

Health and Human Services Committee Transcript – 10/09/2019

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[2:04:56 PM]

>> Harper-madison: Good afternoon. It appears we have a quorum. I'm city councilmember harper-madison. We are meeting in city chambers hall on Wednesday, October 9, 2019. It is now 2:05 P.M. And I call the meeting to order. If anyone needs their parking validated, please be sure to see the clerk. All right. Item number 1, hour first item is the approval of the minutes of the health and human services committee meeting on Monday, June 12, 2019. Is there a motion to approve the minutes? Motion by mayor pro tem Garza and seconded by councilmember tovo. Item 1 passes unanimously. Did we vote? We didn't vote.

[2:05:56 PM]

No, it didn't. All in favor please say aye. >> Aye. >> Harper-madison: Item number 1 passes unanimously. Item 2, we have citizen communication. We'll now take citizen communications. I know there was a sign-up sheet. Each speaker will be allowed two minutes to voice their concerns regarding items not posted on the agenda. And I think pat might have been our only -- did anybody sign up to speak for citizen communications? Pat? You have two minutes. >> I have a handout. May I bring it up? Bring it over there?

[2:07:14 PM]

Could you remind me how much time I have? >> Harper-madison: You have two minutes. >> Two minutes. My name is pat vals trellis and I am here to speak partly on behalf of myself and partly on behalf of Yolanda Rodriguez pacheko. I have passed out to the three of you a letter that she wrote. She is the assistant principal at Mendez middle school, and she has written a letter to don bland having to do with loose dogs that were not being picked up by animal control. Then when they were finally picked up, they were returned to the owner and they got away again. They showed up at Mendez middle school again and she is trying to find out what's going on with the dogs because they were cruelty investigation and would like to see the loose dog issue addressed.

[2:08:16 PM]

So the first two pages are her letter that I was going to read, but two minutes is not enough time to read it so I just passed it out. And then the third page is a request I have for performance measures to be amended -- I would like to see item 25 that is on the October 17th agenda amended to include performance measures in part 8. Part 8 is something that I would like to see put up on the screen so that you can see that it's about recording by animal shelters, and it's a very long list of performance measures. And one of the performance measures is not anything having to do with animal control picking up loose dogs or any item like that. So up on the screen will be three-1-27, reporting by

[2:09:16 PM]

animal shelter. This is just one page of the many measures -- [buzzer sounding] -- I am requesting that the ones that I passed out be -- be included. >> Harper-madison: Thank you. Additional speakers. Jacklyn angel? >> [Inaudible] >> Harper-madison: Okay. In which case Miriam musef. You are also on the agenda. In which case -- so that's it for citizens communications. Item number 3, discussion and possible action on the reappointment of members of the central health board of managers. We'll be taking up this item

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during executive session. However, I would like to instruct staff that in the future if there is a vacancy, the city clerk may and should automatically do an open call for applicants. Would you mind letting us know which item you signed up for? We have you both on citizens communications, but additionally on the central health board of -- >> I didn't specify which item. [Inaudible] >> Harper-madison: Is it

[2:11:18 PM]

safe to assume it's central health related? >> [Inaudible] >> Harper-madison: Okay. Thank you. So the next item on the agenda is the discussion and possible action regarding recommendations for appointment of members to the sobriety center local government. Corporation board of directors. >> Tovo: Chair? >> Harper-madison: Yes. >> Tovo: It was my understanding we would be taking the discussion and possible action after our executive session. And so I wonder if we might want to do the briefing first from caritas and then hear any speakers and then go back to executive session and then come back. That was my assumption even though it's not listed that way on the agenda, that we would do our executive session work and then come back out and discuss.

[2:12:19 PM]

>> Harper-madison: And then have the discussion about central health post. In which case we'll go to item number 5, the briefing from caritas Austin, update on the collaboration to prevent and end homelessness known as best single source plus. Good afternoon. >> Good afternoon. I'm joined by my colleagues, Deanna fisher, who is the program manager for -- I'm Jo Katherine Quinn, CEO of caritas, Austin, and I'm joined by Kiana fishinger who is the program manager for best single source plus, and Melinda Cantu, executive director at safe and has been our chair for the best single source plus during fy-19. We wanted to be before you, I don't think we've ever given a formal report before the health and human services committee.

[2:13:22 PM]

Though mayor pro tem Garza invited us to present to the regional affordability committee recently, but we thought since the best single source plus is the Austin public health's single largest social services contract that it made sense for us to bring an update to you and let you know kind of what the collaboration is about and some of our results. First, my job is going to be to just talk about the -- a little bit of the history and the -- >> Harper-madison: Do you mind if I interrupt you briefly? Would you two like chairs as well? >> Thank you so much for asking. >> Sure. >> Awesome. Thank you.

[2:14:22 PM]

The best single source plus actually started as best single source, and in 2005. And the reason it was started is because -- is the slide show -- do you have our slide show? We sent a presentation. She sent it to councilmember harper-madison's office, I believe.

[2:16:33 PM]

Do you want me to keep going? >> Harper-madison: If the presentation is an instrumental part of your presentation, then we could go to the next briefing and then come back while they are teeing up your presentation. >> Yeah, I do think it would be helpful just because we have some visuals in here. >> Harper-madison: Why don't we do that. Why don't we move on to item 6 for now where we'll have an opportunity to have a

[2:17:34 PM]

briefing from Dr. Angel from university of Texas lbj school of affairs on adult day centers. Good afternoon. >> Good afternoon and thank you. My goal today is to update on our liase with Austin public health and other partners regarding resolution 41 and our report building a intergenerational metropolis in the city of Austin. As you may recall, a proposal for a feasibility study was recommended in the report to verify the ideal city-owned property judged as appropriate for housing an adult day, health and child care center, as well as a proposed pilot initiative to test the elements of intergenerational programming. We recently completed a new

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brief to examine the costs and benefits of establishing a public-private partnership for a intergenerational facility co-located with affordable senior housing in the 78702 zone and surrounding neighborhoods. Our previous research demonstrates that a intergenerational health center, igc, would address a glaring gap for the most vulnerable children and seniors in our city. Our research identified new evidence documenting the positive benefits of establishing a intergenerational day center, housing plus intergenerational support service models can help older people remain healthy and independent for longer, all while saving health care dollars. However, to interrogate this claim, we conducted a analytic literature review

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of 105 intergenerational programs across the nation as well as a detailed case study analysis of four cities. Four in bryan-college station, Texas, one in Los Angeles, one in Columbus, and the other in Waco, Texas. These are all age-friendly cities. And we wanted to determine a successful model, what those elements are. We observed a intergenerational day center is appealing to centers as alternative or functional attorney active to adult day center. Such programs reduced loneliness, depression, while increasing seniors' level of social engagement and importantly young people's empathy. And it was clear

that both generations benefit from learning from each other. That was an added benefit. The research also revealed

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that an ideal health center promotes cost efficiency and the reason is both groups are sharing a space and it prevents competition for funding. And I think a final and important observation we made is through our interviews with directors of these centers. And we're here locally, and what the community's vision was for additional -- the concern for additional affordable housing for low-income seniors in east Austin linked to integrated health and an IDC to be from their perspective the most important service delivery model that we could deploy. This is one way to strengthen our efforts already and also in becoming the age friendliest city in

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the nation, and our next step is to present this research at a -- at the annual meeting of the gerontological as part of the implementation of the age-friendly city action plan and there will be community engagement at the Austin central public library and another opportunity to get additional feedback from members of our community. And most importantly, our low-income seniors who will be using these -- who will be using these facilities. In the -- this report that's forthcoming, we will have this available on line so that you will be able to provide us with some feedback so that you'll be

[2:22:46 PM]

able to distill our findings and help us to move forward in this effort. Thank you very much. >> Harper-madison: Thank you very much. Do any of my colleagues have any questions? Councilmember kitchen. >> Kitchen: Thank you very much. I just have two questions. So -- well, a couple other questions, but is the -- is the report or brief available for us to review, and perhaps you've sent it to me and I haven't seen it. >> So all of the reports, including the resolution item number 41 study with those recommendations, are online. And I can send you the link to that as well as previous reports. And I will also -- we're just getting external review on our most recent report on the intergenerational day center initiative that you

[2:23:51 PM]

have an executive summary handout that provides that information. >> Kitchen: I don't think we have the handout, unless I missed it. I didn't see the handout in backup. Did I miss it? Chair, do you -- do my colleagues know if there's a handout in the backup? I didn't see it. We didn't see the handout. It's not posted either. Oh, okay. >> Lucey said I could bring it. >> Kitchen: That's fine. So we don't have copies, right? >> I made copies for you. >> Kitchen: She made copies for us. >> Harper-madison: She said he's going to put out the screen. >> Kitchen: If she made copies, can we not get the copies? >> Yes. >> Kitchen: Okay. All right.

[2:24:55 PM]

Okay. Thank you. And then let's see. So the second question is you had mentioned some public input opportunity. Could you say that again? When is that? >> The annual meeting of the gerontological society of America, their academic division, it's called aggie, which is higher education focus, is organized and it's been peer reviewed a pre-conference workshop focusing on resolution item number 41. There will be a pre-conference workshop on Wednesday for those who register for the meeting, and the results of this workshop will be presented at the community engagement session on Saturday, November 16th, 10:00 to noon, and it's co-sponsored by U.T. Austin, lbj school, aarp, Austin public health,

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age friendly city action plan. So multiple collaborations on that. And Austin public health is polishing the handout, the flyer, rather, and will be spend sending that out to everyone for your information. >> Kitchen: Okay. I have -- chair, is it okay? I have one last question. >> Harper-madison: Absolutely. >> Kitchen: So this is great. You know, this is kind of a follow-up to the resolution we had passed a while back, you know, based on the previous studies that you all had done about day health center opportunities for seniors. So -- so I'm very excited to have this now. And so I'm understanding that it sounds to me like what you found is that the intergenerational approach might be the best approach for a pilot? Is that what you are saying? >> That is correct. >> Kitchen: Okay.

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>> And what we've discovered also that it's trending nationwide. >> Kitchen: Okay. Uh-huh. >> This was - in part of our research agenda over the past couple years, but it became clear that it needed some greater emphasis in terms of what fits well in our city. And in terms of our imagine Austin plan, in terms of our strategic directions, bringing our generations and our age groups together. So this fits squarely into our implementation of our age friend I action plan. The mayor's task force on aging in 2013, that reports, all of those reports align and underscore this point in many different, you know, ways. And I

think this sort of an operationalization of that vision for our city. >> Kitchen: Okay. So next step for us in terms of a pilot program will be for you all to finish the process -- or finish the

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path that you are on. >> Right. >> Kitchen: You know, with a national conference and getting more public input and that sort of thing. And that perhaps at the end of that process we might have something we can look at as a specific recommendation that we could perhaps explore with you all about the potential for a pilot for the city of Austin. Is that right? >> Yes. Just to be clear, the feasibility study has to be completed in order for us to identify a location. >> Kitchen: Okay. >> For that. And once that happens, we will even get even more additional partners. We continue to collect those who are involved in this at multiple levels. So that's what we need to wait for. >> Kitchen: When is that going to be done? When is the time line for that? >> I don't know. I don't know. We're still committed to making this work. My students want to learn more. We're all engaged. We're also engaging with Dell medical school.

[2:28:59 PM]

They have an initiative for intergenerational day programs. We're working also with United Way and St. David's foundation has just released a new request for ideas on intergenerational programming. So there's many different activities across our city that are focusing on this and we're honored to be part of this as we move forward. >> Kitchen: Okay. >> So we'll keep you informed, and as soon as our report is -- we'll send that copy to you. >> Harper-madison: Thank you. Are there any other questions? Councilmember tovo. >> Tovo: Thanks very much. This is interesting work. I wanted to get a sense of how closely you are working with some of the existing

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programs here in Austin. And so I'm not sure if I heard you mention whether you are, for example, collaborating with age of central Texas, which has an existing adult program. >> Yes. And let me -- if we have time, in the report that you will receive and also from our resolution 41, Austin goes for the elderly, meals on wheels of central Texas, family elder care, united Way, drive a senior. Tohler foundation, St. David's foundation, anders foundation. And child, inc. >> Tovo: That's a great group. >> This is to -- we're in a developmental stage here because this is a critical part and we really have some very -- some innovative ideas to make that happen. So -- but Kathy mccourse from United Way is providing

[2:31:00 PM]

guidance on that because she also -- she wrote a letter and I've met with her and my students and so we're just getting this all again the next step as it -- >> Tovo: I guess my question for more direct. Since they already have an existing day program for seniors, I'm wondering if the first step in a pilot would be actually to pilot some programs or some, you know, some one day a week intergenerational programs at their facility to kind of get some learning behind it. So are there any actual plans for that -- programs of that sort in mind? >> So yes because age as well as Mike's place is part of this adult day health center model, and as you also may know that age is also expanding to south Austin. So for us, we'll be working with San Anderson and Jeanette Juby on that. We want it to be adjacent to

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affordable senior housing so forthly with adult day center as opposed to child care, transportation is built into that model. So we're going to be able to do that and we'll be much more of a specialized health model over at age as opposed to to Mike's place, which will be focused on the social model. So that's very important for us to have, seniors have an option to select that. So that's our next step as well is, you know, working out the particulars on the pilot. >> Tovo: I see. So there will be some sort of trial programs before there's a request or a fully developed proposal to do a stand-alone center. >> Oh, yes. I think that makes good sense. >> Tovo: The other suggestion, and you may be exploring this as well, our parks department has at

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various times talked about intergenerational programming. I know for a while they were talking about creating a quilting class that involved seniors as well as children at some of their rec centers. And I think, in fact, they had a plan to buy some sewing machines and some of us used our office budgets to help support that and I'm not sure where that is. To me that might also be a way to ease into this prior to a big pilot to do some of those smaller programming opportunities at our rec centers which are located throughout the city. >> Absolutely. The existing resources, and we need to sew these all tolling. I want to share something special in our last elder care summit at the Ibj school, we really worked hard to have our consumers, our low-income seniors attend the meeting. We had those from lake side, our Austin public health for seniors program -- not

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program, housing, as well as rbj, independent living center. And for this community engagement in November, pard is going to help us get pickup and provide transportation for all of our low-income seniors as well as others who are participating at the senior centers. So we're thrilled about that. >> Tovo: Great. >> We want to have everybody engaging. >> Tovo: Thank you very much. >> You're welcome. >> Harper-madison: Did you have any questions? Not so much a question, a suggestion. There's an organization called aging is cool and the master mind behind it, her name is Amy temperly. So if you guys could connect, that would be a great idea. The other question I had was you mentioned something about a location, a permanent location. What does an ideal location look like for a program like this?

[2:35:05 PM]

>> Well, an ideal location is adjacent to affordable senior housing. And that's the housing plus supportive services model that is being highlighted throughout the country. I need to add this footnote, and this is in the report, that 90% of the models are -- that housing support services are focused on middle and upper income seniors. Including the texas~a&m model. They've just broken ground on a \$350 million program. Okay. So that's one important feature. We're going to want this to be scalable, we need to make sure it's sustainable, but we have to start there. Because mobility issues are critical not just to the

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adult day center and the child care component and all of this, but we also need additional supportive services, critical services. Our e-consult that community care provides, our telebehavioral health, our wrap-around services, and then, of course, the home visits that are being provided by our ems, city's ems as well as other programs. So that's our larger vision, but we're starting, of course, very focused with the intergenerational program. >> Harper-madison: Well, thank you very much for your presentation. It's been very thorough and I appreciated it very much and I look forward to seeing the report and your follow-up. >> Thank you. >> Harper-madison: I think this time we could bring the caritas folks back up. Were you able to get the presentation delivered? >> I think so.

[2:37:09 PM]

So as I was saying before, I'm Jo Katherine Quinn, CEO at caritas of Austin. And caritas of Austin is the lead and fiscal agent for the best single source plus collaboration. The best single source plus is a partnership of 12 agencies and our mission is to prevent and end homelessness in Austin. The best single source plus collaboration started in 2005 as best single source, without the plus. And the reason it was started is this is kind of what the system looked like at the time. Each -- many different social

services organizations across the city were getting small basic needs grants, and we were able to do a little bit with each of those grants and we were getting grants from both the city and the

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county at the time. And the executive directors of these organizations got together and said, surely we can do this a different way because our clients were running around to different faith groups and to all -- all of us different social services organizations and piecing together maybe their rent and utilities when they felt like their housing was being threatened. And when they were in a crisis. And what we were learning is that the clients were spending an inordinate amount of time and energy just piecing together maybe three or four hundred cathedrals of went. That was back in the days when three or four hundred dollars would make a difference. We approached the city and county and the city and county were really great partners in the beginning to say we will try this. Our suggestion was let's put all of these small grants

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into one big grant and let's share the money that was the vision of the original eight partners of the best single source. So sort of the rest is history. You guys decided to play with us and so did the county and we developed this collaboration which has since grown, and now this is -- instead of the system looking crazy like that, the system now looks like this where the client is in the center and the client has a lot more self-determination because they are able to stay at their best single source for service and still get their housing needs and their basic needs met. All within that same agency. The money is available to all of the participating partners as it is kept in a single pot of money and it is accessed through caritas

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of Austin, who is the fiscal agent. So we operate on what we call money follows the need philosophy. Nobody has sort of a set amount of money that they have to spend or that they get to spend. We leave it all in a single pot of money and as an organization has needs for their clients for housing, then they tap into the money. And we manage it and make sure that the money lasts all year and that -- and that we expend all the money each year. So it is -- it has proven to really work well and be very helpful to our partners. And Melinda is going to bring to you sort of a partner perspective, but before she does that. Kiana fisher, I'm going to

[2:41:14 PM]

hand the mic over to her and she's going to talk about program outcomes and how the program works specifically. >> Awesome. Hello. My name is Kiana fisher and I'm the bss plus program manager at caritas, Austin. I've been with them two and a half years and have been working with people experiencing homelessness for about seven yearsment I'm thrilled to be in front of you today to talk briefly about the bss plus collaborative and our success working to end homelessness in austin-travis county. Bss plus provides both -- excuse me, both rapid rehousing services and homelessness revenges services for individuals and families in our community. Every family that is enrolled in bss plus is eligible for housing focused case management services.

[2:42:14 PM]

What we are doing is working. 94% of the families we served in a two-year period have remained in stable housing and have not entered or reentered the homeless -- the homelessness system, excuse me. Although it's not required by the grant, we consider returns to homelessness a key measure of how we - how we capture success in this program. Okay. So let me brag about our collaboration for a minute. The outcomes for both homelessness prevention and rapid rehousing have exceeded -- have exceeded the city of Austin goals in both fy-18 and fy-19. In fy-18, 83.7% of clients enrolled in homelessness prevention stayed in stable

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housing, and 80.2% of clients enrolled in rapid rehousing exited to stable housing. I'm happy to answer any questions following the presentation, but now I want to turn it over to Melinda for conclusion. >> Thank you. Can you hear me? Thank you guys so much for having us. So I am the current chair for the bss plus collaborative, and I want to make sure that we show all of our 12 partners, which is an amazing feat that we all work together with a single pot of money really looking at how we provide services to people to prevent homelessness and also to make sure that we're able to rapidly rehouse those folks who experience the crisis of homelessness. What I can tell you about the safe alliance and our organization in terms of

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this collaboration is how imperative it has been for us to be able to serve survivors experiencing, fleeing domestic violence specifically, and then being able to help support them to get into safe, affordable housing. There's also some support wit staff as well as the direct client assistance. And the beautiful thing about our collaboration is that we work together consistently so that we can serve the

subpopulations in our community so that we really are able to make sure that folks don't either flounder in homelessness or become homeless. Thank you so much. And I'm just so proud of the work that we're doing together. >> Harper-madison: Thank you. >> I wanted to brag on Austin public health. Austin public health has been such a great partner through the years allowing us to experiment with different methods that we

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had seen were working in other places across the country and real giving us the space to hone those methods and really now those -- we have adopted those and made them work for Austin and Austin public health has been such a great partner through all of that evolution and making the program really as good as it possibly can be. >> Harper-madison: You a saw. I'm sure they appreciate that. Thank you guys so much for your presentation. We really appreciate it. Councilmember kitchen, did you have questions? >> Kitchen: Just a quick question. First off, I really appreciate all the work that you all do. >> Thank you. >> Kitchen: And so can you go back to the slide with the results? I just have a quick question. >> This one? >> Kitchen: Yeah. Okay, so -- and I don't know if you can answer this now or not. You can answer us later, but if you need to.

[2:46:21 PM]

I'm just curious about the -- the need and whether you are finding that the pot of dollars -- how far does the pot of dollars stretch. It sounds like you all manage it during the year. >> Yes, we do. >> Kitchen: And I'm just wondering how difficult that might be. Are you finding that -- and I'm sure you manage it with some kind of criteria for which clients are eligible. >> Yes. >> Kitchen: So I'm curious about the -- the criteria and how you manage it and if you find that you could -- I mean I'm sure you could do more if you had more money, but the extent of those kinds of things to the extent you could share that with us, I would find that helpful. I don't know about the chair. >> Certainly we can always use more funding. >> Kitchen: Yeah, uh-huh. >> And we would be happy to go sort of back to the drawing board and work up some metrics to let you know

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if we had X number of dollars, we project we could serve X number of people. We do know that we would love to grow the rapid rehousing portion of what we do and do more with regard to actually getting literally homeless people off the street. And do more of that work so that we can have a greater impact on literal homelessness. Both the homeless prevention and the rapid rehousing are both really important components, but yes, adding additional dollars to this collaboration would make a lot of sense because it is a well oiled machine by now and we get great outcomes. And I think that this

collaboration could have a tremendous impact overall in the city with regard to bringing our number of homeless down. >> Harper-madison: Thank

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you. I think that would be helpful information to refer to it. Any of you have questions? >> If you want to follow up with specific metrics, we're happy to see work with public health to develop some of those numbers. >> Harper-madison: Councilmember kitchen. >> Kitchen: The kind of metrics that would be helpful from my perspective would be understanding of the criteria that y'all are using right now, understanding that with that particular criteria do you find you run out of dollars? And then understanding if you were to -- you know, yes or no and to what extent. And then if you were to change or expand the criteria, in what ways would that be helpful and how many others can you serve. Does that make sense? Am I asking something that makes sense for you all? >> Yes, it does. >>. >> Kitchen: Thank you.

[2:49:23 PM]

>> Harper-madison: Thank you very much for your presentation. So it looks like we're going to go back to items 3 and 4 where we're going to have discussion and possible action on reappointment of members of the central health board of managers. Which, again, we'll be taking up in executive session. And item number 4, discussion and possible action regarding recommendations for an appointment of members to the sobriety center local government corporation. We'll be taking this up in executive session also. However, I would like to instruct staff in the future if there is a vacancy, the clerk may and should automatically do an open call for applicants. Prior to us going back to executive session, were there any other speakers who would like to speak before we go back? Yes, please. >> Good afternoon, councilmembers. I really appreciate the work

[2:50:25 PM]

you do and especially this committee. And I thank you for nominating me back in 2017 after a long trial, if I may say. On may 17, 2017, I was unanimously appointed to the board of central health by full council and mayor Steve Adler. I'm truly humbled to serve on this board and it has been humbling experience to know on all levels that every decision that I make impacts people's lives here in Travis county. And the complexity of the work we do. And it's truly -- it takes a lot and this is not a regular board, as you may feel, it's literally almost a full-time unpaid job that we work on -- night and day, actually. There's a lot of - and I'm

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here really to thank you and to answer any of your questions, and I want you to understand it took a lot of time before I understood my appointment will end on this year and I was -- I took over someone else's appointment. I was never granted a full-term appointment. I just wanted to make that clear. And knowing how complex this position is and how difficult it is and how challenging it is, it took me a while to really think if I really wanted to be reappointed or not to this board. And after careful thought and consideration, I felt that I will do a disservice to our community if I left the board and knowing that I am the voice of many vulnerable people in our community and address their needs and meeting their needs, and that is why I ask you for the reappointment of my board appointed central health, and again, thank you

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and I am available at any time to answer any of your questions or address your concerns that you may have. >> Harper-madison: Thank you very much. Do any of my colleagues have questions? Councilmember kitchen. >> Kitchen: No question, I just want to say thank you very much for your service. I've had the opportunity to present to the board when you've been on it and I've really appreciated your thoughtfulness with the way that you have addressed things, so thank you. >> Thank you, councilmember. >> Harper-madison: Anybody else? I would like to echo that sentiment. Thank you very much for your service. We recognize how much of a sacrifice it is and so thank you very much. And I think with that we are going to head back to executive session for items number 3 and 4, central health board of managers and the sobriety center local government corporation board of directors. And it is 2:53. [Buzzer sounding]

[2:53:30 PM]

[Executive session]

[2:54:50 PM]

[Executive session at]. >> >> >> >> >> >> >> >>

[3:01:28 PM]

Related to item 7. Selection of members to recommend for appointment to sobriety center local government corporation for local government corporation breaks, and the item no. 8, the reappointment of members for the board of managers. Is there any objection to going into executive session on the items announced? Hearing none, the committee will now go into executive session. At 3:01.

[3:33:47 PM]

>> We're back on the dais at 3:33. We're out of closed section. In closed session we took up and discussed personnel matters related to items number 7 and 8. Item number 7 regarding the sobriety center local government corporation board of directors, at the upcounseling hhsc meeting the committee will interview applicants for the local board of directors. Is there a motion? >> Yes, I move that we interview Jessica Paulvino, Carl Hunter James Burn and Shannon Hoffman. >> Harper-Madison: Is there a second? Moved by Mayor Pro Tem Garza and seconded by Councilmember Casar. Councilmember Kitchen. In which case -- all in favor? Unanimous on the dais.

[3:34:48 PM]

Then we're gonna move to item number 8, the central health board of managers. Are there any motions regarding this item? I'm sorry, Councilmember Tovo. >> Tovo: Chair, I'd like to nominate we reappoint [saying name] >> Harper-Madison: Is there a second? Seconded -- seconded by Mayor Pro Tem Garza. All in favor. >> Tovo: I wanted to make one quick comment. I wanted to thank you so much for your service, Madam. You've done a fabulous job of really being present out in the community and being a voice for the community and also really helping build a bridge to central health. You've done a dynamite job. I'm very appreciative for your service and excited that you're willing to continue to serve. >> Councilmember Kitchen. >> Kitchen: I would like to echo that. I would also like to thank you for always reaching out to us and staying in touch.

[3:35:49 PM]

with us. That helps us a great deal in understanding and staying connected with the central health board. So we appreciate that. >> Harper-Madison: I'd like to third that. [Laughter] >> Fourth. >> Harper-Madison: Are you guys comfortable taking a vote now? All those in favor? Aye. It's unanimous on the dais. Thank you again. Moving on. Future items. Are there any proposed items to discuss at future meetings? Hearing -- oops. Councilmember Kitchen. >> Kitchen: I wonder, I don't know if this is appropriate or not or if people want to take this up, but one of the things that we've been hearing a whole lot about in my office relates to the use of the cigarettes and the vaping.

[3:36:50 PM]

and the impacts that Juul and others have had on our young people, and I don't know if there's any further actions that are appropriate from a city perspective, but we're doing a little checking in my office, and it might be something that this committee might be interested in. So I just mention that. >> Harper-madison: I'm certainly not opposed. >> Tovo: I think that would be valuable. >> Kitchen: Okay. >> Garza: I don't know how this would be a briefing or a presentation because it's an incredibly complicated issue but because it came up in the media and I used to try to get a talking point at dove springs, the life span of people east of 35 is almost 20 years less than those who live west of 35. Let me think of how I could come up with maybe a way to see if we could have some kind of presentation, but I think that would be something we should talk about, too, at this committee.

[3:37:51 PM]

>> Harper-madison: So loosely I'll put life span disparity. Okay. Are there any others? Okay. Well, if there's no objection we are adjourned at 3:38. [Adjourned]