

# Health and Human Services Committee Meeting

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Houston: Good afternoon. my name is Ora Houston. A quorum is present, and I will call the meeting of the health and human services committee of the Austin city council to order. Today is Wednesday, may 16th, 2018. We're meeting in the council chambers, Austin city hall, 301 west second street, Austin, Texas, and the time is 2:04 P.M. I want to remind anyone who's parked in the city garage and have a ticket to be validated, please, the young lady with her hand raised, she will be able to validate your parking ticket for you. The first item on the agenda is the minutes of the committee meeting that was held on February the 14th. Please take a minute to review and then I'll accept a motion to approve. It's been moved -- it was moved by mayor pro tem tovo and seconded by councilmember kitchen. Those in favor, let it be known by saying aye. Opposed? It's unanimous by the dais. Do we have any citizens communications? No? Okay. If you will come on up. Welcome back. >> Good afternoon. >> Houston: Try it again. >> Okay. Well, good afternoon, city council and this dear committee, to my heart. I just wanted -- >> Mayor Adler: Identify yourself. >> Oh. My name is [indiscernible]. It's been a year since your committee has recommended and your council has appointed me to the board of central health.

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I just wanted to let you know how thankful and grateful I am for that opportunity and humbled to serve our community. It's been a privilege, and I am happy to report to you that we are really working tirelessly to improve the health of our community and to bring credible health and services to where it's needed. And we are expanding services and proud of the work that central health and everyone has been doing. I hope that we can really collaboratively work together to better improve the health, and as I always say, our community's needs are beyond the clinical walls, and we need to address what governs their health in which the social determinants of health, we understand, it's really more important for people to be housed than homed and to really furnish them with the services as an education and in

food, and so many other issues that our community is in dire need. And that's really been a focus of mine, building a strategy that -- how can we better serve them and really allocating a secured funding mechanism. And I feel we here in Austin have a unique opportunity to be transformational in our health delivery. I just want to reach out to you, that I would love to continue on my assignment and feel free to reach out to me, how we can really better collaborate and to serve. And also, I also just want to point out I wrote an op ed recently in the statesman about my experience on the board, my reflection, and I hope you can take the time to really read it. Again, I am truly humbled to serve, and we will continue on building this healthy community together and from an equity lens and putting our community first and foremost in the heart and center. Thank you.

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>> Houston: Thank you so much. >> [Off mic] >> Houston: Okay. We'll do it. We'll make sure. And I may be mistaken, but this is probably one of the first times someone from the central health board has come back to give us an end of the year report, so -- >> Kitchen: Yes. Thank you. >> Houston: Thank you so much. We appreciate not only your gifts and skills and expertise but your passion to ensure that the health services are delivered in an equitable way throughout this city, so we really appreciate all the work that you've done. Good. The next item on the agenda is discussion and possible action regarding the sobriety center local government corporation membership. If you all will remember, last year we had to appoint one individual, that was Mr. Reginald Smith, to the unfilled vacancy that was Debbie Heiser, who was on the sobering center. So Mr. Reginald Smith is requesting that he be renewed for a full term. And then Douglas Smith -- they're no -- they're not related, but it's just very interesting that they're both named Smith -- he's been on the sober incentive board but would like to be reappointed. So if you've had an opportunity to look at their resumes that was included in late backup, both of them are, I think, exceptional folks, so I would entertain a motion. >> Garza: Chair, it's just reappointing both of them? I'll make that motion. >> Houston: Councilmember Garza has made a recommendation to reappoint both Reginald Smith for a full-year they remember and Douglas Smith for a term as well,

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and it's been seconded by councilmember kitchen. Are there any questions? All in favor, let it be known by saying aye. Oh, I'm sorry, mayor pro tem, yes. >> Tovo: That's okay. I really didn't have a question, I just want to do thank them both for their service for the honor of serving alongside them, and I think this is a critical time for the sobriety center with its new executive director now on board and plans to open up hopefully later this summer, so I'm really glad that both of them are in agreement about continuing. >> Houston: And I just want to clarify for the record, mayor pro tem was appointed on April 26th to another term so she had already been reappointed, so that's why we only had two today. Now we're on to briefings -- oh, we didn't vote. All in favor, let it be known by saying aye. Opposed? Ayes have it. These two gentlemen are reappointed. Briefings. Who's here to talk about the United Way 2-1-1 navigation? >> Good afternoon. >> Houston: Good afternoon. >> I'm Amy price and I'm with the 2-1-1

program at United Way. Thank you. And I wanted to talk to you about data that we collected over the past, really, 15 years, but especially the past three to five years on the needs of our callers and how they changed over time and how the geography has changed over time. To start, I thought I would give you just a two-minute kind of overview of 2-1-1 and the United Way navigation center and what we do, and then I'll not rehash our report completely but just go over a few highlights if that's okay. So the navigation center at United Way is kind of two -- has two arms. We have kind of the traditional 2-1-1 information -- >> Houston: Let me -- can you put the captioning up top?

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>> Houston: You can't? Okay. We'll keep going. >> Okay. Great. So 2-1-1 has traditionally been a dialing code people can call for health and human service information. We also have an online presence now, online portal that people can search for information about community resources, and then we're looking at launching chat and text later this year. In 2009, we started partnering with central health to provide access to the map program, so we screen for both their map, the county's indigent health care program, and other health care benefits, as well as do some health care navigation in Travis county. And then more recently, we've kind of expanded into a few different call center areas where the point of contact for the community clinic Al buin samaritano, and also blue Bennett trails, that doesn't serve Travis county but the surrounding counties. So 2-1-1 is funded by the Texas health and human service commission but we're operated locally through a contract with United Way through greater Austin. We have about 20 full-time employees. About 15 of those are on the phone full-time. They're social workers, case managers who have social service experience, and then we have a team of people that are maintaining a database of resources. We're 24/7, free, multilingual, confidential. Our short times are very lucky -- our hold times are very short, usually no more than a minute. And then the part that I want to talk most about today is that we track -- we're confidential but we do collect a caller's zip code, age, gender, the needs that are identified on the call, and then who we send them to. And then we do some follow-up with those callers as well, to find out what happened after the

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call. Very typical types of calls that we get, my child has behavior problems; where do I go? I'm a veteran and don't know what to do. Pretty -- more frequent one now is, I can't afford my prescription anymore. I'm an older adult on a fixed income, can't afford my prescription, or health care costs. We get a lot of calls about housing costs, about a third of our calls are in some way related to housing costs. And about half of our calls are related to basic needs of some kind. But we have a wide array of information about all types of community resources, anything from mental health, substance abuse -- substance abuse, child care, workforce related services, services for veterans, housing, senior services, so we -- about those kind of services make up the other half other than basic needs. I'm actually -- can we go ahead and go to the website, the 2-1-1 data report? I'm not going to go through the whole website, but this is our first online report. We do an annual report. And in the past we've had either -- we had this 30-page

book we used to release every year, then we consolidated it to one page and we're in the process of making a more interactive online tool that can be useful for community planners, funders who are looking at community need. And we're also looking more at not just call volume and what people are calling about but also how people are using our website. For example, people are more likely to search for things like parenting support services, mental health services, than they are to call about those services. So we're kind of thinking about how we provide that information. And, let's see -- and we're also able to dig really deep and get very

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granular with the types of needs that we provide information about. So, for example, when you're looking at something like home repair, we can talk about the 20 different types of home repair, so things like weatherization, wimp construction, bathroom modifications and where those calls are coming from and how they're changing over time. Really, the people -- we do probably -- about 300 customized reports a year, primarily from either funding organizations or from people seeking funding who are wanting to show a need in how it's shifted over time, both by demographic and geography. And just some of the trends that we're seeing, which, you know, probably won't be a surprise to anyone, we're getting more calls from older adults. And part of that is because of the aging shift in the population, and part of that is because younger adults are not using the phone as much. They're using our website more and more. We're getting more calls from people who are -- who need help with housing cost assistance. And we're also getting more mental health related calls. Our mental health and substance abuse calls have almost doubled in a five-year period. So we're partnered with integral care to be able to do more for our staff to be able to handle those calls. Wherein our calls are coming from has shifted dramatically. It is shifting dramatically. We are located in 78702, which is still a top high-need zip code. Ten years ago, it was our fourth or fifth top zip code, now it's number 12. Still a lot of need, but the need has shifted some also. Places like dove springs, rundberg, we still see a lot of need on those areas in the I-35 corridor, but there's also increasing need in manor, parts of north Travis county, pflugerville, pockets of hays county, pockets of bastrop county,

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so seeing this outward shift of our call volume and it's pretty dramatic, especially if you look at a five-year period. That's really all I have. Are there any questions? >> Houston: Any questions? Councilmember -- >> Kitchen: I had a question about the reporting. >> Yes. >> Kitchen: So it looks -- just from looking at it, it seems like this might be something that you can do, but can you give us -- what I'm interested in is some information about the kind of calls you're getting around transportation. >> Yes. >> Kitchen: Particularly, I'm wondering if you can drill down to if you're getting calls about -- maybe from a person who has a disability or someone like -- who might fall in that category, a special need perhaps, that has difficulties accessing transportation, can you drill down to numbers of folks that might fall in that category? >> Yes, we can. We actually do a specialized transportation report every year. >> Kitchen:

Okay. >> That we present to the regional transportation coordinating committee and a couple other groups. We're going to be digging deep for transportation data over the next 60 days. We have a partnership that, with Lyft, where they're going to be giving us a few free rides for some of our callers. So the data that we're collecting, that we're choosing to collect, is going to be much more in depth than in the past. So we can share that with you, especially -- we not only want to collect what the need is but we want to find out -- more about the barriers that the people with transportation needs are facing. >> Kitchen: That would be helpful. So the partnership with one of the tncs -- >> Yes. >> Kitchen: Have you reached out to all of the tncs -- >> It's actually a

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nationwide United Way led partnership that we are part of. >> Kitchen: Well, I'm actually a little concerned about that. >> Okay. >> Kitchen: I think these kinds of partnerships are a good idea, but I think it's not appropriate to have a partnership with only one tnc. >> Okay. >> Kitchen: Particular since here in Austin we have our own nonprofit. >> Yes. And these are donated rides that were given to us -- >> Kitchen: But what I'm asking is, whether -- if that's a program that we're going to pursue, that's fine. >> Uh-huh. >> Kitchen: But I would suggest that you also reach out to the other tncs, particularly ride Austin -- >> Sure. >> Kitchen: -- And let them know that you are prepared to partner. >> Okay. >> Kitchen: And that you partner with -- with them also, if they're interested in that. >> Great idea. We will do that great idea. >> Kitchen: Yeah. I think it's necessary. >> Okay. >> Kitchen: Okay. And then the other drill down -- yes, I would love to understand the -- I'm particularly trying to understand where people with disabilities are having -- where they live. >> Uh-huh. >> Kitchen: From a geography standpoint and what kind of difficulties they're having with transportation. So anything that you can drill down on that, that would be Guerra G. >> Sure. In the past what we've seen, I could get you a zip code map, but also the barrier that we've seen is the times of schedule, scheduling is available, it's really about timing. In the past we've looked deeper at transportation needs with people -- for people with disabilities, that's been the major barrier. But we'll kind of dig deep again and see what we find. >> Kitchen: Okay. So one last question? So then the last question then is, you mentioned -- and I'm not going to get this right, but reporting to a regional committee or something? Regional transportation -- >> Regional transportation coordinating committee, yes. >> Kitchen: What is that? >> It's a group that is led by campo, I believe. I believe that they were maybe the starting members of that, and it is regional. I don't know the count -- I think it's a five-county

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service area that they kind of consider. >> Kitchen: Okay. >> Definitely hays and Williamson county are at the table. >> Kitchen: Okay. What's it called again? >> The regional transportation coordinating committee. >> Kitchen: And so is this something y'all report on a regular basis, or... >> Periodically, we've been invited to present data. >> Kitchen: Okay. Do you know who the contact person is for that group? >> I can connect you. >> Kitchen: Okay. >> Yeah, I don't know who the current chair is, but I can

find out. >> Kitchen: Okay. Thank you. >> Houston: Any other questions? Councilmember Garza. >> Garza: I was just curious how -- do people get rolled over from 3-1-1? How do people know that 2-1-1 is the resource for these kinds of things? >> A lot of people find out about 2-1-1 from social service agencies. >> Garza: Okay. >> Then also people who have received social services before. >> Garza: Uh-huh. >> We do have an mou with 3-1-1 and we refer people to them. We do warm transfers and they also warm-transfer to us. Same thing with 9-1-1. But people usually learn of 2-1-1 through -- we do some advertising, the state does some advertising, and then word of mouth is what -- actually, about 25% of our callers find out about us through word of mouth, then through accessing another organization, they're given a referral to 2-1-1. >> Garza: Okay. Thank you. >> Houston: Mayor pro tem. >> Tovo: Thank you. We had a -- I think I heard you say that -- something about mental health services, that you're noticing more people will use mental health services than will actually call about it? Did I understand that correctly? >> We're getting more -- our call volume around mental health has increased over the past three years. And people are also, at the same time, more likely to search for mental health online searches make up a bigger percentage of online searches than they do of

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call volume. There's quite a bit -- I think there's probably an increase in both. >> Tovo: Thank you for that clarification. I appreciate it. >> Houston: I've got a couple of questions. On the page where you talk about 2-1-1 centralized point of contact, it says criminal justice and legal. Do you keep data to define what it is the requests are -- >> Yes. >> Houston: -- In the criminal justice and legal area? >> Yes. >> Houston: Is it on any of these -- >> It's not, but we can do a specialized report. We refer to a lot of legal clinics and nonprofits but we can look at the actual needs under those that people are needing legal assistance for. >> Houston: So you probably are aware that the city has a fair chance hiring. >> Yes. >> Houston: It would be interesting to know if people are using 2-1-1 to understand what -- what that option means for them. >> I can find out. I know we have a fair chance record in our database so I can look and see how many times our staff have used that page. >> Houston: Okay. And then I know that you all did some training recently for district representatives of the police department because they weren't familiar -- >> Yes. >> Houston: -- With 3-1-1. >> With 2-1-1. >> Houston: I mean 2-1-1. Could you explain a little bit about that? >> I didn't move forward very far. We met with a few A.P.D. Representatives, but we never did a full training. >> Houston: I think that would be helpful, to go back out, because sometimes -- >> I agree. >> Houston: -- They're the first line and they don't know that you all exist, so they can't make a good referral. Or like you said, a warm handoff to 2-1-1 to get some of those more complicated things discussed when they can't -- don't have time to do it. So I think that would be a helpful thing to continue to do. And then there was one other item. And everybody knows where United Way is located, on

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martin Luther king drive, right behind my butter half? >> Yes. >> Houston: Okay. It had gotten vandalized at one point, so we had to make sure it got back up. That's -- we should be getting hotel taxes for that because people go and take pictures all the time. It's a decimation place. On the last page, call volume shift, what you're saying, in central east Austin, that has decreased in that part but it's now in Webber visualization horns by, del valle, manor, and pflugerville. Those people are moving -- what are those people -- >> We can't use our data to -- by itself to prove that there's been displacement, but we can say that people who -- you know, we using the to get more calls from central east Austin than we do now and we get more calls from farther east Austin. >> Houston: The other interesting thing is that highland mall, you're getting calls from San Marcos and Kyle? >> Yes. >> Houston: So they used to live in the highland mall area -- >> Well, we're seeing -- >> Houston: Or somebody used to live in the highland mall -- >> Yes, we're seeing fewer calls from the region around highland mall -- >> Houston: And more from -- >> More from just about every surrounding area. >> Houston: Isn't that interesting. Thank you so very much. We really appreciate that. >> Thank you. >> Houston: One more? Councilmember kitchen. >> Kitchen: I'm sorry, if I wanted to follow up with any questions, are you the person I could -- >> Yes. That would be great. My contact information is in the presentation, but I can share it with you -- >> Kitchen: Oh, I see right here. I'm sorry. I got it. >> Okay. Great. >> Houston: Thank you so much. >> Thank you. >> Houston: And, let's see, next we have briefing on risk-based inspections for eating establishments, lemonade stands and fee waiver exemptions for

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nonprofit subcontractors. Don't leave, Ms. Price, because I just thought of another question about aid and the case management. And could you introduce yourself and \$. Yourself? >> Yes. Good afternoon. Chair and mayor pro tem and councilmembers. I'm don hayings. Hays Hastings. I'm assistant director of public health. I have a couple of proposals for you today. The first proposal is to adopt a new methodology for inspecting our 5,800 food establishments in Austin and Travis county. And just kind of a quick overview, we are proposing this new methodology primarily for two reasons. One is because we believe it's going to be more effective in protecting food safety and protecting consumer health. It's more effective, and we also feel it's more equitable because it allocates inspection resources where they are most needed, which is the riskier food establishments, the more complex full-service food establishments. And that's kind of it in a nutshell. I'll go ahead and begin the presentation to detail that out. Currently, and for many years, the city of Austin has followed the traditional food safety methodology of inspecting food establishments, all food establishments twice a year. And that has a shortcoming, in that some food establishments, as you are well aware, pose far more risk to the consumer because they might serve oysters, they heat, they cool, they cook, they have a broad range of menu items, whereas

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others sell on prepackaged goods, like a convenience store. But across the country, it's been standard practice to inspect all of those food establishments twice a year, with that goal of twice a year. But, about 12 years ago, the U.S. Food and drug administration began to promote a new methodology that is risk-based, and it's called the inspection frequency standard. That process was also promoted by the centers for disease control, as well as the fda. It classifies all food establishments as either higher risk or medium risk or lower risk, based on the complexity of the food processes, food handling processes, the complexity of the control measures used to prevent food-borne illnesses. The higher-risk establishments, one good example would be just a full-service restaurant with table service. Medium risk includes most of our fast food restaurants, pizza parlors, et cetera, lower-risk establishments include convenience stores that sell only prepackaged sandwiches. So the proposal, the core of it is to inspect higher-risk food establishments three times a year. And then medium risk establishments twice a year, which of course is today's standard. Lower-risk establishments, once a year. But there are some caveats to that. If a higher risk food establishment, which we classify as a tier 3, if that food establishment has consistently high-scoring inspection scores defined by the most recent rolling 24

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months of affordable inspection scores of 90 or above, then that safe and higher-performing food establishment would only be inspected twice a year, which is the current standard, and they would be charged for twice a year inspections. For medium risk establishments, they would, by default, be inspected twice a year. But if they, again, average for the past 24 months, inspection scores of 90 or above, their inspection frequency would drop to once a year. However, if they are low-scoring, meaning the most recent rolling 24-month period they have an average inspection score below 80, in that case they would be inspected three times a year instead of twice a year, and they would pay permit fees accordingly. For lower-risk establishments, tier 1, they would normally require one inspection per year. However, if they are low-scoring, using the same criteria, they would have to be inspected twice a year. So that's the core of the proposal. You can see that the current fee schedule, based on twice a year inspections, classifies all of our 5800 food establishments by number of employees. And you can see the permit fees, those are annual food establishment permit fees, those range from \$475 to \$734, based on number of employees. You'll see again, for the really small establishments that only employ 1-9 workers, the permit fee is \$475. Now, moving to the proposal,

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you will see -- I beg your pardon -- you will see that we have, instead of five categories by size, the proposed scheme is to have nine categories. So you would have the three risk categories that I just described, and then each of those three risk categories, tiers 3, 2, and 1, each of those would have three size subcategories, ranging from size a, having more than a hundred employees, to size B, having fewer than ten employees. So translating that into proposed fee amounts, you see the nine categories there. The top three categories are tier 3, are all higher-risk establishments, and then the middle three,



obviously medium-risk, and the bottom three, your lower risk. And those -- each of those three groupings are in rank order of size a, the larger establishments, over a hundred employees, down to subcategory C with fewer than ten employees. You can see the new proposed fee just to the right of the center of that slide, and then on the far right is the current fee. There, the arrows indicate whether or not the fees would be going up or down if this proposal was adopted, and by the magnitude of the increase or the decrease based on the number of arrows. So because tier 3 establishments -- and that's the biggest group of food establishments here in austin/travis county, because they, by default, would be inspected 50% more frequently, going from twice a year to three times a year, and because fees are

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based on cost of service, their proposed fees would go up. However, the middle grouping, the medium risk, and the lower risk establishments, their fees would go down. And in some cases, very significantly. The lower risk groupings a through C decrease by more than 50%. And that is the -- just a quick review of the proposed fee schedule for the inspection frequency system fee schedule. You can see on the next slide that those fees are based on 100% cost of service, which is the city's default approach, except for the permit fees for 3c and 3b. Those are your smaller, sometimes locally-owned businesses where we have used a cost of service of 80 and 90% in order to reduce the fee impact on smaller, often locally-owned restaurants and food businesses. As far as revenues go, we project that the inspection frequency system approach would generate a little over \$2.8 million in revenues, which would be a little over \$111,000 of additional revenues, and that is because, again, the largest category of these establishments is the tier 3, the higher risk or full service restaurants. And so, therefore, we are performing more inspections. As a matter of fact, we would be performing about 635 additional inspections per year because, again, the

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largest group would go from two inspections a year to three inspections. That projected increase in revenue of \$111,112 would be used by our proposal to purchase in the upcoming fy '18-'19 budget, three additional fleet vehicles to replace personal vehicles that are now used on an ongoing basis. And of course we see that as a desirable undertaking, since these personal vehicles are -- they're unofficial and they're undecalled, and they do pose a liability to inspectors who drive them because if they were in an accident, for instance, they would have to pay the deductible, et cetera. But the biggest reason is because they're unmarked and undecalled. So we knew it would be important to seek the input of the primary stakeholder for the food industry in austin/travis county, and that is the greater Austin restaurant association, which is a local chapter of the Texas restaurant association. We did meet with Gara, or gray Austin restaurant association, on April 11, and met with past presidents and the current president and other board members. We discussed this proposal at length. We discussed the need, the benefit of having an incentive aspect to this proposal, as well as a disincentive, and that's what I went over earlier in terms of if a food establishment has a rolling 24-month average score of 90 or above,

then they would end up being inspected one time fewer that year and pay less fees, accordingly. So that recommendation we agreed with and we adopted it into the current proposal.

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And that is a quick review of this proposal for an inspection fee system. I'd be glad to answer your questions. >> Kitchen: Just a couple of questions. So just so I understand, on page 8, the fees, is that per inspection or per year? >> Per year. >> Kitchen: Okay. Okay. I have to tell you, I have some concern about the cost going up from the -- the 3c and 3b businesses because they're so small. That's a pretty big category ranging from 10 to a hundred employees. >> Yeah. >> Kitchen: In terms of a small business. So I'm just curious why -- why you didn't break it at, like, 50, for example, because -- well, I guess it depends which standard you're looking at, but a lot of times 50 is the mark that people use for what is a small business. So was there -- was there a particular reason why medium size is such a big range from 10 to a hundred? >> Councilmember, we were just trying to manage the number of categories that we ended up with. >> Kitchen: Okay. >> Once we got to nine, we felt like adding any additional would really make the process overly cumbersome. >> Kitchen: Okay. Well, I'll just express my concern because the ability for a small business that is eleven employees to pay \$200 more a year than a business that has 90 employees is -- I think is particularly significant. So then another question that I had was -- so we

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talked to Gara. And I don't know a lot about Gara, but I expect that that organization has a whole range of businesses. So I would be interested in acknowledged what the smaller -- how the smaller businesses felt about this. So I understand that the organization, as a whole, expressed their support, but I would be wanting to understand what those smaller businesses thought about this. >> Okay. We will talk to Gara about that. I might add, we do have some representatives of Gara with us today. Hoover Alexander, former president, is with us today, and perhaps skeeter Miller. Yes. And Carter Hobbs as well. I just wanted to acknowledge their help and input in the process. >> Kitchen: Okay. It also might be helpful to really focus in on the smaller businesses and maybe they did that, but that would be a piece of information I'd want to understand. >> Okay. >> Houston: Does this -- I have just a quick question. Does this impact food trucks? This is -- >> No. No, chair, it does not. >> Houston: Okay. Any other questions? Mayor pro tem. . >> Tovo: I think that you may have explained what this means but I didn't catch it. Local end market, the phraseology on page 7, local in-market, I'm not understanding what that means, also local or state in-market. >> That is just a -- it's almost subjectively based. That was just staff's attempt to generalize what the market scale would be of a given food establishment.

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So staff actually has gone out in the field and did the assessment to categorize each of these food establishments as either tier 1, tier 2, or tier 3. And then based on whether or not it was a national chain or a sole proprietorship, et cetera, they simply tried to classify as to whether or not it was local, or if it involved multiple cities, their distribution and ownership in Texas, it would be state, and then national, and that was more a descriptive approach. >> Tovo: So if it's a franchise but locally owned, it would not be classified as local in-market. >> Yes, that's correct. And the number of employees would actually be the big driver in terms of whether or not that establishment was classified as an A, B, or C. >> Tovo: So if it's a local -- if it's a franchise -- if it's a locally-owned franchise of a national franchise but it has fewer than ten employees, would it be in C? >> Well, actually -- >> Tovo: I guess I'm wondering, do you have to meet both of those things -- >> Yeah. >> Tovo: To be in C, or is it one of those things? >> The way the scoring system works, C is always fewer than ten employees. And that's why it says here local in-market, I mean even though it might be -- if it is a national franchise and it has fewer than ten employees, it's still classified as C because employee size is the big driver. >> Tovo: Okay. >> In terms of impact. Yeah. Those are just sort of descriptive labels as to the scale. It's not driving the actual classification. >> Tovo: Thank you. I see. So if it's -- so if you have fewer than ten, you're always going to be C. >> Correct. >> Tovo: Regardless of whether you're local or state or national. >> Correct. >> Tovo: Okay. So the first of those

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things, as you said, is driving the categorization. The second part is just general information about what kinds of businesses might fall into that category. >> Correct. >> Tovo: Okay. Thank you. >> Uh-huh. >> Houston: Councilmember kitchen. >> Kitchen: I wanted to ask a question about the -- I think it was 111,000 additional revenue? Is that right? >> It's \$11,112. >> Kitchen: So that's annually. >> Correct. >> Kitchen: So the thinking is, that would be used to apply to purchase of vehicles? Is that what I heard? >> Yes. That is my proposal, correct, because we see that as our most pressing need right now. >> Kitchen: And that would be the first year only or in multiple years or -- >> We -- we will -- I will continue proposing that. >> Kitchen: Uh-huh. >> Until we have replaced all of our personal vehicles. We currently have 14 but we have vehicles on the way, and the number requested here is three because that is all that \$111,000 would purchase, as far as like plug-in hybrids. But, yes, if we are still using personal vehicles next budget cycle, I will propose the same use for whatever that revenue excess is above and beyond the current revenue. >> Kitchen: Okay. So is there -- are you starting to receive vehicles now? >> Yes. >> Kitchen: Okay. >> Correct, councilmember. We have 14 personal vehicles being used, which, you know, thankfully, is considerably less than it was a year ago. >> Kitchen: Okay. >> And we have vehicles on the way, we have four new vehicles on the way. >> Kitchen: Okay. >> In my base budget request, I have five vehicles being requested. >> Kitchen: Okay. >> So this, in theory, could close the gap. >> Kitchen: Okay. Okay. So -- all right.

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Well, I certainly understand the need to move towards closing that gap. I remain concerned about the raise in the fees for the small businesses, and so I would be more inclined to want to use the 111 to reduce those additional revenues so that we could reduce the fees, and then find another way to fund the cars. That would be my -- just me personally, so -- >> Councilmember, I'll note that and we'll talk to Gara to see how we can characterize the impact of this, this proposal on smaller businesses. I would like to point out, if you look at slide number 8, which is entitled proposed IFS fee schedule, that slide -- I beg your pardon, if you can pull it up -- what you'll see is that there are three categories of smaller food establishments. One in the lower risk, one medium risk, one higher risk. The medium risk, the proposed permit fee decreases by 6%. The lower risk, the lower risk fee for small establishments, which is 1c, decreases by 53%. >> Kitchen: Uh-huh. >> So those are going down substantially. Yes, it is true the higher risk, small category, which is 3c, that is increasing by almost 20%. And that's even with that lower cost of service factor being applied. But I will -- I will note your point and we'll look at those numbers. >> Kitchen: Yeah. My concern is, we've got almost 1500 establishments that are smaller -- well, I don't -- you know, the category 10 to 100, I don't know how they break out across that, but potentially up to about 1500 or so

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businesses that are smaller businesses that we're talking about raising the fees on. And that causes me a great deal of concern, so... >> Houston: To segue on that, so high risk means that you're going to inspect them more frequently? >> Yes, ma'am. >> Houston: So instead of two times a year, you're going to do three times a year? >> For those higher risk establishments. For those food establishments that are classified as higher risk, that's correct. >> Houston: Higher risk. So that means that when you've looked at them, their inspection score is low. Is that true? >> Could you repeat that question? >> Houston: When you inspect them, they're in the high-risk taking because their inspection score is low. And then you would increase the number of inspections over that rolling 24 months. >> So the proposal is for all food establishments classified as a tier 3, which are your full service sit-down restaurants, for all of those, the default inspection frequency would be three times a year, versus the current two times a year. However, if you have a really well-managed food establishment that practices outstanding food safety and their scores for a rolling 24-month period average 90 or above, then they would -- the incentive for that would be to drop their required inspection frequency from three times a year back to two times a year and lower the permit accordingly. So the default inspection frequency for all of the higher-risk categories, which is 3a, 3b, and 3c, is three times a year, unless

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you have a particularly well-performing, high-scoring establishment, over 90, a score of over 90, in which case it would be twice a year, or a poor scoring facility where its average is below 80, and if that's the case, they would -- and it's a higher-risk establishment, they would still be inspected three times a year, but likely they would end up having to be reinspected for lower scores. But other than that, the

higher-risk taking, if you have an average score of less than 90, the default inspection frequency is three times a year. >> Houston: Okay. Councilmember kitchen. >> Kitchen: When would that start? In other words, does that -- does that kick in after -- two years after -- you said rolling 24 months. Would this -- would this start based on their previous history, or would it start from this point forward? >> It would start -- we would look at the previous history. >> Kitchen: Okay. >> And if this method is adopted, we would look at the past 24 months prior to, like, October 1, 2018. >> Kitchen: Okay. So that might change the number of establishments that are -- that are listed here as requiring three a year? >> Correct. That's just a snapshot. And on that note, councilmember kitchen, the higher-risk category, 3c, which is the higher-risk small establishments, I did want to point out that there were 371 of those, out of about 5,100. So although we will be aware and we'll talk to Gara about the impact on those, I did want to point out that it's 371 that are in that particular category. >> Kitchen: Okay. And if they're in that category but they've got

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good inspection scores for the last two years, they wouldn't have three times. >> That is correct. >> Kitchen: Okay. Well, that helps. I still have to think about it in terms of raising their fee. >> Okay. >> Houston: Thank you so much for that information. Thank you for bringing it to us before -- when do you expect we'll see this? >> We will, with the support of council, we will proceed in the budget process with this proposed fee schedule, and then we'll follow this particular meeting up with either an rca or a memo to council to get the full council's feel and read on it, or we will present this as part of our budget presentation. But once it is approved, then we do look to implement on October 1. >> Houston: Okay. Yes, ma'am. Councilmember kitchen. >> Kitchen: I'm sorry, one last question. So then -- if they were only -- if they were high enough scoring and they only -- so they just kept the two times a year, would their fees go up? I can't tell -- >> Which tier? >> Kitchen: I'm talking about 3b and 3c. >> Yeah. 3b and 3c, if their rolling 24-month inspection score is over 90, their required number of inspections will fall from three to two, and their permit fee will also fall to the next lower category. So they'll pay -- they'll pay less in inspection fees. >> Kitchen: But is that more or less than they pay now? >> They would move in that case -- let's look at 3c as an example. >> Kitchen: Uh-huh. >> If you have a 3c establishment with an average score of 95, it would fall no a 2c, and that's \$445 in the

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proposed -- >> Kitchen: Oh, I see. Okay. >> Which is less than 475 they're paying now, so it would be a decrease. >> Kitchen: I see. Okay. Thank you. >> Certainly. >> Houston: It was good we had those kind of questions because that was kind of confusing. >> It's complex. There's a lot of moving parts to this, so I appreciate -- >> Houston: Thank you for that information, and I see several members of the greater Austin restaurant association here. And if you all would like to have a comment, we invite you to come up. They're looking at each other. >> Committee members, my name is skeeter Miller. I'm past president of the greater Austin restaurant association for four years. We met with Mr. Haskins in the health

department. We like the program. We suggested the incentive-based program because we felt like it really worked well to help, you know, reduce the inspections that they were going to have to do because of the size of their staff. And we liked it for the restaurant -- the other restaurants to push some restaurants who are not necessarily great stewards of making sure that they have a nice environment in their restaurant, a healthy environment, so I think it kind of pushes them to work harder and, you know, have better goals inside their restaurant to make sure they have a clean place. So as far as your question, reaching out to those size restaurants that you had mentioned, we send out numerous notices from the restaurant association to make sure that they're involved. We have monthly meetings with all of our association members to make sure that they understand what we're doing. I mean, the last thing that we want to do is be, you know, an association that's helping make decisions over there that affect them and them not being involved. So we'll talk to Mr. Haskins

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and make sure that people do understand what's going on. But almost two years ago we met with the health department in regards to this fee change schedule, and the way that it was originally looked at, and it was just a proposed schedule, were, a lot of the really low-risk restaurants, their fees were going to go up substantially, and we just didn't feel like that was fair. You've got a small restaurant, you've got a mid-size restaurant and your fees are actually going to go up more than a restaurant my size, which would be in the higher risk category. And so that was tabled for a while, and then they came back with this, and the only thing that we suggested was the incentive-based portion of it. >> Kitchen: That's good. >> Houston: Thank you so much, Mr. Miller. Through thank you, Mr. Haskins. >> Thank you, chair. I have one other quick presentation. >> Houston: Oh, okay. Mr. Alexander? >> Thank you, council, for giving us a couple minutes. And I really do appreciate the work that Gara did along with Mr. Hastings. I was not able to make the meeting personally because of work conflicts. I always am grateful to hear about dangling carrots, some incentive, and was real thrilled that the health department was receptive to high performers having some incentive and being able to be inspected less and being able -- and having to pay less. Also, besides Gara, I always want to represent the smaller businesses, the smaller restaurants who unfortunately don't have the time or luxury to participate in the restaurant association, so I haven't been able to directly, but I agree with councilmember kitchen; I would love to revisit that with the health department and with my members at Gara.

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I am concerned about the -- particularly the one to nine, and to your point also, the range from, you know, ten to a hundred. There's a lot of smaller restaurants that do [indiscernible] Cooking, meaning they will automatically kick into the higher C, higher risk. The higher risk doesn't mean their performance, it means they're preparing food that's maybe served, say, the next day, if you're making chili or enchiladas, where you get into a high risk where you cook it, then you have to, you know, cool it down appropriately, then reheat for the next day. So there are a lot of small restaurants that would

automatically fall into that high risk. So as I would definitely love to, you know, have a conversation where we could look at maybe sliding some of the fees over, because the hundred dollars, again, like a thousand cuts for the small businesses, a hundred dollars is another hundred dollars that they've got to pay, and if there are ways that we could look at maybe sliding some of that cost from high risk -- particularly C, but possibly B and C, of the smaller groups, I definitely believe and would like to, you know, have that conversation to see if we can slide that to some of the other categories, or even slide it to reinspection fees. So I am open to have that conversation and providing that input. Thanks for the time. >> Houston: Thank you, Mr. Alexander. Any other comments? Okay. Then let's move -- what's your next -- I have 21 next. >> Within our item 5, there was a quick briefing on a proposed amendment to chapter 10-364, in regard to exempting social service contractors from the food permit fee. >> Houston: Lemonade stands. I see it. >> Yeah. Lemonade stands, that was passed by council

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amendments on April 26th, so that one is behind us now. >> Houston: Okay. I got you. >> And so the remaining proposal would be an amendment to chapter 10-364, which is our food safety code. And we are proposing that we amend the language that exempts social service contractors from paying food establishment permit fees, extending that to subcontractors. And the biggest beneficiary of that would be, for instance, child care providers. Child care providers, many of them, about 50, as a matter of fact, work with workforce solutions in a subcontractor-like role. But they do not benefit from the food permit fee exemption that's provided for already in 10-3-64. So you'll see it's a very quick and easy amendment, so to speak, involves just inserting "Subcontract to, to read that a permit fee will not be required to provide services you should a contract or a subcontract for social services with the city. And it simply does that, and it will save these child care providers, which must be high-quality child care providers, and there are very specific criteria for that, in particular, the high-quality subcontractors would have to have nac or national accreditation commission, they would have

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to be accredited, and be rated as a four-star level child care facility, and they would have to accept subsidies. For those child care providers that meet all of those criteria, they would then qualify for this fee exemption from food establishment permit fees. And that is our proposal regarding the food safety code, to simply add that, "Or subcontract" to the exemption language. >> Houston: And when will you be moving that forward? >> Expeditiously, sometime here in the next month or two. I'm not exactly sure what other additional review needs to take place, but we -- our first stop was to get the read, obviously, of the health and human services committee. >> Houston: So let me ask my colleagues, I don't think we're posted to vote on this. This is just a briefing. But can we give some indication of our support or not support of moving this item forward? I think it's -- especially with the criteria you've set out, I think it's good opportunity. Did you have an opinion? Okay. >> Tovo: Chair, I would say I agree, and I appreciate the staff forever bringing that forward to make it -- to ease the burden on our child care -- on our high

quality child care facilities. >> Houston: So the sense of -- go ahead. >> Garza: I was just trying to understand. If the city has a social service contract with a workforce organization that provides child care through, like, another -- a subcontracted child care facility, so is it any -- I

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guess would it be any high-quality child care facility that accepts subsidies? Because that is their connection to the workforce. Right? >> Yeah. Now, there wouldn't have to be any relationship with workforce solutions, per se, it just so happens that in most cases there is. >> Garza: Yeah. >> But as long as they meet these criteria for being high quality and they're Texas rising star four level facility, and they accept subsidies, of course, then they would be eligible to have their food permit fee, which at this time is \$475, it would drop to \$425 if the IFS proposal is adopted. But it's still a significant amount of money, obviously. >> Garza: It would drop to zero. >> It would drop to zero, correct. >> Garza: I think it's a great idea and thank you for bringing it forward. >> Houston: Councilmember kitchen. >> Kitchen: Is there any -- I think it's a good idea, also, are there any other kinds of subcontractors or is it really just the child care providers? >> No, councilmember, there are a couple of other additional -- >> Kitchen: Okay. >> I can give you some examples. Like Jeremiah a samaritano episcopal, there are a few. There aren't a lot, though, at this time. But the child care providers that are high quality would be -- >> Kitchen: That's the most -- >> Would be, yeah, a major beneficiary. >> Houston: So I think you see the sense on the dais is to go ahead and move this forward. Thank you so much. >> Thank you. Appreciate it. >> Houston: Uh-huh. Ms. Price, could I ask you a question? I hated to have you sit

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through all that, but I'm sure you found that fascinating. What is your relationship with, like, Austin independent school district's child support specialists? Because you all are doing some was same kinds of things that they are doing. >> Yes. We actually do a lot of trainings for them, and we haven't for over a year, but that's really been the relationship, is just making sure they know boat that we exist and that we do kind of a specialized training for them on how to use our online tool so that they can use it to make referrals to community resources. That's the extend. >> Houston: So what has happened that you used to do the training for them, but you don't do it now? What happened? >> That's a good question. Usually they invite us to come to a training. I need to make sure that that hasn't happened, and maybe I missed it, but I don't believe that they've reached out to us this school year yet. >> Houston: If you could let us know, because -- >> Sure. >> Houston: We pass through a lot of money in the child family support specialists for aid, and so I need to make sure that there's no siloing going on, that you all are doing the same things, and that you all are cooperating -- >> Yes. Let me reach out to them as well. >> Houston: Would you please? >> I will. Yes. >> Houston: Thank you. Dr. Wong, are you here to talk to us about tobacco 21? >> Good afternoon. I'm Dr. Phil Wong, I'm the health authority medical director and assistant director over at health promotion at Austin public health. So, yes, just a briefing on the tobacco 21 issue, you know, as background, leading causes of death in Travis county, cancer is the number one



killer now, it surpassed heart disease, which historically has been our leading killer. When I -- you know, a lot of people don't know then, when you ask what are the leading -- what's the number one type of cancer killer

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for men in Travis county or women in Travis county, and it's actually lung cancer. It's not breast cancer, it's not prostate cancer, but lung cancer is the number one type of killer for cancer killer for men and women in Travis county. So when you actually look at the leading causes of death, tobacco is the number one preventable cause of death. I forgot to point out, it actually contributes to four of the top five leading causes by disease category, cancer, heart disease, stroke, and chronic lung disease. So tobacco kills more than crack, heroin, cocaine, alcohol, car accidents, fire, murder, and suicide combined. So that's why it is important to address this issue. You know, there are about 265,000 youth, age zero to 17, in Travis county, and projections are that, you know, about 18,500 of them in there would die prematurely to a smoking-related illness if things go the way they are currently. When we look at the current smoking rates among adults -- and use this sort of as a proxy for what are the populations that are most impacted by tobacco. You know, current smoking rates overall, these are combined-year-old, 2012 to 2016, to get enough sample size in this survey to we can break it down by these subgroups, but overall average is about, for adults, 13% of adults are currently smoking. But it's in the younger age groups that have the higher rates, for those 18 to 44, almost 15%, versus persons 65 and older, about 7% smoking rates. It's also higher in males versus females. By race, African Americans have the highest smoking rates among the racial groups, and it's lower income, lower education, and uninsured that actually have

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the higher smoking rates. So that's where the burden of tobacco-related disease still remains. The institute of medicine did a report recently looking at this issue of raising the minimum age of legal access to tobacco products. They estimated that if communities -- actually, if the United States passed a law that raised the age of 21, 4.2 million years of lives saved would occur because of kids currently alive today, there would be a 25% drop in youth initiation and 12% drop in overall smoking rates and 12% drop in premature births. Why raise the age? You know, 95% of adult smokers actually start smoking before they turn 21. People in their 30s don't wake up one morning and say, hey, I want to start smoking. It's really the youth that are -- where they get addicted and start this addiction. Only 2% of tobacco sold is actually purchased by 18-20-year-olds, but if you look at that, then segment of the pie, that 2% is what supplies 90% of the tobacco to younger people. So it's that 2% then is shared with the youth that are under 17 years and younger. So increasing the -- again, age to 21, public health aspects, delay youth use of tobacco use and reduce the risk -- also younger teens having trouble passing themselves off as 21 when laws are enforced in the

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stores that are selling them. So potential results in Texas and Travis county, estimated raising the tobacco purchase age to 21, again, resulting in a 12% decrease in tobacco use among adults and 33% reduction in use of all tobacco products and that was a study performed by the Texas comptroller's office in 2013. Now, this is not a brand-new thing. There's actually 300-plus cities and counties in 19 different states that have already adopted this, and I think you all became -- had asked about the status at the state level -- actually statewide during the last legislative session in 2017 -- there was actually bipartisan support for this, representative [indiscernible] From Richmond, and he's a Republican physician, he was sponsoring, championing that in the house. Donna, representative Howard here from Austin had the support of a bipartisan group of 16 house members and a senator from Houston and senator from San Antonio were already supporting that. It did pass the house committee but died on procedural rule through the house calendar. So there is thoughts that at the state level during the next legislative session that it has a good chance of passing statewide. So there is actually sentiment among some of the statewide coalition that cities sort of repropose from doing more local -- refrain from doing more local activity immediately but wait until the state legislate -- the next legislative session to see

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if there's a statewide law that can pass. And I think that's it. I think we had one other slide in another version, but. . . >> Houston: So is that all, Dr. Wong? >> Yes, it is. There was one slide on San Antonio, but I don't know. >> Houston: Slide 11. >> It was on a different version, so. . . I don't have that. >> Houston: While you're seeking that slide, is this -- we could. Is this something that we would like to talk about when we're drafting our legislative agenda to put this on for the next session? >> Garza: I had a question related to that? >> Houston: Mm-hmm. >> Garza: You said that -- I'm sorry. Did you say who -- was there a recommendation that cities don't pass this because the state is considering it? Could you repeat what you said? >> There is a statewide public health coalition that's working on this issue and includes MD Anderson, Texas medical association and others, they were the ones who raised the issue before the state legislature during the last session. So they actually -- what they've talked to us and mentioned to us -- I mean, they're glad San Antonio passed it, but they are actually feeling because there was bipartisan support during the last session that it has a good chance for statewide passage. They worry a little about local activity having some sort of bounce-back repercussions at the state level. So that's why they sort of are thinking that it might be advisable to wait to see what happens at the state legislature and if it doesn't pass, then pursue it for aggressively at the locals.

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>> Garza: Okay. >> Houston: Councilmember kitchen. >> Kitchen: Can you just tell us more about what San Antonio has done? It looks like San Antonio passed one. >> Yeah. They passed it. It hasn't gone into effect yet, but it goes into effect in October 1. So increases the age of legal sale for tobacco products from 19 to 21 and they included all tobacco products, so that's including spit tobacco, includes ecigarettes, cigars, pipes, chewing tobaccos, so, again-- >> Houston: Vapeing? >> Pardon. >> Houston: Vapeing. >> Yes, ecigarettes. >> Houston: Ecigarettes, okay. >> Kitchen: Do you know when they passed it? >> Shoot. It was probably last November. >> Kitchen: Last fall? >> Does it say? I think it was November or so, something like that. But, yeah it goes into effect October 1 of this next year. >> [Off mic] >> Houston: Are there any other questions, councilmember? >> Tovo: I'm going to have to do a little thinking about the advice to local entities to await state action. That's just a interesting guidance. >> Yeah. >> Tovo: But I am glad -- I appreciate today's presentation. I think it's a very -- I think it's compelling, and I think San Antonio has clearly taken the lead on this in the state of Texas, and I hope it's something we'll consider very strongly here in Austin, regardless of when and how we do that. I hope it's something we can consider. At the appropriate time, whenever that sounds like it is. >> Houston: And I think my question before that is this something that we would like to see on our legislative agenda when we get to doing that so that the Travis county delegation at least knows

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that we're in support of raising the age for tobacco. Products to 21. >> Garza: Or maybe we say we don't support it. That's a strategy. >> Houston: And they'll pass it for sure. [ Laughter ] Any other questions for Dr. Wong? Dr. Wong, I think you see there's clear support. >> Kitchen: Yes. >> Houston: For increasing the age for purchase of any kind of tobacco products to 21, and then we'll just kind of see. Now that San Antonio has taken the lead on this, we'll see what happens. >> Great. >> Houston: But we're all supportive of that, and I would be willing to make a recommendation that we put it on our legislative agenda. >> Sounds good. Thank you very much. >> Houston: Discussions of future items? Our next meeting won't be until June 13. And so if you have agenda items today, if you'll let us know, then we can start working on those. If you want to give us time to think about it, if you'll let Sophia Williams negotiation then we can get that. If you don't have anything -- because June we have two council meetings. This is a special called meeting. If you don't have anything just let us know and our next meeting will be a regular scheduled meeting later on. That completes our agenda for today. And without objection, this meeting of the health and human services committee is adjourned at 3:23. I'm giving you guys back a whole bunch of time. >> Thank you. [ Adjourned ]