even more fun and sighting that it is. I hear rumors that Austin symphony may be joining us soon. We took this weekend to see where we are and look at what ways to go forward, and I think part of it is circuit of the Americas, hopefully burger center, expo center are all good just to get the number of doses up in the community. That's obviously a huge part is massive numbers of vaccines. Like commissioner Travillion pointed out, we need to make sure we're getting to a model where we're having neighborhood models, and I know councilmember Fuentes

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and histories and director hayden-howard have looked at this as well. This weekend we started something with Dr. Hockaday where they were able to give out pfizer vaccines in their community. Part of it was walkup patients, which is a great start, I think. We're also talking with Karen Smith and mayor Wallace to do something similar in manor this weekend. We had hoped we could do it last weekend, didn't come together. We're going to try to do that this weekend. And talking with del valle ISD to do something similar there. I recognize with all of this effort, staffing is going to be the biggest problem. We also did an effort with commissioner Howard and mayor cox and Baylor Scott & white in lakeway where we got out 500 shots in lakeway

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and Baylor Scott and white also worked to get 500 out in pflugerville. Thanks to them for pushing on. That director hayden-howard, I would love to keep working with you. As the county and Austin public

health work and the city working together to see that not only are we doing everything as fast as we can, but working to try to increase the percentage of people who are Latino, African-American receiving shots in the county. Overall we need to do better about addressing the equity issues around the vaccine. I realize I have talked and I guess that's just an update from me today and happy to answer any questions if anyone else has any. I will -- director hayden-howard, do you want to say anything? About that? I just want to give you an

[12:16:12 AM]

opportunity. >> Hayden-howard: Well, our -- you know, we're excited that you were able to -- Travis county was able to provide the vaccine to the central Texas alliance. Our staff were able to work very quickly to modify their existing contract that they had with us. Because, you know, I think it's awesome when they step up and they are able to provide the service to our community, but they don't have a lot of funding to be able to provide that. And so our staff were able to work very quickly to pivot their existing contract to allow them to provide those services with an updated contract. I think one of the things that is -- is important as we start to have conversations and start to look at a map of Travis county, being able to

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identify where we all could be. Because what we don't want to do is that we don't want to overlap and several of us are at one place and then we have gaps in the community where we are not. And so I think the meetings that we're going to have, there's going to be a couple meetings we're having where we're going to look at a map and we are able to start to look at where the data shows where we have high positivity rate, a large number of folks that are people of color, and then also making sure that we're not just there one time, that we put together something that's comprehensive so folks will be able to know in that community that we will be at this place at this time and they can count on it. And so those are some of the things that we are working

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on, and not just Austin public health, we are working with other providers in our community to be able to do that work together. So my hope is as a result of that we will see more African-Americans, more hispanic and more Asian folks to be able to receive their vaccine at these -- through this partnership. >> Judge Brown: Great. That he sound wonderful. Yeah, absolutely, the thing with Dr. Hickaday would not have happened with Austin public health's assistance. I want to give you that shout out threw. I guess in general working with these other groups we encounter every week at circuit of the Americas, every

Monday we're like how can we get the necessary medical staff for this weekend that is, you know, trained in the right way and has the right association, affiliations with ascension and community care.

[12:19:14 AM]

And I know we're not alone in that. Over the next three months that's going to be the thing that limits how much vaccine is staffing. High thoughts in working with the doctor and del valle, if people have the staffing ability to get shots out, we need to cut through the red tape and figure a way to let them do that. I know most of the red tape is from the state and the paperwork is a beast, but I just want to make sure at the local level we're doing everything we can to cut through any bureaucracy or processes that we can to still safely give the largest number of vaccines possible and take advantage of people in the community who know how to give a shot, frankly. But with that I'll pass it on, mayor, to y'all's side and -- >> Mayor Adler: I appreciate that, judge. And I appreciate the work that you and Travis county are doing to -- out at Cota.

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It's good to hear director hayden-howard, that you are going to incorporate that data because I think that would give the community a better feel for what we're doing well and what we're not doing well. It would give us a more accurate picture of what's happening and I think the community is real interested in seeing that. And as we move forward into this next world where the federal government is getting more and more vaccines into an area and they are relying more and more on their national contracts with drugstores and clinics and grocery stores and the like, the strategic use of Austin public health and Travis county is going to get more and more important because those other places aren't going to have a ready equity focus to them. Colleagues, we're going to go through, as you recall last week I started at the wrong place. The mayor pro tem corrected

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me. This time we're going to reverse the order and start at district 10 and work our way back. That starts councilmember alter with you. >> Alter: Thank you. Good morning. I have two questions. One is that we're hearing some confusion over when folks' shots will be uploaded into the system that they have received a shot. Even the first shot. So if you could speak about how much after they get the shot that those records are updated. I know you said you were doing an update tonight as well, so if you could provide some insight on the timing folks should expect for that information to be loaded. I know there's a lot of paperwork that's involved, so if you could shed some light on that. And then we're hearing really mixed reports on the size of lines, at seems to be kind of random, and I would like to know about when we hear about a

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two-hour line at Delco center, is that a function of just people -- too many people showed up early or we don't have enough staff or times of days when we have more appointments. So if you could help us understand the fluctuations and what's causing those in the lines and whether there's any resources we need to devote to reducing that. Because as we transition to folks who are more reluctant, that kind of line is going to be prohibitive for them. Thank you. >> Hayden-howard: With the system, within 48 hours they should be able to see that on their account. I think it's really important for -- and our folks are continuing to try to go through that system when we identify two accounts, our staff are starting to email folks and say which one of these accounts do you want to use. Because we need to

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consolidate those accounts. And so that's also a part of what could delay it being where you may think it is. It may be a one of those accounts that you've set up, so our staff are having to do a lot of qa. If you just have one account, within 48 hours you should see the information uploaded to your account. As far as the sites and how sometimes the line gets backed up, a lot of people are showing up much earlier than their appointment. You know, in conversations where I've had with folks, they may have had a 10:00 appointment and they got there at 9:30. And so the way that system schedules folks, you know, it's scheduling people, you know, to be there at a certain time and if a lot of other folks show up. So that's one concern.

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The other concern is -- is that we are looking at the number of vaccinators that we have. And so if we have a day where we don't have enough vaccinators that show up, it does delay how quickly people can move through that line. And so we have a couple of contract -- contract providers that we are using as well. Our fire chief has connected us with some retirees from the fire department that are going to -- we're going to onboard them as well. And we've also made a request to the state of Texas, a S.T.A.R. Request for vaccinators, because that's going to be the area that we will be challenged at some

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point as we continue to be working, providing vaccines. So that will definitely slow down the line. [ Coughing ] >> Mayor Adler: Okay. Councilmember tovo. >> Tovo: Thank you, mayor. Thanks to our

public health staff. And thanks not just for the work -- the tremendous work you've done during the pandemic, but also for continuing to work to address health disparities in our community. That was a very interesting presentation, Dr. Escott, about comparing Austin to other counties. Having said that, I fully support commissioner Travillion in continuing to look at where we have gaps and really address the substantial health inequities that we continue to have. I wanted to ask a question specifically, I think director hayden-howard, for you, about what our plans are for vaccinating individuals experiencing homelessness. I know you mention that had

[12:26:21 AM]

mentioned that community first is going to be part of the mobile vaccination clinic. Can you remind us, or can you share with us information about what the plan is, kind of which -- is it Austin public health, or is it community care, or who has been tasked with really reaching out to individuals, both in encampments, as well as in our shelters and whether those plans -- how much of those plans are currently under way? >> We're currently working together with community care and UT health. And so they have already started providing some vaccines at some of the protective lodges. They've provided some at the arch as well. We have an event -- had an event this past Saturday -- friday/saturday at one of the other protective lodges. And so we're basically

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approaching this process together, letting each other know, you know, what area we are providing the vaccines. And so our goal will be to continue with this process until we're able to provide those vaccines. As we look at encampments, etc., that's the other area where we need to do some planning for that as well. So we'll be collaborating with them in that space. >> Tovo: Director hayden-howard, sorry to just ask one quick followup. Are you -- I know last week -- I think it was last week, you got a small number of doses of the Johnson & Johnson vaccination, which requires just one. Are those -- as you get some doses that are just -- that are those, are you prioritizing those for individuals in encampments, or is there a plan to have a host team potentially go out in the field and use those for individuals in

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encampments? Around that. >> Yes. That is one of the vaccines that we are going to use. We have been using -- UT has been using pfizer, especially for folks that are in the protective lodges. And we have used modern as well. So we have used a combination of vaccines, including Johnson & Johnson. But our goal is, is that we made requests for 12,000 vaccines of Johnson & Johnson. And so our hope is is that we will be able to use those for the encampments, because as you know, it's a onetime shot, easier for followup when people are not staying at the protective lodge or at the the arch. It's easier for the staff to provide

those vaccines. >> Tovo: Thanks so much. >> Mhmm. >> Mayor Adler: Okay. Councilmember Ellis. >> Ellis: Thank you, mayor.

[12:29:25 AM]

My question is going to be for Dr. Escott. Can you tell us if there's any new information about transmission among vaccinated people? I know each shot has a little bit different time to take effect, and there is some variance out there. I was curious as more folks are getting vaccinating, do we need to continue wearing our masks? I'm trying to figure out what it looks like for the long haul. >> Councilmember, there was some updated data based on the real-world experience with pfizer and moderna, both indicating 90% efficacy, which means that people who are vaccinated can still get the virus. And the more virus that is transmitted, the more that efficacy is going to be challenged. So it is important for vaccinated folks to still wear their masks, to still distance, to still follow the hand hygiene. Really, we need to drive the

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cases down to zero, or very near zero before we can start to have those conversations about doing away with the masks for now. But we've got a ways to go. Again, we've got about 31% of the adult population vaccinated. A little low when we consider individuals 15 years old and younger. We're making significant progress, but we've got to hold the line. We've got to continue the protections. You know, at least through the end of may, and allow us to get closer to that herd immunity, or hopefully achieve herd immunity by the end of may in the adult population. Again, even after that we are still going to have the ability for the disease to circulate effectively in children. What's been seen in other countries who are closer to herd immunity than we are. So I think we're really talking

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about early fall when we talk about the entire community being able to relax, if we are able to identify a vaccine which can be utilized safely in children. >> Ellis: Thank you for that. I know I've heard people saying they're more likely even with a typical cold, flu symptom that they would wear a mask more readily than they thought they would have before this. I hope that's a practice we do carry forward. >> Yes, councilmember. I think we have really learned a lot about how effectively we can manage flu. Just a couple of years ago -- last year, the 2019-2020 flu season was bad. Our hospitals were filled. Many of the hospitals and icus were filled with flu painters. Patients. I know nobody wants to hear this, but it is a way that as a

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community, when we have indications of a bad flu season, that we can save a lot of lives. We just keep those masks around. Keep them in a drawer and utilize them for future seasons of flu. >> Ellis: Thank you. I know some of us have amassed quite a collection, so, thank you. >> Mayor, you're muted. >> You're muted, mayor. >> Mayor Adler: Thought it might be helpful, Dr. Escott, to double back or for you to let everybody know how many lives we did save this year from influenza based on past years, because the percentage that got the flu was much lower than in prior years. Councilmember pool. >> Pool: Thanks. A quick question for Dr. Escott, just to follow on the variants, the prevalence in our community, just a little bit more

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information. Do you know which ones and how prevalent, and what amount of testing for variants are we doing? >> So, there's not a great deal of variant testing being done. The primary testing right now for our community has been done at UT, amongst the individuals that they're testing. There are some state efforts in testing as well. So it's difficult for us to calculate the percentage of the variants. However, you know, a couple of weeks ago when UT ran them, about a third of the positives were the uk variant. They're certainly seeing increases in the California variant. I think in Texas and perhaps in many parts of the U.S., we are already seeing what's likely to be a majority of variants as compared to the original strain. >> Pool: Thank you so much.

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I'll pass it on. >> Mayor Adler: All right. Yes. Thank you. Councilmember Kelly. Is she still with us? We'll come back to her if need be. I think that councilmember kitchen had another engagement she needed to go to. That gets us to councilmember Casar. >> Casar: Thank you, mayor. So, I think at the last one of these joint sessions you all presented to us two potential draft pads, one where the public agencies were distributing more of the vaccine, which might put us at a faster distribution path, but slightly more expensive, and one where more of the private pharmacies would be doing more of the work, which might be a little bit longer, not too much longer, and less, potentially, expensive. Do we know yet which of the two

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paths we're on? Is it somewhere in between? Is that something we're still waiting on? Which of those two paths are we on? >> Councilmember, we're on the same path we were before. We don't have a lot

of clarity on where those increases in vaccines are going. I do still believe that we're going to see significant number of the new vaccines going to private industry. Certainly the white house has indicated a significant ramp-up of the allocation to those pharmacies. The president was on yesterday talking about that the vast majority of America has pharmacies within five minutes of where they live. So I think that's likely to be the national strategy. Again, I think that's okay for us, because we know that we have parts of town that -- where

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folks live that they're not five minutes away from a pharmacy, and that means that we can focus on those populations. So we are ready to tweak and pivot based on whatever strategy is handed to us, but certainly feel confident that we will be able to achieve the goal. >> Casar: When does that surge in vaccines come, and when do we find out about the mix in strategies? I wish I could ask the president, but I've just got you guys here, so -- >> So, according to a meeting that I sat in on last week, it was white house staff. And they were laying out what they were anticipating was going to start coming into communities as early as early April. Seeing more vaccine, 2.8 million of modern, 1 million of pfizer,

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1 million of Johnson & Johnson. And then basically what they said is, is that after that first initial week, then after that there should be up to 6 million starting to come out. And then in the month of may, they were anticipating 17 million-weekly to be going out across the nation. And so we're anticipating that April is going to see an increase in the numbers of vaccines that are going to our partners directly in the farmcy program. We're also anticipating that more vaccine is going to start to come in through Texas through dshs. And so those additional partners will be there. And as Dr. Escott shared, as we continue to have those conversations with our partners about, you know, what are they

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receiving, then our approach is, is to -- as we continue to do these pilots and make sure the pilots are working properly for us, we will begin to start to pivot from our current operations and start looking at more neighborhood operations that we are able to do, partnering in other locations, communities that don't have a pharmacy, as Dr. Escott stated, or a clinic that's nearby, and be able to start doing those operations. So that's our hope is that we will continue to watch and listen and be a part of those national meetings as well as state meetings to be able to understand where the vaccine is going, and then communicate it directly with our partners about what they're receiving. >> Casar: Thank you. >> Mayor Adler: Thank you.



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Councilmember Renteria. >> Renteria: Yes, thank you, mayor. I want to just start off and say thank y'all for the work y'all have been doing. I've seen a lot of my friends and people my age are starting to get their vaccination. But I'm very alarmed by the hospitalization increase that went on this week. These people that are ending up in the hospital, are they young, or are they seniors? I seen that the 80 group and the 70-year-old group are going downward. But I see that some of the other age groups are starting to go up, and I was just wondering, who are -- what age are they going to the hospital? If y'all know that. >> Yes, councilmember. That was on that slide. I can make sure we get the slides to your office.

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But we are seeing the older age group numbers of hospitalization start to decrease and the younger ages start to increase. Again, that has to do with a number of factors. We know that covid-19 is transmitted via close contact. And people who are younger can have more face-to-face contact than older people do. Some people right now are more likely to be vaccinated than younger people, given the early prioritization. This is the pattern we've expected to see. It's the pattern we're going to continue to see until we get more people vaccinated. But I think it's critical for all of us in the meantime to continue the masking and distancing as protections that have gotten us down to this level. I will say in particular for our latinx community, that, you know, I know this is a time to celebrate this week.

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You know, holy Thursday, good Friday, Easter Sunday. It's a thing and it is a time to get together with family. It's a time to gather together with your church community. We have to be very careful, particularly in our hispanic community, because it could light a fire. And I don't want that to happen. So, again, folks who are high-risk really need to choose the virtual option. Other folks, if they're going to gather together, go to church in person, please wear a mask. Please wash your hands. Please do those things to minimize your risk. >> Renteria: Thank you for saying that, because I've been seeing that. I live right next to festival, and I use the park down there a lot. And I've been seeing a lot of the young folks coming down there gathering and partying, and almost none of them have

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masks on. So I also want to relay a message that please, you know, you might not die from this, but your older -- grandkids -- y'all guys, let's focus on making sure that your family stays safe. I really want to thank y'all for relaying that message. And we need to just keep saying it over and over. This virus, this covid virus is not over. And I'm really concerned that, you know, I'm starting to lose a lot of my friends at my age. I'm 70 now. And I'm alarmed. And I just want to let my people know, hey, come on. You know, you're getting rid of -- you're getting your grandparents infected and they're ending up in the hospital and they're going to have long-term medical care needs. So please consider before you go

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out there and look at your father and grandfather and say hey, I love you more than, you know, just being out there and having fun with my friends without masks. So please mask up. >> Mayor Adler: Councilmember Renteria, thank you. Real important. Councilmember Fuentes. >> Fuentes: Thank you. I'm heartened to hear there are efforts to do a plan for eastern crescent, especially knowing that the role of aph can pivot as more vaccine doses come online. But to be honest, I'm also greatly disappointed that we're now in a phase of doing a plan for the eastern crescent. We are in week 16 of the vaccine rollout. We talk about equity. And we know that this virus is disproportionately affecting our black and brown communities.

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We have to do everything we can to ensure that we are getting vaccines into the arms of those who need it the most. And so I guess the question is -- I'm happy to hear there is a mobile vaccine program. I think that's a great way for us to continue to move to address the unique needs, especially for our homebound individuals. So, director hayden-howard, if you could speak a little bit about what does that mobile vaccine program look like in terms of having it as part of our neighborhood-level operations. You know, I just want to get a good sense that we have a strategy in place for individuals who are not affiliated with nonprofits such as meals on wheels or family elder care. If you are an austinite who needs a vaccine, how will Austin public health mobilize to bring those vaccines into hard-hit neighborhoods? Could you speak a little bit more to that?

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>> So, currently what we have done with the mobile vaccine program is, is that we have primarily worked with partners, because our goal initially is to be able to go to places where partners have existing relationships, like meals on wheels, the housing authority where there's several folks there that we can use the community room to be able to provide those vaccine. Also, we have been receiving referrals, just across the community. Folks are calling 311. Our folks are scheduling them. So they're

going to folks that are not affiliated with any type of organization. And they are providing those vaccines. They started that process last week of going to just kind of a list of folks to be able to fit

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them in with the other process. And so it is a team of four folks. There's three people on each of the teams. We are bringing on one additional team to be able to assist us. And so whenever we're looking to do a pilot or a location, we call that a closed P.O.D. That's a little different than our mobile vaccine folks. We typically use the existing folks that are working at a Delco or a Berger, etc. And then they are the ones that go over and provide that clinic setting with the larger footprint. So those are two different strategies that we have been doing thus far. So, you have the mobile vaccine folks, team of three. And then you have the folks that will do a closed P.O.D.

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And that is multiple folks. And it depends on how many vaccines that -- your throughput that you are trying to get through. And so like I said, that is set up similar to your Delco, your dove springs, your pflugerville, is that complement of staff. And so we'll continue to do that process of making sure that we are working our way and continue to prioritize the folks that are 65 years of age and older through our mobile team. And then once we're able to make sure that those areas are covered, then we start to do a little bit more pivoting. And so what I spoke of earlier, what has not happened, we've not sat down with the county. We've not sat down with UT

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health, Dell med. We have not sat down with UT nursing school collaboratively. We met with them individually. We talked about, you know, what you're doing, community care what you're doing, etc. But what really needs to happen -- and I'll give you an example. With our black faith initiative, we were looking at two churches. And in our conversations with UT nursing school, they already had those on their list. And so it doesn't make sense for us to go there and they're there, too. And so what makes sense for us all to do is to have a meeting where we collaboratively say I'm committed to being at these locations. Where are you committed to be? And then where do we need to expand. But we have a map that says this is the map and this is where Austin public health is going to

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be. This is where UT health is going to be through the nursing school. This is where Dell med is going to be. This is what Travis county's going to do, Cota. And this is what community care is going to do. That way we are all working toward the common goal. Austin public health does not want to be in this business alone where we try to address everything that's happening in the eastern crescent. We've got to have our partners with us. They're willing to do it. They've been moving forward with their plans. We've been moving forward with our plans. We've got to bring those plans together for this to be successful for our community. >> Fuentes: Yes. That's like music to my ears. I love to hear that. That's exactly what we need, especially we want to have a cohesive strategy in vaccinating our eastern crescent communities. So I'm very happy to hear that type of collaboration is taking place. The other quick question I

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had -- I think I missed this and it was covered earlier. The data coming out of our Cota vaccine site that we have going on with the county, when can we expect that data, to see the demographics from it? >> We're going to send a report that we're going to receive from community care. We talked with them about that. We'll send a memo forward. Over the next couple of weeks, they're going to be sending that data to us and you'll start seeing it on the dashboard. So probably over the next couple of weeks we'll start to actually populate and put that data there. >> Fuentes: Gotcha. Thank you. >> Mhmm. >> Mayor Adler: Mayor pro tem. >> Harper-madison: Thank you, mayor. I agree, that's music to the ears. This is the second meeting in a row where I've got to tell you, the presentation made me feel

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optimistic. I am starting to think about what does our covid future look like. I think commissioner Travillion and Howard both spoke to it in terms of, you know, the preventive elements. I wonder how many of the resources that we have to combat covid will go to some of the disparities in healthcare, preventive healthcare, food insecurity, etc., that sort of led certain populations of people to be more susceptible to negative outcomes, to be folks with those comorbidity concerns. So my hope is that that's a part of the conversation moving forward as a result of this. And then I also think a lot about -- you said variants, I've been saying mutations.

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As the virus changes and grows, are folks going to be needing to get boosters along the way? Will there be immunizations coming soon for those under 16? What does it look like for kids going back to school in the fall? I certainly don't need all those questions answered now, but generally if you could give me a high-level overview of what our covid-19 future is looking like. >> Councilmember, first of all, thank you

for your comments. And again, I agree that we've got a lot of work to do in terms of addressing the disparities in our community on many, many levels. And we can't lose sight of that. Regarding our covid future, you know, there are a lot of asterisks right now. There are a lot of unknowns. I will say that, you know, I think the general expectation for an immunization for younger

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individuals, sometime this summer. When I say younger individuals, it's likely to be incremental. So we're probably going to see the gap bridge for 12-16-year-olds first. And then, you know, perhaps younger kids. As the risk of the disease itself gets very low in terms of severe disease or death, the burden of safety grows substantially, because you have to prove that the vaccine is going to be safer than the natural disease. So it's going to be more challenging to develop vaccines for younger people and to meet that burden. You know, for our middle school, high school-age students, I think it's very likely that there will be a vaccine available for them before the start of school. I think that, you know, it's likely that we're going to see some ongoing modifications of normal in the school year next

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year, but I think with the vaccinations of faculty, staff, and those older students, I think it's much more likely that we're going to have a relatively normal in-person presence in the schools next year. Regarding boosters, a lot of this really depends on how we do as a country in vaccinating our community and then immediately transitioning to ensure that the world is vaccinated. Because if we don't vaccinate the planet, it's going to increase the likelihood that covid is going to continue to mutate and for us to end up in a flu-like situation where we have annual boosters for the circulating strains. >> Harper-madison: Thank you. I appreciate that. >> Mayor Adler: Thank you. Dr. Escott, I really appreciated

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the slides as well that talked about just the underlying health factors. I thought that was real instructive. I appreciate commissioner Travillion's questions that speak to the disparities that we've seen in even more bold relief with covid. I'd like to request that at some point, that you see if you can give us those same charts, but de-aggregated by race and ethnicity so that we can see the same thing, but broken out that way. That would really help us, you know, perhaps better target or better understand what we were seeing here. I would imagine that that would be available, wouldn't it? >> Mayor Adler: I will do my >> I will do my best, mayor. >> Mayor Adler: I know it's extra work, so prioritize it

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appropriately. One chart you had at the end had the state average of number of cases per population. Is that chart related to underlying health conditions, or is that chart for policy? >> Well, mayor, I think it's a mix of the two. Certainly in many of the areas that we know are risk factors for covid-19 severity and death, it was an uneven playing field to begin with. Travis county had lower rates of diabetes, individuals in fair or poor health. But I think what's really telling is the cumulative cases per capita. That can't be explained by those things. [Multiple voices] >> But not the transmission. Now, are there factors outside of policy that affect transmission? Certainly. Population density, multigenerational household.

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There are lots of other factors that come into play. And I'll tell you that without question the next decade is going to be spent looking back at the rates of disease, the rates of death, and trying to sort out what were the critical factors. But I do want to say this. And this goes back to commissioner Travillion's comments. We have been fortunate in Travis county. Travis county has been an example. The city of Austin has been an example for what can be done. And it certainly is a success story. But it's a success story on the backdrop of a country that's failed. We can't claim success when there are more than 550,000 Americans dead, more than 45,000 Texans dead. When we look at countries who have been very successful, like Australia, if we do a direct comparison to our sister city,

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same population, same geographic size, their cases, 606. Cumulative. Deaths, 4. That's what can be done. Now, certainly, Australia is an island. It's easier to protect islands in this sort of circumstance, but there are underlying factors. There is healthcare availability to all people. There's an integrated healthcare system. There is a well-structured and funded public health system. There is a sense of liberty and a sense of community that lives there. And we have to take note of that. It cannot just be about individual liberty. There has to be a balance between liberty and community. And I think it's quite clear that America is out of balance. >> Mayor Adler: Thank you.

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Judge brown, I'll turn it back over to you. >> Judge Brown: Thank you, mayor, and thank you, councilmembers and commissioners very much. We are going to obviously keep working on this. And I think there's some meetings today about ways that the city council -- the city, Austin public health, and Travis county can work together even more on coordinating efforts to get vaccines out to those hardest hit in our community, and look forward to those meetings that are going on with all of y'all. And with

that, I think we will adjourn our part of the meeting and look forward to joining y'all again next week. >>  
Mayor Adler: Sounds good, judge. Thank you. At 10:34 here on March 30th, '21, we will adjourn the city  
portion of the joint meeting. Thank you again for letting us join you. >> Judge Brown: Thank you.