

Health and Human Services Committee Meeting Transcript – 09/16/2015

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[9:05:05 AM]

>> Houston: Good morning. Everyone. We're having some technical difficulties, so that we're going to hold on just a moment until we get those fixed. Okay? Thanks. If you are a visitor and you have a parking ticket. The lady with her hand raised, if you will go ahead and get your parking stick stamped so you can park for free.

[9:11:35 AM]

>> Houston: Good morning again, everybody. Are we up and live? Good, good. Good morning, I'm Ora Houston, and welcome to the September meeting of the health and human services council committee. We had to change it today because the first Monday was labor day. And we were not going to labor on this and ask you to come in. So we're here today. Identified reminded everybody about parking. We have a quorum present so we're going to begin with the minutes. It is 9:12. We're starting and we're in the boards and commissions room at 301 west second street, Austin, Texas. Let's review the agenda to see if there's anything that anybody wants to comment on since it's already been posted, we can't make any changes. Okay. Let's approve the minute. We've got two sets of minutes to approve from August the 3rd and August the 19th. Is there a motion?

>> Tovo: So moved.

>> Houston: All in favor let it be known by raising your right hand? All opposed? Unanimous on the dais. We do not have any citizens communications here until we get to agenda item 6, so if someone wants to speak to something that's not on the agenda, please let us know. Okay? Thank you. So we'll move on to our first agenda item, which is a staff briefing on the criteria and process for appointment of the central health board of managers.

[9:13:36 AM]

>> Good morning, councilmembers, mayor pro tem. What we're going to do today is walk you there what the process might be for you to do a recommendation to the full council for the nomination of a term that is expiring for the central health board of managers. So as you know,

central health is an intergovernmental entity that connects low income residents to high quality and cost effective health care. It's a political subdivision of the state of Texas. It's governed by a nine-member volunteer board of managers. And it is the only city of Austin intergovernmental entity that currently a council committee is making the recommendation for the appointments. So a little bit of background. There's not any set criteria like with some of the boards and commissions that we have where we say one must at least be a medical doctor or an airline pilot or anything. There's nothing like that as far as we're aware of. And based on the information that we got from Travis county -- from central health, but they do have kind of a broad and varied background, including community and social service, medical care, private businesses, government and law. So it's a wide variety of experience that they can use on the board. In addition to their regular meetings, which on average requires about 15 hours a month, they also have special community events, community engagement and preparation for those meetings. So the 15 hours encompasses all of that commitment.

[9:15:37 AM]

They also hold public meetings and approve the budget every September, which also places, as you know, additional burdens on your time commitment during that time period. They are not part of our city code. They are independent. They have their own terms of service and processes. They typically meet the first Wednesday of the month and their schedule, their agendas, all of their documents, are available on the central health website. Their members serve a four-year term and if they vacate then a replacement is made to fill that incomplete term. The nine board members consist of four appointments made by the council city council, four appointments made by Travis county commissioners' court and then a joint appointment between the city council and Travis county. So our appointment process is we accept the applications through the boards and commissions process that we use for all of our other boards and commissions. So we accept applications to serve on the board year-round and we just keep a pool available whenever you might need it. So I'm going to ask Deana to join me because she may know more of the logistics. If we haven't we will on provide you the pool of the applications that we have currently of folks who are interested in serving on this board, which I believe also includes an updated application of the current board member whose term is expiring. So if we have not given those to you, you will get those today. So your options are what we've done in the past is you can review the applications, kind of come up with your own short list for a discussion.

[9:17:44 AM]

And for interviews of the candidates if you so choose. Or you can do a general outreach if you don't like any of the general outreach, see if you can widen the pool and we can help you with that. Similar to what we have done with municipal service, we'll just do some public announcements encouraging some additional applications, try to get a press release out there and the marketing out there for you. Once you've made your recommendations and come to an agreement, then that recommendation does go to the full council for approval. Council makes the actual appointment. The clerk's office will handle making or general outreaching that on the agenda. It will be part of the typical board and commission appointment sheet that you had on practically every council meeting. So what happens when annual appointment is coming up for either -- because it's vacated or because it's going to be reappointed is we will check with central

health and discuss to make sure that the person is being an active participate, if they're interested in continuing and/or being reappointed, because of time commitments they can no longer serve and are no longer interested. Approach the health and human services committee and get it on your agenda to discuss the reappointment or the appointment of a new person, whichever you prefer, and provide you the name of the person whose vacating, when their term expires and then you all can start discussing and figuring out who you would like to appoint. Once you've gone through all of that process we will schedule the nomination to be approved at the next council meeting that is scheduled.

[9:19:50 AM]

And as I mentioned this will just appear as part of our Normal boards and commissions nominating item on the council agenda. You have a sheet which hopefully you can read better than I can read this. Since we've moved back I can't really see that. It shows you who the four city appointments are, when their terms expire and kind of just a short little bio of their expertise. And it might give you a kind of good idea for some of the actual criteria that you might be looking at. I think a couple of them are in the nursing fields. One I think is a doctor. One actually has an accountant so they have the background to assist with budget preparation. So you're probably looking for someone who has related experience. Doctor copewood, its his term that is expiring in December, so we will be making a reappointment or a nomination of a new person to begin once his term expires. So that would make it effective January 1st. Travis county has a slightly different process that they use. So if you're interested we could walk through that as well. They do an open call for applicants for 30 days. And then it goes to kind of a subcommittee of county employees to narrow down the list of applicants to be reviewed by the commissioners' court. The commissioners' court then conducts interviews in a publicly posted meeting, but they do not broadcast those interviews. And then the commissioners' court brings forth a nomination for approval.

[9:21:57 AM]

The Travis county intergovernmental relations office kind of serves in the same function for a lot of their boards and commissions that the clerk's office serves for the city. So that office coordinates getting the appointment or reappointment on the commissioners' court agenda for consideration after the -- a letter of consideration is provided by the members stating they're interested or interested in being reappointed. And that they verified that their member is a member in good standing. And then the commissioners' court makes the final appointment or reappointment. If they don't want to reappoint the person they do a call for new applications.

>> Houston: Thank you so much. Are there any questions?

>> Kitchen: I don't have any questions.

>> Houston: Members of the committee, do you have any questions about the process that we will use?

>> Garza: Seen the presentation on the Travis county one I think that's a good route to go down. And I have spoken with councilmember kitchen. I'm sure she's going to give her insight, but she has a lot of experience with central health and this is a really important appointment for us. So I like the Travis county process, my input.

>> Houston: Just so people know, I like the open call. I think it's -- because we're in a 10-1

system and in the spirit of 10-1 we need to publicize this opportunity as far and as wide as we can and make sure that we have a lot of eligible applicants who are interested in the position.

[9:23:59 AM]

So although the city's process is a little different, that's what you would say is an open call. We would advertise, we would send out press releases saying we're looking for a person to fulfill that position. Councilmember kitchen? Pitched I was going to echo that --

>> Kitchen:, I was going to echo that. I think an open call, this is a taxing body that considers taxpayer rates and as you all are all very familiar with what they do and I would suggest that. I would also suggest, and this is of course up to you guys, the interview process, I think obviously going through an interview process is important. And you might want to look at the criteria and set some sort of criteria of what you're looking for, I'm sure you will do that. And then you might want to bring back a couple of options to the full council to consider. So those are the kinds of things I was thinking about. In criteria I would be happy to give y'all some input if you would like just based on my experience on the criteria.

>> Houston: Sure. We appreciate that. Mayor pro tem tovo?

>> Tovo: I really have not much to add other than to say that I believe that we've had some interest expressed from individuals out there in the community and I believe Mr. Coopwood has expressed an interest in continuing, but I completely agree that we need to have an open call. I think that's the right process for this board. And I like the -- I concur that I like the Travis county process described.

>> Troxclair: I think I agree with everything that's been said. I want to make sure that none of your statements about having an open call, that's not reflective of Dr. Coopwood's service. I'm sure he's done a great job on the board and serving us and that we would want to consider him as well in the pool of applicants.

[9:26:08 AM]

But I think the open call is the best thing to do. I guess I would be curious, councilmember kitchen, what your suggestions would be for criteria. It sounds like there is such a broad range of experience on the board. I would be hesitant to do anything that would dissonant vies someone from -- disincentivize someone from applying that might not have the same qualifications as someone whose term is expiring, but may still be able to provide a valuable service.

>> Kitchen: I wasn't thinking of it in a limiting way, but more of a guide when you go through the process of interviewing folks. For example, I didn't really thought through what the criteria might be, but I don't know that criteria are written anywhere. I thought it might be helpful for y'all and also for your applicants to know what criteria that you want to look at. I think that some of the things that are important, of course, is a financial background. Not necessarily a background, but some of the financial relationships because that's -- it's a taxing body and someone who can go through the budget and do those kinds of things. Other than that I don't have a set list of criteria. I just think that there ought to be some criteria. >>

>> Houston: Go ahead.

>> Troxclair: I was going say when we did the interview process for municipal civil service commission that was a -- we kind of talked about -- we had the same questions for all of the different applicants and we kind of talked about in executive session what we were looking for.

We may follow a similar process to that.

>> Houston: That's what I was going to ask is will the human resources department be able to work with us to kind of further refine what the criteria might be that we're looking for before we post this and then help us with interview questions.

[9:28:15 AM]

I thought they did a great job with the municipal clerk process.

>> I won't speak for human resources because they don't report to me. But I'm sure they would. What we can do is if we know what criteria you're looking for, mayor pro tem may remember from the first time that audit and finance did the municipal service we actually created a spreadsheet for the members that showed all of the applications and which members had something on their resume or in their application packet that indicated they had experience in certain fields. So you could kind of visually see who is some of your top candidates might be. So we could do something like that, but we mind of need more guidance from you than what you would be looking for in the applications.

>> Houston: That would be helpful. I think the reason we're starting this process so far out is that the appointment needs to occur in December. So we needed to give staff time to do the kinds of things they need to do now for us to have a conversation about criteria so that they can go ahead and market it in the open call process.

>> Kitchen: You might want to look at the criteria -- I believe if I'm remembering correctly that Travis county may have a set of criteria that they use in their interview process and I believe in year's past, if I'm remembering correctly, the city had a criteria. I think I remember -- I don't remember when it was, but a number of years back when the city was making an appointment, and they went through an interview process, they had a set of criteria. So I don't know if that information is available, but --

>> We've looked through everything that we've had in the past so if there was anything in writing from your office pulling together the criteria we have not been able to locate that.

[9:30:30 AM]

>> Houston: Is it possible to ask Travis county for their criteria.

>> We can do that, yes.

>> Garza: Chair, I was reading this letter and it gives a good little background of kind of like a description of what some good experience would be. So if human resources was pulling together a little criteria maybe they can use some from this letter, it has good information, the central health letter. And you said we have current applicants now, so I'm sure we would consider those as well, the current ones in the call. How many -- I'm curious how many we have. It's okay if you don't know.

>> If you would like, what we can do is add them to the list of pools that also would encompass any that we got from the open call.

>> Houston: Thank you so much for helping us get on this path because we need to be moving timely. So thank you. Appreciate it. And if we have any more questions we'll send them to you. Thanks. The next item is a briefing on public health accreditation.

>> Good morning. I'm Shannon Jones, director of austin-travis county health and human services department. I'm joined here this morning by Dr. Phil huang, our health authority director and Ms.

Athena Watson, our coordinator.

[9:32:39 AM]

Before we get started, I'd like to first of all on behalf of the department thank mayor and council for the support y'all gave us in our new budget going forth. In the many years in this department this is by far the biggest support for our infrastructure. We would like to personally on behalf of our department thank you for that support. Our presentation today is to talk about accreditation. What is accreditation, why is it important, to talk about our process and the accreditation process. The public health accreditation board will have a site visit here to Austin during the week of October the 20th and 21st. D.r.s. That time they will be meeting with various members of our staff and council members. The whole goal of public health accreditation and you will find out more is to improve and ensure that we are operating the best practices in terms of the field of public health. The advancement of best practices and benefits are the things we will share with you today as well. As part of this effort we're going to ask that at least two members of the health and human services committee serve in working with us and meeting with the four members of the public health accreditation board site visit during their visit here in October. Quickly just to let you know, there are 79 health departments in the nation which currently are accredited. That covers roughly 39 million people in the U.S. So we still have a long way to go. In Texas there's only one health department that's currently accredited, and that is the city of Houston. We hope to be the second accreditation department here in the state. When we talk about accreditation goals, it's to improve and protect the health of the public by advancing the quality and performance of both state, local, tribal and territorial public health departments.

[9:34:53 AM]

So this is not just about a local health department. Also these others are underway with the state, the local, territorial and tribal health departments. Accreditation requires a commitment and adherence to national standards so what we're doing here in Austin and Travis county are consistent with what's going on around the nation. I'm going to ask Dr. Huang to talk a little bit about what does accreditation do.

>> There are many benefits to going through the accreditation process and getting accredited. It's going through this checklist of some of the requirements. So some of the things as you're going through this identifying successes and opportunities for improvement certainly seeing the areas where we're strong but also identifying areas where we can still make some improvement. It is built in a means for accountability also in this. There are some requirements for that and so looking at the process is looking at the standards that are out there and making sure that we have these same standards for building an accountability. It does strengthen our engagement and participants. And another checklist to make sure that we're doing all that we can can also some best practices that are identified with accomplishing these things. Developing public health workforce is another area that has to have the same emphasis and ensuring that we meet some of these standards. Improving communication with governance. This is an example of some of the things we have to talk about and going through this process we have to give examples of how we work with you all and in the process of trying to identify the public health needs. Building a platform for quality improvement and it's identified as a tool that's necessary for any quality public health agency. Increasing the understanding of public health we find commonly that

people don't know what public health is so that's part of the effort. And energizing the staff, part of that process is very essential from that standpoint. There are incentives for accreditation.

[9:36:53 AM]

It does give national recognition for our public health practice and the things we're doing in our community. As Shannon mentioned, right now there's only one other public health department in the state that's even accredited. We would love to be the second one. It gauges the public health workforce in this actively in the process. Many of our staff have to be involved in the interview process, have to be really aware of what are the standards for public health and how are we sort of comparing to those standards. We get access to a network of public health experts so we look at best practices during this process. We have some experts that are available to us to look at best practices and what things we can do. Focusing on improving the health department, prioritization for future funding and potential access to new funding streams in the future. It's anticipating that many funding streams may only be available to health departments that are accredited.

Streamline grants reporting. And then also participation in developing a strong database for best practices. We'll help contribute to what are identified as best practices in public health. The last slide I'm going to go through is the focus of accreditation focuses on 10 essential health services and these were identified and developed by the institute of medicine. What they point out is the distinction between public health and clinical practice. And clinical medicine. Because a lot of times there's confusion. People don't understand in clinical practice you're dealing with individual patient. In public health our patients are the entire community. So I have a hard time remembering all 10 of these essential services, but on the outside you can see a simplified explanation, assessment, assurance and policy development are sort of the three big areas of core public health central services. So that assessment piece you know we're uniquely positioned that we collect data on the community. We get the birth certificates and the death certificates and we get -- we monitor what are death rates for flu. What are some things that are coming up, diabetes rates in our community. Or if we get portable diseases, things like west Nile virus.

[9:38:56 AM]

If we're monitoring or making sure Ebola doesn't come into the community or things related to public safety so we do monitor for bioterrorism events, things like that. Then the policy development. Those are some of our tools that we have. The interventions and treatments we do in public health are different than a clinical prescribing a medicine, but it's more like policy. So some of the things even that you dealt with at the last meeting, fluoridation of water, smoke-free and tobacco free policies, those sorts of things. And then the assurance. We need to assure and look for what are the gaps in coverage or what are the vulnerable populations that aren't receiving services. Like immunizations for populations that don't have access to those things. So the assurance piece looking for the gaps that also includes enforcing laws, food safety laws, things like that. It's a broad range of things that we deal with in public health, but that's why the accreditation process is nice because it's structured around those 10 essential health services and in a checklist manner we go through and see how are we performing compared to some of those national standards.

>> Good morning, earn. My name is

[indiscernible] And I'm the accreditation manager at Austin Travis county health and human services department. So I'm here to talk about more of public health accreditation and we have for you in front of you these lovely accreditation wag bottles. And what they are is our efforts to engage our staff and our community. We marketed this tool called write it down, acknowledge and go forward. A lot of accreditation is looking at capacity so internal capacity and how we work with our partners and collaborate. So documenting, acknowledging our partners and moving forward with quality improvement and assurance. You also have a handout for accreditation from our department as well as a public health accreditation board standards that is provided to you. So with accreditation we're looking at 12 domains, 32 standards, over 250 measures with two examples per measure.

[9:41:02 AM]

So basically in summary it's a lot of work. But it really looks at our capacity overrule. They place a strong emphasis on comprehensive community health assessment, improvement planning and agency strategic planning. As Dr. Huang had said, phab focuses on 10 public health services and added two domains, one how we have internal management and capacity and also how we engage with city council HHS camp Mabry. Phab focuses on multiple determinants of health, so accreditation really looks at how we're working with our partners and collaborating on different needs, maybe non-public health needs, like public health rhett needs like nutrition, education, housing because that all plays into the bigger picture of public health. As Shannon said, 39% of the U.S. Population is covered by accreditation, roughly 121 million. And as Dr. Huang has mentioned, that number is growing and more and more we're thinking the feds will tie grant money to accreditation status. So when the austin-travis county health and human services department is accredited, we will have advancement in the delivery of public health standards and services. So basically we'll meet or exceed national standards, again leveraging funding. Improved communication with the city council and commissioners' court. So we'll be able to have written communication on our progress and share with you as well as county commissioners. We'll also have strengthened community engagement and partner collaboration. A big part of accreditation is sharing our progress with the community and also a big part of that is engaging community members and planning and building an assurance. And so we have to provide progress reports to their credentialing body, the public health accreditation board so we're held to high accountability, not only by our governance, but also by the public health accreditation board.

[9:43:20 AM]

You will have access to key areas of our health and human services department, including planning, internal and external communication, performance management and our workforce development. So our timeline -- so we've been working on accreditation for about two years and before that we were a test site, a pilot test site and we were also building our first ever comprehensive community health assessment and improvement plan. So basically as Shannon had mentioned we'll have our site visit October 20th and 21st and what happens at that site visit is four public health professionals will come to Austin and they'll meet with our executives, our accreditation staff, key leads, and they'll interview us, also visit some of our buildings. And they'll meet with elected officials or their -- or your representatives to further discuss how we all

collaborate together. We'll also have a separate meeting with our partners, key partners with whom we work. We're thinking sometime December through February we'll have an accreditation report and recommendations. So we'll have a decision on where we are with accreditation and after that all the benefits and incentives will kick in. We also are committed to annually reporting to the public health accreditation board and accreditation lasts for five years.

>> I would like to thank her for doing a most admirable job and leading us down this road.

Hopefully we'll be accredited by the end of December, first of January and we will be hopefully the second one here in Texas. In concluding then what we're asking is-- of you is to please select or identify committee members to meet with the public health accreditation board when they arrive.

[9:45:25 AM]

They'll be here October the 20th for about a one our meeting and we'd like to have representatives from you, if not you, certainly your staff members to meet with them and talk about the relationship between our department and the council. We'll also be having them meet with members of the commissioners' court as we serve as a public health agency here for Travis county as well. Potential discussion items, if you have a melt up how did the city council Gordon austin-travis county health and human services department. Our recent process was an example of those things. These further maturities are further examples. That's what they'll be talking about in governance. What is the health and human services committee role and council's role. But how are you interacting them with policy here for governing our department. What are the communication channels and frequency and how are our issues prioritized to discussion and how are recommendation made. Those are some of the examples of the types of questions that an accreditation board will be asking of us. In concluding that's our presentation today. We would like to thank you for the opportunity to present to you and stand available to have any question about this process, the timeline or the expectation.

>> Houston: Thank you so much. Are there any questions? Councilmember troxclair.

>> Accreditation just launched in 2011 and the first departments that were accredited were in 2013. So this is our first time going for accreditation, yes.

>> Okay. It didn't seem like there was any down side.

>> And just to Venus' comments, our department is one of those who helped in developing the standards and expectation for the public health accreditation board itself.

[9:47:30 AM]

We do have some significant involvement in this process for quite some time at the national level.

>> Houston: Councilmember Garza.

>> Garza: I was going to ask the exact same question. I would say I would be interested in serving on this accreditation, if the committee decides to appoint two people, I'd be interested.

>> Houston: Good. So you have your first one.

[Laughter]. I think people should look at their calendars and see who is available that day and then if you will just let me know.

>> Troxclair: I guess I would say as chair of this committee, I think you would be a great representative if you're available on that day.

>> Houston: I think I will be, but let me go check and see. You may have two already. Okay?

>> We'll get back with you as it gets closer to that.

>> Houston: Thank you so much. We have the briefing on the 1115 medicaid waiver program.

>> Morning.

[Inaudible] Chief of staff, human services. With me is our program manager for the 1115 waiver projects. We're here to provide our annual update on the status of these projects. A little background very quickly, in August 2012 the council passed a resolution in support of our 10 public health 1115 waiver projects. These projects include immunizations for at risk adults. We have four disparity projects, we have others that target the homeless population. They are -- they are authorized under section 1115 of the social security act, hence the name 1115 waiver, that allows flexibility and designing programs for health services.

[9:49:37 AM]

Central health is the anchor for our region. There are six counties in our region. There are 76 projects altogether administered by eight different entities, including the city of Austin health department. We have 10 of those 76 projects. Six of those were approved in fy 13, the other four were approved the following year. Very quickly I'm going to try and explain the funding mechanism for this -- for this program. Generally we have to do two things. We have to provide documentation that we've achieved metrics and milestones for each of these projects twice a year during the reporting period. I think our next one is in October. And it's very rigorous process. Depending on how we do there we might receive the incentive payment back down. The second thing we have to do is provide the federal government what they call an intergovernmental transfer, an itt amount, based upon a percentage of the value of each of these 10 projects. So in effect bottom line, for every dollar we send up we get \$2.40 back down. The projects have the potential to earn I believe roughly \$18 million over the life of the program. To date we've received six and a half million for the funding of these projects from achieving the metrics and milestones. Again, kudos to the staff and many of the project managers who are in the audience today and to Kim Maddox for her expertise in helping us to the financial side. And I want to give kudos to councilmember Morrison who pushed this very hard when it initially came about. In the beginning the 1115 waiver program was just meant for hospital based projects, clinical based projects and that's not what we do, as Dr. Huang and Shannon explained in the preceding presentation. We're prevention. We got on board late, but we've been on board now.

[9:51:42 AM]

With that I'd like to ask laura to talk about the specific projects.

>> I'm the program manager for health department. Before I get started with all of them I want to orient you with the slides. Our green slides are the four year projects as we call them. They were approved in June 2013, which is one year into the actual five-year waiver. For each of our projects we talk about a project goal, the target population, the potential to earn is over the life of the project. So we don't get paid as bob mentioned, we don't get paid for anything unless we actually perform. We wouldn't actually see the entire amount until the end of the waiver project. And once we actually achieved the metrics. We talk about how much we've been able to earn to date, giving you an idea of what the budget is for this fiscal year and the annual targets for the project. With that I'll tell you more about community diabetes. The focus of this one and you

might have heard some of it from our last presentation in August, it is targeted African-American and hispanics with diabetes. So we're actively searching for those victims to help them manage their care better. It is community health workers out in the field. They're actually in community-based locations to educate individuals on how they can manage their own disease, their chronic disease. To date we've served about 140 individuals and our target is 140 individuals with diabetes, but we never turn away anyone who wants to take the classes, particularly when you're talking about family members who may experience or have some of the risk factors related to diabetes. We have increased our certified community health workers in this community and also we're partnering with Seton in identifying other ways to partner with organizations to ensure that we're reaching out to individuals after they've been diagnosed with diabetes. One of our other projects is the topic cessation project. This is a focus on specifically working on 18 to 24-year-olds to ensure that they either stop smoking or not smoke at all. There have been a lot of -- it's difficult to reach population. We know if individuals actually stop smoking by the time that they're 30 it avoids almost all of the long-term effects of smoking.

[9:53:45 AM]

We have two video clips to show you about -- some of the marketing efforts that we've done to target this particular difficult to reach population. , What if I never picked up that first cigarette, if I never started smoking would things have been different?

>> Text to 48748 or visit smoke-free.gov.

>> I started smoking at two weeks old because of secondhand smoke.

>> Text quit to 47848 or visit smoke-free.gov.

>> Those were marketed to YouTube, hulu, Facebook to try to approach this particular population in addition to street team marketing techniques because what we learned through focus groups is having someone call a line isn't necessarily going to have to work. It would have to be more interactive in terms of a text message to get someone to sign up.

>> I would like to add that all these 10 projects are recognized as best practices, as model practices or they would not have been approved. Those ads you just saw were produced with the 1115 waiver monies that we achieved for milestones or metrics. The next two projects are specifically targeting African-American children, mothers, so the maternal infant outreach program is to preand post natal care and health literacy through the use of community health workers.

[9:55:57 AM]

Through this project and through some of the other -- some of the great things about this is there's been a lot of collaboration among different projects and there was an 1115 kind of referral system that has been brought up that when a women goes to one of the women, infant, children clinics the social workers work with them to identify what might be an appropriate program so they've developed this referral system to refer them to this outreach program or to other programs that are working with women as well. The next program is a contract with Travis county health and human services. And this is building on the work that Travis county health and human services has been doing before, and it is the healthy families program so it's an evidence-based program and working with pregnant women and working with them up until the child is three years old to make sure the child gets immunizations, well checks. And these are home

nurses and well checks doing some of the these interventions with them. 75 individuals are typically served. As we continue to talk about collaboration they're working with the university of Texas school of nursing to have nursing interns provide additional support and services to these clients within the program.

>> We also are doing the --

>> Houston: Can you hold on just a minute, please?

>> Troxclair: Can you -- so the money goes to --

>> Garza: So the money goes to -- you said they're health workers out in the community. But those aren't like -- those aren't city employees. This money is given to other organizations that do that kind of work? Is that how that works?

>> For the miop project, they are temporary employees with the city. They are temporary employees that we've hired to actually do some of this work. Through the diabetes program some of those are grants given out to the community to have the community health workers do that.

>> Garza: Okay, thanks.

>> Houston: To follow up on councilmember Garza's question, so we're using people who actually live in the community to go back in to their communities.

>> Yes.

>> Houston: So that relationship is already developed.

>> Yes, absolutely.

>> Keep in mind this is one of four disparity projects.

[9:57:59 AM]

Three of these are targeting African-American folks where we experience great disparities in health indicators.

>> Garza: I have another question. The ones that we provide grants, do those go to the organizations that have like the [speaking in Spanish].

>> Yes. So the community diabetes program we have -- [speaking in Spanish] Is one of the projects, abundant rain and others are the ones doing the community outreach. So immunizations for high risk adults. So this is particularly focused on decreasing the prevalence of disease and death among high risk individuals. So we're particularly targeting individuals who may have left the criminal justice system, who are homeless, who may be visiting the STD change and we're trying to visit them and screen them for any immunizations we may need to not spread any additional disease in the community. This project, the majority of the vaccines are funded through the state. The city pays for part of them, but this is partnering outside with different organizations so Austin recovery, Austin Travis county integral care, the Salvation Army, the Mexican consulate, working with the city of Austin's day labor site and the Austin resource center for the homeless. So the arch. They go out in the community and also work internally with some of the clinics to make sure we're immunizing individuals to help stop the spread of disease. So this is a purple slide.

>> This is a purple slide. We have two projects targeted toward individual and supportive housing. We're talking about individuals who have been chronically homeless, in addition to being chronically homeless they have tri-morbid illnesses. So we're working with those individuals and through contracts to, one, get them housed, and provide all these additional support services so they can stay housed and become healthy. Because we know these individuals are the ones that will use the emergency room, that will call 911, that will reach out

to health services that they may not be able to get anywhere else.

[10:00:05 AM]

Our three-year project is still working with the same population but instead of having three conditions they would only have two conditions that we would actually have to address. So this year 55 new participants have been served. That may not look like a big number but a lot of individuals we're trying to find them housing and provide intensive support services. Through the 1115 waiver, there are some projects that are able to recoup funds from medicaid so while the city may pay through the contract up front, this particular one of our contractors can actually recoup some of those costs from medicaid so that we continue to serve more people with the contracted funds. One of the successes we don't want to highlight is for 18 of the participants in this program were able to track six months prior to six months post-enrollment and we've seen a 74% reduction in emergency room visits and 86% reduction in in patient hospitalization and 78 fewer ems, 911 dispatches. These were individuals on the street that didn't have anywhere else to go so these were the resources they were using so there is a savings to our community by serving them in this manner. And now these are our new three-year projects. The health education to address teenaged pregnancy. It's targeting -- we're targeting -- we're looking to decrease teenager pregnancy among Latina females 15 to 19. We're doing partnerships with Austin and del valle independent school district in a peer to peer model. We're educating teens to go out to the community to teach other teens about sex education in order to make better decisions about reproductive health. And the next two projects wheel share with you are more related to infrastructure.

[10:02:05 AM]

One is the [inaudible] We're actually able to increase the number of qualified registered nurses that make a commitment to go back and work in medically underserved area. Our goal through this contract with tap capital idea to have students actually go back into these medically underserved areas. Our last project, the electronic health records. This is helping the department with its technological infrastructure. We're introducing new protocols to introduce them to this electronic system. Since we have a number of clinics and a lot of our work is paper based. We're focused on developing this system. Our focus with this 1115 waiver project is in the screening of patients for tuberculosis and following up afterwards to ensure they take the course of treatment necessary so we not spread tuberculosis. This is currently partially funding through the communications and technology management department. What we know at this point -- yes.

>> [Inaudible]

>> Houston: On slide 11, that's an interesting concept. Can we require or do we request that they come back after they become nurses and work in the community?

>> It's a requirement. They have to sign a letter of commitment that they will serve two years after they graduate.

>> Houston: Good. And do you have off the top of your head how many people do we have in the city with tuberculosis?

>> I don't have that number but we can get that information to you.

>> 50 per year.

>> Houston: 50 per year.

>> We investigate a lot of the
[inaudible]

>> Houston: Okay. Thanks.

>> Just because kind of at a stopping point right now, I would love to participate in whatever capacity possible in the teen pregnancy outreach thing. I know my schedule is kind of crazy, but I don't know if I could -- some kind of commitment once a month to be able to go talk to girls, I would love to do that.

[10:04:08 AM]

Please let me know how I can be plugged in there.

>> I'll let our project managers know and follow up with you.

>> At this point we know that the waiver is scheduled to end September 30, 2016. That does allow for some of our projects to maybe extend for just a year to make sure they complete their matrix. A request to extend all the projects in the state to center for medicare and medicaid services by September 30, 2015. They are anticipating there will be a gap but at this point we don't know what will happen with the waiver after September 30, 2016. Questions?

>> Houston: Are there any additional questions?

>> I just to add that again the projects are very successful and appreciate the support of council and our infrastructure and city management. We're trying to serve those who are the most in need in our community. We're talking about those with co-or tri-morbid conditions, very difficult. The tobacco project is for those most at risk 18 to 24-year-olds. There are disparity projects amongst these and very grateful to try to assist those in the community most in need.

>> Houston: Thank you so much. I appreciate all of your work. It was a great report and helps all of us understand the 1115 waiver a lot better and how we pull down additional dollars to help serve our community. So appreciate your work and thank you.

>> Thank you.

>> Troxclair: I just was wanting to say it was a good presentation and I really appreciate the metrics and the data you provided. Especially when it's out come based and we can actually show the investing in this particular way has led to a decrease in number of visits or whatever. A lot of times we just don't always have that information for a lot of different programs across a lot of departments.

[10:06:14 AM]

>> Houston: Mayor pro tem.

>> Tovo: I just want to echo the thanks to tall the staff. I know it was challenging to pull together the materials to develop these programs and apply for the money and I really appreciate you thanked councilmember Morrison because she was a driver in this effort and it's just terrific to hear how all of your work has really affected such great outcomes. On behalf of so many austinites, so thank you.

>> Houston: Thank you.

>> We're share that with our project managers.

>> Houston: Thank you. We're on to agenda item 6, but before we have Ms. Link come up, we would like to ask -- we have one citizens communication. Melissa Oran. Did I pronounce that correctly?

>> Yes.

>> Houston: And she wishes to speak on item 6 and she signed in neutral.

>> Good morning, councilmembers, Mr. Smart, Ms. Link. I'm here on behalf of the Austin tenants council. In reviewing the proposal for the draft ordinance on reasonable accommodations process, we applaud the effort to meet compliance with the fair housing act and we have one comment as far as the draft ordinance itself. The fair housing act as well as the joint statement from the departments of justice and housing and urban development clearly states that a reasonable accommodation request can be made verbally or in writing. The draft ordinance as it reads now states that the request must be in writing. The Austin tenants council recommend that the city policy mirror the federal policy on that specific point, but otherwise we have no objections.

>> Houston: Thank you so much for coming down and sharing. That's a good catch. Thank you.

>> Thank you for your time.

[10:08:15 AM]

>> Uh-huh.

>> Houston: Ms. Link. And I don't know if you were going to give some kind of a background on fair housing. You can do that or if you would like or I can kind of set the stage, but I think we need to start back with the fair housing act.

>> Yes. I do want to briefly in the presentation, but I can also speak more to it.

>> Houston: Okay. Good.

>> Accomplish link, assistant city attorney.

>> Carl smart, director of

[inaudible]. Carl smart, director of Austin code department.

>> So in August of 2013 the council directed the city manager to review the city's process to request reasonable accommodations from housing related code requirements and to make recommendations about the process. And the reasonable accommodations process is part of a federal fair housing act and the federal fair housing act prohibits discrimination based on disability, and disability is defined as physical or mental impairment which substantially limits one or more life activities. And then it also, the fair housing act requires municipality to provide reasonable accommodations which are changes and exceptions to a rule or policy to ensure that an individual with a disability has an equal opportunity to use and enjoy a dwelling. The federal fair housing act also prohibits discrimination based on disability in the sense of terms and conditions, statements, preferences, but in addition -- in addition to the reasonable accommodations there is also two other protections provided to the disabled under the fair housing act and that is reasonable modifications, which is an issue really between a landlord and a tenant to make a physical change to a structure so that it can be used for -- so that person has an equal opportunity to use that dwelling.

[10:10:36 AM]

The second is -- or the last one is the design and construction and that has to go with individuals when they construct a multi-family dwelling. So what we brought to you today is a proposed process that would be put in title 2 of the city code that would authorize staff to grant reasonable accommodations. And the proposed process is a eligible individual will submit a written request

to the appropriate director. A eligible individual is an individual with a disability, a representative of the individual with a disability, or a person that lives with or will live with an individual with a disability. And the requests need to be in writing, and to go to the speaker's point on that, they can come to the city and ask for it verbally, but staff can assist them in putting it in writing. It's important to have it in writing for our purposes so that we can track it and that we can ensure that we are timely complying. So if the requester can come to the city and make a verbal request. The staff will just need to assist the individual with putting it into writing so that we can, like I said, track it and make sure that we comply. The request would provide information necessary to make an assessment about the reasonableness of the request. And there would be no fee to make the request. And the director would provide any necessary assistance, so that's an example of when somebody comes in with a verbal request, they can help provide the assistance. And they -- the director may request additional information if necessary. And that's just to determine whether or not the accommodation is reasonable. The decision would be made by the director and it would be the director who has responsibility over that code provision. In some circumstances it would be the code official, in other circumstances it would be the building official.

[10:12:36 AM]

So that the person with the subject matter expertise is the one looking at the request. The decision must be issued to the requester in writing and within 20 business days. If the director needs additional information, that 20-daytime line is stayed. And if there is no decision within 20 business days, the request is deemed granted. And the time on this is to do with we can't have unreasonable delays and we need to make sure that we are complying with our obligation. And so the 20 days helps keep staff on top of it and will ensure that the requester has a decision within 20 business days unless they need to get additional information. And the decision must be based on the factors set in the ordinance. And those factors are whether the housing which is the subject of the request for accommodation will be issued to an individual with a disability under fair housing laws. Whether the requested accommodation is necessary to afford an individual with a disability an equal opportunity to use and enjoy dwelling. And whether the requested accommodation would impose undue financial or administrative burdens on the city, and whether the requested accommodation would require fundamental alteration in the nature of the city's land use and zoning regulations. If the request is unreasonable, the director can deny the request, but in the ordinance we also require the director to provide an alternative accommodation. And that would be a requested accommodation with conditions or it could be different from the requested accommodation. And just also the -- providing the alternative accommodation is necessary to ensure that the city engages in an interactive process with the requester.

[10:14:44 AM]

Because when you have a request for a reasonable accommodation, you must engage with the requester and try to find where the reasonableness, where it is a reasonable accommodation. The requester can appeal within 30 calendar days from the date the decision is mailed. It must be in writing and including grounds for the appeal. Assistance will be provided just as it was for the original request. There is no fee to appeal, and this appeal would be decided by the city

manager's designee. And again, if there's no action within 20 days of the appeal, the accommodation that was requested is granted. The effect of the reasonable accommodation will control over a conflicting city requirement. It would be specific to the individual with a disability. It does not go with the property. It also does not alter the individual's obligation to comply with federal, state and city of Austin requirements. Hopefully our next step is to go to council next month.

>> Houston: Tell us which committees you have taken this to already.

>> As requested by council in 2013 it went to the community development commission and came out with no recommendation. And then we went to the mayor's committee on disabilities and they recommended that council adopt the ordinance.

>> Houston: Thank you. So this is a holdover, one of those that we needed to deal with from a prior council action that was already in process. Correct?

>> Correct.

>> Houston: But it also has some significant implications for the next issue that we'll be talking about which is unregulated homes in the area. So they needed to kind of phrase this first and then go to the next one.

[10:16:47 AM]

But I want to be clear that in whatever process we write, we always say written or verbal rather than just written because people will see written and not know that -- that you can do it verbally and we will make sure that we have the ability to accommodate that request. So somebody that does sign language, we need to be able to accommodate that. I mean there's so many people that don't speak the language so they can't write it. There's so many accommodations we're going to have to make if we only say written, but if we say verbally, that's clear to people. Written or verbal. Mayor pro tem?

>> Tovo: May I ask Ms. Oran, she looks like she has something to add and I would welcome her comment.

>> Thank you. I'm sorry. I just got an email from my supervisor who had also been consulting with the Texas Rio grande legal aid and they sent back a few comments that came after I spoke that I wanted to share. As far as the written and verbal options, as councilmember Houston said, individuals with disabilities, limited English proficiency and limited education may find that to be a barrier and they recommend a mechanism for the city to also be able to take an application for a reasonable request over the phone. Just again thinking about the population that this process is serving. It is individuals with disabilities so the ability to physically show up at an office and make a request could be difficult. The other question that they had is that 20 business days to review a reasonable accommodation seems like a long time in particular if it's an emergency request and so that may be something that you want to take into consideration as well in developing the processes is, you know, what if it's an emergency and can there be a shortened time line for that.

[10:19:06 AM]

And then finally, the -- the last comment they had was that the city has 20 business days to respond to an individual making a request, but the individuals are given 30 calendar days to file an appeal. So there's a bit of an inconsistency at least in the language. So I just wanted to share

that.

>> Houston: Would you all be comfortable with 20 business days across the board? I don't know whether they were trying to give 30 calendar days giving people more time for the person to appeal.

>> I think their point is just using the same language. Whichever way it is as long as it's the same language. So if the city has 20 days, then applicants have 20 days or if applicants have 30 calendar days, then the city has 30 calendar days.

>> Houston: Thank you.

>> Thank you.

>> Houston: Mayor pro tem.

>> Tovo: I just want to say thank you for those suggestions and thank you to Texas Rio grande legal aid. I think these are very good suggestions, especially the one for expedited -- availability for an expedited process. I want to be sure we don't lose sight of that ability. So as I captured them, the ideas you just offered were to provide a mechanism for an application over the phone, the consistency with the 30 and 20 days, and the potential for an expedited process in addition to the comments you made before. And I guess I just would like to ask staff do you see any impediments in incorporating those changes? I don't want to put you on the spot but between now and when it gets to council help us understand whether those are good changes and if they are not incorporated what with the impediments from your perspective.

>> Houston: Thank you. Councilmember Garza.

>> Garza: I'm just trying to understand exactly what this does. So this is -- if there's like some city code or city requirement that could impede somebody from being -- a disabled person from being able to I guess enjoy their dwelling, this allows them the opportunity to possibly not have to follow that code?

[10:21:20 AM]

Is that basically --

>> What it applies to our city code requirements or apply to any rules adopted in policies that the city has. And if an individual needs a change or exception to those rules, ordinances, they can come ask the city for them to make the request and then staff will review it and then unless it's unreasonable we would be granting the accommodation.

>> Garza: And do other -- is this something that other cities do?

>> So two Texas cities have it in their city code as part of their board and care home regulations. They don't have an independent reasonable accommodations process. Other cities in California, because California had actually implemented some model ordinances for reasonable accommodations, so several California cities have them. It doesn't seem to be as common as I kind of had hoped it would be, but it -- I think because there is a lot of interest in this area I think it's becoming something that cities are looking at. And a city or any local jurisdiction can get in trouble for not complying with the federal law and so by having this ordinance in the code, we have essentially we would be making sure that we're complying with that obligation but we're also giving staff the authority it needs to do -- for us to comply and ideally more cities will have them.

>> Garza: Okay. And then I think it's a great thing. The part that says denied and undue -- I'm wondering if we modeled this after other ordinances because I feel like that could be an area of litigation possibly.

[10:23:27 AM]

Like do we need to define what undue burden or is that something that happens through case law because of litigation?

>> There are cases but there's also federal guidance we would always apply but the undue financial standard a the federal standard so taking the federal standard and putting it into the ordinance.

>> Garza: Okay. Thank you.

>> Troxclair: You mentioned that there was -- I can't remember what commission you said it went to, but in 2013 maybe, but that there was no recommendation. Can you tell me why there was no recommendation?

>> We went to the community development commission I think July?

>> [Inaudible].

>> July or August and the commissioners -- unwith -- one of their comments was they felt it was not ready. They didn't feel comfortable making a recommendation on it. But when we took it to the mayor's committee last month, they recommended it.

>> Troxclair: So when you say it went to the community development commission in July or August, was that this year or a couple years ago?

>> It was this year.

>> Troxclair: It was this year.

>> Uh-huh.

>> Troxclair: So -- okay. I guess I'm curious to have more -- if they felt like there were areas that needed more thought or development, I guess I would be curious as to what those areas were.

>> I suppose what we could do is ask for the minutes from that meeting and share them, share that with the committee prior to bringing the ordinance to council. But I think the -- the committee just -- they had a number of questions and about the ordinance and questions about what the impact might be on the property owners.

[10:25:38 AM]

For example, they had a question about whether the -- and we've made some changes as a result of listening to their discussion. One of their questions though was whether or not the accommodation would stay with the property versus with the person. For example, if -- if a person was -- the accommodation was to allow the ramp into the setback, would that ramp be allowed to stay if that person moved out, if that person -- the person that received the accommodation was a tenant versus the owner, they moved out and the ramp is still in the setback. Is it allowed to stay or does it have to be removed. Those kinds of questions. So we had to go back actually and look at the ordinance again. We've done some tweaking in the ordinance since that time and I think the ordinance is better as a result of that.

>> Troxclair: Okay.

>> They did mention the possibility of our coming back, but we hadn't been scheduled to go back to the CDC at this point yet.

>> Troxclair: So the answer would be the ramp would have to be removed.

>> It would depend. If it's something that can be removed without damaging a neighbor's property or the structure or anything like that, then yes, it would -- it would be removed. The

concern for -- for us is that reasonable accommodations are very fact specific, case by case. We have to look at each one individually. And so we don't have an answer for every change. When the accommodation comes in, staff will have to look at what will be the effect, you know, if that person moves out, if the home is sold. So they would be able to make that determination at the time the request comes in because they will be looking at the exact request, the exact disability and be able to make that analysis at that time.

[10:27:41 AM]

>> Troxclair: Okay. So you feel like since your discussion with that commission that you have gone back and addressed the issues or questions that they raised.

>> I think so.

>> Troxclair: As far as the language of the ordinance. Any areas of confusion.

>> I think we have cleared up and gotten a better -- better understanding of how we're going to have to do that. That's going to really be an internal process issue.

>> Houston: Councilmember Garza.

>> Garza: And just to be clear for I guess if anybody is watching and for myself, the example with the ramp in the setback, the city's participation in that would just be allowing the ramp to be in the setback, it wouldn't be the city paying for the ramp. Correct?

>> That is correct. It would just be our rule that we would need to make the change to.

>> Garza: Okay.

>> Houston: Mayor pro tem.

>> Tovo: With regard to ramps since we're talking about that example, we have some other provisions that we adopted in the last year or so that also govern the instruction of temporary ramps for accessibility purposes and we do waive some fees for nonprofit organizations that are constructing them. So while the city doesn't put money in, we have some particular provisions in place for nonprofit.

>> Right. Another example would be impervious cover. They need to move the driveway or they need to change the driveway in a way that increases the impervious cover over what is allowed so that they can access the home. So there may be a need to increase impervious cover to allow them to do that.

>> Houston: Thank you. That's interesting. Can you share with us why this came up in 2013? What was -- what were the facts about why this got started?

>> In 2011 or 2012, the prior health and human services council subcommittee started looking at the issue of unregulated boarding homes and boarding care homes, there was some state legislation that was passed.

[10:29:51 AM]

And in that process, in 2013 council passed a resolution wanting staff to apply the existing boarding home regulations which are seven or more individuals that are unrelated living in a house to -- for staff to go ahead and apply that to everyone. And in order for staff to do that effectively, council passed a subsequent resolution making -- wanting the manager to look at whether or not we had a reasonable accommodations process and what that process would be because as we apply those regulations, we do have to provide reasonable accommodations. So it came up in that context; however, the way it's drafted now, it's bigger than that to make sure it

encompasses all of our housing-related requirements because it could be an issue for someone who purchases a home and just lives, you know, a couple and they need an accommodation in order to stay in the home.

>> Houston: Thank you. Any other questions on reasonable accommodations? This is a great segue into our next issue which is unregulated homes. And this issue has been around for several years. House bill 216 was passed in 2009, and that had some voluntary model standards that were passed down to jurisdictions and encouraged jurisdictions to -- they may, it was permissive, they may develop model standards for vulnerable populations in their city. And so the city of Austin has been trying to develop those kind of model standards or some standards to regulate those unregulated homes since about 2009.

[10:31:56 AM]

That is correct?

>> That's correct, madame chair. And thank you for that intro. Again, Carl smart, director of Austin code department and along with me --

>> Paul tomasovic.

>> Since the last time we are here at the health and human services committee, we've been working on this particular issue with the unregulated homes and we wanted to update you on the progress that we've made particularly in light of the presentation you just heard on reasonable accommodations so I'll try to quickly go through the presentation and be glad to respond to any questions the task force might have. This is what we've done, we've mobilized a task force and the task force is comprised of not only Austin code but the fire department representative, police department and ems, health and human services department, our legal representatives, of course, and 311. And with that task force, we've been looking at more comprehensively at this issue of the unregulated homes. We've reviewed hb 216. You mentioned earlier the state law and that deals with board and care homes. We've received data from 911 and 311 in reference to calls. These unregular homes do have a high demand for services and 311 and 911 get a lot of calls to these properties, particularly ems, police and even fire. We've researched each department's ability to run reports on existing unrelated homes and regulated homes and each department has its difficulties, its challenges in doing so, but they are all making steps to better identify and to be able to run reports on the you go regulated homes.

[10:34:07 AM]

We've looked to at other cities in the state of Texas and how they are approaching this issue. As Ms. Link indicated a number of them haven't adopted language similar to the state law, hb 216, and Houston has done something a little different. They have kind of a hybrid model that's not quite hb 216 but they have adopted regulations for board and care homes and they've adopted model standards for -- that regulate the standards of care for those homes. Each of them have fees attached and inspections that are required as a result of a licensing or a registration program. We've also toured group homes. I know that one of the questions is committee asked is have you seen them and so yes, we have seen them. We have toured a number of homes out in the area and it really was enlightening and we appreciate the councilmembers' help with that, assistance with getting that done. And some of our neighborhood representatives like Ms. Joan Barch was included in that tour. We've met with stakeholders, there's some neighborhood groups working

hard on this one. Andrew bucknall and a group off martin Luther king drive, boulevard, they are working hard on this issue and they've been able to give us a number of recommendations. Of course, we've worked with the law department on the reasonable accommodations ordinance that was presented earlier and -- and we went with the -- with law to the -- and helped in presenting at the community development commission and the mayor's committee on people with disabilities. We recently got a legal opinion that the rooming and boarding house program, the licensing and inspection program, with the adoption of the reasonable accommodation ordinance can be expanded to not only include these unregulated homes, but also it expands beyond that in including homes that have congregate living, such as the Zoe's place that we recently heard about in the news on burnet road and in similar type operations where you've got not just more than six, but you've got more than 15, and the example of Z.

[10:36:36 AM]

-- Zoe's place is about 50 residents there. We'll talk more about that in a minute. We've initiated research to identify eligible homes. What is the scope of the number of homes that are out there, not just these unregulated homes in neighborhoods but congregate living and transitional homes that are sometimes located in commercial zoning districts. Getting back to the rooming and boarding house program, again a -- just a reminder, a rooming house is a building, it's not a hotel, but it's a residence where you have more than six unrelated persons living together as a unit in return for compensation. But there's no meals provided. A boarding house, the difference -- the main difference between a boarding house and a rooming house is in a boarding house meals are provided. In a rooming house, only rooms are provided and meals are not provided. This was a quick map, a geographical depiction of where the licensing program is now. These are all the properties that are licensed in the rooming and boarding house program. You see there's 95 that are in the program. A number of them include fraternities and sororities near the university of Texas, but others are spread out around the city. These are some of the requirements rooming and boarding houses and the present -- the fees that do apply. They are licensed through the -- through our department, through Austin code department, but they are also regulated through the health department. If it's a boarding house operation, that means they are providing meals and health department is able to check the kitchen and make sure they've got proper appliances and what they need in order to prepare food, prepare and serve.

[10:38:40 AM]

So a food permit is required. Austin fire can also check that to make sure it has proper egress, proper fire suppression system with smoke detectors, et cetera, as well as in some cases the state of Texas is involved especially if medication is being administered to the persons who are living there. So we would expand our rooming and boarding house program with the adoption of the reasonable accommodations ordinance. We would include the congregate living, transitional housing and other properties that have been traditionally known as group homes. They will become, we will be calling them boarding houses because they will fit under that boarding house ordinance and boarding house program. This map just shows the --

>> Houston: Can I stop you just a second?

>> Yes, ma'am.

>> Houston: So the focus of the house bill 216 was people who are vulnerable, people with

disabilities, mental health, behavioral health, alcohol, drug abuse, substance abuse. A Normal person can stay in a boarding home or rooming home.

>> That's correct.

>> Houston: So they are already licensed.

>> That's correct.

>> Houston: So we're just going to put a larger group of people into that overall category? Is that what I'm understanding?

>> Yes, that is correct, madame chair. We would expand the program to include those unregulated homes that yes, include persons with disabilities. They would be allowed to use the reasonable accommodation process to make sure that they are allowed to stay in residential homes just like the persons who are without disabilities.

>> Houston: Right. Okay. I just wanted to ask that before we went too far. Mayor pro tem.

>> Tovo: I appreciate you asking that and I'm still struggling to understand these categories as well.

[10:40:46 AM]

So the last one, the group homes, are now going to just -- just to verify what you just said, are now going to be considered within the provisions for the first and second [inaudible]?

>> That's correct.

>> Tovo: Is that more or less the same with the third, the congregate living is more or less going to be treated within the same standards for the rooming and boarding house?

>> That's correct.

>> Tovo: How about the transitional housing. I'm sure you addressed that, but I missed what you said was happening there.

>> The legal interpretation is yes, congregate living, transitional housing and what has been known through the zoning code as group homes could all be included in that rooming and boarding house program. The definition is broad. The definition for boarding house, we talked about more than six persons living together as a unit, so that definition is inclusive of a lot of different homes.

>> Tovo: Great. And they will all be held to a certain set of standards?

>> Yes.

>> Tovo: That we're working toward. Thank you.

>> Houston: Before we leave there, and I'm still trying to wrap my head around that because some of these are very different.

>> Yes.

>> Houston: And they offer very different kinds of supports and services so that transitional living, housing, by our current definition is somebody leaving a facility or rehab center and transitioning for a short period of time before moving on.

>> That's correct.

>> Houston: Congregate living could be a dormitory.

>> Yes.

>> Houston: Couldn't it? Or a fraternity house.

>> That's a separate category -- I'll let --

>> Yes, congregate living is actually more when -- when you look at the group home regulations that were -- that are in our code now that talk more about facilities for individuals with disability,

as you go up in Numbers on that, so group homes were considered from six to 15.

[10:42:50 AM]

Once you go up from 15 and above, that's where your congregate living and your transitional housing start to come in. But under some of the same -- under some of the same disability type of criteria that are with -- that are in the group -- the congregate living and the transitional housing, that's what those housings are more for. Transition transitional is more -- when we say individuals transitioning from one facility to another, the disability criteria for this has expanded to anywhere from, you know, physical disability also to a mental disability, and that's where those transitional and congregate living kind of pick up on the higher Numbers. So they are similar in use, but higher volume once you get up into the congregate living and transitional housing.

>> Houston: Thank you, but I'm still confused between a rooming house and a boarding home, which anybody -- we can all go to one of those, right? Not you because you have a baby.

[Laughter] But we -- just a regular person could be in a rooming house and a boarding house.

>> Right.

>> Houston: But now we're going to say that for people with disabilities, whatever that differing ability might be, we're going to call those rooming houses and boarding houses too. That may confuse people who work in the field like me to understand how that differs from just a regular house where any of us can go and live, some get meals, some don't get meals.

>> Yes.

>> Houston: Because it's a different population that we're talking about.

>> And I think the key thing -- one of the key things is the point you are hitting on that they can live in a unit in a single-family residence just like any other family would. And the rooming and boarding house program, the intent is to treat them all the same.

[10:44:52 AM]

The effect of having them in the rooming and boarding house program is, one, they will be licensed and so they will apply and we would know who is operating the property, who is the owner, who is operating it and we will have information on what's going on at that property. And I think that's very important. And then the second piece is that it would be subject to an inspection, at least an annual inspection and that inspection presently is done by Austin code with assistance where needed from health and human services department and the fire department to make sure that the -- that the property -- meets basic health and safety requirements. The people living there are in a healthy and safe environment. And so that -- the program would encompass those unregulated homes and help bring them into a program that will help monitor and make sure they are being properly taken care of. Now, there's more to the program and we're going to talk a little about adding model standards, but we're not looking at that right now.

>> Houston: I'm just trying to make sure that I'm clear and maybe my fellow councilmembers are clear about it, but when we say rooming and boarding house, that has a specific definition, culturally that's a whole different thing. When we talk about -- and I'm willing to give you some grace on congregate living and transition group homes, that kind of thing. That's for people who need some supports, some additional kinds of guidance in some areas of their life, which the

people in room and boarding -- rooming houses and boarding houses don't necessarily need. And so my concern is that if we put together this expanded program, we're mixing apples and grapefruits.

>> If I could add, the difference is what we're talking about is a license, an operator's license versus what the zoning description is.

[10:47:01 AM]

When council took action in 2013, this was the exact issue that they were grappling with as well is do we adopt a boarding care home ordinance or do we use our existing operator's requirements for rooming houses and boarding houses, which apply to everyone equally. And when we talk about congregate living, transitional housing and other types of properties, those are the zoning issues. What we're looking at here is a rooming house and a boarding house, you have to have a license, you are considered a rooming house or boarding house for licensing purposes when you hit seven unrelated individuals. So that's what we're focusing on for the program, it is about requiring operator's license and that's part of that hb 216 was talking about operator's licenses as well. And so we would be applying a licensing program that applies to anyone who meets the definition, which is seven or more unrelated individuals. They would have to have a license so that would encompass all of the zoning uses that meet that standard as well. Houston mayor pro tem, did you have --

>> Tovo: No, I just want to say I appreciate your questions because I continue to be -- I know we've talked about this a lot. It is extremely confusing.

>> Houston: And I understand what we're trying to get at is to license somebody that is providing the kinds of services to vulnerable populations who need that support. I'm just not sure that calling them a rooming house or a boarding house -- because that could be happening in a home, as you said, director smart, where there are four people or five people.

[10:49:05 AM]

That still leaves out a population of people because we've set the limits so high, seven or more, which tracks I guess with rooming home and boarding homes, right?

>> Yes, ma'am. That's correct.

>> So the option then for council would be to amend the number that triggers the license requirement. The concern that council was addressing was a boarding care home regulation specifically singles out the disabled and elderly. And we had received concerns from the community about the fair housing act. And treating folks differently on that basis. The rooming house and boarding house license applies equally to anyone who meets the definition whether they are disabled or not disabled. So everyone is being held to the same standard because they are providing a -- they are operating a boarding house or a rooming house and we have -- our definition is based on a threshold of individuals. So council could modify the definition to reduce the number that would trigger is license requirement which would capture some of the other ones that you are concerned that have a fewer number of individuals in the property.

>> So instead of seven or more, if do you want change the number to four or more, for example, we're not necessarily recommending that, but certainly council would have that option if they are wanting to do that at some point.

>> Houston: So the unregulated homes that we're concerned about and the city is concerned

about --

>> We're all concerned about them.

>> Houston: We are going to call them a rooming -- a boarding home -- they are going to be part of the boarding home regulations.

[10:51:09 AM]

>> For licensing and inspections.

>> Houston: And inspections.

>> That's correct. I was going to add that too.

>> Houston: I was getting there. So we're going to call those boarding homes because they either do -- well, it could be either or because some may get meals and some may not get meals. And if they get meals, once they are licensed, then somebody can go in and inspect for that.

>> Yes.

>> Houston: Because you already do that in other boarding homes that we now know. The 90 some that we have up here.

>> Yes. Name some boarding homes we have?

>> We already do the inspections for those 90.

>> Houston: For the 90 that you have on this list.

>> That's correct.

>> So to kind of simplify it, it's basically any housing in any one of those categories where you have more than six unrelated individuals regardless of disability or not would be licensed and inspected. Is where this is kind of taking us. Now the only ones we do right now are the licensing of the rooming house and boarding house. So you just -- you take what we currently have in any type of housing in those categories now would be licensed and inspected.

>> Houston: And that would include for people with disabilities and the elderly.

>> Correct. And sororities and fraternities and everything that we do now.

>> Houston: See, that's what I asked.

>> That's why I was trying to get that to you.

>> Houston: So sororities and fraternities, in my mind, are a separate entity. You don't license them now?

>> Yes, we do.

>> A lot of those that you saw on our map that are the 90 some do include sororities and fraternities, yes.

[10:53:10 AM]

That's why you see them around the university area mostly.

>> They have more than six unrelated persons living together as a unit so they are included. So they get licensed annually and they get an inspection at least annually.

>> Houston: So this new process if passed by council would not raise the ire of the delta kappa phi folks to come in and be petitioning us. I mean this is not the group that we're trying to cover.

>> That's correct. They are already in the program.

>> Houston: They are already doing it. Okay. Transitional housing. There's an entity called sober house that takes people from rehabilitation centers and houses them. They are currently not licensed, but they would have to be licensed.

>> Correct. That's correct.
>> Houston: Okay. What about group homes? Does the state of Texas or anybody license them?
>> We understand that that dad's is getting involved --
>> Houston: What is dad's.
>> Department of aging and disability for the state.
>> Houston: Don't they license group homes?
>> Yes. They do license them if there are medical care or care being given to individuals, I believe if there's more -- up to four individuals unrelated in a group home receiving care, they would have to register with the department of aging and dad, yes.
>> Houston: I'm sorry, let's keep going. I'm sure you will clear it up in a minute.
>> We can certainly try. This map, councilmembers, shows the effects of the survey that we did. We did a survey using information from EMS, fire, police and our own code inspectors.

[10:55:17 AM]

I did identify potential group homes or unrelated -- unregulated homes. And this is what we were able to identify, so approximately 230 properties. You can see that they are spread around the city. The highest number is in district 1, but it just about touches every district. Deep southwest has a big number down there of unregulated homes. And so these homes with the passing of the unreasonable -- of the reasonable accommodations ordinance and expanding the rooming and boarding house program would include all of these properties. Plus others. We also did a little bit of internet search to kind of get an idea of other types of facilities that are out there including the congregate living and transitional houses that we've been talking about. Sober houses, et cetera. And that total, adding the 230 that we found with staff, is over 700 potential properties that might fit in this category. And this is just the start of our research. We'll do more research on this. So as far as implementation, as Ms. Link indicated, we plan to come back to council next month with the ordinance on reasonable accommodation, and then subsequent to that we would expand the present boarding and rooming house licensing and inspection program to include these other properties. We will start identifying these properties and notifying the property owners and operators that they are now included in the licensing program and they need to -- we'll send them applications so they can get -- pay the fee and get licensed as a rooming and boarding house. And then we would also set up -- begin setting them up on a scheduled to inspections.

[10:57:23 AM]

Of course, I haven't mentioned yet, but any time we get a complaint we would respond with -- we would respond to that complaint whether or not it's part of an annual inspection. So again, the reasonable accommodation ordinance expands the present program. Stakeholder process to talk about -- to talk with our stakeholders and -- about the new process and how it would work with the reasonable accommodation and how it would work with the licensing and inspection program. We would certainly do a cost analysis and determine the fiscal impact of implementing the program. We would still continue with the task force -- one of the task force's responsibilities would be to come up with model standards, standards of care for persons who are -- persons with disabilities, persons who are needing special care, special attention in these homes. And so looking at what -- what standards of care that we can come up that could be applied across the

board universally or whether or not we could focus any of those standards of care on particular types of -- of homes is something that we're going to have to work through, and the task force will begin -- has already begun and will continue to do that process and certainly we would be willing to come back to this committee to talk about standards of care and model standards at a later date. And then we would update our system and -- our data base system to accommodate this new information we'll be getting. We'll be getting all kind of new information on what has traditionally been unregulated homes and identifying the persons in there with disabilities, keeping track of accommodations that are issued and keeping track of who's responsible for taking care of these people

[10:59:32 AM]

>> Houston: Thank you. Thank you for your hard work. You've all been working on this since about 2009. And have had various stakeholder processes and had a draft ordinance already and that has stopped. So this time we don't want it to stop, but I do have a couple of questions. We will make some of those -- the changes that were suggested in the ordinance before it comes to council, correct?

>> Yes. If they're not able to be put in the ordinance, I will be able to explain to council whatever the impediments may be. Or if it's a process issue, we'll explain what staff does. >>

>> Houston: I would like it to be the ordinance as we changed it to be, we'll be able to go before the council in October and not come back before us. We could take a vote on that today and if that would help get it.

>> Yes. If the committee would like to take a vote so that the council knows what the committee's recommendation is. And as I said, the changes that I can incorporate directly into the ordinance will happen. If I cannot, I will be able to articulate why I can't or explain why we need to handle it as an administrative internal process issue.

>> Houston: Would the council committee want to know that before we got to the October meeting, what things will be changed in the ordinance and what things they can explain and what things might be handled administratively?

>> Garza: Just me I think I would be okay it going before the full council and them knowing with a briefing from you that this is what was presented, this is our suggestions and this is what is now before us. I wouldn't think it has to come back here, but that's just my perspective.

[11:01:42 AM]

>> Houston: Okay. Do I have a motion? And let's be clear.

>> Garza: I can make the motion to include the -- that our recommendation is to include the language of 20 to 30 days, the time, 20 or 30, and was that the only one? I believe that was the only --

>> In written or verbal.

>> Garza: The ability to call. And if we could add the availability for people to call in.

>> Houston: Appeal verbally or written.

>> There was also a suggestion about emergency situations and accelerating the timeline.

>> Houston: Is there a second? Councilmember troxclair seconds. All in favor of the motion let it be known by saying aye? All opposed? Unanimous. It's unanimous. Before you leave, I'm not quite few yet. That was the first part of implementation. The second part of implementation

causes me some still concern. And I think that I would like to think about this and -- I'm not at the point of implementation -- of the second part of expanding the boarding and rooming licensing program because I think we need to have some conversations with stakeholders before we do because this will be a totally new concept to them. That has never been suggested before. So before we come back with the expanded room and board, rooming and license home program, I would think that we could continue to identify property, do some of these other things, but before we send out notifications in the application I think we need to have them come in and have a conversation.

[11:03:42 AM]

So the stakeholder processes on slide 11 needs to be moved over to slide 10. So that may mean that application process begins and that may be put off because I don't think it's fair to stakeholders, especially those that are going to be having to pay a fee if this passes, needs to start without having them come in and understand what's going on. I would like to us have that in a time and place where if the members of the committee want to participate, we can be there to hear what their concerns are. Is that clear?

>> It's very clear that you want a stakeholder process before going forward with full implementation of expanding the rooming and boarding house program. And just to be a matter of whether you want staff to set up a different meeting and invite council to that meeting or would you do it through the committee here, the health and human services committee, I guess we have options there.

>> Houston: You all already have a stakeholder list that you've been working with for lo these many years. I think that we could go ahead and use that group and then just invite us, and those that can, can, to just hear what the conversation is so that people know that this is a new direction and then give them a time certain when it's going to start. It's not like it's going to start Thursday. It's like we'll have the conversation, we might tweak something, but the implementation you can -- will be six months or -- some reasonable date in the future. So I'm sure we can get some additional task force members from some of these folks who have unregulated homes. We know who some of the properties belong to. We need to invite them to come.

>> Yes, we will do that. And we can report back to this committee on what we come up with.

[11:05:49 AM]

>>

>> Houston: Any other questions? You have done a great job. This has been a long time and we might actually lift some of our citizens up out of the squalor that they're living in if we continue on this path. Thank you so much. And the last thing is a briefing regarding food and food handlers permits. And this came about because of a change in license fees.

>> Good morning, councilmembers. My name is David Lopez, chief environmental health officer for the health department. What we're here to do today is to amend -- to brief you on the need to amend the current food code based on some recent changes in state law as well as to have some discussion on some proposed changes we would like to include in the food code to further clarify and define some of the items. I would also like to add that we did have a meeting with stakeholders on August 18th. We had greater than 66 food operators in attendance and they were also attended by members of the greater Austin restaurant association. On August the 20th -

- I'm sorry, I forgot to introduce Vince Dilisi, assistant division manager. On August the 20th Mr. Dilisi met with one voice and talked to some of their membership about our proposed changes as well. So what we'd like to do at this point is briefly take you through those that we have to change as well as those that we're proposing, and I'll let Mr. Dilisi go ahead and take it at this point.

>> Thank you. The first proposed change is an administrative enforcement process, which would be similar to what Austin code department has recently implemented as well.

[11:07:58 AM]

And this change would be made to chapter 213 of the city code and it would give the health department the authority to administer an administrative enforcement process as opposed to the criminal court process that we currently are using. It removes the cases, the enforcement cases from municipal court. It would set a standard, a tiered penalty amount which is lower than the current standard fine amount at municipal court and reduces, significantly reduces the amount of time spent in these criminal cases and the time that the defendants or the individuals would be called to court. Sometimes it's as much as six months before a defendant -- a food operator that we have filed a criminal case against is called to court and this administrative process would happen much quicker. And we would -- then we would reserve criminal court process for more than critical or repeated violations of more egregious nature. The second proposal is to our food handler regulations, which are in chapter 10334 of the city code. And these changes will be required based on senate bill 582 which passed in the last legislative session. And we would simply be removing the food handler registration requirements from our code but we want to emphasize that the training for food handler, food safety is still required. We are changing some of our enforcement protocols and tracking and our last change is to remove the word volunteers from our definition of a food handler. And this is very supported by the industry. There are a lot of non-profit agencies out there that use a lot of volunteers to handle food and the training requirement is a burden on them.

[11:10:08 AM]

They would still be overseen by a certified food manager, but not individually be required to have the food handler registration. Food handler training certificate. The next proposed change, there's two there and they both relate to mobile vending regulations. We are proposing a central registration process. Currently all vending mobile operators are required to provide us with a letter specifying their central preparation facility. By we do not have a registration process for those facilities. We don't have a way to inspect them or make sure they're in compliance with all of our requirements for the mobile vending operations that occur in those locations. So we would propose a registration process by which operations that would be used as a central preparation facility for mobile vending would be required to register with us so they could then check them for compliance with the state standards for things like refrigeration and potable water and wastewater disposal facilities, which the mobile vending usability are using them for. The last proposed there is the tank sizing, water and wastewater tank sizing for mobile vending units. One of our number one reasons for closing down a mobile vending unit or suspending their permit temporarily is because they have run out of water. So they're operating -- we will find them in operation and they do not have a potable water supply. Generally it's because their tanks are too

small and they don't have enough potable water on site to operate for a full day. So we are proposing some minimum tank sizing in the code and we find this is a critical food safety issue.

[11:12:19 AM]

We also asked Mr. Corona to provide you a list of the simpler changes, that's the single page here that we can go through as well. This are the areas that we want to further talk about and define. And these changes again are additional changes to the city code, food and food handler code, chapter 103 of the city code. The first one is a group residence food establishment definition and the current definition requires that we permit as a food enterprise group residences that have a capacity of seven or more what we're asking for is the capacity be increased to match the development code's definition of a group home class 2 that would require in the future those homes that have more than 15 individuals living in them to obtain the food enterprise permit. So what we find currently and this does relate to the previous presentation is that single-family residential properties in neighborhoods that are operated as unregulated boarding homes are not able to obtain a food enterprise permit from our department because they don't have commercial kitchen facilities. So they -- as they are discovered and we investigate them, our current definition requires them to have a food enterprise permit. But they can't get a food enterprise permit from us because without substantial remodel of the home to commercial kitchen standards.

[11:14:20 AM]

So the Texas food establishment regulations define a group residence as an institutional facility, nursing home, long-term care facilities. The state regulation definition is speaking to a larger commercial operation that we currently permit as a food enterprise and regulate and inspect for food safety. It does not adequately address a single-family residential properties.

>> Houston: Excuse me, Mr. Dilisi. That's really interesting because some of the homes we've found, we have 14 people living in them. And we have -- so this is just to focus on the larger fatals because when you get 15 or more people it's a facility at that point, right.

>> That's a great question. Let me assure you that let me assure you that it would not in any way prevent us from code compliance and food safety in lower capacity homes, but it would not require those lower capacity homes to obtain a food enterprise permit from the health department as all of the restaurants and food enterprises do this in the city. So we would still be involved with assuring food safety in these homes, but not requiring them to obtain a permit that is in compliance with the state retail food regulations. These individuals homes are not operating as retail food enterprises.

>> But they are.

>> Well, they provide food to their residents, that's correct.

>> Houston: Okay. I'm not going to belabor that one because it seems like there could be a tiered kind of thing that if there's 15 plus then we change the code, but if it's down so there is a tiered thing so you have between four and 14, there's something else you look at.

[11:16:33 AM]

>> What we were looking at currently is that the definition of a group residence says if there are

seven or more unrelated persons and food is provided by the operator that they're required to obtain a food enterprise permit from us.

>> Houston: So you're trying to strike the food enterprise because that's a commercial kitchen?

>> That's correct. So the food enterprise permit requires that they meet the Texas retail food rules and many of those rules require equipment and structural criteria that these single-family residential properties can't meet. So our goal is to require the permit of the larger capacity, more commercial facilities such as nursing homes, Zoe's for example on burnet road would be required to obtain a permit. They currently have a permit. They're a larger facility. But the single-family residential properties in the neighborhoods could still be under our review, but would not be required to have a food enterprise permit. The second bullet there speaks to restroom requirements. Our current code has a requirement in there which is related to the Texas alcohol and beverage commission licensing. And bathrooms for each sex. And based on previous council ordinance that was passed for unisex use of single use bathrooms, we're just changing the language in the code to address that change.

>> And we all know about that.

>> [Laughter].

[11:18:33 AM]

>>

>> Garza: We could have a discussion on whether toilet seats should be up or down. I would vote for down.

[Laughter] I was okay when I was in a fire station, but I don't think we should have to deal with that at city hall.

[Laughter].

>> The third bullet is again a definition change to our temporary food event definition and it would allow two additional events per year per operating individual or organization. We currently limit the number of temporary events that an individual or organization can apply for in a calendar year to franked each event can be no more than 14 days. And we are asking to change that to six events per year, again, no more than 14 days per event. We find that several of our operators that are good faith are requesting an additional events and have to go through a current waiver process to have those events and this would allow them to operate to be -- to apply for and obtain additional event permits without the user process. The next bullet farmer's market permit posting is simply a requirement in the ordinance that the farmers market permit booths would post the permit they've been issued at their booth during operations. It's just not specified currently in the code that the permit has to be posted. And this allows us to ensure compliance and ensure that booth operators are in fact permitted on inspection. So the last bullet there is a simple cleanup item. The Texas food establishment rules as I was referring to earlier are being changed at the state level and there are new Texas administrative code chapters will be chapter 228. It currently reads as chapter 229 so it's a simple cleanup after citation and adoption of the Texas food establishment rules to a proper citation.

[11:20:38 AM]

>> Houston: On the temporary food event it will be six events, but it will stay at 14 days.

>> Yes, ma'am.

>> Houston: And councilmember Renteria has had some concerns about mom and pop kinds of food handling and food. Are you all working on something with that?

>> We addressed that last week in creating the single day, financial booth, single vendor event, yes, ma'am.

>> Houston: Okay. My brain feels like cream of wheat. I didn't know if we passed that.

>> Yes, ma'am, we did.

>> Houston: He's good, we're good. Any questions about this. Mars?

>> Garza: It does apply to this because I have you here. I'm dealing with a situation in my district where a shake bar was closed and I'm trying to understand the different departments they're having to deal with. So I guess when an establishment comes to the city and saying we need a permit to start to be able to handle food, can you just give a brief explanation of what the process is and once it goes past you -- because now we're dealing with iws, industrial waste. Can you explain the different departments that deal with --

>> We're talking about a submittal for a brand new structure, a commercial structure or change of ownership.

>> Garza: They started a shake station by a gym. It's a gym and now they started serving shakes. They didn't know they were supposed to get a permit so they've been closed down because they need to get a permit and now they're dealing with whether or not they should have a grease trap.

>> I think I can speak to that. I'm not familiar with the specifics of this example that you're citing but I can tell you in any food enterprise operation where foods are provided they are required to have a permit.

[11:22:43 AM]

If you have a gymnast niceium or a fitness center that previously had not provided any kind of open foods or food preparation and then decide they want to open up a shake stand they would be required to come to us for a permit. Part of that would be a plan review process so they will have to go through our one stop shop health department plan review that's associated with the development review process to make sure that they have the proper equipment and so forth, plumbing and ventilation and so forth, whatever they'll be using. And that's generally for something like what you've described it would be a pretty quick review. It sounds like a fairly minimal food operation. And once they passed ours they would be moved on to the development review process if building permits are required. And building permits are issued, remodel may be done. If there is no remodel or construction being required, then generally speaking they would get an inspection from our department. If they have everything that they need, then they would be approved. It can -- the development review process for plan review and issuing of building permits and the health department review actually precedes the development review of plans, it right now is a little bit time assuming. I think that's part of what you've seen with some of the other discussion about development and review department and sucker report and so forth. So if an established. Is found operating without a permit they're generally given 10 days to come into compliance. It will give them an application, tell them what the process is, but if they do have to go through the plan review process, it can extend that time out before they would obtain a permit to operate.

>> I seem to have some recollection about this location and that was the planned submittal was submitted and when it is -- deals with food or the establishment, it deals with food or industrial waste, I believe it was at that juncture that there was question about what was being discharged

into the system.

[11:25:08 AM]

And after the industrial waste review then it proceeds to the rest of the disciplines within the commercial building plan review. >>

>> Councilmember, would you like an update or status on how that's going for us?

>> Garza: I can talk to you after this so we can adjourn.

>> Houston: Thank you so much. Any more questions. Councilmember troxclair?

>> Councilmember Houston, the hope here would be that we are able to get a vote of recommendation on these changes. These particular items are scheduled before the council on October the 1st.

>> Houston: Our minds should be clear by then. We should be able to do that.

>> Garza: I guess -- do you want us to make a recommendation to the council?

>> Yes, ma'am.

>> Houston: We can do that.

>> Garza: None of these changes affect fees in any way, just process?

>> We are asking, as Mr. Dilisi said on the central food preparation, we're requiring a registration of these locations. And it's a minimum fee of \$50 just to be able to process all of the required paperwork necessary with establishing them as a central food prep.

>> [Inaudible].

>> And all of these items were brought up to stakeholders' meeting.

>> Houston: Thank you. And you shared that.

>> Yes, ma'am.

>> Garza: Can you briefly discuss what the stakeholder comment was about the potable water? I guess I'm just concerned about how all of this affects small business. And when we require additional things it requires additional capital.

>> We have designated staff on Tuesdays and Thursdays that do nothing more than inspect the mobile vending units as they come through for their annual inspections.

[11:27:10 AM]

And we ask them to talk to the industry, talk to people who maybe make and modify these types of units. And it was only -- the costs that we were being told to upgrade some of these welding requirements to expand the capacity of these tanks was anywhere from two to three hundred dollars. That was the feedback we were provided.

>> Okay.

>> Houston: And if it's too small they have to shut down.

>> That's correct.

>> Houston: So they're losing money that way. So I'd like a motion to accept the proposed changes to city code that have been presented this morning. Is that them? Included on the one pager and also the ones in the powerpoint presentation. And if you could put all of them on one -

-

>> We can do that for you.

>> Houston: For October the 1st, that would be easier for people to do.

>> We provided the attachment as part of the rca, but we can clearly put that in the same -- for

the request.

>> Houston: That would be helpful to have them all together. Is there a second? All in favor say aye? All opposed? Unanimous on the dais. We'll refer to the council for approval on October the 1st. Before we adjourn are there any items that we want to bring up at the October meeting, which is scheduled for Monday, October the fifth at 4:00. That's a short turnaround because we were short this month because of labor day. So anything else that we need to put on the agenda?

>> Garza: I hate to bring this up but can we take action on number 8 it says it's just supposed to be a briefing.

[11:29:11 AM]

>> It's at the chair's discretion.

>> Garza: I don't have any future agenda items.

>> Madam chair, there were a couple of items that I believe came from the mayor's office having to do with animal services. I think one of the items animal services wanted to wait until November, but I think there's also a spay-neuter perhaps initiative that they wanted to bring possibly to the October?

>> Houston: I haven't seen that. The last comment I had from the chief of animal services that they wanted to wait until November on until she had a chance to get set. So -- but we can check with her.

>> Certainly. Will do. And I think I heard earlier in this meeting you wanted to bring licensed boarding homes back to the next meeting for action?

>> Houston: No, not bring it back, but we just want to make sure that there's a stakeholder process. They'll be on the agenda from now on. Unregulated homes. But just to see what that process is to bring in stakeholders. Okay? Anything? So do we need to have a meeting in October since it's just two weeks away? October 5th? That's what I'm trying to see is do we need to schedule --

>> I would never ask for another meeting. That's up to you.

>> Houston: Let's put it on your calendars for October the fifth at 4:00. And then we'll see what is out there and see what we need to do. And if not you've got already a couple of hours blocked to do whatever we need to be doing. Good? All right. This committee is adjourned. The time is -- he just cut it off. 11:30. Thank you so much. And we'll see you maybe October and maybe not until November.