

# Health and Human Services Committee Meeting Transcript – 05/26/2020

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[10:07:19 AM]

>> Garza: This is the health and human services committee. I'm Delia Garza. We have a quorum. So let's go with a motion to approve the minutes, agenda item number 1? >> Kitchen: So moved. >> Garza: Moved by councilmember kitchen, seconded by councilmember tovo. All those in favor raise your hand? Item 1 is approved 3-0. The next item is -- just to be clear, we're doing the discussion and then we'll save the briefings for after discussion. Sound good? Councilmember tovo? >> Tovo: That sounds great. I think number # is the discussion of the members, so I think we would need executive session first anyway. >> Garza: So item 2 -- if there's a clerk on the line, we don't have speakers in committees, is that right? >> Kitchen: There's no speakers signed up, mayor

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pro tem. >> Garza: Okay. So is there a staff presentation on item 2? Want to get started? >> Mayor pro tem, this is Jannette. I believe Ed van eenoo was having to restart his computer, and he has not joined back as of yet. >> Garza: Okay. We can go to another item. >> Tovo: So mayor pro tem, I have a couple of questions. I guess I want to be sure that when we go to executive session I have questions for our city staff, our clerk's office about applicants that were received. And applications that are not in our pool so that when we go to executive session

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to discuss the applicants that there will be somebody from the clerk's office to address a few of those questions about the submittal process. >> Yes, there will be. >> Tovo: Super. Thank you so much, Jannette. Is Ed back on. If not, the only other item is central health? >> Kitchen: Mayor pro tem, there's a [indiscernible] On item number 5, but if you want to take that later. >> Garza: That was the presentation that I thought we were -- we wanted to do

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the discussion before councilmember tovo had to leave. >> Kitchen: Okay. >> Garza: How long -- is staff on the line? How long is that presentation? >> Hey, mayor pro tem, this is Lucy [indiscernible]. Staff liaison. It's about 10 slides. >> Garza: Okay. Why don't you go ahead. We'll do item number 5. >> Okay. I'll turn it over to Apa staff liaison Casey Demming. >> Garza: Okay. If everyone could mute.

[10:11:30 AM]

>> Hello. This is Kathie. I want to make sure you all can hear me? >> Garza: We can hear you now. >> Awesome. Thank you. So I am trying to just gather my pieces here, but good to go now. I'm trying to get my video working, but it's not seeming to work. Is it okay if I continue with audio? >> Garza: That's fine. And if anybody else on the call, if you could mute your phone if you're not speaking. >> Excellent. So I'm Kathie Deleon with Austin public health. And I actually have another colleague that's presenting with me. Her name is Stephanie helfman. And we are giving an presentation on youth videotaping and topic prevention efforts that have been happening in our community. Last year around August through October timeline we had quite a bit of concern within our community about

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vaping and where we are trying to address that and wanted to update you where we are with those efforts. Just to revisit, if we can go to the slide presentation, I want to make sure that that's up and running. I'm watching the atxn live, but I don't see the posting. >> There might be a delay, but the presentation is definitely being shared. Thanks. >> If you go to slide 2, the -- slide 2 is titled health impact of e-cigarettes among youth. What we know is there are many types of vaping products and on this slide there's a lot of different products that you can see. There's pipes, there are things that look just like a cigarette, but it's an E cigarette, and there are other things that we know kind of in a marketplace that's called the Jule or whatnot. So there are different topic products, vape products out there that youth use and all people are using as far as

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vape products. But many different forms and shapes and sizes that this comes in. But we know that there's a real concern about the chemicals and there's almost -- on this slide an infographic with a puff of smoke coming out. And vape products have been talked about safer than normal cigarettes, that it's just water vapor and whatnot, and those are definitely myths. We know there are harmful chemicals that come from these products. These are aerosols. It's not harmless water vapor. And we know that these are things are causing popcorn lung, which causes scarring of the tiny air sacs in the lungs -- air sacs in the lungs, resulting in narrowing of the airways. And it's wheezing and do you having and shortness of breath that looks like COPD. And these are harmful compounds in that water vapor such as benzene, also found in aerosol. And the biggest concern are for youth.

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This has significant impacts on the brain. Such as, you know, part of the brain that is responsible for decision making and impulse control, which we know at this point is not fully developed within adolescents. And the risk is long-term lasting effect for exposing brains to nicotine. And this includes nicotine addiction, causes mood disorders and can permanently lower their impulse control, as well as it can harm the part of the brain that controls their attention to learning. In addition to that, addiction is a real concern. Our brain grows until we're 25. And every time a new memory is created or a new skill is learned, stronger connections are built between brain cells. So for children and young people's brains they build connections a lot faster than adults and because addiction is a form of learning adolescents can get addicted more easily than adults. And note that that we see that -- and in addition to that we see that there are concerns with people's

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behavior. There's strong link between e-cigarette use and other tobacco products. We 83 of high school all the who claim to use two or more tobacco products. We call that dual use and that creates a larger addiction to nicotine as well. And we're also seeing that again vape products as well as tobacco products have also been seen as gateway drugs. There has been a link for alcohol and other substance use people using these products. Again, there's unintended injury as well. There are defective batteries in some of these as we've seen and they explode and injure people and even killed some people as well. And then there's acute nicotine exposure. People exposed to the component has been there's been poisonings for both children and adult for those who have breathed or

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swallowed the liquid. And that has grown since these products have been on the market. And there are other medical risk, brain seizures and what we've heard quite a bit about the lung cancer. We know that patients in Texas range in age from 13 to 75 years old with a median age of 22 years. So we know that those who are most affected are disproportionately younger than the average smoker who have smoked for years and having health effects as a result. This is a much younger population. We can move to the next slide. So the next slide is a covid-19 risk of vaping and smoking. And I know we're in the midst of a pandemic and covid-19 definitely is on the top of all of our minds and we'd be remiss to not talk about how covid-19 may or may not have a link to this specific topic as well. So we know that smoking and topic use, that people who use and smoke cigarettes may

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be at increased risk of covid-19 because the virus that causes covid-19 because they may have worse outcomes because of the reduced lung function they may have. Because covid-19 is such a new disease and vape products are such new -- they're such new products on the market, we don't really know or have an idea if there's a correlation there. So more research is needed to be done, but we do know that with covid-19 if you have reduced lung function your potential for having some complications with the disease is definitely there. So we can move on to the next slide, slide -- the next slide should say impact of e-cigarettes. And so this gives more of a detail on impact of e-cigarettes and what we've seen in just increased use. It from 2017 to 2018 we have seen an increase of 78%

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among high school students and 48% among middle school students in the U.S. And compare that to the number of adults. Don't have Travis county level data for youth, but we know that Travis county adults use e-cigarettes -- we have that data, 19.8% of Travis county adults had ever used an e-cigarette or other electronic vaping products and four percent of Travis county adults are currently e-tobacco users. When we look at children's use or chunk adult under 18 use within the U.S., we know that 20.8% of those are high school students and 4.9% are high school. And so that accounts for 3.6 million of U.S., middle and high school students utilizing e-cigarettes. Okay. We can move to the next slide. This slide should be titled

[10:19:50 AM]

electronic vapor products use prevalence among Texas youth in 2018. So this is from a data source that's collected within Texas and it is the Texas youth tobacco survey. From that 2018 youth tobacco survey you can see the rates at which Texas youth are utilizing electronic cigarettes. And of those who have ever tried an electronic vapor product ever in their lifetime, you see 70% of those are high school

students and 4.9 percent are middle school students. And if you think about it, it's 25.7% of students classified electronic vapor products as not very dangerous or not dangerous at all. So they're wanting to try -- there's not a whole lot of deterrent for that if we talk about how dangerous the product is. They don't see it as a dangerous product. And 21.9% of them all reported ever having used electronic vapor in their lifetime and we know this is

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most important among high school Kuntz R. Students, but middle school students are using it as well. And we've seen in the last month those who reported to the survey is 4.9% have ever tried e-cigarettes and 2 percent have tried in the last month in middle school. And I think what's most alarming in the last piece of this is where you see in the one to two days of middle schoolers, 1 to three percent are using in the last one to two days and 4.6% of high schoolers. Those are active users using on a regular basis. We can move to the next slide. This slide should be titled youth and flavored tobacco. So in addition to knowing that e-cigarettes are definitely tract active to use, we also know that flavored tobacco, meaning menthol and other flavored type of tobacco are also attractive to youth. We know that their first use and this is probably the most alarming statistic on

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the slide, that 81% of youth, their first use of tobacco was a flavored tobacco product. And if we can do anything to delay the onset of first use or ever use, that is a lot to accomplish there. And just noting that kind of gives us a way to target interventions and to address certain things. And so part of it also is there's easy availability of flavored tobacco, including menthol and this also causes an increase in tobacco use. And menthol and other flavors use the harshness of tobacco. So this is an important piece and to think about how these types of tobacco products are disproportionately used by younger tobacco users. And we see a disproportion national use by African-American youth as well. We have seven of 10 African-American youth smoke menthols. Okay. And so the next slide I'm

[10:22:55 AM]

going to turn it over to Stephanie helfman and she's going to review the different strategies that we've been able to employ along the local level to address tobacco and also e-cigarettes. So Stephanie, are you on? >> Yes, good afternoon. [Garbled audio]. I wanted to show some of the things done in the last year to limit use of the tobacco. These are positive changes to protect youth and improve the public health overall. This slide should say topic tobacco 21, under 21. This law passed in Texas in September. Texas tobacco 21 pass police department. And as a result it increased the age of sales of cigarettes or e-cigarettes or any tobacco products in

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Texas to 21 years of age. After tobacco 21 passed in Texas in certainty the federal tobacco 21 law passed in September so this became the law of the land and it is now universally the case. Tobacco cannot be purchased under the age of 21. So in addition to when federal tobacco 21 passed there are no exceptions. Previous laws in some states, including Texas, had exemptions for members of the military, but it is a federal law and there were no exemptions so that also strengthened the provisions of the law and improved public health. So that's a positive change. Let's go to the next slide, which is titled current federal tobacco regulations [indiscernible]. Thank you for changing that. So a second action that occurred through the fda was on January second the fda finalized guidance to prohibit the sale of

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cartridge-based E cigarette flavors that aren't flavored with menthol or tobacco. And so this again was a pro change that happened -- was a positive change that happened relating to flavored cartridges. As Kathie mentioned earlier, flavors are what young people do start to using tobacco products. So this regulation did limit those flavors, especially in the cartridge-based -- actually specifically in the cartridge-based e-cigarette. So that was a positive change, there were some loopholes in this law and considerations for [indiscernible]. One of the loopholes is this also addressed cartridge-based e-cigarettes S so there are other types of e-cigarettes that are available on the market. There is a tank based cigarette, that everybody who goes to a vape shop can get a food or other flavored liquid and utilize that

[10:25:57 AM]

product. So these are the tank based products that were not included in this registration. In addition, there are disposable products and this is something that we should be considering and keeping an eye on as an emerging issue. There are disposable products that are flavored. There are several products that are available. And they are flavored, they are flavors such as pink lemonade. And other flavors that are available and in fact less expensive than cartridge-based cigarettes. And the fda guidance did not prohibit these disposable e-cigarettes, so I think this is something to car. The final loophole was that menthol was not included as a flavor. As we've already talked about menthol is a flavor. It does make it more appealing in terms of use, and it does make cigarettes and e-cigarettes less harsh. So the fact that menthol was

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not included in this regulation is also a potential loophole that can -- we also have to keep our eye on this because what we may see is that companies may change the way that they label the e-cigarettes and start calling things menthol or fresh menthol, and the line between menthol and mint is very fine and we see some mint products may be labeled as menthol or fresh menthol on stay on the market. We have to watch that and make sure that they do not target youth. So sergeant of those different loopholes I think that the city and Austin public health are considering and keeping an eye on are types of policies that are potential policies that could continue to improve public health and protect youth from e-cigarettes and [indiscernible] Things that other cities have done.

[10:27:57 AM]

And this can include exploring policy actions related to limiting flavors even more and/or potentially limiting the advertising to the extent where possible here in Texas. Let's move on to the next slide, please. So other things that Austin public health are currently doing to address e-cigarettes is education and awareness campaigns. And these campaigns have taken place throughout the past year and will continue into this year as well. And these campaigns are addressing two predominant -- two important audiences, one being parents of teenagers, and the second being young adults ages 18 to 25. So in this slide you see some of the outcomes of our first media awareness campaign and were very effective in reaching our

[10:28:00 AM]

targeted populations and through many types of media and we'll continue doing this moving forward. If you click on that picture you will see a one minute or less video, one of our ads. If ctm is able to click on that we can see one of our ads. >> I'm not telling you. >> Is he cute? >> You're so annoying. >> Is it the boy that always talks to you? >> Maybe. >> Him!?!? >> Yeah, I know! >> Really? >> He's not popular, but I like that. >> You just missed the tobacco industry's latest scam because you were supposed to. >> So mango-y.

[10:29:02 AM]

>> I'm not telling you. >> Is he cute? >> Thank you. >> So one of the things we were pointing out in that particular piece is how challenging it can be for parents to be able to identify or did he survivor an e-cigarette. You can see that two young girls are using an e-cigarette that looks like a flash drive, very common type of E cigarette and without paying close attention it can be easy to miss. So that is the type of messaging that we're trying to get out to parents in addition to of course the health impact. It's just

awareness of what these devices look like and of course new devices are constantly entering the market. So how to decipher what those look like and to be able to talk with your teen or young adult about the health impact of the devices. And finally if we can go to the next slide. Another area that we're continuing to focus on in Austin public health is continuing to change the norm around smoking and E

[10:30:04 AM]

cigarette use. We've come a long way. The city has come a long way and is really a leader in addressing tobacco and e-cigarettes. And one of the places where we're still making progress is in term of our tobaccoless city of Austin locations. We have about half of our city of Austin locations now that are tobacco-free locations and that means that no smoking or vaping is allowed on any part of the property, parking lots, any part of the entire campus. And the CDC really recommends these types of policies to get stronger. They are more effective than smoking ordinances, by taking it a step further and they're very effective in helping tobacco users and e-cigarette users to quit. So city hall recently went tobacco-free in October and many other departments are also considering this policy change. And looking forward to continuing to work with the remaining city departments so that we can have tobacco-free workplace. Next slide.

[10:31:06 AM]

Finally as we consider the importance of addressing tobacco use with city employees, both e-cigarettes and tobacco overrule, it's important to think about the cost that tobacco has in terms of increased cost to the city. And in the year 2020 we estimate that tobacco use is costing the city of Austin over four million dollars a year in terms of absenteeism, health care costs and smoke breaks. So again, this is a health issue that does really have a fiscal impact as well as a health impact. I would like to turn it back to Kathie to give us final remarks. >> We wanted to give a perspective on where we were on tobacco products and our efforts to make our community a healthier and

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address these emerging concerns for our community as well. It's key that we are working towards these things to be a leader in our community to try to lead by example and not normalize the use of these tobacco products as well as set the stage of being supportive for our community who are currently using and provide them with the supports they need to continue to try to lead a tobacco-free and healthy life. With that I'd like to open for questions. Kitchen. >> Kitchen: Yes. Thank you very much for this presentation. I have some questions about what the city can do from an enforcement and regulatory standpoint. So just a couple of



[10:33:08 AM]

questions. So on the no sales under 21, do -- does the city have a role in enforcing that? Or is that all federal? Or state. As far as. >> So councilmember kitchen, that is a really great question. The city definitely has a role in enforcing the no sell under 21. Previously the tobacco laws were no sale under 18. And city and any law enforcement in the state of Texas had a role in enforcing that law. Similarly the city would have the same role in enforce is that component as well. It's essentially the same type of legislation that pertains to the actual age of tobacco product sales.

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And the ability to purchase that tobacco product. Stephanie, do you have anything to add on to that? >> No, I don't have anything additional to that. >> Kitchen: My question, to be more precise, I'm interested in enforcement on the people that are selling. Not the youth, per se, but on the stores or companies that are selling. For example, one of the issues that were raised for us is the Jule headquarters on south Lamar, and the question was raised could we in the city regulate and prevent them from selling at that location. I guess what I'm asking for is a broader question that may not be something that you all can answer right now. I want to understand -- I'd like to have something in writing on the scope of our

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regulatory authority. I want to know if we can prevent the places that are selling and then -- and/or at least prevent their sales to minors and that we have a process in place that we're doing that. So are you familiar with what we're doing in terms of enforcement against the places that are selling? >> So the Texas law says if you sell a tobacco product to a child. Unfortunately the place that criminalizes is really the point of sale so it's the clerks. And that's been problematic from the beginning of any of our underage sales of tobacco products because that's definitely a concern. There has been some work at the state level to license

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tobacco retailers, so there is some concerns there that if they -- they're habitual offenders that their license could be in jeopardy although I haven't seen a license ever pulled. But the ticketing does happen at the local level. That being said [indiscernible]. Industries supply -- are really immune to those kinds of enforcement actions. So I think that's [indiscernible] For a little bit more. >> Kitchen: I'm sorry, what did

you say? >> I think we need to see more work at the local level. Most of the work is at the federal level, but at the state level the sales and the impact to the industry that's supplying the product. Panned the actual retailer, -- and the actual retailer, what are things that can be done

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specifically at the local level. I'm not sure that the law really gives that latitude. So we need to do a little more research on that. >> Kitchen: Yeah, that would be helpful. I know that we have local laws in place that relate to -- at least require a waiver in order to locate alcohol sales near schools, for example. So I'm curious if we're doing anything along those lines. >> Yeah, that's a really good -- that's a very good question, councilmember kitchen. About the zoning of tobacco, retail outlets. It's an important question to think about in our code and whatnot. And I think that's definitely a place that can be researched. I don't know that we've been successful at the state level to get that kind of zoning regulation in place for tobacco outlets, but we could definitely take a look at that. >> Kitchen: Okay.

[10:38:18 AM]

Are there any other thoughts that you all have had that would be helpful at a local level? In terms of policy changes that the council could make? >> I'm going to let Stephanie jump on that one because we've had some conversations about that too in case there was an ask about that. So Stephanie, do you have some response? >> Yes. We're keeping an eye on what other cities are doing around this issue and one of the things that we're doing is there does seem to be some traction in other cities and regarding more comprehensive bans and that includes menthol in cigarettes in addition to [indiscernible]. So what we're seeing is that 49 cities have banned all flavors, including menthol. And cities in California, Colorado, Massachusetts and Minnesota. So this is more comprehensive type policy. Of course, the fda's

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guidance was very positive, but these cities are taking it a step further and limiting all flavored products, including menthol. So that's something that other cities are considering that I think we can -- whether or not it can be accomplished as legal here is something that we're still working through, but certainly something that could potentially have an impact and really assist with reducing access to those flavors. >> Kitchen: Okay. Thank you very much. I will follow up because I'd like to understand better what we can do. It sounds like y'all are exploring some areas. Thank you. >> Thank you. >> Garza: Councilmember tovo? >> Tovo: Thank you. Councilmember kitchen, thank you for asking those questions. I think those are really important considerations. And thank you to our staff for the presentation. That was really valuable.

[10:40:19 AM]

I wanted to ask you about the extent to which Austin public health is working with our area school districts to promote education about this. I know just from my own experience with two middle schoolers in different schools there are some schools emphasize this more than and have posters and other kind of information. So I wondered how your outreach is going on either in health classes or through advisories and other kinds of middle school outreach opportunities. >> Yes. We've actually had some specific interventions related -- in working with the school districts. Stephanie, do you want to cover those? >> Sure, I'd be happy to. So we have a strong partnership with our local school districts and beginning back in October when we were in the middle of the epidemic, one of the ways that we partnered was

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by getting posters into every Austin ISD middle school and high school as well as in Pflugerville and other districts. We were able to provide over 500 posters to those locations. In addition to that we have presentations that we have been able to give to [indiscernible] Meetings. We've done them at the district level in Del Valle for their high school, it was a district-wide meeting. And that is something that we've offered to other school districts as well and are happy to come in and present to a PTA or parent group or group of teachers. We're happy to do that and have done that. In addition, Austin ISD has really taken a positive step by implementing a curriculum called Catch My Breath. And this is an evidence-based curriculum that was created by the University of Texas School of Public Health, and they have implemented it in all of their schools, middle schools. So they are really taking a lead, I would say, in

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education, curriculum-type interventions. And another place that we're able to help support is by supporting other ISDs in terms of their SHA CSS. We've presented to Pflugerville SHA or interventions. These are some things that we have done and these are really important questions that you asked. And we continue to see how we can support our local school districts in that endeavor. >> Tovo: Thanks for those examples. I was -- I couldn't quite hear one of our responses. I thought I heard you say during the pandemic you were able to put posters in every ISD on every AISD campus? Did I hear that correctly? >> Yes. That's correct. So we have provided posters to at least -- over 500 posters and we worked directly with the school health staff at the district level to get those out. And that was in conjunction

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with red ribbon week in October. >> Tovo: I see. So those were -- okay. So those were about vaping. About the dangers of vaping. >> Yes, they were. They were on the dangers of vaping. >> Tovo: Thank you. And you said that the name of the curriculum that is now in every aisd school is called catch my breath? >> Yes. >> Tovo: Do you know how those are -- how those are implemented? Are those through the health elective or are those done in the advisory that most schools have? >> I believe it's done in the health elective. I would have to confirm, but I do believe it's done in the health elective. >> Tovo: So that's -- those are all good on outreaches. I wonder if there's a way to have that curriculum embedded within their regular advisory because not -- many students won't

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take health in their middle school years. They'll wait until high school. So it would be interesting to know how that curriculum is used and delivered and whether there are opportunities, as I said, to embed it within the advisory curriculum that most middle schools -- maybe all middle schools have. Well, thanks for those specific examples. And thanks for the outreach that you're doing among our youth. Outreach that you are. >> I had actually similar questions to council member kitchen's, those were answered, more policy ideas and specifically the enforcement. Sometimes when there's -- the statistic that this affects a significant amount of African-American children, and then when we put laws in place that, without really good educational efforts, it's almost like we're punishing the very

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people who have -- who we have a hard time reaching. So, I think it's good to add an enforcement mechanism, but it has to be like very carefully paired with an educational effort as well. So, I also was interested in the enforcement on the people selling it. I was trying to remember, when I was younger, it seemed like it was the tab that would enforce a seller part of it, and it would have to be like a special like sting operation that they would just do and wow hear so and so was -- you would know that, you know, a certain area was being really careful about who they were selling, you know, alcohol to at that time. Maybe it's something we can add to our legislative agenda if it's not already on our legislative agenda, something policy specific for. It almost seems, you know, we --

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that's great that we were able to go up to the 21, but then we still allow them to market and to create products that are specifically meant to entice people under 21. So, identify be interested to know what more we can do. I don't have any specific questions, though. >> Does anybody else have any questions?

>> Did you want to say something? >> Sorry. Yes, council member Garza, I definitely that's part of the work that our team is doing in Austin public health is look at what other type of regulation we can do at the level to address the type of tobacco that's being sold in our community and also the type of advertising. There are, you know, definitely concerns about preemption at federal and state level for those pieces, but it is a concern. The current tobacco law does

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criminalize use for possession, also has criminalization for the retailer at point of sale. But you're right it's done by a sting undercover operation. It does not describe that tab is the enforcement agency but it is a costly type of operation to be able to run, similar to undercover alcohol stings, it's sort of the same type of approach. But definitely and there's also ways for people to proactively enforce if they think someone is selling to underage -- underage minors or what not, typically, it's that undercover sting operation. We're looking at the different type of policy options for [ indiscernible ] But so we can

[10:48:30 AM]

intervene and implement policy, that would be great. >> Okay. Any other questions? Any other questions? Council member kitchen? >> Kitchen: I couldn't quite hear what she said related to the level of authority. It made it sound to me like she said that there could be enforcement at little levels so I wanted to ask her again, then I wanted to ask her whether, and this I should know, I'm just not remembering, the laws that we have in place currently that prohibit tobacco in bars and restaurants, those apply to the evapeing? >> So, yes, we did expand our current tobacco ordinance to include e-cigarette and I want to make sure that that is

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correct. >> Yes. That's correct. We did include E cigarette which includes [ indiscernible ]. >> And then the other answer council member kitchen, regarding who has authority to force underage [ indiscernible ]. That can be state police, anyone who is a law enforcement officer in the state of Texas can do that enforcement at. So, it doesn't require that it is -- tab is not the only agency that could potentially enforce that, could be state police, local police, county constables, any level law enforcement entity can do the enforcement act. >> Okay. Thank you, staff, for that

[10:50:34 AM]

presentation, and please let this committee know when you find any or learn of any policy ideas that we could system employment -- to stop children or young people or anybody to smoke. It could be a cost percent perspective. Health perspective. There's so many good reasons why we should try to present people from starting to smoke. Thank you for that presentation. Is Mr. Van Enno back on the line? >> Yes, ma'am. Okay. Did you want to go ahead and start your presentation? Hi mean, it's -- >> Sure. The title of the presentation is HHS committee presentation.

[10:51:37 AM]

There it is. I'll go through it quickly, because I know you have seen these slides before. If we can go to slide no. 2, this is just a -- to provide you a real quick update on our budget picture where we started prior to covid-19. We actually -- >> I'm sorry if I can interrupt you, real quick, this is item number 2. Go ahead. >> Sorry about that. Prior to covid-19, facing a 3 1/2 percent revenue cap imposed by the state. We had a balanced budget. We did have gaps in the outyears we were projecting. Next slide, please. Then covid-19 hit and we had to essentially shut down our economy to stop the spread of the disease and this slide is showing the impact on the general fund revenues that were

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projected for fiscal year 20 and 21. It's impacting mixed rate taxes, user fees for jiff charges that we assess for in the rec program, library programs and interest earnings all down significantly from what we had forecast. We did a rapid resolution and right now we are actually, timing on, we are on that rapid resolution on time line in regards to things beginning to reopen, but we're we're continuing to folk news, and have a real good sense for revenue that will rebound. Some we're continuing the plan and condition the resolution and the impact and \$22 million short for fiscal year 21.

[10:53:38 AM]

On the next slide, please, the consequences are not only about general fund. We're also seeing significant declines in occupancy taxes, airport revenues and transportation department fees. If you look at the sum total of those various revenue drops on these two slides here, in the neighborhood of \$200 million revenue in the budget coming into the city, the city program and services than what we had been anticipating. The next slide, the next two slides really, we start showing some of the actions that are already under way, or potential options for keeping our budget in balance, and for managing previous financial crisis, we quickly implemented a hiring freeze on all non-essential positions that currently apply to more than 600 positions across the city. Departments are struggling through their budgets to reduce any of this budget line items as

[10:54:39 AM]

they can. Right now, we are concerned that we are projecting \$14.4 million of savings to these two efforts. Conservative because I expect we'll meet the 14.4 million but we want to be conservative when at the early stages of our planning process. We are also doing a lot of the work and had been doing work even before covid-19 at 3.5 percent which improved operational efficiency sir, reviewing our various social services contracts related to homelessness services, aligning programs and budgets to the strategic direction 2023. Those things had all been under way prior to covid-19 and we're still doing work on those, in those areas. On the next slide, this is under the assumption that had been our financial forecast. Back when we presented a fiscal

[10:55:40 AM]

year 20 budget to council last year. These are what we were making about the future and all of the items given the current financial picture, we're going to have to revisit our forecast presumptions, like employee wages and how many officers and timing of opening up new fire stations all of these things need to be reconsidered in light of the change in our revenue picture. Our next slide these are additional options that are available to us and all of these pieces of the puzzle have to come together somehow but we do have the ability, despite some recent comments from the governor, we still continue to feel the statute is pretty clear and we have an 8 percent tax increase over the next few years, pursuant to the governor's disaster declaration, that's allowed in the state law pertaining to how we set tax

[10:56:40 AM]

race throughout the state. Looking into the number that we operated through the city, our reserve, we started the year more than what our policy level was. So, that was going to help us get through this, and will be part of the solution how we navigate through these difficult financial times and finally the federal funding picture is starting to clean up a little bit, FEMA, and specifically the coronavirus relief fund, we'll have the ability to pay for a portion of the -- related to covid-19 response. Real quickly, I want to focus in on the focal point today. It was back in January, February and into March is where our boards and commissions were doing a lot of work. Looking into the budgets of

[10:57:43 AM]

the different department, working with the community, and making recommendations to city departments about the F y-21 budget department. On the flex side you'll see there are nine equity positions, comprising the joint committee, they each hosted a budget equity forum. You can see the dates and locations here, pursuant to those equity forums they had together and made their recommendations pertaining to the budget. Next slide you see so far we received 79 delegations on F y-21 budget. The other opportunity being the other big area for recommendations, 21 recommendations pertaining to that outcome. On the next slide we take those recommendations and show you how they were assigned to different departments.

[10:58:43 AM]

We get all of these recommendations early on in the budget process and assign them to appropriate departments. And a recommendation, maybe a single department. So we assign recommendations to more than one department as appropriate. At the very bottom you can see department of public health. They had 23 total recommendations that were assigned to them to review, that were relevant to their services. We asked the departments to look into the recommendations, and to give us feedback. They feel the recommendation is something they support, something they can accommodate within their existing resources, perhaps it's something they are already providing or if it's a service that would require additional resources for them to be able to implement. And that is really the other part of the backup that we sat through this morning, is the

[10:59:44 AM]

listing of those 23 recommendations that were assigned to Austin public health department, and we bring that up really quickly. It's the second file for I.D. Recommendation for aph. The PDF document that lists the name of the commission. There's 23 in total. I don't know if it's the name of the commission, provide the brief summary what the commission recommendation was and give another brief summary what the department's response to that recommendation was, and we actually include it in the PDF document a link to the specific recommendation itself, whether be a resolution, or some other format that the recommendation came to us prior to a link to the source document. That's all I have for you. I would be happy to answer any questions and I think we have staff, Austin public health on

[11:00:44 AM]

the line as well, if there's specific recommendations or responses to those recommendations? >> Any questions council member Tovo? >> Tovo: Thank you, Mr. Van Enno. I have several questions. I guess my first is that -- is really for public health. Let me ask the other ones and I'll circle around. Is the budget



question and answer open, or if not, when will it be open? >> We can open it right here, right now. If you have a question for us, we did not have that question posed this year, but we're so ready to respond. >> Tovo: That's great. I have a couple. I am interested -- on page 5, you referenced revenue ideas that are under review by law. And this probably isn't the time or place to discuss them.

[11:01:46 AM]

If there are some appropriate to review in executive session, I would be interested in knowing what some of the initial thought is on those. I do have a question on hiring freeze. This is probably better than the budget q&a. This is covid-19 question and budget question. That is, I'm trying to get a better sense of what is the situation impacting our temporary employees and we have temporary employees across the -- across the city. And so, getting some real concrete understanding of what the plan is right now for those employees, and what the plan is moving into the next budget year would be very helpful. And then my last question, I think is one for public health and that is about health

[11:02:46 AM]

inspections and health fees. My office was contacted by a couple of different businesses about their health inspections and health fees. They were receiving, for example, renewal notices during a period of time when they were closed. So, I wonder if there's somebody on the line. We got the answer needed for that constituent. But I wonder if there's a staff member online who could provide information about two things related to that. One, why businesses might have been getting a renewal during a period of time when they were not allowed to operate, as I understand it. Those renewals happen at different types for different, say, restaurants. When they initiated the application will determine when they are slated to renew it and if you could just verify my application that with health fee, fees and inspection costs -- sorry, inspection fees and other costs associated with those kinds of applications the

[11:03:47 AM]

city of Austin is not making money. We are just covering the cost, hopefully, we are covering the cost of the staff and administrative time that is required to implement them. So, those are two questions. One about the timing of those renewals, and, two, just to verify my understanding that those are -- that we are charging customers what it costs us to provide that level of service. This is, of course, both of those are concerns of businesses that are really struggling now. So, I think it would help to have you all on the record answering those questions. And if those are more appropriate for the budget q&a. Happy to submit them there. If there's not the appropriate stuff on the line. >> This is Stephanie Heyden. It would be better to submit

[11:04:48 AM]

those during budget q&a, because I did not bring that information with me too answer those specific questions. But we typically really try to be very close to the cost of service. We hadn't historically gone over the cost of service. >> Tovo: Great. Thank you so much. I will submit those director Heyden. >> And is there a question, council member tov slow? Okay, council member kitchen. >> Kitchen: Thank you very much for that great sheet. I am wondering if you have created a similar spread sheet for the other departments that we could access. >> So, we do have -- we are working on this for all 79 recommendation, all of the different working commissions.

[11:05:49 AM]

We don't have that response quite done yet for all of them, but as soon as we do, we can send them recommendations >> Kitchen: I would like to see that. We get those recommendations, just we haven't put it in a spread sheet. It's helpful to have a spread sheet like that. Even if you don't have the responses yet. Even if it takes some time to get the responses, that would be something that would be useful to have. So, thank you very much. >> Sure thing. I don't think it will take long. I think we'll get that spread sheet to you this week with the department responses. >> Okay. Thank you very much. >> Just to be clear, this presentation was for regular budget. This wasn't about cares, right? I guess there was mention of it.

[11:06:49 AM]

>> Yeah -- [ indiscernible ]. Are you talking about the language in. >> Yeah. That's okay. That's okay. We have it on Friday or Thursday or something. Does anybody want to make an action, a motion or anything, council member kitchen? >> Kitchen: I was going to follow up on the -- I know we have board and commission recommendations related to the covid funding, covid specifically. So, I don't know -- so, Ed, do you have that, those recommendations available for us for Thursday? >> I think we can. We do have the list of recommendations and we have categories that are specific to covid-19 response. So, we can work on that as well and get that to you before

[11:07:54 AM]

Thursday. >> Kitchen: I don't know if it will be ready for Thursday. I don't care what format it's in, it's just helpful to have a list. >> Yes. We can do that. >> All right. Thank you for that presentation, Mr. Van Enno

and staff. . We are going to move to the central -- item 3 which is discuss the selection of helps to recommend to the council for the central health board and we need to go into executive session for that. So, let me find that script. The committee will go into closed session to take up one item pursuant to sections

[11:08:55 AM]

55.1074. The committee will discuss personnel matters related to -- it says item 6. Selection of members to the -- for appointment to the central board of health managers, is there any objection going into executive session on items announced? Hearing none. We will

[11:09:35 AM]

[Executive Session]

[11:56:30 AM}

>> Okay. We are out of closed session. In closed session we took up and discussed personnel matters related to item 6. In our executive session on the appointees to the central board. We have woe quill be consider the following five applicants. We will determine with Chavez county to determine -- because this is a joint appointment we will discuss with Travis county what applicants we have in common, and then we will

[11:57:57 AM]

interview the applicants we have in common. So, the five applicants from the city's perspective, Ahmed, Susan Lee, Cynthia Brunson, Paul sarahan and Brian Chappelle. I don't think we have to have -- why don't we just do a -- someone want to motion those five applicants? Council member kitchen makes the motion. Second by council member tovo. All in favor. That's 3-0. We will move on to the next item, which is -- hang on a second. I believe it's item 4, receive update from Austin public health

[11:58:59 AM]

on the social services policeization process. Is there staff available for the presentation? >> Yes, good afternoon, Adrian from Austin public health. >> Hi, you can go ahead. >> Thank you, we are -- sorry, we are here to give an update on the visitation process we have formed. I am joining my colleague's interim manager, and [ indiscernible ]. Who are more engaged in the work and will help me if I get sick. If I could ask my colleagues at ctm to pull up the powerpoint that we prepared.

[11:59:13 AM]

>> Would you mind telling us the name of that presentation again real quick? >> Sure, Austin public health social services solicitation process. So, council members I will give a slight over view, review the history and talk about [ indiscernible ]. So, right now, action from council, ax from council. Public health award funding to contract out for the providers for a specific cause or purpose.

[12:00:22 PM]

There are a few things that can trigger action from council. It's direction from leadership. Which is direction from council or the city manager or if there's a specific purpose that the department is trying to accomplish. Usually, we try to compete funding, dependent on the direction from council or department leadership that will dictate whether or not we're -- have competition, if there's more than one vendor theory can provide a service, we usually try to have a quick and competitive process, if it's a sole source or professional service or private program, or the other one's foundation, or the ones they do individually, they do a direct contract. Next slide, please.

[12:01:32 PM]

Can you go back one? There should be one before that one. Sorry. No. Back. That should be slide no. 2 that says special services overview prioritization of funding. There we are. Already. So, in the past, in 2010, when we did our first big solicitation process, the funding part was divided into what we called issue areas. One much the constraints of this program is that the funding levels were limited due to the number and size of program, and then, they are also areas that would Bibi YOPD the framework that needed support. And so, just to -- you all might be familiar with the current buckets. It's homelessness, basic needs,

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health equity, workforce development, early childhood. Those were really strategied around funding. That was based on self sufficiency goals. One of those things that people need to transition out of, universal support, enroachment or prevention services. Next slide, please. Fast-forward to 2013, and we -- the process have evaluated where we still have self sufficiency goals but lay the life continued categories on top of that, make sure we're capturing targeted populations. [ Indiscernible ] Next is family, seniors and people with

[12:03:37 PM]

disabilities. And I'll pause. Are there any questions so far? >> Why don't you go ahead and finish it, and if everyone just keeps notes of what slides, we can ask questions at the end. >>. >> Sounds good. All right. Give me a moment. I'm trying to get my powerpoint to catch up with where you all are. And so, the previous solicitation processes, we can see side by side, kind of what I was talking about in 2010, where we had a process that was built on self sufficiency goals and 2013, we had those same self sufficiency goals but really made the life continuum categories on top of that. So, in this process, one was

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prioritized over another. Again, the only funding limits were the amounts of money that were already allocated to each category. Our evaluation teams, at this time, were mostly come aph staff that we do have a strong partnership with Travis county and often use their staff for solicitation processes. Next slide, please. So, here, this chart kind of shows where we are today with our investments. And you can see the different categories there. That covers those self sufficiency goals that I talked about. Behavioral health. Health exit, HIV, homeless and workforce development. The total investment with the city is around 40 million.

[12:05:50 PM]

Next slide, please. So, as we are moving forward, and with the implementation of the strategic direction, 2020. And in that -- [ indiscernible ] Listed funding by issue area, so, in our planning, we're taking all of that into account and we will be looking at how the social service investment can support and promote the outcomes and metrics outlined in the strategic plan. Part of that is racial equity, as the city has taken a stance for equity to be an anchor in all of its work, and needing racial equity, really thinking how we can leverage investments in community, to support the outcomes that we have agreed

[12:06:51 PM]

upon with strategic frame, but how are we doing them with a lens equity lens, how are we making sure our investments are not having unintended consequences and community. Next slide. Please. We should be looking at that slide that says class standards. The child which is community health assessment and community health improvement forum, is one of the key activities of the department. It involves a hospital partners, as well as the county, and that -- and during that process, we dark we identify those factors, social, economic and environmental, that can impact community health, and then you organize as a provider of mmunity, around those

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outcomes. So, it's really important for us from a department standpoint, that when you're claiming equity in which we're focusing our work, strategic direction, 2023, how does the cha and C.H.I.P. Intersect with that, and as you can imagine, it intersects quite nicely, so they are able to align our processes with that. And then we want to talk about CLAs standards. How do we make equity tangible for our social service providers. Our first approach at this is to guide them with aligning their program to CLAs standards and CLAs stands for cultural and linguistically appropriate services and standards. It's 15 standards that looks at

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governance to their program implementations, and we are starting the diverse means of community, how they are focusing on the needs of historically underserved populations, and so, the low hanging fruit often for an agency is, are your materials translated into languages that make sense for our service population. Are you able to provide your program into the language that a person prefers. And then it goes to kind of what we get at with our health equity funding. How are the staff that are providing services most likely of the community that they serve. How are we going beyond the non-traditional, or traditional points of service delivery, and really meeting community where they are? Is it community-based programming, is it programming

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in church, is it programming in school, is it programming after hours, and then what we really would like to help our agencies get to, is what does the governance structure look like? Who in the leadership role is reflective of the communities that you serve? At your board level, do you have representation and input from clients that will be receiving services? Next slide, please. And so, this is going to be a little bit into the nitty-gritty of how we do so. Currently, we have -- our application process has many layers, so

we get funds from council, we write -- we understand what the problem is that we're trying to address, the solution we're trying to offer community, staff solicitation, we use an

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automated process called partner grants from everything of application submission to the management of the eventual contract. But before we get there, we have a screening process of organizations, which we call our threshold review. Because not only do we want to make sure that an agency can help us achieve the metrics and outcomes that we've identified in our planning processes but we also want to make sure that they are positioned well, and have a good record of service, and are stable to provide services. So that kind of takes an in depth look at an organization, what did your fiscal audit look like. What is your governance structure, what is your current budget side. So, those are the kind of things we look at. Next slide, please. And so, then after we review the

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threshold applications to make sure that an agency is indeed fiscally sound and in a position to contract with the city of Austin, we review the application process. Right now, there's a panel of three to five evaluators for every application. The goal to score each application independently, on the basis of strength and weaknesses, and then after each applicant -- application is scored by evaluators individually, there is an evaluation consensus meeting to determine scores and to make a recommendation to council for funding. And so, again, a little bit more detail about the strength and weaknesses part. We try to categorize them as major, moderate or minor strengths, same for weaknesses. Generally, applicants are awarded 100 percent of what

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funding they've requested. We are currently working on a rubric that would drive the allocation to process, in the event of a very competitive process, where there is not enough funding to award everyone at 100 percent. And we piloted this process with the rise funding so applicants that scored 80 and above received 100 percent of those funds requested. 'Cans that received 0 and above received 85 percent of the funds that they requested, and then applicants that scored below that 70, were referred to technical assistance to help prepare for future solicitations. If requested, applicants that do not receive funding are provided a feedback session with staff,

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where, at a very high level, we review the strengths and weak. >> Narrator:s in the applications and give them guidance on how they are going to prepare for the next process. Next slide, >> Next slide, please. This is the current schedule. There is a typo on this, I apologize. Our current plan for solicitations, breaking them out by issue area as indicated in strategic direction 2023 would have the use solicitation being reduced first in January of 2021 with contracts to start in October. The total amount to be solicited is \$5,146,156. And the set amount in the last column is to allow council and leadership to

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have some flexibility with funding emerging needs or to respond to current trends and issues. One of the downsides of not sending the whole pot of money out as we did in the past and breaking it out by issue area is we're kind of bond to those amount -- bound to those amounts, so the set aside is a way for us to maintain that flexibility. And as you can see going down the list, behavioral health is next on the next, then homeless. Basic needs is pushed out pretty far because that has become a hodgepodge of different issues. It includes everything from food pantries to immigrant legal assistance, so staff really has to do some work to allow the different

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funding pockets or issue areas that are embedded in that basic needs category and strategize around that. Early childhood and workforce development. And then last but not least, health equity would be solicited in 2024 with new contracts to start in October of 2024. Next slide, please. And you should be looking at the slide that says community engagement. And so with all of our processes, whenever we get funding and we are going to create a request for application, we undergo a robust community engagement process. We not only include key stakeholders, but also persons with [indiscernible] Learned experience or people benefiting from the service. Pre-covid that was done via a series of in-person work

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groups in different geographic locations and at different times during the day to try to catch a broad a number of respondent as possible. We also used survey tools to capture information about priorities, implementation, barriers to services and things that perhaps staff have not considered. We also collaborate very heavily with all of the quality of life commissions. Director Hayden, whenever life of life commission recommends funding for the department, she visits with each of the commissions, not only the sponsoring commission to get input and feedback on preliminary plans from the adopt have



[indiscernible] In that process, we've also extended opportunities for commissioners to serve on the evaluation panel. Most recently we use that process for the

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African-American mental health and wellness solicitation that we did last year, and for this year's ita, which is [indiscernible] Mental health solicitations, wells the lbgtq mental health solicitations. Okay. We can go to the next time. So things that we are working on for this upcoming [indiscernible] To start in January of 2021, historically as I've clear rubrics for the allocations process. There weren't clear standards for-- we don't have row boast standards -- robust standards for assessing accessibility. And those are some of the things we're going to work

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on. And it seems that the stars are aligned because there are a lot of things that say when you have recent social service audit and the work being done on that nod not only to have a clear work for social services, but to establish a distinct policy and procedure for social service solicitations. So that will inform the work of the department as we move forward. We also have the benefit of participating in a study with the Harvard Kennedy school and it was a group of students who looked at our solicitation process for efficiency. And they made some recommendations that we hope to incorporate into our valuation processes. So really as you can see

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from the screen that our goals are to clearly define the standard for an application that can be funded and make it as [indiscernible] As possible. Really evaluate substance, not form. And we heard that from a lot of our smaller non-profits that don't have grant writers to help with applications and so the delivery might not be as precise or professional or as cohesive as another agency that has the staff available. But trying to get down to the meat, like in the program that this agency suggested that they meet the needs of council, that they demonstrate an ability to meet outcomes? Do they demonstrate fiscal

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responsibility? So really looking at the meat of the matter. Considering racial equity and what that looks like for the city and understanding once the providers contract with us they become an extension of the city. So making sure that their goals are in alignment with the goals of city with respect to equity and with respect to the strategic directions 2023. We want the evaluation process to be consistent with the scope of work that folks provide. Through many different avenues we've heard very clearly that there is a sense that agencies are judged on their relationship rather than their merit, so the process that we develop will be transparent and defensible and it will be clear to anyone who is articulating or wondering about who got what and why,

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it will be easy to see. And then we want a process that's flexible. Covid is a great example of our need to be innovative and to adapt to surrounding situations. So how can we process a process, which is clear, transparent and defensible, but also allow agencies the flexibility to respond to the changing needs of our community and also lives department, leadership and council the flexibility to redirect and to ask more social service agencies during a time of crisis or to respond to current trends or data. A good example would be, again, the covid response. And there has been a lot of great work that's been done on the part of the council [indiscernible], but now

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we're seeing the data for the next population. So how can we go back to live funded agencies or other agencies that we have contracts with and ask them to Gus Gus their services and -- [indiscernible] Their services and be able to course correct and address this new issue. If you look at the last slide it says questions. That's all I have for now. I open it up to floor area ratio if there's anything that I've missed or council would like me to go over more clearly. >> Garza: Quick question. So this is the -- these solicitations are part of the-- we don't do this every year. Can you just remind me what the frequency is of these big solicitations? >> The last time we did the big solicitation was 2013. >> Garza: So this is essentially -- what you were

[12:23:12 PM]

describing in that chart that showed the different -- this is the next round of that same level of bid solicitation? >> Right, broken out by issue area. So instead of prior to strategic direction 2023 we're planning for what we called the big solicitation again. But we really wanted to be strategic and do that by issue area to allow for, again, the flexibility and the adaptability rather than by issue area. And that's the schedule for that. [Indiscernible] Because that solicitation was in 2015. So those awards are more recent than the homeless [indiscernible] HIV, workforce development, HIV, all of those from 2013. >>

Garza: Okay. As a quick time check, I have something scheduled at 12:30 that I can be late to, but I think that this was a

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really good presentation and I think the whole council should hear it. And I don't know if we -- if it's possible to add it to the -- as we talk about broader budgets, we have to think about this in conjunction with what we're doing with covid. And I really appreciate the flexibility that we were provided during that time. Thank you for the -- I think that's really great. If you got 80% you got this much. And I think those are all very responsive to many of the concerns that we hear. I think it would be good for the rest of the council to hear that. I don't know if there's a way to add this to our Thursday discussion at this point, but definitely to add it to either an upcoming work session or -- I would prefer it sooner rather than later as we start to talk about the budget. Just as a -- to get a broader understanding of an aph. And one direct question.

[12:25:13 PM]

I think it was slide 2, if we can go back to slide 2, and it said that -- it was like the last bullet that said like something like currently there is no prioritization -- let me see if I can find it. Right there. However, the city and aph do not have prioritization process for social services funding. Can you explain that bullet? >> So our funding is based on those categories. So let's just say if for whatever reason we decided that the city priority is homelessness, then that bucket that is already assigned to homeless, that's all there is, there is no mechanism to kind of look at the whole investment, the whole 40 million and move money and make decisions, which is why in the planning

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we're trying to carve out that percentage to give council and department leadership that flexibility to respond to emerging needs and trends. >> Garza: Okay. Is that something you think you need? More of a prioritization? I guess I get what you're saying is because like in sb23 there are all these different things that take priority so it's like everything is important. Is that what you're saying. There's no -- similar to what we often deal with in the budget, everything is important. I don't know what's the number one thing versus the number two thing, versus the number three thing. That's what you're saying basically? >> Yes. >> Garza: Okay. Councilmember kitchen, did you have any questions? >> Kitchen: Just a quick one. Since this is -- what are the budget numbers based on? I'm a little confused about

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that since it's -- since it's -- this is done in multiple years. So the numbers that are in the -- that you just showed us, is that the current budget numbers or what? I assume that those would be changed to extent that we change our numbers as part of our budget? >> Yes, that is using the current fiscal year '20 numbers assuming no cost of living analysis for social service providers. >> Kitchen: Okay, thank you. >> You're welcome. >> Garza: Councilmember tovo, did you have any questions? >> Tovo: I have a couple. And one of my first -- my first question sort of picks up where yours left off and that is I'm still not understanding what that statement means that there's no prioritization for social service funding. Having watched the last -- the prioritization, it

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seemed to me or at least the mission was self-sufficiency or something that's on the earlier -- one of your earlier slides. Can you help me understand what a prioritization process might look like from your angle because I'm still struggling with how that would change where we are currently with that fourth bullet? That was a question for Adrian. >> Yes, hi. I was gathering my thoughts. It might be -- >> Good morning --

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[overlapping speakers]. Some of our partner agencies have laid out a menu of these are the things that we will purchase as a service. So like, for example, -- and this is pre-covid. St. David's has always said to us they would not pay for basic needs. So they're real specific about if it is like a meals on wheels type of service. Their goal is that the meals are to assist seniors or people disabled remain in their homes. So it's like a supportive service. And then like United Way, when they kind of redid

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their allocation and they set specific priorities for what they will pay for. Whereas with the city of Austin we have all of these issue areas and we do not come out to say, you know, even though homelessness is number one, we've not come out to say that amongst all of the other things that are listed, behavioral health and workforce development, etcetera, these are things that we only want to fund this area and these services. So that's basically what that prioritization means is that we come to a place to where we decide that these are the only services that we are going to provide as a city and we would let our partners know how they communicate with us from philanthropic world and other funders that these are

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the things that their donors are willing to pay for. And that way when we're having the collaborative conversations they are aware. So that's basically what that means. >> Tovo: Thanks for that explanation, director Hayden. As I look at -- I'm not sure which slide it is. It's the one that talks about previous solicitation processes. So in 2010 there's a framework with self-sufficiency goals of about five. Those adjusted in 2013 to focus on four categories, self-sufficiency and life continuum, early childhood, youth, seniors and people with disabilities. I think what would be useful to know as we start to think about that solicitation a year from now, how many things we funded that didn't fall into those four categories. If I'm understanding what you're saying, while we had a framework, we also funded things outside those. It wasn't an exclusive

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framework. In other words -- is that it, that we -- while we had a funding framework we also funded outside that and didn't have clearly -- clear goals that we could articulate to organizations about what we would not fund? >> Yes, absolutely. We don't have an affirmative statement that says the city will not fund. So the only thing we know because of the creation of the health district, we know that we cannot fund medical services from a physician. So we do say that in our information and that we've communicated to the public and other entities that may be interested in that type of service, the city paying for that. But besides that we've not established, you know, the

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city will not fund X service. So we set like the priority group, like you said, children and youth, childhood, behavioral health, youth homelessness, health equity, so we set the categories, but we've not said there's a specific we will not pay for. >> Tovo: I see. That's really helpful. Thank you. So there were a couple of studies and I apologize, I was by phone, not video. I was listening to the presentation and I think it was the Kennedy school had done a study looking at our solicitation process with an eye toward equity? I think that -- if you haven't already distributed that, and you certainly may have, that might be really useful information for our committee. I know that in the past the public health committee, the health and human services

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committee really helped in the solicitation process. So I assume this committee will do that as well. So I think having that information and that analysis of our existing grants would be really useful or our existing process would be really useful if you are able to distribute that to the committee to we could review it before our next meeting and have this as kind of an ongoing agenda topic? Is that doable? >> Yes. >> Tovo: If that's doable, that would be great. [Indiscernible], if it's not. >> That should be doable. >> Tovo: Thank you. >> Garza: I guess I would just add is the difficulty is maybe it's just that we have homelessness as what our priority now. And really every single one of those buckets somehow

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helps us in in the homeless area. So if it's [indiscernible] Then it's -- if it's workforce development. All these things are so intertwined in -- I guess that's the difficulty in saying that this -- they're not separate at a early childhood is not separate from homelessness for workforce for all of that. And basic needs. Thank you. I honestly wish we had a lot more time to talk about this and that's why I think it would be good for all of council to hear this and see this really good information and learn about all the great work that Austin public health is doing and how we're trying to be flexible and nimble in these contracts. If nobody else has any questions, I think that those are all my agenda items. So if there's no objection -- does anyone else want to add anything before I adjourn? Okay. If there's no objection we are adjourned at 12:39. Thank you all.

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