

Health and Human Services Committee Meeting Transcript – 12/12/2018

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>> Houston: We're just waiting for one more person before we can start. I'm sorry to have you all wait, but we'll start in just a minute. >> Houston: Good afternoon. We have a quorum now so I will call this meeting to order at 2:05. This is the health and human services subcommittee of the Austin city council. Today is Wednesday, December 12. We're meeting in the council chambers, Austin city hall, 301 west second street, Austin, Texas. And as I said the time is 2:05. I want to remind anyone that's here that has not gotten their parking ticket validated to please see the lady there with her hand raised. Any citizens communications? No? Okay. If someone comes in let us know and we'll be happy to entertain that at another point. So we're going to first of all adopt the minutes which are in our backup. Has everyone had a chance to read the minutes? Is there a motion? >> Kitchen: I move. >> Houston: It's been moved by councilmember kitchen to adopt the minutes, seconded by mayor

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pro tem tovo. All in favor say aye. It's unanimous on the dais, the minutes are approved. Let's move into item 3 which is the potential of creating an advisory board to discuss public health issues. Director Stephanie Hayden is also with us because they've been trying to have this happen for several years now. If you have any questions for director Hayden, she's to my left. Ms. Goodall. >> Good morning, afternoon, city councilmembers. What we're going to do is quickly walk you through the creation of an advisory board and what your options may be. So just as a reminder, any of the boards or commissions that are part of 21 are part of an advisory board, they are boards that the councilmembers make nominations to, approved by council. They are required to comply with the Texas open meetings act, they have attendance requirements, residency requirements, training requirements. The size of the board of or commission can be set by council and they are established by ordinance. The other option you have is if you wanted instead of creating a permanent board or commission is to create a permanent joint committee or joint commission. Which would be representatives from different boards and commissions that are currently created. We have a few of those like the joint commission on inclusion and things like that. They are comprised of members from two or more selected boards that

council would choose. They are nominated by each of the boards that are on that committee. And then the nominations are approved by council.

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Council just like with a permanent 2-1 board defines what the subject matter for those committees are and they are also established by ordinance. And they are also required to comply with Toma, et cetera. So those are your two basic options when creating a permanent board or commission. As far as how you would create one, there are a couple ways you could do it. This committee as the health and human services committee could adopt a resolution directing the staff to bring forth an ordinance on the next council agenda for the council to review and approve. Or it could be initial it eye ifc by individual council members to either bring forth a resolution directing staff or actually bringing forth the ordinance correcting it. Or you could just place the ordinance directly on the council. If you want and if you are interested in moving forward with that today, I would even say you could just give Stephanie and I direction today and we could bring forth something for you in January or February. What we would need to do and know is what you have in mind for the duties and purpose of the commission. The size that you are interested in having. Would it be 11 or do you want additional members. If it's a joint committee, then what other boards and commissions do you want the members to serve to be from. And since the way I understand quickly from talking with Stephanie, one of the roles this board or commission may be is to review contracts. And so one question that I would have is do you want those - if it's a new board or commission, would you

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want those board and commission members be required to file a statement of financial information. We currently have 13 boards and commissions that have to file those reports, and those are identified in city code as well. So if you wanted this board or commission to file a statement of financial information, which you all are familiar with, we would need to adjust city code chapter 27-72 to include them in that as well. And that's the basic process in a nutshell. >> Houston: Before you leave, Ms. Goodall, because we have some new people in the audience, tell us what ifc means. Just because I'm leaving, let's not slip back -- >> Sorry. Ifc is an item from council and it's an item individual councilmembers with co-sponsors bring forth and put on an agenda for some type of action either by staff or to amend the city code. >> Houston: Thank you. Thank you. Any questions for Ms. Goodall, because I would like to bring director Hayden up so she can explain what it is she is looking for. Director Hayden, could you kind of remind us what the scope is that you are looking for and the -- >> Good afternoon, Stephanie Hayden, director Austin public health. So this -- this commission would be a commission that would oversee specifically public health issues, challenges. It will be the place where the department would be able to bring forward specific items as we're working through. So, for example, it could -- we've talked with Travis county health and human

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services and we've also talked with central health. And so this body would -- would be a specific place. Because, as you know, currently right now with this council committee, there are other things that are put on this agenda and they are not specifically public health related. So that body would be able to pick up everything public health related. So another example would be as we're going through our competitive process with our contracts. In the past we would come to this particular body, but because this body has expanded and they -- you've picked up additional things, we would have the consistency of working with them and then, you know, could transition and forward to the full council at the end because we always like to make sure we are having that conversation with the full council. But it would be able to look at public health specific issues or challenges that we have. In addition with our accreditation that we have, we are one of our areas that we are really hoping to strengthen and solidify is that we need to have the ability to provide feedback to a commission or a committee. That would in turn we would be able to advise them about public health best practices as well as any improvements that we feel from a public health from our expertise would be better to improve in our community. And so this would be the other body that we would be able to have that kind of back and forth dialogue with -- and provide recommendations to them. So it would help us and strengthen us as we move

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forward. We're already accredited, but we're going to look to do our -- redo our -- reaccreditation in 2021. And so we have to provide a report to them to the accreditation board, and this was an area of weakness for us, so that was the other reason for wanting to create a body specifically for public health. >> Houston: Councilmember kitchen, did you have a question? >> Kitchen: Yes. When you mention an area of weakness, tell me more. From an accreditation standpoint, is that one of the checkmarks to have an advisory body or -- >> So one of the things that they like to see from a public health perspective is is that when we're having interactions with elected officials, that we have the ability to advise elected officials and provide our public health expertise. So, for example, you know, if -- I'll use smoking for example. Even though most of you may reach out to Dr. Wong to get his information about smoking, it may not be always a two-way dialogue where he makes a recommendation about, you know, not having smoking at a specific location, for example. >> Kitchen: Okay. >> So because we are not able to make recommendations, we're only at this point able to give, provide information and not say this is a recommendation. Then that would allow us that ability to do that. >> Kitchen: Okay. >> Houston: So we would use -- the committee would be used example for if we had an outbreak of Zika or how to manage that outbreak,

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how to alert the public. I mean, they would have more than just kind of general responses to the concerns that you have, but they would be able to help guide the health department when something -- an emergency came up of that nature. >> Absolutely. >> Houston: And also I'm concerned about the maternal -- fatalities that we have in Austin. So would that be something you would bring to them and they would help you and then how would -- >> Absolutely. Because basically we would be able to use data to bring data to that body and have specific conversation about targeted strategies that we would want to do for our community. And so that would give us an official line to be able to do that with. >> Houston: Mayor pro tem. >> Tovo: How often does the rfp process happen? >> The larger one happens like every five years. >> Tovo: Okay. I'll just say I think it would be helpful to have a commission making recommendations, especially for those times where they are doing -- where they are reviewing applications or reviewing staff recommendations, I guess is really what they are doing, reviewing staff recommendations for that rfp process. Do you envision this is a commission that would meet once a month or could it be less frequent except in periods of time where there's a public health focused need or issue that needs addressing. >> Absolutely. It could meet less. And then as in certain peak times, you know, we would want the committee to meet more. But it could definitely meet

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less, like quarterly. >> Tovo: So I would be in favor of this especially since staff has identified a need for it. I would say my preference would be that the expectation not be that it meet monthly, just in light of the interest in trying to consolidate some of our boards and commissions and really minimize staff time, I would say we set an expectation that it wouldn't be monthly. And seems to me the right format would be its own commission rather than a joint commission because those individuals serve on other things and I think this would -- it seems to me the work of this commission is unique enough that it would be helpful to have people who are focused on it. With regard to the question about whether financial disclosures should be part of it, my inclination is probably yes given they are the body who are reviewing staff recommendations for potential grantees. That's just my thoughts on that. I'm happy to support a motion along those lines. >> Houston: Councilmember kitchen. >> Kitchen: Do you -- do you envision this body as -- are you needing specific expertise, do you think, on this body? So I guess I'm wondering if when we -- when we ask for an ordinance, would we be looking for slotted kinds of expertise, you know, where you say you need a person with this experience, that experience or that experience? >> Yes. >> Kitchen: You think so? >> Yes, ma'am, we would. >> Kitchen: And what would you be looking for, do you know? >> Well, I would want us to be able to kind of span across, you know, and one be reflective of the community we serve, but then two, be reflective of the department itself. So, you know, individuals that, you know, may be a physician, may know about immunizations and an individual that may have a

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background of research and best practices. Evaluation. So we would definitely want an array of folks that would be -- would bring us a diverse backgrounds, but that's reflective of the services that we

provide in the department. >> Kitchen: Okay. >> Houston: So we would include people like -- well, central health you've named, but we would get the Dell medical school involved. Let me think, the black nurses association, the black physicians, hispanics, Asian, we would try to get folks that you are looking for from a variety of ethnic and cultural -- because each one has a different -- the way they relate to health care is very different depending upon who we're talking to, so I think we need to have a blend of those. I'm willing to support this. This is something Shannon Jones has been trying to get because the amount of contracts you all have coming in, there's no way that we've ever been able to look at them and look at the data to see if the program, like on the agenda this week I think it's about del valle. We've never been able to get, you know, follow up on that to say is what we're doing tackling teen pregnancies in those areas. Is it decreased, still increasing, what are the reasons it's increasing. So I think it would be very helpful for you to have somebody to focus on all the kinds of contracts you are looking at from the health perspective. Which one did we decide on? The single commission? Okay. So I'd like to move that we move forward with option number 1, which is a permanent advisory decision-making body following the outline in the presentation and that they meet quarterly except when

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call meetings are necessary. It's been moved and seconded. Any questions for anyone? Yes, ma'am. >> Tovo: One more. And are we making part of that the financial disclosure. >> Houston: The financial disclosure you, yes. >> Tovo: And do we want to suggest to staff -- what process do we want to use for nominating given there are specific areas of expertise being recommended. Should we suggest to staff the ordinance they craft ask the -- ask this council committee to provide recommendations for members? Are we doing it the way we typically do, one person, one nominee? >> Houston: I think one person, one nominee because we all have people in our districts who would fit the specific criteria you are looking for. >> Tovo: But they will provide language about what kind of expertise they want to see represented across the board. >> Houston: I say her saying yes. >> Yes, we can provide you some helpful criteria. >> And to make it easier if you would like, what director Hayden and I can do is work with the law department to draft a rough draft of an ordinance, and then distribute it to the three remaining members of this committee since you were part of the discussion, and then if you have any suggestions, we can incorporate those and then I can bring it back for council review at the first possible meeting. >> Kitchen: That would be great. >> Houston: That sounds good. >> Tovo: Full council. >> Full council. >> Houston: That would be good. All in favor? Did we vote? All in favor say aye. >> Aye. >> Houston: It's unanimous on the dais. Thank you Ms. Goodall and director Hayden. It's been a long time getting there, but it finally happened. Thank you very much.

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The next item on the agenda is the health and human services committee meeting schedule. There are two options in the backup. One starts in January, the other one just starts in February. Whatever motion you all want to make. Go ahead. >> Kitchen: I was going to suggest starting in February. What do you

think? >> Tovo: I actually have an option 3 to propose, and it starts in February, but it identifies -- it identifies meeting dates that are as often as possible noncouncil weeks. >> Kitchen: Okay. Okay. >> Tovo: And so -- >> Kitchen: So the 13th is a noncouncil meeting. >> Tovo: The 13th, the 10th, June 12, all of that remains the same. It eliminates the August 14 date because I understand councilmember Garza and I have conflicts on that. I'm not sure what those are this far out. Maybe budget. And October 9 remains the same and December 11. Really the only alteration from option B here it looks like is that August 8, and I remember I have copies of this. >> Houston: Do you have a suggestion for the August date? >> Tovo: Eliminating it. >> Houston: Just eliminating it altogether? So the committee could always have a special called meeting if something came up. >> Tovo: And I would make one alteration. I'm seeing these are scheduled for two hours. You know, I think we should -- I think we had set an expectation that these were going to be an hour and a half. And we've managed very often to stick to that so I would say, you know, that would be

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one alteration I would make that we have a start time, but the expectation is it's about an hour and a half. >> Houston: Okay. Councilmember kitchen, do you agree with that alteration? >> Kitchen: Yes, uh-huh. >> Houston: So let's vote on the revised meeting schedule. Option 2.1. February 13, April 10, June 12, October 9, and December 11. We're going to try to keep them within an hour and 30 minutes. All in favor, let it be known by saying aye. >> Aye. >> Houston: Opposed? Unanimous on the dais. So now we are here to have a briefing by the sickle cell association of Texas. Marc Thomas foundation. Would you come up, Ms. Linda wade. Is Ms. Thomas here? Okay. And for the record, if you will just introduce yourself and tell us what your title is. >> My name is Linda Thomas wade and I'm the president and the CEO of the sickle cell association of Texas, the Marc Thomas foundation. I first would like to thank the committee for allowing us this opportunity. We truly appreciate it. And we appreciate the city for the years of support and help. I would also like to say to councilmember Houston that we truly thank you for your service and we will miss you. The sickle cell association of Texas, the Marc Thomas foundation, began in 1997 with myself, my late

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husband, the late, great Marc Thomas, who lived with sickle cell disease. And it was my husband's vision to provide services for individuals living with this life-threatening, hereditary disease. Even though he suffered from pulmonary hypertension and so many complications, he was on oxygen 24 hours a day, he never stopped advocating for the families living with sickle cell disease. We were happily married for 27 years and he passed away at the age of 46. However, his legacy and his mission continues. By myself, our daughter, who is our chief operations officer and attorney, and so many wonderful staff and volunteers. Sickle cell disease is a life-threatening hereditary blood disorder that attacks the red blood cells. And these misshapen cells cut off oxygen to various parts of the body destroying that part of the body. And the state of Texas all newborns are tested for sickle cell disease and sickle cell trait. >>

Houston: Ms. Thomas, if you would like for somebody to work the clicker for you while you -- >> I have it, thank you. Thank you. And so this is what sickle cell anemia and sickle cell disease looks like. Where for individuals that do not have sickle cell disease, their blood is cells are round and pliable and flow through the body freely. However, with those living with sickle cell disease, their cells clump kind of

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like a traffic jam and it cuts off oxygen and destroys that part of the body. It can cause severe pain, jaundice, blindness, organ damage, and even, unfortunately, early death. And there is no universal cure and many carry the silent sickle cell trait and are unaware they carry the trait. It is only with testing that you are able to most often recognize that you are a carrier of sickle cell disease. And at this time I would like to introduce Alesian Thomas, chief operations officer and attorney. >> Good afternoon and thank you so much for this opportunity. My name is Alesian Thomas, chief operating officer and staff attorney for the sickle cell association of Texas, Marc Thomas association. Some of those services if you guys can see, free sickle cell testing. As she mentioned about one in 12 African-Americans carry the sickle cell trait and are unaware and about one in 36 hispanics. It also affects hispanics, caucasians, Asians because we're such a melting pot, mixed up so it's good for knowledge and awareness for all ethnicities. We provide case management referrals, counseling, transitioning services, and transition is a huge area in a lot of issues for health. Oftentimes our families, they will go to Dell's children or pediatrics hospitals and are treated really well. Their care is high. But when they hit around 18,

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it's a huge challenge in getting them adequate health care, getting them medical homes. That's kind of where we like to provide assistance in trying to provide as much help as well as improving health outcomes in that area. Because of city funding which we are very grateful for, not only are we able to provide all of those services, but we were also able to become medicaid case management providers through dishes. That is something that we just started, but we're very excited we are also able to leverage funding and create more opportunities for our families and provide them with more thorough case management services. We are also excited that because of the funding and our great work that we do in the city of Austin and Travis county, we are able to -- we are the only sickle cell organization in the state of Texas to also receive hrs funding through a sickle cell -- the sickle cell newborn screening program in which it's a national program, but we're the only ones in the state of Texas to provide follow-up and more case management specifically for families affected with this condition. And lastly, we're really excited about with city funding we're able to hire more staff. We are a smaller nonprofit, but because we were able to receive the health equity funding, as you know most of our population are African-Americans and hispanic, so obtaining equity is very important. But because of the funding we were able to hire more staff, and one of those is a licensed clinical social worker who is here, Emily, I'll let her introduce herself. I'm going to allow them to briefly introduce themselves and talk a little

about what they do. Do you guys have any questions about what I've discussed thus far? All right, we'll keep going. >> Houston: Hold on just a moment. Mayor pro tem. >> Tovo: I have a couple,

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thank you. So would you -- I appreciate that you explained that some patients have pediatric services and then are -- the transition can be challenging. >> Very. >> Tovo: What is the age range of the individuals with whom you are working? >> I didn't mention that so thank you for asking. So we are a very unique agency. So we literally our youngest is -- I want to say we just got a new client this week that's like 11 months. We can go from infant and our oldest is 73. We a wide gap we happy with all areas. >> Tovo: How many individuals, you said you serve hundreds of clients, is that each year? >> Yes. We did go into the -- our ct case system, I don't know if you are familiar with that, it's interesting. They are tweaking it, but I believe we had over 3,000 that we served last year. I can get you guys a breakdown if you like. But we do educate quite a bit through health fairs, public awareness education as well as our case management services which are a lot more expense and one on one. >> Tovo: So the 3,000 would be through outreach and the case management closer to the hundreds? >> Yes. But I can easily give you a break down if you would like. But it is that as well as testing, so it's quite a few. So it's people who are tested and screened for sickle cell trait as well as clients that we outreach and do. We go to schools, doctor's, medical professionals that we outreach to and educate as well as case management clients and their families who also have, you know, patients or a child with sickle cell disease, but the parents possible have trait or have to have trait. We do entire families, not just an individual. >> Tovo: My last question is I saw that Texas has infant screening, newborn screening. Is that pretty standard

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across the country or is Texas unusual in that? >> Yes. So Texas has testing all babies for sickle cell disease for many years. And we are excited that our agency actually helped to lobby I think it was about in 2005 to make sure that all babies are tested for sickle cell trait. The disease has been tested for but trait is newer. We make sure all babies regardless of race and gender are tested because a lot of people don't know they are carriers until they have that test done. >> Tovo: Thank you so much. >> I'm going to introduce Emily if she would like to come up. >> Hi, how are you? >> Houston: Please tell us your name. >> Emily Oshea and I'm a social worker, work for sickle cell association in Texas, been here in Austin since 1999. Very grateful for the work you guys do. I've been with the organization about two years. And it has been some fascinating to me to see what this organization does, how it serves the community. I go to a lot of health events throughout the community and schools and clinics, and the majority of people I talk to have no idea what sickle cell disease is. So the people that it affects, it's maybe a small percentage of the population here in Travis county, but -- I'm sorry. I didn't realize I was going to be on the screen. I apologize. I feel like a movie star right now. Thank you. I'm sorry. >> Houston: You're not alone. People go up and do the same thing. >> I think a lot of people might be asking, well, I don't know anyone with sickle cell disease, how is this going to affect me.

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Well, -- it comes down to money, which most things come down to money. And if you look at the hospital system within Austin and actually across Texas, a lot of our sickle cell disease survivors instead of going to their hematologist or primary care physician for care, when they become sick they go to the E.R. And I think that what we do as an organization is support through health prevention. If you look at a lot of chronic diseases in the U.S., we spend so much money on health care when really a lot of these things are treatable conditions that can be managed within the home without having to go to the E.R. So if -- we're asking how can this affect us, the city of Austin, we could actually save money by funding -- by providing more funding. I'm one social worker and I work part time, 25 hours a week for the whole city of Austin. So I'm really busy and I feel like if we did have more support or help, we could save the city of Austin money, so that does affect our constituents in a much broader scope. So yeah, that's all I really had to say. I really appreciate the opportunity to speak with you all today. >> Houston: And thank you for that information. >> Good afternoon. Jessica Martinez and I am the office coordinator for the sickle cell station. I love what they are doing with sickle cell disease. When I came on board, I did not know what sickle cell disease was. This is something that I learned and became well educated on this. I do educate our hispanic community here in Austin in Spanish. I've noticed a lot of people, you know, hispanic race don't know what sickle

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cell is and it's amazing how a lot of them don't know what it is and are uneducated and sometimes when we do the testing portion of it, when they come out positive. So definitely something that I reach out to them and educate them more about that. But yes, that's what I do with the foundation. Thank you. >> Houston: Thank you so much. >> And also she's a little shy, but this is Lauren. She also works with us. She gave me a firm no, I'm not going anywhere near that microphone so I'm doing it. As you can see, literally all of these came on with our health equity funding so we're very appreciative to that. Also I just wanted to show a few of our accomplishments that we have done for the past few years. One of them as I mentioned earlier, we were able to lobby at the state capitol to make sure all babies -- all babies born regardless of race and gender are tested for sickle cell traits. Our president was also able to meet with a former president George Bush to talk about sickle cell diseases when he was governor of Texas. Also excited to meet with Barack Obama in his first 100 days in the oval office to talk about sickle cell disease. That was a great honor. And the city of Austin is the bread and butter. You guys have been remarkable in helping us with families. Director Hayden as well as mayor Adler and you guys, we appreciate the city of Austin's support. Also because of the great work that we're doing here in the city of Austin and Travis county, this year we were invited to a federal round table in Washington, D.C. Which only a select handful of cbs nationwide were able to attend. >> Houston: What is cbo? >> Cbo is community based

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organization. >> Houston: Thank you. >> Yes, thank you. And so as the only sickle cell community based organization from Texas we attended and we were able to meet with nih as well as the CMS, the center for medicare and medicaid services to talk about upcoming research with sickle cell disease and just looking at national ramifications, because it is a very, very expensive disease. I know Emily talked about it, but I think there is a research study recently done where it costs about over \$2 billion to care for clients with sickle cell disease because unfortunately as I talked earlier about transition, so a lot of the care, they will go to the E.R. Versus going to their doctor so it's cost effective and I know there's a lot of research that's saying community based organizations are really important in helping reduce those costs by making sure they have doctors, making sure they go to their appointments, helping with transportation, with language barriers. So it is very, very important. And then I also served on the Texas sickle cell advisory committee with DHS and HHS and which we're going to provide recommendations throughout the state to bring more awareness for families affected as well as providers. And then another accomplishment we have, you can look up on website, our president is also featured on the nih website to talk about sickle cell disease and her efforts. And then oh, okay, do you have any other questions? Okay. And then -- >> Houston: Councilmember kitchen has a question. >> Kitchen: I'm curious about the testing aspect of it and also about how people learn that they have the disease. Are you finding that -- are you finding that most people -- that the testing identifies most people that have the trait or the

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disease, or is it -- or what we seeing happen is people don't know that they have it until they start having some sort of symptom? >> Great question. I would say yes and no to several of those questions. People with sickle cell disease, most of them know pretty soon. Most babies in most states, I believe it's all 50, they will test for sickle cell. When you have a newborn, they have the heel prick and Texas is 27 conditions and they will let you know in a verify and try to get you into a hematologist. Most people with sickle cell do know they have the disease. Most children, they don't start having complications until around two. Two they have strokes and things like that that young. So for sickle cell disease, that's pretty clear. For the most part. Still there's some people they are unaware. Especially our older population, they may not know. I've had pain all my life and we test them and that's why. Then try to get medical information. For trait people do not know. It's like a trait for blue eyes or brown eyes. Most people are really unaware with it so it's important for people to know if they get married and partner has trait there's a 25% chance their child could have sickle cell disease. What also is interesting and that's why our work is so important, there's a lot more research going on with sickle cell trait. A lot of athletes, they will be fine, work out and pass away or just drop dead all of a sudden. A lot of times those players are sickle cell traits so they are realizing pushing hydration and making sure you are aware of that is very important to be more preventive and those horrible outcomes. Also one that's more important specifically in the African-American and hispanic community is diabetes.

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The nih has a study and the CDC as well, if you have sickle cell trait, you are more likely to have a false positive with the A1C test. It's important to know if you have diabetes to let your doctor know to possibly do further test to go verify if you have diabetes or not. It's interesting so it may seem small, but it affects so many avenues of our lives. I hope that answered your question. >> Kitchen: It does. And what age group has got the testing as a baby? How long have they been doing that? >> Great job. I believe it was 2006 or 2005 is when Texas started testing for trait. >> Kitchen: What about for the disease though? >> The disease I believe it was in the -- >> The disease began testing here in the state of Texas 1983. >> Kitchen: Okay. So you still have older people that would never have been tested. >> That is correct. And unfortunately she mentioned we do have a couple of individuals that are in their 70s. However, that's tipped not the case. >> Kitchen: They don't usually live that long. >> That is correct. >> Wells we did want to show you guys, there is a large video on our website, it's about ten minutes. We do not want to have a watch a ten-minute video so we did cut it down to show one of the services that we provide. Oh, okay. Yes. And so it's only a three-minute video, but we also provide a service that's not funded by the city of Austin called camp celebration. This camp is a really good respite service for families. Oh, now I'm on screen. Oh, my goodness. I'm teasing. Now we're going to -- I know how Emily felt. Now we're going to show the video. Thank you.

[2:49:43 PM]

>> Have sickle cell. >> I have sickle cell. >> I have sickle cell. >> I have sickle cell. >> I have sickle cell. >> I have sickle cell disease. >> I have sickle cell. [Speaking in foreign language] [Inaudible] >> It just hurts. >> It can be, like, super bad at times. >> I have sickle cell. At times it makes me feel by myself. >> Hospital for a week and a half. It was a very bad experience.

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[Video playing]. >> When you have sickle cell disease you are born with a different kind of hemoglobin , red blood cells do through our blood vessels. They release oxygen. The hemoglobin changes shape. Round and squishy. Sickle [playing video] . >> You can have strokes. And so it's a full body. They have more positive attitude about their disease and feel like -- >> We thank you so much for allowing us this opportunity to come before you on this afternoon, and are there any questions? >> Houston: Ms. Thomas -- I'm sorry, it's not Thomas anymore, is it? >> I'll always be a Thomas. >> Houston: Thank you all so much for coming this afternoon and for sharing this wonderful story about sickle cell. People don't realize I don't think how much pain people are in and when they are in crisis what it does to a family. Thank you so much for

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sharing. >> That is so true. Thank you so much. And we would ask for your continued commitment to this organization. Because of our success in providing services to under served families, especially African-Americans and hispanics who have obstacles in achieving equity. And we would also ask that you would please consider additional funding so that we may hire additional staff to continue providing services such as medicaid to minority families and to leverage our funds. Thank you so very much and god bless. >> Houston: Thank you. Okay. So we're at item -- agenda item number 6. It looks like the first meeting will be on February 13. 2019. At 2:00. So there are a couple things that I need to put on that agenda for -- just to remember. I want to thank the clerk's office for posting the notice regarding the vacancy on central health's board of managers. That's something that we need to probably -- that you all will probably need to address fairly quickly. The other thing is we had a special called meeting on December 19 at 10:30. We've checked with most of your offices, to make an appointment for the joint sustainability committee. That will be very quick. I think we already have somebody that said they would like to serve so that should be fairly quickly. So that's December 19 at

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10:30. >> Kitchen: 10:30. >> Houston: Uh-huh. Right after the canvassing. Anything else we need to have staff put on for the next meeting that you all can think of? Mayor pro tem? >> Tovo: I had some topics that my staff and I developed that I think would be good to do in the new year. I'm not sure whether they need to be on the first meeting or just, you know, in the meetings ahead in the new year. One would be an update on the work that our staff has been doing with regard to opioids in the community. Another would be at the appropriate time after we've got some results from the point in time count that will happen this January, an update on some of the -- on the arts contract, which is -- which will be relevant in the upcoming year. So those are just a couple of items for consideration. >> Houston: Councilmember kitchen. >> Kitchen: I think those all would be good. I think if you think it's timely that an update on the arch at the first meeting would be helpful. Why don't we suggest that one. We could also, if it's appropriate, there may be some other aspects of the homeless services that they could update us on. By that time we should have hired the homeless strategy officer. I think they will have that done by them. It might be of interest to meet that person. At a minimum, focusing on the arch update would be good. >> Houston: And staff got that for the first meeting and then those other items are things that could be spread out, but I think the real emphasis is on the homeless population. >> Kitchen: Uh-huh. >> Houston: A the opioid I think is another one is something that would like to be sooner rather than later.

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Thank you so much. That completes our agenda for today, and without objection this meeting -- you cannot have an objection. >> Tovo: I know that we'll have an opportunity to honor you tomorrow, councilmember Houston, but you've done such a fabulous job of chairing this health and human services commission that I wanted to in this body to say thank you for all the work you've done to make sure we have important agenda items on here and to make sure that, you know, and today was a great example I think of making space for an important topic. On this issue that our community needs to be more informed about. So thank you for all of your leadership, but today especially your leadership with regard to this committee. >> Houston: Thank you so much. As I said to people very time, I'm very labile at this point so please don't say much because I just start weeping. Just thank you. Thank you. This meeting is adjourned at 2:58 P.M. Thank you so much for coming.