

City Council Regular Meeting Transcript – 6/13/2018

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[2:03:42 PM]

>> Houston: Good afternoon. My name is Ora Houston. A quorum is now present so I will be calling this meeting of the health and human services committee of the Austin city council to order. Today is Wednesday, June 13th. We're meeting in city council chambers, 301 west second street, Austin, Texas. The time is 203. I want to remind everyone who parked in the garage if you have a ticket that needs to be validated, please take it over to the liaisons and they will make sure you get that validated. First item on the agenda is the approval of the minutes for the committee meeting held on may 16th. Please take a moment to review that and I'll entertain a motion to approval. It's been moved and seconded that the minutes be approved as submitted and all in favor say aye.

>> Aye.

>> Houston: Unanimous on the dais. Citizens communication. We have five people who have signed up to speak on items that were not posted on the agenda. So I see Gus Peña is first, but I don't see Mr. Peña. I'll come back to him if he shows up. The second person is Keesla Barlow. Is Ms. Barlow here? If you will come up to the podium right there. If you'll give it to one of the folks right there, they will hand it out. Welcome.

>> Good afternoon, chair Houston and members of the health and human services committee. My name is Kelsey Barlow and I am speaking today to request your support for strengthening the adoption screening process at the Austin animal center.

[2:05:51 PM]

While many of the adoption facilitated by Austin animal center are successful, there are documented cases of animals being neglected and abused by their adopters. Many suffer for a lifetime after unit adoptions that could have been prevented. Austin animal center should go beyond the application process and implement additional screening of potential adoptions in order to protect the animals in its

care. Presently adopters provide id, address and if they already have pets, contact information for their veterinarian. Unfortunately this information is not verified by the shelter before an adopter is allowed to walk out with the cat or dog but is requested for the sole purpose of locating an owner if the animal returns as a stray. Very little is done to ensure the adopter is fit to adopt. In addition, no follow-up is done to ensure that the animal is safe and receiving adequate care in his or her new home. One no-cost solution would be to ask adopters to allow the volunteers to make follow-up phone calls. Volunteers would check on the new pet to see how the pet is adjusting to the new home and answer any questions that the adopter might have. This is a method utilized by rescue groups and shelters and has prove even highly successful in -- the adopter would sign an addendum to the pet agreement in use by Austin animal center. The adopter's name, address and phone number is a matter of open records so there would be no violation to provide this to needed volunteers for this purpose. Having high out come rates is meaningless if animals go on to live miserable lives of abuse Anna equity. Bless direct the chief animal service officer to mandate information and allow volunteers to do follow-up calls to check on adopted animals' welfare.

[2:07:52 PM]

Thank you for your time.

>> Houston: Thank you for coming. The next person is Tom Rott, and if you'll put two minutes on the timer, it's two minutes.

>> Thank you very much. I'm actually a volunteer with Austin animal center as well. I'm asking today in terms of talking about dogs being walked at the shelter. So currently we have a problem with dogs not getting kennel breaks on a regular basis. Currently we have an issue of between 30 and 100 dogs per day of not getting walked. I would like to ask for two things from the health and human services. Number one, two allocate funding for the 2018-2019 budget season for paid dog walkers. Those would be full-time employees that walk dogs at the shelter to ensure every dog gets an opportunity out of kennel for bathroom breaks, exercise and positive human interaction. Also to have metrics in place for tracking that particular metric of dogs out of kennels. So currently we definitely track live outcomes, but if dogs stay in kennels for years without breaks, obviously the live outcome have minimal to do with the dog's quality of life. I'm asking for two things. Number one, paid dog walkers at the Austin animal center for helping ensure dogs get bathroom breaks, positive human interaction and exercise and we use a method we call dogs out of kennels. What the average number of dogs that don't get breaks out of the kennels on a regular basis is something that in addition to live outcomes should be used at the Austin animal center. Thank you.

>> Houston: Thank you so much. The next -- the next person is Leslie Padilla.

>> Thank you, councilmember Houston. I do live in your district. I'm a former volunteer at Austin pets alive and Austin lawyer.

[2:09:56 PM]

You may have heard about a number of volunteers suspended. There are also several volunteers at Austin Pets Alive who were suspended after speaking out about shelter conditions. What I want to talk to you briefly about today is freedom of speech. The city cannot retaliate against volunteers for exercising their freedom of speech when they complain about a shelter conditions or shelter practices. I also believe that Austin Pets Alive due to its contract in close cooperation with the city is also subject to these constitutional requirements. Yet it seems the city and APA have done that, suspended volunteers for speaking out. The city cited violations of its volunteer agreement when it -- as the basis for its suspensions. It's, of course, appropriate for shelters to hold volunteers to certain rules and guidelines, but I've reviewed the volunteer agreement and I think there's some disturbingly vague language that can be used to terminate volunteers for any reason and without prior notice. I think this vague language is problematic and gives the managers cover to suspend volunteers of for simply speaking out about shelter conditions and practices. So I would urge this committee to work with AAC to revise the volunteer agreement to specifically allow constitutionally protected speech and eliminate the vague language in the current volunteer agreement. Thank you very much for your time.

>> Houston: Thank you so much for coming down. And our last speaker is Pat Fells Trellis.

>> Thank you, Madame Chair. My name is the hardest to pronounce and you got it perfect. I am here to support what my colleagues just requested, but I have two specific requests to add to those.

[2:11:56 PM]

First I'd like to ask the Health and Human Services Committee for your support in us getting a meeting with the City Manager. As you know, we currently have an interim Chief Animal Services Director, and we would like to meet with the City Manager to express our concerns so that he -- as he moves forward making his decisions about the hiring process, he is aware of some of the things that have gone on before he arrived. My second request is to in part support what Tom just asked for which was to fund paid dog walkers. But instead of just saying to consider adding funds to the city budget, I would like you to consider using the donations fund. You know, I know you need the city budget to fund positions for animal control officers and other important needs. The city currently has a 400,000 animal services donations fund and that donations fund would allow you to fund paid dog walkers without having to tap the general fund. I have made this request in the past. The donations fund currently sits completely outside the budget process, and I think it's time to put it into the budget process so we can have some community input on it, so it can have council review. It is unheard of in just about any other area that one single person gets to decide how to spend \$400,000. If you are the executive director of a 5013c organization, you have to take your budget proposal to your board. If you are a city employee, you have to take your budget proposal through the budget process. This \$400,000 donation fund --

[buzzer sounding]

-- is completely not reviewed so I'm asking you to do that.

>> Houston: Thank you so much. I have one question. This came up a couple years ago about paid dog walkers and I thought we got money from Maddie's fund.

[2:13:03 PM]

Do you know anything about --

>> The Maddie's fund funded two paid dog walkers. Initially the paid dog walkers were walking the dogs, and then as staff employees left and they needed those people to do other things, the paid dog walkers started to be asked to do other things, and they had wanted to walk dogs so they quit it. When they hired replacements, those replacements were assigned to do other things and they are not walking the dogs and now the Maddie's fund is expected to expire and they won't have that money. And the animal advisory commission just recommended replacing the Maddie's fund, but they haven't put in the provision that it be to specifically walk dogs.

>> Houston: Thank you for that information. I appreciate that.

>> Thank you.

>> Houston: Are there any questions, members? No? What we will do, we will make sure that you all get an opportunity to meet with the city manager so that you all can have this conversation with him. Okay? The next briefing is regarding traffic calming devices for individuals with different abilities. And this has come up because at council meeting we have had several people testify about how hard it is or injurious for people going over traffic calming devices if they have back or neck issues. And so that's why we've asked you all to come forward today.

>> Councilmember, Robert spiller, director of transportation for the city of Austin. I'm joined here on my right with our disabilities officer, David ondike and Eric, my senior traffic engineer.

[2:15:08 PM]

We really don't have a presentation today. We're really here just to answer questions on your behalf. I will say that we have presented to council two previous memorandums on our traffic calming project dating back to August 10th , 2017, and then June 7th, just recently on 2018 where we talked about our current program. Our current traffic calming program has ceased to take new applications for traffic calming over this last year's period. We've certainly run into more controversy related to our traffic calming program and so we've put it on pause. What we mean by pause is year not taking those new applications so we can start to rethink the program. What we have in terms of our current program is those ongoing commitments we've made both to councilmembers and various neighborhoods to finish out the traffic calming projects that are on our plate, if you will, right now. The issue with regards to comfort or discomfort and disabilities came up last year in a couple of projects in the far west area, far west and Mesa, district 10. We certainly looked into those as asked by the public, and what we found is

that we worked with the provider of the rubberized traffic cushions. Those are raised pavement devices that create a vertical displacement of the vehicle that tends to slow vehicles down. We find, as does national research, that in terms of getting people to adhere to speeds on streets that have not been built for slower speed limits, that a vertical displacement is the most sustainable long-term device that creates a change in behavior.

[2:17:10 PM]

There's a number of devices that we can use, of course, things like narrowing the street, changing paint stripes, signing, of course. Those tend to be shorter lived if there's not a commitment by the neighborhood to self-enforce their own speed conditions. We work with a supplier called traffic logics. They are one of the largest manufacturers of pre-fabricated speed cushions. These are engineered public safety devices that are used widely throughout the traffic management industry. A number of cities nationwide. The cushions themselves are used to mitigate documented public safety hazards, speeding, where those speeds exceed 30 miles per hour on neighborhood streets. Why 30 miles per hour? We know that at 20 and 25 miles per hour, a person has almost a 90-plus percent chance of surviving a crash. At 30 that probability of surviving a crash drops to about a 50/50 chance of survival. And so given that the speed, the prima facie speed in the state of Texas on streets is 30 miles per hour, we chose that 30 miles per hour as when speeds exceed that safe and reasonable condition and is evidence for why we would change that. We believe in benefits of managing speed by use of the traffic logics speed cushions overwhelmingly are positive and we get that from feedback throughout the community.

>> Houston: I appreciate the background, but the issue before us today is the issue about people with different abilities and the harm that they feel they have. And I have a young lady that uses a chair and she attends my church and she complains how rough it is when she goes over it. That's what I think we're here to discuss. And have you talked to the members of the community to are experiencing this kind of discomfort and pain by going over those speed humps?

[2:19:17 PM]

>> Absolutely, and we're aware for some people these cushions cause pain and could cause --

>> Houston: Further damage.

>> -- Problems. But what we also know is that -- so when we first received those complaints, councilmember, madame chair, we worked with our Ada officer and specialty senior resource and we investigated this claim. We contacted the manufacturer. They have not -- these devices are not determined by either the courts or by any other entity to be in violation of the Americans with disabilities act. Traffic logic suggested that we add another section to our rubberized cushions, a flat section to reduce the jolt, which we did. We found that anecdotally many people said that helped. There

were still people that complained that that does not help. We also received complaints that we weren't allowing for Ada compliant route around some of those cushions, for instance, a sidewalk or a clear and free distance between the curb and the device. We've since modified our designs to make sure that we are doing that and correcting that where we don't have that option so in case of the person that is in the wheelchair, if he or she has to be in the street because of lack of a sidewalk, we want to make sure there's enough space between the cushion and the curb. We had already received complaints, councilmember, that we were intruding into the bike lanes, and sure enough with some of our cushions we do extend into the bike lanes, but we assure there is space enough for bikes and other wheeled vehicles to get past those cushions.

[2:21:17 PM]

That's not to say there are cushions we need to correct and as people let us know on those particular devices we do that. I guess it's our position that we believe these cushions are consistent with the Ada rules. We understand that some people still may experience discomfort. It's our recommendation that if we -- if drivers slow to an appropriate speed, the 20 to 25-mile-an-hour going over these cushions, they will minimize that discomfort.

>> Houston: Thank you. Are there any questions? Well, I have one. If whatever you've done is -- is not working, who should someone call? Because I get complaints all the time and I'll go back. The cushions that I'm referencing on webberville road, they would just put in not too long ago. So the person that's using a chair for mobility purposes, I'll ask her is there a way to get around the cushion so she's not going over them. If that hasn't been mitigated, if there's no room on the side to go, who should people call?

>> You know, if they will call -- councilmember, if you will direct them to my office, I will certainly work with them to see if we can help them, so you can send them to my extension. 974-2488.

>> Houston: Thank you. The other issue is that in parts of communities where there are still no sidewalks, that the bike lane is the only plies that people who use -- place that people who use wheel devices can travel. And so we've got to make sure that -- and some people, not only do they use wheeled vehicles, they have other accessory needs and the bike lanes with the sticks, I'm not sure what you call those, that tends to get in the way, but it really is painful to see people in wheelchairs using bicycle lanes to get down the street when -- because there's no sidewalk.

[2:23:29 PM]

But that's another aside that we are trying to address at least in district 1 is try to make sure there are sidewalks for people at least on one side of the street so I can get people out of the roadway because it is very dangerous and people are not paying attention. So I will make sure that we give that information to the people who have complained and see if we can continue to work on this because although

nationally there's not been a lawsuit, and that's what I get that you're saying is that nobody sued the company for the calming -- traffic calming device. I do believe the people who say that they are experiencing pain and damage from going over there, and some people are driving their own vehicles and I know they are not speeding, with all the adaptive devices in their vehicles. So it's still a concern of mine and I hope we continue to work on that.

>> Yes, ma'am.

>> Houston: Thank you all. The other two of you for coming and your dog who went sound asleep over there.

[Laughter] Thank you.

>> Thank you.

>> Houston: The next agenda item is the briefing with integral care. Somebody I used to work with a long time ago, David Evans, and then Ellen Richards. You all can sit or stand, whichever you feel comfortable doing.

>> Good afternoon, chair Houston.

>> Houston: Good afternoon.

>> Councilmembers. Thank you for the opportunity to be with you today. We brought a copy of our annual report so that you could have a little bit more information about our agency and some of the things we accomplished in the last year. My name is Ellen Richards, chief strategy officer for integral care, and I'm here with --

>> David Evans, integral care.

>> So I'm going to do the first part of the presentation and David will wrap us up.

[2:25:32 PM]

The reason for us coming to visit with you today is because the city of Austin is an appointing agency for our board of trustees. And we have -- wanted to make sure we're being accountable to the city of Austin for the work that we do in the community. Not only because of your appointing authority, but because of the significant investment you make in our agency. So we have been to visit with our partners at central health, at the Travis county commissioners court, and we're here today with our final appointing authority. Our agency has changed a lot in the years, but we wanted to start a little bit with the history and talk a little about some of the changes that we've been through so you can understand the scope of what we're working on today. We're one of 39 community mental health centers in, the and we have a board of trustees, you appoint three of those members as do Travis county and central health for on total of nine members. We have two rules with the populations that we serve. And those populations are individuals with serious mental illness, those living with substance use disorder, and folks with intellectual and developmental disabilities. These issues affect a wide range of populations across the community and these statistics give us a sense of how many people are impacted. So about one in five

adults or children are going to be impacted by an amino acid mental illness -- by a mental illness. It's important for us to think about early intervention. One in six children have one or more developmental disabilities or other developmental delays, and then about 10% of Travis county residents have abused alcohol or illicit drugs in the last year. As I mentioned, we have two roles. One of those roles is as an authority, and this is -- we provide a variety of services to the community in this way. For example, we provide education and training not only to the Austin police department and the Travis county sheriff's office, but to community members across the community through our mental health first aid program.

[2:27:43 PM]

We have a 24-hour hotline that is our single point of entry to help people and a navigate and connect to services and help anybody experiencing a crisis or someone concerned about someone experiencing a crisis. We have a wide network of services across the community through our network development activities. We recruit and credential contract providers and then manage that network to make sure that services are available in a far-reaching way. And we also make sure that services throughout our utilization management that we're able to use resources effectively to meet the needs of people who qualify for services and quality management we look at our outcomes and track metrics to make sure that we're doing a good job. As a provider, we provide navigation to help people connect to the care they need. We have 24/7 crisis response services throughout our help line, as I mentioned, our mobile crisis outreach teams, and also through our urgent care center psychiatric emergency services. We provide integrated behavioral health providing primary care and mental health and substance abuse disorders altogether. We have residential services. We have a large team of staff working in the area of homelessness and housing. We work closely with Travis county on jail diversion as well as with Austin police department. And we offer substance use treatment services as well as prevention and wellness to look at chronic disease management. Over the years we have continued to look at the kinds of practices that we use and we want to make sure that we are always adopting the most current practices that show evidence of being effective. We are an agency that uses person centered and trauma informed care. We use evidence based practices that are culturally competent. All of our staff are trained in cultural competency to ensure that anyone feels comfortable and welcome to come to our service.

[2:29:44 PM]

We have integrated care and then increasingly we provide care in a collaborative way in partnerships as opposed to us doing on our own. We have partners across the city where we co-locate. We have shared programming with folks at Dell medical school, with community care, a number of different arrangements. And we provide services anywhere someone needs help. Whether it's over the phone, on a street corner, in a school, we go where people need help. Our friends at Travis county provided this map for me to show you where our services are located today, and I know there's a lot going on there, but we wanted to show the council districts. And so you can see where we have clinic locations, our crisis and residential services. We own about 250 housing units today so you can see where those are

located. Partner clinics where we are co-locate, we have partner agency. We are providing campus based counseling services in four school districts, so you can see where those are located, and then where our program offices are. So just to give you a sense of our reach and impact, last year we provided over 500,000 services to more than 25,000 people through more than 30 programs and in more than 45 locations. So this gives you a sense of our -- how much we've grown over the last few years. We've almost doubled in size and our current staffing is at about 893 employees. And our budget has grown significantly as well, and our budget now is over 118 million with the -- a significant portion of that being in our mental health crisis services, in capital projects, in adult mental health, and in the 1115 transformation waiver, which is a multi-year federal waiver that we've been able to bring a lot of resources to the community through that effort.

[2:31:49 PM]

And then our child and family services. So this gives you a sense of who is receiving services, and our largest area is adult behavioral health followed by crisis services and then child and family services and intellectual and developmental disabilities, and those four categories are how we divide up our services. Within adult mental health you will also find substance services as well as other areas, prevention and wellness services. As I mentioned, we provided more than 500,000 services last year. So just to give you a sense of the people we serve and the diagnoses they have, the largest number of people are individuals with substance use disorder, but we predominantly in that area, that person will also have a co-occurring mental health disorder. Those are really people with co-occurring disorders so they are going to have that plus one of these mental health conditions identified below. And the next most significant area is mental and cognitive disorders which includes things like anxiety, personality disorder and dementia. And then developmental and behavioral conditions include intellectual and developmental disabilities, autism and other developmental disorders. So this is a ten-year trend line that we have just shown for the first time this year. And it can give you an idea of how much service areas have grown particularly in adult behavioral health services and crisis services. This is really due in large part to the 1115 medicaid waiver and the additional he radio sources that we've been able to bring into the community through that opportunity.

-- Resources. We've done a little in child and family services, but again those top two areas are the biggest areas of growth.

[2:33:50 PM]

So I wanted to just give you a little bit of a sense of our partnership with the city of Austin. You invest more than \$9 million with our agency. And every dollar invested by the city of Austin insures that we bring in \$13 from the state of Texas. And with combined city of Austin and Travis county together those investments help us draw down \$26 million to this community from the state. The investments that you make help support our administrative and authority functions that help us build out service delivery,

support our community planning efforts, our fundraising efforts, and help us address our gaps and needs. You also make investments specifically in the area of HIV services. We've done considerable partnerships around homelessness and housing including receiving bond funds to build 50 additional housing units which will come on line this spring. Our collaboration through the homelessness outreach street team, we have staff on that team along with EMS and APD. And then also we provide the assertive community treatment team services that are provided through the 1115 waiver project, but that is a city project that we provide the services for you as a contract. And then we also work very, very closely with downtown Austin community court and then there are some youth services provided with that funding. I'm going to pass it on to David and he is going to pick up the next areas unless there are any questions.

>> So our purpose today is not to just throw a whole bunch of facts and just rapidly overwhelm with information, but, again, to provide an educational update. Also before I go any further, I want to compliment and thank director Stephanie Hayden for her availability and engagement and collaboration with our agency and work.

[2:35:56 PM]

In terms of innovation, Ellen talked about what we have to date. I'm painfully aware that we're somewhere in the middle on the process of being right with our scope and partnerships within the community so we want to continue to innovate change and to fill gaps. One of those is expanding access and timely outreach. We're full participants with central health, the county and your representation on filling in services along this eastern crescent planning. We have proposed work and expansion at Colony Park. We've worked with Community First Village, on Hog Eye Road additional homelessness services and an expansion is planned. We worked on the existing campus to put in the Topfor clinic and staff that with community care to meet the behavioral health needs. Another big issue coming through downtown is the interstate I-35 construction corridor. Every time one of those overpasses is redone, there are homeless camps, there are individuals that are being displaced. We're working with Echo Partners and the city and wherever there's engagement of folks we want to be full participants where mental illness and substance use disorders may be involved. Another area is children ready to learn in schools. A lot of discussion recently with, you know, some events across Texas in schools. We currently have embedded mental health clinicians in the Austin school district, the 16 high schools and middle schools, Pflugerville and Manor and Del Valle schools have contracted with us to have one of our clinicians in every school.

[2:37:58 PM]

I want to mention this first episode of psychosis. I guess this is what just stands to reason, but the earlier the intervention with appropriate diagnosis and treatment after the first onset of psychosis, the better the treatment outcomes are over time. And so we have a grant, we're working with the Dell Medical School and we've given you a statistic on the folks that have continued in treatment and are doing well. Most often the onset of this first psychosis, oh, probably -- I don't have the data in front of me, but the

majority of time between the ages of 14 and early 20s, and we have a high population not only in our public schools but within our university systems. We want to also talk about how important -- and this fits with what Ellen talked about with trauma informed care welcoming environments and that's now converting our website and language line into 15 languages, and have continued one of our projects to be sure all of our staff have cultural competency training. Another area you may have heard of is mental health first aid. A couple years back city council requested we put that on for your staff. We want to make available with St. David's mental melt training and particularly for all teachers across Travis county. We've had requests and training with capital metro bus drivers, with librarians, with parks and rec, so it's an issue wherever folks congregate there's a need to best understand symptoms and where to refer individuals for treatment. I know in your strategic planning homeless services are right at the top or near the top of what you are working on. I wanted to point out the statistics first and then I'll talk more specifically, but currently we have 21 different housing and outreach homeless programs.

[2:40:11 PM]

We have 90 staff that are dedicated full time in this community to addressing housing. Within our budget this year is \$3.6 million. Ellen mentioned the 250 housing units that we own, in addition we have a total of 462 permanent supported housing units that we have with landlords, rent certificates and addressing housing. And that we provide for about 500 individuals on our east second clinic that are folks that are chronically homeless, and last year within our data same logged about 2,000 individuals we served in one treatment capacity or a another. I don't know if you have comments or questions, but it's a big part of our program in partnership with the city today. Yes.

>> Garza: You mentioned the 9 million overall cost of what the city's contribution is. Trying to think how to phrase this because I'm pretty sure I know what the answer is. If the city could provide more funds, you could definitely use more funds; is that right?

>> Uh-huh.

>> Garza: So what -- like in the best case scenario, I'm wondering because I know this homelessness issue is such a complex and costly issue, in your -- I guess the number would be I'm sure high, but what amount of additional funding could this city provide that would help with this issue?

>> I'm opinionated on this point so you might want to keep these comments in some balance. I believe that what the city should not do right now is to look at a vertical called homelessness and put funds in only health and human services and looking at addressing only important areas like engagement with host teams and housing.

[2:42:15 PM]

I do think that homelessness impacts the city across each of your departments. My first recommendation or thought would be to have each of the divisions that report up identify a lead

administrator who best understands the impact of homelessness on your parks and rec and library systems and law enforcement. And then with that high level reporting to the city manager, and then look at prioritizing and best practices in each of those departments before significant new funds are put out. I think second of all the arch needs significant restructuring. I know you have the -- an rfp and a time line for looking at what functions that that will serve and hopefully more what was originally intended to do is to link folks to resources as opposed to large sheltering efforts. And then in that bring back not only what echo, which does some very important work and we're a member of, that would bring back in the way of a budget working with the mayor's office, but look at either where the offsets or the most targeted expansion of funds could be across all the city functions. So I've thought about it a bit. I don't have a number for you, but I have a process.

>> Garza: Okay. And let's just throw in a number. \$5 million. If the city could fund an additional \$5 million, do you think that would help in this area?

>> Absolutely.

>> Garza: Okay. Thanks.

>> Houston: Councilmember kitchen.

>> Kitchen: So great to see you guys here. Thanks for coming. I wanted to ask you about the housing also. So -- and particularly about the -- have you guys -- I think you have gotten funding for building housing, right?

[2:44:17 PM]

>> Yes.

>> Kitchen: Did that come through our bond funds?

>> Yes.

>> Kitchen: Okay. So -- so you know that we have before us the potential to put a bond package on. So that's -- I'm assuming that -- without getting into details, I'm assuming that the housing program that you have right now would be one of the programs across the city that could use additional funding. Is that a safe bet?

>> Yes.

>> Kitchen: Okay. So tell me about the housing that you all have. Is it permanent support? I'm just -- I'm not sure what it is exactly.

>> Sure, councilmember. Yes, we provide permanent supported housing.

>> Kitchen: Okay.

>> And so the bond funds we did receive were specifically for permanent supported housing and also using the housing first model, which is what we are trying to use in this community, which means it's

very low barrier housing for people who have mental illness, substance use disorder and typically a criminal history. And so it's a form of housing to help them move from the streets into housing, get that foundation under them and we provide the wrap-around rehabilitation supports as well to help them get on a path to recovery and health and well-being.

>> Kitchen: Okay. Then one more question. With regard to substance use disorder, for those kinds of services, do you -- do you see a need -- or where do you see the need for housing? Is that more in the crisis centers or is it in the -- you know, because there's a whole range of housing needs. And I notices that that's -- that's one of the top areas of need and I'm assuming that -- that that -- the fact that's the -- I think I saw your graph where that's the largest -- the folks that we -- have the most need, I'm assuming that there's a comparable need in terms of the range of housing services.

[2:46:21 PM]

And so could you just talk to me a little bit more about along that continuum, along that range of types of housing for those attacks all the way from just the -- folks, the short-term crisis housing to more permanent housing, where do you see the need or is it across the board?

>> I would say from our perspective the biggest struggle we have at this time according to our teams is identifying available units of housing that are appropriate for the people we serve.

>> Kitchen: Okay.

>> So we -- in addition to owning and managing housing, we also work with landlords across the community to identify available units. And increasingly we're having trouble identifying additional units that can be available to our populations. I think partly that has to do with the rapid changes in the city where folks are taking older apartment complexes, they are scaping them, rebuilding them and making them into more high-end housing, and so as a result we're having to locate people further and further out from the city center. Which means they are further away from any infrastructure that can support their -- their new house status and their health and well-being. But if you were to talk to echo, for example, I have heard Ann Howard say that she feels they have sufficient units of housing, so I think it depends on who you talk to, so I would be cautious to actually try to speak to the whole continuum because I think depending on what type of housing you are seeking and what your needs are for the population you are serving, your answer may be a little different.

>> Kitchen: Yeah, I'm speaking specifically for people with substance use disorder, so I'm curious, for example, if -- and I don't know if this -- I'm probably -- I'm sorry I'm brain dead today, I'm not using the right terms.

[2:48:30 PM]

But, you know, so like rehab, for rehab or for people first getting off the street and need treatment, you know, those kinds of facilities, do we have what we need there?

>> Houston: So that -- that was one of the things that I was going to ask is about treatment beds. Do we have -- do we have a lot of treatment beds available or are we limited on the treatment beds? Because people need to be in treatment to get off the drugs before we find them a house, in my opinion. So what is the status of treatment beds in this facility for folks with substance use disorder?

>> On a given day, we do have vacant treatment beds. Austin recovery is an example. Shoal creek hospital. And so there are residential substance abuse treatment. A different part is the funding to be able to pay for that treatment. And then the most important thing with residential treatment is continuity of care out the back door. One of the big concerns are folks that rotate through, that after some period of time in residential treatment, if their lifestyle goes back to what it was prior to the front door, then early relapse and not necessarily effective as an evidence based freestanding-type service. We do have an example and I want to come back to the question specifically, but with the downtown community court is an example. You purchase treatment through our agency aligning contracts with different levels of care, different providers have a real sense for their credential and effectiveness, and then we give reports back. In that case it's not for you to allocate a significant amount of money and then try to fund each provider and see how they do, but purchasing a network of treatment.

[2:50:40 PM]

And coming back to the housing question, I do think continuum is an important construct or a model, and then I also think that we've been really successful in Austin with manageable pieces. And by that I mean when you look at what happened to the veterans, you know, kind of a full-court press to house veterans, when you look at life works and the partnerships around 50 homeless youth, that I think when there's focused populations, we really as a community made significant progress. Back to Ellen's earlier point, she said it quickly, but low demand. What does low demand mean? And so we have really, I think, high quality housing providers like foundation communities in town. But if you are going to rent a housing unit, I don't know there's specific criteria, I'm just using them as a quality provider, but if you have to meet high demand of not having a criminal background, not having a record as a sex offender, currently still using and not in sobriety, that bar can be raised so high that the homeless folks in town that most need the housing can't get into even the limited available amount of housing that we currently have. So in that regard, even -- I mentioned earlier community first village, I think that with their taking folks off the coordinated assessment, folks that are most in need, there's still a high need even though folks can use in their own living circumstances there, to make available treatment avenues and supports in their housing first. Ellen mentioned landlords and the work and the need for housing subsidies where then you can reach those high-cost rents here in town.

[2:52:43 PM]

And I also think that rapid rehousing, you know, another subpopulation with women, women and children, newly -- you know, folks experiencing economic hard times that may have lost their housing stability to be rapidly rehoused. So councilmember, I'm not answering your question by setting up priorities, but again I'm looking across that continuum and then offering a way to -- I do believe the bond is very important. I believe the approaches that we outlined are important, but then to be able to have some very targeted and accountable solutions.

>> Houston: Thank you. And then I just have one question because we're running out of time. We're in between a codenext meeting that started at 9:00 and ended at 2:00, but this meeting and we are supposed to be back by 3:30. Let me ask this one question about -- do we get -- do you all get any funding directly from, say, the criminal justice system in the state? Because some of the people do have criminal histories, do you get funding for them. Another quick question is we have a lot of people who are living in unregulated homes. The city has tried to put some rules in place to be able to license and inspect those homes, but they are all over our community and they are still -- how do we impact, and that's a longer question, but how do we impact those people living in homes that get no supervision, they just get someplace to live with a roof over their heads?

>> Very -- you know, first of all the law in Texas allows for cities, municipalities to develop your own codes and restrictions and applications and licenses.

>> Houston: And we tried that, but it's something about fair housing that keeps getting in our way. So --

[2:54:43 PM]

>> I think there's also been a concern that with overly quick and Zell us approach maybe double the number of homes homeless in town because they will be displaced, one place to start is unregulated housing that has large numbers of people. I think that's where neighborhoods are most stressed and I think that probably are having the biggest challenges and maybe in some cases actually looking -- landlords looking for those SSI checks and other things. I'll answer it by saying we'll be full participants in any city effort and look at any resources or planning that we can bring alongside in that regard.

>> Houston: I appreciate that. Maybe we could get the state to --

>> Yeah, so within the department of criminal justice, there's the Texas office of mental illness, within criminal justice it's called the acronym decumy. We're co-located with adult probation on 51st and I-35 and with Texas legal aid so we have folks coming out that are in treat but also probation. They provided a limited amount of money through us to purchase certain medications in the del valle jail which we do. And then we've partnered locally to develop under house -- under senate bill 292 what's called a forensic assertive community treatment team, and so folks coming out of the del valle jail that have the highest mental health needs will be able to do intense I have case management with them. We're also working closely with a new criminal justice behavioral health advisory committee that's chaired by judge needles in his sheriff, the daa, county attorney on that committee.

>> Houston: I appreciate that.

[2:56:44 PM]

That's better than we have because it's my contention that this is -- this homeless issue is an issue for Austin, but it's also an issue for the state because many of the people that we have living on our streets are from the state hospital, which serves 39 counties and they don't go home, they stay here, and also people coming from the criminal justice system and don't go back to where they've lived either, they stay here. I would like to have some conversation, maybe we could get our Travis county delegation to kind of have a think tank about how we could work this better. I'm not sure that the issue is as -- what am I trying to say? The issue is as prevalent in San Antonio, well, they have a state hospital there. I'm talking large cities that don't have state institutions there. I wonder what that looks like in their streets. But I've never asked for the department to give us any information about whether or not they are having the same kind of issues with people being discharged and staying in, say, San Antonio or Terrell. Who wants to stay in Terrell, right?

>> Even though folks are returning from state and federal prison, most of the focus has been on that one year or less folks are in the del valle jail. And if there is a broadening of any of that summit or close look, we want to be full participants.

>> Houston: Thank you. Thank you. We would love to

>> Houston: Thank you. We'd love to have you come back but we've got to go to the Asian American quality of life that we need to go to. There's a wealth of information.

>> I deeply appreciate your time. If staff have any follow-up questions, we'll make that available. Thank you for your time.

>> Houston: Thank you. Thank you both.

[2:58:45 PM]

The next presentation is the Asian American quality of life final report. Welcome.

>> Didn't have any, chair Houston and councilmembers. My name is rey Arellano, assistant city manager. It's my pleasure to have served as executive sponsor for the Asian American quality of life initiative. With me this afternoon -- with me this afternoon is commissioner Vince caballas, the chair of the Asian American quality of life advisory commission, as well as the communication manager with the communications and public information office, cpio, who served also as our project manager over this multiphased initiative to take a look at the quality of life issues for Asian Americans in our community. By way of background, I'll be presenting some of the background information, turn it over to Marion, to talk about the conduct and finding some recommendations that have emerged, then ask commissioner caballas to provide some remarks from the advisory commission perspective. I will say this is an updated version of the presentation you don't have. I will make sure it gets updated properly. I included a slide

for the commissioner to make his remarks. With that background, you may know that in October of 2013, council passed a resolution that kicked off not only the Asian American quality of life initiative, but also established the Asian American quality of life advisory commission. I did want to make a special nod to mayor pro tem tovo, who was the initiating sponsor for this -- for these two ordinances and resolution that set in motion the final report that we have before us today. The reports that are synthesized that were conducted in order to do this final report are listed on the screen here.

[3:00:47 PM]

They consist of the Asian American health assessment, the quality of life incorporated, a nonprofit entity associated and helps ever helped along the way with the Asian American resource center. It was completed in 2014. The Asian American community in Austin, demographic snapshot, this particular report was conducted by Ryan Robinson, or city demographer. It was completed in 2016. Asian Americans in Austin, a final report of the Asian American quality of life, conducted by a doctor at the university of Texas, school of social work, you may recall that she made a presentation may 24th of 2016 to this committee. And then finally the Asian American community engagement data indicators, which was conducted by our own Mario Sanchez, that took a look at those areas that weren't covered by quantitative analysis of Dr. Jeng's study and used innovative techniques in order to use outreach into the community, which you may be familiar with we had this particular outreach called conversations over tea which emulated our budget in a box, you may be familiar with, approach. And so with that, let me turn it over to Marion.

>> Good afternoon, Marion Sanchez, community engagement. Thank you for the opportunity. This has been a three-year, I like to call it a journey, we have learned a lot from the Asian American community and it's been a joy to understand the culture, their needs, and diversity that we have in our city. What you have on the screen right now, we call it the pillars of the project. This was a collective effort between community, the quality of life commissioners, and his staff. The collective effort was called circle of success, and it was a co-creation process where we look at the challenges and we tried to organize the project before we started.

[3:02:50 PM]

As you can see from left to right, we have economic development, house economic development, social and civic engagement, health and human services, arts and can you recall. On top of that, we have our roof where we guided our principles of respect, equity, [indiscernible]. And this was our guiding principle as we moved forward and visited with our Asian community, pretty much in central Texas. Next I'd like to talk to to you a little about the findings. Instead of reading the findings to you, I'd like to tell you a few stories on how we learned about these findings. A couple of weeks ago I dropped binders similar to the one I have on the front, and it has extensive details on each one of those findings. So to share a few of the stories, I'd like to start, the first one, with the Vietnamese community, this is close to

your area, councilmember, and this community, first of all, for us to be able to communicate with them, we have to do it through text. Every time we will call, they will hang up the phone. We quickly realized that what happened is that we were obviously speaking in English and they couldn't speak the language, so the text gave them the ability to have the information, find somebody who can translate, and they will respond back to us. As we make an appointment and retry to visit in a place that was perhaps a recreation center or a park, we were invited to go to their home instead. That was very quickly understood as a way of increasing the trust. Visit in our home and, therefore, we'll share our information and our needs. And we did that. We visited with this the community, expecting to see maybe four or five individuals. As we walked into the home, we noticed the shoes outside the door and obviously we took off our shoes as well. We walked inside this house and there were over 20 individuals, youth, seniors, women, men.

[3:04:54 PM]

They were nicely divided. The women were in the kitchen, wearing beautiful dresses, and the men were sitting on the floor in the living room. We immediately divided our team in two parts and we listened. It was very clear members of the house were basically the leaders of that group. We heard, we didn't think you cared. Their needs are very simple at that given moment. We need more education. We like soccer fields. We would like for you to understand our culture, and we'd like a place that we can perform. I was a little concerned as I was squatting down as quickly as possible, and I realized that we have somebody who will do an interpretation. When we're finished, I want to take all my information, and they said, no, leave it here and we'll give it back to you. And they did, a week later, and they fulfilled all the information, all the surveys, and everything that was their dreams and aspirations. The next stories I'd like to share, this is going to be coming from the taiwaneze community. We divide the community by language group. One language group obviously was Chinese so we included anybody that will speak Chinese into that research portion. This is Dr. Uri yon of, I will say, the third report. Immediately we heard from the taiwaneze concerns. They said you need to understand our culture. We're different, our political belief system and how we organize as a community. Please honor us and give an explanation about our needs, and so we did. So as you can see, this has been a beautiful journey where we have been learning about how we can unify voices how we can understand and respect the differences in the culture. Austin is very lucky. We we have a very rich Asian American community, fast-growing community in Austin, as a matter of fact.

[3:06:55 PM]

I'm going to move very quickly to recommendations. I'm just being very mindful with the time, but if you ever want to talk more about the stories and what we learned, just make an appointment and I'll be more than delighted to share. By the way, all the photographs are actually austinities. Under recommendations, recommendations instead of going one by one, I'd talk about the successes we have in different departments and let you know some of the things we're doing. Mr. Caballas will talk some

more about the quality of life project and providing now for a while. Story telling, I'm going to talk a little bit about the economic development department. There are a few programs actually reaching out, making their best effort to reach out to the Asian American community. One of the symptoms is called solely Austin. The program is basically organizing different businesses in a way that they can market their business, market their business, bring new users, and understand how they can do a better job in serving that community. As you also know, moving into the arts and culture -- okay. Here we are. I'm jumping a little bit, and I apologize. We have a couple of stories that I'd like to share that are also very successful, and one of them is the fact that park have several cultural events, especially the Asian American resource center, some cultural performance to other cultural centers. Of in addition to that, we also offer books, videos, and other relevant information in different languages. On the health and human services, we have two departments that are working very closely together. First, Austin health, of course, and then the communication public information office.

[3:08:56 PM]

They do have a team called the health equity team that goes out into the community and visit different sections of our community. Cpio is offering the services of translation and interpretation. And their services is growing. People are in a lot of needs and they would like to have more information about it. On the civic engagement side, I can tell you that one -- that was one of our biggest discovery. As a city, we do have a lot of programmings that will help the quality of life of the Asian American community, and what I noticed was a gap in understanding where are the programs available, how can I find more information, how can I find information in the language and the culture that is mindful of their own culture. And so as you can see, the recommendation coming from the community including language access program, which we've been doing some level of progress, outreach and engagement plans, specific for the Asian American community, they're looking also for participation on the civic life. That day, when we visited with that community, they asked me, how can we be involved? We want to be part of the process. And I said, well, I think you need to organize. And they did. And so now they're being very proactive and they participate and provided feedback, which make me extremely proud.

>> Thank you. I'm Vince caballas. I'm chair of the Asian American quality of life advisory commission. And I'd like to just congratulate staff on the work that they've done over multiple years in putting this together. I think it's a very high quality and well thought out and researched document. As acm Arellano mentioned, this has been an evolutionary process over many years and it continues to evolve.

[3:10:02 PM]

One of the things that we're already working on is a community dialogue event in September to continue to get more information from the community to show this report and to have it continue to grow. Acm mentioned the UT survey, quality of life survey, which was a very good data mine for researchers, and actually there's been, oh, close to ten separate studies that have been done by

researchers based on the data that was collected in that study, and that continues to be available to additional researchers and we will get access to all of the reports that those researchers develop. This -- because this was multiyear, we've been working on skeletons of this final program for a few years now, and we've had some good success in using these pillars to identify the need for budget and make the argument for budget needs throughout the budget process. You know, as a result of some of our efforts, we helped and developed the establishment of the equity office, the language access program, which is very, very important element, and that program itself has a lot of different facets to it, but I'm happy that there's now an rfp and contracts that will assist departments in getting their documents translated and down the road obtaining access to interpreters because the community needs to have access to the city and to the city's services.

[3:12:10 PM]

And the more that we can put it in the culture and the language that make them feel included, similar to what Marion was talking about, the more that we'll have a fuller dialogue in the community. Our current initiative was budget recommendations, was made in may to the city manager's office, and they have spanned a lot of the different pillars. There's some cross-pollination between some of the council objectives and some of our pillars like government that works for all, which is one of the council objectives, encompasses both economic development pillar and health and human services pillars. So we try to show that there's connection between our recommendations and the council objectives so that we can support the council's objectives with support for our recommendations. So, overall, I'm happy to we've had this partnership with staff and very happy with the outcome, and I'm -- I hope that it continues to evolve and that people get more and more from the -- the documents that have been developed.

>> I did want to briefly recognize both commissioner caballas and the former chair, Richard Jung, for their part in collaborating with staff, as well as engaging the rest of the commissioners in this effort. It would have been significantly more difficult in terms of guidance in about how we might approach it, as well as outreach into the community. With their help, we were able to do a more thorough job of reaching out in the community and getting their participation.

[3:14:12 PM]

And so if I could just start wrapping up here, this is the website which the information is available at not only the executive summary or the final report, but as well, for individual reports are available here. And as well, I'd like to end on this slide, which is now being blocked, but essentially it says -- again, this was one of the inputs, sticky notes from one of the sessions. We feel being heard and taken care of and look forward for a better quality of life. And so with that, we're happy to answer any questions you may have.

>> Houston: Thank you so much. That was a wonderful presentation. Are there any questions? No? It was great. It's taken a long time to get to this point, and so on of about of the committee, we'll receive your final report, and we will make sure that people know how to get to the website. Councilmember kitchen.

>> Kitchen: In the interest of time, I'll just say one thing, and that is, I really appreciate the way this is put together to align with the strategic plan. That really helps us as we're, you know, going forward and trying to incorporate suggestions or recommendations, incorporate recommendations, particularly in the budget process. So that's very helpful. So thank you.

>> Houston: Thank you again. That concludes our agenda. Are there any agenda items for the next meeting, which is August the 8th? If you have any that you think about -- what? Can you come up and tell me? I'm not good at reading lips. My head is about to explode.

[3:16:17 PM]

[Laughter]

>> Stephanie Hayden, Austin public health. You requested an update about the public health commission.

>> Houston: The possibility of that.

>> The possibility of that.

>> Houston: Okay.

>> We'll be able to to provide that approving on briefing on the 8th.

>> Houston: Okay. So we've got one. Anything else, just let staff know, Sofia remains in my office, and we'll get it on the agenda. That completes our agenda for today. Without objection, this meeting of the health and human services committee is adjourned at 3:18. And we may be able to make it back before 3:30.

[3:18:32 PM]