

Health and Human Services Committee Meeting Transcript – 04/06/2015

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>> >> Houston: If you signed up, if you want to sign up to speak to the nursing home issue, the -- the there's some more space for you to talk about unregulated boarding care homes. If you didn't have a chance to sign up, please go and sign up for unregulated boarding care homes. Good afternoon, I'm councilmember ora Houston, a quorum is present, so I'm calling this meeting of the health and human services committee on -- of the city council -- to order on Monday, April the 6th, at -- of 2015, we're meeting in the council chambers, Austin city hall, 301 west second street, Austin, Texas. The time is ... 4:04. So welcome. I want to take just a minute to remind everyone, if you parked in the city garage beneath this building, if you will have your parking ticket validated, then parking is free and staff is on hand to -- to validate that. The first item on the agenda is the approval of the minutes for the meeting that we held on March the 16th. Members, I ask you to take a look at the minutes and see if there's anything that we need to correct or amend. Mayor pro tem? >> Tovo: Chair, I would like to move approval. >> Troxclair:. >> Garza: I'll second.

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It's been moved and seconded that the minutes be approved. The ayes have it, the minutes are approved. Next we have the citizens communications. And we have many people who are signed up to speak to our issue on the inclusion of autism, people who live in the autism spectrum in our city health insurance -- insurance? >> Coverage. >> Houston: Plan, coverage plan, okay, it's been a long day, y'all. So there are many people who have signed up. I would like to read into the record those who have signed up for citizens communication and these are parents and friends who have all agreed that this item needs to be supported and moved forward as quickly as possible to the council. Kathie Palomo, Emily Rogers, Chad bisente, ken Cassidy, Rebecca I'm not -- brerly? John Fitzpatrick, Jackie bisconte, Lisa whited, shelly, Kim, Matt Markum and Vince cobalis, right? Thank you so much. If you would give -- I thought we had a city clerk here, but some of the parents and friends would like to have their statements attached, so if -- jj could you get those? I thought we had a city clerk here. But if you would give those statements to -- to Jason, that will be put into the record so that we know that

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you're here in support of this item. Our first speaker is Lisa Whitted, she will give an overview and then a panel will be introduced that will talk about autism and including young people in the autism spectrum in our health insurance. Lisa? >>> [Indiscernible]. [Off microphone]. >> Okay. The all right. So I'm Jackie.

>> Houston: I'm sorry. >> You wanted Lisa to actually speak, I'm sorry. She's also speaking, my name is Jackie Visente, I've been in front of you before. Our panel, our first speaker on the panel will be John Hockenjos, he's an economist, he's worked on getting applied behavior analysis added in at least 10 different states. He's testified in congress on this issue and he's been instrumental in passing the state law here in Texas that mandates ABA therapy be covered under Texas state regulated plans, which was Texas state SB 1444, he started working in Texas as far back as 2009. He's also a city of Austin retained economist and works for the city on economic issues as well. Then Jenny Seveta is a board certified behavior analyst and that means she's somebody that would do the actual, she would be the person actually doing the ABA therapy or applied behavioral analysis therapy with the children. Also an academic associate at Arizona State University for their applied behavior analysis program, so she oversees the training of other therapists and she's had 15 years plus in autism treatment, working with parent training, working in autism program design for designing children's autism treatment programs and so she'll have a lot, she'll be able to answer a lot of your questions if you have them

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on actually how it works. This is Ms. Judith [indiscernible] The director of community affairs from Autism Speaks. She flew in from Boston today, she's a Texan from Seguin. She knows all things, a national expert on this. That's our panel and Lisa Whitted is going to be our only speaker, she's a parent, you guys have all seen her as well. Okay, thank you. >> Houston: Thank you. Who goes first? >> [Indiscernible]. >> First time for everything. >> Madam Chair, members of the committee, first of all it's fun to say committee here at the city of Austin, that's a new thing obviously. It's an honor to come before you and do this. Not in my professional capacity really as an economist, but as a father. I have two children who are loosely on the spectrum, my older son has really fully recovered typical function. My younger son who was almost 12 is sort of right in the middle. He has benefited enormously from interventions that include ABA therapy from the time he was very, very young. Part of what motivated my wife and I to really get ourselves heavily engaged this as far back as the 2009 session of the Texas legislature was we realized we were in the very fortunate position of being able to pay out of pocket for a lot of therapies that first Jack and then ultimately Sam received. And I still carry this picture around in my head so vividly of a family who sits there and says to themselves, what do I do? Do I do the things to help my child potentially recover and improve his or her situation or do I pay my mortgage or my light bill or do I do whatever else I need to do, particularly given the fact that oftentimes families are down in income because oftentimes mom becomes a full-time case manager, perhaps caregiver and all of that. So I have carried that thought in my head really ever since. I'm proud to say, Judith will talk some about this, I think Texas really does have a right at this point, at least for state regulated policies, probably the best insurance coverage related

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to autism in the country. As a Texan I'm incredibly proud to say that. I have to tell you that was not expected across the country, it's had some positive effects on other people in other states. So you as policy makers, should have the ask the legitimate question, particularly about ABA therapy, does this help kids get better? And the answer is not in every single case it does not. But there's very good research, which is in the packet, in which I have given you that says 47% of the kids who receive appropriate early interventions, including ABA therapy at a very young age actually recover typical function. Another 40% improve but don't get all the way there, don't become fully functional members of society perhaps. But show measurable discernible and quantifiable improvement and then around 13% can't really do much of anything to help them, in spite of your best efforts. So I took that

information, I combined it with some information about lifetime costs associated with autism and they are substantial and you find attached in this document a cost benefit analysis that I first did in 2009, I subsequently updated. What it essentially says is for every single life you intervene appropriately with, society as a whole is going to see a net benefit on the order of about \$2 million. You can go through the detail and see how we arrived at that information. So the facts are, based on I think very solid third party research as to costs and as to outcomes, aba in particular and appropriate interventions in general, do help, do create positive outcomes. So that's all part of this. Subsequent to that, particularly for self-funded plans, there's some legitimate concerns. One has been, okay, great, what's been the impact on ratepayers. Well, at the bottom of this very first page you see here is some information from the Texas state teachers retirement system, they are actually covered by the state mandate. So we were able to get from them information on the cost about autism mandate from 2010, fiscal 2010 when it

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first went into effect, subsequently modified a little bit in 2013, through the first portion of 201 what you see there is a cost of \$3.3 million, which sounds like a lot until you look at the billions of dollars paid in both claims paid out and premiums paid. What you see is for the teacher retirement system of Texas, the cost is less than one-half of one-tenth of one percent of claims paid or -- claims paid out or premiums paid. So the cost for this particular self funded plan about 280,000 lives is relatively minimal. So again, appropriate concerns, you see here on this first page, number of large corporations, Bernie Marcus has been heavily, heavily involved with autism speaks in general and proposing the cause of doing more for people with autism. Bernie is the founder of Home Depot. He's a great quote from Bernie that says I put it in for Home Depot years ago, didn't break the bank. About I guess almost a year ago, my wife when Ms. Houston when you asked Rebecca her last name, she's my spouse. She's actually out in the audience, anyway, Rebecca and I entered into conversation with one of the major university systems of the state, it's the one whose basketball program just got a little smarter. [Laughter]. Not a -- I promised that I wouldn't actually reveal who they were. I couldn't help myself. But anyway, they had legitimate concerns. And so you will see the email correspondence in there back and forth between their director of human resources and us addressing things like how do we make sure that we have people in this equation who are appropriately providing therapies and we talked about using certifications, such as bcba, who you will hear from them in a little bit, as a qualifier. How do we make sure that we don't have a completely, you know, wide-open situation where someone could run up exorbitant costs, we talked about the possibility of imposing annual or lifetime caps which are done in other states. So then we also talked about

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one of the big elephants in the room, some folks still think aba is experimental. You will see in there a whole long list of fairly august third parties who no longer consider experimental. I submitted two or three different meta analysis that suggest it's not longer experimental. Perhaps Morris compelling a ruling from a federal court in Florida from 2013 that directed the state to continue treatments for aba therapy immediately and said the state's case suggesting this was experimental was shall we say weak at best and perhaps disend againous at worse. What you will see is well understood therapy. When programs are appropriately structured it is not extraordinarily expensive. It does provide measurable, distinctly positive outcomes and there are ways to put structure around it to make certain, one, it's prescribed by a physician; two, the therapies are provided either directly or under the supervision of accredited professional service providers; and, three, the costs are contained in such a way it doesn't have an outsized impact on premiums, hopefully. I will close with this final thought. Autism is an illness,

my children have suffered from an illness. Please do not discriminate against the treatment of this illness for my children to the, you know, in terms of covering other illnesses and not this one. Thank you very much. [Applause] >> Houston: Thank you so much. Are there any questions, councilmembers? >> Mr. Hockenyos, I have a quick question. Thank you for providing us with this information. I look forward to reading it more carefully. I do have a quick question about the dollar limit in Texas. It says there's no dollar limit on aba coverage before age 10 and then there's a \$36,000 limit for ages 10 and up. Is that an annual limit or -- >> Yes. \$36,000 annual limit. That was the feeling also is -- that was part of

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senate bill 1484. And that was part of a little bit of negotiation, but I think also appropriate policy. One of the provisions is that the child to receive benefits past age 10 has to have been diagnosed by age 10. That's legit you are going to figure out whether someone is on the spectrum well before age 10. The thought is over time, particularly if you intervene intensively when the child is very young, they will need less and less of aba, we are learning that aba is useful for things such as workforce preparation, it's useful for things such as better understanding social interaction, particularly with young boys which, you know, sometimes what's cute at seven can be a felony at 17. So you try hard to use aba for some of that. But in fact it's an annual limit. >> Tovo: Thank you. >> You bet. >> Houston: I just want to make sure that people understand that applied behavioral analysis is what we're talking about, although people are using aba, that's the real term. So that those people who are watching us on TV know what we're talking about. Thank you so much. >> Thank you. >> Houston: Uh-huh. >>> Good afternoon. I'm jenny [indiscernible], I am a board certified behavior analyst which let me describe what that means. I have gone through a master's program in applied behavior analysis so I have my master's degree. I have also had 1500 hours of supervised experience by someone who is already a board certified behavior analyst. So that's what a board certified behavior analyst, they go through extensive training. I want to set the stage and give a little description about what is applied behavioral analysis. Behavior analysis is a scientific discipline that was founded in 1938. So this has been around for a long time. It does have two branches.

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We do have an experimental branch and an applied branch, which is where applied behavioral analysis falls into. The experimental branch of behavior is that -- the basic science of this field and has many, many decades of accumulated and substantial and well respected body of research literature. So this is where our research comes from. ABA is a well developed scientific discipline that focuses on the analysis, design, implementation and evaluation of social and other environmental modifications to produce meaning until changes in human behavior. So what does that mean? You know, [indiscernible] Gave me an example earlier. When her child who is non-verbal cannot communicate, has an ear infection. Instead of a trip to the doctor because he says ouch, mommy, my ear is really hurting, we don't know what's going on so we have a trip to the emergency room. So we are looking at socially significant behaviors and increasing those, such as communication, reducing maladaptive behaviors, vocational skills out in the community. There are hundreds of studies that show focused and comprehensive aba treatment are effective for building skills and reducing problem behavior in people with autism spectrum disorders of all ages. Along with the study showing the effectiveness of those with autism, are also other proven applications as he mentioned before, such as child rearing, eating disorders, substance abuse, applied behavioral analysis is also applicable in those areas, in those fields. I have some information in my slides about cost benefit, but I'm going to let those experts speak to that and I'm going to speak to what I do best, talking about working with kids. [Laughter]. I will tell you that

behavioral difficulties

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account for large proportions of costs for people with autism spectrum disorders. In my handout I have cited three research articles that talk about self interest, aggressive and excessive behaviors, increase the likelihood of hospitalizations. That risk increases with age and over time. Adults, they also have the behavior problems, aggression, overactivity, and the prediction is that psychotropics medication used in hospitalization will increase over time. So these studies have shown that behavioral difficulties account for large proportions of the health care costs for people with autism spectrum disorder. So let's talk about what the key features are to a comprehensive aba treatment plan. There are more controlled studies and larger effects than standard treatments for young children with autism. It is designed and overseen by a qualified professional behavioral analyst, like myself. There are treatment targets and multiple domains, such as social, communication, self-care, motor and problem behaviors. You don't -- let's see. Decisions including discharge planning are based on frequently -- frequent analysis of data. So within our programming, we also have to look at what are the qualifications for discharging of a child from receiving services. So I want to talk about Lisa a's kids, if I can for a minute. So -- so we have individualization of programs. So this right here is juniper and this right here is Quinn. I work with both of them. And Quinn when we first met Quinn, he had a prescription written from his doctor for 20 hours of aba therapy per

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week. Lisa called us in, we came in and as board certified behavioral analysts we did assessment and we determined where are his strengths and where are his weaknesses and from that we wrote objectives to target those weaknesses in all of his areas. And based off of that, we recommended only 10 hours of aba therapy for Quinn. Then we have juniper. Even though they are brother and sister, juniper is very different from Quinn. She's a very lively young lady. She loves her dolls. And she loves hugs and kisses and loves to tell you all kinds of story. Her treatment program looks very different from Quinn's. After assessment, we recommended four hours per week of aba therapy. So my point with that is not every child with autism needs aba therapy. And those that do, the amount of time is varied. And it is based off of assessment and what their areas of weakness are and those needs to increase those socially significant behaviors like communication, that's a basic right of life. Our communication. So that is a big area that we work on. [Indiscernible] Watson report, they say there's great diversity of opinion regarding the effectiveness of aba therapies. Advocacy groups such as autism speaks, strongly endorse aba therapy as an evidence-based treatment for autism spectrum disorder with demonstrated effectiveness. I also want to point out has that autism speaks is not the only professional organization that made position statements, the surgeon general, the American academy of pediatrics, main administration of services for children with disabilities, the New York state department of health and many more have made position statements.

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The surgeon general report on mental health states: 30 years of research demonstrated efficacy of applied behavioral methods in reducing inappropriate behavior and increasing communication, learning and appropriate social behavior. >> I want to talk about some reviews of interventions for autism. I have two reams of paper over there of evidence-based meta analysis of evidence based treatment plans for children with autism. The agency for health care research and quality has put out one. Evidence based

practices for children and youth and young adults with autism spectrum disorders, they found 27 practices that met the criteria for being evidence based. The evidence based practices consisted of interventions fundamentally applied behavioral analysis techniques. They are the basis for the intervention and combinations of primarily behavior practices used in routine and systematic ways that fit together as a replicatable proceed. They also found this evidence-based practice extended across age ranges and outcomes. Replicable. The national standards project found the largest category of established interventions is the behavioral intervention category for those under the age of 22. For those 22 and older, the only intervention to be identified by the national standards project as established for individuals with autism is behavioral interventions, applied behavioral analysis. So I would like to close with -- you know, I think about Quinn and when I first started working with Quinn and the progress he has made with his 10 hours per week.

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I have worked with him for a year off and on, we've had some stops in there. Then I think about juniper with her four hours a week and the progress she has made. So I really want to highlight that not every child with autism receives aba therapy or even needs aba therapy. When you hear the quote one in 68 children, not all of those children are going to require aba therapy. And the amount of time prescribed by a doctor is going to vary. Based on the needs of the child. And the individual. Thank you. Do you have any questions? >> Houston: Thank you, any questions? Go ahead, councilmember kitchen. >> Kitchen: You mentioned this a little earlier and perhaps you can give us some more examples. >> Yes. >> Kitchen: That's about how this type of therapy can help keep a kid out of the emergency room or out of the hospital. >> Uh-huh, yeah. >> Kitchen: So maybe you can give us some examples. >> Sure. >> Kitchen: I'm talking about near term as opposed to long term, you know,. >> Right. >> Kitchen: So -- >> You know, a recent example, I have another student that I work with and he was hitting his head on the wall. And it came out of nowhere, this maladaptive behavior and the parents couldn't figure out why, they called in my -- my therapy group to come in and we did a functional behavior analysis and we found that he actually had an ear ache and it was due to his allergies, this time of year. And so mom, who was ready to have him admitted, was able to then talk to her doctor and seek medical treatment through the functional behavioral analysis instead of having him admitted into a residential facility. >> Kitchen: Okay. I would find it very helpful if -- this may be in the materials you have already supplied, but just a couple of examples like that. Would be helpful. >> Okay.

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I could provide those. >> Kitchen: Okay. >> Houston: I have a question. Do the treatments usually occur in home or can you go into the classroom for those that are in school and work with the teachers about how to work with the student? >> Yes, they can occur -- treatment can occur in the home. And in a clinical setting if the aba therapy company had a clinic, they would also be able to provide services there and in the community. There have been times that a school may call in a board certified behavior analyst to provide training in those -- in the area of applied behavior analysis. >> Houston: Because I think it would be important for those children who are in school to have that consistency from what happens in the therapy session and then how it's applied at school, because they're at school a lot so I would think that would be something that would be helpful. >> I wholeheartedly agree. And that really is the best setup for a child when outside therapies are communicating with the education program and working, collaborating together. I will point out that an educational system is very different than receiving aba therapy and in education we are required to have a child make progress towards a general curriculum. There is not the intensity, there is not the ratios that you will find in private aba therapy,

but, yes, I agree with you. Working together is the most important for the outcome of the kiddos. >> Houston: Thank you. >> Yes. >> That's it. >> [Applause] >> Madam chair, members of the committee -- are you ready, I didn't mean to interrupt you.

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My name is Judith [indiscernible] Director of state government affairs nationally for autism speaks. Autism speaks is a global autism organization. We spend a lot of time working on scientific research about the biology of autism. But we also do a lot of advocacy on the federal level for research and services for individuals on the spectrum and then we focused over the last several years in the states, we actually decided to focus on one issue, because we didn't want to be spread too thin. Autism and developmental disabilities in general have a lot of needs, educational needs, safety needs, but health care was really at the top of the list for families when we reached out and surveyed them. So we've been working over the last six or seven years specifically on health care, medicaid, state health regulated insurance, federal employees, all of the different pieces of the pie. I'm so honored to be here to you today to talk about what therapy coverage would mean for the city of Austin employees. I really appreciate your time. I will attempt not to be redundant, I know that you've been paying attention for quite some time. I became involved in this issue, I was a certified public accountant. Nerds rule the world. [Laughter]. But I was also a mother and my son, Jack, was diagnosed with autism at the age of two and we were living in the Dallas area at the time and his pediatrician prescribed speech therapy and occupational therapy, physical therapist and a therapy that I had never heard of before called applied behavior analysis. She emphasized that this needed to happen quickly because early intervention for him was critical. He was testing on the severe end of the spectrum and if he was going to develop language, we needed to get right on it. So we started working towards accessing that care. And I remember very vividly, it's funny how you remember

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certain things, I remember pushing the glass door open of her office building, heading outside, I had a handful of papers, I remember thinking wow I'm going to be on the phone a lot, running around to different appointments, this is going to be a very different life. I was kind of grieving that, but it never occurred to me that because he was diagnosed with autism that his treatment would be denied. It would be excluded. And at the time that's how our health coverage was written, that if you had a diagnosis of autism spectrum disorder, any therapy related to that would be denied. And I -- I was shocked. We paid our health insurance premiums and when your pediatrician prescribes what they call evidence-based care you just assume that it will be covered, at least in some part, by our health plan. So I became involved with a group of wonderful experts, parents, advocates, here in the state of Texas and I'm so proud, so, so proud that Texas was actually the third state in the country to pass autism insurance legislation. Addressing that discrimination directly. Such a proud moment. And since then, because of people like John Hockenjos and his wife Rebecca and other advocates, we've actually gone back and made that law even stronger and stronger. And John is correct, Texas has the strongest autism insurance legislation in the country. And I think that means a lot, you know, you're number one for business and for lots of different things, but to say that you are also standing up for a vulnerable population also means a lot. I also want to let you know, I know there's concern about who's covering this, is it just these state-regulated plans, is this just sort of an exception sort of thing. Absolutely not. After my son was diagnosed and I became involved in Texas and helping to get the law passed, I was recruited by autism speaks to come work for them, so I've had the surreal experience of testifying in places like North Dakota, and Albany,

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New York, Boston, Massachusetts, Atlanta, Georgia, you name it, I've been there. Over the past seven years we've passed legislation in 40 states that now require coverage of applied behavior analysis specifically and the other evidence-based care that I mentioned earlier, thing like speech, ot and pt for individuals with an autism diagnosis. It's a very diverse group of states. It's Texas, it's New York, it's California, it's south Dakota. We just passed legislation in Georgia after seven years of effort in the legislature there and the bill is headed to the governor, so that will be state number 41, with only nine states left to have laws in every state in this nation. Which I think is incredible L in addition, the federal employee health plan, the people that employ your mailman and lots of civilian employees, it's the largest health plan in the nation, 8 million employees. They started rolling out coverage for applied behavior analysis a couple of years ago. There's actually a map in the handout that I provided for you that shows the states in which it has rolled out and that's on page 10 at the bottom. In 2016 it's going to be rolled out to the remainder of the states. Opm, which oversees their health plans, has studied aba and many years ago they decided it was experimental and they wouldn't cover it. And then at the behest of employees, stakeholders, they convened a panel and they determined that it was indeed appropriate and it was evidence-based care and so they began rolling it out a couple of years ago. So in 2016 that will be rolled out nationwide. It's already here in Texas. So federal employees here in Texas have coverage. If you're active duty military, if you're retired military, you have coverage for applied behavior analysis therapy here in Texas, Texas teachers have coverage. When you look at all of the different pieces of the pie related to health care, so

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many Texas citizens do have this coverage. But, of course, we have this self-funded companies and self-funded entities like the city of Austin that are sung to erisa law and make their own decisions. There is a survey, the print on this handout is so tiny, if you can read it I apologize, I will be very impressed. I do want to point it out at the bottom of page 17. By mercer, a global actuarial survey firm. They do a survey every year of their employee based health plans. Their 2013 survey they determined that 36% of all self-funded companies are now covering aba therapy. That number has been rising year after year after year and I will tell you that if you talk to me in five years, everyone is going to be covering this because it is evidence-based care, it's the standard of care. So you are not doing anything or considering something that's exceptional. This is the national trend. The final thing that I want to say, I could talk to you forever, but I know we've been talking for quite a while, is that this therapy, it's not a blank check. There are a lot of concerns about costs. I provided information in your handout that I think you've probably seen before. We've collected data from other states that indicate the average cost is anywhere between 31 cents per member per month to about 48 cents per member per no. That data was act -- per month, that data was accumulated by autism speaks and we reached out to self funded state employee health plans and we asked for their data. I can provide you with all of the backup that you might want to look at. It's not \$2 per member per month, it's not \$3 per member per month, it's less than 50 cents per member per month. That nobody is not only

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determined by accumulating that data, but I think a really interesting source is the Missouri department of insurance. They passed an autism insurance law, Missouri, four years ago. And part of the statute says that they have to do a report every year. The Missouri department of insurance does to report the

impact of the autism mandate because there was such fear it was going to cause the sky to fall. So the Missouri department of insurance releases that report every year and in year three, which was 2013, the premium impact was 48 cents per member per month. So it had been fully rolled out, it wasn't brand new, people were accessing care all over the state and this is for individual policies, small group plans, larger group plans, millions of people across Missouri, all of their health plans. So it's a large sample size. And again it just shows the national trend of about 48 cents per member per month. Why is that? Autism is a spectrum. Not every child with autism needs intensive aba, just like not everyone in the cardiologists waiting room needs a heart transplant. It all comes down to medical necessity, which this benefit would be subject to, subject to utilization review just like all of the other health conditions covered in your health plan. Not a blank check but totally subject to medical necessity and utilization review. Please keep that in mind. I know so many health maps and so many employers generally want to do the right thing but they are stretching those health care dollars and are very concerned about that. This is not the a cost driver. This is a cost saver. As she mentioned, my son recently ended up in the er because he couldn't communicate to us that he had just a simple ear infection. You are incurring those costs right now for those 26 children that were diagnosed in your health plan in this last year. So fiscally it's prudent and

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really it's just the right thing to do for this population. It's hard enough for these families. They need access to evidence-based care. So I ask you genuinely to please consider that and add that benefit for your employees, thank you so much. >> Houston: Thank you so much, are there any questions? >> Are we taking action? Can we take action on this? Are there more speakers. >> There's one more speaker. You'll wait. >> Yeah. >> Good afternoon, council, thank you so much for having us here again. I am Lisa wh itted a former member of your health plan. On Friday a reporters from tellers Watson was sent to council that focus odd three main reasons the question to add aba therapy benefits to our plan. They list costs, effectiveness of treatment and now a perceived lack of competition to stay competitive in gaining and retaining employees. They've done a good job of covering costs, they are your experts in effectiveness. I would like to address the third more personal and emotional assumption that mark Washington and the towers Watson report claims is that we don't need -- well, they make the assumption that competitive health benefits are not a need for those on the city of Austin's payroll. They state that the only companies adding aba to their health plans are those wishing to attract quality employees in high skill sets. Industries such as financial services and high tech industries. Towers report draws the connection that these sorts of companies are the only ones who feel the pressure of needing to provide competitive benefits for employee retention. When my husband chose to become a police officer, he chose a life of service. Not a life of profit in the private sector. And when it came time to choose where to serve, we

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chose Austin. We didn't choose a company. He had also applied for jobs in Lubbock, Dallas and Houston but when the decision came down to it, we made our choice based on who he was willing to serve. You, Austin. When these young men and women make the choice to serve a city and forego the private sector, they don't comb through benefit packages making their choice on the likelihood of their children being diagnosed with autism. They make the decision based on an assumption that when called, they will risk their life for the people of that city. Even the lack of benefit arise, they don't have the option of quitting and moving to a company across town who does. They commit their entire lifetime of their career and trust the city will take care of them, just as they have taken care of you. Would you run into a

burning building to save someone else's family? Or more realistically, would you walk around all day knowing that that could be asked of you at any moment and you would have to respond? That's what our first responders do. That's the burden they carry. They're not reading the fine print of benefit packages when they are coming to the entirely unreasonable decision to live their life for the safety of others. How can we then, when one of these young officers who started this life of commitment to our city, young, newly married, childless, grows to have children and now the child needs help, how can you tell him that the choice he made, the choice to serve you, is not worthy of a competitive benefit package? How can you tell him he maybe should have chosen one of the financial industries or the high-tech companies? Towers also seems to be baffled by the recent report and a similar report pushed in 2014 that the incident of autism on our city health plan is so much less than the national norm. They continue to question why this is and even go so

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far as to say, if this is added more cases of autism may surface, this is possibly the most baffling of their claims. Just because a new medical treatment is offered, parents will be lining up their children for a diagnosis of autism to take advantage of the treatment? I assure you, any parent of a child with autism was no hoping to get the label just so they could alter all of their dreams. Dreams from Ivey league to solid C student, change reading lists from what to expect in the toddler years to the verbal behavior approach. It's been described to me, that receiving a diagnosis of autism is a little like studying and preparing for a trip to Italy. You buy all of the guide books, you plan your stops, you learn a little bit of the language and then the plane lands and the stewardess says welcome to Holland! And you say, I'm supposed to be in Italy, that's what I prepared for. And -- but you buy new guide books, you make new dreams and plans and you try to learn to enjoy windmills and tulips instead of the coliseum and michelangelo's David. To say that parents would willingly sign up for this trade is preposterous and personally down right hurtful. It draws some connection to parenting methods and upbringing for the cause for autism. Just as they stated, Texas is a leader. Austin the leader of Texas. Geographically and politically. That's why we chose here. I would now love to see my city stand up for these families and add applied behavior analysis to our plan. Thank you. [Applause] >> Houston: Thank you so much. Councilmember kitchen? >> Kitchen: Are there any -- is the staff going to brief?

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>> Houston: Staff is going to present. >> Kitchen: I will wait. >> Houston: You will wait? Again, I want to thank you all for coming and sharing your testimony and your heart-felt commitment to this therapy and so, again, thank you for coming. I want to thank all of you who were in the audience who signed up to speak for allowing us to do it in this manner. I really appreciate that. And councilmember Garza -- can we have the staff come forward now, please. >> Do you have a presentation cued up? Good afternoon councilmembers, my name is mark Washington, I'm the director of human resources for the city of Austin and I, too, would like to thank the citizens and the employees who have taken time to share with us their perspective about this important and sensitive issue. And I would just like to -- with me today is Ms. Stephanie beads from towers Watson who will share with us some perspective about the administrative side of evaluating this benefit. But I would like to acknowledge that there has been a -- an emerging trend in some of the employers that we have been benchmarking against in evaluating what their plan offers in terms of not covers for autism, but the expansion of coverage including behavioral analysis. I did send a correspondence to the council this past week. Because of the varied amount of discussions that have been occurring, either through citizens communications or just inquiries to my office.

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And in that correspondence, I attempted to not provide a recommendation but to provide information, at least from the administrative perspective, of the background in terms of what our previous efforts for evaluating the benefit has been, the cost implications and the concern not just as it relates to this benefit for applied behavior analysis, but the affordability and sustainability of our health care plan in general for all benefits that we cover. And as I mentioned in the communication, we did see some recent trend we've listen learning, our understanding of this issue has evolved over the years. We have been learning from -- from professionals, from the citizens, from the community, from other employers, but we've also -- have been faced with balancing affordability as what we understand now for fiscal year '16 our projected increase will be the highest that it's been in years, with an upcoming 13% potential of proposed budget increase for our health plan and we do have over 200 million-dollar health plan that we have to manage and that coupled with some of the emerging issues in terms of the affordable care act and the "Cadillac tax" for employers who have very rich health plans, we will -- we will -- it is estimated that by 2018 that based on our current plan design, without adding any more benefits, without enhancing any more benefits, that we will be over that threshold and will have to pay somewhere in the neighborhood of another million dollars in penalty. So that is -- the

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perspective that we were sharing in terms of the stewardship of the health fund. And any benefit, not just aba therapy, any benefit that we have adds furthermore to that cadillac tax liability. Through this budget process we will be bringing forth very challenging issues for council related to our benefit plan. We have another mandate from the council that required us to look at transgender reassignment surgery, which would also add to the cadillac tax, an additional cost. But having said that, what we have agreed at least internally is that this is something that -- certainly worth considering and we just recommend as a council considers this benefit, it does it in the entirety of our benefit plan. As part of -- as part of the budget process. So with that, I would just in terms of -- just to clarify some of the particularies and in terms of the administrative analysis, I would offer Stephanie beads real briefly, we have four or five slides to cover real quickly and after that we'll be happy to entertain any questions that you might have. >> Houston: Thank you, Mr. Washington. Councilmember kitchen? >> Kitchen: I had a specific question that might be appropriate to ask now, I'm not thinking that you will handle it in the slides, so -- >> Okay. >> Kitchen: That has to do with the cadillac plan. Have you guys -- I have seen an analysis from last year, I think it is, that references that. So -- and I mean that's your latest -- I imagine that's your latest information, I think it was a medical to to councilmember Riley from last year. >> Okay. >> Kitchen: So have you done any updated analysis since that time of the impact of the cadillac? For folks that may not be

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familiar with that, I mean, basically, as I understand it, that's an excise tax passed under acca under high cost employer health care coverage. Anied that the rules are not final on that, yet. So my question really relates to the memo that I saw had some -- the memo that I saw referenced a threshold that's not final and it's also not -- as I understand it, the threshold that we might be held to. I just wondered if you guys were going to analyze this a little bit further? >> Houston: Councilmember kitchen, could you tell us what ACA means? >> Kitchen: I'm sorry, the affordable care act. >> So address your question, on the thresholds for the excise tax, there is guidance coming out clarifying around the excise tax about what

gets applied around the thresholds. At this point we don't see any changes to what the thresholds will be, they are expected to be increased each year with cpi, but in general, health plans the trend that we see being applied to health plans is greater than cpi. So -- so each year after 2018, the thresholds that we have in place for 2018 will be increased. We have not heard anything about those thresholds being changed. What right now is being considered is what exactly will be applied to those thresholds. So, for example, simply medical plan costs or fsa, flexible spending accounts or self-insured dental plans for example. Right now fully insured dental plans will not be applied but not clear whether self funded dental plans will apply. We are waiting for guidance on that.

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The I.R.S. Has finally acknowledged that was an ambiguous area, had not been addressed previously, but we have not gotten any guidance on that. >> Houston: So -- >> Kitchen: So the guidance is expected in may or June, is that correct? >> I believe so, yes. >> Kitchen: My understanding of the guidance is that the 10,200 and the 27,500 is not the level that we can expect for 2018 because it states in some of the information that came out that level could be adjusted upwards. That your understanding? >> My understanding is that it could be adjusted upwards for subsequent years, but those were the amounts set for 2018. >> Kitchen: Thank you. I appreciate that. That's -- that's I would like to see at the point that you all get to that analysis, I would like to see specific projections on how you -- if that's part of the concern, if that's part of the concern that the council needs to think about, is the application of the cadillac tax, quote unquote cadillac tax, I would like to see a more in-depth analysis than we've seen. I would also like to invite our panelists, if, you know, if John in particular, if you all would like to suggest to us how adding aba might impact that, that would be helpful. Thank you. >> Thank you. We will as we get further into the budget process, but the -- but we were -- we were preparing for the long-range financial forecast, the five-year forecast, we anticipate or we provide the budget office with things we can reasonably anticipate that are coming, that was an estimate as we get closer to the budget process, should there be new guidance we will modify projections as need be. But with that, if that's okay, I would like to -- ask Stephanie to key up the presentation. >> All right. So we prepared a little bit of information here, too, to share with you. As mark said, you know, always when evaluating potential plan design

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changes, whether it's enhancements or, you know, cost reduction measures, we take a look at a number of factors and try to strike a balance between keeping the plan financially sustainable as well as meeting the needs of employees. On the first slide, if somebody is -- controlling that -- I'm not going to go into detail here. I think the panel has covered this in substantial detail. And for the sake of time and avoiding redundancy, I don't think there's any information on this slide that we have not already covered. Just to review on the next slide of what the city's plan does currently cover today for autism spectrum disorder, it covers the evaluation for diagnosis, testing, family therapy, medications, medication management, speech, physical and occupational therapy. And so as we have evaluated this over the course of the years, we have, you know, focused on making sure that the plan is in line with its peers, every year the city does take a look at other public sector employers. In Austin as well as other municipalities in Texas and other corporate employers that, you know, that are in the Austin area to ensure that its >> On page 3, so as the package panel had mentioned this therapy is very personalized and can vary significantly between five and 40 hours per week, depending on the severity of the diagnose. In our analysis for determining the cost for the added benefit, we looked at it from a number of angles. We looked at it based on united health care's estimates and its modeling of the city's population. We also reviewed

information provided by all of the major medical carriers, so Aetna, blue

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cross, blue shield, united, Cigna, asked them for their book of business, in general what the cost for covering applied behavioral analysis is. And we took a look at the city's data and the number of members on the city's plans, so children that are diagnosed with autism. In the 2014 data, 26 members were diagnosed with autism. We had an estimate of around 13. That might seeing applied behavioral analysis based on consultation with some of our clinical experts within our firm ask we also consulted with united health care and their estimate was around 16 could potentially utilize. The cost per service also varies significantly and so based on that, as well as based on input that we received from the major health plan carriers, the cost could range from 668,000 to 996,000. There are a number of factors that could impact this. It also depends on, you know, how many actually co, you know, to seek the therapy. Some of the Numbers that were referenced from other employers could also have different situations of the demographics of the population. Number of families being covered with children. And, also, limits applied to the plan design. From our consultation with the carriers, we also had been -- it was reported that around 5% of self-insured employers right now cover applied behavioral analysis. We do see that number increasing and so I think that is also worth noting, you know, that those Numbers have been increasing. Of the peers that the city typically evaluates, when determining whether their plan designs are in line with benchmark and with peers, we took a look at some of the public sector employers in the Austin area. So Austin ISD covers applied

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behavioral analysis, as does the teachers retirement system. Travis county covers it on an exception basis opinion city of San Antonio does not cover, city of Houston does not cover and the state of Texas does not cover. This is an area under constant evaluation and so this is based on our current state assessment. On the next slide, compliance, we also want to point out that currently, if applied behavioral analysis is covered under the mental health parity act, plans cannot impose a dollar limit so there would be an unlimited benefit for this. And so some of the cost figures that have been provided could also be sharing information around plans that do have caps in place, and so it's important to consider that, you know, not all comparisons are apples to apples. >> So I believe that concludes Stephanie's portion. So what -- again, councilmembers, what we would recommend doing is continuing to learn of the plans and practices of other employers, and I'm interested to get more information about some of the national benchmarks that were -- that was just shared with you earlier and evaluate their experiences and plan designs and see how that could be incorporated within the city of Austin. Again, we have a challenge if there's other plan limitations, given what Stephanie just said with the mental health parity act, we would not be able to impose those on self-insured plans unless we capped limitations for every other benefit. So as I understand it, with mental health parity, if you have a cap for your mental health benefit all your other nonmental health benefit has to have that same cap as well.

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As we come forward as the city manager proposes the budget we would then as a -- as council has recommended propose a plan design and the associated cost for consideration. In the proposed budget along with the other issues that we are evaluating and dealing with as a large employer. And it is important to make sure that our benefits are valued by our workforce and it's a very important part of

retention of employees. So we do take this very seriously, and we're open to any questions or feedback that you might have. >> Houston: Thank you so much. Mayor pro tem? >> Tovo: Thanks very much. I do have some questions. I think I'd like -- I'd like to get some more information from you about how the costs were estimated, in particular -- in particular I'm interested in knowing whether the estimates were based on 20 to 40 hours a week and, if so, how that determination was arrived at. It sounded like from the testimony we heard earlier that it can really vary. So I don't know if you want to talk about that now, how 20 to 40 hours a week -- and that's from the memo, I believe. >> Right. >> Tovo: Treatment often begins with 20 to 40 hours of week on one on one intervention and I don't know if that became part of the assumptions on which you based your cost analysis. If so, if we could get more information about how that average was derived and also more information about the costs. I know you talked about talking with other health plans about their costs, but more details surrounding all of those issues would be very helpful. >> Okay. >> Tovo: I don't know if you had any comments now. >> I could make a comment now. In general what we found from our consultation with our clinical experts as well as the major health plans is the cost varies from 30 to \$100,000 so there's a wide variance in the

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cost so in our estimate we had assumed \$50,000 on average. >> Tovo: And how many hours? >> So we did not translate that into a per hour cost. >> Tovo: I see. >> It was more reported by the carriers in general the course of treatment, annual course of treatment costing between 30 and \$100,000. >> Tovo: So when you said -- or the memo that we received from staff talked about -- made a comment about aba -- about -- oh -- >> That's correct. Can you help me out here? Can I use one acronym? Let's see. Applied behavioral analysis not being covered by some of the meeting employers. Are those meeting employers the ones you mentioned? Was that pool San Antonio, Houston? >> Those are often on -- or every year those are on the city of Austin's list for evaluating any plan design changes. So whether it's -- it is your deductible level at an appropriate level compared with your peers or, you know, copays, whether certain services are covered, eligibility, so on. The city does a very rigorous review of the cost for any potential changes, as well as who else is doing it and are we in line with other organizations. >> Tovo: I see. And that universe is typically Houston, San Antonio. Does it usually include the school district and the state? >> Yes. In general it includes the major public sector employers in the Austin area. So that would be Travis county, and I might be missing -- university of Texas system. And then also other municipal is pallets in the Texas area, Dallas, Houston, Fort Worth.

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>> Councilmember, I was going to add, unfortunately we're very early in the budget process and so we got several conflicting reports from different employers that we were unable to verify with certainty, for instance, depending on which state entity that you talk to, one may cover, one may not cover. The university -- UT I've gotten several different accounts of what the benefit is, may be, et cetera. As well as other large employers, Fort Worth, that was not reflected in the report. So as we get closer to the budget process, we'll be able to verify with more certainty -- not just a sample of employers we have in Texas, but a broader scope of sampling of larger employers. >> Tovo: And that was -- that begins to answer the substance of my next question, which was you note the state of Texas as one, and I thought we heard evidence before that the state plans do cover applied behavioral analysis. >> Right. >> Tovo: And so -- >> So tr -- I've gotten one report trs does cover it, ers does not, university of Texas -- right now, I don't think the plan covers it but there's over evaluation occurring. So there's just a lot of variance that we need more time to confirm what are the current practices of many of the large employers. >> Tovo: Thank you. I think Mr. Hockenyos might have more specific information. >> Houston: Is it about this

specific? >> Yes. >> Houston: Please come forward. >> So the answer is Texas A&M university system does cover it, another major university system has committed to providing coverage by September 1, 2015. The state of Texas itself does not cover it. That was a political calculation, create a fiscal note and the current political environment makes passing legislation very challenge sog

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the solution is being prudent administratively as opposed to to through the legislative process being led by several of republic can members. Which is in your packet. >> Garza: Aisd covers it, correct? >> Correct. >> Garza: How long have they covered it? >> I don't know the answer to that question. >> One year. It's been a few years, at least three years. >> Garza: So I feel like they would be the -- go ahead. >> Again, I would -- it's reported three years. My staff is uncertain about it. So I don't know -- I don't know the answer. >> Garza: Why is that a hard question? Why is that a hard fact to find out? >> It's not. We just didn't -- I don't have the answer with me now. She reported three carriers. My staff is believing it's been more recent than that. >> Garza: Okay. The reason I ask that is because I feel like that would be the one place to know what the true cost is because they're -- they're local and they've been covering it. So, you know, we're talking about estimates and projections when we have an entity right here in our backyard that covers it. So can we get those Numbers do y'all know those Numbers? >> I got them [off mic] >> I'm trying to find it right now. >> Do you want to talk into the mic? >> Houston: While you're looking, councilmember troxclair has a question. >> Troxclair: So I am looking at the -- is my mic on? It says on. Hello? Hello? Okay. The city is undergoing a significant up tick in claims, as much as 13% this year.

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Can you expand more on the reason behind the uptick? >> Yes. We've had several large claims this year, part of it we've had a lot of increase in the number of premature births, as well as a lot of specialty drugs that are now being covered for hepatitis C, for example. Those are drugs that could spend as much as \$100,000 a year or so. >> Course of treatment is about \$85,000. >> Route. So there are a variety of factors that have the plan to experience an increase. In addition just to regular medical trend, higher utilization for other services as well as, such as emergency services and outpatient visits. >> Troxclair: So the services that you mentioned at the beginning of your answer, is that because -- are these -- is the uptic -- maybe it's a combination of both. I'm trying to understand if the uptic is because the city has decided to cover new things or if people are suddenly having more illnesses. >> For large claim such as premature births, catastrophic cancer claims, large claims, that is really more a luck of the draw. There could also be, you know, for example, a wellness program can help mitigate those over the long-term but it takes several years for that to take hold in order to, you know, have an impact on potential large claimants. Things like premature births though, there's very little you can do ahead of time except for really manage those pregnancy claims and if, you know, those claims are not managed, then they could become catastrophic. >> Troxclair: So it doesn't sound like that Egyptian is due uptic decisionthe city has made to expand -- >> No, it's not attributable to

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something like that. >> Troxclair: When we were talking about the quote unquote, cadillac tax, are there other cities facing that same problem? >> Most definitely. I would say that at least half of our client base is expected to hit the exsite tax threshold in 2018 if they don't make any changes so we survey a large group of employers each year and so really the term cadillac tax is a bit of a misnomer. It's really kind of

the cross-section of plans. >> Troxclair: So of those clients, are they planning to make changes to avoid that tax? >> Yes. >> Troxclair: What kind of changes are they making? >> Changes to make the benefits more -- more accountability in the benefits, for example, consumer-driven health plans, it's an approach that is very effective at managing trend and keeping costs lower. The city did implement a consumer-driven health plan for 2015, and so that's one piece of the strategy to try to stay below the excise tax. >> In general it's benefit reductions in essence to some degree that employers are looking at -- to make aggressive changes, and there are other steerage types of strategies where they could direct employees to use lower cost providers so there's a myriad of things that are being considered. Again, as we wrestle with the affordable issue during the budget process we intend to bring forward some of those option that's the city should also be considering based on best practices. >> If I could also add managing the well-being of were you population, population health management is also a major area of focus for large employers, to stay below the excise tax

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without scaling back benefits. >> Troxclair: And one last question. I know you mentioned the addition of transgender benefits in the fy16 budget so we -- I don't have -- so we know how much -- we know the fiscal impact of adding that coverage? >> We've had previous estimates. I don't have that with me at this time. I didn't include it as part of this memorandum. >> Troxclair: Okay. >> Houston: Thank you. Councilmember Garza and then kitchen. I have a question. Of the 26 members who were diagnosed with autism, you said about 16 or maybe -- would use the services. Can you tell me the ages of the 16 weaver talking about? >> So we don't know person by person which one will or which one won't. It's going to be a matter of, you know, if and when this takes place, how will it be utilized. But in general, you know, based on unit the health care's modeling as well as, you know, book of business statistics reported to us from the manager carriers, around half -- assuming around half will utilize the benefits. This is based on a population of nine years and lower so it would be -- the portion of the population that would actually benefit from and be eligible for the benefits. >> Houston: Councilmember kitchen. >> Kitchen: Just a couple of questions. So just to help me understand. So are you guys the acwearies for the city? >> Correct. >> Kitchen: So you'll be doing an actuarial analysis to project the actual cost? >> Mm-hmm. >> Kitchen: When do you that actuarial analysis I assume you have different levels by age groups for kids, right? >> We look at your population stratified by age groups and then include those that would be able to take advantage of the applied behavioral analysis. >> Kitchen: The reason I ask

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that is because a child from zero to ten might have different utilization and you might project different utilization for kids at a younger age than you would for older age and so you would need to do an -- I mean, I'm just asking your analysis would include the number of kids at each project -- projected at the different levels, I assume? >> So it is focused on that either band zero to ten or zero to nine. So the assumption -- for the first year analysis, it would be based on the snapshot in time of at that point in time with the assumption that each year that proposals you're going to have some people aging out and then you will also have some aging in. >> Kitchen: The report that we have from you now, is that based on an actuarial analysis or is that something that y'all will be doing in the future? >> That is based on our best analysis, based on the population that we have and the data was reported by your health vendor. >> Kitchen: To be helpful to have the information behind that, so, for example, I think councilmember tovo asked about the 50,000, somebody asked about the 50,000, so was that a midpoint or did you actually -- or was that actually -- I mean, the range was, what, 30,000 to 100,000? So how did you arrive at 50? Was that the midpoint or do you know what the -- maybe most of the kids are 30, 40, 50 as

opposed to at the 100,000. So it would be helpful to have some more information about why 50,000 was chosen, midpoint, average? You know, that kind of thing. I'm sure you have that analysis. >> It was based on consultation from a number of sources and trying to reconcile all of the sources of data. We have a range. We've heard averages as well as from the major health plans and so 50,000 was chosen as our best estimate. >> Kitchen: I guess what would be really helpful is the assumptions.

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The specific list of assumption that's went behind your actuarial analysis. Because the other question I have is the \$2 to \$3 per member per month, that's a big difference from what we're hearing the 48 cents from another state. That's a huge difference. So would I like to know the source and the basis of that assumption. That would be very helpful to us to understand. Okay. I think if you can supply the -- you know, if you guys can supply the actuarial analysis behind these Numbers, that would answer a lot of questions. Thank you. >> Houston: Thank you. Anymore questions? Councilmember? >> Councilmember kitchen and councilmember tovo's, I guess it's hard for me when I hear the range of need that's necessary for this therapy from -- anywhere from ten hours to more, how -- how we look at an acwary report, a final statement that they're making these predictions on these medical costs that have this huge range. And so -- and I don't know if I've misunderstood the question but I think mayor pro tem tovo asked how many hours were you, you know, estimating on. So even seeing those Numbers, years old I just don't know how you can estimate that. I don't know how you can estimate the cost of something that has such a huge range. So knowing what it's based on would be very helpful. >> And given that we don't have experience yet for the city's population, it is very difficult to estimate. And so we're providing our best estimate, not to convince -- to do it or not do it. It's more to help the city be good stewards for the health plan and understand there will be a cost associated with it and we need to be prepared for that cost if you should add the benefit. And we want to provide a number

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of angles that you could go about estimating the cost. However, until we actually see how the utilization eight transpire, it is difficult to know for sure how many will take the benefit. >> Garza: I'm not a healthcare expert so when I see from your presentation what the city does cover for children with autism and -- this is maybe a broad assumption, but if these are actually therapies that are covered but they wouldn't be used because aba has shown to be better therapy, I mean, aren't we basically -- if we're not using these but using something else, is there always a fiscal impact if we're not using something else? Does that make sense some. >> So it's not to say, necessarily, that if you add applied behavioral analysis that these services will not be used at some point somebody will be tested to be diagnosed for the service. Speech, physical, occupational therapy, there will still be a role for that. And so our, you know, estimates are not assuming that other services would go away. >> Houston: Councilmember kitchen. >> Kitchen: Not to spend too much time on this, but so am I hearing you right that your estimate doesn't take into account avoided costs for emergency room or hospitalization? >> We have not built that into the estimates at this point. >> Kitchen: Okay. And then just so I can understand how the costs would apply, what you'll eventually be doing -- what your analysis -- your actuarial analysis will go down to a projected per member per month. And if I'm understanding how the city does that, that would be a cost for the kids. So it would be added to the pmpm for children and/or for families because it's the children that will use the service, and that

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is something that the employees pay for right now, right? The city doesn't cover the cost of the per member per month for children do you remember we cover part of the cost? >> No. We have a subsidy for dependent coverage. >> Kitchen: So we cover part of the costs of dependent coverage but not all of it? >> That's correct. >> Kitchen: What is our Su subsidy? >> It's practically 50%. >> Casar: 50%, okay. Okay. So, you know, what are costs we're thinking of, if I'm understanding correctly, when we get to the point we're projecting it, the cost to the city would be half of that? >> That's correct. >> Kitchen: Okay. Thank you. >> Houston: Thank you so much for all of your information and I think we have an answer to the Austin independent school district if you'd come up and let us know what you found out. >> Thanks very much. I just want to let you know I got this from Gina [indiscernible] Who is school board president and they have -- Austin ISD has been covering it for at least six years. I have the 2012, '2013, '14 years. It has been six years they've been covering it now. For the most recent years, we crunched the Numbers in 2014 they had 34 claimants and paid out 362,370 so that actually came out to \$10,657, much lower than our 30,000 to \$100,000 or average of 50,000 estimate. So I think that would -- I mean, I don't know, but, yeah, so that's the data from Austin ISD and I can read out the -- >> Houston: Could you give us the cost again? >> Yeah. So for 2014 last year there were 34 claimants, and they paid out \$362,370. So each claim was \$10,657.

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That was the average claims, not each claim, average. >> Houston: So thank you again for getting that information. I think it would be helpful for -- I'm speaking for the committee, that we could get all of the information, the backup information that was requested so that we could have an opportunity to look at that. >> Certainly. >> Houston: Okay? And including the aid information from aisd. Thank you so much. And, again, I want to thank the panel and thank the parents in the audience and those who came to support parents for allowing us to do it in this way. I think we got a great deal of information from the presentation and so we really appreciate that. >> Garza: Can I make some comments? I just wanted to make a few comments since I am the lead sponsor on this item and I want to thank councilmember kitchen, mayor pro tem tovo, councilmember Renteria for joining me on this. And I thank the panel for coming and the autism speaks, thank you for traveling here to speak to this issue. And, I mean, for me the question is what kind of employers does the city of Austin want to be? And I think we want to be the type of employers that covers something that is evidence-based, that greatly affects people's quality of life for our -- I mean, not just our public safety workers, for all of our workers. The fact that our local peer government, aid, and our county covers it. I'm not sure we should be comparing ourselves to other cities when we don't -- we don't do a lot of things the way other cities do here in Texas. This is really the only option for families and parents of

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children with autism. Like I said, it's not experimental. It's necessary treatment, and we wouldn't be denying coverage for heart attacks or for diabetes. We couldn't look at the Numbers when it comes to those illnesses. And I love the analogy about, you know, emergency room versus a doctor visit. Do we want to be paying for emergency room visits or doctor visits, which I would think it would save our health coverage money paying for doctor visits. It seems that the projections are nowhere near what the actual cost is, and my goal with this -- I appreciate the next taxpayers -- next steps pointed out but my goal is this is incorporated into the budget. I don't want us to get to budget time and look at this separately. I want this to be incorporated into the proposed budget for our upcoming budget talks. So thank you for being here and I was wanting to make the motion to make a recommendation, but is it the committee's desire to continue this conversation at this level? >> Houston: I think they asked for

additional information. >> Garza: Okay. >> Houston: I'm sorry. I think the members of the committee asked for additional information. I think it behooves to us get that. >> Garza: Okay. So then can we put it on the next agenda? >> Houston: Sure. >> Garza: Thank you. >> Houston: Okay. So we're moving on to item number four. There's one -- rey, there's one person here to speak on item 4 and we've been letting the citizens go first and then the staff next. So it's Vince cobalis. Is he here? >> [Off mic [. >> All right, staff, please come forward.

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>> Good afternoon, chair Houston, members of the committee. My name is rey arrelano, assistant city manager and also serve as executive liaison for this project. Our intent today is to provide you an update of the asian-american quality of life initiative or study as well as we're at this juncture and pretty excited we are here in order to get your recommendation for an approval to the full council of an interlocal agreement we wish to present to you and to the full council in order to move the study forward. So this evening we'll be covering these items, providing background, what we see as the project time line going forward and to announce that the -- we've entered -- we're proposing to enter into a partnership with the university of Texas and we'll be explaining what that scope is and then to give you more of an update of the efforts we've been doing. Before I go on I would like would acknowledge some of the commissioners from the asian-american quality of life advisory commission, in the audience is the chair, Richard Jung, Vince cobalis, vice chair, Jung Richard Nguyen, the chair of the community assessment committee -- of the commission, which is really focused on helping us get to the place where we are today in terms of what should the study look like, what are the components, so forth. And as well as helping to work with the university of Texas. Also on the team is Marion Sanchez, providing some comments. And then who will be speaking to the scope of work for university of Texas is Dr. Jung from the UT, university of Texas school of social work. She comes with high credentials and in fact was associated with the asian-american health assessment conducted earlier so brings good perspective and experience in of doing quality of life type work near our community. So by way of background, the resolution you see on the board there really was the starting

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point for the asian-american quality of life initiative which in fact I would provide to mayor pro tem tovo as the one who sponsored this back in 2013. As you can see, we are to conduct a facilitated discussions around asian-american quality of life issues, address strategies to address findings of the asian-american health assessment I just mentioned as well as the findings of the study from these facilitated discussions and a community scorecard. I'll mention that both the previous hispanic -- Latin -- hispanic Latino, as well as the African-American quality of life studies both have scorecards developed by Ryan Reynolds our demographer so we'll be doing the same for this study. Six all these three items we're supposed to come back with strategies to address the issues, as well as recommend enhanced or new programs and practices to address these issues. Since the -- in that same time frame back in 2013, October 2013, the council also adopted a resolution that established the advisory commission, which is, again, I mentioned has representation here today. Since that time, the commission has fully staffed, has membership fully identified by about April of 2014 and since that time staff, along with the commission, started looking at how we could best address and put together a study that would address the -- reach out in the community and identify the quality of life issues in that community and so forth. Eventually through the end of 2014 coming up with a course of work with Dr. Jang from the school of social work, thank you, and it's resulted in the interlocal that you see before you today. What I'd like to do is turn it over know to Marion Sanchez,

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community engagement consultant with the office here with the city, also has some experience having participated in the hispanic Latino quality of life study so she brings that experience and weaver able to leverage that here in this study going forward. She will take a little bit about the overall time line, after which I'll ask Dr. Jang to come up and talk specifically about the UT -- university of Texas scope of work and the interlocal that we have to present today. So with that I'll go ahead and ask Marion to talk about the time line. >> Thank you. I have water because I've been coughing so I might talk a little slower and drink water if I start coughing again. Thank you for the opportunity. I really appreciate it. On the leadership of the communication officer and the circle of success team, cpio, our team from UT, we have created a time line that we're presenting today. It is an aggressive time line and I recognize that but we believe we can accomplish all of our goals and tasks at this time. I'm going to briefly walk you through and in our presentation we will pause and present some of the activities that have taken place already. The green arrows on top are tentative dates when some of the activities will take place. Below that there is a line with a level of engagement that will be take place. For example, prepare, inform, involve, so forth. As you can see, our first task is to prepare for the project. This includes strategist strategy, branding, selecting principal research investigator, among other activities. This is the time we're creating our foundation. During the summer months we will start the education process. Because this is a new initiative and seeking feedback from community have not engaged with the city before we thought it was necessary to spend time to slow down the process a little and basically educate everybody

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on the benefits of this project. Special recommendation with a number of areas, such as isolation, language, cultural diversity. As you can see, we will seek assistance from the hyper local media, community leaders and other partners. The location process will be in full force throughout the project but sometimes we will given collaboration with the community, Dr. Jang and city will start the process of listening and dialoguing with the community. There will be several tools, including a small group meeting, presentation through leadership, open forums, et cetera. We're particularly excited with the [indiscernible], budget in a box there is allow families to be together with friends in the comfort of their home and participate in an event that they can give us feedback about the needs of the community. Weaver hoping to translate that on several languages as well and obviously match the culture. During the winter months we will begin the process of integrating the data and information and go back to the community and make sure we got it right. It's just a very simple question. Just analyze and redo the process of engagement and make sure we're on the right track. We have moved the scorecard toward the end because we believe that through the process there will be significant learnings that we might want to include in the scorecard but our demographer Ryan and during the spring we will start making presentations. Because this community is a very isolated community, they have not attended or participated in the consensus, we think through the involved collaboration process we will have great learning lessons and that's what we want to add on the scorecard. It is my honor to introduce Dr. Judy Jang, right here, and she's going cultural for for UT

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at Austin, Asian studies, her areas of interest include adoption in aging, minority health and service utilization. We have been working for a few months now and it's been delightful. It is my pleasure to introduce to you her. >> Thank you, Marion, for the introduction, and thank you all for having me here.

Let me start with the question. Is any of you aware of projects like this, citywide asian-american initiative? Not from you -- what about the audience? No hands? Well, I'm not the only one. I haven't seen anything like this in my previous research experience, which goes back two decades. And actually asian-american research, it's very hard to do because of the lack of data. And I think right now we are making a history, and city of Austin, I'm very proud we are taking this initiative. Also, I'm very happy to be part of this history. Asian-americans are hardly reached population, understudied, underserved population. One of the reasons is it's very hard to reach. Think about the diversity and complexity. We ever talking about more than two dozens ethnic groups and they speak more than two dozens different languages and their religious beliefs, cultural orientations and their integration history past the units, it's amazingly diverse. And lumping them together, it's an -- it has been the history in asian-american research. Now we are taking an approach that culturally and linguistically appropriate one which will address the real story of asian-american's needs, not only -- for their social well-being and many other aspects of quality of life. Going back to the previous

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one -- sorry. The whole approach is the person and environment. So we are dealing with people but it's important, especially for the asian-american populations, to look at the context. So we are assessing not only the community members through the surveys but also we are addressing the environment by using the community resources and leadership environment. So the activities, we planned the city's activities starting from the database development. Actually we have started this -- the activities so we have multiple students are working on the ethnic oriented resources development. If anybody asks me for a Chinese speaking medical doctor we have information where to go. So we are dealing with ethnically oriented information which will be very unique research, the information. And later on we're going to map into those resources in the map so that we can have geographic information systems utilized the information and also the next one, we will be speaking with ethnic minority leaders so who knows the real stories and issues about the ethnic communities. We are going to engage them and to hear their voices. And, also, we're going to visualize their leaders' social networks by using the social network analysis so we can map into the person -- personal resource photos the map as well. The final piece will be the major components of this project, which will be the community survey. So our initial target will be five major ethnic groups. They are Chinese, Indian, Vietnamese, Korean and filipino. In each group we're targeting to recruit 500 participants for the surveys. So the total number will be 2500, which is quite ambitious number but I'm confident to be able to get this number done.

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In terms of the survey contents we're going to talk about demographic information, their health status, health service use, and their culture and psychosocial and family resources and their civic engagement and things like that. So culturization might be important information as well and also the quality of life, happiness, emotional well-being. Mental well-being was just a major index of this assessment tool. So once the data is collected, I think we have enough sample size to be able to see the within group differences and also the between group differences, which will help us to design or intervention study or the social policies of very well targeted and kind of the -- with increased expectancy for the efficacy. This is the organization chart so I'll be leading the whole survey project and we do have doctors who will be overseeing these and it is we're going to hire bilingual assistants so they will be working on the translation of survey contents, recruitment and administration of data collection. So they will be also hiring bilingual interviewers which we initiate the survey process. We also have a volunteer team from the UT architecture so they will be working on GIS, geographic information system mapping, the

activities and also we will have community advisors who knows the community very well so that they can survey advisory board for the whole approaches. Next? So these are the sum -- some of the main benchmarks for the project, along with some of the time period and budget estimates. So the community resource

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database is being developed and leader surveys will be developed when we make the initiation of the project. And we're going to go through the UT rib for the human subjects and the second part will be the major activities, we're going to go out to the field and conduct surveys with 2500 participants. And we're going to report. But I think this activities survey information will be like planting a seed. We need hear about where they are, what are their needs, so that we can plan on some action plans. So I have a lot of things planned right after this project and data collected but I'm excited to have this opportunity and I really thank for the attention to the underserved and understudied population. Thank you very much. >> Okay so I'd have X Marion to come back up and talk about where we're at in terms of activities. >> Thank you. And some of the photography by the way are actually activities happening throughout the community. As you can see there's a lot of culture going on in Austin. I'm going to talk very briefly on one of those items we have on the list and finally I will end with the branding, one of the activities taking the most time at this moment and why it's so important for us to just hit it just right. In the visioning area we have already visited with our commissioners, some of them are present right here. We basically used a cocreation strategy that we got from the innovation office. That was very helpful because he helped us create a good platform in terms of what are the goals, objectives, where do we want to go next? What could be some of the challenges and how we can try to move forward into this project. We're still analyzing the data. It took us two meetings to go through the entire process but

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some of the highlights include economic development, deck graphics, engagement, be inclusive in the city. We will finalize that particular section of the project probably in the next couple of weeks or so. In terms of project strategy, we understand that with this community, just about with any other community, we need to have an array of different ways to gather data. It's not just guiding conversation but we have the survey that Dr. Jang is working on, small meetings with key leaders and we'll have presentations to some of the groups and organizations we have identified. The external resources is something I'm in particularly very excited because I believe in collaboration with UT, Dr. Jang, and some of the individuals at the communication office we're creating a database that has never been created before and at this moment I was looking at it before this meeting and we have over 100 leaders, including organizations on the base. This is going to help news terms of providing service to this community. Continuing the database is something else we're very excited. We have over 50 journalists in Austin that writes about concerns that have to do with the Asian community. They write in English and other languages and we have to be a very compressive database. We're visiting with the journalists next week to listen to concerns and what else they would like to learn about the city. So that has been a major approach for us just to get that partnership ready for us to be able to have the education. And, finally, I'm going to talk about the branding. If we go to that slide. So this has taken us on a journey like no other at this time. We have learned a lot about the community. First of all, every time we visit with someone, they say what a challenge you have on your hands and basically it's because the richness of the culture and backgrounds and understanding what have community is all about. As you can esear surrounded

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with beautiful golds, reds, gary colors, looking at deep blues, yellows, so this seems to be something every time we show to community we get a smile a smile is really for us, okay, we're on the right track. Going a little deeper what we have learned as well is that the terms of -- in terms of family have changed and developed quite a bit. We understand that this community is a collective community where they have extensive community living and spending time together but we also have learned the concept of family has been developed in what is called nontraditional families. So we have adopted kids and we have lgbt communities, friends gathered together as a family and so forth. We also have learned that the community likes to see their face on the different designs that we will produce. And so that's something we're going to take a lot in consideration, demonstrating the face of the community and the different cultures that they come with. Let me see if -- from the design perspective, we're looking for an iconic kind of design and what we have learned is that this design is to have meaning, is to be something that project what's this project is all about, and it's to be something that people can remember and be something that can catch their eye. We're working with a nomination perhaps English is not their main sign language we want to make sure from the iconic perspective it's something we can ski recognize, oh, that's right, this is a project I need to participate and hopefully will create ownership and they'll believe they can make copies, pass fliers and let others know. So that's where we're at in terms of the branding. If there are any questions I'll be happy to answer those. >> And if I could go ahead and sum up so we can get to your questions because we're very anxious to be able to respond to those in order to move forward, again, we understand there are challenges that Dr. Jang pointed out in terms of the diversity of

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this group called asian-americans so we feel we're prepared with a team that will be able to take on this job and also feel that because of this particular time in terms of wanting to make wise choices about allocating resource that's being data driven is very important in terms of this project so that's why we've engaged in large part of the university of Texas in this survey approach in order to come up with recommendation that's make sense. With that we're open to your questions. Thank you, chair. >> Houston: And thank you both and all three of you for speaking to us. Any questions? I have one. So the ask is an extension to February 2016 and the interlocal agreement, is that the ask? >> Yes. With the interlocal agreement it would essentially specify the time line with a projected completion date of 2016 -- April -- in 2016 according to the time line in the interlocal which I believe was in the April time frame for the final report. >> Houston: Am I missing it? >> Let me just go back to the -- yes, March to April, if you take a look at this slide here, slide eight, we see delivery of the final report in that time frame between March and April so that would be the completion of the project. >> Houston: Thank you. You was looking at the wrong -- wrong resolution. It says 2013 and I thought that's not right. >> It's been a while and quite the journey to get here. >> Houston: Thank you so much and if there are no more questions we appreciate it. Thanks. Mayor pro tem has a question or statement. >> Yes, ma'am. >> Tovo: Thanks. I do. Can you talk a little bit about the time line for the \$139,758? Are the staff seeking consideration of that amount for

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the fiscal year 2016 budget or is that -- are those costs we would begin incurring 2015 and if so, if the latter -- I'm sorry. That may provide me with some of the answers. Do we have any money -- any capacity within the existing budget to fund some of those 2015 costs? >> This is all funded for in the current budget. Although it descends into the next fiscal year, we do have the funding for this effort. >>

Tovo: I see. Thank you for reminding me of that. So we can cover this amount? >> Yes. >> Tovo: Thank you. So all that's really needed is to execute the interlocal? >> Yes. >> Tovo: Thank you very much for that clarification. I think this is a very important effort. I appreciate all the community members and others who have been involved in it. >> Thank you. >> Houston: So this will come up on the agenda for the full council -- >> I think we're going to have it towards the end of April. I can't remember the exact date. But we'll be putting in the request for council action at the end of this week so it can get into the queue for later this month. >> Houston: Okay. So members do we need to make a recommendation to move this forward? >> Sure. >> Houston: Can I have a motion? Okay. We can do it by consensus. >> I just have a procedural question first. >> Houston: Okay. >> Troxclair: So I -- I mean, I guess this situation is a little bit different because we -- this is something that has been underway for a long time. But in general is it the will of the committee or of the chairwoman to -- I understood we -- that part of the reasoning behind setting up our committees was so that we could take public input, have ideas presented to us, have questions answered, have time to mull over on all

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of those things and find out the answers to our questions and then vote out a recommendation to the full council. I don't know if this is the best example, and I'm comfortable sloating on this today but -- voting on this today but I'm curious going forward for something like -- for example, this we just discussed if normally we're going to be considering the item but not voting on it at the very same meeting? >> Houston: I think you're absolutely right, councilmember. The only reason I was going to go ahead and move this forward is because it's been going on since 2013 and there were resolutions dating back then to move it forward and here we are in 2015 still trying to do it. But this is at the will of the committee so you tell me what you want to do and then we'll make a motion. >> Garza: I had a process question as well because the way it's labeled on the agenda is items for committee conclusion is -- was the autism one and staff briefing was this one so I guess my question was are we posted to take action on this? Only because if people wanted to come speak about it, they might have looked at this and thought we weren't taking action and so they didn't come to speak about it. >> You're correct exactly. Bob [indiscernible], health and human services, this item is not posted for action. >> Houston: I want to make sure everybody understands that we're doing this as we go along. This is new to us as well. So I think if we make that clearer on the agenda next time then I'll be clear and everybody else will as well. So this will come back before this body, and it will be posted for action, and you'll tell us when the next time we can -- can we see it before the last council meeting in April? If that's the time line?

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>> We'll bring it back to your attention before the last council meeting, before this is posted for full council review. >> Houston: Okay. That means we might have to have a -- our optional meeting date in April. >> Garza: I wondered -- we're working the curtains out of the kinks out can we put it on the next council meeting? It would be posted at that point for action. I think it could go on the next -- is that a possibility, put it on the next council meeting agenda and say we weren't post Ford action so we weren't able to take action and now the council can consider it? It's an idea. >> Houston: I think the point councilmember troxclair was bringing up, they bring it to us, we mull over it and make a recommendation to the full council. We do have an alternate date we could have a short meeting, they would post it for public comment, public hearing and for us to take action. I'm trying to find out when that date is. Whether is it? Does anybody see it? Health and human services. There's an optional date. We'll find out. >> Garza: Okay. >> Houston: See if we can get it on the optional date just for a short meeting, posted for public hearing and move it out so that it can go not full council at the last meeting. If

that's okay with everybody. Thank you. Thank you all for coming. So we're so we're at our next agenda item, which is again, we didn't have time for -- enough spaces on the signup sheet for people who want to talk about boarding care homes, item no. 5. If there are people who want to talk, speak in citizens communication, if you would raise your hand so we will know who those people are. If not, we will go on to -- yes, ma'am?

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If you will give someone your name and then come down and we'll have you speak and then we'll go to the staff briefing. >> Houston: Thank you for being here. If you will tell us your name and then you have three minutes. >> My name is Joyce Bryant. Thank you for this opportunity. I don't know how prepared I am to speak on this board and -- boarding home item. The reason I'm here is because I was informed that there would be a meeting that discussed group homes or whatever they are being called in this context. And I'm here because I'm concerned that there's a concentration of group homes or boarding homes, I don't know -- I'm going to call them group homes. Maybe that will take in all of those that I'm speaking about. There's a concentration of group homes in the neighborhood where I live and that's -- I believe it would be called Windsor hills. There are all types, criminal, juvenile defenders, the -- the traditional group home, I guess, then there are boarding homes, I guess that's what they're being called. My concern as -- when I found out, I've lived in my

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home 32 years. We're homesteaders. My children grew up there. And my grandchildren are trying. I'm concerned because these -- the group home residents, freely walk the neighborhood. I don't know where they live, I assume the ones that are closest to me are where they live. I have one next door to me, one across the street, one within 3/10ths of a mile, that's just the ones that recently I've paid attention to. That concerns me because when I looked at the ordinance about this, there weren't zoning restrictions, I've talked to about four people in code compliance. In January, someone could have told me, says we haven't enforced this since 1998, that's what they told me. They took all of my information and said that they would inspect the -- the residences that I was asking about. The last person I've talked to said, well, we haven't enforced that since 1998, since the supreme court decision. And I want to make clear that I'm not talking about any particular group, I don't want anyone to discriminate against anyone. But when I read the decision, and I think I'm capable of reading it, I am a lawyer, so I'm capable of reading that decision, I didn't see anything in there that said that the zoning restrictions could not be enforced. I get here today and there's a handout that says that they have been -- excuse me -- the supreme suspended them. I don't know if those are still being suspended. My concern is that the ordinance states that there's a half mile

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restriction and I have -- [buzzer sounding] -- Three group homes that were within less than 3/10th of a mile, one 15 feet away from me. Now so I'm not -- >> Houston: If you can begin to wrap up, that was your time. >> That's what that was? Okay. What I'm concerned about is -- I guess that I would want to see if there's going to be any action on spacing these homes because it seems like they're not being integrated into the community. That there is a concentration of these homes in the community. So I wanted to express that and look forward to any information that you can provide. >> Houston: Thank you so much for coming this afternoon and make sure that you give someone your name. Jason? Staff? Is there staff presentation on this issue? >> Good afternoon, chair and members of the health and

human services committee. I'm Carl smart, director of Austin code. Also appreciate the opportunity with you today to talk about the issue of boarding homes, aka group homes in the city of Austin. We will start by giving you a little bit of history. There was a statute passed by the state of Texas back in 2009 that dealt with house bill 216 and as a result of that, it gave local jurisdictions the power to enact and enforce some ordinances related to group homes, particularly those that -- where the residents needed medical care. And so around stakeholder meetings a task force was

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created and so the health department is here today, I see Vince sent is going to talk -- Vincent is going to talk to you a little bit about that history and then we'll go back and talk to you from a property maintenance code and from the zoning code talking about the different types of homes that are located in the neighborhoods and finally wrap up with a status of where we are today in dealing with these homes and what enforcement is available today to help -- to help make -- make sure that these homes are regulated properly and that they are properly integrated into our neighborhood. With that I turn it over to Mr. Vincent. >> Thank you, councilmembers and madam chair. Vicente with the environmental health department. >> Houston: Spell your last name for us. >> D as in David, elisi, Delisi. The -- as in the interest of time, we decided to just kind of combine these presentations from the health department perspective to give a bit of a history here as director smart alluded to. In 2009, house bill 216 was passed by the state legislature. It directed the health and human services commission at the state level to develop some standards for construction and operation of what they were calling hb 216 boarding homes. That state law as director smart correctly stated, allows counties and municipalities to regulate these homes. But it was not a mandate. It was an unfunded -- there was no funding from the state in order to do that. It defined an hb 216 boarding home, part of the issue with this initiative from the start is that there is -- there's a kind of gap

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in terminology. There's a lot of different terms used to define or to describe these types of congregate living, group homes, boarding homes, so forth. So there's a lot of maybe misunderstanding about the exact types of homes that we're talking about. But with that said, in 2010 the health and human services commission approved the model standards and at that time city of Austin formed a planning and advisory committee to study this issue. That -- that advisory team stayed intact for approximately six months to -- to put together a plan and then we set off on some public meetings that were conducted. We -- we sent out notices to the community, we had several public meetings to do -- to get input and from that we formed a stakeholder task force, which also then met for an additional period of time, regular meetings, with members of the community, members of the neighborhood associations and city staff as well. We're meeting on a monthly basis to come up with -- with particular proposal or ideas to address this issue. In the summer of 2012, a survey was approved by the city council to -- to allow for some funding for some resources to go out and do -- do community survey of these types of homes. The results of those -- that survey is available to you. We can provide that. There were 104 homes that were visited during this survey, identify and visited and one of the things that came from that survey, understand that a lot of these homes that we are talking about are somewhat transient, in the sense that they will move from location to location. In this 104 homes that were identified, only eight out of that 104 were actually identified to meet the definition of an hb 216

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boarding home. Many of the homes that we visited had returned to traditional family residential properties and did not house a boarding home or unrelated individuals any longer. So even though we had a list of identified homes, it was a very inaccurate identification of where these homes are and that they will frequently relocate. In 2012 to 2013, we continued with interdepartmental executive level meetings, we've -- we've met with the law department representatives to talk about issues related to fair housing and so forth and reasonable accommodation. In January of 2013, the health and human services committee received its last presentation from the health and human services department on this issue. >> Houston: Can you give us the definition of house bill 216. >> House bill 216 does define a boarding home as a facility that houses three or more elderly and disabled individuals and provides one or more of a list of services, such as transportation, laundry, meals, and that sort of a thing. But it may not provide what are considered personal care services and in other words the individuals must be able to care for themselves. In other words they are bathing, dressing, the administration of medications is not allowed under these types of homes. Otherwise the homes would have to be licensed by the department of aging and disability services and the homes that we're speaking of today are not licensed by the department of aging and disability services. Does that help you, ma'am?

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>> Houston: Thank you. >> Moving right along, these are some of the types of homes now that we see and the rule we've already talked about boarding home, rooming house, also in our zoning code congregate living, transitional housing and of course the term for group home or group housing. A rooming house is a building that's used to house more than six unrelated persons and the main difference between rooming and boarding is rooming is no meals and boarding is meals are provided. And doing this for some type of compensation. So it's a rooming house, six or more, other than a hotel. Boarding house very similar except, of course, you have the meals included. Currently, there are zoning restrictions for rooming and boarding homes and the certificate of occupancy is required, as it is for all other structures and residences. We license rooming and boarding homes presently. And there's the application fees on the screen. It's also regulated by the health department, if meals are provided, then they will need a license for food handling. The fire department gets involved in making sure that there's proper egress, checking for -- for fire prevention type of -- of violations. And the state of Texas, sometimes, get involved in regulating these rooming and boarding homes that -- but that's strictly right now it's strictly for rooming and boarding homes. Our common complaints that we get primarily through 311, but sometimes they come in other ways, emails and

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calls, et cetera. But our primary complaints is the occupancy limit, too many people living in -- in a particular structure. That they are in the wrong zoning district, in a single family zoning district when they should not be or something like that, that the structure itself, the property is not being properly maintained. It may be structural or roof, walls, windows, et cetera. Or it would be property maintenance, it could be trash debris, high grass, weeds, whatever. But overall property maintenance. Neighborhood nuisance, you've just heard similar to examples sometimes of maybe noise, people walking the street and people don't feel comfortable with some of the residents or the lack of a certificate of occupancy. This map depicts the location, the number and location of rooming houses and boarding houses in the city of Austin. Let me just clarify that these are the licensed boarding houses and rooming houses. And 34 boarding and 61 rooming houses. And also let me point out this map points out a lot of consequence -- a lot are concentrated around the university of Texas, that's because sororities and fraternities are also included in the definition of boarding homes. Congregate living is a zoning

classification. When you have more than 15 residents that do not need regular medical attention and those are some of the possible categories of -- you got childcare homes, a person's elderly home, a personal care homes, and

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emergency shelters also fit in this category. And you can see the zoning categories where they are allowed, not in single family zoning district, but multi-family and higher level zoning districts. Transitional housing is also more than 15, where supervision or detention is occurring and that would include where you've got like juvenile delinquents, halfway houses for juvenile delinquents, shelters for the homeless, preparole detention facilities for offenders, those kind of persons living together in one structure. And zoning categories there, conditional use and zoning L and the other -- other categories. Three -- three categories or three types of group homes in the -- in the zoning code presently, class I general, class I limited and class II. And each of these include the use of a site or use of a structure for family based facility providing 24-hour care in a protected living arrangement. First group home class I, from -- for more than six but not more than 15 residents and not more than three supervisory personnel. And these are some possible uses, like for foster homes, homes of physically and mentally impaired, developmental disabled persons, rehab, sober houses, those kind of houses fit under that group home class I. Class I limited is smaller -- smaller groups,

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if you will, not more than six residents and not more than two supervisory personnel. But similar type uses, foster homes again, congregate living for persons 60 and over, maternity homes, persons with disabilities, impairments are allowed in group home class I. Group home class II, not more than 15 and not more than three supervisory personnel are allowed and it's more for halfway houses, those needing, still needing some supervision and institutionalization, halfway houses providing residence instead of institutional sentencing, juvenile delinquents, et cetera, included in that category group home class II. As the citizen mentioned earlier, Ms. Bryant mentioned earlier, there was a ruling by the United States supreme court, that was -- that was back in said we could not zone group homes out of single family residential neighborhood. That you've got to treat them similar to the way you would treat single families. And this was against -- this was the city of Edmond versus the Oxford House. The city of Edmond basically said if you're related there was an unlimited number, but if you are related there was a limited number of persons that could live in a single family zoning districts, the supreme court said no that would be discriminatory against disabled persons. So since that time, basically 1996, the zoning requirements have been suspended, such that group homes are allowed in single family zoning districts, they have not been

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prohibited to remain in single family zoning districts. And that's kind of what Ms. Bryant was alluding to that we've not really enforced the zoning code as it relates to group homes. But I will tell you what we are doing and what we will propose to do. As it relates to restricting the location, restricting the operation of those kind of homes. We do enforce the international property maintenance code, you hear that acronym, ipmc sometimes, it's the property maintenance code. Of it basically requires that a property pretty much regardless of use, whether it's residential or commercial use, they still have to take care of the property. We can enforce that. We also can enforce occupancy as it relates to the amount of space that is available. There's a square footage requirement for particular -- specific number

of occupants and so we can regulate occupancy based on the space that is provided in the home. And make sure that structural conditions are complied with. We have two resolutions that have been issued by previous council in reference to group home, boarding homes. And the first resolution 20130127-074, basically directs the manager to come up with uniform license requirements for group housing, including occupancies for persons with disabilities and so that is still in the works. It is -- it is taking some extra time and we'll talk about that, but it is taking more time to get that done and it's also related to the second council resolution,

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20130808-049, that requires that the city manager come back with the ordinance that creates reasonable accommodations and that's basically comes out of that supreme court ruling saying you must allow reasonable accommodations so that group homes, where groups are unrelated persons are living as a unit, as a family unit, can do so under reasonable accommodations. And so that ordinance is being -- being created, if you will, and our intent is to bring that ordinance back to council, as soon as -- as soon as possible. The resolutions require that staff take that drafted ordinance but then take it to -- through a stakeholder process, also the mayor's -- I'm going to say this wrong, council on disabilities, that that committee on disabilities and also take it to the community development commission, CDC, for their review and then bring it back to council. So that is the intent. We're working with the law department to draft that ordinance and come back and one of the -- one of the reasons for the delay or that -- that make this a little bit complicated, it must be in compliance with the fair housing act so that we're -- the ordinance clearly does not discriminate against persons who have disabilities. And so that's kind of where we are. It's a little bit of a complex issue because the term group home has been used to - been used in relationship to a lot of different type of homes. We do a license requirement, the licensing will be for boarding homes, it will be for boarding homes. So those homes, those group homes that fit into the boarding home category,

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particularly -- specifically between seven and 15 residents we will be licensing them and inspecting them annually and making sure that they comply with the property maintenance code, and making sure that the -- that it is a safe living environment. It would also include fire department inspection as well as making sure that any building permits that are required are obtained and complied with. We will be glad to answer any questions. Today we have Jerry Rusthoven here in planning and zoning and also Trish [indiscernible] from the law department and as well as Mr. Delisi from the health department to help answer any questions that you might have. >> Houston: Thank you so much. Are there any questions? I have one. The next time we meet, could you talk with the fire department and the emergency management services and get us their cost for running to these licensed unregulated homes? >> Yes. >> Houston: Because they do keep up with that. The other thing that I'm concerned about that, it seems you all out of 104 identified houses, types, you were only able to find eight. Whoever did that, I can take you into 12 of them today. Because they kind of move around. They move from one single family residence to another. But those of us in the community know where they are. So could you also give us where the locations are of the 104, if that's the latest data that you have by district so we know where the people are primarily located. >> Right. I think that we did map those so I would be glad to share with you that map. But let me also add that although we know where the licensed rooming houses and boarding houses are, we really don't know where all of the group homes are.

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So we do appreciate your help and citizens help in identifying. We do get calls daily about this may be a group home or may not, we will send an inspector out there to see if we can confirm if it's a group home or not. But we really don't know where they are. Because they can pop up like you say at any time in any neighborhood and not have to be, not get any license or any permit, just move in and start operating and then we don't know about it unless we get a complaint or someone points it out. >> I think the fire department can give us better data on where they have to roll to when these calls come in. >> Absolutely, we'll get with them. >> Houston: Mayor pro tem. >> Tovo: Thank you, chair. Mr. Smart, when you get calls to go out to the group homes, are you able to verify that they are group homes? I mean, what is your -- average result of that trip out to a suspected group home? I think most time the results are good. It may take more than one visit, multiple visits to really make a good determination. The main thing an inspector will do, of course, take notes from the citizen who calls and see what -- what they have observed that caused them to believe that it's a group home. And -- but we'll make a visit, a site visit, we'll knock on the door and talk to someone if they will talk to us. And we'll ask them some questions about who is living there and what kind of operation it is, who is in charge, is there a property manager, resident manager. We'll also do research on property ownership, find out who owns the property and talk to them and we may have to come back by sometimes, sometimes you may not be able to get in and you'll just have to ride by at different times of the day and/or evening in order to get a better idea of whether it's operating as a group home or not. >> Tovo: What is your next

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up if there is enough evidence to suggest that it's an unlicensed group home, your next step. >> The key is to determine what category it belongs in. Whether it's a rooming house, boarding house or other term. Other type of -- other type of home. Sometimes, if it's a regular group home, like I said earlier, the supreme court decision said we can't zone them out of a residential district, they are allowed in there and there's no licensing requirement at this time. But we will look at the number of persons, is there over occupancy, is that an issue? Are there other nuisance problems and/or structural maintenance issues that might be occurring. We will be looking for other types of violations. We won't have the licensing requirement in place until we come back for council's consideration. >> Tovo: I'm sorry, I was mixing up the terms and I missed that critical piece. At this point -- well, right now, I think that I heard you say that the city of Austin does license rooming and boarding houses. >> That's correct, yes. >> Tovo: So if it's -- if you judge that to be, judge the residents to be being -- residence to being used as a rooming or boarding house, then you could proceed with further action. But it seems to me it must be very challenging to determine whether the group home you see is a rooming or boarding house that should be licensed. >> That's correct. But if it is more than six -- between -- between seven and 15, operating as a rooming and boarding house, we will issue a notice to the property owner and/or manager to get a license within a specific reasonable period of time. If they fail to comply with the notice of violation, fail to get that license, then we can issue -- a municipal court citation requiring them to appear in court where there's a possibility of a fine being

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placed, if they don't comply. >> Tovo: So how many would you say, violations, has your staff issued in the last several years for a residence that's being used for -- occupancy that hits that higher range? >> I would have to do some research to get that number for you, mayor pro tem. I don't know if -- >> Tovo: That would be finally this evening. I'm happy to have follow-up information. I guess, you know, I mean we've had a lot of discussions about occupancy and the difficulty of enforcing it. If that's one of the

measures of whether or not the property is operating within the current regulations or not, it just concerns me a bit that that may not be -- we may not be able to identify some existing issues. And I apologize for asking another question, but -- >> That's okay. >> Tovo: I'm not clear on why the ordinance -- I'm not clear on what you were saying about why the ordinance hasn't come back to council. I heard you said there were fair housing issues to be managed. >> Yes, ma'am. Let me -- >> Tovo: Are we going to be able to manage them -- >> Does legal want to -- >> Tovo: Time lapse is going to do for us. Maybe I'm not understanding. >> Okay. >> Understand there are fair housing act questions, considerations, being carefully, carefully looked at and so maybe Ms. Link can respond to that. Patricia link assistant city attorney, we are trying to get the ordinance together. It will need to go to the stakeholder process identified in the prior resolution, then at that point it can come to council. >> I would like to ask Mr. Smart, smart and strong, huh? We got two smarts, two smarts and a strong. Okay. I'm sorry, I'm

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catching pregnancy brain over here. [Laughter]. Have you ever seen one of the homes that people describe in their neighborhood, or have your code compliance officers seen one of the homes that we're talking about and how the people live? >> Yes, absolutely. >> Houston: Could you describe that or someone describe that for me? >> I guess the best description and tomasovic can add, he can add, too. Sometimes the house looks like any other house. But it's the number of people that are living in the house and the fact that they are, for example, if it's kind of a halfway house for men, then there would be all men unrelated living in the property and they may congregate outside sometimes and people are concerned about that, particularly in a family environment where you've got children running around and stuff. And -- but it could look just like any other house. Often, though, there might be some nuisances that accompany the house that may be occurring, like the noise, excessive noise, excessive trash littering in the area, that kind of thing. And if folks are -- if there are mental issues, sometimes there is -- there is problems that will cause the result of that. Folks strolling down the street, for example, going down the road, but they might be making noise or -- that might be somewhat considered inappropriate. Or inappropriate contact with other residents, that kind of thing. So it really depends. If there's good supervision, then the house is run properly, you can almost, you can drive by it and miss it because it will look like any other.

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But in tomasovic is our acting assistant director and works closely with the field staff and I'm sure he's had a little bit more contact. >> Madam chair, councilmember, a lot of these we will say because we are calling them group homes, the individuals that run them know exactly what they're doing. They know exactly what the requirements are for group homes and they fit the classic group home definitions that you currently see in the code today. So they will be right in line with what -- when an individual will read that code, they will call us, we'll go out and it's exactly what they said it is. It's the classic group home type of setting. However, with the supreme court ruling, when the individuals do make a claim of disability, then we have no further action that we can take to either prove or deny that claim. And therefore that's where that reasonable accommodation, I think, type of ordinance would come in where we would be able to, correct me if I'm wrong, we would be able to ask those questions or request that reasonable accommodation. But currently right now, they fall right within that envelope that it says in the ordinance, but just because of that suspension of the code there's nothing else that we can do, other than as director smart said, make sure that, you know, that your property maintenance and your structural maintenance and all of those things are well maintained and then we just close out our case. >> Houston: I'm sorry, the question was can you describe when you have gone into some of the homes,

what the conditions are that the people live in. >> Sure. It depends, it depends. Some of them look just like a typical home, well maintained, well taken care of. Some a little less. The majority of the one that's we're going out to we are not finding a lot of violations as far as when it comes to structural and property maintenance. It's more what we're getting is more of your behavioral type of situations where individuals maybe in the middle of the night or something like that will be

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out in that kind of -- that kind of spooks the neighborhoods. But the interior of them right now what we're running into do not fall outside of the minimum. A lot of our codes set minimum standards. And they don't -- do not fall outside of that. At least a lot of the ones that we've been visiting. >> Houston: I'm going to take you on a ride out with me. I think -- I have seen people with mattresses on the floor, walking down the street with urine stains and, you know, being -- not talking ugly, but being disruptive and agitated and so I've seen a lot more than perhaps the code people have. So you would be happy to take you on a ride out. >> We will be happy to go along with that. >> Tovo: I guess just to get back to the timing and I feel compelled to ask this in part because I see people like Ms. Barts and others who have been talking about this issue for a very long time and it's not clear to me why a draft ordinance or some ideas for a draft ordinance haven't been through the stakeholder process and what the timing is for starting that. I understand it sounds like it's a very complex legal issue and that you're trying to make sure that the city of Austin is well within our fair housing laws, but -- can we get a sense of what the timing is for starting to talk about that draft ordinance? And whether there's a draft prepared and -- >> Yeah. I apologize. We really don't have that available right now. We certainly want to push this as quickly as possible. You're right, it has been lingering much too long and -- and but like I say, our law department is trying to make sure that we draft the ordinance that will be in compliance with the fair housing act and also in compliance with the intent

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of the supreme court decision from back in '95. We know that we've got to go through the stakeholder process. We've got to go through the CDC and the mayor's committee on disabilities and so we really want to push that through. So we're going to do all that we can to try and push this thing through as quickly as possible. I'll have to get back with you with more specific response to your question as to when you can expect a draft ordinance to -- to hit your desk. Certainly want to do that as quickly as we can. My best projection right now is that it will take a few months to go through the stakeholder process and the committees that we've been directed to go through. But we'll do that as quickly as we can. And I'll be glad to get back to the committee, madam chair and get you an answer to the mayor pro tem's question. >> Houston: Thank you, in the meantime if we could get the data from the fire department and emergency medical for the last two years so we know. I appreciate that. I think Ms. Barts wants to say a word. So if Ms. -- >> Thank you. >> Ms. Barts, Mr. Smart? Mr. Smart, [indiscernible] Data, too, data from 311 about the number of calls that they're getting. Thank you. Ms. Barts if you will introduce yourself and then -- [multiple voices] >> I'm Jo Anne batters. Joan, first name, Joan. There has been a task force, there hasn't been a city task force. It's a task force of independent citizens and it was independent because we couldn't get any help from the city. And so we went to the legislature, but let me back up a little bit. The ruling that they are referring to, quick data on that is 1985 from the -- from the oliver -- the things that he said, in

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Edmond Washington and oxford house. I don't know where they got the other date, but it's not right. As far as reasonable accommodation, that doesn't apply to anything but a zoning matter. After that 1985 ruling, the city put out a letter from the legal department saying that we were going to have a temporary suspension, it's been 18 years now, that's quite a temporary suspension on any zoning matters, that's specifically what it says zoning, in regard to group homes. The reasonable accommodation is in a statement about zoning that -- that the city didn't really even need to do that because this document that we have, by the way we don't speak to anything we can't prove. Very clearly states that yes, you can do zoning in regard to these types of homes. If you make a reasonable accommodation, for instance, if there's a broken sidewalk or there's not a driveway where your wheelchair can't get through, you have to make a reasonable accommodation so that any type of person can live in that house. Not just a Normal person. That's the reasonable accommodation status. The words that they use there. Basically, the problem that we have is that once again the city is not addressing the problem. We're talking about what is called rogue homes. What a rogue home is, by the way the chief of staff of representative Jose Denice menendezagreed it's the accurate description of these homes, the best one that he's ever seen. A rogue home is a home with no professional management, no trained supervision, no 24/7 assistance, no permits, no licenses. These people are brought together through some kind of an underground type of thing, give us your money,

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[indiscernible] Usually about \$500 a pop. We'll take care of you. They don't. As I said, there's nothing there. I've been there, believe me. All of these years. This is our seventh year that this task force, citizens task force has gone on. We will tell you these houses exist but the city of Austin has refused to admit that they exist. These houses have nothing to do with what they're talking about today. I've never heard so much garbage in my life. I'm -- garbage in my life, I'm sorry, that's exactly the right word for it. What I'm going to do and I've been making notes, I'm going to do a line by line rebuttal of everything that I heard. I'm going to give you all of the information you need on each of these. Believe you me, I've got enough material. And the -- the getting with people that are talking about they did the some work with the communities held hearings, that was a complete farce. They brought in houses that -- homes that had nothing to do with rogue homes like sober house or reentry programs with Travis county. Things like that. That had nothing to do with what we were trying to correct. For the record, our goal from the very beginning, so stated before the legislature when we testified, is that we want to get proper health and safety standards for the people in these rogue homes. That's it. You ask about money. What it costs. In 2009, I can give you a cost. Because at that time we had the cooperation of the fire department, the A.P.D., and E.M.S. I went to the city's budget office, I got the cost per run for each of these for all of -- we picked seven of the homes out of about 10 or 15 at that time. Just for those seven. The services of those three departments, was \$1,090,617. I believe those are the Numbers. That was just for seven of

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them. That's coming out of those department's budgets because they are basically babysitting these houses. Because no one else is doing it. I'm sorry, but I don't agree that code has been doing their job. They have never gotten into any of these homes. The owners will not allow you into those homes. They do not allow any access. So there's no way they can know what's going on in there whatsoever. As I said, I'll just give you a rebuttal. Heaven knows we've got enough of it. I'm just -- I'm just totally bewildered by what I just heard. I have never heard such goings on. I'm not going to take any more of your time. I will ask that you please do not process this to council or anything else any time soon and any, any ordinance that results from your work on this, it must include the 10 standard provisions within the guts -- within

the law. Those are the guts. It spells it out. They are beautiful. I've never seen a law that is so clearly and simply written. All that you've got to do is do it. They won't do it. Instead, for 14 months, we thought we were working with the city. On the standards. Really didn't have to. We liked them the way they were, that's what we should use. We said okay. So we met monthly. Person from the city. Sitting right there. Attended our meetings. We were told there would be a like group at the city end of it. I even still have the sheet of paper that gives me the 10 departments and the 18 staff members involved in those departments who are going to meet with us, share what they did. We shared our stuff. Couldn't get anything. I did a pir after 14 months, got 923 pages. Not a word about the city. Doing anything. I appeared before, well you are like committee now, it was called a little bit, something different then and

[6:45:21 PM]

the councilmember there said, why didn't she get her information? And they fidgeted around. Again one of them sitting right there now. Finally they admitted on the record in a public hearing that they never held any meetings. The city side of it was pure figment of somebody's imagination. There was not one single meeting held. Of they had taken informal discussions, no records were kept. That's on the record. I don't have to even give you anything on that. All that you've got to do is pull up your records. So at any rate, there's a lot of work to be done here. Basically is rogue homes do not fall in any of these categories. They are run by people that open these homes or lease them or whatever and try to disclaim any responsibility for what's going on in them until we remind them that according to the state of Texas, real estate law, the owner, not the lease -- person leasing it or renting it, the owner is responsible for everything that happens on that property and that's how we've managed to get some of these places corrected. So as I said, we're not operating from left field and I'll go home and start getting all of my stuff together. Die ask that you please -- I do ask that you please put this on hold until you get some information that's accurate and based on actual facts. Thank you. >> Houston: Thank you, Ms. Barts, any questions for Ms. Barts? Thank you -- >> [Indiscernible]. >> Houston: I cut myself off. Down to our last agenda item which is to set the agenda in the -- April -- I'm sorry, may the 4th meeting that will begin at 4:00. It's posted as 3:00 in the agenda, but it's actually 4:00. So may the 4th, 2015, at 4:00. If you will look on the minutes, staff have been really great in providing when we talked about what our -- what our priority

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issues were, and so can we go through that and try to come up with -- with some -- we've got the -- the therapy coming back, autism spectrum coming back for that may 4th meeting. Just some information from code compliance regarding fire calls, E.M.S., 311 calls regarding these now have a new term to learn, rogue homes. And so -- so what should we have on the agenda for next -- for the meeting in may? Mayor pro tem. >> Tovo: Thank you, chair Houston. I would like to suggest that we have a presentation from the sobriety center working group, they've been working for about a year and a half at the directive of the council resolution, it's been a long-time community effort. Really I think some of the members involved have been involved for about a decade but they have made great progress in the last year and a half and I hope we can have a presentation from the working group in may. >> Houston: Okay. Anything else in. >> Garza: I can think of something for a briefing, maybe something on the food deserts? >> Houston: That came up a lot. >> Garza: Just like a briefing on something. >> Houston: Okay, healthy foods. Okay. I want my councilmembers to know if something comes up between now and the time that we post, just let me know and we can add it to the agenda so we can make sure that we have the appropriate people here to do it. My aim is to always be as concise as possible, get us out before 7:00 if possible, we are doing pretty good right now.

[6:49:22 PM]

We are doing pretty good. I want to thank everybody who came this afternoon. Those who spoke and those who observed. This is democracy in action, so we're glad that you were here to participate. And I think councilmember tovo has one last comment. >> Tovo: I apologize, I did have one more thing to suggest for the may meeting. The animal advisory commission had several times recommended or at least once recommended that the council take action with regard to devices -- devices posing harm to animals within circuses. The council did pass an initial resolution to that effect directing our staff to prepare an ordinance and it's my understanding that ordinance or the issue at least is going to be considered by our animal advisory commission this month, within the next week, I believe. So it might be ready, they might have a recommendation for us, so we might want to consider having some space on our may agenda to address the ordinance that staff have prepared. Again it's kind of a longer term issue that began a while ago, but the staff have gone forward, as I understand it, and drafted an ordinance that's ready for council consideration and it will be going through a board and commission this month. >> Houston: Okay, we had add the animal advisory ordinance. Would you make sure that we have that in backup so we can begin to familiarize ourselves with it. All right. That completes our agenda. Without objection, I'm looking around ... No objection? Okay. This meeting of the health and human services council committee is adjourned at 6:50. Thank you so much. [End of meeting].