

# Health and Human Services Committee Meeting Transcript

## 5/24/2016

Title: ATXN 24/7 Recording

Channel: 6 - ATXN

Recorded On: 5/24/2016 6:00:00 AM

Original Air Date: 5/24/2016

Transcript Generated by SnapStream

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[2:16:20 PM]

>> Houston: Good afternoon. My name is councilmember ora Houston. We have a quorum present. Mayor pro tem tovo, councilmember troxclair is here, so we are calling this meeting to order. This is the health and human services services committee of the city council and we're beginning at 2:16 in the afternoon. We're at the city council chambers, city hall, 301 west second street, Austin, Texas. Again, if you need to have your parking tickets validated, the young lady in the black and white checked dress, she just moved -- oh, no, somebody else is doing it now. She's over here. Please see her before you leave. So let me just say before you leave, let's do the minutes. The first agenda on the agenda is minutes. If there are any corrections or deletions or changes, please advise. A motion has been made to approve the minutes as drafted. There has been a second. All those in favor say aye? It's unanimous on the dais. So now we'll go to citizens communications. This is a new system so I'm getting used to it as you all. Number one is Amy Thompson. Is Amy Thompson in the chambers? No? Okay. Lance parisher? And then heather Lavis is next up. If you can come down to the next mic we'll -- I'm just saying the mention person just start moving up to the next mic. Hold on just a minute. Let him get you. Two minutes, sir. Okay. Let's try it again. >> All right. [Inaudible - no mic].

[2:18:23 PM]

>> Houston: Nope, still not working. His mic's not on. [Inaudible].

[2:20:32 PM]

[Inaudible - no mic]. >> Houston: Thank you. Next is heather -- am I on? Can you hear me? After Ms. Lavis is Katherine Fendrick. >> Tovo: Hello? >> Houston: Yours is working. >> Tovo: Is that working? Hello? >> Houston: Hello? It was working a few minutes ago. Okay. Go ahead. >> [Inaudible]. >> Houston: Let's rest for just a minute and see if we can get the audio equipment working. >> Houston: All right. That's good. >> My name is heather Lavis. I have volunteered owe Austin animal center and also at Austin pets alive. I have two concerns today. One is the walk at the

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Austin animal center and the other is the blankets the dogs are getting at the Austin animal center. There's no minimum center at the aac for when and how long dogs get out of their kennels. They rely on volunteers to get the -- dogs sometimes do not get out of their kennels for 24 hours. I've seen a dog in

its kennel for three days, 72 hours. This affects the mood, causes negative changes in their behavior, makes them difficult to take out, makes them less socialized and that's right adopt. When they do get out it may only be for five minutes N comparison Austin pets alive has a minimum standard of two times a day at least 15 minutes. I would like to propose that the Austin animal center adopt the same minimum standard of care for getting dogs out as Austin pets alive. Secondly, blankets. Dogs at the city are not getting blankets. Some dogs have lived in the kennels for half their lives and they only get out for five minutes a day. The least we can give them a is blanket. The dogs that are under the city do not have anything in their kennels besides water, food and a plastic bed. Some animal care attend R. Attendant dozen give out blankets on the days they work and the dogs are very appreciative. But sometimes these staff members are reprimanded for doing so. In fact, volunteers have been told they are not allowed to hand out blankets. In comparison Austin pets alive provides their dogs in kennels with dry blankets twice a day. I would like to propose that the city adopt the same minimum standard for blankets that the Austin pets alive facility currently has. >> Houston: Thank you. Next is kin vent cob -- Vincent kcobulos. No, you are first. Then the next person on deck is Mr. Cobulos. >> Thanks for your time, councilmembers.

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I'm Katherine Fendrick, volunteer at the Austin animal center. I'm here to share several observations of the Austin animal center. I see that it could be helped by the health and human services committee to improve the transparency of their reporting to city council. Let me give you a handout, which I will do to illustrate one example. There are several examples that I could name. It's the 2016 April animal services report that agency management distributes to the animal advisory commission. I don't see any reporting, for example, on the may -- may 21st, 2015 city council resolution directing the city manager to take steps to increase opportunities to get dogs out of their kennels. I have a couple of suggestion here to make to the committee. Can you all develop a performance measure in the agency's next fiscal year budget or sooner as this agency is used to report on progress against a city council resolution. Two, can this committee look into the Austin animal center further and see about improving the management of the agency's volunteer program so Austin residents who want to help dogs at the stealth Kerr do so? In my opinion it's very hard to become a volunteer at this agency as well as be a volunteer here. Do you want me to give you all my handouts or would you like me to pass them out to a staffer? >> Ms. Estrada will take them and hand them to us. Thank you. Mr. Cobulos. And following him is Ms. Pat Valles trejes. >> Good afternoon, councilmembers. My name is Vince C obolus and I've had over 35 years in public service, including 11 years as an assistant director at the health and human services

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department. Expoing today's a private citizen and not speaking on behalf of any organization that I belong to. I wanted you to know that the city must embrace the diverse cultures and languages that make up this community. The community is changing dramatically and it's important the citizens have language access for information and services. You're going to have a staff presentation today about the Asian American quality of life initiative and as you watch that presentation please keep in mind how language and culture affects information gathering and information dissemination. Thank you for your support for the asian-american community in the past and for your ongoing commitment to diversity and to the Austin community. Thank you. >> Houston: Thank you. >> Thank you, councilmember Houston and councilmembers. My name is pat valles-trejes and I'm here to ask the committee to address two spay/neuter initiatives at your next meeting and in the summer budget process. I'm going to back up to the animal services budget in 2007-2008 and say at the time the a animal services budget

was 4.9 million, now in 15-/it's grown to 11.7 million. I do not have a problem with this growth in the budget, but I do have a problem with the distribution of the growth. Animal control employees went from 1802 to 22.5, an increase of only four animal control field services staff at a time when our city has grown very rapidly and you've increased public safety officers quite a bit.

[2:28:37 PM]

Preventions services only grew from two geez to three, however at that same time shelter services went from 55.7 to 74. That's an increase of almost 20 employees and then just in the last couple of years has been seven support services staff added. So there's been a large growth in animal services employees which I don't have a problem with, but I do have a problem with the lack of a balanced approach that includes spay/neuter and field services to address prevention issues, safety issues and, you know, just getting animals off the street. In order to address this I'm not asking for any specific increase, but I do ask when you consider increases you consider adding that money in a balanced way. I also think there's two initiatives that would not cost you anything. One is to approve spay/neuter on [indiscernible], this does not add any cost and balances the imbalanced growth we've had and it's a way to do catch-up on some things we should have been doing in spay sloosh neuter and another one is to require that 100% of the spay/neuter deposits be provided for by voucher in community by people who can't afford it. So in addition to asking you to put that on the next committee agenda, the spay/mute iter on first impoundment and unclaimed spay/neuter deposits, I would ask as you go through the budget process see if you might have some ways to get that in as well. Thank you. >> Houston: Thank you. The next person is Wendy price Todd.

[2:30:38 PM]

And then Scott Johnson. >> Good afternoon, councilmembers, I'm Wendy price Todd. Thank you for the the opportunity to speak today. This is not my wheel house. I'm councilmember tovo's appointee to the library commission and have been on the library commission for quite some time. I'm here to speak to you today about mental health and homelessness and how this committee and the council can help support initiatives in the future, particularly in the upcoming budget, to place mental health workers or social workers in the new central library. I'm here speaking as a citizen, not as a member of the commission at this time. But through my tenure at the commission I listen to a lot of citizen input from friends, neighbors, other library patrons about the use of the library in particular Faulk for the homeless and how there's a way to provide dignity and services for the community where it's more integrated. For example, in Dallas currently there is an initiative in their downtown public library and the city of San Francisco is the first to have done it. They have two full-time social workers in their downtown library. So I hope that in this coming budget season and through this committee and through council that you will consider funding for mental health workers in line facilities. Thank you. >> Houston: Thank you. >> Good 'afternoon mayor pro tem and councilmembers. My name is Scott Johnson. Approximately seven years ago in the first half of 2009 in this very room there was the initial kickoff for the new central library. And at that meeting I suggested that they place mental health counselors within the new central library being built just down the road. Approximately four to five years ago along

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with David Evans who is the executive director of austin-travis county integral care, I met with former councilmember laura Morrison and current mayor pro tem tovo to discuss this opportunity at length and had other dialogue about it. Now in the interim time -- [buzzer sounds] >> Houston: Just keep -- >>

In the interim time the director of the department for libraries has asked that space be provided for this type of counseling not necessarily due to my own efforts. So there is space there, but not the budget for a person to work part-time or full-time and there's some national best practices that Wendy Todd mentioned that are in place now. What I see as a dual opportunity is not only to have someone there who can refer people that are homeless or of lesser means to services within austin-travis county, but also the dual opportunity to provide counseling for young people who might be coming addicted or already addicted to excessive internet use. This is a subject that's delicate. You can't just tap on their shoulders and say hey, I want to speak to you, and only there part of the day. That is an issue that concerns me as well. This idea that people who are of lesser means, homeless or young, or entwined in this alternative reality that we know about -- don't necessarily understand. But the idea for other addictions and for services that they can be connected to, to the city and county and other providers such as the state, I believe it's time that this group and the city council look at funding opportunities to collaborate with us in Travis county integral care and with other partners such as the downtown Y, which has some innovative programs already, and try to find a funding MIX that suits the needs of the community for a full-time person that could occupy this space at the new central library that will open up approximately the first part of next year,

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2017, and provide services there that are desperately needed. As you know if you've been to Faulk there's a congregation of people there to use the free internet service. There will be free internet terminals there and perhaps more so at this new central library. >> Houston: Thank you. [No audio]. >> >> Houston: Okay. See if this one works any better. We're going to start your time over. >> Is this better? >> Houston: Much better. >> Okay. My name is Debbie Moore baker and I am the vice-president of Moore disposal operation. We are a special events coordinator for -- I am the special events coordinator for Moore disposal. We deal with portable sanitation as well as waste management. My son a resident of district 9 and I have a lot of experience and I've spoken with several people who are dealing with servicing public toilets in other cities such as Seattle, Portland and northern California and Oregon, other parts of Oregon. So I've provided you guys with a list of some things, but some of the things I want you to think about as you look at the public toilets is that you probably want to make sure that they are attended when they're open to maintain the cleanliness. So I am very concerned

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about the 24-hour unattended portion. I really want you to look at a lot of the risks for increased encampment and congregation of the criminally transient groups and I also want you to see that as you enforce some of this that possibly the criminal transients may move to other parts of Austin, which is not your intention at all. There's also increased vandalism when they're unattended. I know that it seems simple, but theft of toilet paper is our number one issue. So I don't want that to be something that a visitor who comes to Austin and says what a beautiful toilet and then all of a sudden there's nothing -- it's filthy and there's nothing to help them as far as supplies. There is a significant community expense and I really want you to wholeheartedly look at the at expenses. Sewer signallation and daily innocence are two of the things that are overlooked very, very often on the install legislation of the type of portable -- public toilets you guys are looking at. So some of my considerations, I believe they must be attended, they must be monitored if you can with the A.P.D. Cameras. I think that would be incredible. Otherwise I think that you need a staff to continually monitor the situations. Also needle suppose Al receptacles and dog waste bags are two things that you can really put on the outside of these public toilets that will also increase the cleanliness of the areas you're looking at. I would also like for you to

look at a few alternatives, what public restrooms could be made available for the public, perhaps with stated hours. Not necessarily 24 hours. Work with some currently established outreach groups, businesses and churches to make their restrooms available to the public at no charge during their business hours.

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And using portable toilets at city and outreach properties, business and community locations and monitoring these to mitigate some of the above issues. And to assist with the cost of the current waste cleanup that is being experienced by the city. So on my paper I've listed several different articles that I would love for you to explore a little bit. And one last thought, is it appropriate to spend the money attempting to cleanup or is it more appropriate to look at some of the homeless first initiatives that might help in some other areas of district 9? >> Houston: Thank you very much. Could you show us what the information looks like? Was it in late backup? Thank you for that information. Next is bill Bryce. >> Thank you. Good afternoon, madam chair, councilmembers, I'm bill Bryce, vice-president of operations with downtown Austin alliance. And I'd like to thank you for your interest and support in this important issue. Downtown Austin alliance has 27 ambassadors working the streets of downtown Austin everyday. And our ambassadors are frequently asked by visitors and downtown users on a daily basis where are there public restrooms that may not be located inside a business or a building. This has long been an important need downtown that needs to be resolved and we're highly supportive of piloting this effort. To the young lady's point before me, conversations around this -- I've participated in this issue for many years in

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different ways, doing some background work, but also in one of the recent public conversations. The conversation has a tendency to gravitate up to a conversation about people who are homeless. I want to impress upon you the fact that this is not just a homeless issue. It may be important for people who don't have homes to have a place to use the restroom that is appropriate rather than doorways or alley ways that are currently now serving as our public restrooms if you will, but also causing dangerous and hazardous situations as well as creating opportunities, increasing opportunities for people to become engaged in the criminal justice system. And that's something that as much as possible we would like to help avoid. Whether that's a person who is homeless, whether it's someone who's not. And public restrooms will help satisfy that need. Again, we support the pilot and I would draw your attention to on I think it's page 22 in the document looking at location criteria. While learn locations have been identified as potential test sites, we think it's important as Portland did to identify some criteria that we might follow to consider where these are tested. And I would offer and I believe that public works also supports the fact that testing a permanent unit like the Portland loo may not be the most effective way to run a pilot because they require hard utilities, water and sewer, electricity is an option in that particular type of unit because they can come solar operated, but trying to use a truly portable unit to test in different locations for different periods of time, but I would say things not identified in the report is specific metrics by which measures will be taken to identify what are the outcomes, both positive and potentially negative that we need to consider as we move forward with the results from a pilot to potentially permanent public restrooms in downtown Austin. I would reiterate in closing this is a very high need for everyone that uses downtown. We're very supportive of

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the pilot and we sure hope that this gets legs and moves forward quickly. And we stand ready to support this in any way that we possibly can. Thank you very much. -- >> Houston: Thank you. Thank you very much. The last speaker is Cynthia Valdez. And can you put the timer on two minutes, please? >> Good afternoon, my name is Cynthia Valdez and today lulac district 7 and a coalition of over 30 organizations came together and we unveiled the solatx, which is the state of Latinos for Austin, Texas. I'm here also to read just a few excerpts from the report that is going to be soon online and that which I think city councilmembers have already received a copy of. Disparities in health and health care limit continued improvement in overall quality of care and population health and result in unnecessary costs. Recent analysis estimates that 30% of direct medical costs for Latinos, asian-americans and blacks, are excess costs due to inequities in the economy lose an proximated \$309 billion per year due to direct and indirect cost and disparities. These populations are also at great risk of being uninsured, lacking access to health care and experiencing worse health outcomes, including people of color and low income individuals that are facing increased barriers to accessing that health care, receiving poor quality care and ultimately experiencing worse health outcomes.

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While disparities are commonly viewed through the lens of race and ethnicity, they culture across many dimensions, including socioeconomic status, age, location, gender, disability, status and sexual orientation. We now know that the sexual determinants of health are those that are most influenced by where you live, what your zip code is. You have a vacancy on the Travis county health% care district central health board of managers, and I would like for you to please consider that you look at the makeup of the board, you look at the disparities that exist in our community, and you understand that the people -- [buzzer sounds] -- That we need to fit in that decision-making power need to be experienced, understanding and compassionate towards the population that we serve, the indigent and those that don't have access to health care. Please make that consideration and understand the time in which we live. Thank you very much. >> Houston: Thank you, Ms. Valdez. And I'm sorry, I missed Colton Becker. Mr. Becker, you have two minutes. >> Is this working? I'm Colton Becker, the director of communications for the university of Texas student government and I'm here today to voice some concerns that were brought to our attention by parents of longhorns and longhorns as well as the administration regarding the agenda item number 7. And so while we do not have a stance on the actual agenda item, we were concerned about the whereas clause, which includes west campus. So in light of recent events, safety has been a big area of discussion for us and that's translated into conversations about the homeless population. And while we've been diligent to respond to the problem of homelessness in Austin, more so in west campus, in a way that reflects the values of our

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university, in the interest of our students we have to take a stand and we have to go against the idea. And we hope that it won't be discussed to a great extent the possibility of implementing public restrooms in west campus. We don't want to incentivize a greater amount -- a greater degree of migration for the homeless and transient population to west campus in light of safety concerns of students. It's a very vulnerable and densely packed area of the city, and so we want to make sure we're keeping that in mind when we discuss policy. That being said, I realize it's not a part of the trial, but it was mentioned and so we just want to get our voice heard and make sure that we're staying involved in these conversations when they pertain to students. >> Houston: Thank you so much, Mr. Becker. That's item number 7 on the agenda, so if you can stay when we get to that item, there might be some questions for you. >> Thank you. >> Houston: Hospital R. Those are all the speakers that -- >> Houston:

Those are all the speakers we have signed up for citizens communication. [Buzzer sounds] That's my time. We're now on agenda item number 3 to discuss and update and possible action regarding amendment number 2 or guaranteed maximum price package for the design build agreement for spawglass contractors for construction phase of animal services clinic addition. Welcome. >> Thank you. Thank you, councilmembers. I'm kalpana suta ria in public works. And on behalf of health and human services department and animal services center that I'm working on this project.

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So last year in June we requested design-builder selection of spawglass and we -- and council gave us authorization to move forward with the design phase services. Now we have 70% design completed. And we are having an item -- today we are here to share the design and asking for your support for proposed item on the council on June 23rd, the one you mentioned amendment number 2. So just a brief history of -- the presentation for the item. So a brief history of campus, you know, city purchased this campus in 2002 and that's where the school for the deaf was there from 1950's to 2000. And it's a 44-acre campus located at 720 Levander loop. And we demolished the buildings, which were not in good shape, and renovated four buildings. So that's the campus. In 2006 animal center received funding for the new -- bond funding for the new center, and here is on the campus it's located right at the south end. At that time animal center was part of the health department. Then the no-kill ordinance was passed during construction of the animal center and therefore there is a great need for kennel space. Six acres of the land at the northeast corner has been given to -- for

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affordable housing, and neighborhood housing and community development department told me that right now they're looking into finance options. There are many problems with this campus because the loop road, which you see, has been there for more than 60 years and it's a very flat campus and it has drainage issues. So the project scope includes reconstruct the existing loop road and improve signage, add new parking for employees and visitors, add a new kennel building on the west side of the animal center to add kennel space, address all the storm drainage issues. Currently sometimes water even goes under the existing buildings. Add new sidewalks, landscape, irrigation as required by code. And incorporate aipp, art in public places work. And so council selection on June 23rd is asking for authority of 5.9 million for entire construction phase, and that includes contingencies, so this is the major approval that we're asking. So just the project schedule. So if it gets approved on June 23rd, then we will -- this is a design-builder project, so the design-builder will go and do the buyout packages based on the m/wbe requirements and once all that is approved and 100% documents are done, then construction will part in October of -- will start in October of this year and it will be estimated to complete next October. 2017. So just a little bit of information on -- let me

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go to -- I just told you about this, project scope. So this site, I'm trying to show you the flooding issues that it has. And lots of areas are like this where parking spaces, handicapped parking spaces are simply covered up. I don't know if you can show that video of the flooding issues. This is the flooding issues. Whenever we have really heavy rain in a short time there are several areas which are completely flooded, and makes it very unsafe and difficult for the campus occupants and visitors. So I'll be providing kennel building information so these will be adoption kennel, and it is the goal of the animal center staff to increase adoption. And so we will have a capacity of up to 88 dogs. And group housing is encouraged,

which is what we have in our current adoption kennels. That makes dogs more social and, you know, easier to adopt. There is a visit room also for getting to know the animals. We have acoustical insulation, we have better doors, we have structured the block walls for cleanliness. It's human scale.

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So -- this shows the -- yeah, this is the site plan. The blue in the middle is what we call quadrangle and that's an open space that Texas school for the deaf had, and we are honk the school by leaving that space quadrangle open space and build all around it. And on the west side where you see all the red is new work. And we are adding the kennel building with 88 spaces, and it will be within the security, because they need to have secured area for kennel buildings. And it has multiple entries and staff can bring them around there. There will be a dog playing yard that is very important for the animal center to allow the dogs to come out and run around. So that's the building. We are using -- reusing some of the bricks which were there from the old campus, the Texas school for the deaf. We are saving those bricks and using them. It's a very simple structure with white roof. So that's the kennel building information. And it will be a Leed project based on the resolution, 045 from 2007. And it requires to be Leed silver, and we think that we can reach that. And it will have -- many of the Leed requirements are part of the building code, Austin city building code. And planning, site development permit. So we think that we make the building more efficient, energy efficient, more water conservation will be there, there will be landscape irrigation and

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native plants, bicycle parking, construction waste management, commissioning of the building, and all this will help the operations and maintenance staff to spend less time maintaining the building and savings on energy and water. So I think that concludes my -- and this is the play yard that we are creating. And we are saving the trees and some of the landscaping that we right now have from the earlier [indiscernible] Center project and really working around it to again save money. And so that's the dog yard, what it will look like. That's a picture. And we are providing some shading structures for, you know, summer. So I think that's all I have if you have any questions. I have other people here from the city. >> Houston:thank you so much. Are there questions? Well, I have some. First of all, I want to be really clear with everyone that's listening, is that this was the school for the Negro students in the state of Texas who were deaf, not the one on congress avenue that we use now. And so there was a historic -- there was a -- an opportunity to have some parts of this site designated historic, and as with most places east of I-35 the answer was no. And so I hope that -- I appreciate you saving some of the bricks of the structures and I understand that none of the current structures that are still there will not be implemented by this plan. Is that correct? >> They're still housed by the health department. >> Houston: Okay. >> We have renovated them and we are fix something gutters and things so they are -- >> Houston: Good. But I think it's important when we talk about the property we just don't say -- I think in your overview it says that it housed the Texas

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school from the deaf from late '50s to the 2000s. It it was as segregated school and when we make that benign it doesn't help us understand where our history comes from and why we're fighting so many inequities at this point so I just want to be clear that people know what that structure is. I've got a couple of things. Right now all we're doing is moving the grant funds from one account to another. Is that correct? >> So as far as funding goes, the Betty [indiscernible] Campus improvement was funded in

2012. And we were given 1.9 million. That was not enough for all the -- everything that the infrastructure work needed. It's a big loophole and stormwater issues. Then the animal center was given 5 million in 2014-15 budget so we have enough money but the reason why we are doing the amendment is that it is an old campus. We may find something so we are planning to have some contingency in case change orders come up. >> Houston: So in the grant that was given, what kinds of things can be used from the grant? Because you'll have about \$785,000 left. >> Right. And I think for that I'm going to ask Tony Hammond to address that. >> Houston: Because we've had several people come up and request additional items so I'm just trying to find out what -- >> Let me -- >> Houston: Can the grant be used for? >> It's working. The grant from Maddie's fund was given to us for -- anything for live-saving efforts for shelter pets. So we received clarification from Maddie's that it could be used partially for the

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construction. I think it's something that we've set aside, knowing that -- just in the past five years, we've grown by 11% in the county and the city. We wanted to make sure we had those funds and could use them appropriately. It could be for programs. In this case we wanted to use some of the funds for the construction project. >> Houston: Could it be used for dog walk centers. >> That's something I'd have to talk with Maddie's funds. I think they didn't want to just fund a one-time initiative. They wanted something to be in place that would be sustainable. So if we funded dog walkers and the money was gone then the city would have to fund that because you've established a program without a sustainable fudged source. I think they were hoping we would use that for building things and creating programs and maybe not one-time expenditures. >> Houston: Okay. And so I have one more question. There have been some conversations -- Ms. Hammond, I think this is for you too. >> Yes, ma'am. >> Houston: There have been some conversations about the kennels down on town lake. Will the city of Austin kennels that are there that are in deplorable conditions, will those animals get first choice to move to the new kennels on the Betty bunker campus? >> Well, the goal is any animals that are city of Austin's custody that belong to us will be moved back to those kennels. That's the purpose of building those. >> Houston: Okay. >> So if at any given time we have anywhere from 30 to 60 dogs at the town lake center, at that location, we would no longer be using those kennels. >> Houston: Okay. >> They would no longer be needed. >> Houston: So the concerns that were expressed about the kennels would go away once this is built? >> It would be addressed. I do want to point out we do address some of the maintenance issues at that aging price.

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I think we're having some unprecedented weather at least in the past 20 years and I'm hearing from local texans and austinites that it's been a very unusual 12 months when it comes to weather and precipitation. >> Houston: Okay. And the total project is in the budget and it's how much again? >> So total will be about 6.8 million. >> Houston: 6.8 million, okay. I think that's -- those are all the questions that I think -- oh, one last question. What's done with animal waste? I've always wondered. What do you do with your waste in the kennels? >> We just dispose of it. I believe we have a flushing system. It's like a big toilet. It's disposed of. It doesn't go just down a drain or anything. We scoop it glop so we have a separate -- scoop it glop we have a separate wastewater system for that. >> Kind of like toilets? >> Yeah. So it's not the wastewater line of the city's regular wastewater line so it gets through a trap and it's completely separate from the wastewater line like we have. >> Houston: So is it treated like other waste and then what happens to it? >> I guess it gets, you know, treated in the wastewater plants' treatment? Wouldn't that be the case? >> [Off mic] >> Yeah. It's treated like any other waste at the wastewater

treatment plants. >> Houston: Okay. And then recycled or -- can somebody come help her? Because what happens to the waste once it's treated? Does it go back into the system like every -- >> Yeah. That's a water and wastewater question that I'm not sure I can answer. But I forgot to mention one

[3:04:59 PM]

thing, that we do have reclaimed waterline, and so the entire campus now, not the portable one is separate for inside the building, but all the landscape and outside we are using reclaimed water because that line is going on the road and that was very beneficial to save money for the outdoor use. But I don't know if there's anyone from -- >> Houston: Okay. >> Brian long with Austin water. I'm not for sure about what happens at the animal center. However, when the wastewater comes to our wastewater treatment plans we treat that waste and some of it goes to the reclaimed system but the majorities of it goes through the system and is released to the Colorado river and just like all of our treatment plants. >> Houston: Okay. Thank you. Councilmember troxclair. >> Troxclair: I think this is a related question to the agenda item, considering councilmember Houston's questions about whether or not the money could be used for dog walkers. I mean, what is the response at this point to the concerns that have been pretty consistently Reyes raised about -- raised about dogs not being able to get out of their kennels for a long period of time? >> Yes, there's been a couple of updates. One update that's gone to councilmembers that we can certainly reappreciate and I can get that to not just the committee members but the councilmembers and what we've been doing to get dogs out of their cages and being walked and visited with. We do have an enrichment plan, and we are working -- we're -- it's kind of complex to just talk about it right now. It will probably take up a lot of time but we do have something we've implemented and it's been evolving over time as the population has changed, any given week, any given month. But quality of life at the

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shelter has been our -- been a focus and I can tell you it's probably some of the best in the nation, getting out around the country the way I do, working with my colleagues. Our primary focus is adhering to the no-kill initiative, to getting dogs adopted or transferred to rescue because we're temporary emergency shelter. It's not meant for them to be there long-term. That's the ultimate goal. We put quite a few resources into making sure they're getting adopts and moving through the system rather than being residents but we also focus on quality of life and we have some of the best standards in the state and in the nation. And we're not resting on our laurels. We know there's room for improvement so we're trying to work with what resources we do have. When we're looking at things like grants and donation accounts, once those funds are gone they're gone and then an expectation has been set or a program or initiative or something has been created that we need to continue and support. My focus has been on solving the problem and not the symptom. Focusing on prevention, education, where the animal is coming from, finding them appropriate homes rather than focusing on resident characterization if you will. >> Troxclair: Yeah. I think those are all important focuses, but surely -- but you're not saying that that takes the place of a dog getting out of its kennel? >> No, not at all. It's multiple priorities. We're balancing multiple priorities all at one time but the answer to just hiring dog washingtoners is not going to be -- walkers, that's not the sustainable answer. It's not sustainable just to do that because, first of all, it's assuming that all dogs want to be walked and we've got elderly animals, sick animals, little animals, we have some animals that are just fearful being in that environment and the best thing you can do for them is get them to foster or get them adopted. So a one size facilities all, that approach is not working. We're look at something diverse to meeting the different needs at any given day, week or month of those animals because each animal is

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an individual so quality of life is extremely important. It's some of the best in the nation. I want to reiterate that. I think we lousiest our perspective because it is Austin and we do this well, we're creating best practices. So we know we have room for improvement, and one doesn't suffer at the expense of the other but just taking grant funds or donation funds and spending it on that, then what are we going to do in three months, two months, six months, eight months when all the funds are expended and we haven't dealt with the root cause of how we got here in the first place. >> Troxclair: And I certainly appreciate the interest in not spending one-time funds on continuing expenses but it seems like as one of the citizen speakers said the budget overall for animal services has increased dramatically over the past years and it seems -- I hope -- and this is, you know, we're viewing off -- veer off topic here so I can follow up off-line but I hope -- I don't see quality of life as being separate from or exclusive from being able -- from a dog being able to get out of their kennel to be to the restroom. I would think that would be an integral part so I just want to better understand. It seems to have been a consistent complaint since, I mean -- since I've been on council. So I don't -- and it seems like the community concern is not diminishing so I just want to get a better understanding of the situation and what we're doing to address it. >> We'd welcome that opportunity. Thank you. >> Thank you. >> Houston: So now the conversation is back on the dais. We can take action to move this forward to the city council. The

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>> Tovo: we have additional speakers it sounds like. >> Houston: Can you call their names for? Because I can't get back to my screen. >> [Off mic] >> Houston: Kitty -- Katherine Frederick? >> [Off mic] >> Houston: Okay. I do like the paper system so. . . Go ahead. >> Hello again. I thought y'all asked excellent questions of our last two speakers and I just wanted to shed some light on what I think I was hearing. One is I do -- >> Houston: If you can move to the mic. >> Sure. I thought y'all asked some excellent questions in regards to our last discussion, and I do professional fund-raising so I'm pretty familiar with grants, and you have to -- the devil is in the details. You can't assume one answer or another about what a foundation wants. A grant needs ton looked at very specifically. So, councilmember Houston, you asked an excellent question about whether Maddie's fund would want to fund a quality of life program or a dog walking applying. I know Maddie's fund it, doesn't seem unreasonable. As a matter of fact I thought it was an excellent question and if there's not a restriction in that grant I don't see why there couldn't be consideration given to using that seven-figure grant to that type of program because I think as several Austin residents have pointed out now in audit and finance and here today and most likely in several meetings with your staffers, that that appears to be an issue at both facilities. Secondly, in regards to the video that we saw of marly at tlac, my understanding in looking at this handout that

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Austin animal center management presented to y'all today the new 88 kennels aren't going to come online until November 2017, which I believe if I did my math right is 18 months out. I could have done my math wrong, could have misread this handout but I think that's maybe a year and a half away. So I don't personally want to see dogs like marly live in conditions like that, soaking wet. I also have lived in Austin since '99. I'm not really sure that the weather here is different this year than since '99. That's just my own take on the weather. And so, anyway, just some food for thought because I don't want to see dogs suffer for the next 18 months and I know that this summer is going to be a hot summer, much like last summer so dogs sewn have much fessulation, don't have fans like the Austin pets alive center does.

Thank you for that consideration if some of that 385 could be some consideration to the tlac location or the dog walking programs at both facilities that would be wonderful. >> Houston: Thank you so much. Mayor pro tem, would you repeat your -- >> Tovo: Sure, I'd like to move approval of this item. >> Houston: It's been moved and seconded that we move forward to the full council the ability to accept the \$385,000 from Maddie's fund into the general animal services project fund. All in favor let it be known by saying aye. It's unanimous on the dais. And so we thank you for all of that conversation, and now we'll call up item number 4, historically we have had every three months some conversation from central health district, all our partners in the medical school, and so today we are privileged to have

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Mr. Hartman and Ms. Vasquez to talk with us from the medical school perspective. >> Great. Thank you, madam chair, members of the committee. We appreciate the opportunity to be here and the invite to give you guys a little update. My name is Greg Hartman, president of the exexternal and health care affairs and with me is president of the university of medical center brackith, and Chris Dan Vasquez. What we'd like to do is walk through women updates of the community care collaborative and our role. I know you've heard from folks with central health and so forth and as you probably know central health and Seton together have formed a community care collaborative. I'll walk through that real quickly, give a little update of the medical school's role on that and Chris will walk through a more extensive update on where we're at with the new hospital, which is less than a year now from opening up. So if we can get the presentation up on the screen. The Seton presentation. Here we go. So just a few reminders about the way we're structured here, and, again, I know you hear from different folks at different times but the coalition that's come together really involves three major players in town, we have two partners. First of course is central health, which is the formerly called Travis county health care hospital district. Which is a local taxing entity. The university of Texas at Austin and of course the Dell medical school is an important player in this and the Seton health care family. Together one of the things we always point out the reason we like to show this slide is if any one of these partners doesn't fulfill its commitments, the whole thing falls apart, the university of Texas of course is building what we believe is going to be a world class medical school, central health is critical to the funding and has been an advocate since they were

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created in the early 2000s to help care for the poor and vulnerable exposition of course Seton has had a role as a not for profit hospital system actually since 1902 when the daughters of charity first came. This slide here is one that shows -- it's a slide given to me by the central health folks. I think it's good to help explain the community care collaborative, which is, you know, a lot of folks aren't completely aware of what this is and it's really all the entire discussion we've been having about the medical school and new teaching hospital and everything else, in some ways this is core to that entire conversation. The community care collaborative is a not for profit that was created by Seton health care and central health so it's a free-standing not for profit. Central health provides funding to the CCC. A lot of that through federal matching dollars its able to garner by matching up -- sending dollars to D.C. That come back down, increased dollars. It has of course a taxing rate. Seton provides financial support to the CCC and we also provide the majority of health care services to the poor and vulnerable population in those communities. So we play a major role there. Together the CCC, we have a role which is our main purpose is to build an integrated delivery system, to really think about how do we provide more cost effective and efficient care in this community. We believe for the entire population, particular for the poor and vulnerable that we're focused on we really need to improve the patient experience of care. It

hasn't always been as seamless and as customer friendly as it should have been and we're working on improving that experience, improve the ability for people to access the system and then get the right care at the right place at the right time when they come for care. There's a special focus on the underserved, poor and vulnerable population. Seton's charity policies right now requires us to provide care for folks up to 375375% of the federal poverty level so working together with central health basically that population all the way up to that level in this community gets care. Some of that is through the

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map population or map program, medical assistance program and then other forms of charity programs that we have and that central health helps to fund. We're in the process and I'll talk about this in a minute, rethinking that system and improving it we think. Then of course the cost effectiveness of care. You've probably heard that the university of Texas is really focused on figuring out how do you provide better value based care, better access to higher quality care for less cost and there's a lot in our system of waste frankly, repetition, duplication, unnecessary services and we can actually be providing we think a better patient experience, easier access, greater equal of care at a lower cost ultimately. The system still is going to need more funding and we're going to continue to fund at the levels we funded in the past, but there's a great need and we believe there's a lot of people not currently getting the services they need. We can begin to provide better care for if we become more efficient and effective the way we provide care. I want to talk about what's called the dsrip programs, these are a big part of the 1115 waiver, which I've come and spoke to you in the past, I'm sure central health has too. It's a important medicaid waiver. You may have seen in the newspaper recently we got a one-year extension, really good news for us. In the next legislative session we'll have a very important conversation to get approval for Texas to have a proposal for we're hoping a five-year renewal of the 1115 waiver which will hopefully continue to expand to maintain the programs we have and hopefully expand the care we're providing to this population. A big part of the 1115 waiver, it's a very complicated program but a big part of these programs, basically pilot programs to help improve access and quality of care to a poor and vulnerable population, particularly the medicaid population and the way we structured this in the CCC is that the CCC staff have about 15 projects and there's a summary up there, the Dy stands for addressing yeah, the year we just came out of

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basically. There's 15 projects we had to invest in the CCC a little over \$25 million in those projects to provide care. There were a number of metrics that the state and federal government told us we needed to immediate in order to receive our incentive payments. We met 93% and received a \$59 million incentive payment for that one year. It's a significant portion of the funding we have in this community for our care for the poor and vulnerable. A few of the real specific success stories, these are just out of the cccdsrip programs, hepatitis C programs which we've been able to afford and build upon, literally cured 250 patients of hepatitis C, a total of 372 patients with hepatitis C. We've improved blood pressure control for diabetics. A big focus of our program, such a problem in our community from one year to the next we've seen a 4% improvement of blood pressure control for that population because of one of our pilots. Increased primary care access. We continue to look at the location of our clinics and can we improve the location in one really big step we had this central health had a major hand in was the opening of the central health southeast hedge and wellness center, provided a wonderful new space in the southeast part of town. Seton has 22 different projects that fall -- that are dsrip projects, about 150,000 patients have been served by those and they're designed for everything from different

programs to care for patients with chronic disease, special populations, pregnant women, homeless folks, behavioral health needs, whole range of things. This is actually a list of the entire list of projects. There's quite an extensive list. Again, the success of these programs has been overwhelming. Seton has been able to achieve actually over 98% success rate meeting its metrics defined by the state and federal government. So this program has been really successful here in Austin and improved care and access in the amount of services available to folks.

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One real important project that the CCC is starting on now is rethinking the benefit plan so the map program, medical assistance program, has been in existence for a long time. And it's a really important service we provide to our poor and vulnerable population. We believe central health and Seton in working with the medical school and we thinking the way care should be delivered we can improve that and even expand that program over time. Actually be able to care for more folks with better focus than target medical care for this poor and vulnerable population and hopefully improve the benefits that we provide to a wide path of the population. We're in the process right now of developing some guiding principles, doing lots of work as stakeholders, clinical doctors, nurses, patients themselves, thinking about how that, looking at some great models. San Antonio has a really great model we're looking at and our goal is in the budget we're about to approve here, we'll approve in August, I guess, to actually have the beginnings of a new benefit plan to begins to expand these services and the type of care we're providing so it's really exciting we think. University of Texas and medical schools are a significant player working with us. They've also been really involved working with Chris Dan on the design of the hospital and the design of the medical office building that's going to be connected to it so we can really improve the patient experience and provide a whole new array of services that Chris Dan will get into in more detail in just a second. You probably have heard but if not they've pretty much recruited all of the initial chairs they wanted for their program now. It's taken a while as you can imagine to recruit chairs. We've gotten wonderful people from around the country, total of eight chairs now in place and those folks are being well integrated into Seton operations so actually helping us develop our service lines and those kind of things. There's a lot of work going on right now in terms of data, how do you get the tremendous resources that university of Texas has in terms of data and analytics and services and how do you blend those with our health care operations to really take advantage of the type of care that's being

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provided. And then we're also of course the integral care collaboration, which is a long-time service here in Austin made up of Seton, central health, atcic, local mental health provider and St. David's to share data among all our different organizations. We're working close with the CCC to make sure we're able to share that data, which the data really is critical to rethinking the way we deliver care, improving the system that we have here in Austin. So quick run over of the CCC and after Chris Dan finishes I'll be happy to go back to these questions and answer any questions you have about the CCC or the medical school. >> Now the fun part of the presentation. I'm really delighted to be here and to share with you this ground breaking work we're doing. Let me start with the first slide. I'm going to start at the 5,000-foot level. This is really a green field project. So this is what the original area looked like, and you can see there were some tennis courts on that space. And people had a strong vision of bringing a higher level of medical care and training of the next generation of physicians to this community. And the vision really started with how do we train physicians and educate the next generation of physicians in a different model? And so Greg Hartman really was one of the visionary folks that came to the table and started talking with people like the leaders at central health and the board of central health and people at UT

and talked through what's the next generation of medical center look like? Through that work they found this location and this property. And the building that's standing on there that I'd like you to focus on is the nursing school. And just keep your eye on the nursing school and watch through these slides the role the nursing school really plays into the future of what we call the medical district. So some good planning went on

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in the very beginning and they started mapping out where could an education building go and how do we start creating a walkable campus that creates the first phase of a medical district. And you see there that nursing school is right at the top of that slide, right above the hospital. And so how do we bring all those learners together in an environment to -- for them all to take classes in? And near the research center and near the learning environment. But it's more than just the medical district. So now how do you take that medical district and how do you plan for some expansion? Central health, that's the blue space you see on this slide, central health owns that property. That's 14 acres. That's right where the Brackenridge campus sits, and what we call the cec. There are 14 acres there. And they're planning -- and you've seen that on their website. How do they create what's called phase two of the medical district? And so the Brackenridge building will come down and the current professional office building will come down and there are plans being developed on what's going to go into that space. At a later time some other buildings will come down, some streets will -- the city has been involved and talked through what streets did be straightened up. To the left of the blue space you see the waller creek redevelopment that's going on in that park space. Really one of the areas that we're very excited about is that waller creek development runs right through the center of the medical district. So really creating a green environment that we've taken advantage of in our hospital. So the one side of the building just face that's green space, so patients have a beautiful view outside their windows. And families that are visiting patients have a space where they can walk, relax, and destress from the hospital environment. And one of the key areas is the innovation district. A large coalition of folks

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from the city of Austin and leaders in the city went to go see innovation districts in other communities. And this is an area where medical students, engineering students and business people can come together. We envision where they can create the next generation of medical devices or implantable devices and come together in a lot of new start-ups coming together to create the next generation of medical equipment. We envision and we also know about the development happening with waller creek, which will come all the way down to the lake. And then the purple area is the high tech district. So really revamping that entire north side, northeast side of the downtown area and something we're very excited to be part of. Now the medical district. This is what it will look like when it's done. I don't know how many of you have driven past 15th and red river but it's already starting to take shape. The medical school will take its first group of students next month. They are taking 50 medical students. They received over 4800 applications for that group of medical students, and very excited about that, that new class. The hospital, which we'll talk more in detail about, opens in may. Actually, it's may 21 of 2017 we'll open the doors. To the left of that is the professional office building, and Seton will lease space from UT in that building and we have plans to operate our ambulatory services in that building. So one of the things that Greg just said was how do you take care of patients in the right place in the right setting? So we've taken our outpatient services out of the hospital and really tried to move those into the appropriate setting. So into the professional office building or we've worked with central health and community clinic or how do we move them into the medical homes? So closer to where people live

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and in the neighborhoods and communities that they live in. So they have access to that specialty care closer to home. And up at the top of the screen is the research building, where there will be a significant amount of research and trials going on. That's the finished product of what the buildings will look like. And the front entrance for the new teaching hospital. And the front entrance for the new professional office building and the research center. Let's take a look inside the hospital because there's features that I really enjoy. I'm going to take you through one of the patient rooms. One of the areas we're very focused on in the new teaching hospital really population health. And Greg talked about that and the community care collaborative. One of the focuses that we are -- we have within Seton, within central health, and with the Dell medical school, is how do we focus on building a healthier community? And how do we hold ourselves accountable for that? So one of the -- some of the focuses in the room are how do we engage the family when we have the patient in the hospital? So to the back of the room, closest to the window, we've created a family space where the family can be engaged and involved, and be very comfortable during the patient's stay. So as we're educating the patient on their diet or on the way to change addressing the family really should feel comfortable and receiving that level of education. The televisions R what we call smart TVs and so they vary in literacy rates so we can teach someone at the sixth grade literacy watching a video and we can go all the way up to the highest level of education but people can learn about their diseases not on the date of discharge, but we're going to start educating them on the day they're admitted, the minute they find out about their diagnosis and really start that education at the level the patient is ready to learn at. That also automatically goes

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into their electronic health record. The TV also serves as a service, new level of service for the patient. So I don't know how many of you have been admitted to a hospital but many times people walk in and out and you want to know who is that or who was that. So when anyone walks into the patient room, their picture of who it is and the role they play on the patient's care team. So if it's the surgeon walking in it will say Dr. Smith, chief surgeon. So now all the family and the patient are able to know the exact role and they're able to engage in questions with the appropriate caregiver. Again, a way to get those questions answered and for the patient and family to know the role everyone plays as they enter the room. The TV also can be used for menus and, again, education as they're ordering the food. So they know the calorie count, carbohydrates, sugar content and also restricting the diet so they only order what's on their diet. The rooms are enhanced, again. This is a teaching hospital. We will be engage in additional research at the bedside. So the rooms are enhanced so that the learning team can be in the room during that -- during rounds with the teaching team. The last piece is electronic health record. All of our electronic devices will automatically go into the electronic health record. So vital signs, temp tour reads, we won't be manually putting anything in. Everything will be going in wirelessly. The hospital is designed around the patient so if you look at the picture, the hospital doesn't look very sterile, it doesn't look like a hospital or a high-tech environment, really designed around comfort. You don't see a lot of way finding signs. We actually are going to be using electronic devices to direct patients around from

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the moment they park their car to the moment they get to the location in the hospital. So an easier way of way finding and redirecting patients that way. Let's see. Ors, again, we really focus on teaching in our environment. We know where the residents train. We know that the likelihood of them staying in the

community where they're trained increases so that's one of the focuses that we have in this project. Our ours are interactive so they're electronically the medical students can be in the medical school and be watching a surgical procedure in the or at the hospital directly across the street and they can be engaged in asking questions about the surgical procedure and learning during that procedure. We've enhanced some of the surgical tools and techniques that we have and the room types that we have in the new hospital. Again, this is just one of the lobbies that we have in the hospital, very calming, smooth, very comfortable. We've brought in wood and we've brought in the outdoors inside again for that comfortable feeling. One of the areas we're pleased about is adding a chapel for our trauma patients. That's what the site looked like when we broke ground. That's where we currently -- what we currently look like. And let me just talk a little bit about some of the work we're doing. We're using a lot of lean techniques, which really are techniques that are used in industry, Toyota is a big utilizer of lean technology. We're using that same principle to standardize our work to drive out the waste, drive out the duplication and drive down the costs and drive up the quality of care and the experience. So our decision-making is centered on the patient. So when we make decisions about where should this door go or this desk go it's really

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what's going to be most convenient from a patient perspective. So that work is ongoing right now and we have multiple transition teams really redesigning our current processes, driving out the wait time, and, again, centered on our patient experience opinion -- I'm happy to address any questions or Greg can as well. >> Houston: Thank you so much. We now have had the triumph, been through here and we're going to be asking you to come back periodic until beget open. Councilmember troxclair, do you have any questions? [ Laughter ] I've got a couple of questions. One of the things that -- there are neighborhoods that are to the east of the site for both the medical school and the new central health district. Are you all in communications with them? Because when you talk about you're getting feedback from people, I'm wondering who you're getting feedback from. >> Yeah, well -- there's a combination of things. In terms of the design of the hospital and everything Christine and her group had ways of talking to folks and think about what should the hospital look like, the design methods, some of the design features that she's talked about. That particular neighborhood over there, some of those areas over there we've been in conversation with them too during the construction process, to try to mitigate frankly sometimes what have been difficulties over there and we've recognized that. There's been parking issues and other stuff we've worked with. >> Houston: I still hear that. >> Yeah. We sort of tend to fix it, you know, get folks to quit down doing that and then we have crews that go back over again and we have to work back through it again sometimes. It's sort of an ongoing process we have. We try to go to regular neighborhood meetings to make sure we're listening. We get reports when things flare up again and we send teams in to talk to the construction folks. We've got offsite parking and other things for them too. The two big construction companies have been good at working with us to try to mitigate that problem but it

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does pop up sometimes. The best way we can deal with it, be there, go to their meetings and understand the problems. So we'll keep keep doing that through the process. >> We also have a patient advisory council they bring ideas we listen to their concerns. Out of one of those council meetings we've talked about an urgent care center which will be located in the professional office building so it will stay opennulate later in the evening -- open later in the evening that way patients don't have to go to the emergency room to receive after-hour care, they can receive care in the urgent care center. >> Houston:

I gave you both a letter today that I sent to a lot of people back in February, and I never heard a word from anybody. Which is concerning to me because I thought some of the ideas came from a real community-driven conversation over at central health a couple of years ago, and I was -- I'm very still disappointed that nobody has felt the need to respond to some of the concerns. One of them has to do with of course, you know, having a space like Ronald McDonald house for children, having it for adults who are caring for adults, family members, moms and dads, adult children. And being able to walk across to have that kind of respite in the central health area so they don't have to try to get a hotel downtown, which is unbelievable. So there were things like that. It was building in ideas about construction workers and making sure that we had a diversity of opportunities for that, making sure -- so those are things that I think we heard from the community, the real community of people who live here and will be using that facility. And so I hope that when y'all go back aisle you'll take a look at some of those things and see if there's anything that y'all can do. When we talk in Austin about live, work and play, we're really not talking about the

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people who are the night nurses or the janitors or the folks that are on the late shift because they -- you know, we're building for people who are your physicians. And so how do we ensure that there are places for the folks that have that night shift or the early morning shift, to be able to live and work and play in the same space? So those are things we say as a community we value, but we're really not seeing it implemented in the building of the designs of the buildings that we're having. So I hope you all will look at that as well. >> Okay. Councilmember Houston, if I may, I did receive that letter. I apologize for not replying directly by the time I had gotten it we had this scheduled so I guess I figured we'd talk about it here so I apologize. >> Houston: No, no, no. It went to many more people than you. >> Just to let you know particularly on the space about folks to stay, one we do have a Ronald McDonald house we collaborate with over next to Dell and next to the university medical center in Brackenridge we don't have anything like that. We have the league house by sent medical center Austin which the rates are about \$35, actually based on your income. So a lot of folks don't pay anything. The majority don't pay anything. It's vacancy right now is about -- we tend to have 50 to 60% of the rooms filled at any one time. So one of the things -- and already about I think it's about 15 to 20% of the population there are folks who have patients at university medical center Brackenridge so it's a resource we're going to continue to work with and try to get more folks to use it. All kinds of hospitals throughout the community use that and it's run by Seton and we have a philanthropic board that helps support it. We've looked at the possibility of expanding that obviously space in the downtown business district gets really expensive so figuring out how to put something is like that down there gets more complicated but it is something we'd like to think about and do in if we can. In the short-term we may figure out how to make it a more accessible space for

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folks over there, less than 2 miles from the current hospital. >> Houston: Less than 2 miles away but then you have to drive and when you have a sick mom in the hospital that's 89 you don't want to be 2 miles away. You want to be across the street. >> We fully understand that. >> Houston: At least you're thinking about it. >> And we actually do have transportation services to help move people back and forth between hospitals as well too and we'll continue to do that. Like I said it's a complicated problem because space is the real estate is so expensive. >> Houston: I know the real estate is expensive but can you imagine for the people coming in from out of town trying to find a room and trying to care for their loved ones. So at least you're paying attention to it and I appreciate that. >> It was a good suggestion. >>

Houston: One of the things that saddens me about the growth in Austin is we lose our sense of history and the fact that Dr. Ridge was the don'ter of the original tract of land and now he's inspector in the conversation, it's now Seton, Dell, central health and there's no way to incorporate something into the name so that there is some historically -- significance. Because if as a community we forget that we didn't get here just when Seton and Dell got here. We got here because of Dr. Brackenridge donating the land that then could be leveraged to get to where we are now and we don't honor those things and soon nobody will know where Dell, Seton, medical school came from. So that's one of my other concerns, history is something that I think we take very lightly in this city and people think that it arrived when they got here from wherever they came from. And some other people fought and bought that land and developed the idea. So if y'all could kind of speak to that I would appreciate it. >> I appreciate that too. That's something we've taught about too. We are going to have -- there's some I guess artistic activities, I'm not exactly sure what they're going to look like, still going through design process to honor the

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memory of Brackenridge in the new hospital. Again, I don't know what the final design has been. I think there's a committee still working on a design. There's actually going to be three major focal points of honor in the new hospital, colonel Brackenridge and the hospital, the history of that site and making sure we honor that and keep that in mind. There is -- I think it's actually going to be a wall mosaic thing done that honors the people of Travis county for the election to help bring the medical school to create the community care collaborative, which we are proud to be a part of. There's going to be that wall to honor the people of Travis county and something to honor the daughters of charity who of course came here in 1902 to gasoline to build Seton and the work done there too. To your point all of this is wonderful future we have, all built on the things of people that did things 100 years ago or more. We want to make sure those are respected and honored and those will be represented through creative expressions in the building itself. >> Houston: One last thing is that you might find out that the property that some of that is on was the -- one of those like parksville was -- Clarksville was a black settlement before people were moved from the east side of town so there's a lot of history there that I would hope does not get lost in all of the new things that we're going to do. I hope that we will begin to move services to people in the community out in colony park. There's a clinic one day a week -- one day a month, I'm sorry, one day a month during the same hours that everybody is at work. And so that doesn't -- that's not reasonable for people who cannot get into town on the bus and that's the closest -- there's the closest clinic to them is rosewood after that or some people say rundberg. But as y'all are thinking about how you move the medical services and the specialty services out, I hope you will think about not only locations and partnering with other sites, but also hours.

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Because it doesn't make sense for us to have things from 8:00 to 5:00 and people don't get off from work and off the bus until 6:00 and they need to see doctors. >> Good point. We've done some extended hours. Actually I'm happy to report today I'm on the CCC board and we had a work session today. We approved a contract to have someone come in and help us do a facilities and services map and usage kind of study to figure out do we have the clinical services located in the right places, based on where the populations are coming in and the right hours and those kind of things too. We're hoping I think by the end of this calendar year we'll have the study finish to help us rethink and think about where the community care clinic should be, Seton clinic should be, do we have them in the right places and do Co did he expand services into other areas, use retail convenience clinics, versions of those we

can use, are there urgent care centers like Krista Ann talked about to give people easier access. We'll be looking at a lot of that the rest of the year and looking at the integrated care system, those kind of expanded services. >> Houston: Although mayor pro tem is not here I'm going to does what is the decision about sobriety center. >> We're supportive of it. We're not involved in the actual decision-making. We're supportive of it happening. I know we've been in some meetings to talk about what our role would be. It won't really be a clinical facility, although I suspect that Krista Ann's hospital will have a contract with it probably in order to provide services for folks who need more extensive medical services but we're fully supportive of that because a lot of folks come to the emergency room and having that kind of service done right but it sounds like people are talking about the right way to do it is something Seton is fully supportive of. >> Houston: Okay. Well, I have no more questions. >> All right. Again, thank you very much for the invite. >> Houston: Thank you so much for staying. >> Thank you. Look forward to coming back. Thanks. >> Houston: The next agenda item is a briefing on the central health board of managers, the vacant

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position -- oh, thank you so much. We need to unhook everything for about two to three minutes to reboot the system. >> Tovo:and I have heard similar requests from west campus, but it --

[3:54:20 PM]

>> Testing. One

[3:56:53 PM]

>> Houston: All right. We're back now. I think we're all ready to start again. We're on appointment of central health board of managers. >> >> Hi, good afternoon, I'm Deena Estrada, boards and commissions coordinator. I have a brief presentation for you on the central health board of managers nomination process. As you already know, central health is an intergovernmental entity that connects low income residents to high quality and cost effective health care. They are a political subdivision of the state of Texas and they are governed by a nine-member volunteer board of managers. Each of the members has a broad and varied background including community and social services, medical care, private business, government and law. In addition to their regular meetings, which on average require 15 hours a month, any community events, community engagements and preparation for those meetings may occur on weekends and in the evening. The board of managers must hold public hearings and approve their budget every September, placing additional time demands on top of their regular schedule. The central health board of managers is not listed in the city code so therefore they have their own terms of processes. The board meets the first Wednesday of the month and their schedule and agendas and videos are available on their web page, central health.net. Members serve a four year term and if a member vacates their seat a replacement is made to fill the incomplete term. As I mentioned, there are nine members on this board, four appointments are made by city council, four appointments are made by the Travis county commissioners' court, and one joint appointment is made between council and Travis county. The reason we are here today is due to the resignation of Lynne

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Hudson. Lynne Hudson resigned aprilful 2016 and this left an unexpired term through December 31st of 2017. Commissioner Hudson was a contract nurse practitioner, a member of the clinical faculty with the

university of Texas school of nursing, and she brought insurance and medical experience as well as health and human services regulatory experience to the board. The central health board of managers expected for their budget forecast to occur during the end of may and expects to be in high gear in July. The central health board has requested to fill this vacancy as soon as possible to allow this member to participate in their upcoming budget discussions. As you know the clerk's office has board applications open year-round regardless of vacancies or not, and we are happy to provide the applications to the health and human services committee for consideration. So the options we are bringing forward today, the first option is to review the applications that we currently have on file and select a short list of applicants to incident interview. We currently have 28 applications on file, including four new applicants who -- who since the last appointment was made by this committee or recommended by this committee, the next step would be to select a date and a time to meet and conduct those interviews. The second option would be to have a 30-day open call and advertise for this open seat. Once a nomination has been made by health and human services committee, it will be added to the full -- it will be approved by the full council and the clerk's office will add this to our agenda. As I mentioned earlier, the budget season is currently underway for central health so I listed the next two meeting dates of this committee as well as the next few meeting dates

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of council. Are there any questions? >> Houston: Councilmember troxclair? >> So I just want to understand the different -- you're looking for guidance from us about which path we need to take as far as the application, accepting applications? >> Yes, ma'am. The options I brought forward that you can take or leave are to review the current applications we have on file. There are 28 active applications we have on file. And to schedule a special called meeting with your top recommendations to then interview and make a recommendation to council or there could be a 30-day open call where we would advertise and then provide council -- or this council committee those interested applicants. >> Houston: Did we do a 30-day open call last time or could it be shorter? >> I believe it was around three weeks. It was an open call around three weeks, just given the -- it was around the holidays so we wanted to give more than two weeks, but less than a month to fill that vacancy. But given the budget process that is currently underway for central health, I think their recommendation would be to fill the seat sooner than later. I know that your next meeting isn't until August. >> Houston: But we could have a called meeting. >> Yes, ma'am. >> We do meet the last Wednesday of the month, not the first.

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>> Houston: What is your pleasure? I'm suggesting we do an open call, not 30 days, but three weeks, so we could get more people into the pipeline. So what do you all think? >> So, I mean, I'm inclined to support an open call too, although -- maybe it doesn't have to be a full 30 days. So does it matter is there a significant difference owe I know your presentation says budget forecast and [indiscernible] Expects to be in high gear in July. And if the board only meets the last Wednesday of every month, then is there arrest significant difference between having someone appointed by the end of June or the end of July? Is it feasible to appoint someone to do an open call and appoint someone at the end of June I guess is my question? >> Well, I think I would leave that up to this body if an appointment was made or - a recommendation was made to full council at the end of June, it would have to be before full council's last meeting June 23rd if you wanted that person to begin their service in July. >> Houston: Mayor pro tem? >> Tovo: So I'm fine with an open call. I know I received probably at least one request that we have an open call. I would just want -- I would just want to say on the record we had some excellent candidates last time and a real challenging -- we did come to a decision, but we had some excellent

candidates and I fully anticipate that we would go back to that pool as well and consider those who were within that. But certainly if other people want to apply and we do an open call I'll review their applications as well. I want to make this clear we had a difficult decision and some extremely well qualified candidates in the pool that we considered just a few months ago.

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>> Tovo: So I guess my question about -- I don't know if it's for you or for somebody else in the room. Is there a significant difference in trying to get someone appointed by the end of June versus the end of July? I guess the -- we don't have a council meeting anyway in July so it needs to be by the end of June. Okay. >> Houston: Cynthia -- >> Very quick answer. Our -- >> Houston: You will have to come up. >> Our next central health board meeting is Wednesday. So you wouldn't be appointing anybody between now and Wednesday anyway. So June is fine. And what -- the reason we moved our meetings to the last Wednesday of the month is to accommodate all the recommendations from the various committee meetings, strategic planning, budget and finance, civic and -- communication and civic engage. All those various committees make their recommendations and that is put on our agenda, that's what we address at the end of the month. So you still have a little bit of time. I'd like for y'all to be very thoughtful about this. >> Houston: So could we look at, say, a -- is two weeks too short a time for an open call? >> Tovo: If you look at the calendar you could do -- assuming how soon could the posting go up? >> Today's Tuesday. I could have it ready by Thursday. >> Tovo: Okay. So if it goes up Thursday, one, two, three. You could have all -- well, Thursday would be -- >> I could have it up tomorrow if need be. >> Tovo: If we had it up tomorrow we could do three weeks and -- >> Troxclair: If we did tomorrow we could do three weeks and that puts us at June 15th and we could do interviews on the 17th and have recommendations by the 23rd. >> Houston: Does that

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sound -- >> Tovo: I don't mind trying for that. I just want to say the end of those meetings, our council meetings those weeks are probably going to be pretty packed because they're the last ones before we break for a month. So we might want to keep that in mind. >> Houston: Let's try for -- what did we say, three weeks? >> Tovo: It's up to you. -- >> Troxclair: It's up to you. >> Houston: I think posting tomorrow and then three weeks -- three business days, three -- I mean -- >> So 15 business days? >> Houston: Did you count business days? >> Troxclair: No, I was just counting full weeks. >> Houston: Just count four weeks, yeah. >> [Inaudible]. >> Troxclair: The 15th. Or actually the 14th. >> Houston: So we could close the posting on the 14th? >> Okay. >> Houston: And we might not get any. And then we could start reviewing. >> Okay. So the posting would close on the 14th. I could have that to you -- all of the committee members on the 15th. And perhaps your top five recommendations the 16th. And then a special called meeting prior to the council meeting on the 23rd? >> Tovo: Just in looking at the 20th we have planning and development and neighborhoods. Just looking at the schedule. >> Houston: Tuesday

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morning we've got -- we we -- >> Troxclair: We can't do the 14th. [Inaudible discussion]. >> Houston: Can we do the 17th in the morning for interviews? >> We can make that work. >> Houston: So the special called meeting would be June 17th, that morning. >> Houston: In the morning. >> Okay. So we'll get the open call out tomorrow. Thank y'all. >> Houston: Thank you. Now staff briefing on asian-american quality of life initiative. >> Good afternoon. My name is maria Sanchez with cpio and I am the executive manager for the asian-american quality of life initiative. >> So for people who don't know

what cpio is who are listening on television, would you tell them. >> In fact. Communication and -- of course, communication and public information office. I would like to make a note that our assistant city manager rhea [indiscernible] Was unable to attend today due to a prior commitment. He's actually interviewing the medical director position for the austin-travis county emergency medical service, E.M.S. Department. So he sent his regards and asked me to provide introduction. So the purpose of

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today's meeting is to give a briefing on the results of the quantitative survey work conducted by Dr. Judy yen from the university of Texas school of social work. As a background remember that we have a resolution of 2013, 10-24-084 directing the city manager to conduct and facilitate discussions in the asian-american quality of life in Austin. Develop strategies for the asian-american discussions and community school card and report back to the council for recommendation for enhanced or new city programs and practices. Dr.ian represent the facilitated discussions and the portion of the outreach and engagement phase. We are looking for the month of June to complete that phase and then we'll be able to provide some of those recommendations. So with that in mind I'm going to give a quick overview of our work and then I'll pass it to Dr. Yuri yen. >> So throughout the presentation I have a few quotes from the community that I illustrate a little bit of what we learn. This particular one really hits hard and says diversity and inclusion, respect for all cultures, religions and background. It came from a participant at a travel booth. We have already talked about this slide. The team has four key phases. One is the community. I like to mention that we have over 30 individuals that have volunteered their time not only to facilitate conversations, but also to help with translation interpretation. We have our wonderful advisory commission and we have our vice-chair present here today. And the university of Texas with Dr. Judy hhn and of course the city of Austin. Another quote, we don't speak English well so it's hard to impress our

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ideas on the city. On the original engagement report we have received over 790 surveys, completed the survey in addition to the survey and Dr. Judy Chen will be talking about. We develop 122 boxes that were taken to the community and we have 58 boxes back. We're still working on getting the rest of the boxes back at our office. We have visited over 30 community outreach events. We have over 600 Facebook likes and we have documented over 2200 comments from the community. And when I mean documented, we mean very transparent in understanding the needs of the community and what are the areas where they are happy and would like to continue growing in those areas. 46 zip codes have been representing. They are representing only two zip codes, which are primary on the southeast area. 78719 and 78722. One southeast and the other central northeast would have representation. As far as ethnicity, we have a committee member from Afghanistan, Angela deb, bayou tan, Cambodia, China, India, Indonesia, Japan, Thailand, a few that I mentioned participation from the city. This is our timeline. In the month of may we are planning to close out our survey, do data entry, website updates and start our report outline. The month of June we're planning on drafting the report and analyzing the data. July/august we're looking to finalize the report, going back to the community, listen and make sure that we heard it correctly and hopefully come back to you with recommendations. Help in opening new business and providing more help is another quote that we heard from the community.

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I want to close out with a little story that we did at an event that is called a conversation over tea. And

let me show you very quickly how it looks like. Some people worked really hard on this conversation, so as you can see lots of comments. That particular group is located in district 1 and that will be your district. These are now friends of the city. Their background is Bhutan. They spoke Indian, Bhutan and necessity please. We try to speak with them in several spaces and we suggested coffee shops, we suggested libraries, and at the end of the day they said let's just meet in our home. When we walk into their home first thing we notice is that all the shoes were outside. And so we politely took our shoes off as well and went inside their home. And we had about 50 people in the household. Out of the 50 people the ladies this were the kitchen and the gentlemen were in the living room. We proceed to organize the conversation and put the conversation on the wall and then we learned that they would prefer to do it on the floor. We moved the furniture, sat on the floor and started working on the conversation over tea. At the end we end with two boxes, one done by the ladies, another one done by the gentlemen, and they were very proud of their work. I can tell you the first thing they said was quote, unquote, I didn't think the city cared. After that meeting they asked us a question, how can we organize and be part of the city? We also have needs and we work really hard. And I said well, the first thing is to create an organization. They elected a president, vice-president, they have a board that is now ready to engage with the city so we can listen to their concerns.

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One of the main concerns was about soccer field so we called it futbol. One outcome of this project is fact that the community is learning that the city cares and that ear learning where they're located and they would like to hear more from them. Finally, this is how you can get in touch. This is primarily for the community that are probably watching. We'd love for you to like our Facebook, participate, take pictures, and let us know more about the quality of life. And with that in mind I would like to welcome Dr. Judy yen. She has been involved in this project from the beginning and has been a wonderful partner and in between the two of us having producing the body of work that we'll be presenting little by little. Dr. Yen? >> Thank you very much. I remember that last year around this time I was here to hear about the approval of this study and it's been quite a busy time, but I'm happy to present the success -- the outcomes of the aaql survey. So let me start with the general perceptions and general beliefs about asian-americans. Model minority. So generally people think asian-americans are problem-free, healthy and a worthy population, but the reason for this kind of misconception is that a lot of surveys, national surveys and census, they are done only in English. So those who don't speak English, they are naturally systematically excluded for this kind of report. That's why people are reaching out to the low-hanging fruit, those who can at least speak English. But what about the other population? That's the majority of the asian-american population.

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So the basic approach of my study was that reaching out to the hard to reach population, because we just know the tip of the iceberg. So the approaching the hard to reach population takes a lot of efforts and time. So we call it culturally and linguistically sensitive approach. This is necessary to study asian-american populations. So a few things that we implemented was that making survey instrument available in diverse Asian languages and also using the human factor. So we hired a lot of bilingual and bicultural research assistants so we could assist in recruitment and survey implementation and also we used a lot of community partnership. So these are the seven different Asian languages that we translated our survey. Not only English, but also many major Asian languages we had surveys available. And it looked like this. And also we do have UT Austin, the aaql research team so we have a lot of undergraduate, graduate, post doctorate, the fellows and students, who are able to speak the multiple

Asian languages, and they were instrumental for the success of this project. Also we have a lot of community partners who helped our recruitment and assistance with spreading the words for this project. So I do want to acknowledge that this is a team project. Another approach that we implemented was the the asian-american resource database. So by searching out the directories we have and also a lot of community organizations, we had data entry much any resources organizations, businesses, targeted for asian-american population. So we do have about 900 data points, not only the types, but also we have physical address of

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this information and contact information. So in itself it serves as amazing community resource. And some of the data collection site was decided upon this database information. So from August to December we're busy so we spent a lot of time outside collecting data. So first the pilot testing was done at the aarc so we just look at how the responses for the survey was done and also we made some changes accordingly. And then this is the Asian market on Lamar and it was kind of innovative approach that running a survey at the entrance of the grocery market. A lot of people were quite skeptical, but it was amazingly well received so my research assistant is kind of greeting the customer and asking for their participation. So we are kind of skeptical about this approach, but community members, it was amazing, as you can see from this picture. We literally turned the entrance of the grocery market into library. People were really serious taking this survey and the survey was 10 pages long so it takes about 20 minutes, some people it takes about an hour to complete this survey, but they were willing to participate and also very happy to see the attention by the city. And some grocery stores, they don't have enough space inside, so during the hot Austin summer we spent time outside. This is Indian market in northwest. So we went to a lot of cultural events and festival. I believe this is the filipino festival in Austin in December. So originally I proposed 2500 participants and a lot of people think I am crazy, but actually we exceeded our goal. We completed our data collection with 2609

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individuals, and it was quite a success. And it represents the diverse Asian communities in Austin so I'm glad we were able to include Asians of other ethnic background. Initially we didn't think about other groups, and during our pilot testing we realized it was a big mistake. It's an asian-american quality of life survey and anybody who identifies as an asian-american, they should be included in this survey. So we made a change and I'm glad that -- nine major Asian groups were able to participate in this survey, although they are the English speaking mostly. I'm happy to present this finding, not like the census or the other national surveys, since we have non-english -- the options. As you can see the proportion, about half of our survey participants were using non-english versions. Some of these individuals they are excluded in the national survey, but this is kind of speaking about the uniqueness of our data set. Looking at the ethnic groups, so the dark blue color by each ethnic group, they are representing the people who used non-english versions of the questionnaire. So as you can see Chinese, Korean and Vietnamese. The majority of their population used non-english versions. Speaking about their language and the challenges, and within our survey questionnaire we had a question about their residential address. And about 70% of our participants kindly shared their personal information. And when we met those -- when we put those on to the Austin map and this is based on the zip code and you can see the placement of our participants by zip code and this is another look by the council district.

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And this is mapped on top of the census information. So the dark ground color indicates the areas where the census says there is a high density Asian population. As you can see there is some discrepancy with the information in census and our survey approach, and actually the bee cave area is known to be high Asian density area, but with our sampling we didn't get many out of that place, but some of the light-colored areas actually at the bottom, the south part of Austin, a lot of participants in our survey, they were there, but it's known to be out of the -- in the low Asian density area. So what I'm saying is that depending upon your sampling approach you may tap into different pockets of population. So I guess the high income bee cave residents are not necessarily shopping at that market, but anyway. So the overcharacteristics of our sample, it's representing general population characteristics, and we do have a good distribution by age groups. And as you can see, Asian Indian normally have the high proportion of the younger population. I guess that's the I.T. Industry bringing a lot of single male Asian Indian population, likely high income, but it's kind of the data represented their characteristics in that way. And I'm going to give you one brief -- the explanation why our data set is so unique. This question, was there a time in the past 12 months when you needed medical care, but could not get it? This did she is one single question, but very powerful way of looking at unmet health care needs. That question, I adopted this question from the his, national health survey. The answer to yes, that's the indication of unmet need. So I'm going to show you

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the national data outcome here. As you can see here, according to the national survey, Asian Americans, only 2.8% of asian-americans, they report unmet health care need whereas five percent of white population, five percent. So as you can see there is an indication of minor there, asian-americans are likely to have least problem. Do you want to see happen in our survey? I had exactly same question in our survey, and our percentage is on average 12%. It's totally different from the picture. So I guess I'm using this slide as a way to indicate how special our sample is. And actually, this is more close to the reality. So it has a huge value in research of asian-americans and also kind of the breaking down the general perceptions of the asian-american population in general. Other information, we do have limited English proficiency question, and on average 62% of asian-american sampled they had lep, as you can see Chinese, Korean and Chinese Americans they have top three groups who suffer most likely with the language barriers. And perceived racial ethnic discrimination, same thing with the Chinese, Koreans and Vietnamese. And the communication problems in medical settings, same pattern that you can see. The rate of health insurance, lower than the U.S. Standard population, but there is high indication that they are a high risk group and also another indication not having usual place for care is another access issue that as you can see distribution and problem presenting there. Another focus of my survey was the mental

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health piece. So we had the k6 instrument. The score for each individual could range from 0 to 24. If your score is higher than 6 that's an indication of mental distress. If your score is 13 or higher it's serious maintenance, smi. The U.S. General population, 50% have mental dis-- 15% from mental distress. Smi twice likely, twice higher than the general population. And particularly Vietnamese population of presenting high rate of serious mental illness. So it's obvious that Asian population in general have high levels of mental health problems, but what about their service use? It's really bottom. Only two percent or three percent using either psychiatrists or the mental health providers, psychologists, social workers or the counselors. So huge need for mental problems, but they are not using mental health treatment. And as a matter of fact, they have higher levels of stigma not believing depression is a medical condition

and depression -- believing that depression is personal with needs and associating depression with family disappointment and stigma. It's an area to work on, stigma reduction and also the education about mental health services and treatment. And we do have a lot of other information. So I guess I have about 100 page report presenting the characteristic kind of outcomes of this survey instrument. So city entities and other departments, city departments and other entities, I think it's going to -- it's going to serve as useful information guide to decide what to work on in this population

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because we clearly identify risk groups agendas to work on and also geographical location where to allocate our resources in time and combining this we can strategically plan on effective intervention strategies. For example, I guess the action plan is really data driven an empirical data base and evidence base. And one example I want to highlight is that there's a huge community mental health need in asian-american population as you saw in my previous findings, very high levels of mental health problems, extremely low on utilization of mental health services. And why spread of stigma. It's a huge issue. And another thing is community leaders and religious leaders in this community are playing an amazing role in this community, so using those individuals to -- for the education and stigma reduction might be quite useful and so we have to attempt to overcome language barriers in obtaining information and services. So possibly we can develop some mental health resource guide so we can educate individuals and also let them know what's available for their community. And I guess the translation and language service is another critical component of it and also I encourage you that we should think about the involvement of the community and religious leaders in these types of the community intervention. With that, I will answer any questions you may have. >> Houston: Thank you very much. That was great. Any questions? I apologize because we should have asked the medical school, Dr. -- Mr. Hartman and Dr. Vasquez what -- how all those televisions would be able to talk to

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people who have different language. And I didn't do that. So I apologize, but I'll ask them that question. Will they be able to translate that information for the people as they're in the hospital. >> Yes. >> Houston: Mayor pro tem? >> Tovo: I just wanted to thank you. This is really terrific work and I just look forward to reviewing the long version of it, but thank you very much for what you've highlighted and the important areas that you've identified. And really for the -- to all of those of you who are involved in it and the creative ways that you tried to reach people who aren't always touched by city services and questionnaires and our traditional feedback processes. It's really important the work that you did and I appreciate it very much. >> Thank you. >> Houston: No? Thank you so much. I'm sure we'll see you during budget cycle. >> Thank you very much. >> Houston: The last item is item number 7, and it's regarding public toilets. And here she comes, Ms. Heyden? Ms. Heyden, before you come down, are we going to get a copy of the full action plan? >> Yes, ma'am. We're going to -- >> Houston: I'm talking about the asian-american quality of life. >> Yes, I'm sorry. [Inaudible - no mic]. >> Houston: Okay. I thought it was coming, but -- thanks. >> [Inaudible - no mic]. >> Houston: Thanks.

[4:35:45 PM]

>> I am Stephanie Hayden, director of health and human services. >> And my name is David yugan did I with the city public works department. We also have folks here from the Austin police department, Austin water, Austin resource recovery, watershed, parks and the office of real estate services to answer any questions at the end if we need help with that. >> I want to start off by just giving you a brief

overview of the presentation that we have. We're going to start off by just giving you a little bit of background information which includes actual information from the resolution, discuss our internal stakeholder meeting that we had with city staff, public works did some extensive research as well as collecting research from our other departments in order to provide you a more holistic presentation. We're going to discuss the external stakeholder meetings that we had in the community, providing you the ideal location characteristics based upon the research, the stakeholder feedback, as well as safety. And then end up with some recommendations. As a part of our accreditation, health and human services accreditation, we include the roles and responsibilities in this presentation. And so we lay out that city council had the policy decision regarding the recommendations from city staff about public toilets. And then the departments were to compile the information about the accessible toilets and then convene the stakeholder meetings and then bring the information back to health and human services committee.

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As far as will ground is concerned, the resolution was passed on January 28th and basically it talked about 24-hour durable public toilets and then it directed the city manager to put together some information about accessible toilets that are currently on city property in the downtown area. And then for us to have a conversation with the stakeholders about options and location and funding and then bring the information back to the committee. From the resolution and the information that we gathered we know that there is a public benefit for toilets, for families with young children, seniors, bikers, homeless people, late night crowds after the bars and businesses close, but then as a public health benefit for cleaner water. As mentioned earlier this is a list of our internal stakeholders. We were able to have two large internal stakeholder city of Austin meetings and multiple meetings with public works and hhsc. During that we talked about the resolution, roles and responsibilities and determined what research we needed to gather and then the last one we were able to talk about the stakeholder meetings, the external stakeholder meetings and the recommendations. I'm going to turn it over to David. >> So based on the feedback from stakeholders, we reached out to the city of San Francisco, one of the first cities that we reached out to. And we discovered that the toilets were self-cleaning toilets, also referred to as apt's, which is automated public toilets. Each would cost \$250,000 if we were to purchase those.

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With an additional cost for cleaning those if we were to take those on for about \$25,000 a year. And they would be cleaning them twice a day, seven days a week for a whole year. Permit fees, if we were to install something like this would cost about \$1,700, \$18,000 for impact fees and installation. And about \$14,000 of recurring cost as well as water and wastewater use as well as monthly electricity. Some of the advantages for using an automatic public toilet is privacy. Durable. They're durable in construction. They're also used for providing advertisement. They're A.D.A. Compliant. They are automated and they are self-cleaning. However for the same reason that they provide privacy they could also be a disadvantage because of the increased activities associated with illegal activity. An attendant would be required. Maintenance failures as well as high maintenance, all result in high maintenance. As part of our discussions with San Francisco we also discovered that they also use what's called pit stops. It's a whole separate program other than the automated public toilet cleaning system. They're basically two port-a-potties on a trailer that's transportable from one location to the next. The rental costs we anticipate would be \$6,000 on a monthly basis. And \$64,000 for cleaning, which includes dedicated attendant, cleaning supplies, equipment and uniforms. No cost for actually installing these anywhere or

parking them anywhere. The advantages and disadvantages is they would be monitored by an attendant. And they're cleaned after each use by the attendant. Not to the extent that you're actually washing them down, but basically just making sure there's nothing that could be of concern to anybody using the toilet.

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They provide privacy. They're portable. There's a time limit that's monitored by the attendant, anywhere from five to 20 minutes. It's two per trailer. And again, they're transportable from one location to the next. The disadvantages again is the attendant because of costs. They are non-a.d.a. Complaint. And they're not necessarily a 24/7 operation in the city San Francisco. Another option that we looked at, another was a comfort station, which is somewhat similar to a portable station, a pit stop. The purchase price for something like that would be \$25,000. The same price for cleaning it, which would be \$25,000 a year. And it would be cleaned two times a day for seven days for a whole year. The advantages again is providing an attendant to clean after each use, privacy, portable, the time limit, anywhere from five to 20 minutes, which is monitored by the attendant. And they're able to be transported from one location to the next. The disadvantages is again the attendant being present because of the costs, it is non-a.d.a. Compliant, it is not available 24 listen 7 and maintenance would be a concern as well. And I say that because the difference between this and the pit stop is that the comfort station comes equipped with a heating and ventilation and air conditioning system. Then you have the standard portable toilet. Basically something that looks like your typical port-a-potty. Rental costs on a yearly basis would be 13,200. \$27,000 for cleaning those. They would be cleaned two times a day, seven days a week for 52 weeks. Advantages is privacy, portability, and disadvantages again is the privacy because of concerns associated with illegal activity. They would be unsightly and they are bulking to move around. And then we come across the city of Portland, who actually came up with what's called the Portland loo.

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They cost anywhere from 40,000 to \$140,000 depending on how you equip those. The cleaning would be \$25,000 a year, two times a day, seven days a week for a whole year. Permit fees for installing that, those within the city of Austin would be about \$1,500. \$18,000 to connect the water and wastewater as well as electricity and about \$150 monthly recurring costs. The advantages of this is they provide privacy. They are stainless steel in construction. They are grafitti proof, meaning they are grafitti resistant. They have hoppers on the top and bottom to provide some sort of security or allow people to realize how many people are actually using the Portland loo. It also offers the opportunity for advertisement. It is A.D.A. Complaint. And it would be available 24/7. The disadvantages would be cleaning. The locations available for them. And they are non-portable. It would be a permanent installation. Another location that we researched was the -- which was part of the resolution was to identify existing locations that could ultimately be converted into 24-hour operation. That was the location here at city hall. It is currently being serviced and used by security staff, landscapers and pressure washing crew. For installing hand dryers it would cost about \$4,000. And there's two units there. There's two restrooms there. And the monthly cost would be \$5,000 for cleaning. That's nights and weekends. The advantages is privacy. They are A.D.A. Compliant. They would be available 24/7 and they are currently being serviced. The disadvantage again is the privacy again associated with illegal use. The potential for inappropriate activity at night and they're tucked away location. We also looked at, as requested by the resolution, is where all

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those existing public facilities were in public buildings. And this map represent that. Those in yellow are basically city-owned buildings where public facilities are open. Not necessarily 24/7, but basically during their hours of operation. Those noted in blue are basically park locations. And it's my understanding those are open 24/7, with the exception of the one in the lower right hand right-hand corner which is the one at Parmer park which is closed and remains closed. >> With the stakeholder meetings, we held two stakeholder meetings, one was on March the 7th at the arch and the other one was on April 12th at university Baptist church. And these were -- the attendees there, the meetings were simply a repeat and so pretty much identical as far as the information that was provided to the community. We provided the resolution and the research that we had at that time as well as got some public input. We had a series of questions which are listed here. And we broke them into small groups and in the small groups they were to answer these three questions. And so there were various input that we did receive from them, such as questions about, you know, they wanted to specific -- specific details about the locations they would like to see in the two meetings about the discussion of units, the self cleaning versus a manual unit and some people felt like it was a health crisis because it didn't have restrooms, people were

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concerned about the cost. There were individuals that were concerned about the safety for the students at UT. And they wanted us to look at the city as a whole and then they were concerned about this being a pilot and not being permanent. And after the -- each of the meetings we sent a survey out to get just some additional information as well. This information here picks up the information that we were able to get from the stakeholder meeting as well as the research that city staff were able to put together. So ideal characteristics would be the safety. Wanted them to be view within the A.P.D. Cameras. A.p.d. Has high activity location observation cameras which are called halo and they are strategically located throughout kind of the downtown area. Wanted it to be where there's heavy pedestrian traffic, where it's highly visible, near bus routes, be accessible, near locations where there are currently problems with public urination and defecation happening. And we use information from Austin resource recovery to determine where we have been able to clean in the downtown areas, to get an idea about the utilization. So the first recommendation would be to -- if we're looking at kind of low cost and convenience would be to open the outdoor restroom here at city hall. The second would be is to look at a pilot using something like the pit

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stop model that David spoke about earlier because you would be able to move it around and still do a pilot for about a year. Those are three of the locations recommended due to the -- all of the ideal characteristics that I spoke about earlier. And so you would look at the utilization that happens during the pilot, get stakeholder feedback about those locations and then come back with some more additional recommendations. Long-term would be installation of the Portland loo based on the high utilization and the stakeholder feedback. And then we know from our research that in Texas, San Antonio and galveston are working on getting a Portland loo installed. So we've been in -- David's area has been in contact with them. And then we also know with the Portland loo to offset some of the costs we'd be able to use the advertisement. And the recommendation with the mobile units would include an attendant for that sake of safety, so you have a halo camera and the attendant and so you would have that as well. So that concludes our presentation, and we are available for questions. >> Houston: Any questions? Mayor pro tem? >> Tovo: I do have a lot of them. Is this our last agenda item? >> Houston: Yes, ma'am. >> Tovo: Okay. I'll try to run through them, but if others have questions and I have

to take these offline, I'm happy to do that. I'll keep looking over and seeing if I'm getting anything. First of all, thanks very much. I'm really glad to see this batch of information. I know bill Bryce from the downtown Austin alliance spoke earlier

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and I just wanted to express my thanks to bill and his organization because they've done -- they have done some of this research and really have been advocates for this -- for the council exploring this as have some other important community partners. So I appreciate them continuing to bring this to our attention. Some specific questions. I noticed the impact fees. Can you help me understand are -- those are city impact fees for the installation of more permanent facilities? >> That's correct. So those fees are based on fees that we would anticipate the city O Austin's costs would be. >> Tovo: I think I would want to know what the impact fee is versus the installation cost because the impact -- in any case. The Portland loo is not self clean, is that right? Is that why that's listed as a disadvantage? >> That's correct. >> Tovo: And I see that San Antonio, I know you mentioned San Antonio and galveston are interested in looking toward the Portland loo. I know that I got a message from one of the San Antonio councilmembers that there may be some cost efficiencies if Austin is interested in purchasing a Portland loo or a few Portland loos and San Antonio as well. Is that one of the things you were exploring with those other municipalities whether we could cost share? >> That is absolutely correct. We're just at the beginning stages of continuing our discussions with other cities, and any other opportunities with other non-profit organizations with regards to cost savings we're willing to entertain with anybody who comes forward. We're also researching out to them as -- reaching out to them as well. I recently received a phone call from involved Austin who is willing to help us out with regard to the attendant's responsibilities will be to not only track the folks who are using the facilities, but also to hand out surveys and collect that information so that we can bring back a recommendation based on feedback not only from stakeholders, but from the actual users of the either

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Portland loo or pit stop. >> Tovo: That's great. I'm glad there's so much community support for possibly having some public restrooms in the downtown, a lot of large cities do. I think it's long past time as you've mentioned, it's both a health issue as well as one of human dignity and it will serve a variety of users. I'm really anxious to move forward. But I'm not sure I understood whether the prices that are estimated within here are if we purchased it on our own versus teaming up with another city to get that cost savings. >> It is based on purchasing it on our own, that would be the worst case 94 know. >> Tovo: I would want to know what the cost is -- I can submit these on my own. >> That's fine. Until we connect with those particular agencies we won't know what they can afford and the timeline associated with that as well, but we will continue doing that information -- doing that research. >> Tovo: Okay. I wonder if the manufacturer could just let us know what the break -- where the cost breaks happen. The advertisements go on the inside or the outside? >> Outside, yes, ma'am. So the city -- >> Tovo: It's graffiti proof. You can't add graffiti, but you can add advertising? >> Yes. On the previous slide there's like to a window where you can actually have an advertisement on it. So one of the areas that we're actually looking at is partnering up with maybe a contractor to maybe provide, install and maintain the Portland loo in exchange for giving them the rights to advertise on the Portland loo. And anything else associated with that may help us drive the cost down. >> Houston: Excuse me, could you put up slide 14 and 15? So I wasn't seeing the window that you can put advertisement on. >> Okay.

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>> Oops, sorry. It woulding -- it's kind of hard to see. On the right-hand side you'll see a little window there. It's basically a slot for hanging I guess your posters there. It's kind of hard to see, but, yes. >> Houston: May I ask a quick one? On page -- slide 15, the disadvantages y'all don't have privacy there. On the other slides you have privacy as a disadvantage. Why isn't it on this one? >> An oversight probably. It was looking at maybe different information. But the disadvantage here is the privacy, without an attendant, the disadvantages may be that we may have illegal use of the unit itself because people tend to be in there a little longer than what they anticipate to be. But if we're going to properly locate these near halo cameras and we have an attendant present we're going to be able to monitor that. >> Houston: I don't know about it's just -- >> Tovo: If I could jump in there. I thought the Portland loo was designed in part to confront that information of providing too much privacy and so that may be why it doesn't appear as a disadvantage. These were especially designed to discourage non--- other kinds of activities that you don't want going on. >> That's correct. You're absolutely correct, yes. >> Houston: So they can see people's feet? Is that what we're looking at? >> Yes, ma'am. >> Houston: Okay. Can somebody see into the top of -- >> From the top you would have -- yes. So they're open from the bottom -- at the bottom and the top. They're louvers. They almost come with the option of being solar powered as well. >> Houston: But a tall person, could they see inside the top part? Look inside?

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>> I'm not sure exactly the specifications on how high that privacy panel is. But I'm sure we can customize it to where that is not an issue. >> Houston: Okay. Mayor pro tem. >> Tovo: Thanks. I appreciate the ability to kind of fly through these questions. Why do the pit stops need an attendant? Also, I had a question about that. It says that they're cleaned twice a day yet then in the presentation you talked about having an attendant who cleans it after he ever use so it's not clear to me which of those things. >> So the type of cleaning that attend end would be is basically to walk in there and make sure whomever used it before wasn't inappropriately using it to the extent that it may require a washout or washing them out. So we're thinking we may need -- and we're look at doing this by contract, by the way. A vendor that will come in at least twice a day to wash them down or do any type of sanitizing other than what an attendant would do. >> Tovo: And you have some cleaning costs for the Portland loo but those are not staffed by attendants. Those are just cleaned twice a day? I guess I'm not sure why -- neither are self-cleaning so I'm not sure why the cleaning would be handled differently for the pit stops versus the pot land loo. >> So the pit stops provide privacy when they're actually being used. You're not really -- you don't realize how many people are actually using it unless you have an attendant present and to keep that amount-illegal activity going on there you'd need an attendant to actually knock on the door if they've been in there a little too long I don't think okay. Thank you. That clears that up. The restrooms at city hall being used, you've identified who is using them but they're currently locked. Is that right? They're just unlocked for those particular uses? >> Yes, ma'am. >> Tovo: Okay. I didn't understand hand dries, the comment under Portland loo. Sorry to keep skipping back and forth among different

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kinds of restrooms but there was a line about hand dry. >> That was my typo. That's actually hand dryers. >> Tovo: Thank you. That was about city hall, that there would need to be hand dryers stalled? >> Yes, that's their recommendation that the hand dryers installed so the \$4,000 cost is to install those hand dryers at both locations and to add the electrical circuit to accommodate that. >> Tovo: And then I think my last non-logistical restroom question for the moment is about the location. So I understand

that you -- you had the stakeholder meetings and talked about different locations or got some feedback about locations. It's not clear to me whether the locations were recommended by that stakeholder group or whether those were staff recommendations. >> They're a imitation of both. We've taken that into -- that information into account as well as the concerns that they've brought about. This is why we're thinking that the best way to move forward with the pilot program is to identify the highest and best use location through the use of a portable location, portable unit. Once we do that then we come back with a recommendation about a permanent installation for a Portland loo. But another location that wasn't listed on there was fourth and Guadalupe, which is the republic square park, but that's currently under construction, closed down. >> Tovo: Right. >> That's something we're not leaving off the table but from what I understand there is restrooms being built as part of that renovation so there's -- there are locks we also have in mind we haven't really presented to the stakeholders but our intent is as we identify the highest and best use locations we go back to the public -- I mean, to the stakeholders and give them an idea as to where we're thinking based on the data we received where that may be and get their input about the actual location of a permanent installation. >> Tovo: I think that makes some -- I think that makes a lot of sense. My question would be whether -- whether there's a long lead time for something like the Portland

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loo. If we're in agreement that's the long-term solution and there's a fairly long time to actually, you know, get one here in the community and there's a cost savings of partnering with the city -- with a city that's ready to purchase them, then I wouldn't want to take that option off the table. That maybe, you know, we could set a goal of having that within a year and it may be a year lead time. I don't have no idea how long it takes. Do you know how long it actually takes to get them from the moment you sign the contract to the moment it gets to -- >> For Portland loo, right now we're thinking about coming back to city council in january/february even to secure the pit stops because of the scope of services associated with that. Hamid to be prepared and putting that out to bids coming back to city council for something like that. I would suspect that within a year we'd be back with a permanent -- with an idea as to where a permanent location is because we're not going to wait until a year is over. We're actually going to try to come forward with the recommendation from stakeholders as well as staff on a good location for a permanent installation. >> Tovo: But I guess the question about -- when you're talking to the manufacturer, I think it would be interesting to know what the lead time is because if the lead time is 6-8 months it would make better sense I think for the council to actually initiate that expenditure, especially if we know there are other cities getting ready to purchase it so we could lock in a lower price, get it underway and have that time -- have the intervening time to really test those other locations, have the stakeholders weighed in on this option? My concern is that while I think it's great to test different locations and see where it will be the highest use from, you know, the -- from people who need it, but I'm concerned that they're -- they may be considered unsightly and I would hate for our pilot to be set up for failure for providing, you know, a solution that the stakeholders are not behind. >> So we wanted to come and make the presentation to health and human services to let you know kind of where we

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have identified those stops. But then we want to go back out and have stakeholder meetings on these -- on specific locations so we can get that feedback. >> I see, okay. >> Then once we get that final feedback, you know, then we would, you know, send a recommendation forward to say this is where we're looking at putting the pilots. So we wanted to do some additional stakeholder on specific locations. >> Tovo: And I would love to see us, you know, make a decision well before January. How

quickly do you think you could pull together some -- an additional stakeholder meeting to reveal this? These recommendations? >> Must be a couple months, I guess? Maybe two to three months, just basically to get the -- you know, have those stakeholder meetings, you know, making sure we're getting the word out about we're having a stakeholder meeting, we conduct the stakeholder meetings and then be able to put that feedback back together. So -- >> Tovo: Okay. Thank you. >> Mm-hmm. >> Houston: I have a quick question. Has anybody ever use aid Portland loo? >> Of us? >> Houston: Anybody. Could you come up for me, please? Because the first time I heard it said it was self-cleaning and I understand it's not self-cleaning. So if you'll come up because it's kind of hard for me, without having tried it to say if that's the best thing to do. So come on. If you'll tell us your name and -- >> Hi, Helena, working with health and human services. And I've participated in the stakeholder meeting process. I'm actually from the west coast. I've used both the system they have set up in San Francisco and the Portland loo. So I've seen the self-cleaning ones as well as the Portland loo and I thought they were really cool in Portland personal. They look exactly like the pictures and they have some in

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the downtown area, yeah. But that's all I have. >> Houston: Was there an attendant there? >> I don't recall there can an attendant when I used the Portland loo. You just walked in. >> Houston: Okay. All right. Thank you. It's always nice to have someone who has actually used it. >> So for what it's worth, San Antonio was supposed to install theirs, which they've already purchased one. By the end of this month. But I took a drive up there this past weekend. It isn't there yet. I suspect it may be delayed for several reasons, but we do intend to stay in touch with them and ultimately make contact and make a visit down there. >> Houston: You would let me know, please? Because I can ride the mega bus and get off and go try it and get back on the mega bus and go home. It lets you off right downtown San Antonio. I'm serious. I'd like to Shi it looks like and feels like so that I have some idea of workability. >> Okay. I may get you to ride with me on the mega bus. >> I'll go. >> Houston: Okay, good. And about city hall, it seems like -- and I don't want to give away any security things, it seems like we have cameras all over this building so I'm not sure maybe inside of the outside facilities we don't have anything that goes in there. What would you suggest that we do to be able to use that and have the kind of security that we need to ensure that people are not doing illegal activities there? >> I think we -- our intent is to monitor these closely almost on a daily basis. Maybe on an hourly basis as well at nighttime, particularly at nighttime. Public works does have crews at night that work at night, particularly in the downtown area cleaning sidewalks. We can probably pull one of them off and check the toilets to make sure everything is aok. >> How do you feel about that?

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>> Tovo: I think that's an interesting idea. Some others, you know, that I would be interested in exploring is maybe having a camera in that little niche. I have no idea what the costs are of something like that. Maybe I heard the call for hand dryers but I don't know if there's a timer. >> The hand dryers, yes, they're timed. >> Tovo: No, I'm sorry. [ Laughter ] And then a timer on the restroom tlc would send a signal to the guards inside or something like that if somebody is in there a longer time. Anyway, I really appreciate all the information. I want to talk with my staff and maybe some of the cosponsors on the original resolution of whether there's a way to kind of move forward and allow you to have the stakeholder meeting with -- to identify the location but if there's a lot of consensus around moving forward maybe we can initiate that action with the understanding that the location would be something the stakeholders would agree on but, again, I think we -- I think it's a -- I think it's long overdue and I appreciate the curbs raised about west campus. Again, I want to emphasize we're really talking about

downtown, for which I think there's a great deal of support. I have not heard any concerns at this point about locating one in the downtown area that I'm aware of. Specifically. And I have heard a lot of support from businesses and community members and have gotten photographs and lots of other supporting evidence for the -- to demonstrate the immediate for it. So thank you again for the work. >> Thank you. >> Thank you. >> Houston: Thank you both. That ends our agenda. Future items for our August 23 meeting, I have some that I've kind of scripted. So if -- change in bylaws to the animal services advisory commission, adding advising the commissioners court and adding additional members appointed by the commissioners court, the results of the informal serialization pilot

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that the study that the animal services director commissioned. We've heard today a lot about walking of the animals at both locations. I'm sure that -- what was the other one? You can't hear? Where did you stop hearing me? >> When you moved away from the mic. >> Houston: Oh. [ Laughter ] Okay. So change in the bylaws relating to adding -- add -- advising commissioners court and adding additional members appointed by the commissioners court, result of informal serialization survey by animal services, issues to date were about walking the animals at both locations. Are there anything -- are there any other things that we need to take up at the August 23 meeting? You can always let us know before we have to post it. >> Were we going to break -- were we going to bring up unregulated [indiscernible] >> Houston: Yes, I think we'll put that back on the agenda. Boarding homes. Because -- yeah. Yeah. We just need an update from -- we'll post something on the message board to kind of let people know what's been going on but to have a conversation about that as well. Anything else that we need to do for the good of the people? All right. We stand adjourned at 5:11. Thank you so much and drive safe out there. [ Adjourned ]