

Health and Human Services Committee Meeting Transcript – 5/4/2015

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Delisi,. >> Houston: Let me get started. Good afternoon, my name is ora Houston, I'm the chair of the health and human services commission -- committee. Council committee. A quorum is present and I will call this meeting to order at 4:05 P.M. On Monday, may the 4th. We're meeting in city council chambers, 301 west second street, Austin, Texas. I want to remind everyone that if you've parked in the garage, have the parking stub validated and you will not be required to park [sic]. The first item on the agenda is approval of the minutes. Do I have a motion? It's been moved by councilmember Garza, seconded by councilmember troxclair that the minutes of the meeting be approved. All in favor say aye. >> Aye. >> Opposed no? The motion passes. Citizen communication is the next item of business. Let's see ... Angela Joe torres Medina, I can't read that. Torre Medina, please come forward and say your name. >> Good afternoon, my name is Angela Medina, although I serve on the commission for urban affairs, I'm not here in that capacity. I'm here as the chair of the immigrant services of Austin. We are working a group of

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diverse stakeholders and service providers operating together to coordinate efforts, increase public awareness and inform policy in order to better serve the immigrant community. We share information with each other and educate and outreach to the community at large. We come together in order to have a stronger, broader voice on immigrant issues. We maintain as a neutral non-political arena where shareholders can convene in order to work towards solutions. We engage with partners in all areas, support one another in the respective work to care for the community. We respect the dignity and humanity of all immigrants regardless of status. As you may know, just customs and border protection reported apprehensions of exactly 57,525 unaccompanied children. The 2014 unhcr children on the run report that found over 50,000 of the children interviewed may qualify for international refugee standards of protection due largely to violence in the home and organized criminal factors. The majority of these unaccompanied children arrive from [indiscernible], and Guatemala and el Salvador and Mexico. After leaving and making the treacherous journey to the United States, then experiencing the complex custom and border patrol, department of homeland security, office of resettlement process, unaccompanied children must learn to navigate an unfamiliar country, language system and expectations. Further these children are not legally entitled to representation and if represented are done so through private pro Bono attorneys. Otherwise, they are left to represent themselves in immigration court. Approximately 85% of the children

are reunified with the parent or relative sponsor in the United States while 15% may be placed in a foster care home facility or returned. 477 unaccompanied children have been placed with a sponsor in Travis county. 20% of these children [buzzer sounding] Are received post release services through the office of refugee resettlement. However, as a group,

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unaccompanied children are not eligible for refugee medicaid or health services. The service children may or may not have access to be contingent upon circumstances -- >> Houston: Can you wrap up? >> Yes, yes, this translates into the reality that 80% of these children, 382 total are receiving no services at all. In light of this and considering that [indiscernible] Catholic charities of McAllen, unaccompanied children continue to arrive at a rate of 50 children a day. With authorities reporting almost 16,000 children at the border. In the first half of the fiscal year we would like to request as you begin the budget process, you consider the manner in which the city of Austin can support its social service sector by meeting the needs of this vulnerable population. Thank you. >> Houston: Thank you so much, are there any questions? Thank you so much. The next person is ray olenik. Sorry I butchered that. >> That's okay. Good afternoon. >> Houston: This is for council. >> Yeah. Good afternoon, committee members. In 2011, following discussion with Austin Travis county public health and human services, the Austin city council, like many other local governments, voted to adopt an advisory for parents concerning fluoridated water. That it consumed early can cause dental fluorosis. Up there is an example what the dental community calls mild, it can be a lot worse and still be classified as mild. We're not talking about something trivial. Today half of U.S. Teenagers already have some form of this permanent condition. We've handed out a copy of

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the advisory as it appears on the annual water quality report, on the city of Austin website and on a bilingual flier available in area W.I.C. Centers. The last sentence is highlighted in yellow. I'm here to respectfully request that that sentence be deleted for three reasons. First, it's inappropriate because it speculates on what some unknown doctor might or might do in the future. Guesswork has no place in an advisory. Second, that's misleading. It implies that parents who seek to lessen the risk of fluorosis in their newborns are somehow doing a harm that might need to be corrected on babies six and a half month birthday. Young first-time mothers are especially likely to read it in that way. Third and most important, it is not part of the CDC's recommendation. It's the tacked on personal opinion of one pediatrician from whose writing it was cut and pasted word for word. And I will let Linda continue this. [Buzzer sounding] >> Thank you, Ms. Green, if you will come forward please, thank you. >> So this doctor/author, jay hawker, MD, a retired pediatric consultant with ties to the mayo clinic, which incidentally also does not endorse water fluoridation, he recommends this statement that you might want to consult a doctor after the six months of non-fluoridated water. This doctor author is jay hawker, a retired pediatric consultant with ties to the mayo clinic, but not to the CDC. No such statement appears on the CDC's website. In fact, his qualifier flies

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in the face of CDC policy. The CDC recommends breast milk as the best feeding source for the first six months. Breast milk is virtually fluoride free since nature filters that toxin out for the safety of the nursing baby. It contains at most about half of one percent of the amount of fluoride present in optimally fluroidated water. The CDC recommends that supplements not be given between six months and one year except in areas where the tap water is fluoroide deficient. This advisory is for Austin, not the whole world. Austin's tap water is certainly not fluoride deficient since it's what the CDC calls optimally fluoridated. Improve our messaging by removing Dr. Hawker's ill advised plug for a commercial product, a phosphate fertilizer waste product, in fact. Speaking of fluoride supplements, it may surprise you to learn that the sodium fluoride drops or tablets routinely prescribed for children are not F.D.A. Approved. One would think a prescription drug, especially one targeting children, would have been tested by the F.D.A. For safety and effectiveness. But such is not the case with these supplements. The explanation would take more time than I have here. And just to reiterate -- [buzzer sounding] -- The F.D.A. Has never established a daily requirement, nor approved it, as a nutrient or supplement in the case of fluoride. >> Houston: Thank you, Ms. Green. Ms. Paula Roja -- Rojas.

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>> All right. Good afternoon. My name is Paula Rojas, I am a midwife and a community organizer and a member of the organization mammas of colorizing and our health project, mamma Sana vibrant woman. Good afternoon my name is Janet [indiscernible], also a member of mammas of colorizing and work on mamma Sana the project as well. Leading up to this mother's day, members of mamma Sana vibrant woman and our partners organizations, Austin immigrants rights coalition and [indiscernible] Will release the first in a series of reports, Austin a family friendly city: Perspectives and solutions from mothers in the city, which calls into question Austin's family friendly reputation, we just passed it out. In or report we have one -- a few recommendations, one is already moving and being voted on in city council this week. But the other recommendation is that the city support demonstration projects that address health inequities affecting pregnant women in Austin specifically. And we like the city to consider looking at promising models that are out there that are proven to be cost effective, that reduce the incidence of maternal mortality, infant mortality, preterm labor, infant prematurity and low birth weight that also positively impact the overall health and well-being of a mother and her baby and improve rates of breast feeding, both initiation and continuation and improve patient satisfaction in the care. We know there's models that are not currently being used in Austin that are more cost effective, they are holistic, culturally centered, which is particular, specifically care for black women by

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black welcome for Latino welcome in Spanish by Latino women, so we are calling is culturally congruent. That includes mid wives and doctors. And they include ongoing community engagement [buzzer sounding] Community building and emotional support as well as other

things. We're here just to open the conversation with you all, if -- about our recommendation that you consider looking at creative models to address the current racial and ethnic disparities in maternal and infant health in Austin. Thank you. >> Houston: Thank you so much. Mr. Marvin? I couldn't read your first name, is it Todd? >> It's an odd spelling, Todd Marvin, CEO of Easter seals central Texas, privileged to serve as the current chair for one voice, central Texas, I stand hear on behalf of the 75 non-profit social service organizations that participate, actively participate in our coalition and just to say that we know that you are on the front end of your budgeting process. And would like you to take into consideration early on in this process the concerns from our members about the five percent cuts that have been discussed as part of the property tax cuts related to the homestead exemption. We would advocate strongly that we take a scalpel approach and not a machete as we look at social services that support homeless individuals and the poor in our community. And that these property taxes don't happen at the expense of these individuals, as you know, Austin is number one in

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terms of major metropolitan cities in the United States in terms of income disparity. And so we would love to work with city council as we go through the process. I think we have a strong history. As a coalition of partnering with council. To make sure that the concerns and the needs of these populations are well represented. And so as we start the process, I know that I as chair stand ready to support. We have other experts in a variety of areas as part of our coalition and we will look forward to partnering with you all as we continue this discussion. Thank you. >> Houston: Thank you so much. That ends our citizens general communications. Any questions from the councilmembers? So item no. 3, at the ends of the last meeting we asked staff to come back with some more information and so I'll ask Mr. Washington and the staff to come up and -- is this about a 10-minute presentation? >> We can make it a 10-minute presentation. >> Houston: All right. >> Good afternoon -- I think I read lips over there. Good afternoon, councilmembers. Mark Washington, director of human resources, my pleasure to be back here this afternoon. I will wait for the presentation to come up. We are here today to follow-up on questions that were asked at the last committee meeting. Regarding coverage for children with autism spectrum disorder. And specifically discuss the treatment of applied behavior analysis. And the committee had asked

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questions of staff to provide some additional information that we were unable to share at the last meeting regarding the particular benchmarks of both state plans, as well as other health plans here in the community, the area as well as around the state and we do have some updated information that will be helpful and informative. And there was also some questions about some of the assumptions around cost modeling and treatment and the census of our plan and the number of children who could potentially be diagnosed or who have been diagnosed for autism and could be eligible for the coverage. We would like to share that today as well as some revised cost projections and then also talk about some possible alternatives for beginning to get some resolution to this -- this planned coverage. And it's not advancing if I can

-- if anybody can advance the slide for me. Right. So I believe I covered that slide already. So what I will do at this point is turn it over to our benefit manager for our health plan, Karen Heywood, also you've heard from Stephanie beach senior consultant from towers Watson who will also share some information on the questions regarding assumptions, but I will ask Karen to start with the benchmark information. >> Good afternoon, councilmembers, I am Karen Heywood the employee benefits division manager. When we began to look at the information, what we did initially we looked at state mandates that cover applied behavioral analysis. So out of the 18 total states that we looked at, we noticed that six of them have a \$36,000 cap. If you are looking at the other considerations, a lot of them will put age limits on them, also a couple of them put lifetime maximums on the information. Of those six with the 36,000, one of the things that I would like to point out is when we began to look

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at cities specifically, when we began to question and research California, what we noticed with them was based on their senate bill, all plans in the state of California are required, whether it's fully insured or self-insured to cover applied behavioral analysis. As we go on with the benchmark information, you will notice that we don't have different cities in California spelled out. Simply because all of them are required to cover applied behavioral analysis. In regards to Texas -- so in regards to Texas, if you are looking at Texas specifically, Texas does have a \$36,000 cap. The Texas insurance code 1355 was amended back in 2013 by senate bill 1484. What it really does, it requires all Fully insured and the city of Austin is a self-insured plan, but senate bill 1484 required all fully insured plans to cover applied behavioral analysis. They did allow that a cap be placed on the benefit at \$36,000 for children 10 to 18. So then we moved on to self-insured entities that elected to cover it. What we found there was about six of them that we looked at had some types of caps on there. Either they had none with an annual limit, but they did have visit limits. If you look at Austin independent school district, they limit with a visit. So there's 35 visits annually for children 10 years or over. Then in addition to that, the city of Phoenix also has no coverage over 16. Travis county is currently covering the benefit,

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however they cover it based on an exception basis. So you won't find it in their plan document. Basically what will happen is any time that a child needs the coverage, they will need to go through an exception process before it is approved. Then accept insured entities not covered applied behavioral analysis when we began to look at cities throughout, Fort Worth, Houston, San Antonio, any of those, any of our peer cities was self-insured, these were the ones that did not cover it. Austin community college does not cover it, either. They are rolled into the state of Texas, ers plan, when does not cover it. Medicaid does allow coverage. What they do, they allow -- each state has the ability to determine the coverage. Then what we found with medicare, really because of the age of the population, medicare the claims would rarely be approved for that type of coverage for applied behavioral analysis. So when we're looking at the considerations regarding adding applied behavioral analysis, there are different things that we need to look at. In regards to rolling out the coverage for applied behavioral analysis, what

that would allow us to do is to truly allow employees access to affordable therapy for their children. They would simply utilize the benefit a co-pay. If we looked at covering it without a cap, what we have found is that research really does report that the cost of covering a various significantly and Stephanie leech from towers will go into that in a little more detail. Member demographics will also be played into consideration when we're looking at the cost of it. So really if you are looking from plan to plan, it really depends, you know, on the coverage based on how many children are enrolled in the plan and the age groups of those children. Then covering it without a cap, we did is we enlisted the aid of our law department to really look at whether we could roll-out

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the benefit and apply a cap to it. What the law department has informed is that we could as long as we apply for application exemption to the mental health parity and equity act, okay? If we got that approved, then we would be able to cover the benefit with a cap. I'm going to -- at this point -- turn it over to Stephanie beach to go into more of the cost assumptions. >> Houston: Just a moment, please, any questions before we go to the next person. >> I have a question. The Travis county, is that just a process where it just requires them to go to the exception process, do we know if anyone has ever been denied. >> We do not know if anyone has been denied. We do know there's been one claimant at Travis county. >> Okay. Thanks. >> Thank you. >> Tovo: I have a couple of quick questions. I am needing some help on slide five, please, for starters. Can you remind me, I understand from our last session you were saying it could pose an issue with regard to the mental health parity and equity act. Sounds like what you are saying after consulting with city legal it looks like the benefit could be applied to our plan and then a cap assessed later if it's rolled out first and then a cap is assessed? >> I'm sorry, I didn't understand the distinctions. >> If we receive the exemption approval from the centers for medicare and medicaid, then we could impose a cap. Without, you know, going through the exemption process, then we would be going against mental health parity. >> Tovo: I see. So the timing on that would be to roll-out the benefit

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and then -- I mean, would this be a scenario that would work? To roll-out the benefit without a cap, if it were the will of the council to apply a cap, then the city of Austin would apply to the center for medicare and medicaid services for an exemption and then if it's granted the cap would then become applicable or does all of that have to happen before there's a decision. >> Before a cap is placed, based on the information that you just shared, we could roll the benefit out. If the council decided that they wanted a cap, then we could go ahead and apply for the cap. I mean for the exemption. If we were approved at that time we could place the cap. If for some reason we were not approved for the exemption, then we would need to leave the benefit open. >> Tovo: With no cap. >> With no cap. >> Tovo: Do you have a sense of whether nationally states or entities that have applied to include a cap have been successful? >> I don't know. >> Not sure. Monica? >> You can get back to us on that, I was just curious. Then back on slide 2, Texas inquires all fully insured plans to cover and allows there to be a cap that is no less

than 36,000, is that the way that works? >> That is correct, 36,000 is the limit. >> Tovo: Is the minimum? >> Is the floor. >> Tovo: Okay. And I apologize that I don't know this, I'm sure that you have explained it to us, if not in this setting in another one, but what is the difference between a fully insured plan and a self-insured plan? >> So the city of Austin is a self-insured plan, really what happens there is our contract is with United States Health Care. We are really contracting for them to pay our claims and also to lease their network. On a fully insured basis the liability becomes that of -- if it were fully insured it would be United Health Care so they would assume all of

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the risks. >> Tovo: I see. Thank you very much. >> Sure. >> Thank you for having me again today, my name is Stephanie Beach, I'm a consultant with Towers Watson, I've been helping the city analyze the cost impact with adding applied behavioral analysis to the plan. I think your question is a very appropriate one to think about this. This is a self-funded health plan so the costs will be what the experience turns out to be. It's not going to be a premium that gets added by an external entity. It will be the city's funds that pay for any costs. So we have to be very careful when we build the cost for adding applied behavioral analysis into your budget. We looked at it from a number of angles and I have some information to share with you. On page 6 -- we had questions regarding the cost per occurrence. So for each individual that goes through the treatment, how much will that individual -- how much will it cost for that individual to receive the care? We received a very wide range of information on that. From health carriers and from the Centers for Disease Control and just from anecdotal experience. Aetna is a very large health plan. They reported that their experience has ranged from \$10,000 to \$55,000 per year of treatment per individual receiving applied behavioral analysis therapy. Cigna reports that the therapy can range from \$30,000 to \$70,000 per year. Depending on the frequency and intensity of their services. United Health Care is the health plan for the city of Austin and so we focused very closely on United Health Care. They reported 24,000 as their average cost, that does vary. We also drilled down a little bit further because there was a question

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regarding the number of hours and the cost per hour and what that would actually translate to from an hour by hour basis. They reported that their average cost per hour is \$50. And the average intensity is 16 hours per week. They also reported that the average treatment course is about 30 hours per -- I'm sorry, sorry, 30 weeks per year. So if it's 30 weeks per year, that would translate to a cost of \$24,000. If it's the full 52 weeks, it would be more in the \$40,000 range. The Centers for Disease Control report that the cost for applied behavioral analysis therapy is 40 to \$60,000 per child. The anecdotal information that we have gotten from AISD and from Travis County shows a range of about \$4,000 to about \$10,000 for AISD and \$62,000 for the one case that Travis County has. So when you are dealing with a relatively small subset of your population, it's difficult to get very credible data that you can apply to your own population. There is a wide range and we arrived at the average cost of \$50,000 per claimant for our estimates. Based on this data that we have collected. So the next slide we also had questions

regarding the number of cases that we could expect. According to national data, one in 68 children are diagnosed with autism. If we were to apply that to the city's population, that would give us 169 cases. The city does not have 169 reported cases of autism. According to your claims data from united health care, you have 48 based on having the diagnosis in the top five. So for an individual who has multiple diagnoses, if it falls below the fifth, they would not be captured in that number of 48. But if they do have a diagnosis captured in the

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top five, you have 48 individuals that are diagnosed with autism. United health care, based their estimate of 16 cases that would receive treatment and that was based on national norms applied to the city's data based on their algorithms. We took a look at your 48 cases, by age we found on page 8 that of the 48 cases that you had in 2014, 18 are of ages nine or below. And that is the age bracket where we would expect the -- the treatment to -- to occur most often. There are an additional 11 individuals, aged 10 to 13 and so there could be a couple of isolated cases where individuals are still receiving treatment during that window. You can also see 26 plan members have the primary diagnosis of autism, 13 with secondary, nine with the three to five level. There could be additional beyond that if you drill down even further. This was the deepest that we could go with united health care's reporting system. Okay. So based on 13 cases, if we assume that 50% of those that are age neighborhood or below, 50% of the 18, plus an additional four that are in the 10 to 13 age group, that would give you a total cost of \$650,000 for one year or a \$1.66 per member per month cost to the plan. So for capping the benefit, if you would add a \$36,000 cap for individuals ages 10 or older, so that would apply to the four individuals in our estimate, this is purely an estimate because we don't know how the utilization patterns will actually turn out for your plan, if we assume that of those four cases they are capped at \$36,000, your average would fall obviously below \$50,000 and in fact even below the \$36,000

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because you will have some cases that are well below the 36,000 and you will have some that would be capped, they will run above it, but we would cap that, you know, with the \$36,000 cap. And so we have applied a \$25,000 estimate for those four cases, that would reduce the cost about \$100,000 to give you a total cost of \$550,000 or \$1.41 per member per month for the total population. I would also like to point out that these are mature costs and so typically when this benefit is put in place, the first and even the second year could have slightly suppressed experience as people are learning about the benefit exists and there's a bit of a ramp up period. So years one and two could potentially have lower costs. We wanted to report the mature costs so council can base a decision on this cost, but knowing that when we budget you might expect a slightly lower cost in year one. There was also a question during the last session around potential savings that could offset the costs. And a couple of examples were brought up for er visits that were avoided. So if a child has an ear infection and can't verbally express that or, you know, it becomes more escalated, that could potentially be asuaged from aba therapy, if that child can't verbalize, that could be an avoided emergency room visit. We

did take a look at the emergency room experience for the city's population as a whole and specifically for those with autism. We did find that the average cost per enrollee with autism was higher than the average cost per enrollee as a whole or without autism,

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so \$563 per enrollee with autism and \$329 per enrollee without, suggesting that there could be slightly escalated er experience for the population. We did look at the total costs and it is \$27,000, 27,062 for 2014 for the entire population with autism and looking specifically at the actual er visits, they did range. There were several that had, you know, kind of mild conditions, such as upper respiratory infection, ear infections and so on, but there were also several that had lacerations and head injuries or things that you would expect to go for an er for. And so even if the entire \$27,000 could be avoided, or directed elsewhere to a lower cost setting such as a doctor's office visit, we don't think that our estimate for the cost would be significantly reduced for potential er avoidance. So look knowledge at the cost compared with what others are reporting their experience to be, we do have a number of states reporting costs quite low in the -- in the, you know, less than a dollar per member per month. We looked also at the local public employers, Travis county is reporting costs for their 31 months ending April of 2015, of 54 cents. Aisd you can see this sort of ramping up phenomenon of 2012 being at 67 cents per member per month, then increasing to 2.28 in 2013 and 2.26 in 2014. For the city of Austin, the projections that we have provided give per member per month costs of \$1.66 without the cap and \$1.41 with the cap.

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2.08 in 2013. >> Okay. I'm going to move on to a couple of questions that came up regarding excise tax, if there are no other questions on the cost for aba therapy. >> Houston: Mayor pro tem has a question. >> Tovo: Are there any entities that you surveyed that do a cap but have a process for applying for an exception to that cap? >> They have a cap and we take take a look at what their process was for applying to the exception? >> Tovo: Well, let me back up. I think it was Travis county in our -- in your research, you showed that they -- they do it on a case-by-case basis, more or less? >> Correct. >> Tovo: Are there any entities that you surveyed that apply a cap across the board but allow individuals to come forward and apply for a -- to exceed the cap on a case-by-case basis? >> Uh-huh. I have not come across, typically when a cap is put in place the intent is to stay with the cap. >> None of the information -- that went a question that we specifically asked. But, you know, with back and forth dialogue with the entities, none of them came forward with that. >> Tovo: What do you see as the -- would that be a workable solution? >> >> If I could, if our -- if we wanted to replicate what Texas does for fully insured plans, I think modeling a benefit paralleled after what other plans offer in Texas and typically the only exceptions for any limitations are medical necessity and those reviewed based on case management. So I think instead of offering an answer today, we will want to look at how

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Texas administers the benefit for other fully insured plans with caps. >> I guess the other question that might be part of that is if the cap requires an exception from the center for medicaid and medicare, then how does that, you know, would that be impacted by another layer of the possibility of an exception, if in a makes sense. >> Right. We've had our law department look at the issue with applying for an exception, I don't know if that question had been researched but we certainly can find out. >> Tovo: Thank you. I guess, you know, I don't know that I can phrase this as a question or that you would have an answer. But I will just say in looking at page 6 the costs are so variable, it's hard to make sense of why that variation would exist from aisd's estimated costs, not estimated average costs between about 4,000 to \$10,000 per child per year, to the other estimates of 30 to 70,000. I can't -- I don't know that we have an explanation for that and maybe some members of our community might offer to us some idea about why there's such variance, I mean, that's -- sitting here trying to make sense of the Numbers, make some decisions based on them, it's very tough when the Numbers are so very different. This isn't a criticism obviously. You've done a great job of assembling information for us, I'm struggling with the why of that. >> I would suggest whenever you are dealing with a small subset of a population you're not going to have the patterns that you have with a very large population, so there's less predictability, so there will be a wider range of experience from one individual to another. >> Tovo: Well, thank you.

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>> Thank you. During the last session there were also some questions regarding the excise tax coming up in 2018, that is part of the affordable care act, that will assess a 40% tax on any premiums in excess of \$10,000 -- \$10,200 for employee only and \$27,500 for employee and family coverage. There are higher thresholds for public safety jobs as well as for retirees, but the city is projected to hit this excise tax threshold in 2018 or shortly thereafter if no changes are made. I would also note that in our survey, in my firm's survey of over 800 employers, about half of them are also expected to hit the excise tax threshold in 2018 or very shortly thereafter. So it is an issue that many, many employers are grappling with. Final guidance has not yet been released on how the thresholds are going to be defined or whether they will be modified any time before 2018. There has been some comment in the original bill saying that if cumulative medical inflation exceeds \$55 between 2010 and 2018, then the thresholds could be adjusted at that point. We also know that after 2018 the thresholds will be adjusted each year for cpi. And so cpi is invariably lower than medical trend. So we would expect, if you are not hitting that threshold in 2018, it will just be a matter of time when medical trend cumulatively exceeds the cumulative cpi. >> Houston: Excuse me just a minute. You have probably told us before, cpi is? >> Consumer price index, general inflation that day-to-day goods -- that we see for day-to-day goods, which is generally lower

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than the inflation that we see for health care. Usually by several percentage points. So I hope this addresses the questions that came up on the excise tax. We are in the process of evaluating based on, you know, the updated budget Numbers for the city when we are projecting the city

to hit the excise tax and what the impact will be. But as of this point, we're projecting it to be \$1.1 million when the city exceeds that threshold in 2018. Okay. >> Houston: Councilmember troxclair? >> I just have a question about the excise tax. I don't understand -- can you help me understand what the thinking behind that is? Why -- why penalize entities for providing excellent health care or provide an incentive to not provide excellent health care? >> So the logic that I have heard is that first of all, it's a revenue raiser for the bill. So there are elements of the bill that cost money and there are elements of the bill that will raise revenue to pay for what it is providing to individuals, the subsidies that it's residing to individuals that are buying health insurance on the marketplace. So that is one piece of the revenue that is going to be raised for it. The rationale, as far as why penalize employers that are doing the right thing, is from what I have heard, and it seems kind of twisted logic, is that that is going to give employers an incentive to run their plan more efficiently and so, you know, if you have that bogey out there to stay below, then employers and health plans and all stakeholders that are involved with delivering health care to employees will somehow rally together to, you know, to make the delivery of it more efficient. That's at least what I have heard. >> Troxclair: Okay. >> Houston: I just want to

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mention something. Councilmember kitchen was the person that brought this up at the last meeting and I want people to know that her mother died and that's why she's not sitting with us today. >> Our condolences. >> Thank you. >> So, thank you, Stephanie and councilmember Houston for allowing us to present today to the committee. We want to frame what we think are some next steps. As we said last time, the staff has not opposed adding the benefit; it is just that we need to analyze adding the benefit as part of the budget process. And our analysis would have to entail additional directives that we've already received from the council in covering other areas to include temporary employees who have no health insurance as well as those contract workers and other directives such as transgender reassignment surgery. So with all of the constraints on the budget, we would prioritize recommendations as part of the budgetary process and that would be for the council's consideration and deliberation as they finalize their budget. The other thought that we had, as was pointed out earlier in terms of the cost options, what we benchmark, they range and vary so much depending on which entity or which insurance company, which authority and one of the things that we have thought about doing is to pilot a program and then get actual costs versus what the projected costs were and then to be more informed by our actual experience. And as I think we've talked about earlier, some of the

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amount of the length of the claims, the number of the claims vary by the entity. So this would allow the city of Austin to acquire our own experience. So with that, we are happy to answer any additional questions that you might have. >> Houston: Are there any other questions? Thank you so much. >> Thank you. >> Thank you. >> Houston: I would like to call up shelly sully and lecil whitehead. >> Good afternoon, councilmembers. My name is Shellie sully, I'm a board

certified behavior analyst in Austin, Texas, I use applied behavioral analysis for children with autism spectrum disorders. First of all I want to talk about how children with autism develop differently, typically developing children learn so much by watching others, but children with autism often lack the ability to learn through these modalities they may not actually see intuitive instances in end gaining in social behaviors. Remember that almost everything that we do is a learned behavior, we are only born with a few reflexes, these learned behavior include language skills, play skills and social skills, which is why aba therapy for children with autism is such an essential components to treatment. There are too many areas of behavior that -- two main areas of behavior that aba focuses, increasing socially appropriate and functional behaviors and also decreasing inappropriate or challenging behaviors. So I wanted to provide you with some examples of the actual skills that we work on in this therapy that you have learned a lot about the

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money side of, but maybe not as much about the actual implications of. So things like understanding what emotions are and expressing emotions so that others understand. Saying things like I'm really excited to be playing with you. A child responding to his name, being able to shift their attention to see who is talking to them. This isn't necessarily a skill that comes naturally to somebody who has autism. Asking for help. Asking for something to eat, telling their parents they feel sick. Approaching a group of kids at the park and asking them to play with you. Requesting attention. We also work on skills that develop into the ability to perform life skills that impact the costs and benefits so things like dressing and caring for themselves without the assistance of an aide, telling a doctor how they feel, reporting to work on time or following directions from an authority figure. So these are all pivotal skills that once an individual has one of these basic skills, a world of new opportunities opens up for them. And as I mentioned we also work on decreasing behaviors that impede the quality of life for both the family and the child. Examples of some of the behaviors that I've worked with families to decrease include challenging behaviors driven by anxiety during everyday activity such as riding an escalator or using a public restroom, decreasing things like hand biting or head banging or other self injurious behaviors by teaching a child to instead ask for help or ask for a break. These are kinds of behaviors that may, you know, lead a child to the emergency room. We can teach them replacement phrases or language so that they no longer have the need to engage in intense severe behaviors. We teach them to stay in public places or decreasing aggression towards peers by teaching that replacement language that I mentioned. I get a lot of questions in the communities by how aba therapy is different than speech therapy or occupational therapy because

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as I'm sure you all are aware, many insurance plans cover speech and ot but exclude aba therapy. So while each of these therapies has a vital role in improving the quality of life for individuals, who have a disability, the education and training of these therapists doesn't include how to analyze human behavior, to determine what's maintaining or causing certain behaviors.

So while aba therapy is not a quick fix, it does work and it does change lives. Thank you.

[Applause] >> Houston: Thank you so much. Thank you so much. >> Hi, I'm Lisa whited, here again, I would like to speak more to the potential cost saver of aba, there is a handout that you have there. I would like to express very anecdotally, as a parent I live the consequences every day and would like to tell you how it can reduce costs and the simple real life answer struck me the next morning after our meeting when my -- after my son went to the bathroom, I was leading him through the hand walking protocol, that's not something most typical parents can yell from across the room, "Remember to wash your hands." Parents of children with developmental difficulties don't have that luxury. In my house it included tears and lots of screaming, basic problems that can manifest in children is just one thing that it can address. The specific child's needs and deficits. Toileting, bathing, hair brushing, cleansing, we have discovered not only ways to help my son ways to move past anxiety, fear and genuine discomfort of the routine but help him become more independent with them. It's with this knowledge I know the better we get at washing hands and actually using soap, the more colds, strep throat, pink eye and flu we can avoid.

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Prevention in this case is the best medicine. The emergency room visits that she mentioned, I know she said even though some of our kids would still be gashing their heads open, the difference is our kids gash their heads open a lot more often because of a complete disregard to any kind of danger. Before we knew my son was to the spec -- on the spectrum, we thought his wandering away from us was fierce Independence, now we realize that it's complete disregard for any kind of danger. I now know when my son approaches a street. He's about 75% sure this he'll turn around and look to me to ask permission to cross. However, I know that's not 100%, that's mountains better than what it used to be. I can only credit aba with that for teaching him behaviorally that has to happen because streets respect dangerous to him, swimming pools are not dangerous to him. We can't teach him that just by talking about the dangers of it. There's also prescription drug avoidance. I know firsthand a child who was at three recommended to go on resperdone, routine doctor's visits, blood work to assess that level of medication. Through applied behavior analysis, teaching both the preschool and grandparents medication was avoided entirely. The final cost saving that I would like to explain would be that of the other members of the family. Just as was stated at the last health and human services committee meeting, a behavior that can be cute at seven can be a felony at 17. Violence and aggression can become real issues for children on the spectrum, just as she mentioned. If these behaviors continue to go unchecked in a young person, they will most likely not fade away just due to age. When your child hits you at seven, it may hurt. But when he chooses to hit you at 17, you may end up in the emergency room with a broken nose. One aide school teacher set to testify at the committee meeting last time has dealt

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with multiple fractured bones >> In closing applied behavior analysis should be considered a cost saver. I've collated some data that shows the estimated costs of all services for ages 3 to

adulthood can be \$3.5 million for those without treatment. In closing I'd just like to say, again, this should be considered a cost saver. Obviously by just the bare bones data that the city has pulled together, you can see, yes, our kids go to the emergency room far more. I assure you, with this type of therapy, though, learning things are dangerous, learning coping behaviors, learning replacement behaviors, those -- the maladaptive behaviors will decrease. So thank you for your time. >> Houston: Thank you so much. [Applause] >> Houston: Ms. Hart. Ann hart? And then Ms. Benastante. >> Hi, my name is Ann hart. I'm the mother of a young man with autism who is almost 30, and I'm also a board member of the local autism society affiliate. And the autism society is the oldest autism society organization in the country. My primary volunteer job with the autism society is what do I a lot of the information and referral for families, and so I'm the one who has to often try and explain to parents why they can't get aba for their children, even though their doctor prescribed it, you know, and that's a very difficult thing. My son grew up in a time when aba was not -- was still considered experimental, in the '80s when diagnosed Dr. Lovas was just starting research and it was becoming public and parents were talking about it.

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It was a little controversial. That's not the case anymore. I mean, it's the norm. Certainly the autism society, our organization nationally, would say, you know, we believe in evidence-based practice and therapy, and aba is one of them. To pick up on what Lisa was just talking about, I can tell you that I've just -- over my time in the autism community, I have known a few very tragic -- you know, known of a few times when somebody with autism died and, you know, accidentally. I mean you wouldn't die because of your autism, but accidental death in the autism community is higher. A young man drowned just this weekend in lander. 18-year-old, I don't know if you saw that in the paper. It's very sad. And I don't know the specifics of that, but, you know, drowning is one. Eropement, wandering. My son still would be prone to walk in front -- we worry he'll get hit by a car. So, you know, regardless of er costs, I mean, I think we need to be just as humans we do need to be thinking beyond just price. I mean, we're talking about quality of life, taking care of families, and potentially keeping people alive because, you know, by improving the behavior they can't control. I would certainly hope a city like Austin, that is model in so many areas, I mean, people are -- come to Austin from all over or people call me and say, oh, I've heard Austin is great, should I move there. That's a very routine call the autism society gets because they autism Austin is this fantastic city, and it is, and I say Austin is a great place, but you have to find out what your insurance covers before you move here because you might be sorry. And I would hate for the city, as an employer, to not be in the -- a leader in that

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department rather than having to, you know, be a follower because eventually my prediction. [Buzzer sounding] >> -- Is everyone will cover it. Okay. Thanks. >> Houston: Thank you so much for your comments. [Applause] >> Houston: Right, thank you, then Ron Lucy is next. >> So I'm going to go ahead and talk about today -- I'm Jackie benastante, parent of a child with autism and we are on the city of Austin health benefit plan as all of you know on the committee. I

wanted to say I believe we're at a point where we know applied behavior analysis -- the main concern in adding aba seems to be the cost. I'd like to review national and local data again where it's actual cost data and not just projections so I just kind of wanted to take a look. On the first page, I just want to look at these projected versus actual cost. You can see the green bars there are the fiscal notes from state legislature. This is three different states that voluntarily added aba for their employees and they estimated that as you can see if you look at Louisiana, their fiscal note was \$2 million, and they ended up -- their claims were \$722,000 so it was 293% less. If you look down at the very bottom line in Arizona they had a \$4.9 million fiscal note and actually had \$388,000 in claims so 1261% less than projected. Autism speaks data shows this time and time again, when you look at actual costs versus projected they're grossly different. I just really want to make sure we all realize that. On the next page if we can turn the cost of autism insurance reform, Towers Watson had had this too, in six different states there is a range 17 cents

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per member per month and the average was 36 cents per member per month. And we just think that's not an unreasonable amount to ask. Then on the next page if we could turn again, I wanted to take another look at the Austin ISD claims. They have been providing benefits since 2009 and I was given the 2012, 2013, 2014 data by the school board president, and one thing I wanted to point out, somebody brought up, did Microsoft Tovo brought up why is there such a difference in what we're seeing. I think if we look at Austin ISD, very comparable to ours, 34 claimants and I think we have 26 kids with autism. So it's a very comparable to us and their range is 3,900 up to \$10,658. We had their average was \$10,658 but I think that's very realistic for what we would be seeing. Lisa and I have tried to contact other families and say who wants to have -- we're trying to get aba here. Who wants to join us. We've put out calls throughout central Texas and have five families total. I think the number who actually utilize the service is very small. Austin ISD is a great comparison for us. I wanted to mention Travis county when looking at that data so high at 62,000 per child, it's one child with very severe needs so you are looking at the severest end of the spectrum so we wanted to point that out. And I'll go ahead and close. I just think it's important to remember autism is a spectrum disorder and treatment can range from 90 minutes a week up to 40 hours. Really the average recommended now by the American academy of pediatrics is about 20 hours a week so I think some of the cost estimates are high and then utilization autism speaks found that utilization is usually estimated at about 30 to 50% so

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in our plan nine to 13 kids utilizing the benefit if we look at Austin ISD's Numbers, that's a pretty low cost to the city compared to what else we spend, it's affordable. There's a lot of good data and I just hope you guys will be able to use it all for your decision and if you want to let -- if you have any questions for autism speaks Judith will be here if we're on the agenda again at a future meeting. Thanks so much. Bye-bye. >> Houston: Mayor pro tem. >> Tovo: Ms. Benastante, quick question for you. Would you mind pulling back your slide that looks at the

averages for the states. >> Yeah. >> Tovo: What I wanted to do, I think it was the next one. What I guess I'm -- have you provided this to us? >> Yeah. It was in one of the very first things we gave to you guys in February, actually in February we sent it out. >> Tovo: What I was hoping to do was compare it to the list of states that had caps and see if there was Co over. I want to be sure if we're looking at certain states and saying their relatively low costs compared to other decoration I want to be sure those aren't the states that have -- >> Dollar caps or age caps? That's a good point. >> Tovo: The only one I see that is -- well, South Carolina looks like is one, lousiana from your other slide. Maybe we can sort that out. >> Good point. >> Tovo: Thanks so much. >> Okay, thank you. >> Houston: Who is next? Mr. Ron Lucy and then Jon hockenyos. >> Good afternoon, my name is Ron Lucy, I'm a commissioner with the Austin's mayor committee for people with disabilities. I've served as the past chair of the Austin's mayor committee for people with disabilities with

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the last five mayors. My term ends in June. I'm also a parent of a child on the autism spectrum disorder although my child does not require aba services. The Austin mayor's committee for people with disabilities we're your advisory committee for disability policy in the city and in February the mayor's committee took up this issue. We invited autism speaks, the nation's leading stakeholder group for autism, to testify to our city commission. We also invited employees who have children with autism to listen to their concerns and then looked at the cost factors. And unanimously our city commission recommended that the city council cover applied behavioral analysis therapy for employees dependents. We think this is a good policy for y'all to take on. I also want to let you know that my employer that I work for -- I'm not representing them here today but I work for the Texas department of assistive and rehab tariffative services dars and they have a autism program. One of the challenges you have before you is looking at small data sets to make a conclusion to make a recommendation. And I come to you with a much bigger data set that will hopefully shine the light on what the actual Numbers look like. We have 295 consumers served by the dars autism program. Now, I think all of you would agree that the Texas legislature tends to be a fiscally conservative body and three sessions ago during one of the more challenging Texas legislative sessions budgetwise they decide to establish a dars autism program. In the succeeding two legislative sessions they decided to expand the autism program to serve more children and provide those -- that coverage in more communities. So I'm proud of my state for investing in that, and the cost, average cost per year for the aba services, is \$14,829,

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\$14,829 per child. That's all costs factored in, family cost share, insurance copayments and the funds from the dars autism program. So looking at Travis county and their number of one child being served in autism, yes, that's probably a family that has a child with a very severe case, but when the data sets get big enough, either over time or over a bigger population, you can see what the actual costs are going to look like, \$14,000 is the average cost per year for the dars autism program. I want to speak with one more point. I work for a vocational rehabilitation

agency and I remind my employees the three most important things our agency does. [Buzzer sounding] >> We promote the full employment of people with disabilities, three most important things we do are employment of people with disabilities, employment of people with disabilities and the third thing is employment of people with disabilities. Early intervention for youth with autism is going to make the job of adult vocational rehabilitation a magnitude easier. Their employment doubt comes in their ability to participate in the economy of this community is going to be something that you can likely count on. I've seen the autism treatment from the dars autism program just being nothing short of miraculous. So I hope that all of you will heed the recommendation of your city's commissions that responsible for disability policy, Austin's mayor committee for people with disabilities. Thank you very much. >> Houston: Thank you, sir. And I have a question, sir. [Applause] >> Houston: Could you tell us just a little more about the program, who is eligible to participate in the program? >> Sure. Yeah, I'm not the program manager so I can share with you what I know. I can get you more data later. The program serves children above the age of three because we also have an early childhood intervention program that serves

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kids birth through age 3. So typically the treatment age is 3 through 13. And that's where we also see the most benefit comes. The 2014 data is for a comprehensive program. In 2015, they were also rolling out a focus program which has lower costs, but typically the age is between 3 and 13, and -- >> What kind of support services do the children receive? >> It's an array of applied behavioral analysis. It also includes speech therapy, occupational therapy and other aba services in line with what you heard in the earlier testimony. Our average cost per -- I'm sorry, our cost per hour is \$30 per hour. That's the contracted rate for aba. >> Houston: Thank you so much. >> You're welcome. >> Houston: Any other questions? Mayor pro tem. >> Tovo: Commission Lucy, just to follow up on chair Houston's question, so who is eligible to participate in the dars program? >> I do not have the eligibility criteria in front of me. We have -- I wouldn't call it a wait list. They call it an interest list. Obviously the child has to have a physician's diagnosis of autism and have to have recommendation for the services. The -- we tend to take the approach of if services are available, for example, 33eci then we would not serve that population. If somebody is receiving adult services through vocational rehabilitates we wouldn't serve that population. Tends to be a kind of service of last resort, which is a lot of times what state services are. So . . . >> Tovo: Is there an age beyond D I don't remember I know you said children under 3 are not in your target audience because

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they'd be served by early intervention services. >> Right. >> Tovo: Is there a maximum age that the D.A. Program serves? >> I seem to think it might be 15 but I'd have to check on that. >> Tovo: Thanks, we can check on that. >> All right. >> Tovo: I appreciate it. >> Any other questions? >> Houston: Thank you so much. >> You're welcome. >> Houston: Jon hockenyos and then Renee craft. >> Madam chair, members of the committee, thanks for having me back here today. It's interesting, you know, I'm normally the guy standing up here talking about

Numbers. I think you've heard a lot about different costs and all of that. What you'll find as you drill into this a little bit is it really comes down to some combination of utilization rates, average cost per hour, how many hours per erection et cetera, et cetera. I think what you will find is aid is pretty representative of what you can expect. I think united healthcare's information is helpful because in addition to being the backup, if you will, for the city of Austin, they also are for the state of Texas as well. And so I think if you work through that, the information that Mr. Lucy just provided that's actually fairly consistent if you do the math, what we have found in the average costs per member for the other states provided by autism speaks. And so, again, on the cost side, the number will be what the number will be. But I want to read you a little bit of something, I'm going to do something I don't normally, do talk about the medical piece of this equation. This is actually in some of the information I provided you in the past but I want to refer you -- this came out of our correspondence with a major university system here who is also self-funded that prompted them to begin coverage, although it has not been announced. One of the questions that really underlies all this is you heard conversation about this experimental, is it evidence based, is it best practices? So there's a long research history here on aba therapy. Let me read you a list of the organizations that endorse it. Center for medicare, medicaid

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services, centers for disease control and prevention, American academy of neurology, American academy of family pediatrics, American academy of pediatrics, American academy of occupational therapists, American psychological association, speech language hearing association, national institute of child health and human development and the national institute of mental health all endorse in this as a best practice. So in 2013 a federal judge ordered the state of Florida's medicaid program to begin covering aba therapy as part of their overall position. I, again, will read you a key element of that, quote, this is from judge Leonard, is quote the reliable evidence is defined by Florida law conclusively shows aba is not experimental. Plaintiffs have established through their expert witnesses, there exists in medical and scientific literature a plethora of medical studies and articles clearly establish aba as a effective and treatment to children with autism and asd and goes on to talk about this. I want to bring this up because if this weren't something people weren't familiar with, if we accept this is a medically necessary treatment as prescribed by a physician, I can't imagine we'd be having a conversation about whether the city's health plan is going to cover it. I mean, why would we choose aba therapy as the one thing we want to debate about whether or not we should cover it as opposed to to all the other forms of intervention that deal with medicallishes? [Buzzer sounding] >> So in conclusion -- I'm not a physician, I don't even play one on TV sometimes, but I'm not a physician but I do think there is a mountain of evidence that shows this is an evidence-based treatment deals with a medical issue and I don't why why because it's fairly late to the party this is the one we're going to discriminate against. Thanks. [Applause] >> Houston: Thank you, Mr. Hockenyos. Hold on just a moment.

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Mr. Hockenyos, councilmember councilmember troxclair has a question. >> Troxclair: Do you have any suggestions of other healthcare options that we should look at? >> In terms of? >> Troxclair: Well, you said that autism benefits shouldn't be, you know -- >> No. I've -- laving I'm not the guy to stand up and Shea treatments or therapies or whatever. I mean, I wouldn't even presume to do that. I'm not qualified to do it. I just find it's interesting. I meant also to ask -- your question earlier about the affordable care act and why there was a potentially surcharge, it actually also tracks back to the history of hence benefits in the units. In the wake of World War II when wage and price controls were in place, health insurance became a vehicle to incentivize workers to come to work for individual employees inspect there was also concern that people would provide super rich health insurance programs, pay for a lot of things through health insurance as a way to circumvent the excise taxes essentially on high-wage workers under the affordable care act. >> Troxclair: All right. >> That's an additional piece of the equation. I can't pick treatments that we shouldn't be covering. >> Troxclair: Okay. Thank you. >> Thank you. >> Houston: Ms. Craft? And then Justin eaststep. >> Hi, any name is Renee craft. And I'm in chair Gallo's district and I'm here on be half of my son Jackson and like children, who is 13 and has autism. I'm not a city employee but I have experienced the importance of aba for my son. I'll tell you a little about him. When he entered the preschool program for children with disabilities at aid at age four when he was eligible for that as a child with autism, and a speech disorder, he was not able

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to go into regular classroom because of his behavior. He did not speak, he was nonverbal, and he was not potty trained. He was unable to go out in public. He ran away. He was lost out away from the school many times. And all these things led the schools and the therapists to believe that my son would probably end up in either an institution or group home. I'm here to tell you at the age of 13 he won the city's Japanese speech competition for the memorization of poetry in a foreign language, first chair in a public school here, also a gifted artist sold his work at the east Austin tour, he has a website coming out, he has a 400 member fan page on my Facebook, and he is a huge testament to the power of applied behavioral analysis to change lives. Aba is chemotherapy for children with autism. I feel we're having a discussion that cancer moms had with their insurance companies in the '70s. We are here at this point where you need to step up and cover aba and save children's lives. This was something that my family has spent more than -- in the various therapies and respite care we've spent over six figures out of our income so we do not have retirement accounts anymore and I think that it's hard to be in a place where you bankrupt your employees because you want to have the best employees so the best employers cover things that autistic children need like aba, speech therapy and ot. So I'm really here in solidarity with my sisters and brothers who have autistic children and for all the children like my son Jackson that are inside, they're in there. We just have to help them come out. And aba is one of the ways that we do that. Thank you. [Applause] >> Houston: Thank you so much. Justin eaststep.

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Is Mr. Eaststep in the chambers? That concludes our citizens' comments regarding item 3. Councilmember are there any discussions? >> Garza: I want to thank chair Houston and the advocates for letting us continue this conversation today. And I don't -- I know we're not at council so I don't know how married we are to the formalities of motions so I'm going to give my two -- 2 cents on this. I would like to push this through to the council to cover aba in the budget presentation, and as I said the first time, it comes down to what kind of employer does Austin -- does the city of Austin want to be? And I think there's two ways to look at this. You look at it what's the right thing to do as an employer and what does it cost. So we did ask a lot of cost questions, and I wanted to show my colleagues -- we -- I believe H.R., we asked the question about the total payouts for last year. So I'll pass these. It was \$128 million, about \$129 million payouts for our city of Austin benefits. And even at the highest estimate, which is the towers Watson which estimates between \$30,000 to \$100,000 per child that's still -- it's less than a 1% impact on the entire payouts the and I is oering if it's at the lower level, which is nor like with the aid, it's closer to about .2% increase in

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the total payouts from last year. So the cost increase -- I mean, the cost is minimal from what I can see, from what -- you know, the information we have. And I know -- I understand the -- it varies, and we don't know what that number is right now. With regards to the excise tax, I think that first that slide -- the first slide says it all. It says final guidance has not yet been released on excise tax thresholds. So we don't know what's going to happen there. I think councilmember kitchen spoke last time about that could change, and that's not -- nothing is happening until 2018, and my understanding is that all cities are facing this threshold. So that could change significantly from now until 2018. I want to point out how the mayor's task force unanimously recommended this coverage, and I -- and one of the slides earlier it gave the example, because I think I asked this question last time, how -- you know, if these children are undiagnosed or not getting the treatment they're getting, they're going to the E.R., are we paying more in the end? And the slide that we saw kind of said we're not really paying that much more, but it goes back to what I started with, in that it's a cost thing but it's also a what's right thing. And I don't want us to be -- I'm not saying this was the intent of that slide but I don't want us, as a city employer, to be saying it doesn't cost that much -- the cost isn't that big of a deal when we're sending children to the E.R. I mean, that's what we should be -- I just think that's what we should be thinking about. This is a situation where children are going to the emergency room when they shouldn't have to be going to the emergency room. When there's something available, something proven

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available to help them. So that's just what -- that's what I have to say as far as discussion, and I would really appreciate this committee's recommendation to the council that we cover aba coverage for our city employees. [Applause] >> Houston: Councilmember troxclair, I that you had you had your hand -- are you going to speak? >> Troxclair: I am so appreciative of all of the parents who have taken time out of their schedules to bring this issue to council and to clearly

explain to us and show us the difficulties that you've dealt with and the expense that that has put on your family to have children with autism. And, I mean, my heart absolutely goes out to you, and I think that when -- when I think of the things that should be covered by the city as an employer, I think that autism benefits are one of the things that for me should be on that list. But I'm -- but I also that it's incumbent upon us as policymakers, especially in a city with -- that's facing an affordability crisis, to prioritize in the bigger scheme of the budget and all of the other expenses and requirements that we have as a city. And identify how we're going to pay for this. So although I do support continuing down the path of trying to understand how we can provide this benefit to our city employees who have children with autism, I -- I do have -- and I don't necessarily think that it's a choice between doing the

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right thing and the cost. I think that all of us -- I think that any councilmember, any policy maker wants to do the right thing and wants to provide as much coverage to as many families as possible, especially with such an expensive situation as autism. But I just -- I don't know -- you know, we've just started our budget discussions. We have a lot of challenges that are facing the city right now, and I just -- I hope that this can be a part of our overall discussion so that we can really identify, yes, this is a priority for us, but we also have a responsibility to the citizens of Austin to tell them how we're going to make up the difference. >> Houston: Thank you. Mayor pro tem? >> Tovo: I want to echo my thanks to all the individuals who have come down several times and have also come down to our full council meeting to speak about your experiences and your knowledge in this area. This is been really very educational and informative for me. I also want to extend thanks to our city staff for doing the additional research. I think we've got a lot of information in front of us that we've been able to answer some of the questions I had. And I think all things being in balance after reviewing the information that's been submitted to us through our offices and the information that's come out in these hearings, I would be very supportive of moving this recommendation forward to the full -- of moving this as a recommendation forward to the full council and we certainly, as councilmember troxclair said, will certainly have to figure out how within the budget that expense could be accommodated, but I'm very persuade that it should be a very high priority for the city as soon as possible to add this as a coverage in our health insurance plans for all the reasons that have been articulated. [Applause]

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>> Houston: And then I always go last. That's my choice. I too want to express my appreciation. The families have come out, done great research. You've given wonderful examples of how this therapy impacts your children and the lives of your family and your -- and the folks who live in your community. And so I too think this is a high priority. I think that -- I gave a resolution to the members of the committee to take a look at. And the only difference in this resolution and the one that was originally discussed was that I took out some of the information about states because some of those are self-funded -- are not self-funded, and some of them have caps and have dollar limits or other conditions, such as age, and then a couple of the whereas I took out

because it was so broad that it wasn't exactly specific to the self-funded plan that we're talking about here. And so if y'all have had a chance to look at that and if you have any comments about that resolution that was handed out or any other suggestions, then I'm open to that. Did you get it? Okay, okay. And because I can't -- since I've already talked I can't move this resolution forward to the full council for consideration. >> Troxclair: I'll make that motion. You're looking for a motion? >> Houston: Right. >> Troxclair: Sure, I'll make that motion. >> Houston: Can I have a second for discussion or . . .

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>> Tovo: Chair, would it be appropriate to ask a question first? >> Houston: Sure. >> Tovo: I guess I would ask councilmember Garza if you've had an opportunity to review this. I'm looking back at my -- at the original resolution, and I'm not -- I haven't been able to line them up. >> Garza: Yeah, I have. I'll pass out -- this was my original resolution. And I'm happy -- I don't know the rules, if the chair is allowed to second, but I'm happy to second for purposes of discussion, but -- and I appreciate the effort to main come to a middle ground here, but I really can't support any efforts to weaken my proposal -- the draft that I've set forth. The draft from -- from chair Houston gives -- asks for, I guess, a feasibility -- what the feasibility is, and I feel like we've done -- we've done this several times. We did it last time when we were hear at this here, we asked questions and asked again about the feasibility of it and every time we've asked that staff has come back with the recommendation that we're not going to cover it. So I just -- I really want to move forward with this. >> Houston: Councilmember, I'm not sure staff has ever come back and said we're not going to do it. I have not heard that. >> Garza: Well, they've said that it's not feasible to do it. And there's been memos that said it's not feasible to do it with recommendations not to cover it. Is that correct? >> Our recommendation has not been not to cover it, just to consider the implications along with the other priorities of the budget process. So the feasibility is around the bigger issue of all the other costs we're facing with 13% healthcare increases and the other mandates for coverages. It has to be prioritized at some point by the council, what exactly can we afford as an entity considering this and all

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the other things that's on our plate. >> Garza: That's usually a council determination in budget discussions. >> That's exactly what we have recommended, that that's where that be considered. >> Garza: Yeah, so -- >> Houston: So my -- what I tried to do was put whereas' that talk about the children's ages. I tried to talk about the city does not currently provide it at the time that this was drafted, there were 17 children identified. Now I understand there's some more additional children, but this is to get it in the process so that we can have that discussion. I'm supportive of the therapy being include, but in conjunction with the other several things that have to -- will have an impact on healthcare. But this is a priority for me. But I don't know where it says that we're not supportive of it or it's not feasible. I'm willing to change anything in this resolution to move it forward. >> Garza: Well because the way I'm reading it, is that we're sending it back to staff to bring us a feasibility, and is that what this is directing? >> Houston: Well, I think there's several ways that this can happen. We can talk about a pilot program,

which some Travis -- Travis county has already done. Is that correct? There's some other options that we can do to get this moving so that we can find out some more information about what the actual costs per person, per child is going to be. Yes, ma'am? >> Tovo: And this -- the staff may be able to jump in here with some interesting information, but it strikes me that that is -- I appreciate both of you sort of identifying what is the main difference. It looks to me like there's a

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lot of similarity and a lot of points of agreement in the resolutions, and it sounds just from listening like it may not -- the two resolutions may not be terribly far off on the be it, therefore, resolved. The original one, though, does direct the staff to incorporate it, which it strikes me would be beneficial because then we also have the additional -- the staff will also then do the work to see how it could be accommodated within the overall budget. And so if it's included as a -- if it's included within the budget, that comes to us as city council, they will have done some thinking about how to pay for it as well and so that would be my preference, knowing that at any point during the budget process council can say, you know, council can identify particular expenditures and say, you know, we're going to have a separate vote on that or we're going to - you know, we're going to discuss some other options. But it does get us a little further down the road. >> Houston: Does that allow the conversation around possible options, like a pilot program or some kind of age -- >> Yeah. So as pastor. >> Houston: -- Cap? >> -- Considerations is we bring forth recommendations in the budget, there's some still questions that we don't have answers to now that hopefully by the time the budget is proposed in terms of the plan design, the limitations, the issues of the waiver that we would have to apply for, those are still questions that will be answered and will factor into the actual recommendation for the plan. And so that -- in addition to that, we were -- I think the. Speaker4: Given the uncertainty or still the questions around

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the excise tax, the cadillac tax for 2018 would give us some opportunity to gain experience before that becomes a mandate in place. And so that's what the thoughts were about giving some considerations as to the range of ways in which it can be implemented. Because right now we don't have a cost to tell -- or to suggest to the budget office for -- a firm cost, rather, based on plans done. There's still a lot of other things we would need to firm up. >> Houston: I guess, Mr. Washington, because I'm a new by here, if we change the language and say direct to incorporate, does that mean that it will be in the budget without having the ability to make some choices about how it's in the budget? Does that lock us into -- >> Right. And I'm not -- probably not the best person to answer that. The budget office -- our cfo should probably be here. There's been other directives from council before that have been -- given to staff for incorporation in the budget process, and councilmember tovo may be able to have a better recollection of how that was incorporated to the budget process than I am. >> Houston: Councilmember troxclair? >> Troxclair: If we did have this conversation during the budget and the -- and council did decide to incorporate coverage for aba at that time, when could coverage

-- when would coverage begin? >> Our plan year begins January 2015 -- excuse me, 2016. January of every year the new plan year begins. So January 2016. We'd have open enrollment in October/November for coverage effective January 1. >> Troxclair: Okay. January 1 is the only time that

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those changes can be made? >> For open enrollment, January 1, since we've been here we've never had a midyear plan change or enrollment that we would have to open up to the entire plan. So January 1 is our typical enrollment process. >> Troxclair: So then the difference between the two resolutions, one directing the -- one directing the city manager to implement or incorporate additional benefits and the other, which directs the city manager to investigate the feasibility of including this and we would have this discussion as part of the budget process, either way benefits would begin January 1? If the decision was to -- >> Correct, along with whatever changes were approved in the budget for 2016. >> Troxclair: Okay. >> Houston: Mayor pro tem. >> Tovo: So, you know, I think you were discussing whether the council would have an option of making changes to it, and I'm just thinking back on some of -- you know, some of the discussions in very different areas that have happened over previous budget cycles, one, for example, planning and development review had a, I don't know, four or five positions they were proposing and in the budget highlights those were identified and on the dais and in our discussions we made changes and decided three of those seemed -- I'm just using numbers, this isn't accurate but several of those did seem like priorities, the other two didn't. So we certainly have an opportunity to make adjustments. >> Yeah. I just -- >> Tovo: In the course of discussion. And I'm thinking if we did ask the city manager, direct the city manager to incorporate that expense and we also have some understanding that you're going

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to do some additional work on costs, those would be available and could you certainly present those to the council as different options during the budget process. Does that seem like reasonable -- does that seem like an accurate description of a process that could work? Based on the work that you need to do? >> Sure. Absolutely. And I do recall other scenarios in the past where we proposed the base budget and then we looked at throughout the year all of the requests or items from council that were on the wish list. And not all of those were assumed in the base budget, but they were brought forth to the council for additional consideration, deliberation as to what they would want to incorporate in other items to adjust if those were incorporated. So I would -- in terms of what I thought the initial question was, would the -- the base budget incorporate the assumptions and costs as proposed in August for applied behavioral analysis or would that be an item for the council to consider the element of coverage in addition to the base budget is what I thought the concern was. >> Houston: Do you know that? Do you want to think about it? >> Tovo: Yeah, I -- thanks for reminding me of that. That has certainly happened the last couple years, that some of the directions from council were incorporated in the base budget and some for various reasons were not incorporated in the base budget and then or staff called them out as having not been incorporated in the base

budget and then we had a discussion about that. So I don't think I'm particularly clear on why some were incorporated and some weren't but that's certainly habit. >> We can follow up with our cfo

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again and I can get a better response to that question after conferring with her. >> Tovo: So were you asking -- were you -- yeah. I see what you're saying now. And I'm not sure -- I'm not sure that the resolution directing -- it could happen either way, I suppose, right? We could direct the city manager to include and it could be included in the base budget or it could be -- even if the request is to include it in the base budget it may end up being on the list of things not yet include. >> Jeannie: That's right. >> Tovo: All right, thanks. >> Houston: Councilmember Garza and then troxclair. >> Garza: My intent was that it be included in the base budget. That was the goal of this language, to -- and mayor pro tem articulated it better than I do, but I just think that this language directing to incorporate aba moves this further into the process. And so we can -- and, obviously, this is just a draft resolution. I'm hoping we can recommend -- send something to council recommending that it be incorporated, aba be incorporated into the benefits package that we talk about at budget. And then of course we can always have the discussion either when this goes to council or either when this goes to budget discussions with regards to a pilot program or ages. I would suggest that discussion happen when this goes to council. We can put just a general recommendation forward directing the city manager to incorporate these benefits and then have the broader discussion when this goes to council about the specifics of age and pilot programs. >> Houston: Councilmember troxclair. >> Troxclair: I'm just -- I'm

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wondering if there is a way to potentially make an edit to chair Houston's resolution that -- where the wording would be more in line with what you're thinking. It seems like -- I understand your hesitation with the word "Feasibility" because it implies that there's a yes or no answer and that the answer could be no and that's not necessarily, I think, the intention of your resolution. So maybe there -- that word could be changed to the city manager is directed to investigate options for including applied behavioral analysis therapy benefits as part of the city employee benefits package for fy15-16 proposed budget so that the intention is that of the -- of the committee is that we do want to move this forward, we do want to have options available to us and that our intention is not for the answer to be no, it's not feasible. >> Houston: And I think that what councilmember Garza is wanting -- and I may be reading your mind wrong -- is that you would like that last where by it resolved to say that the city manager is directed to incorporate it into the budget -- >> Garza: Yes. Because the other word -- I don't like there is "Investigate." I feel like that's asking for another study. While maybe we're splitting hairs here about what staff has recommended in the past, there has been a review process that staff has been asked can we cover this and staff has decided not to. I mean, we haven't covered it because there's been some kind of conclusion drawn that it's not something we should do. So is that a -- correct statement? >> Yes, it has not been covered

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in the past as we reviewed it. And so if the council will -- would like to consider the coverage, I think that's a -- something that we are recommending be considered during the budget process. If you're directing the city -- I think we need to be clear if you're asking staff to bring back options for coverage, which would range from no limit to caps to waiving and you be informed of those options before considering or you're just assuming something be baked into the budget. I think it would be at -- more advisable for the council to know the options before the assumptions are baked into the budget, would be my thoughts. But -- >> Garza: So then the thought to compromise the language would be to incorporate it and then direct the city manager to incorporate it in the benefits package and also direct staff to bring back options during the budget discussion. Wouldn't that cover basically what I want and what chair Houston is asking for? >> Houston: And I guess I'm confused because if we direct the city manager to incorporate it in the budget, we won't know -- could we say it this way: To direct the city manager to bring back options for incorporation into the city budget? Would that work? So they know that we want it incorporated. We don't know at this moment how we want it incorporated. Do we want -- can we set age limits, visit limits, dollar limits, do a pilot? So the first part would be to find out the options so that we then can incorporate it in the budget for fy18. >> That's correct, fiscal year

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'16, planning year starting January 1. >> Houston: Okay. >> Garza: I'm happy with making that recommendation, but I'm -- resolution when it goes to council. >> Houston: That's fine. I think the thing for me today is to move it out of this committee. >> Garza: Yeah. >> Houston: Onto council. I think if we can come one something that we can kind of agree with and gives us what we need and says to the staff what it is that we want to do, I think that's beneficial. >> Garza: Yeah. Maybe that can be incorporated in the budget, I guess, with a range of options or staff can bring us a range of options? I just don't -- not ever having been through a budget cycle, I don't -- you know, I feel like -- >> Houston: That's why I keep looking and say what do we do? >> Garza: I feel like we're asking to be presented with several budgets as opposed to just one with, you know -- >> Houston: I think the budgets depend upon what kind of options the council will agree on, but they will have a range of options and then based upon whatever else they will make those decisions but our desire is to have applied behavioral therapy in the budget. Mayor pro tem. >> Tovo: Let me just say I appreciate that it sounds like there's a lot of support for this and that we're going to get something moving forward, which I think is a very good thing and is going to be a very important thing for our city. So I appreciated the back and forth. And I can -- I guess I understand the benefits of either approach. I did not do just mention one other example I remember from a previous budget.

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Fee waivers is something that's typically as -- to use Mr. Washington's terms, baked into the

budget but a couple sessions ago where we were trying to lower the tax rate in the course of the budget work sessions we asked staff to provide us with options and that was one of them. And so we had, you know, something of a discussion or at least we all looked internally at how those fee waivers were being spent and considered whether some or all should continue to be funded, and so that's also another -- you know, another model we might think of, asking it to be incorporated in the budget at the same time the staff will present us with options for lowering that if we need to. But in either case, whatever the language is I think -- I think it seems very clear that most possibly all of us want to see it incorporated in the budget for this next year at some level, and I think that's a good thing. So I would be happy with either the original language or the language that's been supported as long as it's very clear that we would like to see it incorporated within. I guess my ultimate preference would be to incorporate it at its filest level and then have you present us with options if we need them to lower those costs or based on more information that might become apparent between here and there. But, again, I want to get this moving on to council today. >> Houston: Anybody else? >> Troxclair: Okay. So I just want to make sure I'm clear. So we're talking about language that would say the city manager is directed to bring back options for incorporation of applied behavioral analysis benefits as part of the city employee benefits package, et cetera, et cetera? Okay, okay. I -- okay. So that would allow them to put together a menu as the city manager would say and present

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that menu to us as part of the budget discussions? Okay. >> Garza: I think the problem -- that's not how it's presented to us. When they bring us the budget, it's -- the budget and we don't, like, parse it and, you know, look at options. It's just one document with the proposed budgets and so that's why the goal of this language was to have it incorporated at the highest level and then my -- my preference would be we have this discussion when this comes to council and decide what that final language would be that gets incorporated into the final budget. And we can have the discussion about the pilot program or the age -- the age ranges there. But -- and then it can also always change at budget discussions too. But, again, having never been through a budget discussion, my understanding is that it's -- I just don't know the feasibility of having the different options at budget discussion. >> Houston: Right. But I think that impacts how we are able to craft this benefit plan for people who need it because there may be some options that are available to us that we're not aware of. And so that's one of -- one of them might be a pilot project, one might be caps on visits, might be caps on age, and one might be caps on amount. But, again, we don't know how this goes through the budget process so we don't know what those options are at this point and how that then gets put into the base budget or not. And so what I'm hearing is that councilmember Garza would like the highest available benefit to be what we look at, but then how does it come to us if we decide

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that that's -- that's too high based upon the other kinds of things that we're doing? Into the we're -- we've got some other high-dollar issues that are coming before us and how do we make that balance. I guess that's what I'm trying to say, is how do we find that appropriate

balance between contract workers getting healthcare, temporary workers and the other things that were on the list that I don't have in front of me. And so I'm trying to figure out how do we make that balance work so that there is an opportunity to have those discussions. Not getting this off the table in any stretch of the imagination. >> Right. And I asked the staff to have someone from the budget office come. Obviously, the -- there are some portion of the budget assumption that will affect the general fund and some tax rate assumptions, but the other portion that varies is the amount of estimated premiums we would have to assume for employees. Because all of the costs for the coverage is not just the city's costs. There's assumptions that we make about how much to charge employees for their dependents, and so I think on the employee costs, we have some room to make adjustments after the budget is presented that really wouldn't affect some of the other assumptions on the tax rate. On the coverage for -- the type of coverage, the more extensive costs, if we make some assumptions that it's going to be the maximum coverage based on some assumptions that we talked about, well, then that's a higher impact to what the -- the portion that would come from the general fund. So we could come back as we go back to council and is have -- again, as I allied to earlier, our cfo advise on how it might

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be crafted to present during the budget process.. >> Houston: Councilmember troxclair. >> Troxclair: I guess going back to my question earlier -- I think the most important thing for the families is how soon can coverage be implemented, how soon can we provide them the help that we've been talking about. And it's January 1 is the earliest, regardless of whether we direct implementation today or whether we direct implementation during the budget process. So from I guess from my perspective, I'm having a hard time seeing what the down side is of making sure that we have all of the information, making sure that we are making an informed decision of what kind of program we want to implement. Um ... I don't see the down side of having that discussion and having all of the information. Again during the budget process when ultimately it is most important thing, which is when can the coverage begin, the answer to that question is January the 1st. So I -- I guess -- I thought -- I was trying to find a middle ground, but I'm going to be uncomfortable with that background information with making -- with supporting a resolution or a recommendation today that directs the city manager to implement this. Without having this as part of the budget discussion first. So I don't know how to reconcile -- I think we've talked ourselves in circles a little bit, we're still back to where we were before. >> Houston: Mayor pro tem? >> Speak to the -- because she's been through the budget process. But my understanding is that the down side is when we get the proposed budget, everything else over here that's not included, which would be this, then you have to work at getting it in there and that's the hard part is that if it's not in there from the beginning,

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then you're trying to push all of this stuff in an already proposed budget that's already at its limit basically. So we get a proposed budget, it's kind of already at its limit, then we're trying to like moving pieces around to get all of this stuff out here in there. So waiting would make it

harder because now we're trying to push it in there that way. >> Houston: Hold on. Mayor problem? >> Tovo: Yeah. I would agree. I'm sorry if my examples before suggested otherwise, that was more or less what I was trying to convey with the fee waiver example. But in any case let me not talk about examples again. I concur that it's easier if it's already in the budget, but I want to be very clear we're not by any means implementing anything with this resolution, we would simply be recommending that it be included within the budget and then we would have every opportunity to discuss that just as we would any other element of the budget really during the course of the budget discussions and that could include talking about different options to lower that cost or change the cost or change the plan in some way. But it does build that space in within the budget from the beginning, which I think would be very helpful if it is -- if it is a high priority for us to have this funded for next year, I would say that would be our best bet. >> Houston: Let me ask a quick question. Is it possible to put it in the budget at the mid range? Between the -- between the low and the 50,000 -- is it \$50,000? I have turned away from my page now. What was the mid range? Do you have the mid range? >> So an amount less than what towers-watson has projected at the annual cost of 650,000, somewhere less than that; is that what you

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are -- >> Houston: I was just saying in the mid-range. Can we do that into this resolution at the mid-range rather than the extreme range because all of the testimony that we've heard today says because of the variables of the young people that need or -- need this kind of therapy, some need less; some may need more. So is there a way to put it at the mid-range? In the budget. >> Troxclair: The Numbers, chair Houston, are the towers-watson estimates are 30,000 to 100,000 per child and aisd's actual cost is 10,600. So I mean maybe a middle ground there would be if we even put it at the middle of towers-watson's estimates would be 50,000 per child? And then multiply that by the number of -- the city I think they thought 18? I don't know if that's -- somebody is coming up behind you. >> I'm growing more and more comfortable with the cost amount to assume in the budget without having the other factors determine as part of the evaluation process, so if -- if the committee is making a resolution to come up with a cost and then we -- back into a plan design fitting to that cost, that's something that we'll have to -- have to try to work towards. But right now, again, we've just started analyzing the options since last month that looks at other options other than full implementation and I just feel uncomfortable committing to anything at this point without going through our Normal process for a full budget proposal

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and benefit determination. >> Houston: Okay. So we've got some other things on the agenda. What is the -- what is the desire of the committee? As far as moving this toward -- to the council for discussion? >> Garza: I guess that I would like to make the motion that we recommend to council to direct the city manager to incorporate aba benefits in the city budget and we can have the discussion at council about options that staff could maybe present to us and when it gets to council? Because there's -- it sounds like there's no way we're going to have

firm Numbers is what it sounds like. There's no way to have firm Numbers on -- >> [Indiscernible]. >> Houston: Okay. The question that I'm asking mayor pro tem is that once it's in the budget, is there a way to have that conversation about whether or not there's caps, whether or not there's age requirements -- is there a way to have that discussion? >> Absolutely, we can determine all of the factors of cost that -- the proposed benefit plan and either increasing or decreasing it at the time you begin your budget deliberations. You could add to, you could choose to take away and that's council's prerogative to do that during the budget process. >> Houston: Okay, then, councilmember Garza. The resolution that I passed, I would be willing to support a change in the be it resolved that the city manager is directed to

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incorporate applied behavioral analysis therapy benefits as a part of the city employee benefits package. With the understanding that when we get to that point, we will have this discussion about the different options to contain some costs. Just like we will have conversations about the other cost containment items that will be presented from -- from human resources. >> I will take that as a friendly amendment. >> Second -- >> Houston: This is the resolution, I'm just amending my resolution that I passed -- I mean that I offered to change that last whereas, be it resolved. >> Garza: I think there were changes to the ages, though. Can we take the age discussion out? >> Houston: I said changes, children ages 18 months to 13 years old who receive early intensive behavioral therapy. >> Garza: Can we just take that whereas out if we're going to have that discussion during budget? With regards to options? Go ahead. >> Tovo: Not to be a buttinski, I think it was the fifth paragraph in yours, councilmember Garza, moved in -- in -- and chair Houston one, two, three, four, fifth. So I think it's very similar to the same -- so your fifth whereas became the same fifth paragraph in member Houston's, but just looking at it quickly, looks like it says children that you have simply added children ages 18 months to 13 who receive early intensive behavioral treatment and then it picks up on the same. That was where I noticed the age, seems to me like you are really making the same

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point but you are just talking about ages about who typically receives early intervention. >> Okay. That's fine. It's not part of the -- yeah. >> Houston: Councilmember troxclair? >> Troxclair: Mr. Washington? So what is the difference, because I know that there was also a discussion at council about -- about giving part-time employees health care benefits. Can you tell me how that resolution was structured? Whether it was structured as -- as investigate and bring back options to discuss in the budget or was it -- whether it was structured as a directive to implement? >> I don't have the specific language in front of me, but as I recall, it was a report due back from the city manager about the feasibility and costs of expanding the benefits and not clear on the element on the budget process and so that -- I would have to ask the staff to come and mention that to me. >> Tommy tucker, assistant director, human resources. >> Houston: Can you lift that up, please, a little bit. Thank you. >> Sorry. The resolution directed the city manager to bring back information to provide to the council, specifically I think the audit and finance committee, with additional information about the costs to help them work

through what the estimate of the cost might be. In order to pursue a -- a consideration during the budget process to -- to add coverage for -- for temporary employees. So it -- it was a preliminary information finding resolution and did not direct the city manager

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to incorporate in the budget as of that -- as of that time. >> Troxclair: So since the inauguration of the new council, have we passed any resolution that directed the city manager to incorporate something into the city budget? Budget? >> Not to the hr department. There has not been. I'm not aware of it. There is a council resolution out there now passed by the previous council that directed the city manager to include transgender reassignment surgery into the budget, the proposed budget. So there is one out there, but it was from the previous council and it had [indiscernible] To put this in there. The temporary one which was passed by this council asked for information in order for them to consider this option during the further down in the budget process. >> Uh-huh. >> Troxclair: Okay. >> Houston: That was about -- about part-time workers health insurance for -- >> That's correct. >> Houston: For part-time workers? >> Yes. >> Houston: Okay, ladies, what are we going to do? >> Troxclair: I hate to prolong this discussion and I also hate to be approximate you the in the position where I have to vote to not support something that I otherwise support. Sorry. I know, I hate to be in that position, but I'm not comfortable with -- I'm not -- it may be my own, you know, that we haven't been through the budget cycle before, but -- but I'm just -- I'm still uncomfortable with the direction of the

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implementation. I would love to talk about this as part of the larger budget and in addition to the homestead exemption and the mayor's staffing proposal and -- and part-time health care coverage for -- for -- health care coverage for part-time workers, but I just I feel like this should be a part of that broader conversation. So -- >> Houston: Thank you for sharing. My concern is that if we say to -- direct the city manager to put it in the budget, that says to families that that's going to be in at that cost and sometimes families don't hear that we're going to ask for other options and once we get to the budget conversations, and people start looking at what are the other options, can we put a cap on it, an age limit, or visit, then that's going to feel like a sense of betrayal to the families because we weren't clear at the beginning of what we were asking for. So I don't know how we resolve that between the four of us, but -- but sometimes when you put something so specific in a resolution, then that's what people hold on to. And there's no wiggle room once you pass that. And once we send that up to council. So that's my concern is that you say there's wiggle room once we get to the budget process, but people have already heard us say "Put this in the budget. In the base budget." And there's no wiggle room in that. I hear you say it is. But I'm not sure parents, if I were a parent, I would hold on to this -- it's going to be in the base budget. >> Council, I believe earlier you or councilmember Garza suggested -- I think that I did record it. You had suggested changing the language to something like the city manager is directed to incorporate,

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applied behavioral analysis, as part of the budget, along something like along with cost containment options and councilmember Garza, a little bit earlier I thought I heard you say something similar, but I may be wrong. Do you feel that that, along with cost containment options or should we have a sentence that says -- I'm sorry, I asked you a question and then I kept talking. >> I think as long as we're clear that we're asking for -- I'm asking for what other options are available, including a pilot program. And that's not in there if we leave it you are directed to put it in to the budget. And so I'm looking for a way to do both, say we support this but we also need additional information to see how we can make sure that the people who require the coverage have the coverage, what are the age ranges, how many visits, all of that kind of stuff that I don't have yet. >> Garza: Another thing we can do is send it to council without a recommendation. >> Houston: I think what I hear from the hearts our committee, we want this to happen but perhaps not in the way that it's written at this moment. I don't know whether we can send it forth with a recommendation that we have a positive recommendation, by we got hung up on the intent and wording, so I'm open for that if that's something that you are agreeable to. Because I think we all want it, we just want to be really clear about what we require and what -- what we ask for. >> Garza: We can send a general no recommendation with a direction to staff to bring us options when it goes before council, to presents some options when it goes before council.

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But my -- but what I'm still going to propose my resolution and we can just have the conversation at the full council. >> Houston: Did you have some more wording? >> Tovo: I don't know whether this would -- would be helpful or not, how about as a next sentence, we say: The city manager is further directed to present other funding -- not funding options but cost containment options as well. Maybe pass it, along with the additional piece, that we would like to see another sentence included unless somebody can come up with one here on the dais. But I think we're very close. I would like to see us recommend this to the full council and find a way to incorporate the -- the very good point that I think several of you have made that we want it - - the last thing we want to do is, if there are changes made down the road, have the families feel that we're stepping back from our commitment. So perhaps just a very easy line about the city manager, the city manager is further directed to present other funding options or cost containment options in a separate memo or something like that. So that we'll be sure to receive those at the same time we're looking at the full budget so that it will be really apparent to all councilmembers that there are ways in which to alter that plan, if necessary. >> Houston: Now, this is the first time that we've done this, so let me ask the members of the committee. Can we move this forward to

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the city council with the recommendation saying we're not recommending a specific resolution, but we're recommending the concept of having applied behavioral therapy included in the

budget and ask the staff to bring forth additional options. Can we make that recommendation and for the do any kind of resolution but just move it forward out of this committee with the -- with that wording. >> I think we can. >> Houston: Can we do that? >> Sure. >> Houston: Move it out? Because otherwise we'll be here until Thursday. [Laughter]. >> We'll be here when the council meeting starts. >> Houston: There are a lot of people here waiting. So I need to write that up. We're going to have a council person to -- so are we going to move it? My recommendation, can I make a recommendation. >> Sure. >> Tovo: Should we remove, I have forgotten who made the original motion, but they should remove that. >> Houston: I will remove that, my original recommendation. And you seconded, somebody seconded it. So now there's an opportunity for a motion on the floor for what we want to do to move this to the city council at -- with -- with no resolution attached and then ask for these things to happen. Can we do that? Okay. So ... I think what we're going to do is say that -- that we would like the city manager or do I make a recommendation? I can't make a recommendation? Sure you can. >> Houston: I can? We would like the city manager to -- to -- we would like the city manager to have this -- to have applied

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behavioral analysis to be a part of the budget -- the self-funded benefit plan for fy '17, we would like to have -- '16. '16. Fy '16. We would like to have options presented to the full council about ways that this can be incorporated -- funded. >> Yeah, at different levels. >> Houston: Different levels, thank you, different levels. Does that make sense? >> Those options are prior to budget proposal or with the budget proposal? >> Houston: It will go to council -- to late for this -- >> It would be prior to budget, because we're going to discuss it at council basically. What we're recommending -- >> Houston: Just go to council. >> Just go to council. >> Houston: The next council agenda or the one on the 14th? >> The one on the 14th. >> Houston: For the 14th. >> This has been moved and seconded. Councilmember troxclair, I believe that means the city staff would have to have that menu ready to by may 14th and I'm wondering if that's possible. >> We may not have all of the questions answered. We'll have enough to have the discussion with the council, but may not have all of the questions answered, but we certainly will try. >> Okay. >> Houston: Okay. We're going to take our first vote. All in favor let it be known by raising your hand. All opposed? The motion carries and thank you so much for staying with us and thank you to the families for your participation. We really appreciate it.

[6:23:48 PM]

Thank you. Next agenda item is number 4, which is about the rogue homes. Before you come up, Mr. Smart, last time you spoke first and there was a citizen who had some -- some comments that she wanted to make first. So if we would allow Ms. Joan batter, hold on just a moment, somebody else signed up, too. Jay Bryant, joy Bryant. Joy Bryant. >> Councilmember, as they come up, jerry just reminded me, the 14th is a zoning only meeting. >> Houston: Oh, lord. >> It's coming up -- >> Houston: Thank you for that. We'll have that conversation in just a minute when everybody gets back. We've lost a quorum now. Ms. Bryant, are you in the audience? Ms. Barts, would you come forward and speak on item no. 4 and then Jason Howell

is the next speaker. >> Did you want me to wait for the others to come back. >> They can hear back there. >> All right. My name is Jo Anne Barts, I'm the chair of the citizens task force on rogue homes. We've been in operation for seven years. And have in the past tried very strongly to get an ordinance initiated here in the city. Didn't happen. I'm here today to speak in rebuttal of the comments that were made by city staff from code and others.

[6:25:50 PM]

In regard to the work that's going on. Giving the impression that everything is just really fine. It's not. And I do believe the justifyingly on the record the -- the work that the task force has been doing and how hard we tried to get an ordinance initiated, that needs to be spoken to and that's what I'm going to do. So the first item I'm going to speak to is -- is the city of Austin and for the rest of the time I'll say coa, task force. In regard to discussions on a possible boarding house ordinance, based on house bill 216, Mr. Delisi last month gave the impression that the coa utilized a collaborative task force utilizing [indiscernible] Task force personnel, representatives have already established, staffed and funded and the rest of the time they will be called esf organizations and coa personnel. There was one task force, it lasted two meetings. One member of the esf group, sober hood, was vocally insistent that house bill 216 was illegal based on an adverse effect on the rights of citizens related to the Americans with disabilities act amended and the fair housing act amended and that he wanted this perceived illegality thoroughly investigated. He also indicated that he believed the actions of the legislators involved in the construction of house bill 216 state law were illegal. I asked him specifically are you really sure, are you really concerned about this? Is this important to you? His answer was yes. So to address his concerns I made the following motion. I moved to table any further meetings of this coa task force until such time when

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comprehensive investigations of state law house bill 216 by the department of justice, housing and urban development and the Americans with disabilities act amended and including discovery motions directed at involved state legislators has been completed and results of said investigations have been received and reviewed by the city of Austin, Texas. The motion was seconded and in accordance with Roberts rules on table, the vote was called. Mr. Delisi immediately stated that he would not vote for this and another esf group member, Travis county reentry, stated that this task force does not vote on anything. That only consensus was used. No such rule was provided by Mr. Delisi prior to this first meeting of the coa task force. After that meeting Mr. Delisi made the change from a task force to a stakeholders group. Number two, stakeholder meetings. In the following month, stakeholder meetings were held, Mr. Delisi was facilitator for these meetings. As his job his job was to facilitate, keep moving the work of the meetings. It was not his job to become part of the discussion on any item to be discussed. Several times Mr. Delisi stated very clearly that the house bill 216 state law is flawed and that the city of Austin will not consider that law in any way when a decision is made on a citigroup home, boarding home ordinance. His bias was clearly evident. Mr. Delisi wrote to the state's public health and human services commissioner, by whose authority was never

revealed, requesting an explanation of what was -- [buzzer sounding] -- I was told that I was going to have plenty of time and I would not be timed. >> [Indiscernible] >> Well, just as much time as staff gets.

[6:29:52 PM]

All right. Stated very clearly he wrote to the commissioner. >> Houston: Ms. Barts, I don't know what you mean you're going to have as much as time as staff has. Very gave you four minutes. I'm going to give you about three more. >> There's no way. I cannot do that. >> Houston: Okay. So -- >> I was given the impression that I would have ample time to do this rebuttal of everything that was said last time, which is not true. >> Houston: But we can't give you unlimited time because we have other things on the agenda. How long do you think it might take you -- >> Another 10 or 15 minutes. >> Houston: I can give you seven minutes and that would be -- that would be 11 minutes altogether. >> I don't consider that adequate. So I tell you what, you've got the information there, why don't you just read it. Thank you very much. >> Houston: Thank you. >> Hello councilmembers, I'm Jason Howell, a person in long term recovery from substance abuse and mental health issues. What that means is I meet the civil rights definition of disabled. Because boarding homes in part are being defined as housing for disabled, I would ask the council to step back from a regulating -- regulation strategies and pursue more street based solutions that one, protect disability rights and fair housing rights and connects individuals with the level of support that they need and the quality that they deserve. Regulating housing for individuals with disability is illegal under the federal fair housing law because it raises barriers to housing choice for a protected class. With regards to housing protected classes include race, color, religion, national origin, gender, family status and disability. This means that regulating boarding homes, because they are defined as regulating people with disability, are sorry defined as housing in part for people with

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disabilities, is just as illegal and discriminatory as regulating housing for someone based on their race, color of skin or religion. I do realize that there are a lot of individuals who choose or -- or are in boarding homes that really should be in a higher level of care. They should be in assisted living homes or nursing homes, because they can't afford that, they end up in boarding homes. But there are many of us that choose to live in -- in disabled group housing. Recovery housing because that's how we get the support that we need to maintain long-term recovery. Our common ground is that we want quality of life for everybody. That we want good housing for everyone. But we have wasted so much time, this has been a very multi-year process and we keep coming back to -- to the point of -- of pursuing regulation of group homes, disabled housing is illegal under federal fair housing law. So I look forward to -- to moving the conversation to something more solution-based and really helping the people that need it. I wasn't here last time, but I listened to the video and it sounded like staff was looking at developing a reasonable accommodation process and I fully support that because that's required by federal law. And there's plenty of case studies out there to look at including a department of justice versus the city of Fort Worth which is currently going on and I offer

myself as a resource if you have any more questions about fair housing law and disabilities because I realize this is a specialty part of the law and not many people understand it. Thank you. >> Houston: Thank you. Mr. Smart, do you have any

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follow-up from the conversation we had last meeting? Of course, people can calling these boarding care homes and they're not that. They're not that. >> Chairman Houston and members of the committee, I'm Carl matter, director of the -- Carl smart, director of the Austin code department. Yes, madam chair I do have additional information that I would like to present to the committee. I think we've got a presentation, a short, very short, going to keep it brief. >> Houston: Please don't make it long. >> We will not make it long. To continue with the discussion on boarding homes. >> Houston: We'll still talking about boarding homes, three classes -- the group of homes that we're talking about fall outside of that class. But go ahead. >> Yeah. Absolutely. And I guess the terms have been used interchangeably boarding homes and group homes. The zoning code defining group homes, three different classes of group homes. Another different ordinance that the Austin code regulates describes them as boarding houses, so we're going to talk about today how can we kind of merge the two. On the one -- under one regulation. The committee asked us last time to bring back data on calls for service to group homes and also include costs, so we have brought back some data for you, we have packages for you that Ms. Cooper will pass out. The packages include a copy of today's presentation, it also includes some group home data from 2009 that was submitted to the former humane society humane former

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health and human services committee, presented to them by the health and human services from the public safety department. Additionally we have data from the police department on group homes, the -- there's nine properties from the original 2009 list and it shows the location of those properties, the calls received, and the cost of that service. Additionally included is 311 service requests and then a report. The report on boarding home facilities to the state legislature from the health and human services commission. You've got a copy of that. That is dated December 2014 and it has very interesting data you can look over. Lastly, there is a presentation on boarding homes and a sample ordinance from the city of Austin and the ordinance that they did, so you will be able to take a look at that. Also, this committee asked about the draft ordinance on reasonable accommodations and we are very pleased to report that the draft ordinance has been completed and is being prepared for distribution to mayor and council and also to the public later this month. I am informed by the legal department it should be available no later than may 22nd to the public and we'll also put it on our website so that the public can peruse it and provide feedback. What we've done since the last meeting, we've mobilized, we've reactivated a task force. That might not be the best name for it. But a group home task force that will take a look at this situation again and look how -- look at how we

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move forward. All of the public safety departments, including health and human services, legal and 311 will be involved in this task force. We've looked back at the data that you are looking at, that you will have in your package from 2009, looking at the elements of house bill 216. And that documentation. We have retrieved current 311 and police data based on 2009 and we have found looking at the data that there is a need for more research. One, there's a need for the departments to be able to identify a -- complaints that come in and identify them as group homes or boarding homes. We looked at 311 data, there was no specific coding for group homes or boarding homes. 311 can tell us how many complaints came in of overup a panes, too many people -- over occupancy, too many people living in a dwelling but not necessarily whether it was a group home or syndrome. We are going to work on that coming up with proper coding for 311 as well as coding for each of the public safety dements so we can give you better -- departments so we can give you better data on how many complaints and how many cases of group homes we're dealing with. The other part of it is being able to identify, being able to go out and identify where these group homes are and I think we have to work with a number of sources, including working with neighborhoods in order to do that. We receive a list today of probable group homes from the -- I think from the east martin Luther king, Jr. Neighborhood. They sent us a list and we will peruse that list and see if we can confirm whether these places really

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are being used as group homes or boarding homes. We've looked at best practices. In Texas cities. There's only a few who have adopted hb 216 type ordinances. And these are the ones listed there. El Paso, Dallas, San Antonio. >> And Brenham. Houston has adopted an ordinance, but it falls short of hb 216, even though it does go some distance in dealing with these type of group homes. As I mentioned before, we have made progress, the legal department has drafted a -- a reasonable accommodations ordinance and so that is essential for us moving forward with -- with further regulation of these type of homes. So now that we are getting that, we'll be able to move forward. Taking that draft ordinance, we will need to -- to follow the instructions of the resolution and take it to stakeholder groups. It specifically mentions the community development commission as well as the mayor's committee on disabilities. So we will make sure that we go through those two groups and, of course, we can have that discussion here at the health and human services committee. Further discussion on that ordinance. That ordinance will be ready, as I said later this month to go public and we can have that discussion here at the next health and human services committee or -- I guess that would be the June meeting. July, I'm not sure if we're having a meeting, if the committee is having a meeting in July. It's probably June. It would be June or August. So we will be prepared to have that discussion here at the June meeting if the committee so desires. Secondly, we would like to

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take a tour and we're already doing a survey. We've got our inspectors inspectors serving the

area to identify the potential group homes. The ones we know about and don't, we are talking with neighborhood groups and neighborhood residents to compile a listing of possible group homes. We will look at those police and other public agencies are doing the same thing. So we will compile a list and we'll be able to vet that list and we'll be able to better tell you where these homes are located and how many of these homes are in the city of Austin. We'll also look and see if we have any outstanding cases on them. Are there code violations, or are there other kinds of violations that might be occurring at these properties. So we'll do better -- we'll work hard to bring that list together and provide more expansive data for this committee. And then lastly, with the reasonable accommodation ordinance, we have currently as I mentioned before, to this committee, we license and register rooming houses and boarding houses, rooming houses and boarding houses, other than hotels, that house six or more unrelated persons. Six or more unrelated persons. And so by adopting a reasonable accommodation ordinance we will be able to take that current program and expand it to include these types of group homes. If there's six or more, then we will be able to license them, they would have to register and provide information as to ownership and number of people living there and get that kind of information to the city. Additionally, it would require an annual inspection of the property. And so that would give us

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some means of monitoring the property. So we're looking forward to doing that. We'll also look at model standards, some model standards. One. Features of house bill 216, it included model standards on how these houses ought to be operated and so we'll look at that as possible amendments to the ordinance, which means that we will be coming back to this committee and to council in the future with -- with possible amendments to the ordinance that will adopt some model standards that would provide model standards for operation of these type of homes. Additionally, we may want to consider, I think we will want to consider, changing the ordinance as far as the number of -- the minimum number of persons required for a home to be included in this program. I mentioned before six, I think it's actually more than six, so we may be able to drop that to three or more or four or more, we will look at that and come back to this committee with a recommendation on that amendment, also. So I think that we are -- I'm sorry, was there a question, madam chair? >> Houston: You are right there on time. Right on time. Okay. So has there been a legal challenge by the Houston -- because of the Houston unlicensed boarding home registration ordinance? >> I've asked the legal department to look at legal challenges for each of those cities, including Houston and El Paso, Dallas, San Antonio. We're not aware yet of any legal challenges there. We've just heard like today, as the citizen mentioned earlier, there may be a legal challenge going on with the city of Fort Worth and so legal is looking at that and so -- so we don't have any firm information, of legal challenges yet. But that's one of the things

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that the law department is taking a look at. >> Members, any questions? Mayor pro tem is thinking, just a minute. No, that's okay. >> Tovo: Yeah. I mean I'm just aware that we have a lot

of folks waiting for various other topics, I'll keep it really short. I will just say that I have a lot of questions for you about some of this information. But in general when you have a place that's say at 6508 auburndale has had 80 calls, where are you in the process on an example like that? >> Let me have -- >> Tovo: What kind of action is the city able to take. >> That's a good question. We did notice there was one property that had a very high number. >> There's several. Most of them on our list have several, that only includes the ones that have kind of risen to your attention, I wonder about the other ones that are very known to neighbors and maybe on the list that are forthcoming. But when we have examples that are on the city's radar with high Numbers of calls, I would like to get a accepts, either now or in the future and if the chair would rather defer that question to another day, I certainly understand. But I would really like to know that the city is taking some kind of action on a case like that, if those calls are warranted. >> We can certainly be prepared to answer that in the next meeting, too. We'll be looking at it from -- looking at it from the standpoint of all public safety departments, whether it's a lot of code violations or criminal type of calls or fire calls or E.M.S. Calls and then look at the reasons why and see what -- what additional action might be taken. I forgot to mention that we do have a representative here from the police department, from the fire department, from the health and human services, so any questions that you might have that might pertain, that they might be able to better answer, we will let them do so.

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>> I'm sorry, Jason [indiscernible] Assistants chief. The one that you are referring to, council woman, it went down from 2013 we actually had only two calls there and then zero calls since 2014. So some of these places are taking care of themselves, but I think the majority of these that we're going to look at, if they're problem areas, we're going to have to work with the district representatives in the community to see if we can get them solved. We have worked with Mr. Smart very well. But obviously some of these houses are always going to be having conflicts, 911 calls. Like almost at our top offender program we are going to have to look at the very critical, violent or aggressive situations, those are the ones that we would focus on first and then going down from there. >> Houston: Thank you, one thing and then we are going to move along unless somebody has some questions is that the interesting thing about the Houston (O) is that they recognize these places pick up and move so they may be in one location today and then the house is vacated and they are someplace else the next day. So thank you so much. We look forward to continued conversations about this. We are on item no. 5. Anybody still here from the sobriety -- [laughter]. Please come up. My name is Andy brown, I'm the chair of this volunteer committee called the Austin Travis county sobriety center planning committee. We've been meeting once a year over the last month, we have a very impressive group of folks that is listed in this report that you all

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hopefully have, on page 16. People from -- who are affected by the fact that a lot of people right now are arrested or put in hospitals instead of in a sobriety center. A lot of them have been helping us for the past year come up with this report. There are a few of them today that

are going to -- talk about I and I think the folks in the audience that were here with us may have decided to watch this from home. But I do want to recognize that bill Brice, Dr. Zybel from the emergency -- from Brackenridge hospital, the head of the emergency department there, and Joel Ferguson were here earlier. >> Joel is still here. >> Joel, thanks for still being here. Okay. So what we're going to do is we're going to talk about sort of each different parts of the sobriety center very quickly and how this proposal will affect the city and county and our hope is that we can get some sort of action on this so it's in this year's budget cycle along with the county. The two of you all getting together and figuring out that this is a good investment and a good way to refocus our resources in a better way than they are currently being used. First we're going to have judge Nancy Hohengarten come up and talk about the problem. >> Houston: Mr. Brown, we're scheduled to be over by 7, which we're not going to make. How long do you think your presentation will be? >> We just presented to the public safety commission. I think it took 10, 15 minutes. 10 minutes? And they voted unanimously to recommend it. So hopefully we'll have the same result here? 10 minutes okay? 10 or 15? >> Houston: Thank you. >> Hi, I'm judge Nancy Hohengarten, Travis county court at law number 5, I'm here to tell you why it is that we even started this discussion about the sobriety center. The reason is because in the state of Texas, people get

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arrested for public intoxication even when it's a class C misdemeanor. So you might get a traffic ticket and you would not get arrested and it's the same level offense as a public intoxication. And folks that are -- chronic inebriates or severely ill with the disease of alcoholism, substance abuse disorder, end up getting arrested repeatedly. Incarceration for those individuals has not changed their behavior. Austin is a very young city. We have a lot of binge drinking in our community. Indeed, most of the people that are arrested for public intoxication are young. In their 20s and early 30s. So public intoxication is a problem that's been around for a very long time. As most of you know. And it's been a problem across the country. It's a problem that needs a better solution than the one that we have now. Because the solution we have now is costly and doesn't really get us anywhere in terms of changing people's behaviors. Historically, I'm going to stand for for Roger, hopefully make it a little quicker for you. This issue has been on the forefront of this community for over 10 years. So we've had several different entities look at this issue and agree that it's a worthwhile endeavor. And that started back in January of 2002 with commissioner Gomez and Beverly Griffith who was a city council member. And here we are in 2015 and we still don't have a sobriety center. Since that time, there have been grants applied for and denied. Every time we have any kind of significant criminal

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justice planning opportunity, this issue rises to the surface. So that's why we think that it is way pastime to give this serious consideration and, of course, councilmember Tovo was one of the councilmembers who actually helped us push through the resolution, which is an appendix to our report. But we know three of you are new and may not know a lot about this issue. So we want to make sure and answer those questions today and I'm going to hand it off next to chief

dusterhauf. >> I'll be very brief. The Austin police department has been involved in this from the inception when we started looking at it. Some of the things that our concerns were was that the officers discretion would be taken away. I think we've worked that out through the group where that won't happen. So let me give you a little bit of a story of what could happen. An officer arrests somebody public intoxication in north Austin, it's 2:00 A.M., they take that person for a class C misdemeanor, the lowest crime that you can have just like a ticket. They take him to the jail. With the travel time, waiting two or three hours at the jail before the officer can get back on the streets, we're talking anywhere from three to four hours for a class C misdemeanor. What we looked at for this, the sobriety center, is the officer would have the availability, the choice, the discretion to take that person, either give them a ticket and release them to an adult at the center or give them to the center and release them in their custody. We think that would be a very good option. We obviously have limited resources, specially on weekend nights where a lot of this happens. We think this will take a lot of drunk drivers off the streets, it will give officers a quicker chance to get somebody that help they need and get back on the streets. This has nothing to do with wis. If you are in a car and you are driving, you are still going to get arrested for

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dwi. I think this has worked well, also, I think Ashley is going to get into this, where officers are forced to call else, some of these subjects know instead of going to jail they are going to rather go with E.M.S.: In this choice if they think they are not going to get arrested they may just take that sobriety center route and not cost the hospital and the citizens that ride. Do you have any questions for me, councilmember? >> I kind of missed something there. You said if it's a dwi they're still going to get a dwi. What's the -- >> Correct. I don't have -- some people have said well if they're getting in their car and they started their car and on the road, can we put them in this class C misdemeanor center, that's not an option. This has nothing to do with wis, other than the fact that I believe it allows officers to get more people before they get to their car to make sure they go to the sobriety center or jail. If you are decreasing that time from three to four hours for a class C misdemeanor as opposed to 20 minutes and dropping them off at the center, that's going to make a huge difference. >> Houston: Thank you. >> [Indiscernible]. >> Madam chair, members of the council. Ash ton Cumberbatch with the Seton health care family. I've been asked to come and talk about some of the health impacts of the sobriety center or the lack thereof. We've been involved in this discussion since this committee was first put together by judge hohengarten. We have looked and in fiscal year 2013 over 4,000 individuals had encounters with our emergency departments and hospitals inside the Austin city limits. Those are individuals, not everyone who had alcohol-related incident, but just those that we felt would have met the criteria if a sobriety center had existed back then. So when we think about using

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the resources and the best possible, in the best possible, most effective, efficient way, the resources that we have, whether it's doctors, nurses, ca's, the facilities, that's not the

appropriate place for individuals to sober up. There's a more cost effective way to do that and that is the sobriety center. So we think having the sobriety center will free up beds and resources so that individuals that actually need to be in our emergency department, can have access and will not be pushed away because the beds are taken up by someone that's having to sober >> As Dr. Crisis zybel who heads up the traumatic center at Brackenridge wants to say a few words. Looks like you have a question. >> Houston: You used an acronym I wasn't familiar. >> I apologize for that, clinical assistance, I'm sorry. I apologize for that. I'm sorry. Dr. Zybel? >> Thank you, Ashton, madam chair, man, councilmembers. One of the things I wanted to explain is why this is a problem for the emergency departments. That may be self-evident, but it's not uncommon. University medical center Brackenridge has 41 beds. It's not uncommon for us on a Friday or Saturday night to be holding 12 to 15 individuals just waiting for them to get sober enough to go somewhere else. So it's -- it has an impact on other patients who need those services, other people who need that bed to get care. In addition, even if there's only -- it's a moment where there's only one or two individuals in the department, they can be disruptive and it would be better for them to be disruptive in an environment where there's somebody not having a heart attack in the next bed or stroke or trauma patient. And so really we want to be sure that these folks are safe. They may be in a place where their judgment is impaired and we want to keep them safe, we want to make sure that if they have medical issues there's somebody there to address those and get those people to us.

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But to keep them out of the emergency department where it's very costly, they're very disruptive and we have a purpose to serve other than just watching people until they're sober. Thank you. >> Thank you all very much for your time. We're going to present it to commissioners court tomorrow afternoon and I guess hope to present it to the public safety committee, but if y'all are able to take this on to the full council or to -- I tried to into was going on before but I'm a little confused procedurally with the next step as well. We really would love for this to go ahead and get implemented this year. It's something that will redirect resources to a much better policy than we're currently doing and so do y'all have any questions for any of the folks that spoke? >> Houston: Councilmember Garza. >> Garza: Wasn't there a council resolution that supported this? I'm wondering what the process is too. Is -- I don't know if there's anyone from staff here, but is staff going to bring us like a recommendation? Or is this going to be an item from council? >> I think what we would -- what might make sense is since it's something that could possibly be funded by both the city and the county to work with the -- one of the committees that is made up of both -- members from both organizations and have them come up with a split of that would be one idea. >> I just want to add we have made with ray, new assistant city manager and because the resolution that we had originally was directed towards the city manager and so I would expect that the city manager's office and probably the city attorney would need to be involved. But, you know, you guys are the ones that get to make the decisions about what we do.

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I think we're all quite not sure how the committee system works, but if we need a resolution from you, we would appreciate that. Or anything else that helps send a message to the other councilmembers that this is something that we should endorse and consider for funding. >> Houston: Anybody else? Mayor pro tem. >> Tovo: Appreciate the question because I gave a little thought to this as -- before the meeting, and I -- my recommendation was going to be very similar to actually what we ended up doing on the previous item. I was going to either support or make a motion that we recommend that the city council continue -- or move forward in exploring the funding, governance and location for a sobriety center. The resolution that we adopted a year ago in 2013, I guess -- >> Houston: '14. >> Tovo: It was 2014, my goodness. Just seems longer ago. In 2014 more or less directed the staff, our city manager, and relevant staff to work as part of this group in exploring the feasibility. So I think we would need another resolution to move forward, and I think it would be great if this committee, after discussion, recommended moving forward. My thought, though, is that we would want more specific resolution to put some time lines in place and specific measurable outcomes, and I would be happy to draft a resolution and have it come from all of us or other council sponsors or, however, it makes best sense to do that but I think it would be great to have an endorsement from this committee but also something a little more specific to come forward. And I'd be happy to draft that and bring it back to the council next month if that gives us enough time but we're running a little short on time for budget. >> Houston: And councilmember troxclair, do you have a

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question? >> Troxclair: No. >> Houston: Okay. So I have one. >> Yes, ma'am. >> Houston: I see the staffing estimated costs for staffing. I don't see anything for building a building. >> Correct. Our feeling is that we need to figure out the governance of it first and sort of the -- those issues before we figure out where it should go. And the cost of the building will determine, obviously, on the where it should go portion. >> Houston: Okay. So is there conversation with the central health about it being on some of their land downtown? When I looked at the maps, the heat map, that's where most of the people are. So I know that property has been considered in the past, so you've got some top three locations now that you're looking at? >> I think, again, we really want to focus on the governance part first. >> Houston: Oh, you're a real politician, Mr. Brown. That's really cute. [Laughter] >> Then once we get through that portion, I will sit down with you and would love to discuss the things that we've learned over the past year about places, but I think the governance portion is critical. I know that in the past this -- they have not followed that procedure and, therefore, here we are ten years later and we don't have a sobriety center. So I would like to encourage y'all to focus on the governance and the sharing part with the county first, and then to look at the location. >> Houston: Thank you so much. >> Thank you. >> Houston: Mayor pro tem, do you have a motion that you'd like to make? Or another question. >> Tovo: I have questions too and then hopefully somebody else will ask one but I'm happy to also support a motion. With regard to the bug tear budget tear impacts in the report it talks about needing part of the intent here would be to move things forward in a

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expeditious manner. I sure don't want to be reading the up in in ten years and find this continuing to be a discussion. I'd like for us -- let me also pause and say y'all have done tremendous work. I was in on the early part of the work and my staff member attended a lot of the planning meetings. I'm so pleased with the report and data you've presented us with. You've set a very clear path forward and offered a lot of compelling evidence for why we need a sobriety center here in the city of Austin. And so I appreciate and applaud all of your hard work in pulling this together. >> Everyone. >> Tovo: Everyone who has participated in it. What do you think a realistic time frame is? Was the planning group thinking that we could actually get this on the ground in the relative entities next budget year or would we be asking our respective bodies to help provide enough funding to do some piece of the -- we have some pretty big decisions, I guess, ahead of -- that would come ahead of any funding piece. >> Yeah. I think what the -- what our committee had hoped for was for it to be in the budget cycle this year. The -- I would encourage all of y'all to take a look online, and I think even in here we have some pictures of the Houston sobriety center. It's a pretty basic structure. It's sort of an air conditioned warehouse with several beds on the floor, maybe a central area, separation between men and women, a few other things, but it's not a complex structure physically. There have even been, I believe, chief dusterhoff mentioned there have been smaller versions at acl of basically the same concept of a sobriety center but it was a tent there. So I don't think the actual -- once we -- if we do find a location, I don't -- that does not have to necessarily take a long time in construction or anything like that.

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So our hope is that we could help y'all and y'all could help us work with the county to come up with funding quickly and get it established this year. >> Houston: So I have one other question. Is this -- when you're saying this budget cycle, are you thinking about a permanent place or are you talking about a temporary place until you can get the rest of the marbles in line to make it work? >> I'm personally thinking about a permanent application but judge hohengarten may have more realistic -- >> You know, I think there's several ways you can go about it. One may that you might consider -- some of it does depend on governance. So, for example, if the city and county decide that they want to establish a governmental nonprofit, in Houston what they did, the city council passed a measure to establish the nonprofit, they got a board together, they got an executive director, and then that entity did the real down and dirty budget planning, found the building, came up with an estimate. And so, you know, you might be able to partially fund it for a year to get the ball rolling on further planning because somebody is going to have to be in charge of, you know, developing the building and it would be helpful to have someone to do that. You could also do a contract, a request for proposals, for organizations that exist in the community. And that might be a quicker fix. There are some organizations in the community that might have extra space that could accommodate a sobriety center. So, you know, there -- I think there are a lot of different

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options that you can explore and hopefully between the city and the county talking about the different ways to go about setting up a nonprofit, we can figure out what would be most appropriate for this budget cycle. >> Houston: And, judge, I thank you for that. As you've heard tonight, we're talking about things that have been going on for ten years or more. >> Mm-hmm. >> Houston: And I'm not going to be able to vote on that tonight because there's some unknowns for me. >> Yes. >> Houston: One is the governance issue. One is the location. One is the cost. I know how much it's going to cost to staff, but I don't know how much it's going to cost to design. So until I've got some more concrete information about those things, how it's going to be put together, I'm going to have to just abstain. So just so you know. We're new, and I know you've been working, and I support the sobriety center, but there are just so many unknowns that the moment that I would have to feel comfortable even with the staffing at over a million dollars, I'd have to be comfortable knowing where we're going to locate it, what we're talking about, a temporary facility and what's the governance structure going to look like. >> Yeah, I don't think we expect to you vote to that degree of specificity and I think we'd be really happy to have councilmember tovo bring something to you that you might be able to vote on. And so I'm not suggesting that you vote in favor of building it when you don't have the information to do so. But it's taking that next step beyond just having us write a report about implementation to moving towards those next steps. >> Houston: Perhaps I misunderstood. I thought I heard trying to get it into this budget cycle. That's what I was coming from. I'd be happy to look at

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councilmember tovo's. >> Thanks. >> Tovo: I do have a couple questions but I'll communicate those to you afterward. >> Okay. >> Tovo: They were mostly about the charts and some different things going up and down. Would it be -- I would be prepared to make a motion today that our committee endorses the concept of the sobriety center or maybe not that because we already have a council recommendation doing that, but what about asking -- recommending that the city manager work with Travis county and other relevant parties to develop a governance structure and funding plan for a sobriety center based on this report? >> Houston: And location. >> Tovo: And location. Would that be something that committee members, based on the report, you feel like is a position you can support? Really we would just be recommending that they move forward and continue those conversations with more specificity around funding -- governance, and I take your point that that would be the first order of business to sort out. >> Sure. >> Tovo: And then funding and location. And then, again, I think it would be advisable to follow up with a resolution laying out some time frames, especially if there is an interest in moving this forward within the next budget cycle and we would need to sort out some of those details. >> Houston: Is there a second to that? It's been moved. Any discussion? It's been moved and seconded that whatever we wrote in the records, that's the recommendation from this committee. [Laughter] >> Houston: Did you get that, Mr. Corona? Okay. All in favor let it be known by saying yea or raising your hand. All opposed? The ayes have it. >> Thank you very much for your time. >> Houston: We have Mr. Jason Howell who would like to speak

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to 5. >> Thank you, again. As I mentioned before I'm a person in long-term recovery and so please we need a sobriety center. I would ask to -- councilmembers to support it. This is a Progressive disease and the sobriety center gives us an opportunity to engage people earlier so maybe they don't even develop the disease of addiction. So thanks for your consideration. >> Houston: Thank you so much for staying until this item. So now we have a public hearing on smoke. And we have several people who have signed up to speak. Carter Hobbs is the first person followed by skeeter Miller. This is the barbecue smoke ordinance. >> Good evening, madam chair. >> Houston: If you could put your mouth a little closer. There you go. And you've got three minutes. >> Thank you. Councilmembers, my name is Carter Hobbs. I think this discussion got started by a few extreme situations. I would agree that those situations need to be addressed but I believe they're trying -- trying to craft and enforce a narrow set of rules restricting a certain segment of restaurants isn't the way to go. Please thank back a couple of decade ago when the city tried to enforce a smoking ban on a limited basis. Very quickly, the smoking ban was rolled out over virtually every business in the city. It's my opinion that if the city tries to enforce regulations on wood-burning enterprises only the city will quickly receive a legal challenging to those rules and end up having to either include all smoke-emitting exhaust into that regulation or do away with the regulation altogether. If you had all the restaurants that have steak or hamburger

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grills, all the meat and game processors who smoke meats, all the butcher shops with small smokers, sausage manufacturers and there are quite a few, then the scope of an ordinance like that, it's an enforcement and its impact on businesses becomes huge. Consider how many restaurants sell hamburgers. That's a lot of regulation and inspection to implement. I believe that the city's best interests would be served by pursuing remedies to these few extreme situations by the use of nuisance ordinance this which could be sufficiently brought to encompass not only the smoke complaints but many other issues that will no doubt come before the city. Thank you. >> Houston: Thank you so much, sir. Do you have a question? Excuse me, Mr. Hobbs, could you come back to the mic just a moment? Mayor pro tem has a question. >> Tovo: I'm intrigued by your last into a nuisance ordinance. Did you have anything else in mind that could be included within that that's not currently in our code? >> I'm afraid I'm no great legal mind, but it just seems that such an ordinance would be useful because we obviously have a situation where we have, you know, a very few people involved with neighborhood conflicts and, as I understand it, some of that is already being handled in civil court so that would seem like something that -- I mean, we have really isolated nuisances. >> Tovo: All right. Thank you, I appreciate it. >> You bet. >> Houston: Mr. Miller. >> Madam chair, man, councilmembers, my name is skeeter Miller, owner of county line restaurants and have been for 40 years, president of greater Austin restaurant association, also sit on the board of the Texas restaurant association, Austin hotel lodging association and the Texas restaurant association

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education foundation. After I last spoke before the council concerning this issue, I wanted to educate myself on what other cities are doing. I called the Texas restaurant association, got with their legal council and said can you help me get in touch with the national restaurant association and see, you know, what other cities are doing. We came up empty handed. There were no ordinances that they could find out that dealt with smoke mitigation. They did give me one example of a restaurant I believe in Washington, D.C., the cost to put in scrubbers at the restaurant was \$75,000 and the expense for monthly maintain was \$1,000 a month. And sometimes more. I do have mama foo's offices in my office building. They put in scrubbers in their restaurant in Austin. The cost was \$60,000 and the monthly maintain was over a thousand dollars a month. I was at the wine and food summit two weeks ago and got to speak to two of my friends and chefs, Steven piles and dean fering. They have experienced scrubbers in their restaurants in the past. The cost of them was over \$200,000 each. And the monthly maintain was \$1,000 a month. They are both both willing to share their experiences with council or this committee at any time. The possibility of an all-encompassion ordinance like this would be financially crippling to the hospitality industry in our great city. It would be a roadblock to future food industry development, not to mention the financial burden that would be levied on many longstanding restaurants in this and I that could possibly be forced to close. Most importantly, the loss of jobs and tax revenue. Scrubbers should be clearly the

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last resort. I think Mr. Hobbs mentioned the nuisance aspect of it. Our association will work extremely hard with this committee and council and other restaurateurs to come up with a way that our last resort is the scrubbers. It's financially -- I hear y'all talk about your budgets. We're exactly the same way in our industry. So I think that the health department did a study. They were -- I think there was -- they -- it was, like, nine different surrounding areas to find out that there was a -- an ordinance like this and seven of them responded with, no, they don't have anything. So, obviously, there's a problem with the -- [buzzer sounding] >> -- Few people that we're talking about, but I just feel like that to punish all of us that have been really good stewards is not the right way to go. Do you have any questions? >> Houston: Thank you so much. >> Okay. And, madam chair, Darrell Flemming -- Darrell with Flemmings was supposed to speak but he had to go back to his restaurant. >> Houston: Thank you so much. Is Gerald stone still here? Following Mr. Stone Hoover Alexander. >> I'm Gerald stone, partner with the elmercado restaurants here in town and I've been involved -- >> Houston: Can you speak closer to the mics? >> I'm sorry, Gerald stone with elmercado restaurants, I'm a partner with that enterprise, and I've been involved throughout the years with a lot of restaurant-related legislation. The situation that -- I'll repeat I had the same handout we got there involving feedback from seven out of ten municipalities and none of them

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had any situations with smoke scrubbers so it looks like this is the first of something that need

to be developed. And I'm willing to help the city find out as much as what we can about what has to be done. The -- I don't know what all is involved in the nuisance ordinance and how it is used to address smoke issues or what the smoke issues are or what constitutes a smoke issue, but I'll be willing to see what I can do and make this a sensible ordinance like a lot of other ones we have. Thank you. >> Houston: Thank you so much, sir. Hoover Alexander and the last one is Scott gambles. >> I had a question, chair. >> Houston: Yes. >> Garza: Did we get any kind of update from councilmember Renteria about, you know, any negotiation or -- because I know this came out of a specific incident so I'm curious if we -- >> Houston: No, no. >> Garza: Okay. >> Mr. Alexander. >> Thank you, chair Houston, councilmembers. I'll be brief. I really -- looking back on the meeting when it first came up with you guys, some things really did resonate. I really thank several of you that spoke about the economic impact on restaurants. We've heard that again tonight. I am a member of the state and local restaurant association, but really want to also speak to the -- and be a voice for those small restaurants that are mom and pop, that economic impacts as some of y'all have acknowledged would really put them out of business. Really want to be mindful of that as we think about an ordinance. The last speaker, when we discussed this, the lawyer who was representing the neighborhood above Barton

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springs, he really did say something that made sense, looking at a solution involving nuisance. And taking that approach versus a one size fit all ordinance, as you've heard us repeat again tonight. So I will support and be in favor in working in any way possible to remedy that through the nuisance approach versus the one size all approach. And thank you for your time, letting us be here overtime tonight. Any questions? >> Houston: Thank you. Any questions for Mr. Alexander? Thank you so much for coming down. >> Thank you. >> Houston: And I suspect that Scott had to go back to his restaurant as well. There's a staff presentation. Are there staff here to kind of walk us through what you're suggesting? Mr. Jones. >> Shannon Jones with health and human services. First of all I want to assure the council it would not be our intent to do anything that would mitigate the businesses here. And so as you'll see as reflected here, some of the work we've done and our efforts would be to reach consensus on whatever kinds of effort we would do to address this issue. We recognize this is not only an economic issue but a concern to the community so we'd work with both the vendors as well as community to reach consensus but it is not our intent to -- or desire to drive any businesses out. And we recognize the economic impact. Our staff will come and give you a brief survey of what we've been able to do to give you a picture what have we've seen so far and you can go from that. Vince Delisi is the division manager for environmental health. >> Houston: Thank you so much. >> Good evening, madam chair, mayor pro tem, councilmembers. Vince Delisi, assistant division

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manager with environmental health services the health and human services department. We did a little data gathering over the last few weeks to try to come up with some information for you regarding the barbecue smoke issue. And. [Buzzer sounding] >> Houston: That's not yours. [Laughter] >> Houston: Go ahead. >> We were asked to basically look at the -- try to identify as

many restaurants that primarily serve barbecue or would be large emitters of barbecue smoke from grills, wood grills, or smokers. Unfortunately, we do not classify in the environmental health services division we don't clarify restaurants by the type of food that they serve, and so we had to basically do a search through our database by restaurants that have the word barbecue in different connotations or the letters barbecue in the name to try to identify as many restaurants. We have some anecdotal knowledge of certain restaurants don't have the word barbecue in their name but it was a little bit of a challenging to try to say we had captured everything. >> Houston: Okay. >> So we just identified 86 restaurants, contacted -- we were able to contact 73 of those directly and asked a series of questions about their hours of operation, whether they have smokers, when they operate the smoke -- the smokers and barbecue grills. And also whether or not they have scrubbers installed on their smokestacks. And so the results there, as you can see, we had 51 of those were fixed food establishments, restaurants, and 35 were mobile

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vending units, and we had zero establishments reporting that they had installed scrubbers. Our environmental health services division receives complaints to our complaint request line on a daily basis but we were unable to identify any calls to our department that were specific to barbecue smoke. We know that the council has received complaints and -- but our complaint request line had not received the -- the only one we did have there was fresca's alcarbone in September of 2014. One complaint. 311 we also queried for barbecue smoke complaints. We ran into the same problem that director smart alluded to earlier, that 311 also had trouble trying to identify that specific type of complaint by using some word searches and came up empty with complaints to 311 specifically regarding barbecue smoke. The city did do a query of seven other municipalities, none of them currently require barbecue restaurants to install the smoke scrubbers and that's about it. If you have any questions. >> Houston: So I hear that the nuisance ordinance might be an option. Can you give us just briefly a little bit about what that might contain? >> Well, we can look into that. The state health and safety code defines a nuisance, and there's -- and so there's a lot

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of -- it depend on what is clarified as a nuance, a public health nuisance, whether it's an odor or a noxious condition, unsanitary condition can be considered a nuisance. So while we do enforce the health and safety code our city department does not currently enforce air pollution conditions and so the tceq is the agency under the Texas administrative code that would investigate and enforce emissions, air emissions that exceed certain levels. >> Houston: So does everybody know what tceq means? >> I'm sorry, Texas environmental -- Texas commission on environmental quality. >> Houston: Thank you. >> That's why they go by the acronym, sorry. [Laughter] >> Houston: Any other questions? Councilmember troxclair. >> Troxclair: So that's my understanding, is that tceq does include this kind of smoke in their state-wide regulations. So do you know if -- I guess my question is do you know if neighborhoods who have had this problem know that or have pursued that route? Because it sounded to me -- I did a little bit of

research since the last time -- since our last council meeting to figure out if this was something already regulated at the state level, and my feedback from tceq staff was that it was. So I'm just -- >> So that's correct. We have instructed -- since this has become an issue, we've made clear with 311 that if they do receive complaints of this nature that they have the proper information of how to refer that complaint. And same thing would be true of our department. If we receive complaints of this nature, we can take that information and refer it to the proper agency for investigation.

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>> Houston: Councilmember Tovo. >> Tovo: Thanks. I was just looking to see -- it seems like we have ordinances within the city of Austin that are generally categorized as nuisance ordinances but I think the -- I guess the point is we don't have any right now regulating smoke emissions. >> Not to my knowledge, no. >> Tovo: So I think that was the direction of the resolution was to look at -- to look at an ordinance change that would include smoke as a -- as some kind of regulation, you know, and it left it relatively open-ended. So I think it would be -- I guess all that is to say I think it would be very helpful to see what kind of different options are available to the city of Austin in terms of enforcing smoke regulations, including, you know, we had some identified in the resolution, we've heard some feedback about those suggestions, but I would be very interested, too, in seeing what some of those nuisance ordinances are that exist in other places that regulate smoke and odor on the local level as well. >> We can certainly look into that, you know, try to find out what -- how the Texas commission on environmental quality currently conducts those investigations. >> Tovo: How they define it, how they -- yeah opinion. >> It's a matter of equipment for monitoring suspended air particles and so forth. >> Tovo: There is there was some specific locations that were generating a lot of the concerns, and I'm sorry I had to step off the dais during the beginning part of your presentation but I'm looking at the powerpoint. It's not immediately apparent to me whether or not you visited those locations that have been identified as particularly problematic with regard to smoke and, if so, did you agree? >> No, we did not make site visits to these establishments. This was a phone call survey to find out their hours of operation, some specific that's -- specific questions that were

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posed to return. >> Houston: It's my understanding that La Barbecue moved away from the neighborhood closer to Cesar Chavez and I think the other location with Black's Barbecue, I think they're in some kind of litigation. >> Tovo: Yeah, and I go by it all the time. It doesn't appear to -- it still appears to be generating smoke so . . . Okay. Well, that's helpful and I guess, too, it would be -- I assume one of the reasons it was relayed to this subcommittee to talk about the health effects of smoke because that was a subject of concern for Microsoft -- many of the neighbors we were hearing from. Is that a discussion we can have here now or would that be a follow-up? >> I'm not a medical expert as an environmental health officer I would deal with the environmental aspects not personal public health aspects. >> Houston: I see Mr. Jones is coming up. >> As part of any assessment we would provide to you, we would look at the impact of this on health effects. So one of the things, as I said earlier, is our goal is to make sure

whatever comes up will benefit the community, both the vendors, as well as the community and certainly we'd be looking from a health perspective. We'll look in terms of impact, in terms of research that indicates that for my knowledge right now -- we can certainly do a literature research to make sure that there is none, but nationwide this has not been a major issue ever presented but we can certainly look and provide that as part of our report back to you. >> Tovo: When you talk about it not having been a major issue, do you mean in terms of the frequency or do you mean in terms of the acknowledged health. >> Acknowledged health impact. >> Tovo: Okay. >> Now, the consumption the barbecue is a different issue, but the smell. [Laughter] >> But the smoke is a different issue, though. >> Tovo: Okay. >> All of that would be part of our report. >> Tovo: Thank you. That tells me what I need to

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know, that you are going to investigate. >> As part of our report. >> Tovo: Back to council, all right, super. Thank you. >> Houston: Thank you. So we will continue to put the smoke ordinance -- the smoke on the agenda so that we can receive additional information from the health department, and if there's someone at the -- what's the name? Department of Texas commission on environmental quality that could come and talk to us about the -- how they would investigate a complaint if someone moved -- was so moved to call and register a complaint about barbecue or any other kind of smoke. >> Yes, what we will do is talk with them, representatives, and get the detail in terms of how it's done across Texas and other places and make that as part of our information to the community and to the vendors -- I mean to other people who have questions with regard to that. It will be part of our -- and also share it with you as well. >> Houston: Okay. >> We'll also see as part of our assessment whether or not they can participate with us in terms of what we're doing as well. >> Houston: Thank you. >> We'll do that in contacting, working with them. >> Houston: Thank you. And I will contact councilmember Renteria and see where he is on this issue so that we're all moving together in a direction. Councilmember Troxclair. >> Troxclair: The information that we're talking about, are we talking about this being on our next -- being reported back to at our next committee hearing? >> Our intent will be to try and get back at the next one, but it depends on how much time in terms of being able to get with diversification if we can get with them but our intent will be to try to get it at the next meeting next month. >> Houston: At the June meeting. >> Troxclair: Okay. I just want to make sure that we're -- for the benefit of the business owners who are spending a lot of time and energy at city

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hall I want to make sure we're really clear with them what our time line is so that they don't have to take multiple days away from their businesses to be here to give their -- >> Houston: And I appreciate that. And I appreciate them being here. This will probably probably not be a public hearing before this body but it's for us to receive information so we can either recommend moving it on or recommend not moving it on to the council for consideration. >> Exactly. >> Houston: Is that -- does that make sense to everybody? >> Troxclair: Mm-hmm. One more question. Does anybody remember, was this the only committee that this was referred to

or was it also referred to another committee? >> Houston: I don't think so. >> Troxclair: Anybody remember? >> Houston: I don't remember, mm-mm. >> Bob ca reason yeah, health and human services, I think it was recommended to economic development as well. >> Oh. >> It was at least -- >> Troxclair: I think you're right. >> Houston: Really? >> Troxclair: Yeah, I think you're right. >> Houston: Thank you all so much. We'll deal with that at a later date. Right now, that completes our agenda. Can we talk very briefly about what needs to be on the June agenda? I think we still have some follow-up from the code department on these homes that are unregulated, and some more information from the sobriety working group. You're going to bring back a -- >> Tovo: I'll be glad to bring back a resolution unless I bring it to the full council with y'all. >> Houston: Okay, that's fine. Some additional information from health and human services regarding smoke emissions. There will probably not be a public hearing so you guys don't have to come. Thank you so much for, you know, being here and taking away from your business. And what else do we need to put on the agenda for June?

[7:40:50 PM]

>> Tovo: Circus animal recommendation that came to us from the animal advisory commission. >> Houston: Circus animals, okay. >> Tovo: Use of painful devices within circuses. >> Mad, madam chair, David mentioned the children's health plan coming out and hoped to get it on the June agenda. I believe he sent you an e-mail a few weeks ago if it's possible. >> Houston: Okay. Children's mental health, circus animals. That's it? Thank you all so much for being here tonight. Without objection, this meeting is adjourned at -- give me a -- come on. 7:42 I'm so accustomed looking at that time on the screen, at 7:42 P.M. Thank you so much.