

# Health and Human Services Committee Meeting Transcript – 10/14/2020

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[2:08:10 PM]

>> Harper-madison: I don't see any reason. I'm going to call us to order. Good morning, I'm councilmember Natasha harper-madison. This is the health and human services committee. It is 2 08:00 P.M. We don't have anyone to sign up for citizen communications so we'll move on to the next item which is approval of the minutes. Item 1, approval of the minutes. Do I have a motion to approve the minutes for the September 16th meeting? Okay. And sorry, one second. We have a motion from mayor pro tem garzaen a a second by councilmember tovo. So the motion to approve the minutes passes on a 3-0

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vote. Item number 2, discussion and possible action -- wait. I think I need to go back and take the vote. We got a motion and a second but we didn't actually vote. So all those in favor of approving those September 16th minutes. All right. Now we have a unanimous 3-0 vote. So item number 2 on our agenda, we have one item for discussion and possible action, our singular item is to approve the 2021 meeting schedule. Do I have a motion to approve the 2021 meeting schedule? >> Garza: I'm deferring to you all. Because I won't be here.

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>> Tovo: Chair, I will move to approve it, but I have a few suggestions for some continued work on the calendar. >> Harper-madison: Okay. So let's say it is moved by councilmember tovo, seconded by councilmember harper-madison and I'm going to actually pull up the calendar. The floor is yours, councilmember tovo. >> Tovo: Thanks. I am just looking -- okay, just one thing I would mention is that all of these meetings are on council meeting weeks and I wonder if between now -- I'm okay with approving this today, but I would suggest we redo some looking at our council -- at our monthly calendars and see if we want to shift that. Sometimes it's challenging on a Wednesday afternoon to meet if we've got council the next day. If there's a way to avoid that, that would be my presence. The last meeting of 12-9 is

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an actual council day. I'm assuming it was to be 12-8. For now keep them, but let's change to December 9 to December 8 and between now and February whether there's an opportunity to shift those Wednesdays to non-council week Wednesdays. >> Harper-madison: Shifting that December 9th to December 8th in my calendar. And then I wonder if when we have councilmember kitchen with us then we'll go aheaden take what is -- as it stands a draft of the at one time meeting schedule and continue to massage it. >> Tovo: We'll just lay it on the table. >> Garza: I just wanted to clarify, I can vote on it, I just didn't want to move it because I didn't feel like I should be making the motion for a schedule that I

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wouldn't be part of. >> Harper-madison: Right. Leaving it on the table for councilmember kitchen to chime in as well. >> I appreciate your recognizing that and I think it would be fair to allow councilmember kitchen the opportunity to weigh in. Procedurely, what's the appropriate next step? Do we go ahead and [inaudible] And then amend it or do we table the item? >> Garza: Just table it. >> Harper-madison: Okay. In which case that was our singular item. >> Garza: You are on, councilmember tovo. >> Tovo: I've got a lot of say. I was suggesting we could just -- it depends on whether you want to wait for councilmember kitchen, but I'm comfortable just amending it for making a formal amendment to switch it to 12-8.

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And we can either vote on it now or put it on the -- lay it on the table for Ann. >> Harper-madison: Right, so I -- I'm comfortable with the moving the 12-8. It's the part where we're proposing to move away from the Wednesday pre-council meeting, which would mean it would be another week, in which case I think she should have the opportunity to weigh in. >> Tovo: Surement I'm comfortable voting on this today and adding it into the network of considerations between now and February. >> Harper-madison: Okay.

Sounds good to me. >> Tovo: We can take it up and amend it. >> Harper-madison: Awesome. In this case do I have a motion to approve the 2021 meeting schedule? I'm sorry, you made the motion and I seconded. In which case all in favor of approving the 2021 meeting schedule, especially with the understanding we

[2:14:16 PM]

may make some adjustments between now and February? And that motion passes 3-0. Did anybody have any commentary on that before we move on? Okay. So we have two briefings today. Our first is the annual update from the executive director of the sobering center regarding center operations. Avi, are we looking good with Evey on the line? >> I'm hear. This is Laura. You captain see me, but I'm here -- can't see me. We couldn't figure it out so it will just be my voice. >> Harper-madison: The floor is yours. >> Thank you so much. So I have some kind of -- can you see my slides? I think Lucey is -- you guys were going to have my slides

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running, but I have them so I don't think I can share my screen. >> Harper-madison: So far we cannot see them. >> Here at city hall I'm not seeing any slides for this item. I only have four -- I only have a presentation for item 4. >> Tovo: Laura, this is Kathy, quickly email to me, I'm not sure how to share my screen, but I can try. >> I don't have an option to share my screen, but let me forward you what was -- >> Tovo: While you are sending that -- >> This is Lucey. Sorry. I did submit that to the agenda office. I'm not sure why it's not showing up. But I have access to it right now if you would like me to do that. >> Tovo: Sure. >> I'll send it right over.

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>> Okay, I sent them also to councilmember tovo as backup just in case. >> Harper-madison: Okay. I'm looking and I don't see it in my box yet. >> You should have it by now. It would come from Lucy. >> Harper-madison: The last thing I have is a memorandum on energy conservation. >> Tovo: I'm sorry, Laura, I don't seem to have it yet either, but I'm just having that kind of technology day at my house. >> Me too. >> Tovo: Now I do have it. >> Harper-madison: You have it now? >> Tovo: I do.

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>> Harper-madison: I got it. I have it now. Mayor pro tem, did you receive the presentation? >> Garza: I'm looking. Email to everybody? Don't wait for me, though. Yes, I have it. >> Tovo: Maybe -- does av staff have it at this point so they can put it on the screen or should I try to figure out how to share my screen. >> I see. You should be able to give you the ability to do that. I'm not sure if -- >> Let me ask you this. Who is this av person? This is Stephanie Hayden. >> This is Daniel. >> Daniel? >> Yes. >> Daniel, [indiscernible]

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Lucy can't just email the presentation to you? >> Well -- >> Can we do that? >> I'm not logged into my account. And I am not supposed to give this email out over live television. >> Just send me an email to my mailbox. >> Okay. I can do that. >> Stephanie Hayden. >> Okay. >> Just a few minutes. Sorry about that. >> Harper-madison: I'm assuming that the consideration around being able to see the slides for the general public and not for us, correct? >> Yeah. Make sure the public can see the presentation as well. >> Harper-madison: I understand. Councilmember tovo? I believe you are muted, councilmember. >> Tovo: Sorry. Goodness. [Laughter]

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This has really been a day. While we're waiting, if it's okay with you, I just wanted to take this opportunity right before we logged in, I was -- I got word that our sobering center executive director who we're about to hear a presentation from had received a very well deserved prestigious honor and I thought I would take this opportunity to share with you and the public that Laura had received the 2020 mcluster champion of recovery award from communities for recovery, given to an individual in honor exceptional contributions to our recovery. Laura, congratulations on this award. >> Oh, thank you so much. >> Harper-madison: Fantastic. Congratulations. Kathy, I challenge you to say Mac cluster. >> I will not take any

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unnecessary risks today with the technology. >> Let me tell you what it's like to get an award at a ceremony in covid. It is super weird. It is super weird. Everyone is in masks and there's only ten people and I don't really know them so it was weird, but nice. >> Tovo: I can tell in the image you were all social distancing. Which was very nice, nonetheless. >> It's a lovely image although it looks apocalyptic to me. I wish I could have given judge hohengarten. >> Tovo: Kept this goal alive more than a decade in

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which it was -- lay fallow, but she just recently stepped off the sobering center and so the mayor, we have presented her with a proclamation and the mayor did a very nice -- we also have three founding members step off who received distinguish service awards. I hope when we're back together we'll have an opportunity at council to recognize them at one of the our city councilmembers because all four of them were instrumental. >> Harper-madison: Thank you for recognizing everybody and also look forward to that when we're back together. We have the presentation. >> Tovo: Now we're ready to go. >> Harper-madison: Okay. And with that, Laura, we'll let you have the floor. >> Thank you so much. >> Harper-madison: Thank you. >> Okay. So I think -- and it might be making an assumption that most of you guys are family with what the sobering center is bus I'm going to go through introductory

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slides. I'll just give you the queue of next slide. So as a reminder, sobering center and the one here in Austin is basically a place people can recover safely from intoxication. Our goal is take pressure off the jails and emergency rooms and also to address addiction or risky use behaviors as a public health issue rather than a criminal issue. Next slide. So our mission is to enhance public health and safety by providing a safe place for publicly intoxicated individuals to sober up as alternative to emergency room or jail. Where appropriate to provide a bridge to recovery. I think that bridge to recovery piece is going to come in handy later when I explain some of the changes we made to the business model. Next slide. So a little bit about me. For those who don't know me, my background is in social

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work. I spent 20 years in working in public housing and jails and treatment centers and schools. Most of my work has been in jails and prisons and criminal justice settings from the micro to the macro. Direct service in jails, a case manager, I've been a executive director in prisoner reentry. I was a founding member of the austin-travis county reentry round table so I've worked at policy reform level around creating a community where formerly incarcerated individuals can rejoin bout barriers. So I've always been working in this particular field and I'm trained as a social worker and systems thinker. My background in terms of nonprofits has been in an elevated leadership positions over the years. And my passion is really around the root causes of behavioral health issues and addressing those as -- as root causes rather than in a punitive way and making sure

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there is equity in access to care. Because my -- my work goes from all the way from county jails to death row and all we see is disproportionate numbers of people of color and incarceration versus in treatment. That's been my battle cry for the last 10 to 20 years in social work. Next slide. So why do we need sobering centers. I just wanted to put out a little data that we had from APD and EMS. You can see we're using a lot of resources in APD and EMS to arrest people for public intoxication, but also we're spending a lot of hours in ambulance and EMS capacity dealing with people who for really alcohol and drugs is the primary issue. We're taking up a lot a lot of space in emergency rooms and doing these transports and

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intervening in this problem we know is a specific issue related to addiction and high-risk substance use behaviors. Next slide. So I think overall in our country's history we've had an overreliance on incarceration as a solution to all of these problems. So what we're doing here locally is that we're using the jail this way. So we have for scale, we have, like, 1200 jail beds, but we only have ten beds in the sobering center right now due to COVID restrictions. If you look at just the capacity and infrastructure issue, you know, we're wanting to take pressure off the jail, but in reality we're kind of taking an ice pick to an iceberg because most people are ending up in a jail and cycling in and out of the jail only serves to create criminal history and fees and fines and sort of a negative more traumatizing experience. %-  
@What we're trying to do is

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intervene with more of a social work model, intervention model and connect people to longer term care to address the real disorder underlying the behaviors. Next slide. So as you guys know, public intoxication is a crime. This is some data that shows kind of the drop in PI bookings into the jails since the sobering center opened. We had seen already a drop right before it opened and then we saw even a further drop down 36.5% with the first year of the sobering center's operation. Next slide. So as a reminder, when people come into the sobering center, you can see the photo of what it looks like. This is a pre-COVID photo. Right now we have beds spread out much further than that. But they don't go to jail or the emergency room. It doesn't cost them anything so they don't end up with a medical bill or fines or fees or criminal charges. We're open 24/7. There was a time

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post-COVID -- during COVID we closed entirely and opened up in limited hours. And then when I got here, pretty soon after that we opened again to 24/7. That seems to be a lot easier for the referral sources to know that we're just open all the time rather than having to think about it on the fly. And the way that

we ingreat Britain ate ourselves to APD and 'em Ms is quick in and out. If they always now we're open we have a much higher rate of out out utilization. We hopefully try to coordinate longer term care and we have a van that we're able to use to transport to services. We don't usually drive people home, but we have put people in cabs or Ubers or things like that in order to get them to a safe place. Next slide. So our mission criteria is that you have to be an adult, we don't serve kids

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at the sobering center. You have to have suspected alcohol or drug intoxication. When they get there, they are intaked by a a medic, a quick assessment before we would take them in. So we want to make sure they don't have any primary psych issues that would mean they have to be hospitalized immediately. Next slide. So since our opening, we've done over -- almost 4,000 intakes since the opening of the sobering center which is two years ago, almost exactly two years ago. Next slide. And here's the breakdown of who we serve. Our racial breaklooks similar to Austin demographics in terms of population. Almost 50% white, 10% African-American, 34% hispanic and then Asians and others. Our population is

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overwhelmingly male and the age range spreads out pretty far. About 10% of clients our patients are from U.T., are college students. I think when the sobering center opened people thought it would be more utilized by the university. We definitely see that and the festivalgoers and the tourists, but we also have our hands full with -- with just residents of Austin and chronic -- chronic users, chronic addicts and of those currently experiencing homelessness. This number of 20% homeless was taken -- this is from last year's data and we've actually seen that number in covid go up to about 35%. What we're dealing with now is actually higher acuity patient than we were dealing with pre-covid. Next slide. So here's a couple of changes that I've made since I've been here. I came on in June of 2020, so it was a fun time to change jobs. It was a strange time to

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change jobs. But a really exciting time. And what I got here, I noticed a couple of things. These parts that are bolded here in the boxes are the things that I have changed a little bit. So it used to be that the only way to get into the sobering center was in a vehicle with sirens. Either you come in via APD or ems. And a lot of the people that I spoke to about getting this new job would say, oh, what's the sobering center. When I tell them, they say that sounds so cool, how do I refer someone. I'm like you don't, you have to call 911. They are like we would really rather not do that. What I did was a started thinking, okay, I know the board and I agree with the board does not want the sobering center to be a walk-up facility, a

shelter or we're not want to go have a line out the door of people that are seeking a place to stay and drinking in order to stay there, right? But what we do want is to also take pressure off APD

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and also not overutilize policing as a response. And same with ems. Ems doesn't get reimbursed for that you are transports to us. They only get reimbursed for transports to hospitals. While we're seeing a study flow from law enforcement and ems, we wanted to add other referral partners. It's not possible someone from the public could just drop their friend off or call the sobering center and walk up to it, but we have extended our referral partners to a list. So now if you are, say, a caseworker at downtown Austin community court or if you are judge Earl in the dwi court, or if you are a crisis counselor with integral care, you can call us and say, hey, I've got somebody publicly intoxicated, I don't want to involve the police or the ambulance, can you come and get them in the van. We have a list of approved referral partners. We've opened that up so more of the community can refer into the sobering center versus only law enforcement and ems.

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Once they get there, they get screened by the medics to make sure they are safe to stay and upon forked by recovery support specialists. Sometimes are trained as peer recovery coaches. After that when they are ready to discharge, they do assessment. We do two assessments, one is an alcohol screening and one is a drug screening to figure out how risky is their behavior. Is this a one-time thing where he overdid it at a wedding or an ongoing chronic pattern that we're seeing that this person would maybe assess clinically for a higher level of care. The people who have sort of a one-time thing, they are going to meet with the recovery support specialist, get education, maybe get some phone numbers and then discharge. Those that score higher are going to meet with a screening brief intervention and referral to treatment.

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Our counselors are licensed so either a licensed chemical dependency or lsw. That person is going to work to connect to the appropriate community resources. The big change we've immediate is that we started in, let's see, July or August when I had been here six weeks or so and we had our first client come in who had been picked up by ems times in 135 days. This person was five times the legal limit publicly intoxicated in front of convenience stores and parks and it was 105° outside. And about the sixth time he came to the sobering summer this center, he finally formed a relationship enough with counselors to agree to detox. But the issue in the community is there are so few state funded or in digent

care detox or treatment beds that you can't just access that immediately. And it's a Saturday morning and this guy is laying here

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saying I'm ready to go to treatment and with addiction, you know, when they are ready to go, they've got to go right now. But there's no access to care. So because he was indigent and didn't have anything and we were really concerned about him from alcohol withdrawal, alcohol withdrawal is something you can die from versus crack or meth or something like that. The beauty of our model we have paramedics here 24 hours a day, and so what I basically said was look, here's what's going to happen. We're going to find him a bed and he's going to stay until the bed is ready. He's going to die on the street otherwise. So we just monitored him every 15 minutes or .4 miles from Dell Seton, so we just watched him for signs we might have to take him to the emergency room. He stayed with us three nights. He went directly to treatment and completed a 30-day program and went to transitional housing. That first case went so well we tried it again and again and now we've done it 13

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times. We're seeing really great outcomes with spending a little more time with clients, allowing them to stay over a little longer because we have licensed medics and counselors and because of covid and because the bars are closed, we're slow and we have time. And I want to make sure we're using the city's resources really wisely and being super creative and innovative with how we serve the patients. I'm excited about the outcomes of this pilot. Next slide. So this is kind of a summary of what I just mentioned. I think these two changes that changing the paths action opening it up to other partners, holding the clients a little longer. We've held somebody as long as six days because there was no bed in Austin. We had to get them on a bus to Tyler. In the cracks of a broken system. My job immediately before this was running a treatment center and so I know the other side of it in terms of their capacity for taking in

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patients that don't have a payer. And oftentimes what happens is, you know, the staff when I first put this out to them, they said, well, we don't understand, you know, this client is sober, they blow a zero, it's time for them to go. I said where are they going to go and are we doing any better than the jail if we're just cycling them back out on to the street? I would like for this to be -- it doesn't have to be a shelter, but I would like it to be a problem solving location and it takes longer than six hours to figure this out. If somebody is wandering down I-35 at k2, in the morning they are not ready to make a solid choice about long-term care. We're letting them stay a little longer, meet with a counselor, start to

figure out do they have insurance, medicaid, what other resources might we have, and then using the relationships that we have in the community to try and get them a bed. Sometimes that means hanging out. And what I've been able to do is get bored approval to

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support this as kind of a creative use of our space right now. And the outcomes, like I said, have been really positive. Next slide. So I wanted to thank you guys for your support of the sobering center. Like councilmember tovo said, it was a long awaited project and I remember when it was in development and I was on the reentry round table how long people worked on it and how hard it was to get it off the ground. A special shout out to Stephanie Hayden and city of Austin staff who have been my guide in figuring out if I can be creative with the city dollars and if we can address this from a social work perspective. And also special shout out to councilmember tovo. He's been not only instrumental in the formation of the sobering center but supportive as a board member which I needed as a new E.D. In this position. I want to thank you for your time and happy to answer any questions you might have

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about the sobering center and our current operations. >> Harper-madison: Thank you. >> Thank you. [Indiscernible]. >> Echoing. >> A little bit. >> Harper-madison: Testing, testing. Testing. I think it stopped. Maybe. I hope. Anybody have any questions? Mayor pro tem? >> Garza: I'm sorry, I wasn't able to see the slide number and I didn't want to interrupt the presentation, but there was a number, it was like 2,000 and stuff of calls related to alcohol. I was wondering if you knew what percentage of all the calls that was for ems. >> I don't know the answer to that. >> Garza: It's okay. >> I don't know the answer to it. But I did -- I was looking

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at the numbers and just looking at the number of workdays, you know, and the number of hours. It's quite a lot over a year. This should be a year of data, but I would have to kind of dig into that a little bit. >> Garza: Okay. I just thought -- my assumption would be it's a big percentage of it, but I just wanted to know if you have that information. Yeah, if I could find out of those numbers what percentage of total calls, that would be great. And then on the slide that showed the changes you made, I'm sorry if I missed, it has no public intoxication and no citations. What was -- is that saying that -- I guess I have good even the choice, if APD picks them up, are they with APD voluntarily at that point and then they tell them I can give you a citation or you can go to the sobering center?

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How does that work? >> They are detained and -- detained because they are essentially committing a misdemeanor in that moment, but yes, the officer at that point is saying I can take you to the sobering center and it's part of APD protocol to take them to the sobering center first assuming they are not committing another crime that may be assault or theft or possession or something like. And then that client needs to verbally consent to that and otherwise the officer would take them to jail. >> Garza: So when they go to the sobering center, they don't have any -- they are not given a ticket? >> Right, correct. It only takes about four minutes to transfer care so, the officer will bring them in, it takes about four minutes to download the story to the medics and the patient if they are okay to stay they stay and they are out of custody of APD. There's no custody or fines or charges.

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>> Harper-madison: The example you gave about other partners being able to refer, you mentioned judge Earl. Is that like an instance where somebody shows up to court and is possibly intoxicated? >> Yes. Dwi court has apparently people show up to their court date intoxicated and her option in that moment is to basically have the bailiff remove them and take them to jail. So she approached me and said would this be something we could call for and you bring the sobering center van to the courtroom and that way [indiscernible]. I said sure. So we added her court to the specific list of referral partners. >> Garza: Okay. Those are all my questions. Thank you. Great to hear those success stories. That's really wonderful and so thank you for being flexible and changing -- changing some of those policies. >> Thank you so much. >> Harper-madison: Absolutely. I agree. Any other questions?

[2:43:21 PM]

I see that councilmember kitchen has joined us. I have a couple of questions if nobody else has any. So one of my questions is you made mention to higher acuity. >> Uh-huh. >> Harper-madison: Can you -- I had to look up the definition of acuity. Now that I know what it means, I'm curious, what are the implications as it pertains to clients coming through the sobering center? >> Sure. So if you can imagine sort of during a pandemic when all of the bars are closed and all of the parties are canceled, that we still have someone who is publicly intoxicated. That -- what that means to me is that the level of addiction is just much more severe and chronic. And so I think that's why we're seeing a higher level of our population of homeless. I think it's just they are still engaging in this use of alcohol or drugs, but in public spaces because the plates they might do this in

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a bar or other places are closed. What we're seeing is just the level of addiction and the ex says you are base of the symptoms from -- ex Sasser base of living on the streets is creating higher needs patients. And when they are coming in, it's difficult to tell upon entry whether we're dealing with meth induced psychosis or a schizophrenia diagnosis. It's hard to pick apart what the alcohol and mental illness and it's a chicken and egg situation. I guess we're seeing seems like a more serious level of addiction. We're not seeing the one-time partyer candidate as much as the I've been drink on the 30 years candidate. >> Harper-madison: Thank you for clarifying that. I appreciate it. So you made mention of the 13 success stories.

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One of those completed 30-day recovery program. Do you know how many of the 13 that you were able to get into care for detox and into care were able to get into a recovery program? >> Yes. So all 13 of them were delivered directly to a recovery program. So 100% of them went to treatment. Either a long-term -- like a residential substance use disregard or pes or like a psychiatric hospital. Depending what the primary need was. We have some long-term data on the first set like the first eight of them, I think. Six of them completed treatment so we're still in that process where we're doing 14-day followups and 30-day followups. I will actually be reporting that out at the board meeting tonight and don't have it in front of me, but I can email it to you. >> Harper-madison: That would be great. Thank you.

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I really love to hear the success stories and look forward to offering continued support. If there aren't any questions, I believe you are off the hook. I'm sorry, no you are not. Councilmember tovo. >> Tovo: Just to follow up on that last piece, Laura, you said six have completed their treatment and so is it your thought that most of the rest of them are still -- are still in treatment? >> Right. So there are, like, -- they are a little behind our follow-up, you know, depending when they went to treatment, we may not have finished following up at the 14-day or 30-day mark. There's a you mean can of them that I don't think signed releases so we can't always track them if they won't sign a release. We know they entered because we took them there. Whether they finished is up to them to share information with us. We may look track of some there, but I have the date for all 13 where they are in the process of us tracking

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them, either we don't know if they stayed in treatment or we do know they stayed in treatment. That's what I'll share to the board and email to the committee. >> Tovo: And I just want to add my thanks. As

we were talking about starting the sobering center, there were concerns there weren't enough treatment facilities and we would be -- we would be starting something without sufficient back-end services for those clients who were ready and interested and for whom that treatment would be useful. Really kudos for identifying ways to solve around that and to try something creative that had never been contemplated as far as the sobering center's operation and how -- in making that -- making it possible for those individuals ready for treatment. There are beds available to make that transition smoothly. So thank you.

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This is just super exciting. I know the board was really excited to hear about it and just hearing about a couple of those stories is very inspirational. The sobering center is doing great work and this is a new direction, but very much needed. Thank you. Super excited to have you on board. >> Thank you so much. >> Harper-madison: Mayor pro tem? >> Garza: I remember I asked this question at the -- at the ribbon cutting for the sobering center. I don't remember the response, thinking it made sense, but I can't remember what it was. Why does APD not take dwi, people that are driving to the -- why is that? >> I think that -- I think that is because they are seeing that as a higher level of funds, but may be more dangerous in terms of the vehicle itself, an

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accident or something like that. I also recently had a conversation with chief Chicon about -- not about dwi's but possession. I think there's also a myth about the sobering center that we only serve people intoxicated on alcohol and not on drugs. That's not the case. Although certainly if you are high on crack and you get pulled over and you have crack on your person, APD is going to be way more likely to send you to jail than the sobering center because you now have a charge in addition to a public intoxication charge. I told the chief it would be great to look at some of these policies because I think we're skewing the population we serve towards alcohol rather than crack, meth, Harrison, all problems in our community. I would think the dwi thing would be very similar. It might be worth looking at that policy if there are some case of dwi was nobody was killed or harmed, those types of things that might

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be more lower level type first-time dwi that could be referred to the sobering center. I think there's lots of opportunities to be a little more innovative. >> Garza: Okay. And so is that -- that's an APD policy that decides which level of offenses they are willing to divert to the sobering center? >> I feel like that is potentially a D.A. Issue. Maybe in concert with -- I think what charges to the d.a.'s office, whether the d.a.'s office is going to prosecute or be fine with divert to go the sobering center. I don't know how

much of that is APD versus the district attorney. >> Garza: Some of those would actually be misdemeanor level would be -- >> Right, that's true. That's true. >> Garza: Go ahead, Kathy, I guess you have -- >> Tovo: I was just going to say when we were talking through the community and

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kind of getting community support for it, I know there were some concerns about having -- having the sobering center serve individuals who are intoxicated on anything other than alcohol, so I just wanted to point out that is one of the other ways in which the sobering center has increased its capacity and increased its service to the community, that that was a change that the board made probably about a year ago, but did so after having -- after establishing a track record and kind of working with some of the parties that had concerns about that initially, we did make the decision to open up to individuals who were intoxicated on drugs other than alcohol. I would have to really think about whether -- whether or not and where embedded in the foundation of the sobering center the decision was made that individuals who were in the process of -- or were charged with any other crime were not

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eligible for the sobering center. I know again and again and we had to spend time in the beginning dispelling concerns that people who were driving would come to the sobering center. There was significant amount of concern about the idea of the sobering center because they were -- people were concerned that individuals who are behind the wheel would suddenly be eligible for the sobering center. So it's just -- I offer that by way of context. And so that was I think also part of the conversation about whether or not people would be ticketed initially. Initially there was some ambiguity about whether they would receive a ticket if they went to the sobering center, and APD made the decision that they would not be ticketed if they went to the sobering center. I don't know how that might change in the process of commit another -- if they are publicly intoxicated and

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charged with another crime. >> Harper-madison: Thank you for that context, councilmember tovo. That's very helpful for me. And if there are no other questions, I think we'll cut you loose. Thank you for your presentation and your hard work and for being here with us today. >> Thank you guys so much for your support. I wish you could see me saying hi and waving, but I'm here. Take care. Have a great time. >> Harper-madison: Thank you. All right. We will now receive a presentation from Austin public health on the status of resolution 20200729-087 related to amendments to the food enterprise permitting process, related fees for charitable feeding organizations, and enforcement. Are you with us? >> Yes. Good afternoon. >> Harper-madison: Good

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afternoon. >> Thank you, chair and thank you committee members. What we would like to do is overview the council resolution that I think several of you are familiar with as co-sponsors. We're kind of tagging that as safely reducing barriers to charitable feeding resolution. And I'm don Hastings, I'm the assistant director for environmental health services at Austin public health, and with me is program manager Marcel Elizondo. Just a quick overview of what that resolution was focusing on, it wanted us to look at recommendations that would amend chapter 10-3, which is the city's food safety and food and food handlers ordinance. Especially as it regards

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food enterprise permitting and that process because it so directly impacts the accessibility of healthy foods to the communities that are charitable feeding -- our charitable feeding organizations everything is and asks the city manager to temporarily sue spent any onerous physical requirements that would be the result of the regulatory process for charitable feeding organizations. And, of course, we're going to abbreviate that as cfos and they encompass as you will find everything from the traditional food pantry to the full-service community kitchen. Turning to slide 3, if that is up, and so the first

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thing we want to do is identify the hurdles, the barriers, the burdens that cfos face. And that would certainly involve the fact that many of cfos share space in an existing building. They are a tenant. And so therefore that complicates the permitting process if facility upgrades are needed. If our development services department determines that that proposed charitable feeding organization constitutes a change of use relative to the land development code, that would trigger a need for certificate of occupancy which in turn triggers the need to produce building plans. All those can be burdensome, especially to a smaller cfo. We do require because it's based in state law for the volunteers who work at our

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cfos to have food handler certification, that involves \$20 fee for a certificate that's good for two years but still the preparation for that only actually obtaining it can be -- and actually obtaining that can be burdensome. The Texas food establishment rules which is the basis of our city's food safety rules does

impose certain structural requirements that can be costly especially for smaller food pantries. Those would include things like the requirement for self-closing doors, smooth ceiling tiles, free compartment sinks -- sinks. Kitchen vent hoods which is a requirement of the city's code which is part of the code council series.

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And then a requirement for grease trap which is based on our utility ordinances and plumbing code. And then, of course, the city fees that are applicable to cfos can be burden degrees some and those fees levied by Austin public multiple, by Austin water, Austin fire as well as the development services department. So we wanted to evaluate what the benefits and risks would be then of reducing barriers to cfos. So clearly on the benefit side, doing so would lower cfo operating costs. That's going to free up money to make increased resources available to those in need. Lowering the cost of entry to set up a cfo is going to result

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in more cfos coming online, perhaps, to serve the community. Registering and permitting all cfos, which is part of this proposal, would result in the benefit of greater safety community-wide because apparently there's a large percentage of cfos that are not permitted right now. We don't know exactly how many. The office of sustainability estimates maybe as few as 24% of cfos are currently permitted but we don't know how many of those actually require a permit. But the point is that there's bound to be some cfos that are not permitted and by either registering them or permitting them then they come under the safety umbrella of the city, and that's in that positive. On the risk side of lowering

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barriers to cfos, you know we clearly keep in mind that food-borne pathogens pose equal dangers to comparable food establishments, whether they are commercial or nonprofit. And the Texas food establishment rules, tfer, which is by and large the regulatory body of work that controls what localities do in terms of food safety, they do classify all food pantries as food establishments and all of the tfer, Texas food establishment rules, apply to pantries just as much as they do any other kind of food establishment, with the exception being tfer exempts food pantries that only

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distribute shelf-stable foods and uncut produce. And of course the city of Austin has always exempted them as well. Cfos do rely on volunteers and some of those volunteers, especially if there's turnover, they may lack training in food safety and hygiene and sanitation training. So that is a risk that we need to take into account. And then we also need to realize that it's pretty common in the charitable feeding community for a given cfo to, over time, transition from less risky operations to increasingly more complex and therefore more risky operations. For instance, by transitioning from non-potentially hazardous foods or shelf-stable foods to cooked foods or dairy or meats,

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et cetera. And that occurs as the availability of donated foods changes and grows and also as consumer tastes change over time. So in terms of what we've done to date to address charitable feeding, we've worked continuously and substantially with the office of sustainability staff. And we've reviewed their body of work regarding regulatory process mapping and all of their stakeholder interviews. You know, I must say that the office of sustainability has been the topic of charitable feeding great consideration and their work has been a very substantial foundation to the

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proposals that will come out of this resolution. We've worked with our partners, the other departments that impact cfos. That would be Austin water and Austin fire and development services and Austin resource and recycling to determine what can we safely reduce in order to assist cfos to fulfill their mission. We've held two aph discussions with the food policy board representatives to learn directly from them what they consider their pain points to be and to tailor proposals based on that. We've identified requirements that can be safely waived and reduced, and we're going to go over those in greater detail but many of them would involve amendments to the food and food

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handlers ordinance of Austin, which is our chapter 10-3. And that in itself will be based on differentiating cfos by risk type into four categories, as well as we've reviewed other -- how other city codes and how other city ordinances related to Austin water and fire and dsd, how they need to be changed as well. And all the while we've considered the importance of not unduly compromising public health and safety while we make these changes. Because, again, the potential for food-borne illness, the potential for structure fires if vent hoods are not sufficient, the prevention of sewage backups, which themselves can

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lead to the spreading of disease. If grease traps are not sufficient. You know, all of those are risks we want to tend to. If we could move on to slide 6, please. So as far as the current processes that affect cfos, just to drill down a little bit deeper on that. The city's chapter 10-3, which is based on tfer, requires a pretty extensive list of kitchen and sanitation facilities. We also require food manager certification and food handler certification, which are based on state law, and we impose city council-approved fees that range from \$359 for smaller food establishments that are lower risk up to \$896 a year for

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larger and higher risk food establishments. Austin water has requirements for grease traps. They also impose wastewater discharge permit fees and requirements. There are requirements for maintaining grease traps and there is the levy of wastewater surcharge fees and ongoing water and wastewater fees, all of which impact cfos. Austin fire, based on city code, has requirements for fire alarms and fire sprinklers for certain kinds of cfos, as well as kitchen vent hoods to prevent fires for certain kinds of cfos. And then Austin resource recycling, they apply their universal recycling ordinance to businesses that would include

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cfos and in particular the organics diversion program that applies to many cfos. And dsd obviously hosts the overall permitting process and the building department within dsd maintains several of the codes that directly impact cfos, especially the fire code, the mechanical code, and the plumbing code. Next slide, please. So in terms of proposed actions, again what we needed to do is look at each of the different major types of cfos to determine what risks they pose and therefore which barriers we could reduce. The categorization scheme comes primarily from the good work of the office of sustainability.

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Keep in mind though, please, that we're still fine tuning the criteria based on input from our partner departments, but in general the scheme would be category one is the lowest risk and category four, which would be community kitchen, soup kitchens, et cetera being the highest risk type. Category one, as I mentioned before, you know, they're just distributing shelf-stable and uncut produce. They are not regulated now and there's no proposal to change that. But we do propose that they become registered, perhaps with the help of other nonprofits in the office of sustainability and that we then, under that

safety umbrella, circulate best management practices. We would not conduct inspections for those lower risk cfos and

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of course nor do we now. The next higher risk category is category two and those types of cfos they distribute and in some cases portion out foods that are prepared in permitted kitchens, usually commercial kitchens. And those foods are potentially hazardous, which is termed by Texas food establishment rules as time and temperature controlled for safety foods. There is an element of risk in what category two cfos do but it's a modest level of risk. We currently do require permits for those because that is based on the Texas food establishment rules. Our proposal would be to amend the city's chapter 10-3 food and

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food handlers ordinance to define category two and then exempt it from permitting requirements and in lieu of that use registration, best management practices. We are going to set up a website specifically for cfos and we are also designating a cfo liaison ombudsman who would work with these types of -- this level category two of cfos. Moving one rung up in the risk hierarchy is category three, which those cfos heat and they also cool down commercially prepared foods that are potential hazardous, pcs, so they pose a significantly higher

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risk because there's a lot of food-borne pathogen risk in the heating and cooling process. Currently they require a permit and that would continue under our proposal. But in order to reduce the burdens for category three we would propose and have sketched out amendments to chapter 10-3 that would define category three and essentially tailor some of the physical facility requirements for kitchens to that risk level, which is a lower risk level than full service food establishments. And that would involve, for instance, reducing requirements for sinks, different kinds of

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sinks, self-closing doors, ceiling tile surfaces, et cetera. These are some of the pain points, if you will, that we have discussed with the food policy group and food pantry representatives. We would also offer

the same ombudsman liaison services and a web page would be geared to this risk category. And we would continue offering site-specific variances, which is something we do now, to address the unique needs and particular hardships of a given charitable feeding organization, a given pantry. Austin water would -- they have indicated they would seriously consider and are inclined to limit the requirement for grease traps wherever vent hoods are not required. So basically wherever cooking is not going to be taking place.

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And also wherever there's going to be limited amounts of grease and solids discharged into the drains. Austin water has also said they would waive the requirement for a wastewater discharge permit. So then the highest risk category for cfos would be category 4 and those are your community kitchens, your soup kitchens. These have risk profiles similar to a restaurant. They would continue to be permitted but all of those supplemental services I described earlier for the first three categories would apply here as well. In addition to that, we would propose fee waivers to city council for category 4 cfos and also Austin water has

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indicated they would consider lowering or perhaps waiving the wastewater permit and surcharge fees for category 4 cfos. So moving to the next slide. So we have a council work session coming up on the 27th where we'll present a more detailed report. There will be a council regular session, currently it's pegged for November 12 but we're looking to perhaps reschedule that for December to give our other departments more time to work proposals through their different advisory boards. We've already designated our cfo ombudsman liaison, that's going to be a supervisor that we currently have who oversees the one-stop shop team. We will further develop our cfo web page, our cfo categorization

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scheme, those categories 1 through 4 I just walked you through. We will work further with law to sketch out our amendments to chapter 10-3 and formalize those. And then work with the other departments as needed to provide input on their building code amendments related to cfos. And then work up a final fee schedule amendment for council to consider. And then of course the major task of ongoing implementation. So that is a quick flyover of the charitable feeding organization issue and our proposal as far as the overview of the proposal to address it. And, with that, we'd be glad to

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answer any questions the committee may have. >> Harper-madison: Thank you, don. We appreciate the presentation. Do any of my colleagues have questions? Mayor pro tem. >> Garza: Hi. Thank you for all your work on this and just to give some context -- I'm sorry, I don't remember who the co-sponsors were. This was brought to us by the food policy board, concerns about the trouble meeting compliance for some of the smaller food pantries and the obstacles that they face. So I was curious, Mr. Hastings, have you shared these recommendations with the food policy board and have they had time to comment on them? >> Yeah, we presented, yeah, the gist of what we just walked you through now. We presented that to them, yeah, to representatives who were

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available. There's probably going to be an opportunity to maybe do that one more time with our sustainability colleagues. But, yes, we have presented the framework of these to them, yes. >> Garza: And were they mostly in agreement or had additional concerns? >> Well, my impression was that overall, yeah, it was a thumbs up. You know, we'll probably get more input from their staff, which is the office of sustainability. But, yeah, it was a positive response we received. >> Garza: And I was trying to find the resolution in my notes here and I couldn't. Did it also include like a temporary suspension? Did you address that? Because I know this was brought up as kind of a priority because of the pandemic and, you know,

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there are a lot of temporary food pantries set up during this time because of need in our community. >> Yes, mayor pro tem, it did involve temporary suspension. I hit on that at the very beginning. To my knowledge, we haven't imposed any requirements that were voiced to be problematic here in the last -- well, since the resolution was passed on July 29. So to my knowledge, that hasn't been an issue. We, our department, Stephanie's department, Austin public health and this division, we haven't imposed any requirements that were deemed to be problematic for cfos during this period. I believe that's the case with the other departments. >> Garza: Okay. And maybe -- sorry. You do these resolutions and then you have ten more after that so I'm trying to remember back to when we did this.

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What was it that we were saying? I thought we were saying -- because there's current standards and rules right now and I thought it was saying we're going to waive those if there was a food pantry coming online. And I understand that right now for just like the dry goods and no-cutting produce, there are no

requirements, but what was it? We didn't add any new regulations but was there any discussion about waiving current regulations if a food pantry or if somebody wanting to distribute food was coming online because of the pandemic. >> Yeah, if av would go to slide 2 of the presentation so I don't miss any particular elements. But there was, yeah, an encouragement to the city

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manager to cease enforcing structure-based requirement that don't impact life safety in order to, you know, promote cfo services during this great need, you know, that's occurring during the pandemic. So and, you know, that's what I was speaking to that to my knowledge, you know, nothing has been brought to our attention by the cfo community or the sustainability, you know, since this July 29 ordinance that a particular requirement was onerous to them and they were seeking it to be waived. Now, there have been no fees waived during that period. I don't think there's been much new food pantry activity. Yeah, because we would know.

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We permit them all. I do believe we've addressed that part of the resolution, mayor pro tem. >> Garza: Okay. Thank you for that and for all the work that you did to bring this back to us. >> Absolutely. >> Harper-madison: Any other questions? All right. Well, thank you, don. We appreciate the presentation and all the hard work that you guys did to compile this information for us. It's going to be really important moving forward. I did have one small question. Oh, no, we didn't lose you. I just wonder if there have been any reported cases of covid with small operation food distributors or pantries? >> Good question. You know, we track that for food establishments. You know, whenever we get that information we work with our

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epidemiology unit to do that. I don't recall any covid cases involving food pantries or charitable feeding organizations where it has been reported to us that a worker or, you know, anyone involved in the operations might have caused a covid exposure. I think the answer is no. >> Harper-madison: Awesome. Thank you. I appreciate that. >> Certainly. >> Harper-madison: Again, thank you for your time. Hope you have a great rest of your day. >> You're more than welcome. Thank you, appreciate it. >> Harper-madison: Okay, colleagues. We'll now move on to future items portion of our agenda. Does the committee have any items that they would like to identify for consideration in the future? Ann, was that a finger? Okay. I don't see any raised hands.

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Okay. And I'm trying to toggle between my script and the screen where I can actually. Oh, I do see a hand. Council member kitchen. >> Kitchen: Is there a joint meeting coming up on Monday? I think we were going to -- with the two other committees, the public safety and the housing committee? >> Harper-madison: I'll chat with you about that offline. There's something going on there that I think might change that potential, so I'll talk with you about that offline. >> Kitchen: Okay. Then at some other point, so shifting gears to a different topic. You know, for future topics it would be interesting for us to perhaps delve into the issue of mental health services that are available. Not the mental health diversion but the services that people need to be referred to if they need either, you know, crisis services or things like that. Part of what the psychiatric

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stakeholders group looks at and what the city's side of that might be. Just to a place holder for potential discussion in the future. >> Harper-madison: I'd like that very much and I think it's in direct alignment with one of the items that we're bringing forward for the next meeting, which is we're going to discuss racism as a public health crisis, specifically the manifestation in physical and mental health. So I think that would definitely be -- those would be adjacent to one another so we'll figure out how to work in that conversation as well. Did you have ideas about an organization that you wanted to have give a presentation or generally you want to have the discussion? >> Kitchen: That's a good question. I'm not certain where to go to to understand that. You know, I don't know if it's someone from the psychiatric stakeholder group or one of the individuals that participates in that. Could be central health or integral care or central health, perhaps. >> Harper-madison: Someone

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started an e-mail thread between me, you, and the folks at aph. Maybe they can offer some guidance about who might be the best person -- and I'll start that as soon as we get off the line. >> Kitchen: Sounds good. >> Harper-madison: Council member tovo. >> Tovo: Sure, I don't know if you want to talk about it or not. It sounded like you would rather talk about it offline, but I am not certain what's going on with Monday. It was my understanding that since the public safety committee was talking about homelessness that they were inviting our committee to be a part of the conversation because it is at the core of a public health issue. >> Harper-madison: I think there was an issue, I think there was a legal issue. >> Tovo: I would just say that I do think as we have conversations, continued conversations about homeless services that really it needs to be from the perspective of a public health issue and so would strongly encourage that those

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conversations occur within this -- within the context of this committee. >> Harper-madison: I absolutely agree. I agree and I'm happy to -- you know, we have a little bit of time in between now and when we need to post that agenda so I'm happy to accept any proposals for items that we can add to the agenda and briefings that we can have at that meeting and, you know, just sort of some goals that we hope to accomplish. I really appreciate where we have the briefings where we walk away with either a more comprehensive knowledge about the initiative or action items. That always makes it feel like a very productive time spent. Any other questions? Okay. I guess I'm going to toggle back to my handy dandy script, just a moment. Okay. So as a reminder, the next hhsc

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meeting will be on December 9, which actually is in question. Oh, no. That was 2021. My apologies. On December 9th. And if there are no objections, I would say that we are adjourned at 3:28 P.M. Thank you. Y'all have a good day.