

Public Safety Committee (PSC) Special Called meeting Transcript – 3/25/2024

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[9:59:45 AM]

This is a-t-x-n the City of Austin S Government Access Channel to order the meeting of the public safety committee of the Austin city council at March 25th, 2024, at 10:00 in the morning, we have a quorum present, and I will start us with our general public communication, and I will ask for assistance as my understanding, we do have someone signed up to speak. >> Yes, sir. Good morning. We currently only have one speaker signed up to speak on item number two. Miss Cathy, miss Mitchell. >> All right, miss Mitchell, if you'll come to the podium. >> Yeah, that's. >> We would generally do that at the beginning

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the beginning . >> So as today's apparently only public speaker and as somebody who spent three years on the curriculum review panel, and ve been participating actively in the process as a panelist for all of that time, I would ask that you give me more than three minutes and allow me to respond to the report in some important ways. >> That's really, as you know, not the way this is done. But if you please, if you want to take the time that you've been given, we'll be happy to listen to you. >> So I want to start with a couple of quotes from the report. It is a long document, the failure of APD to complete this manual in the time

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this manual in the time originally designated is symptomatic of a larger problem of the department appearing to do just enough to suggest progress without completely embracing and accepting the hard work of change. I would say that sentence summarizes the panel's experience over three years. I want to

go on to say that there's another, important note that this document is not clearly this document, meaning the thing produced by APD for today does not clearly define a process that academy staff can use to enforce increased use of adult and active learning principles, which is needed to address the academy's overreliance on verbatim reading of APD policies and legal codes in some classroom instruction and its failure to incorporate an effective supervisory and peer review process. Despite promises to do so over the past three years, it does not include any supervisory responsibility to ensure accountability, i.e, it does not address whether the

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it does not address whether the civilian training staff is authorized to require changes to curriculum, an issue that caused significant disharmony during the tenure of the former academy division manager and resulted in revised but unenforced operating procedures that failed to resolve the issue. I would say, in a nutshell, that is the problem that the panel faced trying to actually change the curriculum. There were processes and procedures. >> But finish your thought, please. >> I would like to speak to a curriculum in specific, if you don't mind. >> I well, as you know, the rules are not set up for you to do that and I appreciate you want to do if you would provide us something in writing, I'm sure we will all read that. >> But your time has expired for me, as a panelist, this may be our last opportunity to talk about this. >> If you'd like to supply something in writing, I'm sure all of us will take the time to read it. Thank you, miss Mitchell.

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Mitchell. >> Mayor, I may have some questions after we hear the presentation for her, but dd like to hear the presentation. Yes, and when you and I communicated yesterday so that you would have an opportunity to do that. >> So as soon as we have the presentation, we will do that, I'll, I'll recognize you. Council member members that will take us to the approval of the minutes of the public safety committee meeting on October 16th, 2023, motion is made to adopt those by council member Kelly. Seconded by council member qadri. Without objection, the minutes are adopted. That will then take us to the discussion on the first item of item under discussion is APD training academies, long terme processes and sustained reform measures. And I'll recognize the panel. Could I ask you to lower the microphone on the podium so that it's not blocking his face? That's great. Thank you. I'm sorry to ask you to do that, but all right. It's all yours, chief .

[10:04:52 AM]

. >> Good morning, mayor. Committee members. Thank you for being here today. I greatly appreciate it. My name is robin Henderson. I'm the interim chief of police for the Austin police department. Interim

assistant city manager. Mills was not able to join us today. He is participating in the new city manager hiring process that's going on right now. So apologies, and I'll be presenting on his behalf, as you know, the APD leadership team, the city manager's office has worked diligently and quickly over the past year to restructure and support departments across the city in meaningful ways. Today's briefing response to the assessments conducted by Kroll, the APD training academy, long term processes and sustainable reform measures. You have received the calls final report as an attachment. In addition to the APD operations manual, to the memorandum. I'm sorry, in a memorandum form from inter assistant city manager mills, that was sent on Friday. I'd like to introduce our training

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like to introduce our training academy leadership, which you'll see up on your screen there, in attendance today we have assistant chief Josette Gastlin, who is also supported by our new training commander, Michael Chandler, and also Rob McGrath. He is our program manager. Three, Mr. McGrath began his role with APD training academy on December 4th of 2023. However, he did join the Austin police department back in March of 2023 as a crime analyst supervisor for the research and planning crime analysis team, and has transitioned into his new role as the training academy program manager. He is a retired police lieutenant, has experience as a police instructor, cadet tutor and cadet mentor, and he brings a balanced and valued skill set to his civilian role throughout the FY 24. >> But if you pull that mic just a little closer to you, if you don't mind. >> I'm not. I might have to breathe. I might have to scooch over.

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over. >> Good. >> Thank you. >> Thank you. >> Yes, ma'am. Throughout the FY 24 get process and with support of APD leadership, the city manager's office, and the human resources department, the civilian component of the academy staff has grown substantially in order to expeditiously and effectively implement the training academy's long term processes and sustainable reform measures, I will now hand over the microphone for the presentation by Mr. McGrath. He's going to walk through the civilian structure, our foundational work and the three phases of the implementation of the Kroll processes. Mr. McGrath. >> Thank you, Chief Henderson. Thank you, Chief Gastlin. For your guidance and support as I transitioned into this new role. Good morning, Mayor and committee. Good morning, Mayor committee. My name is Rob McGrath. I'm the new program manager. Three overseeing curriculum and instruction over at the police academy. And today we're going to be talking about

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we're going to be talking about the final Kroll report, which is available in your backup. And through a lot of dedicated work done by the academy staff and with guidance from the Kroll team, we've been able to create the APD operations manual. And this is a living document that is meant to guide us to continue making positive change at the police academy, where we've addressed 22 long term process recommendations by Kroll to improve academy operations. Improvement is incremental and the operations manual gives us a solid foundation from which to work from with the current iteration is available in the backup. There are three guiding principles for implementing all of these long term processes. Implementing these long term processes will produce measurable results in sustainability in certain areas, such as Austin community and culture. With the field training and community connect programming, the quality of our

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programming, the quality of our academic, our academy instruction with our curriculum and instructor development team and an improved academy infrastructure for when I have my full civilian team in support. We are designing methods of internally evaluating overall effectiveness of the academy's curriculum and instruction and the processes to report these measures to our interested stakeholders. As. It's meant to be like. >> Sorry. >> Was supposed to be other things on the slide there, there's supposed to be things on the slides there. >> I wondered why you wiped out your own report, but. >> So. Well, continuing as is, I'd like to acknowledge the volume of work that was conducted by the academy staff and the executive team prior to

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and the executive team prior to me even joining this team, there's through. And I really want to be able to highlight the positive collaboration that that there has been between the civilian and sworn teams, which is enabling the academy to make strides towards all of these milestones, which were working on figuring out why they're not there. Should I just keep continue? >> I apologize to committee members, but it's correct in the backup. So if you can view the slide in the backup, it's, none of the items are covered. >> Thank you. Okay >> So what we've done, with our operations manual is we've taken these 22 long term processes, and we've broken them down into individual tasks, which can be completed over, three phases. The first phase being the foundation foundational planning and logistic phase, which is our planning and prepping phase. And then our second phase, which is ongoing implementation, which is

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ongoing implementation, which is the main phase of implementation for all of these long term processes. And the third phase is the evaluation and continuous improvement phase, which is where we will be where we will be defining effectiveness and reporting on progress and improvement of the police academy. So I want to acknowledge that this is this has been a team lift, and we've received a tremendous amount of support for performance management from the city manager's office and through APD, and so starting with phase one, you can see these are the highest priorities for my team to accomplish, which will ensure the successful implementation of phase two, we've already begun to hire civilian staff, and, and we're going to get into staffing and here in just a minute. But I do want to thank the the committee for approving and the council for approving the positions necessary. The seven positions from my team, it's been tremendously helpful. So

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been tremendously helpful. So we're already hiring those staff members. We should be able to get them hired and onboarded, during the remainder of this fiscal year. We've already begun reviewing the cadet curriculum, and we're already working on establishing the funding for the for the professional advisory committee. These are the steps that will set the foundation to move into phase two, and which will allow the academy staff to put their efforts, where they are needed most. So getting a little more into this here, you can see our civilian structure. And in on this slide you will see there are, there are seven, positions that are bolded. Those are the positions that were approved by city council. Again, thank you for those positions. That's really what is allowing us to be able to make such strides here, we've we've really done a very good job of hiring since I, I came in in December. We've hired or

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in December. We've hired or promoted six positions, we have the, the training supervisor there that's in blue, we're, we're doing the interviews for that position this week and then the other two positions, we're looking at reclassifying, just to make to, to make this, to, to put their efforts where they're needed most as we're implementing all these long term processes, in this new organizational structure provides a clear delineation of duties for my team. So looking ahead to phase two, this is the main phase of implementation of the long term processes that we've laid out in the operations manual. And we're already putting plans into action. So with my full civilian team in place and with a solid foundation that we're setting in phase one, phase two is going to be a success. And this is where there's multiple recommendations that were already already being worked on. Phase one and phase two are not mutually exclusive.

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two are not mutually exclusive. So we're already working on things that are, that are in phase two, and phase one is setting that foundation for us. So then phase three is very important. Phase three is about evaluating the overall effectiveness of the academies curriculum and instruction, and the improvements that is, that we've just made through a holistic lens, and by using standardized measures to be able to share that information with our stakeholders. And this is to ensure that the academy is providing high quality training with an emphasis on communication Ann community engagement, de-escalation and diversity, equity, inclusion and belonging. Emotional intelligence, trauma informed training and officer wellness. Phase three is going to provide us with feedback to make data driven decisions to continuously improve academy performance and to make adjustments to our processes as necessary. So I'm accompanied today by commander

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accompanied today by commander chancellor, ac gastlin, and chief Henderson, and I'll pass the mic over to chief Gastelum. >> Good morning. I'm Jesse gastlin. I'm the assistant chief over the training academy. >> I just want to reiterate what was laid out in this presentation. Not that we've hired additional civilian staff in this clear, clear roles and implemented a focus on this phased approach. There's a clear delineation of duties that allows me and the new commander, chancellor, to manage this group and their task load effectively. Effectively I'm encouraged by the work of this group so far, and I'm excited to continue with them. Thank you. >> Thank you, chief caslen and Mr. Mcgrath and so I just want to thank my staff, both our sworn in civilian, I'm not only proud of the work and the collaborative nature of the group, but also impressed at the pace at which they were able to move. This essentially a new

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move. This essentially a new leadership team, at the training academy. And it's truly been a lot of heavy lifting over a very short period of time, we were able to get this done in a Ver compressed timeline. It's heartwarming to see the dedication and know the importance of the work we are doing at the Austin police department, three significant changes have been have enabled this group to move our policy direction forward. First is our staffing, the significant investment in our civilian staff has put us on the course to support our training academy processes that have been identified by Kroll, also, the second the city management has supported our collaborative with the performance management group, the expertise and collaboration, is also very valuable to us. It has brought a resource that speeds up our ability for responsive changes. Third, with the office O performance management, we have laid out an organizational approach that is applied to all the processes we have identified. And we will it will provide us with the ability to

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provide us with the ability to engage in institute long term process improvements and sustainable reform measures. And so with that, we will now open it up to, take any questions the committee might have. >> All three of you, members of the committee first. Does anybody have questions? And I know councilmember alter does and is joining us virtually. But let me check with the committee first. Councilmember alter, you have the floor. >> Great. Thank you. So much, I appreciate the presentation. I appreciate the work. I appreciate the fact that we have , a solid team in place and that we have been working for quite some time. I do want to call attention to a couple things and ask some questions. And first I would ask, mayor, as chair of this committee, if in the future we can make sure that we are not getting back up, the Friday before, that's 145 pages. Yep, that really should have been. That's not on you, but it should have been out to us much sooner. It's almost impossible to digest

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It's almost impossible to digest this, and we may need to come back, and look at it again. And I will certainly probably want to talk, with the team separately, this is a very, very important set of material, and it deserves, our attention. I do want to call, I want to flag a couple of the statements that are made by Kroll in section three, the assessment of academy processes to sustain reform efforts. Before I ask my question, so it notes that the process was interrupted by changes in leadership and personnel and at times, a failure of academy leadership to prioritize the importance of developing long term written processes. Denise the changes in leadership were particularly problematic and reflected a continued obstacle to reform. There have been four different assistant chiefs and five different commanders assigned to the academy since Kroll began working for the city at the end of 2020. Additionally, the academy division manager, who originally developed the

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originally developed the blueprint, resigned from the department in June of 2023. So I mentioned that because it is very important that we have some consistency for this department, and I hope that we will be able to attain that moving forward, lower on that same page, it, it says that, while APD has made some progress consistent with our past reports and many of the areas highlighted, there are many instances where it did not fully embrace and implement the changes and measures recommended. Despite having agreed with city stakeholders to do so, which is why follow through and implementation of the individual processes discussed here. It needs to be closely monitored, and I flagged that for my colleagues, as I know, most of you were not involved when we were, doing th work initially, but we have to this date had Kroll in there helping us to understand, where we're at, helping to identify the path forward, with the delivery of this report, at this

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delivery of this report, at this point in time, we won't be having that. That makes the manual that makes the audit protocol that much more important, , because this is how we are going to be able to hold the academy accountable. This is how we're going to make sure that we have a learning organization, so what was delivered on Friday is not trivial, but it also isn't completed, and so we need to know that, so here's my question. We know that the manual needs to be followed. We know it needs to be revised. And we need to we know that the internal audit needs to be conducted, chief, who is accountable for implementing and enforcing this manual? In other words, who do we hold accountable and how do we make sure that those in the academy have read the manual and abide by it? >> Thank you. Council member alter, please know as chief of police, the ultimate responsibility falls on me, please know I am dedicated to the work. I think it's clear by

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the work. I think it's clear by the staff that we have here today also, that was submitted and that we are truly making this a priority. Like I said, similar to what you mentioned with the high turnover rate, with the leadership out of the training academy, it has slowed progress because each time a new person comes in, it's not necessarily a plug and play. It's a matter of getting what everyone up to speed, understanding the path forward, and then implementing the change. And with the continual turnover, it has been difficult to keep that continuity going. In addition, to keep that continuity related to the implementation of processes. And so to make sure that we are doing it right, we are being methodical in the way that we move forward. But please understand, I'm here to support my staff. They are phenomenal and we are in constant communication with each other, even into the wee hours of the morning. And so please know that I'm here to support my staff. I have a great team in place, and I'm here to do whatever we can in order to fully implement

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in order to fully implement these recommendations and outcomes.>> Thank you chief. Below you though, who who is it that you are holding accountable to make sure this is done at the academy? >> Yes, ma'am. That's going to be chief gasoline, will each person have to read this manual in the academy? And will they have to revisit it? >> Absolutely. Yes, ma'am. Understand this is an operations manual. In addition to the Kroll report findings in and of themselves. So to make sure that we are implementing the process as it should be. In addition, when it comes to that accountability and making sure that our staff have a true understanding of what the expectations are, absolutely not only just the core report, but also the academy operations plan. And please know this is a living document. And while it's not complete in its in its form, please know just going through and making sure that we are building it

correctly, we need to make sure that we leave that leeway in order to make adjustments to the operations manual. >> Thank you, and the report

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>> Thank you, and the report anticipates, you know, further updates to the manual does say it's a living, document, but there is also a need to finalize the manual. And Kroll lays out on pages 28 to 30, a whole number of steps that need to happen, when are those steps going to happen and when will council the public see this sort of finalized version, recognizing it's still a living document, but finalized in the sense that it addresses, what has been laid out as key steps by Kroll, that need to be done, and then once that manual is finalized to address those pieces, how will the manual be updated and changed, and how will council and the public be privy to the manual updates? >> Yes. Councilmember alter, and going to have to pass the microphone as far as the timeline and implementation and full complete manual to Mr. McGrath. >> So for our in phase one, it's going to be very important for

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going to be very important for me to be able to get my civilian teams in place, to be able to get the foundation set, to be able to work on all of the long term processes. So the, the manual itself will most likely be updated quarterly as soon as that occurs. Once I'm able to, to, leverage my team and use the experience of my team to work on each of the processes that they're going to be assigned, so the, the manual that we have now, it needs help, but and, and there is definitely places that we can make improvements on, but I'm excited to be able to make these improvements. And further develop out the manual, once I've gotten all my team set in place. >> So I would ask that you, come back to this committee or provide with council with a timeline, for some of those revisions, because we have to,

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revisions, because we have to, you know, have some sense of when these are coming back. I understand you have a new team and that you need to build that out, and I and I respect that. And I understand that you are walking into a situation where we've had unstable leadership and providing trying to provide that. But I would ask that you, give us a timeline, so that we can know where we need to be and that we have report backs on that, one of the particular areas that is of most concern to me is the process for the internal audit, which is supposed to be delivered a certain number of days after each class graduates, we have the 151st class graduating in late April. When will council and the public get the internal audit back for that C? >> So the one of the most important positions that is that I'm hiring for my team is a research analyst. >> That is, as I began working with the long term processes,

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with the long term processes, it became very clear to me that a lot of the requirements is data reporting. And having just come from crime analysis unit, I felt this is this is going to be one of the things that I need. I need a research analyst on my team. I need a data analyst. That's what I was mentioning earlier on in the, in the presentation that I have a11 position that administrative specialist that I'm reclassifying into a research analyst position, those are just internal steps. That is, I'm waiting on with human resources. And once I'm able to get that done, which I anticipate would be soon, I will then have that expert on my team to help me develop out the internal auditing measures. We will be reporting out 30 days after each , academy class. I, I cannot say that all of the 20 of the items in the and in Kroll 22 for the internal audit process will be

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internal audit process will be available, immediate only for this class is already in, in, in the academy that's going to be graduating soon. But as especially once I get my analysts on board, we're going to develop that out, I see no reason why I can't have the internal the entire internal audit done for the class that's going to start in July. I believe at that point, I would have my team and my analysts in place toable to provide that and each the other class that would that graduates later on this year. I should already have a more robust report and audit report for that class to. >> So I would like us to have some reporting out for the 151st. We've been waiting since the 145th class to get these reports, which were supposed to be there. I understand that you don't have the data. I've looked at pages 84 to 101 in the manual where you lay out the data and it's clear that you don't have all of the data, but where you do have data, we need we need to

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do have data, we need we need to see it. And some of it is, is qualive, I would ask that you set some timelines and milestones for each item that notes no data, and for when they will put together the needed protocol. Understand that can wait until you have an analyst in there, but we need we need to have a plan for how this is happening. It's not your fault, but it has taken many years and we still don't have, those reports and I'm mindful of, of how this process has worked over time. And so I think we do need to have that reporting to our committee, in my view, moving forward and fleshing out the protocol and the data for the council and the public is critical, especially if we don't have Kroll reviewing these processes anymore, where you can't report this to us if you don't collect it. So I appreciate you emphasizing the need for the data. Analyst but then there are also some things

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then there are also some things in here where you're saying you're not going to give us the information where I think we should be getting it. So, for instance, about the state of the video library or the fto is up to date on current academy training of cadets. Do we need facility improvements, plans? How do we provide you resources if we don't know that you need, those resources? And why can't we know whether the exit interviews were conducted and, and documented, so I think you need to take another look, at that data and work with council to see if you're providing us with the kind of information and data that we need, to be able to assess whether the academy is on track, some of that session section just didn't make any sense to me, so I hope that you'll be able to do that, I'll pause there before I go to my last couple of questions and see if you had any other comments that you wanted to make. >> I would say that I'm in a very different position than I think anybody else has been. Who

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think anybody else has been. Who has had my role previously. But now that I've, I'm being given this new team, nobody else has had that before. And so I'm going to be able to have the ability to really make meaningful strides in getting all these things completed, I definitely think that needs to be highlighted that while while there's lots of work to do, I'm now being given the opportunity to do it and do it effectively. And that's what I intend to do. >> Thank you, I appreciate it, and that's why I had advocated for the additional positions in last year's budget, and I'm pleased that you'll have that, maybe I don't know if, Mr. Alers , if you would like to speak at all to the importance of filling out that audit protocol and making that happen, and how that, from your perspective, is important to the future success of the reforms that we've set out to make, absolutely. Yeah. I, I would, agree with with you, council member, on the importance of that. And, and I know Mr. Mcgrath understands the importance of that as well,

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importance of that as well, really what it comes down to is, you know, there's and I think as we pointed out in our report, progress has been made in many of the areas in implementing, the reform measures in the past, patrol recommendations. But more work clearly remains, before the full spirit and intent of the, recommended measures can become part of academy life and culture and, while the academy operations manual is certainly intended to make that happen, and will continue to help guide hopefully will in fact guide future academy staff, into, you know, embracing a more guardian centric approach, to training that emphasizes de-escalation, community, perspectives and promotes resilient officers, the only way to really evaluate that at this point is going to be for the critical reflection and

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the critical reflection and analysis that, APD needs to conduct itself through through how they're doing, for each cadet class and the internal audit process is essential to that, you know, so, so it's one thing for a police department to agree to implement change. It's another to actually make it happen, and while the written operations manual is essential, because it can incorporate that practical guidance for staff, and that goes a long way to making these, practices regular part of day to day practices, and given how frequently the personnel changes occur at the academy, it's essential that these written processes and guidance help minimize disruption, and reinforce the importance, of the values and priorities described. Eid, I think in Crowell's judgment, though, the, the most important part of the 22 processes that

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part of the 22 processes that are in that manual is that internal audit process, because that is going to be what essentially holds APD accountable. It's accountability. Transparency. And, and, and constant improvement. And as, as I think chief Henderson and chief caslen have said that, you know, they look at the operations manual as a living document because it can constantly be improved. And I think that's a good thing, and for APD to engage in its own internal reflection and analysis, I think is crucial to that, because they will continue to make improvements. And, and, assure high quality training going forward. But, making sure that there's that follow through and the reporting reporting out mechanism. So both the internal audiocess gives APD the ability to not only report up to internally to their APD executive staff to make sure that they can understand what's going on at the academy and how

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going on at the academy and how effectively things are being carried out. But, equally or more importantly, is, is public transparency. Is the reporting out to either this committee or council in general, as well as the city manager's office, so that there is that proper oversight Wright, and monitoring, for the public and the community stakeholders. >> Thank you. I would also just add that it is also the mechanism that we have for understanding if we need to provide the academy with additional resources to succeed at the goals that we have laid out for them. So if it's, you know, the facilities or we need to be adding hours or we need to be adding instructors, or if there's things that we need to be doing, to support the work, this internal audit protocol also, provides a touch point for us to have that information. And so it is also valuable pool, for us in ensuring the success of the academy and, and having some transparency about where we need that, mayor, if I might, I have two more questions, but I don't

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two more questions, but I don't know if other people have questions. Go ahead and please finish. >> Okay, so the field training officer program is a really important, component of the overall training of our cadets, and one of the pieces that seems to have not yet been developed is the feedback process, that was envisioned for the field training officer program, so that we're getting feedback from the cadets, whether the field training officers are, you know, reinforcing what they learned in the academy or if there's different things that are being learned out in the field and adjustments that need to be made in the academy or there are or there are disconnects. So when and how is that feedback process , that to my knowledge, is not developed yet, going to be developed. >> So that's the last leg of the team it is that I have yet to hire. That's that's the field training and community connect program team, in my previous role as a lieutenant, I was a

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role as a lieutenant, I was a field training coordinator. And so I'm really excited to bring exactly what you were just talking about to this team, once I get my team set in place, which is it's in phase one, going into phase two, the my team is absorbing the field training program from the sworn team. That's part of the onboarding. So once I get my team onboarded once, once I get them hired and onboarded, that's going to be one of the high priority items that is for that team to accomplish and get that set in place. So that will happen and occur in phase two. Okay and then what is the time frame for reinitiating? The community advisory committees and the professional advisory committees? They don't seem to have been operating for some time. I know we had the report just before you came on, Mr. Mcgrath, but I would like to understand when we'll be reinitiating that work. >> So I'm currently I'm. I'm actually meeting today after after this, meeting here. I'm

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after this, meeting here. I'm meeting with my team to go over and work on the funding for the pac. I want to get the pac set in place before it is that I get the cac off the ground. That way, once I meet with the cac and the recommendations are made, I have a pac already set in place to begin working on those recommendations. So I'm I'm that is part of pse one both for the pac and the cac. Both, I anticipate having the request for the funding for the pac submitted by the end of this week. So we're we're definitely moving, very quickly in regards to both the pac and cec. It's also why they're both in phase one, because of how important they are to the Austin community . >> And if I could just follow up, please note that when we took over, with this leadership team, one thing that we identified with the cac was that there was not a set guideline or process in place to ensure that

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process in place to ensure that the recommendations and the curriculum that was being reviewed by the cac was then being the vetting process, and then how is it then being implemented or changed in T lesson plans? And so there was some gaps in processes and have a clear understanding of expectations on the cac when they review material, how long they get to take to review it, what the expectation is from the instructors at the training academy as to how those recommendations were then implemented into the curriculum. So we're trying to make sure that we just don't stand up. Something that we saw. There were gaps in processes because then all it does is slow the timeline. I believe it adds frustration to all of those involved with the cac board, our community members and our and our staff at the training academy in having a clear expectations of outcomes, timelines and how it's going to be then evaluated and implemented or integrated into our training program. >> Thank you, chief. And I and I

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>> Thank you, chief. And I and I want to underscore that I understand this is a new team and that you're taking this on, but I think from council's perspective, this is very important. We have invested a lot of money, a lot of time, in trying to get this right. And I want to make sure that we have, the processes and procedures we need over time to ensure the success, to ensure that we are able to innovate and learn and build on on the work that we have done. So the final thing I would just like ask if Kroll has any comments that they want to make sure that council is aware of in this very long report, or, you know, just from the processes you've been involved in that you want to make sure that we understand recognizing both the good work that Kroll has done, but also that our staff have invested time and energy in advancing that work as well. >> All right. Let me let me first ask Mr. Linsky or Mr.

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first ask Mr. Linsky or Mr. Brown if they have anything they would like to add. >> I would just say, and this was the conversation we had with the chief. We were down there, you know, looks like they've taken steps towards that. They've established new leadership at the academy, with the new commander, sorry for the new commander, but my suggestion was that you stay in that role for three plus years so that there can be some, you know, ability to put this team together and hold it through. So hopefully that is in play, and I know a new commander with the new civilian team will be great. The challenge will be to make sure that the commander and the organization can bridge that gap where civil Ann input is not met with friion and is met with an embrace. As far as how do we make this process better, make sure we're teaching police officers, the adult learning model with pedagogy and Ed, you know, getting them all the resources they need to do things , but changing the culture a

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, but changing the culture a little bit because that's necessary. So, that would be my thoughts on it, and I think you, councilor, hit on the need for the fto program to have feedback and, to make sure that efforts to change recruits and how they train and the culture that they see, can be built upon to help change the, you know, culture in the department, to make sure that it's effective for the police officers and the community they're serving. So I just. >> Thank you, if I just may add and just to reemphasize the importance of the internal audit for all those key things you mentioned, councilwoman alter, are so important, but that internal audit is going to help the department sustain this effort into the future, that you don't have to revisit this years down the road and the quarterly updates, or whether it be semiannual or annual updates to that operations manual staying

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that operations manual staying on top of those and having those reporting, reporting out in that oversight role is going to also help, you know, a big part of our concern was, early on was here's the reforms, here's the things we, you know, our input, but how do we sustain it? These are key components of sustaining this going into the future. Thank you. Appreciated, allowing us this time. Thank you. >> Thank you. Any follow up, Mr. Tyler, do you have anything you want to say, no. I think I'll leave it at that. Unless there's additional questions for us. I would, I do want to commend the efforts of Mr. Mcgrath. He was given a very difficult task and a short period of time, to complete this process, although I think the some of the concerns that we had expressed in, in our report, about whether APD is fully embraced, this came from the fact that, you know, when

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the fact that, you know, when this process had actually been a ten month process, it was supposed to be a six month process or so. And as we were getting to, you know, December of last year, when this should have been done, there was still about half of the processes that APD had not yet even started. And Mr. Mcgrath in, in a two month period, was able to complete that and, and put it together in, pretty amazing form. So, so great credit to him and, chief Henderson and chief caslen, I know gave him all the support he needed. And, and they , of course, have only been in place for a short period of time, too. And that again. But it's those leadership changes, those personnel changes, which had a lot to do with the delays in this case, in getting this process completed, it it's all it emphasizes. Why both the internal audit process is so important, but also why this manual that, has at least gotten a very good start is so

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a very good start is so important because, having processes in place in writing, if they're implemented, if they're followed through on if they're actually enforced, will be the thing that will help sustain the reform going forward . >> Good. Thank you, council member alter. Alter. Thank you, members. Council member qadri. >> Thank you. Mayor, and I want to thank, chief Anderson, chief gasselin and Mr. Mcgrath one more time for the presentation and for all the work that they do. And I really do appreciate council member alter's question. She ate up a lot of the questions I was going to ask, I do have a question. It might not be. And I'm going to I'm going to see if you're okay with it. Mayor, you know, I'm still, you know, fairly new. We had the document, I think on Friday was uploaded. So it was pretty bulky, so I'm just curious on getting a perspective of someone who was on the task force. So would it be okay if miss Mitchell gives any other last minute type perspective right now?

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now? >> We keep it limited. This is not set up to have we have general public communication. And that's the way we normally do that. If you're asking as a member of the committee I'll defer to that. But I'd like to keep it, you know, and answer a specific question. And not just a speech on it. If you have a specific question, ask a specific question. Then I would ask miss Mitchell to answer that question. >> Yeah. I mean, and keep it as short as possible, I guess just from your time on, the task force, that was, you know, set up before my time by former manager. Cronk, just any perspective you might have on on APD training academy stuff. >> Well, I think that, what I was hoping to say. And I promise I'll keep it brief, is that I've provided you, a curriculum, a piece of curriculum. One of the very first curriculum that the panel wanted to redo early on was the racial profiling unit.

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was the racial profiling unit. And I think that it highlights the importance of getting down to the work of changing what's on the page and what is said in the classroom and why. There's I am, you know, I remain frustrated that we're still here after so many years. But I just want to give an example. There's a lot of language in the Kroll report about adult learning, and I think that it is very much, illustrated by the difference between the unit that we were given by APD on racial profiling and the unit that we produced. So the panel produced an entire unit from the, you know, we took what we were handed. We kept some things, we changed some things. We reorganized some things. And the first thing that you would notice looking at these two documents is that we started with definitions burns, and we started with several, slides designed to open up a

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slides designed to open up a conversation about definitions for the terms racial profiling. What does that term mean in the community? What does it mean to a police officer? What does it mean to the legislature? What does it mean to the courts? This is a conversation that in which you can ground your training about racial profiling. In an in-depth conversation about how it is that different bodies of government and different parts of the community have different ideas about what racial profiling actually is. Then you can get into the history of racial profiling and the history of racially targeted policing, which was already in the unit. So it had that material. But it wasn't grounded in an understanding of what it is. What is it that we're talking about or a way of

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talking about or a way of teaching it that allows students to absorb that through open dialog? That's another place where bringing in and integrating members of the community into that conversation, and even into that classroom, could have an enormous impact and enrich the students, understand Singh of this essentially very to this day, controversial topic. So I wanted you to please take a look at these. The panel took a great deal of time, hundreds of hours of detailed analysis of curriculum around the country. We contributed everything that we felt was good about the current training that officers receive. We added a lot. We reorganized, we changed. We synthesized and synthesized, and we provided suggestions for how it could be taught differently. So at this point and this level of work was done on a number of

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of work was done on a number of other units as well, at this point, I do request that the department go back and look at the curriculum recommendations that have been made because regardless of the process we put in place after all this time, we need to know that the curriculum has actually changed. Thank you. >> Thank you. >> I was just gonna say thank you for keeping it short and thank you for letting me ask that question. Sure. >> Thank you, councilmember. Anything else on this item? Councilmember alter, thanks for joining us, and with that, I'll thank you all for your presentation and, and, and your efforts. Thank you very much. That will take us to the next item, which is the emergency medical services response to the opioid crisis. I'll recognize vice chair Kelly if she wants to make a comment as our presenter comes forward, I just want to thank austin-travis county ems

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thank austin-travis county ems for the work that they've been doing and the opioid space, preventing overdoses and then responding to them. I also want to say that the same presentation was given to, very graciously by chief white here, to my constituency. We every month we hold a public safety

community conversation in our district. And so once I saw this, I thought the broader city should also be aware of the work that they are doing over there to help save lives. So thank you very much for letting me tee this up. >> Thank you all yours. And I may ask you to move up to the in fact, I will ask you, would you move up to the podium? It's easier to hear, and I apologize for that, but that microphone is not as sensitive as the one. If that's possible. Thank you. Well, now it's not even on. Okay, I try it again. How about now? >> How's this one? All right. Good morning. My name is Stephen

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Good morning. My name is Stephen white. I am an acting assistant chief at Austin Travis county ems, good morning, mayor to the committee. I appreciate the time to present this morning, there have been a few changes with the opioid crisis and our response to it. And I wanted to come and brief you guys today on, what those changes are. And the opioid crisis really started to strike our community in 2016 with a severe increase in 2017. This is a current heat map of our community and the overdoses that we're tracking. I want to pay more attention not to the density of the overdoses in this heat map, but that this map represents that the opioid crisis has touched every single part of our community, that opioids do not seem to be contained by, geographic barriers or financial barriers, that it really gets into every

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that it really gets into every part of our community and touches, every family at some point will be affected by the opioid crisis. There are two vital statistics that have come out in regards to emergency medical services and the opioid crisis. The first one is that 30% of all the opioid users who die of an overdose at some point had contact with ems in the previous 12 months before their death, which gives us an intersection point where we're actually meeting these patients who have the potential to overdose and die. The second statistic that recently came out is the mortality rate for people that have overdosed and received narcan by ems personnel, that mortality rate is 10, that people that patients that receive narcan in the field by ems have a 10% chance of, having

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ems have a 10% chance of, having a fatal overdose in the next 12 months, opiates kill more people nationwide than gun violence and car crashes. If we take a look at heart attacks and stems, that is an 11.5% mortality rate. So the opioid crisis is starting to rival something as significant as heart attacks. And this is our current situation, this is published by, dishes. This is taking a look at, opiate overdose deaths per 100,000, in communities across Texas. And unfortunately, we are that kind of off colored gold LI,

Travis county now has twice as many opiate overdose deaths than any other county in Texas. Per capita, we rank about fifth in pure numbers in the state. Austin-travis county ems

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state. Austin-travis county ems tracks not just opiate deaths. That's tracked by the medical examiner, but we track actual overdose in the community. And if we go all the way back to 2019, pre-pandemic, we see that we've had a significant increase and it continues to trend higher and higher, in 2018, we would only do about 30 overdoses a month. Now we're averaging about 100 overdoses a month. We've also started distributing more rescue kits, narcan rescue kits, which is one of our two pronged approach in how we're dealing with the opioid crisis. But the opioid crisis has changed significantly. And I felt the need to come and tell the committee about that change prior to 2019, most of our opiate overdose cases were people that were knowingly taking

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that were knowingly taking opiates like heroin. But that is significantly changed because of the introduction of fentanyl into the drug supply. Now, fentanyl is the active ingredient in drugs outside of opiates. Things like cocaine, methamphetamines, a lot of pre pressed pills, and it's just a matter of logistics and economics where it's much easier to import fentanyl into the United States than it is organic material. Our drug supply now has very little organic material. And when I say organic material I'm talking about, if you're going to buy heroin, you would expect that it would be made from poppy plants and poppy seeds, but that's not accurate. Now, it's mostly synthetic. It is mostly fentanyl. The active ingredient in methamphetamine now, mostly fentanyl, in cocaine, mostly fentanyl. The

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cocaine, mostly fentanyl. The problem with that is when people go to buy drugs to consume them, and they're buying something that's traditionally has not had opiates in it, they are surprised that they have the chance to overdose because they thought that they were buying and taking cocaine, or they thought that they were buying and taking methamphetamines, and then they end up overdosing on it because they're uneducated about what's in the drug supply. These pills that are currently in our community, I've held a real oxycodone and a pressed oxycodone, and if I have them together, I can tell the difference. One of them has kind of rougher edges on it, has more texture to it. But if it was just one pill being sold to me, I would have no chance of identifying what a real pill is. And what a pressed fentanyl pill is right now, heroin is no longer poppy, but is a mixture of fentanyl and a drug called

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of fentanyl and a drug called xylazine, those two together can replicate what a traditional heroin high. So we're taking a two pronged approach. We're using two different medications in combating this opioid crisis. The first one is narcan and narcan reverses the effects of an opiate overdose. When you overdose on opiates, you pretty much stop breathing. This allows you to start breathing again. In 2023. The narcan became available over the counter, which is great. You can walk into a Walgreens right now and buy narcan. The downside to that is previous to that, narcan was readily available for public safety. Now I have to compete with Walgreens and Walmart and target and CVS for that narcan supply. It's becoming harder and harder to obtain. These kits have everything in them that you

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have everything in them that you would need to treat an overdose, and I've provided the panel with a sample of that. We target the distribution of these kits, we see about 100 overdoses a month inside the ems system. We contact every single person that has overdosed within 24 to 48 hours to approach them with a narcan rescue kit, with education and with treatment options. Two years ago, in late 2022, we really ramped up this targeting with narcan rescue kits. We were averaging about 20% of our overdose patients receiving narcan before an ambulance got there. So in 2022, 20% of the overdoses in our

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20% of the overdoses in our community, we received narcan prior to an ambulance getting there, last quarter, we are now at 78% of all the overdoses in our community received narcan prior to an ambulance getting there by flooding the community with narcan rescue kits and by selectively targeting people that we know are using and have an overdose experience with education. And these narcan rescue kits. The other interesting like statistic coming out of this, narcan rescue kit is that prior, in like 2022 and then it just grew through 2023. The bystander and family, percentage was much lower. We've now crossed the 50% threshold where it's not just the fire department and the police department that's able to give narcan rescue kits prior to

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give narcan rescue kits prior to the ambulance arrival, but now it's families and friends and bystanders that are doing that. We were tasked by city council with the resolution, to increase the availability of narcan, especially inside of the city and city departments. So we've partnered with Austin public health, and

we're using samhsa grant funding to develop the breathe now narcan training and the distribution of these new narcan training kits. Our goal is to distribute over 6000 kits this year. And we have now developed the breathe now narcan training and the train the trainer for this breathe now training that we can now push out to community groups, to internal city departments, to get people familiarized with how to use the narcan train, the narcan rescue kits, and to have

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narcan rescue kits, and to have some training on, what to do when they encounter someone that is overdosed. Some stigma training as well. It's taken about six months to fully develop this program, but it is rolling out this month, starting with the, part with the parks department. The other gap that we identified and the other drug that we that we've implemented into our response to the opioid crisis, is buprenorphine. We were seeing that people were having a really hard time getting into long term medication assisted treatment, medication assisted treatment that I'm sure most people are familiar with. Methadone is a long term, medication assisted treatment. We would identify

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treatment. We would identify these patients that had overdosed. We would try to get them connected to a clinic for long term treatment, but sometimes that would take between 7 and 14 days. And these patients were still using during that 7 to 14 day period. And in many cases they would overdose again. And in some of those cases they would die. And so we decided that we needed to come up with something a little bit better than just a referral program to a clinic. So we came up with a bridge program. The buprenorphine bridge program is designed to carry patients from the time that they've been identified in the 911 system as being an overdose, and if that patient wants help, we will carry them with medication as a bridge until we get them into long term treatment inside of a clinic, buprenorphine is much

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clinic, buprenorphine is much like methadone, but safer, even if you are, still using while you are taking buprenorphine, you cannot overdose. We consider every dose of buprenorphine, an overdose prevented because you can't overdose while you're taking it. What we have found in this buprenorphine bridge program is that by meeting the patient where they are, that is the key to the success of the program, if a patient goes to an emergency room or if they go to an addiction clinic, they usually get a referral for buprenorphine, and then it's on them to fill that prescription, take that medication every day, and then actually get into a long term treatment program. What we do with our community health paramedics is we come out and dose that patient every single day until we get em

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single day until we get em into long terme treatment. Right now, we're having to carry people between 4 and 6 days, but at the same time, we're also coaching them and connecting them to resources. Do they need funding for their long terme treatment? Do they need mental health services? Do they need housing services? Do they need education on how to deal with their addiction once they've been on the buprenorphine for a couple of days and they're starting to come off of that, that opiate use roller coaster, the highs and lows they're starting to participate in decision making. And we're seeing that they're having greater success once they get into long terme treatment. So this bridge program began, at the end of 2020. We just celebrated last month our 500th successful bridge into long terme treatment. That gives us a 93% success rate, most addiction

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93% success rate, most addiction clinics average in between the 18 and 25% success rate. So we have an extremely successful program where in ems we often say that we save lives. This program actually changes lives, it is also very, very inexpensive. Each dose of buprenorphine is less than \$4. There are not many things on an ambulance that I can do for less than \$4. So I'd like to open it up for questions. Now, if anyone has any questions during, then I'll have a couple of questions. >> I appreciate the presentation , chief, I just have a few questions on the, the program that you just highlighted, how many people are staffed in the program?

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program? >> Currently, we have two and a half, one of our employees splits their time between the mental health, crisis response team and the opiate response team, and they are working seven days a week in order to meet that requirement of contacting a patient between 24 and 48 hours, we had explored with the idea of sending these, opiate responders out to the scene of an overdose. And what we found is that it's too intense at that time, at the time of the overdose, it's not a good time to approach and ask someone if they're ready to get help, they've just gone through a very traumatic experience. Oftentimes life threatening experience. So we needed to give the patients a buffer of 24 to 48 hours. To say, okay, you just almost died. How can we help you the most? And you know, that that point of being able to meet

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that point of being able to meet people where they are instead of people having to come to you inside of a clinic or a doctor's office, they're meeting people at their homes, at their work. They're meeting them in public places. They're meeting them in homeless encampments under bridges, we're really willing to go anywhere to meet with these patients. And over the past six months, we've had to add that other half person to the team, just because volumes been so much and is a two and a half sufficient, do you think right now, two and a half keeps, the entire team working about 11 hours a day, two more people would make that workload much more manageable. >> And how much funding is allocated for this program? >> So the narcan rescue kits is funded out of a samhsa grant in partnership with Austin public health, the three positions that we or the two and a half positions that we are currently using are funded out of our

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using are funded out of our community health paramedic budget, the buprenorphine is also rolled into the ems budget, as well as just part of our our treatment. >> Got it. So none of the allocation is from opioid settlement money. No sir. >> All of the opiate settlement money that we have received, is being rolled into the narcan kit. So the narcan kits have become very expensive since it's become competitive, where before we could build a kit for about \$20, it costs about \$75. Now great. >> Thank you. Yes, sir. >> Could you bring back up the slide that showed us by comparing one of the relatively early slides, the comparison to otheunties? Yes, sir. >> I think slide three four. >> Yep. You just passed right there. Right there. Yeah, I didn't want to interrupt, but my

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didn't want to interrupt, but my question first is. I guess it's a two part question, but but the first. But it's about why. Pretty simple. Why is it why is that comparison Ann. And why the steep incline when if you look at others, I wouldn't call it really a leveling, but at about the same time, or, you know, within a year or six months even, there seems to be a, a, a leveling out in other counties. What what what makes us unique in that regard? I'm not exactly sure what makes our community unique to especially to the point of being twice as many. >> Yeah, overdose deaths, this data is generated off of death certificates. So anytime fentanyl or opioid overdose is listed on a death certificate that is contributing to this data, for instance, this data

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data, for instance, this data goes to 2022. And the 2023 numbers are not available yet because of the delay of what it takes to file it. Yeah yeah, so there is, you know, this is right at the beginning of covid that we can see that this is starting to go up in 2020. We know that the greater percentage of people

that are actually dying in our community are dying without the thought that they're taking an opiate. My traditional heroin users say that again. So my traditional heroin users are very educated in what they're using, and they use, best practices to test the product that they're, that they're about to, to use the people that are dying in our community are dying because they bought cocaine and had no idea that had opiates in

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had no idea that had opiates in it. Right. Sore's no thought to test it. There's no thought to take precautions and use around other people and use harm reduction in their by their dying by surprise. >> Okay, it would we need to do, in your opinion, to, do a better job of figuring out the my question about why when I look at that, I see and I'm having to try to figure it out in these small lines and they all run together. So I may have this wrong, but but my glance at this, it it appears to me that Montgomery, tarrant and Travis really are the only three at the by the by 2022 that you have a steep incline. Now others are going up. I want to be clear but but those are steep inclines in the use. Now you're right. 2023 might show us something different.

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different. >> I'm hoping so. >> Well, yeah, but as we spend our time trying to figure out how to save lives. And I appreciate the report, and the work, it seems to me that prevention, if we're if we're so out of whack, which is what that slide shows, is that we're, we're unique among other counties, prevention ought to be something that we're paying attention to. That's going to be a much better, saver of lives than than what we're talking about here. What would we need to do to focus on that? >> Our our prevention efforts have doubled down with increasing the narcan. >> But I'm talking about before you need narcan. >> So the education piece of the breathe now training on how to use the narcan kits comes with this piece about stigma that

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this piece about stigma that says it's okay to take these narcan kits and make them as readily available as an aed, as a tourniquet. You know, stop the bleed. This this breathe now program is going to get rolled into our community outreach and training with the take ten cpr and with the stop the bleed program. So we're doubling down on our education efforts as well, being able to refer people into our bridge program that gets them off that addiction roller coaster and then prevents them from, overdosing. And then if we D some change in state legislature that would allow the fentanyl testing strips, and the xylazine testing strips might go a really long way to allow people to test their drug supply to see what it is they're actually ingesting. >> Yeah. And that all makes sense to me. I guess what I'm

troubled by is this is after the fact right now you're talking about. And everything you just talked about is after the fact. Right? We know we've got, I

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Right? We know we've got, I guess when I say after the fact, if you have that number of overdose deaths per 1000 in the state of Texas and we're we did this. Either one of two things is true, maybe many, but but the two that jump out at me is one is we must be having a lot more use than any other county to get you to that number. The second thing is, is that if we're as successful, you know, we go from 20% to 78. You know, those those kinds of numbers, if we're as successful as as this program indicates we are, then it's even worse in terms of use and to focus just on how we can let you test your drug so that maybe you're not going to kill yourself with that drug or how we get you. Make sure you're going to have narcan everywhere you need in case you you overdose and we can use narcan. That's after the fact. I'm just

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That's after the fact. I'm just wondering if there's something we ought to be focusing on that we're not focusing, and I'm not. I'm not dissing any of that. Right. But that that that slide yells more than what I think we're yelling. >> What I'm hoping we're going to see when the 2023 numbers come out, because we were able to have that 50% increase in narcan usage prior to an ambulance getting there. >> Yeah, that's saving the lives that prior to that are going to show up on this graph as deaths. >> So we've increased the life saving potential of narcan by 50% prior to ems arrival. When the 2023 numbers come out, we're going to see if that made a difference. Okay all right. >> Thank you. Yes, vice chair, thank you. >> And thank you so much for giving that presentation. You're very good at it. And I also agree that breaking the stigma was very important. A lot of the constituents who came to the meeting where you spoke at, I

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meeting where you spoke at, I think they had a certain idea in their head of, you know, who needs narcan and when and why, but you were able to break that down very easily, I'm wondering if, going back to the deaths that we have there on that chart, are there certain times of the year here in Austin where you see more overdose deaths than usual times of the year? >> Yes. Traditionally over the holidays we do see a spike. We also tend to see a spike, early summer, late spring and then fall. Okay. I was just curious to know if with all of our visitors from outside of the area, potentially during our spring festival season, if that was a contributor, and maybe you could talk a little bit about your efforts to combat opioids at those festivals. Yeah. So that does match with our our festival seasons. Wright spring

and fall, we obviously try to increase our outreach during that time because we have more people, visiting our city and to

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people, visiting our city and to be present at events, now with the breathe now program, we're able to do a lot more events, like, like yours, like we had a breathe. Now, station set up at our most recent station opening, which we invited themunity to, and then in the partnership with a-p-h, I now get to leverage their workforce as well to help push out that education. So it'll just make the availability of the education and the an rescue kits greater. >> That's fantastic. Thank you, I've heard from public safety partners that oftentimes even though fentanyl overdoses occur in the narcan is administered, sometis S it takes more than one dose of narcan to assist the individual from overdosing. Do you find that to be pretty accurate? >> Sometimes it's actually very hard. Difficult question to answer. So most of the time most of the time one dose of narcan

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of the time one dose of narcan will take you from not breathing to breathing. It may not bring you all the way to being awake, the new narcan rescue kits do have two doses in each one, for that very reason, but usually one dose is enough to take you from not breathing to breathing. If administered correctly. It's intranasal spray, if you miss or or you get nervous or scared, sometimes that happens. And you don't get a very good administration, then you have the backup one. Or if you don't get the results that you want, you have the backup one as well. >> Well, thank you so very much for giving this presentation. Again, I look forward to continued conversations and supporting the programs as I have in the past. I think that the opioid crisis is really scary. It can happen to anybody, I actually know individuals who have passed away because of this. And it's really unfortunate because it can be prevented and we have tools in place to help people. So we can

[11:20:10 AM]

place to help people. So we can take that stigma away, but thank you again for being here today. >> You know, it's kind of scary when you think how much fentanyl is, is coming into the state of Texas. We consider a lethal fentanyl dose, 1.8mg. And at the just at the port of Laredo, they seized 300 million lethal doses a month, and that doesn't count what's actually getting into the state. So it's a tidal wave of fentanyl coming into Texas that then gets distributed out to the rest of, of the United States. >> Thank you. Anything else? Members does a excellent presentation. Thank you very much. Appreciate you for your time. Thank you, members, there being no other business to come before the, commit at on our regular meeting or on our agenda , without objection, we will be

[11:21:10 AM]

, without objection, we will be recessed. It is March 25th, 2024 at 1121. I'm sorry. We will be adjourned at 11:21 A.M. Thank you .