City Council Budget Work Session Meeting Transcript – 3/1/2017

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>> Mayor Adler: We're going to go ahead and start today's meeting. It's March 1st. We are going to continue -- these are just briefings. We're taking no action. These are a continuation of the budget briefings. >> Good morning, mayor, and members of the council. Ed banine, deputy CEO. We distributed to you all a packet of health and human services and animal services on Friday. You have hard copies of that information in front of you today to include in your department review binders that we've been building up over time. We were planning on doing health and human services first. I would suggest maybe that we keep track of the time, and maybe by 11:00, we make sure we switch over to animal services, or at some point in time make sure we switch to animal services so we can hear from them as well. I just say that in advance, because I could see this body wanting to talk to health for the full three hours, so I just remind you that we do have animal services as a separate presentation coming after them. Part of this process is heading towards an April 20 -- an April 26th and may 3rd work session. We told council at the beginning of this process that we were going to leave the agenda for those two days wide open. Staff had nothing on the plan for those work sessions. That the agenda for those work sessions would come from these discussions when council told us that they wanted to hear staff come back with. So on Friday, I also sent out a draft list of what we think that agenda might start to look like based upon the conversations you had with the three public safety departments, and I gave you a hard copy of that information. I did add one item to it, an item -- I got one response back from a council office, so I added one item to the list based upon that. This is just a draft. Things can be added to this list. Things can be taken off this list. But right now, these are the

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topics that staff would feel we might come back to you with us on April 26th to have more of a deep dive policy discussion on these things specifically, and to gauge council's support for them so that we know how to craft the budget for fiscal year '18. >> Mayor? >> Mayor Adler: Yes. >> If I may. I don't know, I haven't looked at your hard copy yet, but I know I've had some discussions with some of the folks who are first responders. The person I'd like to hear from is Dr. Escott, because I think his position, he works with all three strands of our law enforcement departments, and it would be great to get his overview on -- and especially since he's new here, how his first few months have gone. >> Mayor Adler: So for April 26th? >> Right. If you could program him in for April 26th, and also a discussion on our work, our partnership with Travis county in those areas where that's relevant. >> And on those days, one of the key focuses I think we should have, if we can, are policy conversations that would have significant changes to the budget. Those things that we might talk about that would significantly or materially change the numbers we'll be looking at or how we use those numbers, so if we needed sessions that were informational on issues, I'd almost like to see if we could find additional time to be able to do that so that we really focused on tough budget policy questions. >> I think that's our thought, too, that April 26th and may 3, understanding is they would be focused on existing budget issues and those tough budget decisions, knowing that there's still a long budget process to go after may 3rd, and there's going to surely be discussions about things that maybe council wants to do that would add to the budget, but

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that the focus for April 26th and may 3rd would be on existing budget allocation and how council feels about that, but most of this discussion has been about all these presentations today are about the existing budget status for health and animal services, not really a discussion about adding new things to the budget, which, of course, would come later. I'm going to do what we did with the public safety departments, but for the sake of time, we sent out YouTube links for those videos for council to watch, because we are prepared to watch them if council wants to see them, but it's your time, so we want to be respectful of that. >> Mayor? >> Go ahead. >> Mayor Adler: Yes. >> I want to be clear if budget works sessions are intended to review what we already do and think just about this upcoming budget. We're not talking about long-term impacts to the budget? >> Mayor Adler: No, no, we can talk about long-term -- >> Number one on draft policy for the 26th and the 3rd is a long-term conversation, not necessarily a one budget conversation. >> Mayor Adler: Correct, but it might impact -- that's true. We're looking -- >> And that's okay? >> Mayor Adler: Yes. >> That's just what I wanted to clarify. >> Mayor Adler: In fact, I think to a degree, there might be several of those kinds of -- these are where we're really saying let's entertain different ways or thoughts or approaches to the budget elements and what might they do, that would have a material impact on what we're doing, and is there any interest in pursuing any of those. Ms. Kitchen. >> Kitchen: And I apologize, I was a little late walking in. Item number six was something that I suggested that we put on it, so I want to make sure that we're still including that. That was the allocation of cost between enterprise funds and the general funds. >> Mayor Adler: I think that's

on there. What I need -- and you can tell me. I don't know, is that a policy question or is that a fact question? >> Kitchen: Let me explain where

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I was coming from. >> Mayor Adler: Okay. >> Kitchen: There are -- there's a lot of policies and assumptions built into the back and forth between the general fund and the enterprise fund. And I think that we need to examine the policies. And it may be that we're just reaffirming these policies. I'm not suggesting we want to change them, but we need to understand them. Those policies relate to the fact that there's an enterprise fund over here, and here's the general fund, and they don't share money back and forth. But actually, they do. I mean, there are certain allocations of cost to enterprise funds and other things like that. I think that it's really important for us to really understand what those policies are, because it's a policy matter how we establish the enterprise funds, and it's a policy matter with the relationship that is there, between enterprise funds and general funds. >> Mayor Adler: I see. It's the allocation of cost. So the enterprise funds are funded with the fees devoted to the services. >> Kitchen: Right. >> Mayor Adler: But the variable is how we allocate the fixed cost across -- >> Kitchen: That's the most immediate variable. I might point out that -- and I'm not suggesting this needs to be changed -- but the decision that a particular department is -- budget is -- that the funds, that the fees pay for that budget. That's a policy decision, too. The reason in the bigger scheme of things this is important is because we have some departments that would never be able to pay for themselves, and so to the extent the more that we create enterprise funds where they're all paying for their own thing, it puts more pressure on the other departments for us to find dollars for it. And that's fine. I'm not suggesting we need to change it. We just need to recognize it. So because we do from time to time talk about putting more departments, creating more departments and to enterprise funds. And again, there's a lot of good

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reasons for that because the public wants to be -- >> Mayor Adler: No, no. The question I have -- so when we set a fee, it has to be in relation to the cost of that service, and we can't spend that income for anything other than providing that service. So whether it's an enterprise fund or not, that income can only go for that service. >> Kitchen: Okay. That's the kind of conversation we need to have, because there are other things that we're being told that we cannot take between an enterprise fund and the general fund that aren't necessarily directly attributable to fees. So that's the kind of conversation we need to have, and again, I don't want to change any of that, but I don't think it's clear to us what happens during the budget process. We say, well, you know, we're saving money in this enterprise fund,

but we can't use it to help us with anything else. >> Mayor Adler: So it would be helpful, I think, just by way of primer and anticipation of this conversation, is what are the rules associated with that so that we can clearly identify those things that are policy elements, and those things that are not policy elements so that we can make sure that we focus on things that are positive. Because I agree that there are some policy calls that are imbedded in that. >> Kitchen: Well, related to that is the things that are not, why are they not? Is this state law, local law, administrative, or something that the previous council adopted? >> Mayor Adler: Right. >> Kitchen: That's what we need to understand. >> Mayor Adler: Does that make sense? Okay. >> Kitchen: Okay. >> Pool: I'm wondering if that kind of information which would be helpful to have would be good to compile outside of a meeting and then we can have it in advance, it would inform our conversation and maybe allow us to ask more pointed questions. >> Mayor Adler: In fact, that's what I meant. Get us that analysis, then we can figure out what were the policy issues that would be implied. >> Kitchen: And the last thing

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related to that, and I apologize, I don't remember exactly, but my thought was that there are other departments that were being considered as enterprise funds, in the future. If that's the case, I'd like those identified, and their reasoning behind it. >> Mayor Adler: And what the impact is of making something an enterprise or not an enterprise, does that have any impact on the budget? Yes. >> I just want to second those comments. I think it's really important to have that discussion. And to have an example recently where I thought, wow, I wish we had this information was, I think the comment about specific only being able to charge fees to cover certain services, although it's true, it also seems to be very flexible depending on what the fee or service might be. And we have transfers from departments like Austin energy and Austin water. Huge transfers, which are enterprise funds. But when we had the recent discussion about the -- what was that, the Austin resource recovery contract, and taking the savings and transferring them into the -- onto the general fund, the comment from the city manager was that it's an enterprise fund and we can't transfer money. So it seems like there's a discrepancy between sometimes we can transfer money, sometimes we can't transfer money. So that's all I want to -- >> Kitchen: We need to speak to that, but we need to understand. And we need to understand where is our authority to make decisions. >> Mayor Adler: Okay. And we have a quorum. We'll read that into the record.

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So now we'll begin with the presentation. >> Good morning. I'd like to take a brief moment to recognize that this will likely be Shannon Jones' last opportunity to present the Austin public health budget. He is

ending a long career with the city of Austin and retiring. We congratulate him on his upcoming retirement, and just wanted to recognize his many years of service. He's got almost 20 years of service with us, and just want him to take a moment to thank him for everything he's done from the city, and its citizens. [Applause] >> Mayor Adler: I want to echo that. We have the council -- when you look at the evolution of the department and the work that you all do, it's been pretty dramatic over recent times, and such a significant part of what's making our community work. So thank you very much. >> Mayor, I'd like to add, I've known Shannon for a long time. Council member Houston may also. But I've worked with Shannon over the years in many different capacities around healthcare, and I can tell you we're definitely going to miss you, and I'm happy for you retiring. I'm sad for the city. So, thank you. >> Houston: Excuse me, mayor, I too want to tell Mr. Jones how much I'm going to miss him. He has been the clarity and call to inequities regarding health disparities, lack of healthcare, and the disparities that are found and have been found for ten years in the eastern crescent, and you've never wavered. You've been very strong in your commitment to let people know that's where the disparities are, and you've made great strides in trying to help us

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rectify some of those disparities, and so I'm sorry to see you go, because I think we still have some work to do this year. So I'm not sure how we're going to get that done. But we'll get it done, thanks to you. Laying a good foundation. >> Mayor, city, council, assistant city manager for community services. If I could take a moment as well. I've had the pleasure of working with Shannon for the whole time that I've been here with the city, and, you know, beyond all the great work this he's done in the community, he's considered to be a leader nationally. He's been appointed by the federal secretary of health and human services to be a chair of the national advisory for council for the elimination of tuberculosis. Has also received the eternal flame award for individuals who have demonstrated a strong commitment to health disparities and mental health, and so when we have a retirement like this, it's not only someone who's been very instrumental in the organization, but someone who's had an impact nationally and represented the city of Austin very well. So I'm very proud to have had the pleasure of knowing and working very closely with Shannon. So at this point, I'm going to turn it over to him, and he's going to introduce his staff, and I think he also has a few comments that he wants to make. >> Good morning, and thanks very much, mayor and council for your kind words and support. I've been part of this community for almost 20 years, and it's been a pleasure and opportunity to serve the community. But the work that we've done, and it's not me, it's the work that me and my team has done, we're quite proud of it and I look forward to the leadership that Stephanie Hayden will play on the interim role and to continue the efforts that's undertaken here. Thanks very much for your kind words. We'd like to acknowledge the staff members who are here who will also participate in the presentation as well should there be any questions as well as myself. We have Ms. Kimberly Maddox, who is our assistant director for

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administration. We have right behind me is Ms. Stephanie Hayden, who is our deputy director. We have Dr. Phil Wong, who is our health authority and medical director. Mr. Jeff Taylor, who is our chief epidemiologist. We have Ms. Donna sonstrom, assistant director of community services. We have Mr. Vince Delisi, our division manager for environmental health, and we also have Mr. Don hasting, who is our interim assistant director for environmental health. So with that said, we'd like to go ahead and get started in terms of talking about public health. Who are we? And I'd like to start off, public health is the agency that works on prevention of disease. And so our goal is to prevent negative health outcomes. Now, our department, we are 476 full-time employees. We have 31 locations throughout the city and county. We are one of only five nationally accredited public health departments in Texas, and one of only 162 nationally accredited ones. Austin public health earned its accreditation, as you remember, in may of last year, becoming only the third one in the state to do so. One of the things we'd like to start off by telling you who we are and who we are not. So often, people ask us about what is the difference between what you do and central health. Central health is the taxing agency that is responsible for indigent healthcare. Those are individuals who focus on treating patients who are ill, diagnosing illness, seeking causes of illness, and diverse strategies to cure those illnesses. Public health, our patient is

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the public. We are responsible for the entire area, regardless of the community as its patient, trying to improve the health of the entire population as opposed to just the individual. We work on preventing illness and access to health for the entire population and not just individuals. When we look at the types of services we provide, they fall into two categories. We have direct services, and we have contract services. A lot of attention has historically been placed on the contract services, but we want to emphasize that in addition to the contract services we provide, we provide a lot of direct services. In fact, most of our activities and staffing relates to the direct services. Those services fall into the area of diabetes, prevention and control, emergency preparedness, epidemiology, HIV, and immunizations. We also have programs in maternal and infant outreach, quality of life in terms of working out in the community, doing mobile screenings and other activities in the community base, tuberculosis, and stis, tobacco prevention, and, of course, our wic services. When we talk about our contract services specifically, we're talking about services to whom we contract with the agency to meet the mission of public health in our community, but we contract, as opposed to provide those. Those are things like basic needs, behavioral health, children and youth services, HIV services, homeless and workforce. So our services are divided into the two categories, contract services and direct services we provide. This is

an overall budget for Austin public health. In fy-17, total approved budget was $103 million. The general fund supported staff positions are 260. And grant funded staff are 215.

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Roughly almost half and half in terms of staffing. Funding sources come from tax supported, roughly 60%. We have a Travis county interlocal, which accounts for 4.2% of our budget. Fees for 5.6%. And grants and other sources almost 30% of our budget. We look at the budget outline by program, our social service contracts are the largest piece, roughly 41% of our services are contracted. Disease prevention, 20%. Community centers and the community base 14%. Environmental health, our regulatory functions and activity, 5%. And our recent new initiative around health equity roughly 3%. We look at the program highlights, roughly 19 -- and this is important to understand some of the advances and activities we're doing. 19% increase in medical social work services to HIV, sti, tb patients in fy-16, so we're beginning to make some headway with those populations in those areas. 85% of people living with HIV had one -- one HIV positive related health visit. 79% were retained in care, and 71% had viral loads suppressed, meaning the improvement of their condition. Teen pregnancy prevention established at three high schools and expanded at three more during this past year. We established a health equity prevention and educational services to minority population with negative health outcomes, particularly in the eastern and northern and southeastern part of this city and county. We implemented our public health preparedness plan for the department wide to ensure that all staff in the department are

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trained to be able to address public health response and not just our public health team itself. We look at our general fund increase, we've had 50 new positions from 2013 to 2016. The infusion of additional 7.5 million in 2016 allowed for new and expanded services. This by far was the largest increase in our budget's history. When we look at the pi chart, this chart shows that the direct service represented by the personnel and salary benefits, and contractor services component represented by the contctual piece. As we look at the line item, and this one is rather busy, but hopefully you'll be able to identify. Fy-16 was a big year for us, with an increase of 41 ftes, the largest increase in our history. But you can also see how the mix between direct services and contract services changed. Instead of the blue line, ftes, and the yellow line, which is the general fund, moving together, general fund went up proportionately more. This represents the disproportional investment in social service contracts. The green dotted line represented the grant funded ftes, which have remained the same regardless of changing needs of our population, which indicates as our cost continued, the funding from federal and other sources are not

keeping up with those. When we look at our capital budget, the Austin public health has several capital improvement projects. The parking lot at the far south and montopolis also a public health site, has been completed.

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Construction has been done at the Betty Dunkerley campus. You'll know a lot of work is going under way there. Also, the animal center kennel edition is anticipated to be completed by January of 2018. We have broken ground on the women's and children's shelter and are expecting the project to be completed at the beginning of next year. Currently, we're working towards the montopolis recreational center, a joint project between pard and Austin health. When we look at our demographic and operational factors, it's important to highlight some of these. For instance, in affordability, over the last ten years, rents have ridden 50%, while the median income has ridden only 11.8%. HIV estimates of 1,100 people, which represents 17% of HIV positive individuals in our community, are unaware of their HIV status. Meaning that there are many who are at risk and not aware of that. 20% of our homeless -- there's been a 20% increase in the homeless population from 2015 to 2016. Let's look at the factors that affect health overall. There are four major factors that contribute to that. Physical environments, things such as air water quality, which accounts for 10% of overall health in the community. 20% clinical healthcare, which is what central health does and what your physician provides. 30% health behaviors, tobacco use, diet and exercise, sexual activity. 40% social and economic factors. And this is important, because most of what impacts health are education, employment, income, family, and support services and

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community safety. When we look at Travis county overall, and we won't go through all of these, just highlight. Overall, we ranked seventh of the 254 counties in Texas in 2010. Today, we rank ninth. So we've lost some ground over those few years. We look at some of the other areas of physical environment. We went from 181 down to 133 of the counties. Health behaviors, from 15 to number seven. But in social economic factors, the leading single cause, we went from 37 -- 32 in 2010 to 75 in 2016. When we look at noteworthy prior council actions, the city council passed several resolutions with regard to health disparities and the need for -- I'm sorry. >> Kitchen: I'm sorry. I'm just not tracking the rankings. So we went from ranking of 7 to ranking of 9, which means we dropped, but we did better in physical environment and health behaviors, dropped dramatically in social and economic factors? Is that what we're saying? >> Yes, ma'am. >> Kitchen: So we did better in a few of the areas, but the biggest area, which is the social and economic factors, we dropped dramatically? >> Correct. >> Kitchen: Okay.

>> When you say biggest area, what does biggest area mean? >> 40% of overall health is contributed to social and economic factors, and in that category, we had a significant -- >> How can we drop from 32 to 75 in the biggest thing only dropped from 7 to 9% overall? >> The social factors. When we look at things like education and income, in those areas particularly, we have significant reduction in terms of our efforts in those areas, in terms of the outcomes of the

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population. But overall, which means look at the overall aspects of all of this, and they look at -- and this is Robert woods Johnson, which is done by the university of Wisconsin. They look at all these various factors which contribute to that. But in that particular one, we went down, which means that those outcomes have not been as good as they are overall in terms of -- >> Mayor Adler: That I understand. I would have expected a drop of ranking of 32 all the way down to a rank of 75 in something that constitutes 40% of the score would have resulted in a drop greater than going from 7 to number 9. Because that seems to be -- I mean, relative to the field, we haven't dropped that much. We're ninth out of 254 counties. So that's -- >> Well, it's not a factor in the overall count. This is relative to other counties in Texas. So what that indicates is other counties in Texas are also doing not as well as we are as well. So it's relative to the other counties. It's not just what we're doing ourselves. And 40% is a great portion of that overall count, but not the entire amount. That's still 60% that we're doing better for the most part. >> Mayor Adler: So the 43 counties that moved ahead of us in social and economic factors have to be doing much more poorly than the other ones correspondingly? >> Yes. >> Mayor Adler: They moved up, but they have to have made really significant drops in the other areas. >> Correct. And this is relative, to remind you. This is the university of Wisconsin doing a random sampling of the counties across the state of Texas. It's not a true reflection of all the aspects of what's going on. But it is an indicator for us to be able to monitor. >> Mayor Adler: If you have a link to that study. >> Yes. >> Mayor Adler: That would be great, if you could send it out to the offices.

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Yes, Ms. Pool. >> Pool: Thanks. Are you later in the presentation going to explain the reasons for why we may be up in one and down significantly in another? I'm looking at that, I'm just wondering on health behaviors, is it a younger group of people who are in town, so they're healthier? And maybe lower income, or what -- so that's the social economic factors? What's the profile here that's giving rise to these changes? >> Well, a variety of things. First of all, the number of people who are moving here have an impact. Everyone who's moving here is not socially, economically successful. The workforce here is also being less and less employed, so we talked a little bit about homelessness. The educational system

that also addressed here are factors contributing to all of those negative outcomes. So collectively, when you look at those factors, those are the driving forces in addressing that negative health outcome as it relates particularly to the 40%. So all of those factors go into determining that. When we look across the state, historically, as we said, Austin is a very healthy and fit city, and it continues to be, but eastern crescent particularly. And certain other parts of our community, we're seeing influx of areas that are being disproportionately affected by that, and those are the numbers affecting this 40%, which are driving us farther away. >> Pool: And are we seeing any changes in other cities that we're being compared against so maybe they've actually gotten better in some areas? >> Well, when we look at Harris county, Houston, and Dallas, there are significant efforts to address those issues as well. Both Houston and Dallas both also decrease slightly, but not to the degree that we did in

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terms of the major cities. So there are efforts to address those that are significantly impacted as well. >> Did any cities go up on that social and economic factors? >> In major cities? >> Pool: In the universe that we're being compared with, where we have the ranking. It sounds like Dallas, Houston, and Austin all went down, ours went down more from 75 to 32. Were any of the cities in that span, did they get better? Did their numbers go up? >> Well, first of all, these are counties. Williamson county, which is our suburban community, remains the same. Was it seven? >> [Off mic] >> It appears -- Collin county outside of Dallas was number one. But what happens is that the suburban areas of these other communities are growing and are being better, whereas the urban center particularly are being affected by the social determining factors. >> Pool: And so people with more money are moving to the suburbs? >> It's a mixed bag. Both to the suburbs in those communities, but in this community, we see a lot moving into western parts and other parts of the suburban area. Many factors. There's no one single bullet that can account for why we went down so much, other than the changing demographics of the community, the poverty that we see here, and the lower social economic conditions that continue to plague our community. Not all of Austin is significantly impacted, and that is part of the driving cost here. >> Mayor Adler: The supplement shows a pretty dramatic increase in the tobacco-related deaths. Is that responsive to anything that we're doing? >> Well, to the credit of Dr. Wong, our health authority and medical director, he's been leading a great deal of effort in terms of tobacco reduction,

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and that is beginning to show up in terms of our numbers. You want to speak a little bit to that? >> Actually, with tobacco, we were very fortunate. We were selected by CDC to receive $7.5 million over two years for a community participation work grant as part of the stimulus package, and so we had -- it

was really an experiment to see if you gave a community enough to really make an impact, what could you do? And so we worked -- it's a comprehensive program. We built the data systems to be able to document impact from that. We also work at work sites, universities, healthcare, you know, like affordable housing, all sorts of settings to try to implement tobacco-free campus policies, work sites that really impact and help people to quit. So as a result of that, I know we've had, like, over 800 different various sites to adopt, like 100% adopted campus policies, like Dell, national instruments, and they share that their smoking rates have dropped considerably. I think during the first two years, it was like an 18% reduction in adult tobacco smoking rates, and then that subsequent year, we had a change in the data collection system, I think it was about a 34% reduction that we saw in adult tobacco rates. And that, again, I think the policies, that comprehensive approach, we had idea campaigns. We had education. We had school programs. We were working with clinical partners to change their electronic health record systems so that every patient was assessed at every visit for tobacco, and then referred to cessation resources. Very comprehensive. But that's really an example of how public health can move the needle, and that is part of why we sort of moved up in the rankings on that particular slide for the behaviors. >> Thank you. So it shows where intervention and strategy can make a difference in these other factors as well. When we look at our noteworthy prior council action, the city council has passed several resolutions in regards to health disparities and the need for

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increased funding for Austin public health department and social service contracts. There were two resolutions that build on each other, recommending funding levels for public health and social service contracts. Additionally, in 2015, focus on health and economic equity, which was a two-part resolution. Part one identified the needs to address health and economic issues around disparities and part two called for the development of an equity tool, which is currently under way. We look at our key indicators. This gives you trends of what's happening over time. We look at measle, mumps, and over the last several years, we see we have a levelling off and decrease over the last year. However, having said that, we've had outbreaks, of course, from time to time with both measles, mumps, and ribella as well. That's not to indicate that we're not making headway, but we'll continue to have those, that's why the importance of being aggressive continues. Tobacco-related deaths, we see clearly, as Dr. Wong has indicated, there have been significant reductions in terms of the trends of death. We look at percentage of newly diagnosed HIV positive clients linked to hiv-related medical care. We've seen sort of a mixed bag in terms of success. From 2013 to 2016, we've seen roughly around 95% of those involved in terms of receiving the care. We're happy about that, but we're still trying to reach 100% for all. And then we look at the number of routine inspections per food. Our goal is to get 2.0, and depending on many factors, such as the number of restaurants that are moving into the area as well as the number of staffing available to do those inspections, we have ranged close to the 2.0, but we vacillate between 2.1 and 2.0.

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We looked at our trends as relates to homelessness. What we see is our goal is 35% of those homeless clients residing in shelter received case management, and we have been somewhat on target trying to get to that point. In 2016, we're close with 31%, but we emphasize those in the homeless shelters, 31% means that 69% are not being case managed with significant impacts to the overall managing of those clients as well. >> Mayor Adler: Ms. Houston? >> Houston: Is that case management by social service contracts, or by some of your case management staff? >> Case management staff. >> Good morning. Stephanie Hayden. Council member Houston, that is a combination of two things. One, it is social service contracts. And it is also funding that we received through grants, so it is a combination of those two sources of folks being case managed. >> Houston: Thank you. >> You're welcome. >> Mayor Adler: Yes, mayor pro tem. >> Tovo: Would you attribute -- thank you for that additional information. Would you attribute the 96% who are not being case managed to a lack of resources for case management? >> Yes. >> Tovo: Or are there some individuals who are opting out? Do you have a sense of how that breaks down? >> Well, ultimately, you always have some clients that will refuse case management. It is a service that is offered, and clients can accept or reject. So that is a factor that has to be contributing, but then also,

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from a financial perspective, there's not enough funding to provide the -- you know, the -- to meet the need of the people that require case management. >> Tovo: And I assume that that's the much bigger percentage of that 69%? >> Yes. >> Tovo: Do you have a sense of how many -- what the funding -- what the dollar amount would be that would attach itself to providing enough case management resources? >> Well, we -- it would vary, and the reason why it would vary is because you have different types of case management. You can have more intensive case management, which is something more in the lines of what integral care provides, which is assertive community team, and so they have like a 10-1 type ratio, where there's another type of case management, where it's not as intensive and that person has a larger case load. So it just really depends on what that individual will need. >> Tovo: Thank you. And I guess that some of the work that echo is doing with their draft plan trying to assess how those numbers break down and what the dollar costs might be. >> Absolutely. Absolutely. >> Mayor pro tem, that is exactly right. The council may recall, and some of you may not, but we have invested some positions and some additional capacity with echo, because we believe that a lot of that data is going to be extremely critical for us to determine what are -- because our eventual goal, if you recall when we adopted, the council adopted some years ago, the permanent supportive housing goal, was to identify

as many folks as we could to transition them into housing. And now with the approach on housing first, it's trying to find as many individuals that we can to place them in housing, but along with that, goes the

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case management as Stephanie explained. So we have been working very closely with Ann and echo, and we believe that's going to be extremely critical for us to eventually get to a goal of trying to address more significant and address the issue of homelessness more in terms of ending it versus trying to recycle folks through different programs. >> Mayor Adler: Yes, Ms. Kitchen. >> Kitchen: You can address this later. I'm sure you're going to be getting to it. But we wanted to ask some questions about how we're accessing and ensuring data, because that can help with efficiencies. >> Looking at some other trends, particularly clients enrolled in self-sufficiency case, and reduction of elimination of income barriers. It's a mixed bag there, but we're at 73% where we were in 2013. The percent of women enrolled in wic during pregnancy who subsequently breast-feed their children. Our goal is 95%, so we're getting there ever so slowly. The percent of quality of life clients who follow through with referrals to healthcare providers or community resources, 63%. We're needing to do a little better there, but we're working to build our quality of life efforts, and we do anticipate achieving that over the next several years. As we turn to horizon issues, there are some we want to definitely highlight, and one of them we've alluded to already is the uncertainty of grandfathering, with the department being funded by other sources, and that's going to be a significant issue over the next several years. The capacity at public health in our HIV, sdis, and prep clinic. One of the things we know is that presently, we see 13,000

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clients at the rbj clinic off of lady bird lake. That facility is getting too small to manage to handle the number of clients we see there per year for testing, screening. Generally, the next day appointments are fully booked by mid morning, so people who are walking around and believe they have HIV or sdis, are unable to get in timely. Public health capacity in terms of responding to preparedness issues are of particular concern. Austin public health, public safety is a public health agency. We need to make more visible our role in terms of responding particularly to biohazards and other chemical, biological, and nuclear threats that present our community. Translation services and materials necessary to provide services in diverse community. We have a very diverse community, and we have a lot of demand for a variety of our community, both from the international community and immigrants who have come into our community, the need to have diverse translation services is critical for our success. And it is required for our continued accreditation, which we received last year. And the department's ability support is capacity. We're very grateful for their infusion of the $7.5 million, but we need, of course, the resources

and the ability to manage those dollars efficiently and effectively will continue to be our efforts. >> So, mayor and council, that concludes the department's presentation. We've outlined for you a couple of topics for your consideration along with any others that the council might want to talk about. Thank you. >> Mayor Adler: Ms. Kitchen. >> Kitchen: I'd like to talk about data sharing. And one of the reasons I want to talk about that is because we do have -- I'm sure you all are aware of this, and I'm just wanting to make sure that y'all are participating, and that is

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the -- council passed a resolution, when, I don't know, a while back, to create a strategic road map. And the idea behind that road map is to inventory projects in which we need to -- or we could be using technology better to improve efficiencies. And obviously, sharing information, data sharing about -- particularly about individual patients can help with both the efficiency of service for those individuals as well as help provide data for aggregate analysis of public health, and specifically, around the case management area. If, you know, instead of having multiple agencies with multiple case managers doing the same analysis and not sharing the data electronically, I might add, that's a huge area for improvement. So I'm wanting to understand what the current status of all of that is, and then wanting to understand areas for improvement that are needed and just hoping that you all are plugged into the strategic process and also other processes that are going on. I guess what I'm saying is I'd like to know what the needs are in that arena so that we can put them on our list in terms of whether that's funding needs, whether it's collaboration needs, or whatever it is. >> Well, a two-part response. Yes, we agree with you. Yes, we're looking internally in terms of where we both contract and provide direct services. Many of our executive -- Dr. Wong has been part of the effort to look at the medical piece, the healthcare piece. And Stephanie has been working on the social service piece. So I'm going to ask both of them to respond. >> So, specifically to case management, we have a focus right now on our homeless population and the case management component. We currently require that all contractors use our homeless

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management information system. >> Kitchen: Okay. >> And that particular system tracks all clients that are working with home lesser vis providers, so you're able to get the consent from the client, so everyone is, you know -- that's working with that client, is able to see the activities that are occurring. Echo is the administrator for that particular database, and so including our staff and all of the other contractors that provide homeless services, they have a license, so they are in that system, sharing information, and working together to collaborate. And that's how we're able to get the data, and then

the city funded position for echo to have that administrator to really kind of keep up with the data and produce those reports. And so that's how we're able to really have a snapshot of what homelessness looks like in Travis county. >> Kitchen: Does that data connect to medical information about those individual folks? >> Currently, right now, it does not. >> Kitchen: Okay. So it doesn't either get information or give information to the databases related to medical information? >> No, currently, it doesn't. >> Kitchen: So that means it probably doesn't connect to the ems system either, I would think not. >> So one of the things that we have had conversations and they're looking at how we can do this. Ems has been at the table as well as Travis county from the perspective of jails. There's been some early conversations with the community collaborative to kind of see how we can tie in that medical component, because what we're finding is that a lot of people that are homeless have a -- or presenting with a trimorbid situation where they have medical problems, mental health

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issues, as well as substance abuse. And so just making those ties. So those are things that are in the works. >> Kitchen: Okay. So in the works. So what I'm wanting to understand is what are the barriers to those? You don't have to tell me that now. But it's important to surface to the council what the barriers are that we can help with, and that includes if there are resource needs, and that includes if there are collaboration needs. Whatever they are, but as you said, your case managers are only dealing with part of the picture. If they don't have the medical information, and the same problem on the medical side. Okay. So that's one area to flag. I don't know, I see Dr. Wong. He's probably wanting to say something. >> I think that's a great issue, because one of the core functions of public health is data collection. We're the only one to collect it for the whole community to assess the problems, to identify whether we're making an impact on these issues. And we are having efforts to building on some of your prior work with the icc for health information exchange to really connect, build the plumbing between, like, as we're having more electronic medical records. Hospitals have all this electronic records. Right now, it doesn't even exist. I know with the mayor's leadership, the leadership on this to try to support our community to having this happen. Because it's not necessarily a technologic problem. From the patient standpoint, the initial thing, when a patient goes to a doctor, if they were seen at the E.R., then that data is also there. But from the broader perspective that you're talking about, how do we assess the impact, as we're making these investments in some of the social services and social determinants, how do we document the impact? And it just so happens, I serve

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on this advisory committee for Robert wood Johnson, and it's towards the community of health. One of the grants they were presenting was from Los Angeles, where they were assessing the cross-sector health impacts of providing permanent supportive housing to homeless high utilizers of healthcare services. So it's making that connection, so when we invest in homeless, to really be able to document that we're decreasing emergency department visits. Those sorts of things. And so we would really be very interested in developing that data system so we can exactly do that, and document that when we're making this investment -- and that's what that whole grant program is looking at, at healthcare, public health, and social services. What's the impact when we invest on these things on health outcomes and those sorts of things. >> Kitchen: Yes. And as we know, to my colleagues, this is important from an efficiency standpoint, because it's a better use of our resources and a more targeted use of our resources, because we make a lot of guesses about what theoretically should work to improve services for individuals and improve their circumstances, but sometimes, it's not what we think, and without the data to analyze it, we don't know. And the other thing is, without the data to make that individual case manager or that individual doctor or medical professional's work the most efficient, we're just rife with inefficiencies all over the place. So anyway, so I just want to surface that for you guys so -- I know that you all know what needs to happen. Because I know you've worked on it for years, Dr. Wong, and so have you -- all three of you, actually. So I just want to surface that to make sure that you put that on your request and let us know what is needed, and also, I want to make sure that it is included in the strategic road map, the smart city strategic road map. >> We'll provide that for you. >> Kitchen: Okay. >> I just wanted to add that

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tri-part that you were talking about is critical, because our clients, whether they be in our social services system, interact in all aspects of our system. And to be able to monitor them and measure them and to be able to respond back to you to address resources helps us to identify some of the challenges we've identified here. So, yes, resources will be a critical part of doing that. The other thing that goes back to the question of social and economic factors. Part of the factors of being able to answer that is having the data to be able to respond effectively to those when we have differences, should we disagree with the data here. So we definitely understand the importance of having -- >> Kitchen: Yeah, I know you do. Okay. Thank you. >> Mayor Adler: And as a point aside on that, as you're well aware, you and the mayor pro tem and council member Renteria and I are helping to convene in this area, and there's a board posting that went up last week for the health innovation alliance, where a lot of the people both in healthcare and in the industry are convening for breakfast that will be up here on March 8th and everybody on the council is invited to come and be present at that convening since we're helping to convene that. To that extent, just generally, with the possible innovation that's happening with the medical school and the innovation zone and trying to use new technologies to improve front line healthcare delivery and better reaching indigent communities, can you talk for a second about separate and apart and in addition to what you were discussing with council member kitchen, that that

innovation effort that you're doing with the medical schools or the future of innovation to try to get greater efficiencies. >> Kitchen: Let me finish what I'm saying. I had one last thing to say. That's great. That's a good question to speak to. But also -- and I also want to

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just make one statement, and that is that the barriers are not technology. The barriers are collaboration. And people's willingness. The improvements of innovation and technology help us a whole lot, and we need to stay ahead of the curve on those. But the barriers are people's silos and unwillingness -- and I don't mean that in a -- I don't mean that in a deliberate way, but the lack of will to really collaborate is what I have seen over and over again that makes a difference. We can have all the technology in the world if people aren't willing to use it. So, anyway... >> Mayor Adler: So I would large the question to include that, because the convening that we're really happy to be able to do is all about bringing in the collaboration and the different partners that have not been necessarily at the same table working through that. So how -- both in term of technology and collaboration, can you talk for a second about the medical school and the innovations. The community is making a pretty big investment in that area, and I want to know if any of that is coming back to us. >> And before you begin that conversation, one of the things that we're not talking about is that the barriers are also in the regulations. In federal regulations, and some state regulations that prevent those connections. I don't think people don't want to have that ability to coordinate and share medical information, but hipaa says you can't, unless you get the patient's authority. So we're talking about it like they're not federally laws and regulations that prevent us from sharing certain kinds of information. Especially when we're talking about behavioral health. >> I'm sorry -- >> Kitchen: No, go ahead. >> Absolutely, there are regulations on things. They're surmountable. There are procedures that can be made. There are examples. Certainly moving us forward. Personally, I'm very excited about health innovation concept.

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I think Austin is so positioned to be a health innovation center for this. The discussion has been along three areas. One of them being innovative in healthcare, and how that's working with the actual clinical care system and providing that feedback on the data outcomes and improving the systems, and making those sort of changes. The other piece we've talked about the health information exchange and actual data sharing, and build those systems and even do some technologic ways to get access for patients to have patient portals on their cell phones and really being a leader in that. But the third thing that I think is a real opportunity if it's a health innovation activity is for us to really be innovative as a city for addressing the social services, the social determinants of health, getting all the departments -- when you

look at the 40% that contributes to health, it's these other social services, and part of this is the built-in environment. So getting the planning and zoning department, transportation, public works, you know, parks and rec, everyone working together so that -- we talked about making the healthy choice the easy choice. The whole community and environment supports health. And that's some of the biggest factors. I think that's the area, again, with this Robert wood Johnson activity, they're saying, communities have not done that well. There's a real opportunity for us to be at the forefront of that, and I think it's very exciting. Again with the health information exchange, that's part of their mission also, I think it's timing for the medical school. Dr. Bill tierni has been very active to share the health information. They have the model in Indiana from health information exchange from successful programs. That's part of what we're trying to replicate here in Austin, and that's the -- the convening of that has involved the medical school greatly and again advertise in with this other community mission they have to improving the health of the community. >> Mayor Adler: Yes? >> Flannigan: And I just want to add for my colleagues this is precisely the reason the

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work we've done in January for outcomes is so important because health is one of those strategic outcomes and it crosses so many departments and initiative areas. That's why I'm still working on our proposal to align the committees to those ends because I think that's precisely the kind of information you can pull in the transportation department's piece of health, even though there's also the mobility committee. Those conversations, they sound different depending on how you organize them and I just wanted to add that since we're all here in the room together. >> Mayor Adler: Mayor pro tem >> Tovo: Thank you for that. I have a question, but before we move on from the health data sharing initiative, this has come up in two different contexts lately and I hope these individuals will be part of that conversation. One is the sobriety center, and councilmember Houston and I had an opportunity to go down to see the Houston sobriety insert, and my notes -- center and my notes are upstairs so she may have to remind me but I believe they were having some data sharing challenges that we, I hope as we set up our sobriety center, can learn from and, if it's possible within the regulations, to find -- to find ways to surmount them, I hope we will because it was very clear from the discussion we had there that the sharing of information would be very useful if the individuals at the sobriety center had access to information about other service that's their clients were receiving. The other area where this has come up is with the homelessness outreach street team. I'm not sure how they resolved that. The individuals on the homelessness outreach street team as they encounter men and women in the course of their work. I believe some of those on the team can access health information and others cannot, but I'm not sure I remember how they resolved that issue or if it's been resolved yet. Again, I think somebody who is part of that initiative would

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be a very important addition to the group, mayor, that you're convening. And I should say since I just mentioned the sobriety center, the interlocal government corporation -- the local government corporation did appoint an interim executive director who could be a point person for the sobriety center in these months ahead. >> One thing I will comment about as far as the -- our homelessness outreach team is concerned, some of the members on that team are from integral care, and so the members on that team from integral care, two things, one, they have homeless contracts and part of the his system. I think one of the things that we need to look at is the other members, like the police staff, to see how we can link them into his system I think would be more, you know, efficient. And that would be more simple as far as training and getting them a license. So it's not a huge barrier at this time. It's something that we could have a quick solution to. >> Tovo: And, again, this came up last spring so they probably have found a quick solution by now. I think they were investigating different technological -- different tools to use when they were out there, and I think that was one of the technological challenges that Kerry o'connor was assisting with. >> I'll double-check to make sure that we have that taken care of. >> Tovo: Great. I have a question about a completely different element. >> Mayor Adler: Before you -- can Dr. Wong, can you make sure that the groups the mayor pro tem mentioned are part of that convening the first week of March. >> Absolutely. >> Mayor Adler: Thank you. Mayor pro tem -- about this? Can we go there? >> Tovo: Sure. >> Mayor Adler: Yes. >> Pool: So the efforts of host have been really successful and we started with a smaller area and then I think in the last budget year, this current budget year we were able to expand it a

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little bit. What does it look like for expanding host into new parts of town? >> Well, to be 100% transparent, host does not fall within our department. However, our staff are collaborating and working closely with them and have been a part of the conversations. I know that they're looking at beyond the pilot of determining, you know, kind of what areas, and one of the things that is going to really be able to inform that process is we just completed the point in time count. So being able to really look at where the homeless population has migrated to is also going to help that, as well as looking at where there has typically been, you know, either calls from police to ask them about, you know, intervening in some way. Integral care typically tracks whenever we've reached out to them to say, hey can you send staff over to do some type of intervention. So all of those things as far as the data is concerned will have to be the decision-maker about kind of where that expansion would land. But we can get that information for you. >> Pool: That would be great. I did think that because different departments had come together on the effort that there was funding from different departments. Is that not accurate? >> So the only funding that comes from our department is a part of the main interlocal that we have with integral care, so they just pull funding from that particular interlocal to be able to contribute to that service delivery. But a separate line item or contract, we don't have that specifically for host. >> Pool: So I guess that -- maybe

the mayor pro tem can -- or the interim city manager can speak to that. Are there efforts underway based on whatever the information we get from the

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point in time to look at expanding? And I would caveat that by saying I don't want to do it too quickly because sometimes things can expand too fast you and lose your effectiveness, and I wouldn't want to harm the initiative. Not that I'm saying that it would, but if that were a concern that we don't have the bandwidth, I wouldn't want to push for it. But if we do, that is something that I think the areas north of campus would be very interested in, in having. >> I'll speak to the police chief and see if we can get you an update on where they are, what their intentions are related to any expansion of the program. >> Pool: That would be great. >> I don't have the details right now. >> Pool: That would be great. >> Tovo: I can answer some of your questions. During the budget last year we did have conversations about whether the time was right to expand and the members of the team indicated that they were -- because it was such a new program and they were really in a pilot phase that continuing that pilot and allowing them to continue, you know, it's a very iterative program. They meet at least once a week -- not the team, but just those who are surrounding the team with support meet on a -- at least a weekly basis to see what's going well, what -- how they need to adapt and change what they're doing. And so it was really a strong suggestion that they be allowed to continue the pilot before expanding it to other areas. And so my memory of the budget, of our budget conversation, is that most of the team is being funded through existing resources within the Austin police department and in ems and through our contract with integral care I think we do need to identify funds for a vehicle and perhaps other supplies. So right now that's my memory of how it's being primarily funded. >> Pool: Was the pilot time frame kind of on a year to year to year sort of a situation? Or do you feel like knowing -- I think you know best about how -- among us on council how

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the pilot is going. Ask it look like they might be in an ability to expand somewhat with the new budget year, or do you think the pilot should continue at the level it's at? >> I think the idea was the pilot would continue through the spring. I think that was kind of the evaluation time period, but I'll have to go back and check my notes on that. And I would say that I think it's been a tremendous success and is really a critical -- a critical strategy here in the city of Austin, and if it's at a point where it's ready to be expanded, I would say that would be a very smart investment. But it will take some increase in resources. Is that what you -- would you concur with that? >> Mayor pro tem, you're exactly right. One of the things that we'll do is we'll touch base with both rey Arellano and chief Manley. I also think it's

also at a point where I think we've all determined it's no longer a pilot. I mean, it's working. We need to make a decision internally as to how best we can situate that in the organization, regardless of where the source of funding is. It is very integral to the work that is public at public health in terms of the permanent supportive housing and work we're doing in homelessness but we'll have those discussions and, yes, you are correct in terms of the expansion, it will require resources. But we'll make sure that we get you the follow-up on that and get you the information you need. >> Pool: That's really great. Mayor pro tem, I'd be happy to partner with you on those discussions and any -- if we're able to expand it and if we are beyond a pilot, I'd enjoy working with you on that. >> Kitchen: I have a follow-up question on that. >> Mayor Adler: Okay, Ms. Kitchen. >> Kitchen: When -- I would like to see an analysis of the results. This goes back to metrics. I mean, absolutely I'm concern it's working. I think it's a fabulous program, but I think that seeing an analysis of the

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results will help us justify additional resources because I'm certain it's gonna take additional resources. And so for the next -- you know, for the next budget cycle. So I'm thinking -- and I know this is something you guys would be doing, but taking the data and actually doing a preand post-intervention analysis for the individuals involved so we can see the improvements we're expecting and get down to that level of detail, that will help us hone in on what additional resources would be the most effective so I'd look forward to seeing that at the appropriate time. I guess we're probably talking about look at our resources for the next budget cycle which would be -- you know, we're a number of months away from that, but just want to signal -- and I don't know whether that's the health department or police department or whomever but the kinds of analysis that you guys do preand post-intervention would be very helpful to -- for us so that we can -- we've got the numbers and we can -- you know, it also helps us understand what exactly it is that they're doing that is useful. So that's helpful too. So. . . >> Pool: I have one follow-up. >> Tovo: Can I just respond and say that that is one of the reasons why they wanted the pilot to extend beyond September so they could collect enough data to be able to demonstrate where and how they are succeeding and so they are absolutely doing that. And our innovation officer, our innovation office is helping collect that data and manage it. And so I expect when the pilot is concluded, which, again, is later this spring, that that's information they'll make available. >> Kitchen: Yes. And having the data from the hospitals to see if they're going to the emergency room and having the data from ems and the other medical data will be an essential part of this. So. . .

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>> Pool: And one last piece I wanted to add, in when I worked up at Travis county, I was in a unit that was working in conjunction with setting up the veterans intervention program, which is a court-based program at Travis county that has deferred adjudication and a suite of services to help veterans who may be arrested to try to keep them out of that -- out of jail. Do you know if there's -- is there anything in the work that we've done that intersects with that same population or that we -- do we have a piece that recognizes that there is -- for homeless who may have offended that there is the opportunity through Travis county to access an additional array of services? And I think they may be -- I don't know if they are expanding it beyond the -- I think they had gone beyond the pilot at Travis county. It's been a while since I've been working up there. >> We will be more than happy to check with Travis county. We work very well with Sherri Fleming, the county executive, and I know she's over that particular area. I know we have an officer, veterans officer, but I'm pretty sure -- and I know Dr. Washington can probably correct me but I'm pretty sure this is not an area they get involved in, but we'll be happy to find out what that program is all about. >> Pool: Right. I think Ms. Flemming would be a good contact but I think more specifically maybe the staff that works with judge Mike Denton. It's his court, and Jackson and I can't remember his last name was the director over the effort back a few years ago. He may or may not still be there. >> Okay. We'll take it down. >> Mayor Adler: Ms. Houston. >> Houston: Thank you, mayor. Thank you, all, for all your presentation. I'm sorry we didn't get to see your video. I'm sure it was wonderful and showed all the diversity of places where you are and people who you see.

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So I'm sorry we didn't get to see that. On page -- what's the number -- 14 of the presentation, you will see the poverty by districts. And if you could tell where those are, I think you see the lake, Walter E. Long metropolitan lake. Thank you. I point this out because we're talking all around where poverty is being pushed to and the health needs of that population. Thank you so much. On page 17, children and youth services is the third highest contracting source, and we've talked for -- since I've been on the council about metrics and trying to firm up our metrics and our measures as they relate to outcomes, not the number of people that participate in the program and not the number of people that graduate from the program, but the results of that action on the lives of people. We've also talked about for these last two years about cultural competencies of the providers and the fact that we have so many legacy providers that non-anglo providers who are trying to get into cultural contracts are not able to do -- I mean, social services contracts are not able to do that because the money is already spent. So some of your concerns on the back of that page, could you talked to me a little bit about how we're doing, some of the disadvantages to the way we currently do cultural contracts, and do you all have any suggestions on how we could make those more relevant to the concerns that I've been expressing? Especially around children and

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youth, because although we spend a lot of money in afterschool programs, the number of children in Austin input school district who are not graduating, their graduation rate has increased, but who are still being referred to alternative learning center, still going to juvenile court, you know, dropouts, those kinds of things, how do we capture whether or not these particular contracts have any impact and what is the impact on that population? >> Before you get the specifics, one of the things that was implemented over the last year, couple things, one is an evaluation process. We heard very clearly that in terms of going forth with what we do, whether it be direct services or contract services we need to evaluate those so we put in place a contractor who is coming in to help us develop that evaluation process so we can measure the outcomes and not just outputs. And so that should be coming forth as part of the presentation for the budget process next year on how successful we were and what are some recommendations coming from that. A second piece is in terms of the location of where poverty is and where agencies are, what we've seen, we've talked a lot about the migration of populations east and what we find is that a lot of those are not in aisd's jurisdiction so the contract with aid would not necessarily always address those students who are having negative outcomes based on the growing. Thirdly as it relates to the legacy agencies, one of the things we're looking at as we look at the next rfp is what goes into what we are looking for specifically in terms of performance. So the evaluation piece which we talked about how did they do in the past? What is our cultural competency? How reflective are they in the community?

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All of that would be part of that evaluative piece. We have begun that process. Obviously it's gonna take a while. Stephanie may be able to speak more to the specificity of it. >> Houston: That's another good example, in district 1 I have pflugerville, manor and del valle, and so as we continue to move poverty east, we need to be able to free up some of those funds so that they could in fact request -- do a request for proposal or for funding to be able to provide some of those services. But we're pretty locked in now. >> As far as -- I would like to address your question about how are we tracking with the services that are provided to children and youth. Each of the contracts have outcomes, and as you noted, yes, we do count the number of people, but we also count outcomes. So when we're looking at children and youth, we are tracking the percent of children or youth track to go the next academic level. When the agency is working with them and track them over time, they are tracking them as they progress from year to year. So they can start out with a pretest and a post test. And so over time, they're able to track them and basically see if there's improvement with attendance, as well as behavioral concerns that they may have had in school. But in addition to that, there's other agencies that are looking at the wrap-around services they are providing to the family as well because you can't only just look at the child and look at what you're providing at school. You have to look at it from a holistic lens and be able to provide those

wrap-around services. Now, one of the things we do have in place as far as, you know -- it goes back to the data sharing -- a few years back the joint subcommittee,

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city, county, and aid, came up with a pilot program and basically it is used as the family resource centers and where they are sharing that data across systems, where they are track kids and starting in elementary pool and as they're continuing to work with them and their families, they're able to track them as they transition into, you know, older grades, like middle school and high school and be able to provide those services. So those are things that agencies are tracking over time with youth and we are measuring how they are progress be annually from year to year and, you know, and graduation. >> Houston: So how many family resource centers are we pilot or is it in all of them? >> So currently -- it's no longer a pilot. It has moved into kind of full operations. And so basically it is at all of the family resource centers. >> Houston: And who receives the funds to staff that? >> So basically the -- what the -- each of the -- which of the governmental bodies are funding is they're funding the actual system itself. So the system, the support. And so the staff are funded from other sources. And so basically it is a case-management system that looks at particular outcomes. So if the -- if a person -- if a child presents and that child has some mobility issues -- and what I mean by mobility issues, not from a disability standpoint, but from a concern that the student was at one particular school and then they moved to another particular school within the same school year, then they're gonna look at that child and that family unit and say, okay, how can we stabilize you? How can we keep you from moving from school to school? So that's just one of the issue areas that they may look

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at, because that will affect attendance, that will affect behavior, and that will affect academic progress. So that's just one of the examples that that case-management system looks at. And then at the end of that, they generate a report that shows improvement in those specific categories. >> Houston: One last question. Do y'all have a way to determine if there's duplicated services from different providers for the same child? Is there a way that you share that same kind of information regarding Stephanie Hayden is being served at the family resource center? Is she also being served at the harvest foundation? Is she also being served at communities and schools? Is there a -- >> We do not have a client system. So that is basically, you know, what we would have to have in order to do that. We don't have a -- you know, as a city, a government body, we have a contract system that tracks several things, including performance payments and our contract requirements. But it does not track individual clients at the contract program level. >> Houston: Okay. So the duplication of efforts we may be paying for the same thing throughout

several contracts, but because we don't have that ability to track that information by person, by unique id number, let's say, then we don't know how many servicesha is receiving? >> There is a particular duplication across programs. We typically encourage agencies that -- you know, if they are working with a particular student -- so I'll use communities and schools, for example. If they're working with a particular student, as a part of that process is they should determine is there any other

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service provider that's working with that agency in order to avoid duplication. And so those are things that we have always talked about over the years. Now, there are situations where we know there has to be that duplication of efforts because if a person, you know, provides housing and then smartphone else is providing mental health services then -- >> Houston: And if a family needs intensive case management, of course we do. But, again, as you said in your disadvantages, the request for funding is greater than anything that we can ever allocate and so it's how did we make sure that we're doing the most with the least amount of money -- not the least amount of money, but not -- you know what I'm saying. >> Inefficient. >> Houston: Yeah. >> Councilmember, that also goes to that technology questions that were raised ability, ability to inculcate those into these areas as well, across agency where's people are getting it. So that's a part of that discussion as well. >> Houston: Great. I appreciate that. Because there's so many agencies that are look like the kids that we're talking about and can't get any kind of support from the city to be able to provide those supports. And I say to them all the time, I want people to go into my community that look like the kids that I have -- are having difficulty so that they can see a model. They need role models. They need hope and they need somebody that looks like them to say you can do this because I'm gonna walk with you until you get it done. And so sometimes that's not happening. >> I would like to add, just one quick thing. We have included some language that basically says that it's adding culturally appropriate and linguistic services. So basically what it is calling for is all of the

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agencies will have to implement a policy of how they will be able to look at the strands that have been provided from the office of minority health in order to address if there is a language barrier for there's some cultural sensitivity that comes up, how long they be able to address that as an agency? So we are well underway with that. Some of our contracts already have that on there and they've been monitored for that. And staff are gonna provide them technical assistance, and then we're on the process of getting the rest of them to have that requirement, just FYI. >> Houston: That's great. I really appreciate that, that language access that Mr. Jones talked about earlier because it's not just English and Spanish

anymore. Thanks. >> Mayor Adler: Anything else? Mayor pro tem. >> Tovo: I wanted to ask a question about the women and children shelter. That project is moving forward, but as I've mentioned before, it is moving forward at a far slower pace than I think anybody anticipated, certainly than I anticipated. And so I wonder if we could get a more specific update about where exactly it is in the process of expansion and I understood from the slides that it wouldn't be completed until February 2018. >> We're inviting public works to speak to that. >> Tovo: We're so glad you're here to provide information. >> Thank you. I can't stay too much longer. My name is robin, with public works department, I'm the project manager. So I can tell you that it's in progress right now. We're moving dirt right now. I can just give you a little outline and move back just a little bit. I think when we first started we thought we were just gonna add 22 beds and it wouldn't

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take us very long so our strategy at the beginning was to use existing impervious cover so that we wouldn't need a site permit development process. Two things occurred that changed that. One was the driveway, former councilmember Mike Martinez noted that it was an emergency issue. It was not a safe exit or entrance for the emergency vehicles. So that was something that we were asked to add to the project. The other thing is there was -- actually there's two things. The -- we had to get an extended interlocal agreement, so the time to do that was about seven months. Once we got that, there had been a change in the land development code that changed the trigger on the impervious cover. So our footprint necessitated a site permit, the driveway necessitated a site permit. So those two things add additional time, design time, and then staff load review time. So those two things delayed -- or those three things delayed us a little bit. So it wasn't just put 22 beds down. Of course there's the wrap-around aspect of the project. So we add -- we're going to be able to add more than 22 beds. We'll be able to add about 34. And that was at an extra cost, but due to the wrap-around aspect of the project, the dining is already at two seats. So if we add extra people we have extra dining. We have extra need for therapy services. So, you know, just expansion required additional remodeling inside. So do I have a little outline of the schedule. Initially, once we got the

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full gay-ahead to move forward with -- go-ahead with design we expected the final completion date to be November 2017. Even with all those delays, our negotiation with our contractor is to compress our construction project. So initially we thought what we would do is build the -- there's a stand alone day care and then the new residential area and then the remodel inside the building. So originally we thought we would do the new stuff first and then move everybody over and then do the remodel. We're

gonna concurrently do that work. So our current construction completion date is January 18. Even though we lost 12 to 18 months just in process, we think we're gonna recover a good bit of that. So right now it's January 2018. >> Tovo: Thank you. Yeah and I really appreciate that additional information. I was aware of some of the challenges but certainly not the one with regard to the impervious cover and changes in -- emergency access and impervious cover and I'm delighted to hear the number of beds has been increased. That's terrific. >> Now the driveway will be straight, it's embedded in our easements for where it's to be located. >> Tovo: Great. Thank you so much for your stewardship on that project. >> Mayor pro tem, just to emphasize, you know, that lease extension was very, very critical with the county, and the county has been nothing but cooperative with that. The other piece that I will say is that of course this contractor is doing work around while the existing operation is going. That is extremely critical because the whole nature of the individuals that are there, the women and the children, is to provide them a safe place and we really do not have anywhere else to put them and we don't want to affect that multiply so I'm quite honestly pleased with the good work staff has been doing to keep this project as close to schedule as possible,

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even though we're off a couple of months and I'm excited because of the number of beds because we're obviously gonna gain more beds than what we even originally anticipated. >> Tovo: I agree, and I appreciate that. You know, I think one thing we might consider as a policy matter, when we have something that is -- that is a city project that is such a critical and immediate need, what are the -- what are the -- is there a policy solution at the council that we can use to really make sure that those projects move rapidly through our site development process? As we talk about expedited review for private development when we're trying to create beds for women and children who have nowhere else to go, I would suggest that those should rise to the level of an expedited process as well. In fact, just as a matter of context, it was such an immediate need that we brought forward a resolution asking our city manager to begin negotiations with Travis county management in advance of the bond passing because it was such an immediate need and we knew it would take some time for the interlocal so they actually were directed to begin those negotiations on the interlocal before we knew we would have the funding to complete the project. So it's unfortunate that it got -- that it sounds like some of the delays happened within another city division. >> I was going to suggest because we did have an expedite translator -- letter that we used and the qmd, quality control staff, put us ahead of the line. Capital contracting office accelerated us as much as they could. So we did have steps where we were given some acceleration pip worked on another project previously and there was a council resolution to move it

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quickly and that would be one of my suggestions looking backwards. This project had a lot of complexity also because the property was owned by the county, leased by us or, you know, there's an interlocal agreement, run by the Salvation Army, and then in the middle of the project or right as we were getting our site permit the county sold part of that land to the Salvation Army so that created a little bit of difficult. That was just something we had to deal with. But it might help us with a council resolution on an expedited project because I had another one where we were able to move just a little bit quicker. We got to the front of a few more lines. But, you know, it's a busy city with a lot going on. >> Tovo: Sure. >> And there's a lot of workload. So -- >> Tovo: Absolutely. That's helpful, though, to know. I appreciate that additional information that you were expedited at various parts of the project. Good to know. Thank you again. >> Thank you. >> Mayor Adler: Yes, Ms. Troxclair. >> Troxclair: I guess just a general note on the conversation. Of course I appreciate -- thank you for the update and thank you for the work to make sure that that happens as quickly as possible and to you as well, mayor pro tem tovo. And I think it's eye opening and I think it's helpful for us to see that even with this being a priority and this being expedited, it still is running into what sounds like frustrating and costly delays. And I don't -- although it is important that we expedite these important projects I also think that it's good for us to see a real-life example of how some of our council -- how our land development code, how some of our council policies, some of our permitting requirements affect, you know -- affect real-life projects. And not everything of course that goes -- that is being built in the city is necessarily a priority. There are -- I mean, I don't know, there are a lot of people in my district who have expressed sincere frustration with the city processes, and of courses that why we're

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doing codenext and other things. But this is just an example of the cost and the time delays that lead to these kind of issues. Anyway, I had a couple of just general questions. How can -- how can I best understand the reasoning behind the amount that our social services contracts are increased kind-midyear and the impact of those increases? It's hard for me, when we're doing our -- of course we approve the overall budget for the department every year. And but then -- and seemingly every council meeting we have contract increases to nonprofit organizations or to some other program. And sometimes it's more than once a year or, you know, three times within two years and it's hard for me to evaluate. I guess because we don't necessarily always talk about the plans to increase certain contracts in the coming year within the discussion of our budget. Can you just at the point me understand, what is the reasoning behind sometimes when we have multiple increases to the same he's not or entity or to the same program within the same budget year why that's not done altogether? Number 2, how are those things prioritized. Obviously we have to trust our staff to know where the needs are, where the most effective programs are and things like that but it's just been something I've been struggling with as far as evaluating my votes on individual agenda items. Can you help? >> So I'm gonna try to do it in more of a snapshot and maybe in kind of buckets. So when you pass the -- when y'all are working on the budget, there is a base amount that is put into the budget.

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And so say if the contract is $500, which it's not, but I'm just throwing it out there, the contract is $500, so when council is going through their process, that's what they include in their vote. And so if you think about staff in the office, at that point staff are doing what we all call soft negotiations because at that point it's contingent upon the budget. And so during that soft negotiation we're having conversations about the $500 only. So during the course of that process, if council decides they want to do a 2.3% increase, staff have already kind of started to move that, you know, process through with the 500 in mind because it takes a lot to, you know, get to that point, and if the contracts are effective October 1 and the council does not pass the budget until the middle of September, that does not allow staff enough time to pick up that 2.3% in the conversation. So basically we move forward with what we have and what we know, and if we have renewals that will cover that, then we move it forward like that. And that means we have enough council authorization. If we don't have enough council authorization, then if the 2.3% that you may have put in for a cost of living, then we will have to come back to you to get the authorization for the additional amount. And the reason why it can come at different times of the year is because we have to go back to the table with the agency and have that conversation, because a few things we look for it depends on how much the amount is. A lot of it may be cost of

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living, but some of it, as we're looking at it, if it's a substantial increase, then we need to say, okay, we need to see a little bit more performance and we need to start talking about the outcomes. If there was a gap that had presented and the agency didn't have enough funds to kind of cover whatever that gap or trend that may have shifted -- you know, data presents and shows there's a different trend or there's a different area in the community that needs a particular service. So all of those conversations happen before we come back to council to get the authorization. And so it can happen at different times. The other thing that you see is you may see us coming at different times. And I'll use HIV. HIV resources administration, they have general fund, but we also have three grant sources. And so grant years are at a different -- on a different fiscal year sometimes. And so we have to come forward with those when we give the letter of grant award from the -- the feds or at the state level. So that's kind of how you'll see those different grant contract amendments that will come forward, and we're looking for council approval because we have above the administrative limit. So I hope that -- I was just kind of trying to summarize and put it in, you know -- >> Troxclair: Yeah, no, thanks. That's helpful. So is it always -- when we see those contract increases -- I understand that some of them -- like, in the past we've said 6% increase across the board. >> Mm-hmm. >> Troxclair: And you'll usually note that in the council item

that this is part of that council directive. >> Yes. >> Troxclair: But it seems like there's other times where the increases are not necessarily part of a council directive but maybe just a staff decision.

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So are there -- is that true? I mean, do you have the ability kind of as staff to say you know what? We really see a need here. We're gonna ask council for an increase of, you know, $250,000 for this contract, for this year. We already did the 6% across the board decrease -- or increase, but we have some extra money and this is where we want to put it? Are there also contracts that come to us like that? >> The only time that you may see that type of scenario -- and I'll use keratoss. We use keratoss during the dove springs fund because we needed to add additional funding to that contract when we worked with one of our sister departments to get that funding. And so our base budget is our base budget. So there's not an infuse of dollars that may come in unless council makes a decision through -- via resolution like we did recently like we did with the immigrant legal services. So our bottom line, our base budget is our base budget. And so the only time we get increases is when that is council directed and funds are shifted over. >> Troxclair: Well, I guess it might not -- I understand that -- you know, the base budget doesn't increase, but there's flexibility within your budget, you know, to spend less -- I mean, as long as you stay -- as long as you stay within the ultimate -- the amount of money that's been allocated to the department, there's flexibility within the -- within each department to spend money as they see fit so there could be cost savings from vacancies, there date of birth we thought we were gonna do a fact-finding trip to here and we didn't end up going. I mean, there -- so -- but it doesn't sound like it does -- >> No. >> Troxclair: That happens quite often. >> Two things, is that the social service contracts have their own fund. So they are separate from personnel. So just FYI. It's two separate, different funds. So we don't cross-mix those.

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But, no, I mean, at the end of the day, it's -- you can just see it as a bank account. So if there's a bank account for caritos and we committed to fund them, then we set up that particular bank account for them to pay them off of that that. >> Troxclair: Thanks for that clarification. It would help me to have some kind of visual to understand -- to. >> Speaker1: One place all of the nonprofits that we give money to to implement some of our social service goals organized by the category of service that they provide? So here's -- you know, we do this much to habitat, for housing, this much for salvation Army. And you may already have that. Just so we can see how much we're spending in each area and where the overlap is. >> We actually provided that in your backup documentation. So there is a list that was posted to the web that Mr. Bandino sent out. So you should have that as a relatively big, bulky spreadsheet. >> It's at

the back of the tab? >> No, that's the -- it's behind that. It's at the back of it. So flip it. Just flip your packet over. >> Oh, flip my packet over. >> Council member, the other thing that we'll do, since obviously there's a lot of interest and council member Houston said, something we're working on for some time. We'll start including in the data as we're developing all of the specific outcomes what we have in terms of outcomes out of these contracts. We'll start building that into the database as well. So for now, you have the spreadsheet that has all the non-profits, but we're going to

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start including that and we'll try to get you that list at some point. I don't want to commit staff at some particular time, but we'll start including that as well. >> Troxclair: Thank you. I see the list of non-profits, but it looks like it's in alphabetical order, not necessarily organized by the type of service that it provides. Am I looking -- is that accurate? >> Sorry. I keep turning it off because I'm coughing a little. Sorry. If you look at the very first page where it starts with creative action, and if you look across from left to right, it gives you the issue area in which that service falls under. So creative action, for example, is child and youth. And so it gives you, you know, all the columns, and at the bottom, very bottom of the column, then it will tell you how much we spend per issue area. But that is the type of service that that agency provides and where that funding falls. >> Troxclair: Thank you. I might have more questions once I'm able to look. That's helpful. That's a good start. My last question, does the metric that you had about the number of women who are on wic programs that breast-feed after they give birth to the baby? Is that any kind of breast-feeding? Is that breast-feeding for a certain amount of time? >> Donna Sunstrom, assistant director for commune services. That's any breast-feeding and all. So it's initiating breast-feeding, so that could be ones that could be -- you know, she's ongoing doing dual feeding, personal feeding, or it could be exclusive, so it's counting all. >> Troxclair: Okay. I know I had talked to -- I had inquired with our facilities just about the city of Austin,

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where we have private meeting space for women who are working to try to breast-feed. Because just from my personal experience, that was the hardest thing, the pregnancy and birth. Anything was the breast-feeding part. So I really feel for -- and I had it relatively easy considering that I had a supportive family and time off of work and, you know, the resources to focus on it. But I really feel for the women who have to return to work quickly and don't have the ability or the time or the energy to devote to that. I would hate to have that as a metric, knowing that some women -- it's not possible for them, they don't have the energy or resources to be able to do that. So thank you for clarifying that. >> I just want to add, you're exactly right, the challenge is there, and we continue to work across the community

because with employers to get more mother-friendly work sites, and even within the city. We have the administrative bulletin, which was a great stride in that direction. But we still have more work to do to make sure that, you know, the support is out there, that we have the facilities, collaboration across the board. So we continue to work on that effort. And we did have some exciting news with our moms place lactation support center. We did have an additional grant that open it up to anyone, so not just women that are on the wic program. So that's additional support out there. So hopefully, we try to market that to our city employees and out in the community as well. But I hear you. The support is important. >> Troxclair: Let me know if you need help with that. My last question was, the nurse family partnership, I learned about this program relatively recently, but I've been so impressed with the support that they are able to provide new single mothers and their successes in reducing, you know,

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children's -- percent of children who are eventually incarcerated, but lots of other metrics. And it looks like, from looking on their website, it looks like they do have services in Travis county. Do you know if we're working with them or what they're -- >> The partnership is run out of any baby can, so we definitely collaborate with them and do referrals to nurse family partnership. So we do work closely with them. There's an exciting new grant opportunity that just came out about a couple weeks ago to even increase home visiting programs, and so there's opportunities for Travis county, which hasn't been in there in the past. So there might be some additional funding that we're seeking out for the United Way. >> Mayor Adler: Okay. We need to move on. You have a quick question? >> Can you just talk to me very briefly about why the hiv/aids disparity is so high among black folks? And what are we doing to reduce that? >> Well, the numbers are not as high as the rate, and that rate represents the proportion of the population who has the disease within that population. The primary reason is that access to care, knowledge about information, the social determinants, all of those are factors that contribute to the negative health outcomes in terms of HIV in the African-American community. >> Houston: So the rate is because we're such a low number in the population, and the incidents, that's what makes it so high on the chart? >> The number of African-Americans in the African-American population that are positive of HIV, that ratio is much higher than the number of white in the population who have HIV. So that's the correlation there. >> Houston: So anything that I can do to help get the word out so that we -- so this is a

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stigma in the black community, so we've got to not do that. Anything I can do to get the word out so we can start letting people know where they can go to get tested. >> We have several initiatives under way to begin to address this, that we'll be working with you to address that. >> Houston: Please. Thank you.

>> Mayor Adler: Ms. Kitchen? >> Kitchen: If you already addressed this while I was out, that's fine. I'm wondering about the disrup dollars. I know it's early on, but I was curious what the latest was on whether we expect those to continue or if we should start looking for dollars to replace those. That's the 1115 waiver. >> Yes, ma'am. A little bit of both. So we have recently hired a grant writer to start looking and pursuing funds to continue those projects. The state has requested an extension, and that has recently been submitted to the federal government, so we're waiting to hear, so it's unsure if it's going to continue beyond this calendar year. So it will officially end December 2017, but we're hoping that it will continue if the state's application is approved. >> Kitchen: And worse case scenario, if it doesn't, and if you don't know this, you can provide it later. I'm just wondering what the dollar amount is that we're looking to replace. >> We're looking to replace? >> Kitchen: I mean, if those projects ended in December -- you know, next December, how much money would we need for the rest of the year to continue? If you don't know that now, you can tell me that later. >> Actually, the moneys we've drawn down, we actually do have moneys to continue those programs for a few years beyond the end of the program. >> Kitchen: Okay. >> But we're talking, all ten projects, we're talking about $4 million a year. >> Kitchen: Okay. >> To keep them as-is, without

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any modification. >> Kitchen: Okay. But it sounds like the issue would not be next year, it might be -- >> It would be in 2020. >> Kitchen: Okay. Thank you. >> Mayor Adler: Anything else? >> Thank you very much. We had a study we did several years ago that showed that we were lagging behind other cities. And we've now been able to invest some money I want to make sure we're tracking. Can you update that study, take a look at us, and tell us as we're going into this budget season where we are on that? >> We can do that. >> Mayor Adler: Thank you. We're now going to the next -- >> Is there any way to get the copies of the videos they've done? Oh, is it in there? Okay. >> I think that the link -- >> [Off mic] >> Mayor Adler: Had the link to it on YouTube. >> Good morning, mayor and council. I'm the chief animal services officer for the city of Austin, and I have with me today deputy chief in animal services Leanne chenafel, and also Joan Hamilton Hubert. Just a little bit about who we are in animal services. Every year, the animal services offices programs and services touch the lives of not just -- not just tens of thousands of animals including companion animals, rabbits, livestock, in our community, but also the people who love, care for them, and live near them.

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With the support of 109.5 budgeted staff positions, dozens of part-time, temporary, and grant funded employees, almost 800 volunteers, foster families, rescue partners, and the support of the community.

The Austin animal -- excuse me, the animal services office achieved a record life-saving rate of over 97% this past year. And Austin remains the largest no-kill community in the country. Another point that I wanted to share with you is that I serve on the national steering committee for the nation's no-kill initiative. We hope to achieve that by 2025. We also presented the national conferences and we're considered the role model for municipal shelters in the United States. Staying on this slide, annually, 17,000 dogs and cats come through the Austin animal center where they receive temporary safe shelter, necessary medical care, nourishment, and enrichment. Over half of these pets are adopted through one of our two physical locations, the Austin animal center, and then the temporary space that we utilize at the town lake animal center. Also at one of the dozens of adoption -- community adoption events, or adopted straight from our 900 foster homes after being spade, neutered, vaccinated, and microchipped. The significant majority of the rest of these pets go to over 150 rescue partners for placement, or the return to -- they return to their owners. Animal protection officers defer an additional 3% to 5% of potential pets through a return and field program to prevent them from even entering the shelter and ensuring that they get a home. In fiscal year '16, this was over 700 animals, primarily

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dogs. Life-saving efforts extend to wildlife as well. Our animal protection officers have transported over 300 injured wild animals to our wildlife rehab partners. The animal protection officers receive over 30,000 calls for service annually, with approximately a third of these calls requiring multiple actions to resolve. These calls include injured animals and wildlife proper care complaints, stray animals, including livestock, bite reports, and wildlife conflicts. Thousands of community pets benefit from free and low-cost spay-neuter surgeries, vaccines, and wellness services, which the animal service office provides through contracted services through the Austin humane society. These mobile clinics are located in eight of the highest intake zip codes around the city and county. A little bit about our budget overview. Here we'll look at an overview of the animal services offices 13 million budget. Please note a little over 12% of that funding comes from an interlocal agreement with Travis county. Over half of the animal service offices budget is for direct care needed for the 17,000 animals taken into the center. Less than a quarter of the budget is spent on community services. If you look at the pie, with that piece of the budget pie influences everything else that happens in the center. Consider in 2010, we were still intaking over 20,000 animals. We were able to make significant progress in lowering that intake and increasing life-saving because of recognizing the value of a community focus. Animal protection strives to balance enforcement requirements with an engagement approach because the latter works with residents to resolve the root causes of animal related issues

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and helps break that cycle. Prevention and field work is less costly than caring for animals at the center, which is an important point, and it's also less risky to the life of the pet. Reducing the volume of animals intaked at the center means less stress on the shelter services activity budget, and the flexibility to focus resources on the animals and the people that need the help most, which increases our life-saving. Animal protection and prevention are also the first step in resolving neglect and preventing animal cruelty situations. Additionally, they provide response to community emergencies helping with evacuations such as during October 2015 floods. I know you're familiar with other emergency response responsibilities include deploying shelters in partnerships with pard and red cross and canvassing affected neighborhoods to distribute needed pet supplies during these situations. In all, when thoroughbred farms flooded in eastern Travis county, this is what animal protection officers did. We've been working to refocus our messaging to promote return to owners by offering more neighborhood microchampionshiping, clinics, and changing to bring pets in during holidays with fireworks, we're switching from encouraging people to bring outdoor pets in and switching to promoting free chips and id tags and reminding people where to find their lost pets when they get out of their yards during these events. We'd like to see more than 3,000 animals returned to their owners, because over 2/3 of dog intake is stray. Less than a third of those dogs go home. Most of these pets have obviously been cared for at some point. They are in good health. Increasing the rate of which animals are returned reduces overall length of stay at the

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center, which corresponds with lower costs. Rescue partners are valuable, not just to facilitate these outcomes, but also for the behavioral and medical support that they can provide to some of the neediest cases. Austin pets alive and the Austin humane society take almost 4,000 of these pets. A look at the department budget overview. Over 2/3 of the animal services office budget is related to personnel costs. An audit in 2015 cited concerns in capacity for direct care for animals at the shelter and in animal protection officers' response times in the field. This in part resulted in additional positions for animal care and enrichment and animal protection teams. Most recently, as part of the fiscal year '17 budget process, we acquired three additional animal protection officer positions which we are in the process of filling. The Austin animal center has nearly round-the-clock needs to provide quality care for the pets in our care, and to meet the needs of the public. Animal care staff work from 6:30 A.M. To 10:00 P.M. Every night. This is the largest team which provides direct hands-on animal care, including care and feeding, kennel cleaning, and providing enrichment. Animal protection officers provide service from 7:00 A.M. To midnight, and on call service for injured or stray animals and other services from midnight to 7:00 A.M. Animal protection officers are also put on call during storm events. Looking at our capital budget, animal services office, one capital improvement project as director Jones referenced is a joint project with Austin public health. We broke ground at the end of January for the campus improvements, including drainage to better manage storm water

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runoff, road improvement, parking lot improvements, and kennel and play yard expansion. The expansion of kennel facilities at this campus is important for two reasons. It means we should not have -- we would not have to utilize any kennels at the town lake location, and just as importantly, it's expanded spaces for visitors to interact with pets for adoption. The better the quality of the interaction, the more likely someone is to adopt that pet. Looking at the demographic and operational factors, population growth and development in our community has primarily impacted animal protection and field services. Priority one and two calls, which are calls involving emergencies where the life of the person of an animal is potentially endangered. Active bite and rabies exposure investigations. And requests for summit for public safety agencies have increased around 2,000 calls per year. In fiscal year '14, there were over 14,000 of these category calls. In fiscal year '17, there were over 19 of these calls. Earlier in this presentation, I mentioned that around a third of the calls cannot be resolved in one visit. So the total number of activities handled by animal protection was over 43,000. With a newly allocated positions, we will have 18 field officers and two lead officers who run all those calls for the city of Austin and Travis county, which is 900 square-mile footprint. The more calls there are to run, the less time there is to focus on bringing them to the best resolutions possible. Remember, arguably, what decreases intake and potentially has the largest impact on the overall budget is field services and prevention's ability to successfully address animal services needs in the community. Additional challenges, which can be somewhat difficult to

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anticipate, include emergency medical cases, which may include stray, owner surrendered, and animals taken in to custody from legal cases and length of stay for larger dogs. Some of the most common emergency needs include wound repair, managing broken bones, and mass or eye removal. Common emergencies for owner surrender pets include animals needing extensive dental work and those who have ingested a foreign object. Most of these can be too costly for many people in the community to afford to treat. An additional challenge can be the length of stay for medium and larger stay dogs. Although these dogs are popular, housing options in our community can be difficult to find and can be costly for them. The longer the stay of an animal in the shelter, the higher the cost of care for us typically. Reviewing prior council noteworthy actions related to the animal services offices. Prior council options, which include how we operate, including the adoption of the no-kill implementation plan. And adoption of the city's policy in 2014. The no-kill implementation plan essentially changed the way Austin animal center operated and shifted the focus of the Austin animal center to finding life-saving outcomes for animals without compromising the quality of life or public safety, which the animal services office

has been successful in achieving. The coyote management policy was discussed as recently as last November. Some key indicators to review with you. Trending positively. A ke component of dramatically

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increasing our outcome between 2016 and 2015 was a restructuring. While it helps elevate the quality of care for all the animals, it also helps focus animals more intently, which places them at risk in the center environment. An increase in completing more priority calls was partially achieved by increased staffing between 2015 and 2016. During this period, field services gained two positions, which replaced officer positions previously cut during past cost-saving measures. The team also looked internally to find efficiencies and we changed some dispatch processes through adding take-home vehicles and using compass track software to identify the position of officers in the field to dispatching priority calls to ensure officers receive calls closest to their current location, rather than dispatching based on district assignment, which saved time. It was more efficient. An increasing number of animals sterilized in the community increases the need for these animals. It is an important opportunity to talk to pet -- pets, and what they need to care for them properly. And it gets more pets microchips, so if they do become lost, they're more likely to stay out of the center and more likely to find their way home if they do become lost. Horizon issues for the animal services offices are primarily centered around the changing needs in the community. Intake is falling for the jurisdiction for the community as a whole. In fiscal year '16, intake per 100 residents was 1.3 animals. However, a closer analysis of data shows that this progress isn't being made equally. Zip codes east and south of

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downtown have intake three to four times that of the jurisdictional average, as well as a lower than average return to owner rate for dogs. We have outreach resources and aren't connecting with everyone in the community who has need and can benefit from those. We need to increase our presence in the community through additional animal protection officers and more pet retention and prevention programs. More animal protection officers in the field also provide a better quality of service through faster response time and greater ability to focus on call resolution. The more officers can focus on prevention act hits, the lower the instance of -- the lower the instance of nuisance animal behaviors and less likelihood these animals will end up at the center. Housing restrictions affect both people and pets, and continues to be -- excuse me. Yes, housing restrictions continue to affect both people and pets, and I touched on that earlier. So I thank you for your time and attention this morning. We do have some topics for council consideration, and also obviously questions. I can review those topics for consideration, or I can field any questions at this point. >> Mayor Adler: Questions at this point? >>

Thank you for providing all that insight as you went through the slides. It sounded like you were citing some additional numbers that I can't find in the backup. Can you make sure that we're provided some of those exact numbers? Because it kind of went through pretty fast. Just e-mail the PDF of whatever it is. >> Absolutely.

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>> Mayor Adler: Yes. >> I want to understand on the microchip program that you have. How much does that cost per animal? And do you -- I guess the clients or the people that come, do they have to pay for this insert, the microchampionship insert? -- Microchip. >> Microchips are provided at no charge through an allocation. There are additional costs to register chips with certain companies. However, the animal center keeps records of all of those microchips that are implemented, so if someone picks up a dog that's microchipped with a chip of the animal center, they'll be able to contact us and we'll be able to get that information. >> Renteria: That's great. The only reason I'm asking that question, is because a lot of people that are moving in, and for some reason, pets just don't like to be moved from where they're used to living in, and they're constantly running away. I'm having people contacting me saying, well, have you seen my animal? It looks like -- they have posters all over. I say, how long have you lived here? They say, we just moved in. I wonder if there may be information, news that we could broadcast or insert in some soft utility bills saying, hey, if you're moving, if you're planning to move, please, the cost is minimal, I guess, for

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the chip. If you can get the chip, so if it ever does run away, we can locate your pet. >> I think that's an excellent point, and we can work with your office on making sure those neighborhoods are connected to the resources. The other thing I'd like to mention is that in addition to pets adopted or return from the Austin animal center, any resident or the unincorporated areas of Travis county can come to the animal shelter and get the microchip for free. >> Renteria: Great. Thank you. >> Flannigan: On the slide 9, the key indicators, I really appreciate that the number of animals sterilized is separated between total number in the community versus number that we provided at the center. I think it's important to note that we're measuring the actual quality of life in a broader sense compared to just what we're providing. But the chart has some pretty big variants. Can you help me understand -- I mean, was there a policy change, why it changed so dramatically in 2013 for the animal center? The number keeps going up for the community, but the number is going down at the center. Are there outside groups doing more of this work? Help me understand how these numbers are changing over time. >> Yes, I'm looking at that. >> The spay and neuters done at the Austin animal center are also a function of the animal's status

when it comes in, so we would hope to see as spay-neuter -- access to spay-neuter services in the community increase, we would hope to be doing less surgeries per animals at the shelter, because that would mean that pets are surrendered, or pets that are coming to the shelter are stray, hopefully we're connected with those resources previously. So the sort of downward trend corresponds arguably with the upward trend. One of the things that we are always looking at in terms of

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access to spay-neuter resources with the community is analyzing our client attendants at the mobile clinics to make sure that we're reaching the areas that are most in need of those services. So part of the 2015-2016 uptake is a function of manipulating those locations and adding clinics. >> Flannigan: So the city is from providing spay-neuter service not just at the Austin animal center, but this one chart is just the Austin animal center, so -- okay. There's more detail there. Great. >> That's correct. We are funding the emancipet mobile clinics. >> Mayor Adler: Okay. Ms. Houston. >> Houston: Thank you all for being here this morning, and thank you council member, Flannigan, because I had that same question. From 2013, what's the downward trend? But emmanci-pet is providing most of those services in the community, as I understand it. We've talked a lot about loose dogs, not only in district one, but in other districts in the county. So what is the relationship with the county and animal services regarding loose dogs in both Travis county, in the etj of the city, and in those far eastern parts where we get complaints all the time about loose dogs. Was there a chart -- I left for a minute. Was there a chart regarding how many calls we get about loose dogs? >> There's not a breakdown in where those break down by district. Obviously, we can make that information available. One of the things, and you may have been out of the room when we talked about it, but we -- through more intense data

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analysis, we are able to look at areas in the county and the city that have differing needs in the jurisdiction as a whole. So one of the things is we have set aside funding from the Matty's fund grant, targeting some of those communities that have a disproportionate number of loose dog concerns. >> Houston: And that will be the county too? >> Yes. >> Houston: And we get a lot of complaints about coyotes in west Austin, but we get complaints about feral hogs in east Austin and off of toll road 130. Are we looking at that as something that animal control is responsible for? Or is that something else? Whose responsibility are the feral hogs? >> Nuisance wildlife complaints in the county are handled in a different manner. So they do not come through the animal services office. There are occasionally calls from residents in the city who believe that they have feral hog issues and when they call us, we talk to them about medication techniques. >> Houston: So can you give me the appropriate person in Travis

county that I should be referring people to so that they don't get the run-around? >> We'll get that -- I can either get that from the county and pass that on... >> Houston: Okay, that's fine. They're there. And I guess my last question is priority one calls. Did you all -- I'm sorry, I have two more. What's the average length of stay of the middle to large size animals? Is that in here? Did I miss it?

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>> That is not in this document. Typically, smaller dogs' length of stay are between two and four weeks, and medium and large dogs can stay up to a year or more. Although the average is probably closer to three months depending on capacity at the shelter. >> Houston: So is there any way you can give me the information on the longest length of stay and the average length of stay for the large dogs? Large to medium dogs? Just send it to me. >> Yes. >> Houston: If everybody wants it, send to everybody. >> We can get that. And I also wanted to mention that we have -- additionally, we added a grant fund position that will be addressing the needs of medium and large dogs and hopefully moving them to foster, which increases their chances of adoption -- increases their chances of a faster adoption and decreases their length of stay at the shelter. >> And two things contribute to the length of stay of medium and large dogs. One was return to owner, and that's something that we're going to be working on this year that I referenced in my presentation, and also, too, housing restrictions make it difficult for people to even adopt a pet if it's over 25 pounds. And so that's another phenomena that people are dealing with. >> Houston: And the last question is regarding the priority calls. Could you describe what a priority call is? Because people think they have them, and they don't. So... >> Yes. >> Houston: And what's the response time of a priority one call? >> Certainly all calls are important. The priority levels are triage and calls, so we get our personal power resources to the most pressing needs faster. Priority one and two calls include calls where an animal is

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injured. Calls where there's a concern for the safety of a person, so if there's a stray dog that is acting aggressively, that's a high priority call. Stray dogs near schools or daycare facilities are higher priority as well as active investigations and concerns about rabies exposures. >> Houston: And the response time for those? >> The response time target for those calls is within two hours. >> Houston: And what if -- what happens if a person has one of those situations and they're told that it would be 72 hours before somebody can come out? What should they do then? Besides call my office. >> I would advise them to call 311 and offer additional information. Calls that fall into those categories should not receive that response. >> Houston: Okay. And then the last one is that I had a situation where an elderly woman, she was in her 80s, found a snake, a rattlesnake in her kitchen, and she called 311, and she was told to call a

exterminator. Of course, elderly people don't have money to contract with an exterminator. I'm afraid of snakes, so I consider that a priority one call, but in her 80s, I would certainly consider that that. So how do you all handle those kind of differences when you've got someone that's elderly that doesn't have the financial resources of somebody that's privileged to call an exterminator to come get the snake? >> That is, unfortunately, not something that falls under animal protection scope. So we do not remove snakes from living spaces.

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Unless it's a non-native snake. >> Houston: Wow. >> That was correct information. >> Houston: I'm sorry? >> So that was correct information. >> Houston: I'm sure it was correct, because she told me that. But when people are elderly and don't have the privilege or the ability to call an exterminator, then she was terrified by that. She had to find a neighbor later on in the day. She was left the house. And so although it's not under your purview, you know, we're faced with people that don't have the kinds of resources that some people have to be able to call an exterminator to come get a snake from. >> Council member, I think that's an excellent point, because I think there's limits in terms of what the animal protection officers have focused in on in the past. We've had situations where, you know, everything from deer to -- you indicated feral hogs, a number of different other type of animals I think people automatically think of. But I do think you bring up an excellent point that we will certainly look into to see if there's a resource beyond having to call somebody from the commercial end and force somebody to have to pay to exterminate that situation, to see if there's some sort of resource that might be able to help folks, especially an elderly or somebody that doesn't have the funding for that that might at least be able to assist them in that situation. So we'll certainly look into it, but that's not something in the scope of animal protection. >> Houston: And I appreciate that, but you have to understand as we continue to encroach upon territories with development, we're going to have those kind of incidents where the dogs and the cats are not going to be what's in people's houses, it's going to be -- I got a call the other day about a fox coming through somebody's backyard. And so you might want to think about putting out information

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about, you can't call us about these, but you can call these people. So that people know that, because we're the ones encroaching on their territory, and they don't know what to do, and so they end up in somebody's house. But that would be helpful to find out what other resources are there, because we have people who are disabled who are not going to be able to call and pick up the phone and call ABC. >> Okay. >> Houston: Thanks. >> Could I just comment further on that? Thanks for doing that, and also,

hopefully, we will find people who wouldn't just automatically go out there to kill whatever the animal is. I mean, I recognize that they can be -- some snakes could be poisonous poisonous, and some animals can have rabies, but that's a separate category. But just automatically assuming that we're going to go out there and put the animal down, I hope that wouldn't be the first instinct. >> Houston: If it's a snake in my house, I want it killed. It's my house, and I have a right to be safe in my house. I'm sorry. I understand that that's some people's perception, but there are other people whose perception is it's dangerous. I can't tell whether it's a safe snake or a poisonous snake. I want it gone. So I have the means to be able to do that. I'm just saying other people in my district don't have the means, and we need to think of other ways to manage their concerns and their expectations of their quality of life. >> Mayor Adler: Mr. Flannigan. >> Flannigan: Thank you. I keep coming up with more questions. I didn't have enough time to sufficiently preview materials to lay it all out at once. You mentioned the microchips, and I think it's a really great question. Previously, we talked about data sharing on the public health side. I certainly have residents whose dogs get out and cross the

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street into Williamson county etj, and if they get picked up there, they're not necessarily making it to the animal center, but they may have an animal center microchip. So is there data sharing between facilities? Can you explain that a little bit? >> Yes. So Williamson county is very dedicated to achieing live outcomes for their pets also, so when they have animals that -- with chips that aren't registered, but trace back to the Austin animal center, they will reach out to us, and we will help provide information either by calling, you know, the person of record, but making sure that they're able to make that connection. >> Flannigan: Excellent. I've assumed that was happening, and my community will be glad to know that is happening. On a couple of slides, especially activity page 11 where it says that the animal center provides seven day a week services for residents needed to drop off animals, I have other constituents that are concerned that manage intake is the opposite of that. Can you help me and help the community better understand when and what the animal center -- when they're allowing animals to be dropped off and when they're not? >> Yes. We had a -- did we say it would be a dozen or less last year? There was probably a dozen instances out of the 365 days that we were at capacity, and that we we were in a emergency mode of intake. Let me back up. Part of the no-kill plan that was adopted by mayor and council and staffers instructed to implement, one of the components was managed intake. And that means that we would be intaking emergencies always, but if it was a convenient surrender, we'd be offering counseling, resources, information. So somebody could rehome their pet themselves. If they didn't have room, because we didn't kill for convenience or space, they would

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make an appointment to come back at a later date. So that's been going on since the no-kill initiative. This is nothing new. When we are at capacity, because we don't kill for convenience and space, in the past fiscal year, there was about a dozen times to either do what was primarily flooding events. My first day here in Austin was emergency operations in the city two years ago. And so, in those instances, we are not closed. We don't close. We normally would be taking in 100 pets a day. When we are managed intake, we're taking in about half of what we normally take in. We're still taking in emergency. One of the things that some folks don't realize about no-kill is that it's not a building or an organization. It's the community that's no-kill. So we also implement, found fosters. So if somebody found a lost pet, we would give them a kennel, a bed, food, leash, tag, collar, everything they need, and fliers for that pet, and if somebody is willing and able to keep a lost pet during a storm event, a holiday event, keeping the pet in the community that it was lost in greatly increases the chances of it finding its way home. Because it's a 900-square mile jurisdiction. Someone may not know to look at the animal center. They may not want to come in with their I.D. Maybe they're nervous. Maybe English isn't their first language. Maybe they don't have transportation. There's a whole myriad of reasons why somebody may or may not come to us looking for their lost pet. So we do utilize found fosters. But we've never been closed and managed intake has always been part of the equation. I will tell you, we actually have empty kennels for the first time in history of Austin animal center right now. And we've been working very, very hard on that. We had almost 30-day wait for

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intake process and working with Austin community center and Austin pets alive. We've cleared that up where there's not that long of a wait, but we do still implement as part of the no-kill plan. It's also February, and spring and summer are our busiest seasons, so I wanted to share it, but I also touch wood because we're coming into our busy season. Long answer. >> Flannigan: No, no. Thank you. And really part of this is just getting these answers. On occasion I've had the luxury of having in meetings with staff, but wanting to have the conversation explained on the record for the community to share. >> And one other thing I wanted to add. When we are at capacity and it's kind of emergency procedures, we have medical staff, animal protection staff, supervisors, volunteers to assist, who are in the parking lot triaging every person that comes to us. So we don't lock the door and put a sign up. We have our mobile adoption unit, or we have a tent in the parking lot. When people pull in, we let them know we're at capacity, and case by case, we evaluate, do we need to intake this pet? Is it truly an emergency? Or is this something a partner could help with? Or if it's a found foster. Or is this in somebody's moving in a month, and we can take all their information down and they can come back when we have a little more space. Does that make sense? >> Flannigan: It does. Thank you for that complete explanation. And my last question is really for assistant city manager or the city manager. I noticed that the goal for percent of priority calls completed is 100%. But as we went through three public safety presentations, not a single one of their goals was 100%. So it seems interesting that the goals here are so much higher than they are for emergency services we're providing to the humans in our community. I guess my question is

really how did we decide on 100% as a goal for this compared to the percents we're deciding on our other services?

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>> Can you speak to -- >> Sure. What I will say, it's really going to be a department by department assessment in terms of how they want to be able to keep tabs on that. And we depend a lot on the departments because obviously in terms of what they can track and how they can track it and at the end of the day, what we want them to do is to be effective in tracking. We are having to go back and rethink those numbers, because it's the same thing we're having with some of our other departments. You know, do you continue to put that number, when we know realistically that we don't have the resources, like, for example, the presentation you just had a few minutes ago from Austin public health about the inspections for our environmental health officers. The goal is to get to two inspections a year. Well, we don't have enough inspectors, and because of all of the food trucks and the special events and the increase in restaurants, we just cannot catch up. So is it realistic to keep saying we're going to try to reach the two when we're probably not going to get there, unless we just have a huge influx of resources. Same thing applies here to that 100%, because of the increase in the population, the increase in the calls that staff just talked about. So the short answer is I think we're going to have to rethink that number because realistically, I don't think that we can get to 100%. >> Flannigan: I appreciate your explanation. It's precisely why I'm enjoying this budget work process, because whether or not a department is meeting its goal then becomes part of the case to increase the ftes in the budget. >> True. >> Flannigan: And if we're not able to have these long conversations, and I'm glad that we are, then we end up with these shorter conversations that says we're very close to meeting our goals, we just increased our budget a little bit. But the goal itself is maybe not aligned on the same set of policies or beliefs as a council

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that we should be considering. So if one department's goal is 90%, another department's goal is 90%, both of them come to us and say we're close to meeting our goal. It might change the hard choice about where we put the next dollar. So I'm looking forward to that longer conversation. Thank you. >> Mayor Adler: Yes, Mr. Renteria. >> Renteria: Have y'all looked into using -- or do y'all use next door? >> We do. We do utilize next door, and actually, that's part of the -- when I was talking about the community support, that it's a no-kill community. Not a building or an organization. Next door and Instagram and Facebook has been really, really helpful in people getting lost pets. You know, I've got a pet, it's in my garage. I put it in kennel. Who's lost the pet? Put a photo up. They report it to us as found, and we're

getting pets back into homes much more quickly. We use next door through the public information office, when something is relevant to the wider community. Meetings, events, clinics, special events. >> Renteria: That's great. I've noted -- and I do follow next door in my neighborhood, and it's really successful in getting people's pets back when they take off and run off. Thank you. >> Mayor Adler: Anything else? >> How do we do the Thursday program in Austin council meetings? >> The Thursday, where we have the van out here? We actually -- with the weather turning in our favor, we're planning on bringing it back. So I'm glad you asked. >> Mayor Adler: I'm saying we looked at the agenda, we may have a crowd of people here on the 23rd. We take a look at that agenda, and maybe it's time to do that

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at the council meeting. >> Thursday. The clinic the mayor is referring to was actually purchased with a grant from the foundation. Those weren't city dollars. It's a lovely -- I meant the van itself. The outreach van is what I was referring to. That's our plans. They have fursdays once a month. It was very popular on 2nd street, and we've been using it at outreach events. It's raised our profile. >> Mayor Adler: The mayor pro tem speaks of it very fondly, and having that at the council meeting may help elevate the visibility for the program. >> Thank you. >> Houston: I appreciate that, because I'm a dog lover, and I love them, but there are people who are afraid of dogs and there are people who are allergic to dogs. So as much lead time as we can, if the dogs that are coming in the building, and those people can take responsibility for covering their faces or being out of the way. We had some complaints about that last time. >> Mayor Adler: Okay. Let's make sure we accommodate that in terms of how we present that or where we present that. Anything else? This section stands adjourned.