Health and Human Service Committee Meeting Transcript –11/2/2015

Title: ATXN 24/7 Recording

Channel: 6 - ATXN

Recorded On: 11/2/2015 6:00:00 AM

Original Air Date: 11/2/2015

Transcript Generated by SnapStream

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Good afternoon, I'm Ora Houston I'm chair of the Health and Human Services Council Committee.

A quorum is present and I am calling the Health and Human Services Council Committee to order on Monday, November 2nd and it is at 4:08 p.m. We are meeting in City Council Chambers at Austin City Hall 301 West 2nd Street Austin, Texas. I want to remind everyone that parking is free and if you parked in the garage be sure you have your parking ticket validated before you leave. The young lady in the red has the stamp and she will be happy to help you.

I would like to ask my committee members let's review the agenda citizen communications after we approve the minutes. Will be the next item. People have 2 minutes and their are

10 people who are able to speak with 10 minutes a piece and then on item 3 discussion and possible action regarding the public health infrastructure health equity and social services contracts will be a briefing. Item 4 is an item regarding the implementation of scholarship initiatives that provide a 50% discount for youth services as after school activities and that will be a briefing by the parks and recreation department. And then item 5 is a substance abuse disorder plan and report, Ellen Richards. I don't see her here yet.

Oh, Thank you. with Austin/Travis County Integral Care. Bless her heart, she has come several times and she is finally on the agenda of this meeting. So we appreciate that and so we will

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then we'll discuss the central board of managers, that will be a brief, item number 6. So let's look at our minutes for the last meeting and see if there are any changes to those minutes. I have one addition to item number 4, just a statement to say councilmember Garza and Houston were designated to meet with members of the accreditation board. Then I'm going to ask my colleagues to help with their remembrance. Item number 6, Melissa orin signed up and spoke on behalf of are the tenant council. I think the motion on item 7 needs to be moved up to number 6 because she talked about standardizing the language describing the period of time using calendar or business days in all instances, and that was about reasonable accommodations. So I think that -- that motion needs to be moved up to item number 6, if that's your all's remembrance. You think so? >> Tovo: I think yeah, it's mine as well. >> Houston: Okay. So if we can make that correction, I would appreciate that. Any other changes, corrections, or additions to the minutes? >> Tovo: Chair, I move approval of the minutes with corrections as you've stated them. >> Houston: There's been a motion and a second. All in favor, let it be money by saying aye. It's unanimous on the dais. Thank you and thank you so much for making those corrections. Citizens communications general, two minutes each, and I see that

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Mr. Michael Folsom is the first person up. And let's see, one, two, three citizens have donated you time so you have a total of eight minutes. >> Thank you. My name is Michael falsom. I live in south Austin. I'm here to talk about aac, there's a list of recommendation to change our current wildlife policy -- >> Houston: Before you go too far, could you explain to the public what AAS and -- whatever that other acronym -- >> Animal advisory commission and chief of animal services so they're sending you some recommendations to change our policy for if coyote and wildlife management. We ask you not approve those when they come to this committee and to the council. In 2014, city council codified our humane program that we've had in place for this for the last ten years that has worked so well that we have had no coyoteattacks on humans since that time. It's based on hazing, and an item is called for in the contract hiring fte, convinced Travis county to participate in the fte funding and develop a new wildlife management plan. Progressive coyotes are a serious threat. This will increase the danger to citizens from aggressive coyotes and limit access to parks, trails, and open spaces that is open habitat for coyotes. People will also feel combined in their homes as they'll be afraid to bring pets into their backyard because of coyote attacks. Children and animals are at risk but attacks have been documented on adults as well as large animals. Our current policy is cheap,

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humane, and effective. It's bailed on best management practices, extensive scientific research. We have policies and procedures in place. We have a wildlife specialist from Texas agrilife. The existing procedures have been formalized by council, and as they're listed on the slide here, and you do have a copy of that slide as well, and if you have questions later, I'll be flat to answer those. The CAS Hammond at the September 9 meeting of the aac said that only use of lethal means should be used when talking about human aggression. That's contradiction to the previous agreement with council from 2014. In addition, the joint position statement states that Austin should be modeling best national practices for various parts of that program, and that also means partnering with the human society or adopting their strategies for hazing and deemphasizing lethal means. Also, lethal means of control should be permitted and used as a last resort, only with approval of the chief of animal services. Again, that contradicts the 2014 agreement with council. Now, why is this of concern? Well, other cities that have tried hazing are reverting back to Austin's current policy. Seal beach in county voted 4 to nothing to higher a predator control company and begin strategic trapping and euthanizing of coyotes because of their problems there. In Colorado, coyotes were actually knock down little kids in Boulder county while coyotes would flee the area at first, they would often return after the hazing program ended. Finally, again in Colorado it's hard to change an animal's behavior by having people go out weekly and haze coyotes. They're opportunistic predators. Even when a pet survives as you can see in the lower

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left-hand cornering it can be terribly expensive to bring these poor animals back to good health if they ever recover. The recommended policy change means that lethal means are only considered after a man, woman, or child has been attacked. If you pass these recommendations, then city council representing the citizens of Austin is saying that people have to be severely injured, pay thousands of dollars for medical care and risk rabies infection because we want to ignore the reality that coyote management plans like our current plan work by stopping coyote aggression before it escalaes to human attacks, while on the other hand, hazing-based programs, even with last resort lethal methods do not work. These are some of the scientific research studies that supports our current program. You had this list. I urge you to look them up and read them if you have time. However, you can't read studies on effectiveness of hazing or the proposed program because those studies simply do not exist. There's no support for those. Another example of hazing program around the Denver area, they adopted a hazing program, they stopped using lethal methods. The result was that after that change, they had a 230% increase in human attacks. They have to send park rangers out in large groups to shoot rubber pellets at the coyotes, and also their trails up there can be closed for months because of the aggressive coyotes. Here are some examples of trail closures. You can see in the right-hand corner by the red arrow, children were bitten. We currently are struggling with obesity problems. We want people to get out and exercise. We want to have connectivity where people can use trails to walk or bicycle where they need to go. What happens to all that when we have to close trails for months at a time? And here's one of the

leading researchers in the field who said it's unlikely attempts at hazing can be applied with sufficient consistency or intensity to

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reverse coyote habituation. Useful of the offending cyst is probably the only effective strategy. We do have concerns that were voiced at one of the aac meetings by CAS has made concerning eliminating animals indiscriminately, removing mamas and babies, cats and dogs, it's an ininhumane policy. One specialist can't possibly cover the entire county. The fact is that the aac and CAS has made have not discussed their concerns with the wildlife specialist who is our contractor. As far as I know, CAS has made has not documented concerns or allegations, supported it with data. Mamas and babies are not being removed. The wildlife specialist tells us he's not caught a dog, contacts in rubber fatted traps. Traps are not set during the weekends. So our current program only costs us $10,000 a year. We've spoken to folks over at Travis county. They say they're happy with the current program and will not join the city of Austin or aac in the proposed plan. The aac states that taxpayers are better served by bringing wildlife management in-house and that we're paying $67,000 here we're to trap a limited number of coyotes. It's not a good use of taxpayer dollars. I feel an excellent use of taxpayer funds is to keep the current contract at $10,000, utilize the current contractor, and if we immediate to change things to better achieve our goals, do that CAS has made used the term many times during the October meeting, work with our partners. So when did Travis county stop being our partners. She never mentioned them. We're planning to cancel the contractors come up with our own proposal and ask them for dollars after the fact. What kind of partnership is that? So adopting the aac recommendations will cost at least 85,000 for an fte, plus there will be unknown expenses beyond that. If we have to hire a trapping company to remove

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aggressive coyotes, you're probably looking at about $2,500 a week. This is not a good use of taxpayer funds. So in can policy changes will increase the risk to the you be of attacks, and any cost of treatment has to be paid by the victim. The policy change is fiscally irresponsible. We're currently capped at $10,000 per year. One second please. [Buzzer sounds] The current policy is comprehensive. We have other policies according to the audit of April 2015 of the natural shelter that needs then additional funding and personnel to bring it up to national standards. Thank you very much. >> Houston: Thank you so much for presenting that information, are there any questions? Thank you, sir. >> Thank you. >> Houston: The next person is Vince cobales. >> Good afternoon, members. My name is Vince cobale ser I have over 35 years of public service experience including 11 years as assistant director for the health

and human services department. The Asian American pacific islander population is the fastest growing population in Texas and in Austin and Travis county. We have about 7% right now, doubled since the 2000 census. I'd like to point out that the poverty rate for Asian Americans and pacific islanders are comparable to the general population, contrary to some thoughts otherwise. The 2014 Asian American health assessment recommend -- recommendations include access for Asian subpopulations and providing culturally sensitive health care. The August 2000 executive order 13166 signed by the president said that agencies receiving federal funds must

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provide meaningful access to limited English proficient clients. There's been good progress in this area for hispanics, but not as much for Asian American populations. I recommend that you support establishing community health navigators from the Asian American subpopulation communities and also to increase affordable care act enrollment for at-risk populations, particularly limited english-speaking populations. We recently surveyed community outreach in 23 communities around the country, including effective elements in Seattle, Phoenix, and Atlanta, and all of these used community navigators that came from the community that they served, and I think that's a good strategy to follow. [Beeping] Thanks. >> Houston: Sir, if I could ask you a quick question. >> Sure. >> Houston: Do you remember the conversation regarding the doing a better job of finding interpreters or interpreter service? >> Yes. That's really still sorely, sorely needed. I had a call from the county looking for a Cambodian interpreter and I had to look around the community to find one. We need to have a more systematic develop the of Asian language speaking interpreters and translators. >> Houston: But that still is one of your priorities? >> Yes, to address the limited english-speaking populations. >> Houston: Thank you. >> Sure. >> Houston: Abigail Ames. >> Nancy Neville is not speaking but she's present.

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Ramirez? >> Good evening. My name is [inaudible] Ramirez and I'm here as the chair of the hispanic/latino quality of life commission. I want to start by thanking you all for all the support that we received. And you understand your staff helped us greatly to -- during the budget process so that we could have many of our initiatives supported. We're not sure how much money we were able to be supported with. We're still working with staff, but we know that it was considerably more than we had in the past. We're here today because we are very interested in the budgeted items with respect to Latino chronic care as we know that over 330,000 Latinos have diabetes in Travis county. Our commission wants to work closely with the staff and possibly council to assure that those initiatives are addressed. Thank you. >> Houston: Thank you so much. Our last speaker is Isabel Lopez. I love your

shoes. >> Thank you. My name is Isabel Lopez and I'll commissioner with the hispanic quality of life admission. Here again just to thank you for your support and your show of leadership throughout the budget process, and supporting our communities. And I'm going to echo what the chair of our commission just said. We are very interested in knowing how our recommendation for the $1.5 million in regards to Latino chronic care is going to be allocated. If possible, we would, as a commission, like to have some sort of oversight. We know that there is -- the Latino population is growing, and we constitute more than 42% of the population here in Austin, and we know that there is a

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lot of need. So I would like to see us playing a role in knowing exactly what's going on, you know, with those monies, to try to probably establish like a baseline, then develop programs, and then, you know, see the results of, you know, these expenditures. And just as a commissioner and coming from a different realm, as many of you know, I'm a community health worker from the do have springs community, and I've spent these past two days walking and talking to my neighbors, and there is a high need for mental health services, [inaudible] I've been as a commissioner, been asked a lot of questions in regards to what are the health -- you know, what is the health department going to be doing, boots on the grounds, knocking on doors and supporting my neighbors through these hard times, so I would love to have some feedback and leadership on that thank you very much for your support. >> Houston: Thank you. Before we go to the briefing, could someone on the staff talk to us about mold mitigation or what's happening out at dove springs to help with the concerns that Ms. Lopez expressed? [Beeping] You still have time. >> Thanks. Phil Wong, medical director authority with Travis county health and human services. You know, we provided information and have some information fact sheets for all the workers that are going back for all the families that are going back into the affected areas. Certainly, you know, in terms of identifying materials that are porous, that are an so everybodying water and continue to hold is, need to be dried out 24 to 48 hours. Now we're approaching that time that the mold certainly starts to become a concern. So, I mean, the main thing is to clear out, identify,

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and try to dry and get the wet materials out of the -- those houses as much as possible, and then the remediation will have to be assessed. As the mold becomes more of a problem, those workers going into the areas, we need to be worried about some of the actual protection, personal protective equipment for the workers. I think people that have health conditions, asthma, other predisposing conditions, can be more at risk for health associated with that. >> Houston: So are there staff from the health department out at dove springs? I know that councilmember Garza and some of her staff are

there but do we have people on the ground to help families understand what the issues are and how to contact people to help with that? >> Stephanie Hayden, deputy director, health and human services. We opened our center operations on -- on Sunday, was our first day of operations, yesterday from 12:00 to 5:00, and it is a joint effort between the city and the county, and we have been able to which kind of general staff there from like watershed for the buyouts, Austin resource recovery, code enforcement, as well as health and human services department from the city and the county, so Austin disaster relief network have been providing those services, and then Austin Travis county integral care has been there to provide the supportive crisis counseling. Today, we're putting together a flier, and there's going to be a team of city folks that are going to get the flier out in the community to alert the

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families of the services that we have. We have transportation being provided, we have school people there from del valle ISD, as well as the Austin project from the family resource center representing aisd to ensure our children are able to get to school; and then Austin police department victim service counselors have been -- they're going to go this evening to the Dittmar Chevrolet I met with Isabel Lopez yesterday and she provided me with some of her concerns. I did send those up to the emergency operation center. The plan is that each day, as we go along, we determine additional needs, what we may need to kind of get more ramped up. And by Wednesday, we're going to have a full service operation, and we will be there from 11:00 to 7:00 throughout the week, through the weekend, and so as we go along, we are determining that if there is additional needs that we need, whether it's safety from the community's perspective, kind of door-to-door operations, we are working on those. In addition to that, we've been able to provide some food at the site for the residents, cleanup kits, and there's been a little bit of financial assistance provided. But as I said, as we kind of get more wrapped up -- ramped up, and get more information about the needs, we increase the service delivery as we're going along. >> Houston: Thank you so much. And please stay in contact with the folks in the community that can help us learn how to do our job better and more effective. >> Yes, ma'am. >> Houston: So I appreciate that. >> Yes, ma'am. Thank you. >> Mayor Adler: Mayor pro tem tovo. >> Tovo: I just want to add to the people Ms. Hayden

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mentioned, our parks department is also quite involved in supporting the effort. I know the director was out there, and others, so thanks to you for all of the work that you're doing for the community. >> You're welcome. Thank you. And I will say councilmember Garza has been out there as well, her staff, so they have a table, and we've had quite a bit of elected officials. When I left, judge he can heart was

there, just trying to see from a county perspective, kind of boots on the ground. So we really -- as I said, we're going to assess and we'll ramp up and get additional service as that -- as the need presents. And I actually did get her telephone number to stay in touch with her as we're moving along. >> Houston: Good. I appreciate that. This is a traumatic event for everybody. It's especially traumatic for people who have done it before. And this is on the second anniversary of the Halloween floods, and some people second time of experiencing so trauma is really real, especially for our kids, and parents as well. So we need to -- and I want to thank integral care for being there and available. Thank you. >> Thank you. >> Houston: So we're on to item number 3, allocation of health and human services department funding. Mr. Jones. And what I would like to ask, councilmembers, if we could let the presentation go and then ask our questions because he might answer them later on down the road. >> Thanks very much for the opportunity to present an overview. Before I get started, I'd like to acknowledge the work of our public health -- our team. One of the things that we'll highlight in our presentation is role of public health in terms of response. A lot of times we fail to realize that as public safety has a critical role, public health plays a vital

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and equal role. And some of the resources made available as a result of our new funding will allow us the opportunity to be even more engaged and enhanced in that. So thanks again for the opportunity that you present on our fy 16 new funding. Before I get started with a highlight, once again, thank you so very much for the opportunity for this funding that was provided by council in my 40 years of public health, I've never been in a department that had this level of funding provided to public health infrastructure, and so on behalf of the citizens and the department, we'd like to thank council for their efforts. There ever been a lot of questions that we're in the process of trying to address, and I'll try and cover as many of them as possible. This is a high level overview. And the reason we wanted to do it, make sure everyone is proactive in terms of where we are in this process, remind everyone this budget became effective October the 1st. Today is November the 2nd. So we're in the process of making sure we have the right accountable, responsible strategies in place to address that. I also want to remind you that most of the positions that became part of this funding came part effective January the 1st. And whereas we're trying to start, at least give them as soon as possible, there's a lot of work that has to go into that. So these first three months, October, November, and December, we've been focusing in on hiring and getting people in place. As you'll see in a few moments, we had 37 new additional positions, beyond two additional ones that were put in in our -- in the manager's budget. And so I'll talk a little bit about that. So briefly, let me start off with talking about the background. As you know, council made significant new investments in public health and human services in the fy 15 budget. This presentation will outline the programmatic expansions anticipated under the three council directives.

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And we emphasize on the three. The first one was the building of the public health infrastructure and programming. The second, social service contracts. And third, health equity and quality of life initiatives. When we look at our investments in terms of chronic disease, the funding will provide direct services and indirect to build the capacity in this community. For example, we have diabetes education. My staff and contracted services in our efforts. So we're not just going to do it ourselves, we're contracting out several of these services in terms of our diabetes efforts. Reminding you that diabetes is one of the highest contributors to mortality in our community, and across all populations, and so we're talking and focusing in on both contract, as well as services that are provided by us. The direct services will be provided by the health equity team. And so this will be an expansion of existing services beyond the African American quality of life efforts, to the hispanic and Asian American population. So in addition to what we're currently doing, we're augmenting, adding to and building our capacity to outreach to these other communities that historically have not been included in those efforts completely. Staff will provide minority health initiatives in targeted zip codes with high rates of poverty and health disparities. Per our health equity -- el health inequities report, the populations shared the following characteristics. In other words, as we outreach to these communities, these are what we were directed to include, culturally and linguistically appropriate services, so both the cultural and linguistic

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appropriateness of the services we either contract or provide. Secondly, community based in order to maximize family and support. So we're talking about how do we build the capacity for those community base, for both the individual but also for the family as a whole. Holistic in approach, taking into account both basic needs and other barriers in health care are part of those expectations. Our goal is to provide these services directly and through coordinated efforts, meaning that we will provide some of them, and some of them will be contracted out. Communicable disease, as we talked about, rates for HIV are the third highest in the state. When we look at communicable disease, part of the 2.5 million provided for the public health infrastructure is looking at communicable disease. Towards that effort, two additional social work staff will be hired to ensure providing follow-up care for HIV positive clients. That is reducing long waiting time to receive assigned social workers, better follow-up in connection to care, as well as the improved quality services and additional intervention that are necessary. The staff increase will add 25% to both the capacity and service levels for our outreach efforts. One HIV STD intervention specialty will be hired and added to add in finding screening with newly diagnosed HIV cases and syphilis cases. One HIV staff will be hired to work in conjunction with the quality of life to provide HIV screening education and adversely affected communities, specifically African American and Latino communities. Administrative staff will increase the capacity of STD and tb clinics receiving patients, responding to

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calls, making appointments, and providing other administrative services in communicable disease operation. Maternal and adolescent care. As part of that infrastructure -- >> Houston: Mr. Jones, before you go, what is msm, did you say? >> Oh, I'm sorry, please forgive me, MSN, men having sex with men. >> Houston: Oh. >> I'm sorry. Yes. >> Houston: I never would have guessed that. [Laughter] >> No. You're absolutely right. I'm sorry for oversight. And maternal child health, remembering that the highest rates of teen pregnancy, particularly in our community, is the Latino female population. We're looking at adding and hiring three additional staff, master social work program coordinator and health educator. Scale up programmatic efforts to increase adolescents that will be served under the Austin adolescent health program. Wean force programs by establishing comprehensive teen pregnancy prevention approaches with a focus on continuing of continuity of care, including outreach, referral, for your attention and the like. Keeping in mind, this program will focus primarily in the Latina population, blending both the males and females in terms of education outreach efforts to reduce those teen pregnancy rates. We're also going to be partnering with central health to work on the clinical piece, so not only the social service piece but also the clinical piece that are necessary for that. Neighborhood services. Two additional program supervisors will be added to the existing level of staff of the neighborhood centers. One new program supervisor will supervisor the black land neighborhood center and turner Roberts outreach sites. An additional program supervisor will supervise the crisis intervention social work team, as well as the dove springs and Santa

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Barbara outreach teams which are in the southern and eastern part of the city and be county. We're going to be hiring one additional public health nurse that will provide public health education, screening, leverages, and the like. Remember, we talked about the department's infrastructure, so towards those efforts, we're talking about hiring, the and the to do things such as gis mapping, facility outreach efforts, lease space, as well as outreach efforts in the communities that we have talked about, specifically the hispanic and the Asian community, how we build a capacity to add additional staff in those areas. So that's an overview of the $2.5 million that we will be sending. This outline as I've gone through it by category. There are 37 new positions. Of course that's as large as many divisions within the city. And so the strategy to do that is that we will hire them in phases. And remember, the reason we have to do that is, we have to also interview them, we have to go through the process of having a panel consistent with mcs rules so it's rather an intensive process. And so the first phase has begun, and posting will be active via the e-careers by the end of careers, e-careers is the city's application process. So we're in the process of going through that. The second phase, the posting will be ended by the end of November, and so we hope to, at the end of November, have that complete, and by those phases, we have we hope to have those positions which is part of our first place in the 37 posted by that then the third phase will

end by December. I hope to have all those positions at least identified, people interviewed, and hopefully available to begin -- to begin some efforts by that time, recognizing -- and we emphasize, all of this will not be done by the end of December so we do anticipate going into January and

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February before everyone is on board in this process. Now we'll talk about the second component of the finding, and that is maternal and infant care -- pardon me, the health equity contracts. Those were basically divide up into four areas. The first one is maternal and infant care. The second one is the African American disparates. The third one was services for the elderly. The fourth one was thing lgbt community, and third is immigrant health services. I'm just quickly talk about where we are on that. These are contract services, so these are not services that we will be providing ourselves. We're in the process of developing and hopefully we have a solicitation to be released by December of 2015 and closed by December -- pardon me -- by January 2016. Staff anticipate a contract being let, effective March of 2016. And the reason it's taking a while, like everything else, we have to go through the process of making sure all of the T's are crossed and the I's are dotted. Our staff are vigorously working in addition to addressing those issues to have this ready by -- resay released by determination and hopefully let by March. In so do our goal is to be up and running no later than March or April in terms of those contracts. Once again, this is a report that came from the health equity report and it focused in on the four area, maternal infant care, infant health, particularly for the Latino population and African American, lack of access to prenatal care, nervelet outcomes due to infant mortality, and neonatal mortality. These are the programs we're talking about, about how to reduce the barriers based on language, transportation, and support on those. As relates to the African

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American development, faith based and community based culturally specific screenings focusing on reducing intervention so those are the models we're talking about in those dollars that was identified services to the he would general. We're talking about developing and implementing culturally specific programs that community based services have focused on physical, motorcycles mental and social being he would general. As we know, Austin is one of the fastest growing population over 65. We're talking about how to coordinate and get services out not just to the newly arrived residents but those who are aging in place, those who have been here a while, and those who will continue to be here. This is an effort to coordinate those services. The next area is the lgbt populations of color, sexual health and wellness. This focuses on implementation of non-traditional cultural intervention that crosses the intervention's focus on physical, emotional, mental health, and social well-being for the lgbt

communities of color. This came up significantly in our community forums. This is not specifically for any particular race or ethnicity population. We see these same areas across the board so we're talking about how to enhance those services for that position. Reminding, this is contract services so who is the best contractor to provide the wholistic services towards this area as well. Finally in the health equity contracts, the immigrant mental health. $100,000 provided for that. That's developing and implement non-traditional culturally specific and community based program that addresses basic needs and provides and creates tools to help immigrants. One of the things we've currently heard from the community, how do we get our immigrant population into services. They are significantly impacting our health care system. So this is a way to begin that process, to make sure

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they are part of efforts that we're talking about in terms of services. That's the contract for services el equity. The last of the three major ones, there's one-fourth one I'll talk about, is the one of social service contract. Remember, $1.8 million were made available for the department to look at our current social service contract, how can we best utilize these dollars to enhance what we're doing. And so towards that effort, the first priority for this funding as indicated was to maintain the current level of service providers current year by raising contract values to increase the cost of living. Staff I underway looking at those cost of living increases and what would that mean in terms of this $1.8 million. Secondly, hhsd will gather input from social service agencies to determine the most effective ways to expand the dollars that we have available from that as part of fy 15 effort. So we're going to be looking at strategizing with them to do that. Staff is working with agencies that were not part of the solicitation process to increase their contract based on the consumer price index, on those who are not part of that contract. With the remaining funding staff we'll provide increase to contracts that were part of the 2014 solicitation so we're going to go back and look at those who we feel are identified who could benefit from that that were part of the 2014 contract. Plans to amend contracts in place by March of 2016 so our goal is to have this money identified and earmarked by March of 2016. The last area we want to talk about, there was a one-time appropriation that were made available for specific efforts. I'll go through these quickly. One was HHS is working in

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collaboration with the office of sustainability to implement multiple food strategies in retail session. We talked significantly about the food desserts in our community and how do we begin to address those. These are some of those efforts. One is additionally the goal is to ensure fresh foods are available to citizens in the community in which they live. Specific interventions are 150,000 for healthy corner store

initiative in two zip codes, 78744 and 78745. A hundred thousand to support mobile farm stand, so carrying farm products in a mobile fashion, out to communities that are identified at need. A hundred thousand to support the snap double dollar incentive program at local farmers market, so to instance and incentivize citizens who have snap to be able to double their benefits as part of the efforts. And then 50,000 for staff support to oversee, monitor, and facilitate this program. The rental assistance, the goal of the program is to stabilize the client's housing by providing support. We're talking about helping individuals who are about to be homeless or need rental assistance to stay in their efforts. The target is homeless and/or housed clients who are or about to be experiencing housing crisis. We know in Austin we have thousands of individuals in this category. So this -- these dollars will help us augment those efforts. This program will provide comprehensive case management and basic need services, such as rent, utility assistance, and/or housing support for that population that we will be serving in that effort. So that's sort of a brief overview of all of the initiatives and efforts that we're underway to move towards this effort. I want to talk just briefly in closing about the efforts, particularly at the quality of life, because I know that issue has come up several times. One of the efforts that

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we've had is how do we enhance -- we heard this several times -- the services that we provide for disparate communities, particular communities of color, African Americans, hispanic, Asian Americans. And so towards that effort, the dollars that we've identified, all of these will be talking about enhancing services in those communities that we're currently not in, focusing particularly occulterly relevant, culturally appropriate services and culturally relevant staff in doing those services. In addition, we talked about the health equity dollars, having dollars going into those areas to enhance services by way of contract service into those carting -- into those target community. We believe this is a great start and we emphasize start. By no means will we be able to solve the issues of disparities in our community, but it's a great start for our community and we feel that we're on the way to begin to address those things. And so with that said, I'd be happy to entertain any questions or I have my staff to entertain any specific components beyond what we may have covered shoes thank you, Mr. Jones. Are there questions from my colleagues? Mayor pro tem. >> Tovo: I have a general question. So I wondered, I appreciate you talking toward the end about some of the issues that Mr. Cavales raised in his presentation, but in terms of -- can you help us understand, of the health equity plans, whether any of those targeted areas of funding will address -- will be -- will be aimed at organizations that are working with Asian American, pacific islander communities within Austin? >> Well, the goal is to have an rfp that speaks specifically to the issues that we've identified across race and ethnicity. What we heard from the community was that there are significant and unique issues in different communities. So as we develop those strategies, yes, they will focus in on those

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communities that have been identified. The Asian American communities certainly will be one of those communities. We look at maternal and infant health issues. There are issues, particularly in the Asian American, Latino, and African American community. But when we look at particularly outreach efforts around health disparities, particularly chronic disease, we look at cancer mortality in the Asian community. So beyond just the health equity dollars, there will be efforts as part of our infrastructure to focus in on those communities as well. >> Tovo: I appreciate that response, and I think the language challenges that have been identified continue to -- continue to arise in various venues, from this one to discussions that the community action network has had and others. And I think as a community we really need to grapple with that question of how we're going to provide interinterpretive services and translation efforts for our diverse community and whether there's an opportunity to really work with aid and the county and other community partners that, you know, also have a need to communicate would would -- to communicate with our residents that may speak a variety of languages that we're not currently supporting. >> In addition, mayor pro tem, I'd like to also indicate that we have identified particularly cultural and linguistic challenges within contract services. One of the things we'd look at is ability of those agencies to be able to provide those services in a culturally appropriate manner. And so that was clearly identified in the criteria that we should incorporate in the rfp that goes forth. >> Tovo: Good. Thank you. And I know that my staff and some other council staff in councilmember Casar's office have discussed with our health and human service staff the fact that Austin now has an HIV prep clinic and that that is -- that they are providing a drug that is tremendously effective, and I hope that

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that will continue to be a focus, and I don't know if you're prepared to talk to what our ongoing relationship might be with that or other clinics of that sort. >> Well, I mean, as Dr. Wong can speak a little bit about it, but our intention is certainly to support that. As we've mentioned at the budget process with councilmember Casar, our intention is to support them in whatever way we can. So specifically in these strategies, yet we haven't spelled that out, but certainly it's our intent to support that effort, given issues we have with HIV particularly in our community. Dr. Wong -- >> Tovo: I didn't know if there was a particular category where you saw that relationship developing. >> You mean fundingwise? >> Tovo: Yes. Fundingwise. >> Well, we're still looking at that in particular as we look at some of our contract services. That would be a contract service we'd look at that. I'm not going to say we do that right now but we're looking at those options as part of -- more so our other contract services that we have in the department. So we're not ready to tell you right now what that will be but we understand that is an area we need to focus in, and that's a great partnership, given Numbers we see here in Travis county. >> Tovo: Okay. Great. I don't know if Dr. Wong has anything. >> Yeah. We have met with staff from the prep clinic and some of your staff and we fully support that effort. In talking to some of the people at the prep clinic, you know, we were exploring trying to offer the medication at the

STD clinic. I think a precaution they expressed is that their experience is, it's sometimes difficult to navigate through the system to get things, you know, paid for and that it takes a lot of paperwork that if we did not have adequate resources to do that case management, then it might provide a negative experience for those individuals during their first try during this. And so they actually recommended, if we can provide that initially, to refer them, and so we have a very active referral to their clinic for patients that are -- that would be appropriate to receive that. And so we are continuing to

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score ways that we can offer that service. I think it will require some dedicated funding so we can do that right and make sure that all those aspects are taken care of. >> Tovo: And I guess the funding piece is really critical. I may be misremembering but I thought they had a fairly lengthy waiting list at this point, and pretty limited funding resources and it's an expensive drug. >> Right. We want to help them also with any grant requests that we can provide. Again, we fully support the efforts and have been actively trying to explore how we can best support that. >> Tovo: Great. Thank you. >> Houston: Councilmember troxclair. >> Troxclair: I wanted to ask about -- okay, the department infrastructure, 478,000 that was for additional staff to provide support for programs and outreach efforts, do you know how many new -- that's new staff -- new fte's? >> There are new fte's in that. >> Troxclair: Do you know how many? >> I'll get there in just a second for you. I do know that there are some. >> Troxclair: And do you know if that includes just salary or if that includes benefits? >> Kimberly Mattox, assistant director of health and human services. That also includes money for lease space. We will have to have space to house some of these new employees, but that is for new employees in the infrastructure of the department support. >> Troxclair: Okay. And that does or doesn't include benefits? >> Yes. That includes all salary, fringe, and lease space, not just for those four, the lease space will be for a major group. >> Troxclair: Okay. And a similar question about the $400,000 in one-time appropriation.

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You mentioned $50,000 for staff support. Is that a new fte or what is that $50,000? >> Yes, to answer your question, that is an fte. The purpose is to have someone to facilitate and oversee, manage those contracts or those services that we will be contracting out, out of that money, so that is the person that will do that, specifically. >> Troxclair: Okay. So that maybe should have been in not a one-time expense, or do you -- are you planning on hiring someone on a temporary basis? >> Well, as our staff person. >> Troxclair: Okay. >> That's actually part of our chronic disease activity, and a lot of what we're doing is building infrastructure, so some of the one-time services will be able to continue beyond that with staff, as we build our infrastructure, that's our thinking here. >> Troxclair: Okay. >> Hello. Cassey Deleon, the

400 was identified for staff support. A new fte was not identified with that, as well, so what we're planning to do is that will be a temp that will come in and provide the setup for the program and support. In addition to that, one of the ongoing positions that was identified as an obesity coordinator position, that is a full-time position that's being identified and will be filled. So we'll have that fte to help support and get this one-time funding up and going for this year. But then we'll also have the obesity position that will help provide that long-term sustainability. >> Troxclair: Okay. Thanks. I guess just overall, do we have -- and I ask just because I want to make sure -- I know, of course, we're going to need more staff in order to oversee and administer these programs, but I also want to make sure that we're maximizing the amount of

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benefits that are actually going to the populations in the communities who need the program, so I was just trying to figure out -- to understand where all the -- where the money that we were allocating was going. >> We certainly understand the question, councilmember. Yes, the goal is to do two things. One is to build infrastructure currently. Our department has not had significant increases in staffing, so some of this is that. But as indicated by Cassey, we're adding staff that will have sustainability to continue our efforts ongoing. And so as we add them for programs that might be temporary or one time now, the ability to maintain any additional funding, any additional program, or any additional initiative will be part of the infrastructure that we're building now, so we won't be coming back every year asking for additional staffing for all of these new initiatives. It doesn't mean we won't be coming back asking for funding to support our efforts, it's just that we feel comfortable as we build this capacity, we'll have that sustainability. >> Troxclair: Okay. And then my last question is, do you have, with the new funding that is being kind of infused to a lot of these programs, do we have benchmarks or goals when it comes to the -- to. A of people we're hoping to serve or the amount of people we're getting out of temporary housing into permanent -- you know, it's -- this is one of the areas that, during budget, I always want to look and make sure we're our money in the most effective measures. The more metrics we have, the easier it is to make sure the money is being allocated properly. >> So we are currently working with corporate budget to adjust the targets for the performance measures that are affected by the programs that this funding is going to. So that work is ongoing right now. That should be completed shortly. So -- but we are working on amend those targets. Realizing that for '16, because the staff won't be on until January or February

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fully, we're looking at probably half a year of decreed capacity or work in '16, and then of course a full year in '17. >> Troxclair: So when those just wanted, I guess, metric targets are out, what kinds of things are you targeting? Are you targeting the amount of people served? Do you know what it is you're measuring? >> They're existing performance measures so it depends on what the staff is going toward, so the direct service staff, much of this new staff is direct service staff. And so the programs that those are tied to, those performance measure targets would be increased or impacts, outcomes would be increased pursuant to where those staff are going and what programs they're working in. >> Troxclair: Okay. So with you send those -- the updated metrics to us when you get them? >> Absolutely. >> Troxclair: Great. Thanks. >> And I apologize, I misspoke, there are six staff in the 478, six staff and leasing space. I apologize for that. >> Troxclair: Okay. >> Thank you. >> Let me just quickly give you an example of some of the types 6 performance measures, Jew FYI. Percentage of households at risk for homeless, housing, a number of unduplicated clients receiving case management, for HIV, we talked about HIV services, percent of households through city of Austin, social service contracts, number of individuals served through homeless, be social service -- these are just some of the kinds of performance measures that will be enhanced by more staff. Now the outcome measure is an expectation and we're developing those as well. We'll be -- the reduction in rates of HIV, as an example, reduction in rates of homelessness, reduction in rates of cancer and diabetes, those are the kinds of outcome measures we hope to come as a result of these performance measures and the investments in the city. >> Troxclair: Right. Thank you for articulating that so well. That's the kind of thing -- we want to make sure -- I

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guess I can't speak for the rest of the committee, but I want to make sure homelessness, for example, that we have the resources available to help a certain number of people, we want to make sure a need is met, but at the same time, we want the number of people that need help to be as low as possible because we want the program to be successful. So the outcomes I think are really the best measure of whether the people -- whether the programs are giving the people in the community the help that they need to get back on their feet or whatever it is, depending on the program. >> And we agree with you, councilmember. >> Troxclair: Thanks. >> Houston: I have a couple of question. I see the social service contracts as, one, a way to contract with with those communities and people in the community who have the relationship with those communities to go out and do the work. And so I see this as an opportunity new contracts that have not received social service contracts in the past. I was kind of concerned when you said you were going to back to fy 14 to see if you could raise some of those up. If we're raising up the ones that are currently in place, then that's not giving a whole lot of opportunity for new contracts that could come in that are culturally specific and relevant, and who are -- I've found in social service work that if people are from the community, they get more access to the people that have the disparities in health care than if we bring in somebody from outside of the community to go in. So I was hoping this would be money to -- to use for new contracts to do things and restore redundant be, or wherever there are other kinds of issues, not go back to fy 14 and try to increase what we're already

doing. Because sometimes what we're already doing is not the best. >> Right. >> Houston: Not culturally sensitive. >> A couple things, there are two sets of contracts, I want to make sure I'm clear. The first is health equity ones. Those are contracts that

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have specific deliverables in terms of the types of agencies that can deliver those. Those are community-based, community connected and the like. Now, back to the social service contracts. Certainly, one of the things we need to look at, and I agree with you, is the performance of the agencies, their connectiveness, their ability to perform those. And that's part of what will be looked at in terms of what that 1.8 will go for. Now, I'm not here to say that there are going to be a lot of new contractors. I do think that as part of the next social service contract, those are the kinds of things we'll look at, particularly in terms of contract. But as we look at the 1.8 -- 1.8 million dollars, we're talking about first cola, the cost of living increase, covering that. Then specifically talking about agencies that may not -- agencies that speak specifically to those characteristics that you talked about. We're in the process of determining what will go into that, so certainly the cultural sensitiveness and cultural appropriateness for these communities are factors that we can incorporate in our discussions for that effort. >> Houston: So I guess if we go back to 2014 and increase their cost of living funding, and the next time we have a budget, that's locked in for three years. Right? >> The cost of living? I'll ask our social service person to talk specifically about that, the cost of living. >> Houston: I'm concerned about setting an expectation by going back so far that in the next three years, we might not be able to do. >> So if we look at our existing contractors and give them a cost of living, that money is currently in Te health and human services budget. So that funding would remain with them unless those

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contracts were competed. So if they want to get -- for example, this is just an example, if they were to get a three percent increase to their base contract, that money would come out of the 1.8 million, and it would be applied to, you know, kind of -- three percent to each of the contracts, for example. And so since the 1.8 million is currently in the health and human services budget, that would be applied to that contract. And until that contract is competed in the future, that would be their base budget for their contract. >> Houston: So even though we have perhaps -- not that we have, but perhaps we have some contracts that don't meet the specificity of being able to deliver some of the things, matrix about being able to go in and be culturally language-specific, they would still get a three percent increase even though we're trying to ensure that we get folks from the community who speak languages, who can interpret, who people trust and have relationships with. So across the board, everybody would get a

three percent raise, regardless of their ability to be specific -- >> So one of the criteria that was in the 2014 solicitation is that all contractors were required to be culturally -- in culturally and linguistically appropriate services. We inserted in that solicitation that they had to adhere to that criteria from the office of the United States department of minority health. So when they put in their solicitation and wrote their proposal, they were rated

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during that process. All of the contract now boilerplates that were effective September 1 for the ones that were part of the solicitation have that language in their contract. So if we find, during our process of contract management, we look at the program, we look at the physical part of it, and we look at the administrative part, and if we determine that there is a gap and there's something that they should be providing, then our staff provides technical assistance with them to get them to the point to where they are able to do that. Because that's a contractual requirement. >> Houston: And how often do you do the look-behinds to see if they have those specific retirements place and that they're on the ground and engaging in the community? >> So this is -- this was a new part of our contracts, effective September 1, so we would be looking at that during this contract year, to ensure that they meet that criteria. >> Houston: Okay. Thank you. I think I understand that. But I want to be really clear that if current contractors are not meeting that expectation then I don't understand why they would get a three percent -- or whatever that percentage -- that cost of living, because I know we've got people in the community that of the expertise and the skills and the need to go into their communities and provide the kinds of supports that we're talking about. So I just want to be clear where I am. I don't know about my colleagues but >> We hear you very clearly. Ironing a couple things. One as Stephanie says, we have a criteria that uses the federal criteria to determine that. What I'm hearing your saying also that as we go for the next go-round, which would our next series of rfps for social service contract, may be down the road a bit, so we need to look at what other criteria that may not speak to some of those federal ones, that may speak

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specifically that are unique to the concerns we have in this community. I think that's a valid point to incorporate when we do that. But right now we're under way with the contracts of what we have led and signed are the ones we're going to have to enforce. But per Stephanie's comments, is we do need to make sure are they meeting those, and so we will certainly monitor and make -- and ensure that is occurring. >> Because I'm sure that we'll be asking for those reviews as you do them to see if they are meeting those performance goals. And one other question regarding prep. At this point gets no city

funding, as far as I know, and when I talk to them, I ask about the demographics of the people they serve and the demographics of the people who are providing the services, and it doesn't look like the people that we're talking about. And so again, I have concerns about -- and they were honest enough to say that they focus on young white males in the UT area and folks were privilege who have the money and have the insurance to buy it. And so I need to make sure that when we're having those conversations with that community, and I think algo has started reaching out to them to try to become more engaged with some of the populations that we're talking about, but that seemed to be kind of an afterthought, so I just need to make sure that when we're partnering, it's not an afterthought, it's in the front of their minds and they're doing all they can to reach out to the populations that we're concerned about. >> Well, madam chair, it's a paradigm shift in our department as well, and so one of the things we have to do is to make sure that -- and that's what we're in the process of looking at, is health equity and understanding from the lens of a contractor to a community, what does the data say and what should our focus be on. So our efforts is to change within our own department the whole concept of health equity, and as we contract out, as we provide services,

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as we reach out, that that is reflective in what we do and not just what our providers do as well. >> Houston: Are there any other questions? Thank you so much for that information, and we'll look forward to hearing from you in a little while. >> Thanks very much. >> Thank you. >> Houston: Item no. 4 is a briefing regarding the implementation of scholarship initiatives, and that's for Austin parks and recreation. Ms. Mcneely? >> Good evening, council members. Do you need the -- the presentation in the backup or are you -- you got it? Okay. I'm Kimberly Mcneely, assistant director for the parks and recreation department, and I'd ask for a little bit of grace regarding my appearance today as my colleagues over there mentioned, we were out at the flood assistance center and then also at our shelter at Dittmar. So I didn't get it together like they did to get prettied up. I wanted to spend a little bit of time today helping you know a little bit about how we are working very hard to make our programs more affordable, or as affordable as possible in the parks and recreation department through a financial assistance program. And this, just as a little background -- this question or this concept began with the previous council wanting to understand what it is that we do to try to make things as affordable as possible. And so our department is abundantly aware that the need for financial assistance remains as an identified barrier to youth program participation, and we know this through our partners in the schools-out -- schools-out central Texas coalition for

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after school programs. We know this based upon many of the reports that were commissioned by the city of Austin or this council, the hispanic quality of life, the African American quality of life, the youth and family report. All of those will tell us that one of the barriers to assistance is -- I'm sorry, one of those barriers to participation is affordability. And even more so we're working with our partners, with e3 alliance, which is a not-for-profit entity that is also part of the schools out central Texas coalition, and they're doing a mapping project and focus groups and surveying both providers and community members, and preliminariarily while they have not released -- preliminarily, just a meeting the other day told us that this continues to be something that's of concern for the community. So in 2014 the first actions that the department took were to work with our friends in their finance department to provide what we were calling $2,000 in fee waivers, and what we did is we have an application process where individuals can help us understand what their financial need is, and we use the free and reduced lunch qualifiers, income qualifiers, and if individuals could tell us if they already had a free or reduced lunch voucher, that's all they needed to do, is provide that to us and we would be able to make sure that we were able to enter them as being a family that qualified for financial assistance. If they were home-schooled, we worked with our law department to create a very short application process so that home-schooled individuals could also be eligible for this, so we tried to cover the spectrum of youth who may be needing financial assistance. And at that time there

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were -- in 2014 and -- in fiscal year 2014 we started this process midyear and there were 553 youth and 315 households that applied, and we were able to award $400 in fee waivers. And in that particular year only $79 -- $79,730 were utilized in fee waivers, but we anticipated that that was a small number of individuals that could actually use financial assistance. This was a midyear program. We had -- we did a lot of advertising, but we did it very quickly, we did it midyear. We were very confident that we weren't able to get the word out to as many folks as possible, and so we worked with our friends in finance to create a broader system. And that system says that in 2015, starting in fiscal year 2015 there is a clause in our fee schedule that tells all individuals that we can discount youth programs 50%. And when I say that we're discounting youth programs 50%, I mean anything in our cultural arts centers, anything in our nature centers, anything at our recreation centers, anything that has to do with our athletics programs that are direct -- that are directly provided by the parks and recreation department. So this is not a program that is just for one facility. It's for all facilities within the parks and recreation department, with the exception of golf, which is an enterprise fund. All general fund facilities that offer youth programs, if you meet specific income qualifiers, you automatically receive a 50% reduction in -- in that particular fee for that particular program. And so the council kindly approved that via the standard budget process, and so we found in fiscal year 2015 that approximately 1,043 households applied

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footage opportunity. We were able to provide the discount to 1,953 youth, and that discounted fees equaled approximately 201 -- $201,905.08. I'm not sure how we got the 8 cents, but that's what we said. We realize that that's still for some families -- even a 50% reduction is not enough, and so what we have done is we've worked with Austin energy and a community member by the name of Scott Johnson who started a scholarship program. If you are familiar with your -- if you have Austin energy as your energy provider, on the Austin energy bill you'll see that you can check a box where you can actually donate -- as a citizen you can donate money to a fund, and it can be for libraries, it westbound for trees, or it can be for parks and recreation. And so what we are starting at the beginning of January is we're offering an even additional discount if you meet certain income qualifiers, and this time what we'd like to do is work with individuals who are receiving free lunch as a priority, and we'll reduce the fees again even another -- another 50%. So you'll be, in essence, getting a 75% reduction in the fees of all youth programs. This process will be on a first come first serve basis, and the reason why is because the scholarship fund at this particular points in time on an annual basis provides us approximately $15,000 for this effort, and so we know that we can do a better job of perhaps having -- asking people to donate to this and then we can provide an even deeper discount, but we're -- this will be the first time that

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we're offering this second discount, so a 75% reduction, and we're going to be monitoring how much those funds were used, how many individuals perhaps do not receive funding that could absolutely use that, and then look for ways to enhance the program after we have a six-month period to analyze it. This does right now pertain only to youth programs. You do have to be a resident or you have to have residency in the city of Austin. There is an application process, which is in English and Spanish, and based upon the conversation that I just heard while we're sitting here, we need to look at other languages that perhaps our application process needs to be translated into, and we are happy to do that. The awards are based upon a demonstrated need, and as I stated, it's for free and reduced lunch. And what the other option is, is that completion of an -- I don't know how to say that word, attestation station, which is what our law department helped us put together for individuals who might be home schoolers. Examples of the programs, any after-school program, and that could be an after-school program at the dak, it could be at one of our recreation centers, any summer camp program, that summer camp program could be at the Dougherty arts center. The mexican-american cultural center, it could be any of our programs at any of our recreation centers. Any of our nature center programs. And so I just wanted to make sure that everyone understood that at one time there may have been sort of a situation that our department had set up where individuals didn't necessarily have access because we were only giving discounts in certain places. This is across the board. It's the entire department, with the exception of golf because it is an enterprise fund. And so I'm here to answer ne

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questions. Those are just the basics. But I'm here to answer any questions or anything that you may suggest for the future. >> Houston: Mayor pro tem? >> Tovo: First of all I wanted to thank you for your efforts this weekend and to apologize because I think I referred to you by your colleague's last name when I was indicating that -- >> She's worthy of recognition too. >> Tovo: So I apologize. But thank you very much. I'm really glad to see that this is moving forward. This was something I think that came out of the audit and finance committee, and I think it's important to have a scholarship program, so thank you for implementing it. I wonder if you have explored -- and I guess I would just throw this out there. I think it's -- I think it would be great to continue to brainstorm about other ways that people can be informed about the scholarship program and can be encouraged to donate beyond just the utility bill. So -- >> I did fail to mention that we also have a link on our web site where you can donate if you're -- if you're signing up for something you can donate an extra amount of money of your choice, but I agree with you wholeheartedly, we need to do the best that we can to let people know that this is -- this option is available for them to help support children to participate in programs. I do want to mention, even though you didn't ask, we are working this -- this winter, I guess it would be december-january time frame, with a consultant to see how we might be able to expand this program to also offer it for adult programming, because we want adults to be active. We want adults to be able to enjoy their leisure time, and we realize that there may be some accessibility barriers in our fees, and we're working with a consultant to see how can we work that into -- into our revenue schedule -- I'm sorry, into our fee schedule and still meet our revenue obligation, which is very -- we only -- we are only obligated about 15% of the general fund budget of expenses, and so we're just

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trying to work it all out. Sometimes if you -- if you increase fees for certain things, you can decrease fees for other things. We can still meet our revenue obligation, and it's still a fair situation across the board. So we'll be working with a consultant to see what we can do for adults. >> Tovo: That's great. I'm really glad to hear that. And thanks for mentioning the on-line link. We haven't always had that. Thanks for making us aware of that and again thank you to you and your colleagues for all your work working with the dove springs community. >> Thank you. >> Houston: And I'm not sure that I understood what Scott Johnson scholarship is and who Scott Johnson is and why he's offering a scholarship. >> Yeah, Scott Johnson is a community member who happens to be in Thailand or he would be here today. He just contacted our department and said I would like to advocate on behalf of the children in the city to be able to figure out a way to raise some extra funds that could be used for scholarships, and he actually approached ae with this idea, and ae said -- Austin energy said this is something that we certainly can get on board with. And then he contacted our department and has been sort of the link between our two departments to make this happen. And so he's a caring advocate in the -- in the community, and he

was the individual who was instrumental in getting the scholarship on the Austin energy bill, and he was the individual who's been instrumental in helping to advertise the scholarship opportunity. And so he's just a caring citizen. >> Houston: Thank you. Thank you so much. I don't know that those of us that weren't on the council when this happened would have any idea who Mr. Johnson is. >> If he were in town I would have invited him to be here so you could meet him. >> Houston: Thank you. One of the things that -- and thank you for the information. One of the things that concerns some of the local community-based sports leagues is the cost of using the field for soccer or for

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t-ball, and so are there any plans to try to price those activities? Because they're sponsoring the event. They don't have any guardian angel that's helping them do that, but sometimes they're having difficulty using the fields that parks and recreation operates because of the cost. Is there any way that we're working on trying to get those at a level where people can -- >> Well, I guess what I would say is that if you -- if you have that information and you could forward it to me, I would be happy to help look into that. We do have a youth sports, we call them youth sports providers, in which we're partners with, and those individuals, every may, anybody who's interested in being our partner may let us know that they're interested in being a partner, and we take a look at our resources and do everything that we can to make sure that a partner has access to the field space. And under the ordinance, and I can certainly send you the ordinance -- under an ordinance in the parks and recreation section of our municipal code, if you are a youth sports provider who is a part of this partnership, you use the fields at no cost. And there are some individuals that -- and there are some -- there are some things that have to happen for you to be able to use them at no cost. For example, you would need to provide maintenance, but there are some individuals who are not able to provide the maintenance because it's too costly for them. And so we have what -- we're going through a pilot program where we are charging, I believe -- I would have to look up the fee -- $5 for a field rental, and then the city of Austin takes care of the -- of the maintenance. And we're actually trying to work towards a different sort of arrangement where anybody who wants to be our partner -- we would need a few more resources, and I don't have the figures in front of me -- a few more financial resources and a

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few more bodies where ultimately over the course of time what we would like to do is be responsible for all field maintenance, everywhere across the city, and not have that be a partner responsibility. And what we would do is as long as you met certain requirements, background checks, insurance, provided certain kind of programming, made sure that you were primarily serving Austin residents, made sure

that everybody had access to your program regardless of ability, of course race, creed, color, all of those things, that you would be able to use the field at no cost. And so -- we would even be taking the maintenance burden off of the individuals, and what we would do instead is -- right now individuals who are using our fields and providing maintenance are getting an electricity stipend, so we would take back the electricity stipend. We would maintain the field, and we would say, if you're interested in using the electricity, well then you can pay an hourly rate for that, but you can also have the -- have the ability or the option of only scheduling your games during the daylight, or maybe only using your electricity, you know, one or two hours a week to limit your electricity costs, which would hopefully be much less than it would cost you to maintain the fields, and it would become even more affordable. So we're working in that direction. >> Houston: So I appreciate that. And if you could let us know when that time is up, when you will start taking applications and what those criteria are so that those -- >> Mm-hmm. I will -- >> Houston: -- In my area that are trying to do that, have an opportunity to make an application and be a partner. >> I will absolutely email it to you, and it's always the month of may. But let me email it to you because I can't expect everyone to remember what I say today. >> Houston: Thank you so much. We appreciate it. >> My pleasure. >> Houston: Ms. Richards, we're finally at your

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substance abuse disorder plan and report. And thank you for being so patient with us. >> Happy to be here. Ellen Richards, chief strategy officer for austin/travis county integral care. And I am here to talk about a report that we issued a couple months ago,s Travis county plan for substance abuse disorders. And this is really just a high-level overview of the report, and a -- this plan in general is a follow-up to work that has occurred over the last couple of years to identify how we can strengthen the continuum of care for the community in this area. This plan helps us understand the scope of the issue for our community, things like what unaddressed issues cost the community, how many people may have a need and what people need to be successful and where some of the gaps are in our community. What the plan doesn't tell us is exactly how much we need of certain types of services or what it would cost us to develop the ideal system. This plan is a jumping-off point for helping this community do the hard work of determining our collective commitment to strengthening this area of work. Overall, planning in this area is intended to do a few things. Build on our existing successful programming and infrastructure components; address populations that have a demonstrated need for additional services; divert from more expensive services; leverage other community efforts; incorporate best practices including recovery oriented supports; and build a person-centered continuum of care. Austin is a town that likes to be collaborative so while integral care paid the consultant and contributed to the staff, with all the successful planning efforts in our community we had a lot of partners at the table. One of our key goals of this particular process was to build a bridge between the formal and informal networks of care, for example between

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integral care, a part of the formal network, and communities recovery, a part of the informal network. You can see here a list of partners who have been at the table with us and many of whom are still with us as we go through the planning process. So we identified a number of issues through this reporting process, and I wanted to just highlight a few of those here. One of the issues we identified is that mental health and substance use are really inextricably linked. They often co-occur but mental health over shadows it in terms of resources and understanding in the community. So we'd like to change that going forward. We'll experienced a decrease in services, like the loss of withdrawal management and detox beds over the past several years. We're having some issues around reimbursement rates that do not cover the cost of providing care and what happens is that fewer providers are renewing contracts, which reduce available services. This is particularly happening in the area of state contracts. The workforce in this area is less well-compensated than in other social service areas, and this makes recruitment and retainment difficult, so it's hard to maintain a stable continuum of care with high turnover in the workforce. As a community overall we haven't sufficiently invested in prevention efforts, and finally, rather than addressing substance use as a public health chronic disease issue, we treat it as a criminal or acute medical issue, and this is really costly and ineffective overall. Substance use really could be seen as -- and should be seen as a treatable chronic disease. It's influenced by multiple factors, including genetics, and similar to diabetes or other chronic diseases it is treatable. An increasing understanding of this disease and reducing

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stigma is essential for our community to create a place where people feel able to seek help. So here are a few examples of the community impacts that we see as a result of the issues in this area. Central Texas has one of the highest rates of binge drinking, marijuana use, and nonmedical use of painkillers relative to this state. For example the binge drinking rate in central Texas is 27.7%, and the state rate is about 23.6%. Marijuana use in central Texas, about 14-point -- 15%, in Texas, 9%. And then nonmedical use of painkillers is pretty close, central Texas, 5%, and Texas, 4%. So in -- you can see that our rates of usage in this community are higher than the state overall, which is an area of concern for us. Substance use is a factor in many community indicators, including child abuse, domestic violence, suicide, arrests and traffic fatalities. We have a little bit of data in the report, and I'll just give you a couple examples here about the cost to our community overall. For example in the area of public safety, which I know you all deal with on a regular basis in terms of your budgeting and overall cost throughout the year. In 2014 we had just over 3,000 public intoxication bookings, and the officer time for this was somewhere between 167,000 and $294,000 and almost $800,000 in jail bed day costs for Travis county sheriff's office. There on the slide. Seton estimates that between 1 and $2.6 million was spent in fy '13 for individuals who

quality for a sobriety center. I know that's been before you recently and there's been movement in that area.

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And then ems in 2012 estimates they spent 2700 hours transporting individuals, primarily due to alcohol or drug abuse. So overall our infrastructure and investments are insufficient to meet the needs of our rapidly growing community. We found that in looking at prevention efforts that they overall lack coordination and reach a number of limited individuals, and we know from research that individuals who begin using under the age of 18 have a higher chance of developing a problem over their lifetime. So prevention is critical. If we could focus on integrating substance use disorders, screening assessment and recovery supports into physical and behavioral health systems that already exist, this would help people get help sooner. They would say be getting help in the places where they're already going, such as their primary health care settings, as opposed to having to go to an entirely separate system. So integration is key. We'd like to see better linkages between institutions that encounter substance use disorders, so schools, hospitals, jails, and linking those to treatment centers and ongoing recovery resources. This could help improve the ability of individuals to connect and engage in long-term harm reduction and recovery. Often what happens is they, for example, come out of jail and don't get connected to the ongoing care they need and so we get into a cyclical issue that's destructive for them and the community. Part of what's needed in this is more warm handoffs as opposed to a list of referrals. We heard over and over again from individuals that they need someone to help them connect to the next level of care or to the care that they need rather than just a piece of paper with a list of names and Numbers on it. And again, the workforce capacity and compensation issues I mentioned earlier would help us build a more stable, effective system.

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We included this slide just to provide a high-level overview of some of the current local investments in this issue, so this is a reflection of some of the city and county investment in this area, and really the point of providing this is to show you that the large blue area, the residential treatment area, takes up the vast majority of the resources that we have dedicated to this issue. And as we learn more about the most effective ways to address substance use disorder, we are recognizing that our models of care need to shift along with our funding strategies. So in addition to residential treatment, we need to look more broadly at harm reduction strategies and communicated-based treatments -- community-based treatments. Funding today in just brought buckets goes to things like downtown Austin community court, counsel and recovery for inpatient beds, outpatient and recovery supports and family drug

treatment court. The substance abuse and mental health services administration helps us understand what people need in order to stay -- to get on and stay on the path to recovery. They need health services, they need a home and basic needs met, a purpose for getting up every day, and they need a sense of connection to family, friends and community. It's not enough, really, for us to simply add more for substance use disorder treatment services. We need a person-centered system that requires addressing the needs of the whole person rather than a single specific need, like substance use disorder. A wide array of affordable housing and other community supports, like you heard about earlier from Shannon Jones, supports -- support is vital to ensuring that individuals can achieve and maintain their recovery. This includes things like primary care, mental health treatment and supports, employment opportunities and support, availability of

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peers, and family support. The risk of us not understanding this and what a person really needs is that we create a vicious cycle where the individual repeatedly seeks help but doesn't get the help he or she really needs and just cycles through the system over and over again. So next I'd like to just walk through the four plan goal areas and some of the immediate action steps that we'll be working on. So we have four goal areas and the first one is in education, and our goal is that an informed and educated and supportive community that understands the impact of substance use disorders, communicates community standards and provides relevant information. So we really want a community that understands this issue and provides good information to everyone, to reduce stigma and help people engage in recovery. So our immediate next action steps is to create a hub for substance use information and referrals, because that doesn't exist today, and to really focus on how we can begin working with health care professionals on identification of substance use disorders and how they can make appropriate referrals. The secondary is prevention, and for this plan harmful substance use is prevented at the earliest possible point, and again, this is critical to helping people prevent issues later on in life. And our two immediate action steps are to invest in coordination and leveraging of existing prevention programs through a collaboration such as the youth substance abuse prevention coalition. So it would be great if we had a central hub that could help make sure that any efforts we have in this area are coordinated and effective. Today what we have is a lot of individual programs working somewhat independently and not collaborating in a way to maximize the resources that we have. And the second thing is to increase the overall

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investment in effective prevention strategy so they can be brought to scale so really making sure we know what's working and how to grow that and make it bigger. The third area is recovery, and our goal in this area is an integrated person-centered community-based family focused supports are readily available. Our immediate next action steps, therefore, we'd like to educate health and public system navigators on substance use resources, so anybody that's out there working in the system knows how to connect someone to care. We'd like to educate, employ and integrate peer coaches. Best practice says that peers are a very effective part of the system, and while we have some of that available in the system, we'd like to see it expanded and strength they said. Increase access to withdrawal management, or detox, and then expand access to recovery supports -- for recovery and maintain for at least one year. So this goes back to this idea of what people really need to engage -- engage in and last in recovery. I mean, this kind of goes without saying but the longer someone is in recovery, the more successful they're going to be, but they often need supports for a longer period of time than are currently available. And then our last goal area is system integration. Our goal is that the infrastructure is in place to identify opportunities to, to strengthen substance use disorder system, to develop sustainable resources and to monitor effectiveness. And we have two immediate next action steps. One is to create a new, or identify an existing group of community leaders to oversee plan implementation and system integration. So now that we have this information, how do we take it forward and make sure that it's being address the, implemented and then monitored to see that we're changing what's happening in our community for the positive. And then create a capacity and gap analysis to develop a roadmap for the investment of new funds in an

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integrated recovery system, and I'll talk a little bit more about that at the end. So the good news is that while we're doing research and analysis and planning, people are taking action. So in addition to the report coming out and us beginning some planning initiatives on how to implement the report or the plan, we wanted to let you know about some things that have happened already that are already making a difference. St. David's foundation has made some substantial investments in the community, increasing by almost half a million dollars the money they give to counsel on recovery, which is formally Austin recovery, one of our key substance use treatment providers. And they are doing this to address the gap between the state funding and the actual cost of providing care. So going back to this issue of people not contracting -- not recontracting with the state, the reimbursement rates, St. David's foundation is helping make up that gap. They've already invested just over 300,000 in the Simms foundation. The city of Austin added approximately 450,000 in treatment recovery and support services that counsel and recovery as well. Phoenix house added inpatient beds for adolescent girls. Previously this was not a service that was available in this community. We had to send girls out of county to get treatment, and so this is a big improvement that we have. Integral care will be established -- we'll be establishing a Facebook page to share substance abuse information. So a focus on creating that hub. The Travis county youth prevention has established a web site for prevention information and is hosting a

prevention summit this week on November 5. And then the recovery oriented systems of care, known as rosc, is identifying action steps to promote recovery and recovery oriented systems of care in the community, and the community group that we

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develop drip is continuing to meet and rosc is part of that, and they're really -- it's an incredibly active group and looking at how they can stay engaged around these issues going forward. So lastly, I just wanted to talk a little bit about next steps. Central health and integral care has contracted with Woollard, Nichols and associates, to help us continue with plan implementation. And they are charged with helping us to map the current system in Travis county, so we want to look at what services are available at this time, how much do they have available, and then try to figure out what the gap is between what's available and what we still need to serve our community. So we were meeting on that today trying to figure out, how do we figure out what that gap is. They're also looking at fiscal mapping and identifying potential resources that could be used for funding in this area, and they are developing this environmental scan of funding opportunities. They are also developing a diagram of the ideal continuum of care so that we know what we want to have in place and it would incorporate those four areas that the substance abuse and mental health services administration identifies, home, community, purpose and health. And then identify our overall goal is to identify priorities for investment by the next budget cycle in February 2016 that kicks off in February 2016. So that we could come together as a community to say this is where we think our next dollar needs to go, to strengthen the continuum of care in this area. And that's it. I'm happy to answer any questions. And I have at least one colleague here who could help answer any questions I can't answer. >> Houston: Thank you so much. Any questions? I have -- I do have one. >> Oh, great. >> Houston: You've heard the conversations that we've had today about linguistic barriers. >> Yes. >> Houston: And so how does that -- when you're looking

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at gaps, how will you identify those linguistic barriers? Because as we've heard, many of my elders in the Asian American community are suffering from depression, so that's the first part. The other part is do we have the kinds of professionally trained people to deal with different cultural populations? >> I would hazard a guess, no. I think this is an area that we struggle with in every social service arena, not just substance use disorder or mental health, and that we are all working to figure out ways to become more cultural sensitive and also to figure out how to address linguistic barriers. So in our mapping process that's something that we could look at, and I think -- I'm sure are looking at to identify where we need to expand, to address the needs of diverse populations. But I can guarantee we don't have what

we need and that we need to look at that as a community as a whole. >> Houston: But that's going to be part of the -- >> We will make sure that it's part of the mapping process and the gaps analysis. >> Houston: Okay. And the other thing for me is that over these many years that I was in this field, the providers of care have become smaller and smaller and smaller, and so I'm concerned concerned that we will be disappointed as we do this mapping exercise because we have such limited access to detox beds and other kinds of things that used to not be overwhelming, but we had many more beds that people could go into and have inpatient kind of treatment so that when they come out, then they would be sufficiently clean so that once they go back into their local community where there is not that kind of support. So I'm concerned that we're

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going to find that we have a provider desert out there, and that's going to be real scary. Because I'm not sure today where people go to be detoxed in austin/travis county, other than the one on cross park. >> Right. See, there has been a lot of discussion around detox beds specifically, and I'm not a specialist in the area of substance use disorder, so I would want to have, you know, an -- someone here to really speak to you on that issue. But my understanding is that as a community, what we need to do is to look at our system of care, including detox and patient treatment, all of the services, and really think about what are the emerging best practices and evidence-based practices that we want to have in our community and do we have them today. And my understanding is that while there's a lot of discussion about detox and inpatient access, there are other services that are less expensive and more effective that we need to build out in our community. So I think the challenge for us is to understand what those best practices are and how to get them in the community overall. In addition to having the availability of detox and inpatient treatment. But I think it's similar to the mental health arena in which we have always talked extensively about the need for inpatient treatment, and we are understanding now that really we need an array of services and many of the community -- keeping someone in the community and getting them the supports they need is often more effective than going inpatient. So it's just an evolving area, I think. >> Houston: And I certainly agree with that, but sometimes when you are a substance user, the communities are you get that fix. So sometimes you have to remove them from the situation. >> Yes, absolutely. >> Houston: In order to create

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that -- those wraparound services so that when they go back -- >> Right. >> Houston: They know to call somebody. >> Absolutely. >> Houston: I just want to say, that's a concern. I appreciate it, and thank you so much. >> I appreciate your time. Thank you so much. >> Houston: Okay. We're down to item number

6. Regarding the process and review of applications for the central health board of managers. We will not be going into executive session this afternoon, because of the posting language. It was not adequate to support that. And so, we'll talk about that at the end of your presentation. >> Okay. So I'm Jannette Goodall, and I'm the city clerk. And I have Deena Estrada, who is our board and commission coordinator with us. And I'm actually going to turn it over -- to her, because she and someone from hrd have been doing all of the work for this, so it's only fair that they get to take the credit for what has been done, as Deena is -- >> Okay. Hi, good evening. Deena Estrada, boards and commissions coordinator in the officer of the city clerk. This is a quick presentation over the central health board of managers nomination process. As we mentioned at the September meeting, the nine-member board consists of four appointments made by the city council, four appointments made by the Travis county commissioners court, and one joint appointment made by the city council and Travis county. This vacancy is a full four-year term that will begin January 1st, 2016, and end in 201. At the September meeting, we discussed the process for Travis county and the city of Austin for appointment and reappointment to this board, and the committee directed staff to proceed with an open call for

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applicants. The open call was held for applicants. It was conducted ending October 23rd. The first thing the board and commission application was updated to include a list of the qualifications that were collectively provided by the health and human services council committee members. Then a press release was -- detailed the application process. That was put together and advertised by posting it to the city's main web page, sending this out through the corporate public information offices media outlets, and providing the mayor, council, and their staff with the press release to advertise as well. The clerk's office board application is open year-round, regardless of vacancies. So, all of the applicants who applied prior to the open call were provided the update the qualifications and criteria set out in the press release, and applicants who applied during the open call were contacted to confirm receipt of application and asked to provide a resume and statement of intent if they had not already. On October 26th, which was a week ago today, we provided physical copies of the packets, and an electronic copy, to the committee members, which was a spreadsheet listing each applicant, their district of residency, gender, ethnicity, occupancy, employer, and a list of their qualifications. It provided copies of the applications, resumes, and statements of intent. The next steps for the committee are to review the applications and come back with -- individually with a short list

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of applicants for consideration of the full committee. There is -- in the process, there is going to be -- this is in process. The meeting is going to be scheduled. That will include posted language for an executive session to discuss applicants in closed session on November 30th. The committee will select which candidates they would like to interview. The interviews will be scheduled, and the committee will make a selection upon the completion of the interviews. Once a recommendation has been made by the committee, it must be -- it is required to be approved by the full council. The clerk's office will add this to the standing board and commission item -- appointment item on the council agenda. And just to give you somewhat of the timeline, the December full council meetings are scheduled for December 10th and December 17th. Again, here's a list of the current appointments made by the city of Austin. Are there any questions? >> Houston: While I'm waiting to see if any of my colleagues have questions, I want to thank Ms. Estrada for her work, and the other folks who have worked with her to bring this process. This is our first time doing this as a new, freshman council committee. And this is her first time. And I think it's working remarkably well, except there's some timelines that we have to adhere to. So that's why that special called meeting is scheduled for November the 30th from 1:00 to 3:00 in the afternoon. And we have our regular meeting of the health and human services commission on December the 7th. So we have another opportunity to have a conversation. All of these meetings will be posted for executive session because of the -- we're dealing

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with personnel matters. And so, all of this will be posted in case of that -- in case we need to go into executive session. And hopefully -- I don't think we can make the December 10th meeting, but it is my firm desire to make sure that we get to the December 17th meeting with the recommendation to the full council about who will serve on the central health district board of managers. So, that's what I would like to lay out and make sure that's okay with everybody. >> That's fine. >> Houston: Does that sound okay? >> Mmhmm. >> Houston: I want to thank you so much, because you've done a lot of work. Can you tell us how many applicants we did receive? >> I think there are 17. 17 applicants that provided all of their information. >> Houston: Okay, thank you so much. >> If there are any late additions, we'll be adding -- we'll provide you an update the spreadsheet, as well. >> Houston: Thank you so much. We really appreciate all the work you all have done to get us this far. Any other questions? Councilmember troxclair. >> Troxclair: Just a quick question about the spreadsheet. Some of the people listed, it says their district. But then if you go to question three, about whether they are a city resident, it doesn't have the asterisk. >> Right. The list of qualifications are just checkboxes that each applicant may check off. So they didn't check that box. >> Troxclair: Oh, okay. >> So whether they meet that qualification or not, I'm not sure they did check off the box, which is why they have an asterisk. >> Troxclair: Okay. But you will confirm? I mean, will you confirm the address? >> I actually did. >> Troxclair: Okay. >> So I looked them all up in the gis map, because I noticed one or two of them were incorrect. So I looked them all up. And the electronic version --

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the spreadsheet that I sent you all last week has three applicants who listed incorrect districts. And they are provided in the spreadsheet in red font with the updated district information. The asterisks that are listed, I just pulled from what they checked off on their applications. >> Okay. >> I didn't know if it would be okay for me to check something on their -- like -- >> Troxclair: Right, okay, that's helpful to know that the applicant were the ones that checked their qualifications. If we look at the district column, that should be right, on the spreadsheet. >> Yes. The most town date. >> Troxclair: Thanks so much. >> Houston: The other thing is, the backup material that we were given, the hard copies and online, is sometimes more descriptive than the spreadsheet, although you did your best job to put the pertinent information in the spreadsheet. Sometimes you miss some things, so that it's good to go and look at those, as well. >> If there are any other fields that you would like me to track in the spreadsheet, just let me know. >> Houston: Thank you so much. We appreciate it. >> That's all. >> Houston: That's all that we have posted. We have future items that we need to talk about, and a couple of updates. We had a meeting with the animal services -- chief of animal services today, and she would like to -- animal services issues to January, if that's all right with the health and human services committee. I think she kind of knew that we would be really dealing with central health in December, and so might be distracted. And so she was amenable to that. There's some other things that have been sent to our attention, one from the mayor, from the early childhood council. And I think the -- Mr. Jones, I don't know if you've seen this

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agenda item request, but early childhood has indicated that they want to request $5,000 from the current unallocated fy 2016 service fund to fund continuum of care programs. So I don't know where that $500,000 is. And that may not be something you're ready to address tonight. But at some point, we're going to put this on the agenda as well. >> Right. I'm familiar with the request. But I'll be happy to entertain that discussion at the time which it comes on the agenda. >> Houston: That's fine. One other thing. What else do we need to put on -- not for you -- Mr. Jones. What else do we need to put on the agenda for January and February so we can start queuing them up? One of the things that I've thought about that we probably need to do on a regular basis is to have the people from Dell medical school, and central health, come and talk to us about where they are in their planning and their development of that campus over on 15th street. And so I'd like to have them -- maybe not quarterly, but at least once every six months come give us an update up on where they are, if that's okay with everybody. >> Sure. >> Houston: Okay? Anything else? >> None I can think of. >> Houston: Are you sure? >> Tovo: I may

have some ideas by next time. >> Houston: . [Laughing] Okay. We want to thank everybody for being here. Thanks, staff, for staying with us. This meeting is adjourned