

Special Meeting

May 19th

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(M.H. + M.R.) (M.H.)

Transcript on File

SPECIAL MEETING - MAY 19, 1967

- MAYOR AKIN: Ladies and gentlemen this is a special called meeting for the principal purpose of discussing various aspects of our public health programs in Austin. On behalf of the Council I would like to welcome and recognize some of our distinguished citizens here this morning. In the beginning, I believe we are going to have a presentation on behalf of the Austin Community Council by Mr. Bill Youngblood. Mr. Youngblood, would you like to introduce the people who are with you representing the Austin Community Council, sir?
- MR. YOUNGBLOOD: Mr. Mayor and Mayor Pro tem Long and members of the City Council, this is a good time to introduce each of the board of the Community Council, and I would simply like for all members of the board of the Community Council and present members of the Central Texas Comprehensive Health Planning Commission to please stand.
- MAYOR AKIN: Very good, you are out in strength. I would also like before you start, Mr. Youngblood, to recognize Mr. John Simpson, who is going to represent the Hospital Board. Mr. Simpson, would you like to introduce whoever is with you.
- MR. SIMPSON: Mayor and members of the Council, we have with us this morning Dr. James Sims, who is Chief of Staff at the Hospital, and Mr. Ben Tobias, who is the Administrator. I called to the City Manager to make sure that I interpreted correctly this matter of the Department Heads' being present here and where it involves their department I believe I was assured that it was permissible for them to be present so I invited him to be here with us. I don't see another member of our group here this morning.
- MAYOR AKIN: We also have Mr. Tom McCrummen, who is President or Chairman of the sub-committee of the Community Council Central Texas Comprehensive Health Planning Commission, if I got that right Mr. McCrummen. Would you like to introduce those with you.
- MR. MCCRUMMEN: We all stood awhile ago when Bill Youngblood introduced the Community Council.
- MAYOR AKIN: Very good. Also invited to be here was Mr. Ed. Bridges, Mental Health-Mental Retardation group, is Mr. Bridges here?
- MR. SHAUNTY: Mr. Mayor, Mr. Bridges had to leave town this morning. We have Mrs. Snyder from our board....
- MAYOR AKIN: Very good. Very pleased to have all of you and I think it's in the interest of a good exploration of our problems to have all of you because your interests are related and overlapping; and at this time the chair will recognize Mr. Youngblood.
- MR. YOUNGBLOOD: Mr. Mayor we have another member of our board that just came in, Mr. Bob Longley, member of the board of the Community Council.
- MAYOR AKIN: Wonderful Mr. Youngblood, wonderful.
- MR. YOUNGBLOOD: I think most of you know that the Community Council was first chartered and organized in 1958. Because of its original charter and of its charge from the

MR. YOUNGBLOOD:

United Fund, the Community Council through the years has been charged primarily with the responsibility of planning and coordinating activities in the area of health, social and welfare, problems and opportunities...I think through the years the Community Council has served well its purpose. By way of background you will recall the City Council some 3 1/2 years ago appropriated \$30,000 to the Community Council in order that the Community Council would coordinate and enter into a contract with, negotiate with a firm to provide for the first time for the City of Austin an analysis, inventory and a projection of the health facilities and the health services of this community. The contract was up to be let with a corporation known as Booz, Allen and Hamilton Corporation and they spent many months in their study and their research and their analysis; and at the conclusion of the report it was unanimously adopted by the City Council of Austin and it was also adopted and approved by many other public and private agencies in the City of Austin, County of Travis. One of the recommendations in that report which was approved by the City Council and others, was a recommendation that a committee or a commission be appointed to make this an ongoing process; that there should be established within this area, particularly Austin and Travis County, a group of citizens, a body if you will, to continue to plan and to coordinate health facilities and health services in this community. The Community Council accepted this charge, this recommendation, coming out of the Booz, Allen, Hamilton Report and appointed a Health & Hospital Needs Committee. This was chaired first by the late Mr. Tom Brown. Last year Mr. John Simpson served with distinction as Chairman of this Committee. This year we have the able services of Mr. Tommy McCrummen of the American National Bank serving as chairman of this committee. Some three months ago it was the feeling of the Board and Community Council that the scope of this committee should be broadened and enlarged. Consequently the name of this committee was changed from the Health & Hospital Needs Committee to the Central Texas Comprehensive Health Planning Commission. So the committee has been functioning the last three years. Most people will agree that it has been manned by a very limited staff aid; but even with the limited staff aid, I think the committee has achieved a number of significant objectives during this three year period. I think its very existence has brought to the people concerned with health problems in this community to have an understanding that the right hand needs to know what the left hand is doing. I guess in short this might summarize what the real objective of the Comprehensive Health & Planning Commission. I can report to you that results of your adoption of the Booz, Allen & Hamilton Report that all of the hospitals in this city since your adoption 3 1/2 years ago have followed the recommendation of the Booz, Allen & Hamilton Report. Other agencies both public and private have attempted to follow this blueprint although it may not be valid today because it needs to be updated by professional staff working with this group of concerned and interested citizens who have volunteered both time and talent. Consequently to provide this study, to provide the tools necessary to achieve the objectives of this commission of what we feel like should be the objectives of the City of Austin, we have considered and approved a proposal which we would like, with permission, to present to you this morning and without going into the cost of that proposal or in how it might be funded, at this point, Mayor, with your permission and of the City Council, I would like to call on Mr. John Hamilton, a member of the staff of the Community Council. Give us very quickly, John, some insight into the meaning of comprehensive health planning and what it can do, needs to do for the City of Austin, Travis County and even surrounding counties. John will you take over at this point?

MR. HAMILTON:

Mayor Akin, members of the Council and citizens of Austin, I regret that those of you out here can't see this, let's see if the Council can. It's just as far for those of you at the table.

MAYOR AKIN:

I think we can see it from an angle if you want to humor the audience, angle a little bit, Mr. Hamilton. We can see it.

MR. HAMILTON:

First the word "area wide". In our particular case it means the natural health market area served by our city. Planning means not merely fabrication of a blueprint or map, but it means as approved by the Community Council, necessarily always and without exception, not only the blueprint, but also the resources, economic, physical and human that are required to put that plan into action and bring it to reality. Our goals, adopted by the Council, are first to provide quality health services to our region, for those services to be accessible to all of our citizens and accessibility is not the same thing as existence. To be accessible the service must exist, it must be believed to exist and the person who believes it exists must have reason to believe that it is going to be rendered to him if he applies for it at a given place at a given time. So quality, accessibility and finally at a price that society can afford.

The price we are talking about here and the society we are talking about here relate closely to the individual payer. Those who pay via a third party and also when government pays on behalf of citizens in various categories.

Health services, accessible to all of our citizens at a price society can afford, are fundamental goals adopted by the Community Council. Those do incur some lag that can be corrected, and perhaps a new philosophy or what is much more likely, a wider adoption of a philosophy...the whole person concept will certainly not be new to any physician, but perhaps it is to the average citizen and since the citizens will be doing a great deal of this work, I think it should be understood. It is understood no one has cerebral palsy alone. It is a family affair....Similarly, one does not have within itself a single defect in most cases. Our consultants, Booz, Allen, Hamilton, told us mental illness often accompanies physical illness and facilities for treatment of the total person at a single location are required. The total benefits of an individual are far greater when all of his health problems are attacked concurrently than when the same amount of health is applied piece meal individually. It is for these reasons to a great extent that they recommend that Mental Health services be incorporated in Brackenridge Hospital.

We have private practitioners in the health systems but when we talk about our big institutions, principally hospitals and diagnostic facilities of various kinds, these take on the character of public utility. They are publicly owned in the sense they are government owned, or they are non-profit corporations. These established under state law which provides for them certain immunities, taxation, etc.; and in return for these the corporation is bound to render service to the public. These must be publicly supported, in terms of tax dollars or philanthropies and in part by fees people pay for various services rendered. Therefore, these should be public regulated and that is a better word than controlled in the sense public utilities are. This is private enterprise, it is controlled by its stockholders and owners, but is regulated for the benefit of the public, and the institutions we are talking about need this kind of regulation. It need not necessarily be by government. Any group of

R. HAMILTON:

citizens in a metropolitan area can decide whether government or some other needs to be used for that regulation that needs to be done in order to eliminate waste and make maximum use of facilities provided. The composition of the system too is something we need to understand; every citizen ought to understand this.

The focal point of health care is the Hospital.... Where all of the knowledge is together, the hospital is the center of the whole system. The voluntary health agencies are a well known part of the health system; United Fund Drive; Public Health is lesser known, but we do have that, and it has rendered a great service to us perhaps more in prevention than in any other area.

Professional Personnel may not be thought of as a system; but thinking of meeting the physician at the Hospital where there are no nurses, no x-ray technicians, etc. All of these people are needed in the right number, and at the right time to provide the continuance of services; and to do this there has to be some system in order.

Education of course is a system necessary to provide these people as well as to provide fundamental and basic training for children as part of their public education.

The Welfare System is very definitely a part of this....and it provides health services in the form of food, clothing and shelter. These are basic health services.

Government, another big system, in the U.S.A. owns and operates 2/3 of all the hospital beds. Beyond that the Government supplies huge sums of money for the construction of other facilities, Hill-Burton money for hospitals and nursing homes, educational facilities for physicians and nurses, all kinds of experimental programs, public health, etc.

Area-wide Planning. In order to bring them into balance, one to the other, we need our citizens bound in some fashion together to determine what we want and then to make sure that we are coordinated and do have people in that hospital when we arrive on the scene and need hospital services.

I have enumerated eight services. (Displayed poster charts) Separate components are not separable at all. Hospitals versus Personnel; Voluntary Health Agency Systems and Welfare. Again, Personnel versus Education; Education without Government; these things cannot be separate. Though they cannot be separated they often operate in isolated fashion anyway. Consider for example sundry diversion of physicians and nurses where the services of the physicians end and nurses begin--how much they do is a natural overlap in the system. A very great deal of inadequacy indicated here; nurses with hospital administrator suffer the same problem--lack of communication and understanding; Hospital and Public Health Nursing. Oftimes these operate completely without any communication whatever; and even though there is an attempt of communication, even though public health nursing should be the natural follow on from hospitalization

....

MR. HAMILTON:

Prevention versus cure, possibly the most serious of all of these. You recently had a communication from the Cincinnati Health Federation indicating 85% of mental retardation can be traced directly to inadequate diet, medical care, etc., during pregnancies....We have two huge state institutions consuming tax money, not talking about the human problems at all, taking care of the result of mental retardation. This is not a cure. Cure does not exist. If 85% of this is preventable by proper diet and medical care, we have...the result of nothing in the realm of prevention. We have had on the books since 1955 Federal legislation that could have been applied to this problem.

Coordination....Coordination sometimes is kicked around a lot, and used as a subterfuge to avoid action, but we are talking about something very real which I would like to demonstrate to you. We have in our city 660 hospital beds, 450 active nurses serving Austin. There are more working, but they are in State and Federal institutions, and 21 beds closed because of a nursing shortage. At least 280 beds are under construction with no increased program in nurses. This brings you down to the end 1968 when we will have 940 beds and the same 450 nurses. Shall we have 301 hospital beds closed for lack of nurses?

Community Planning of course could answer that question. Facility construction, here is another area in which you need some coordination. There is a simple formula that is not overly sophisticated that is good enough for our present purpose here. Determine the number of beds needed to take care of a given number of patients, and this formula is merely the average daily census per day plus three times square root of that number, and that gives the number of beds required in order to supply the hospital with certain flexibility to take care of the peaks and valleys of patient flow, and also the differences between the various services...Using this simple example, we find this; in a hospital with an average of 100 patients would be 130 beds; if in the same town we had another hospital with a like load, with again 130; and a small hospital with 25 patients, this would require 40 beds and these figures were derived using this formula. We would have 225 patients on an average and 300 beds are required. If all of those 225 patients were in a single facility we would then require 270 hospital beds rather than 300.

The idea of real significance is this; through cooperative planning by hospitals' working together with physicians and public understanding, almost the same kind of savings can be made even though the beds are dispersed. Taking that simple example again to see what the results would be in a small city of 90,000 or 100,000, we would save the cost of 30 beds in construction somewhere along the way. The lowest figures I can find today is \$25,000 for each hospital bed...All of the things that it takes to make it a hospital, averages \$25,000 a bed. Even at that it could be 3/4 of a million dollars. That is peanuts when compared to the operating expense of those beds. \$10,000 per year per bed seems to be the lowest figure I can procure, and that is probably low, but that is a continuing expense of \$300,000 that would be unnecessary...by rendering practically the same type of service...

Progressive Patient Care is another area in which a third party might very well assist the hospitals along the way in providing more service for our

MR. HAMILTON:

people, remembering always in talking about this--our goals of quality service accessible to all people and at a price society can afford. We are all aware of the intensive care unit...beyond that we have acute care; and that is about where we stop today. We might for an example have one registered nurse for two patients or for 3, 4 or 5 patients, depending upon the hospital; and in the acute care area, there might be 1 nurse for 15-30 patients depending upon the location; convalescent units, one nurse for 40, 50 or 60 patients. There are varying figures which will determine these within a given facility as well as many other factors.

The point is as we go progressively down the line, we consume fewer and fewer professional human resource hours; and at the same time we can cut some cost...The convalescent, for example, rather than having people carting food from the kitchen to the patient in the room where it is served somewhat cold and unpalatable as compared to direct dining room service, the patient can walk to the dining room...and save dollars along the way.

Home Health Service is an extension of this. Some patients can move out of the hospital, only if there is within a community an actual service to provide...physical or occupational therapy...or perhaps some particular care that the person needs in the home. The benefits of these are conservation of money, conservation of skills and human resources; and with conservation of skills of human resources, and the constant increase in quality where we move nurses out of this area to the area where people are acutely ill.

Skilled Personnel Shortage is something I am just going to mention--(1) Why do young people shun certain health careers today. It is a fact they are doing it, the question is why?...

Discovery of advantage of men over women in certain health professions. This would be applicable to nursing and one thing we immediately think of is home making on the part of many nurses who marry and take time out to have and rear children. A male nurse in the first place would be on the job over the continuing years...

Planning concept. This often times is not adequately understood. People often see this as an outside body getting together as a little clan going over and coming up with some ridiculous plan and telling me what to do. That is as far from the truth as one could possibly get. The Areawide Planning Concept is not this preparation of a big book to be used as a road map along some future months. Booz, Allen & Hamilton report might properly be referred to this, and it was a foundation document--a starting place, if you will. Their recommendation said for this to be useful, you must pick up here, consider these, and go on with the program. It is a day to day work--not some once a month, once a year. It is a staff to staff relationship; planning staff to cooperating staff; operating staff to facilities A; operating staff to facilities B; staff of professional organizations with operating organizations with planning organizations. It is in fact, doing things in a togetherness fashion. It is board-staff relationship; it is in connection to citizens that make decisions, listening to Boards, Planning Organizations, Boards of Government, Boards of Hospital Government, Health Organizations and Professional Organizations. It is committee work. At all of these various levels it is public information coming out of that committee effort. It is the Health Planning Commission directing the function of this committee as they probe into the

MR. HAMILTON:

areas of manpower, facilities, etc...But finally, it is the total community cooperating in terms of health services...

MR. YOUNGBLOOD:

I promised we would try not to take over 45 minutes. I think the principle point of interest has been covered--the Areawide Planning Concept, what it means and what we are looking for this morning. Maybe we could go into the proposal, and then if the Council wished perhaps these other points could be covered...As far as the proposal itself is concerned, under the Hill-Burton Act the Congress passed an appropriation of some \$5,000,000 to provide for this type of planning. The Board of the Community Council recommended that the Board would submit an application under the Hill-Burton Act to provide for certain funding to the City of Austin and County of Travis and surrounding counties to carry on this Areawide Health Planning Concept. As far as the costs are concerned, it is three year project of the Hill-Burton Program at this point which expires on July 31st. The total cost per year would be approximately \$50,000; 50% of this would be funded by the Federal Government. The Board of the Community Council again unan- imously suggested that they present this proposal to the City Council. If you think this program is needed for the community, that the City of Austin should participate in the sum of using round figures, \$12,500 per year, and that the Community Council would in turn ask the Commissioners Court to participate for one fourth of the 50% local matching funds, and this would be \$12,500 from the County also. In closing, the only other thing that I can say, I have wrestled with this same question you are pondering this morning for several months myself. I have come to the conclusion, the Board has come to a conclusion, that there is a definite need in this community for comprehensive health planning. There are too many agencies both public and private and groups of people who administer to health needs--not to criticize any one group because they are usually governed by a board of very dedicated and influential people of stature and status. They are concerned too often with one area or one segment for providing health facilities and health services. Consequently, I think we need a group or a body that can look at the total needs of the community and how one affects the other. As I said earlier so that the right hand will know what the left hand is doing and providing and satisfying the needs in this field of health. There is one more need, Mrs. Long. We have seen some 19 pieces of legislation passed by the Federal Government dealing with Federal Grants, Hill-Burton Funds, Medicare and Medicaide, which stipulates before a community can receive these Federal Funds, that it must have in being a Comprehensive Health Planning Commission to comment on any of the requests for these funds. The same philosophy is being molded today in the Texas Legislature. There has just recently been passed a bill and placed on the Governor's desk to provide for a Statewide Health Planning Commission of which the Governor will be the Chairman. There is a need. The Community Council is not necessarily looking for a job, because we have more than we can say grace over anyway, but I do believe because of the past record of achievement and because of this background; because of the skill and training of the staff, it is a vehicle that can satisfy this need for the community and make a contribution to the City. I met last night with Dr. Pelphrey, incoming President of the Travis County Medical Society and several other doctors. One observation that came out of that meeting was that we were going to lose the value the \$30,000 that the taxpayers of Austin paid for 3 1/2 years ago to make a blueprint and plan unless we provide some vehicle for making this an on going day to day, week to week, and year to year process.

MRS. LONG: I would like to ask, in your area planning, what plans or how do you intend to get the surrounding counties and districts cooperating in this program? So far as I can see, this is only Austin and Travis County, which I suppose can be considered an area; but to spread it out wider and bring these people in, how is this going to be brought about?

MR. YOUNGBLOOD: This is going to be a necessity. The Board of the Community Council has already restructured the Central Texas Comprehensive Health Planning Commission to include on its membership three representatives from these surrounding counties. The Board of the Community Council will also consider the question of restructuring itself to provide for representation of these surrounding counties; three from the eight surrounding counties as a starting point. These three will be selected from the counties having the largest population and existing health facilities and services in those counties at the present time...It will affect these other counties as we move along and show some record of achievement. I would judge that the commission has at least a year's work ahead of it to do the planning, researching and gathering the data so it could study, analyze and review just here in Austin and Travis County.

COUNCILMAN LaRUE: You established a need for this as far as I am concerned, but insofar as the prospective Hill-Burton Funds, that might come to the City of Austin to Brackenridge Hospital over and above all the other needs that might be created, we might be going back to Hill-Burton in about three years. What would be your feeling insofar as the City receiving the Hill-Burton Funds if we did not have the area planning?

MR. YOUNGBLOOD: The impression I had in talking with Terrell Blodget; he had been in touch with the Health, Education and Welfare Department, this will be a necessity and requirement before the issuance of Hill-Burton Funds that such a Planning Body be organized. The Comprehensive Health Planning Act has been passed providing for this sort of thing as a requirement and a necessity, but it has not been funded by Congress as of this date.

COUNCILMAN LaRUE: Seton Hospital perhaps is going to request the Hill-Burton Funds rather soon too.

MR. YOUNGBLOOD: They have applied. I am on that Board.

MRS. LONG: It seems that the City of Austin is asked to put up one-half of the local share. How about the private hospitals? If this plan is not in existence now, would they not be allowed to participate in Hill-Burton Funds? Where does their share come in?

MR. YOUNGBLOOD: This is simply an opinion at this point. There will be a requirement that such a body be in existence for hospitals to receive these Hill-Burton Funds. We have not approached the hospitals for contributions to help provide for this planning. I do recall seeing the deficit that Brackenridge Hospital is operating on and their cost structure; being on the Board of Seton Hospital, I have the feeling that funds are not available to make a contribution at this point.

MRS. LONG: The reason I raise this question, if we go into area planning we will be bringing in these other counties and there are private hospitals and maybe the County they are in--may not be willing to make a contribution for an overall plan. There are local hospitals and if they are going to cooperate and be in the area planning, but to look at just two areas within a large area for the funding of it seems to me in the future this thing will have to be larger than the people of Austin's paying the bill for the area.

MR. YOUNGBLOOD: They should not pay the bill and this is a very significant question. As we involve these other counties and as they take their place of membership, that we will involve these counties and the counties will be asked and other municipalities within those counties, or the United Fund to make contributions in those counties. Of necessity, they would have little involvement by just having membership on the commission, but if they were paying part of the expenses I think that they would get a greater sense of appreciation that this was an areawide health planning program.

MRS. LONG: And that the facilities also belong partly to them, that they would be planning and the use of the facilities. But I do think that this area ought to be gone into almost immediately and if we are going to call it their area planning group we are going to help fund it, I certainly think that the people that are making use of it in the outlying areas should have this responsibility and somehow be brought into it, as I notice here it is a continuing fund that, it is not just one time, it's outlined here for three years and of course three years I am sure it will go on from there, this is something that I think we are going to have to meet that too.

MR. YOUNGBLOOD: You are exactly right, as I told you here at the City Council two Thursdays ago that we had just met with representatives from the Health, Education and Welfare Department. This was exactly the same comments they made to us. And we had taken steps since that time to begin meeting, moving in this direction.

COUNCILMAN
JANES: Have you gotten any reaction from the County Commissioners?

MR. YOUNGBLOOD: Mr. Janes, we haven't gone to the County Commissioners at this point, we thought for no particular reason, that we would discuss this with the City Council first and we hope the schedules and agendas that we have met that, maybe not the next Monday but at the latest a week from Monday, that we can have a similar discussion with the County Commissioners.

COUNCILMAN
JANES: I understood that there was some urgency.

MR. YOUNGBLOOD: There is some urgency. The application of course has already been sent in to the Department of Health, Education and Welfare; and as I said, this Hill-Burton Planning Grant expires on July 31st.

COUNCILMAN
JANES: If for instance we did cooperate and the County didn't, what would be your position?

MR. YOUNGBLOOD: Well I think the Board would just have to sit down and hold hands to see what direction we could move in, I couldn't make that determination.

COUNCILMAN NICHOLS: Is this \$12,500 figure a constant figure?

MR. YOUNGBLOOD: In round figures, it will be constant for the next three years, but this is not a commitment on the part of the City Council for three years. It would be a one year commitment. I would judge that the City Council would want to look at this again a year from now and see what it has achieved and see if it is performing a service for the community and citizens.

COUNCILMAN NICHOLS: Since time is apparently is the essence of this crisis and Mr. Janes touched on it briefly, when is this funding required?

MR. YOUNGBLOOD: When is it required?

COUNCILMAN NICHOLS: Yes.

MR. YOUNGBLOOD: Well it would be required, we would like to just as soon as possible because the review committee met on May 9th.

COUNCILMAN NICHOLS: _____ difference that I make here is that of commitment and that of actually delivering of the money.

MRS. LONG: When would we have to, when would you need \$12,500, that was the question?

COUNCILMAN NICHOLS: Right.

MRS. LONG: Would it come out of the current budget or could it be paid out in October or...

MR. VIC EHLERS: We have applied and I am sure it would be the intent of the Department of Health, Education and Welfare, they would have to approve this the latter part of June, going into the next July 1, so that not the total amount but some of it, some part of this would be required beginning July 1, _____ prorated over a years' basis.

MRS. LONG: But do you know how much that prorated part would be?

MR. VIC EHLERS: Well I, on _____, \$1,000 a month.

MRS. LONG: Beginning in July; July, August, September, October; \$4,000 before our new Budget.

MR. WILLIAMS: Yes. We have a fiscal year problem, but it would be up to the Council _____ Our fiscal year begins October 1st as you know, and it certainly would be much easier from the City's point of view if this contribution could begin October 1st instead of July 1st, that is why Mr. Nichols was inquiring whether commitment alone would possibly be sufficient this summer or immediately.

MR. VIC EHLERS: I believe it would Mr. Williams.

MRS. LONG: At least the \$4,000 would be the

MR. VIC EHLERS: We have given a commitment from July to July, when this money will arrive, we might...

COUNCILMAN
NICHOLS: Juggle this.

MR. VIC EHLERS: Juggle this.

COUNCILMAN
NICHOLS: Well that's a step better.

COUNCILMAN
LaRUE: May I say one word before we finish, there was a question brought up I think as to the contribution of the local hospitals; this was raised at the time of the Booz, Allen & Hamilton report was authorized by the City Council. At that time I was of the opinion, perhaps as Mrs. Long is, that the local hospitals should have made a contribution too, then the thought occurred to me, or was brought to my attention, perhaps by Mr. Tobias or some of the other medical staff, that is we required the other hospitals to contribute we would be taking this only from the individual that is sick and ill to participate or who are patients in these hospitals, and it seems to me that areawide planning should be paid for out of tax funds, thereby causing the well as the sick to make this contribution, if we divided up among all the people rather than just the sick.

MAYOR AKIN: Are there any other questions either from the Council table or from the floor?

MR. YOUNGBLOOD: Mr. Mayor we appreciate your time and compliment the total Council on calling this special meeting and

COUNCILMAN
NICHOLS: May I ask one question. Do you think that it would help you with the County to have a commitment from the City?

MR. YOUNGBLOOD: To have a commitment from the City?

COUNCILMAN
NICHOLS: Yes.

MR. YOUNGBLOOD: Yes, very definitely. In fact

COUNCILMAN
NICHOLS: Cause you are off over there saying if we can get the City to go you will have to go twelve five, and then they send you back over here to find if we would go

MR. YOUNGBLOOD: We would like to have the commitment.

MRS. LONG: Oh well, I think that we, we are not waiting on the County for our determination here, isn't that right?

COUNCILMAN
NICHOLS: No. That is correct.

MRS. LONG: We can't say whether this is going to help the County or not, I mean

COUNCILMAN
NICHOLS:

What I was thinking is I want to have Mr. Youngblood to convince the County that they need to participate or else--they are a

MRS. LONG:

Well I would like to rebut one statement that has been made here, it made it appear that I was trying to make the sick people pay for more than for the hospital planning, this is not my position at all. I think when you have a hospital that they need to participate in the overall planning and certainly they will appreciate it more and they will not only appreciate it but they will heed the plan. I do believe that we have members of the different hospitals and people that are almost bored participating in this study and in this planning like Mr. Youngblood is on the Board at Seton's.

MR. YOUNGBLOOD:

Seton's.

MRS. LONG:

Seton's, but these funds have to come not only from the governmental body, I think but we are going to have to look to possibly the outlying areas some other agency--the hospitals, the Community Council and the Government, somebody but, Austin citizens are not going to be happy with continually picking up the tab for outlying areas, somebody is going to have to pay and help on this.

MR. YOUNGBLOOD:

Mrs. Long, if I may in answer to your comment, something like this would take eternal meetings with these directors and boards of these separate hospitals and there is a deadline we have to meet, and

MRS. LONG:

Well I'm not even suggesting that we do this

MR. YOUNGBLOOD:

We might suggest before coming back to you next year to make a report to you on our ...a progress report; but before requesting funds for the second year, we reassure you that the Board and County Commissioners will give serious consideration to sitting down with the hospitals and exploring this possibility.

MRS. LONG:

That is the reason that I am raising the point now. I certainly don't think that this is the time to ask that you go in and explore this now but for the future this planning board can certainly do it. No, I think that we are going to have to move out on this and I am thoroughly convinced that we should act this morning and I am willing to make a motion that we enter into this, would it be considered a contract Mr. Williams, or that we just cooperate with \$12,500.

MR. WILLIAMS:

I don't know what sort of commitment that they need really.

MRS. LONG:

What does the

MR. WILLIAMS:

_____What form would be suggested here, contract or...

MR. YOUNGBLOOD:

Contribution

MR. WILLIAMS:

I mean would it be in the form of a contract or would it be a commitment or

MRS. LONG:

It will have to be a contract

MR. YOUNGBLOOD:

I think a letter of agreement would be

MRS. LONG: Well I move that we enter into, that we authorize the City Manager to enter into a contract with the Community Council.

MR. WILLIAMS: Community Council.

MRS. LONG: Well no it's the

COUNCILMAN
NICHOLS: Areawide planning

MRS. LONG: Central Texas Comprehensive Areawide Planning _____ Commission

COUNCILMAN
JANES: I will second the motion and ask Mr. Williams for any comment that he might have.

MR. WILLIAMS: Well with the understanding that the money could be made available in the next fiscal year, certainly it can be set up in the budget without any difficulty, it probably will be difficult in balancing next year's budget, I don't mean to say there won't

MRS. LONG: There always is

MR. WILLIAMS: That is always a problem so it can be included in the Budget.

MAYOR AKIN : Mr. Ehlers did you have a

VIC EHLERS: Mayor, in order not to confuse things, we went through with our Committee here, the Community Council Board is the parent group with the overall final responsibility, I think that our contract with the Federal Government will be with the Board of the Community Council. I was

MRS. LONG: No, I'll change that to the contract with the Community Council for this purpose.

COUNCILMAN
NICHOLS: Would it be in order to state that we wouldn't be liable for over \$4,000 prior to October 1, because there is some question in the minds of those individuals back there whether it has to be made a one twelfth basis or not, is that correct.

MR. VIC EHLERS: I am sorry Mr. Nichols, I don't think has to be, as long as we have a commitment from you to assure this amount of money, it will be all right.

COUNCILMAN
NICHOLS: During the fiscal year July 1 to July 1, is that correct?

MR. VIC EHLERS: But you wouldn't have to give this until October, Mr. Nichols.

COUNCILMAN
NICHOLS: We don't want to, you understand,

MAYOR AKIN: Any other questions? Or discussion of the motion? If not the Clerk will please call the roll.

ERK: Mayor Akin, Aye; Councilman Janes, Aye; Councilman LaRue, Aye; Councilman Long, Aye; Councilman Nichols, Aye.

MAYOR AKIN: It is so ordered. Thank you very much Mr. Youngblood and your associates. You don't have to leave because