

Health and Human Services Committee Meeting Transcript – 04/07/2021

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>> Tovo: It's 2:03. It is my understanding we have no individuals who have signed up to speak. We do have two presentations that have been shared with all of us today, this morning. Thank you, Lucy, for getting those to us. One on briefing number 2 and one on briefing number 3. So I will entertain a motion to approve the minutes from our March 10th meeting. Mayor pro tem harper-madison moves approval. Is there a second? I can't see councilmember Fuentes. There you are. Vice chair Fuentes seconds that. All in favor? Unanimous on the dais with mayor Adler off the dais. Mayor Adler has a conflict so won't be attending or doesn't believe he will attend most of the meeting, but did send comments about our item number 4.

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We'll talk about that when we get there. So our second briefing today is -- well, mayor pro tem harper-madison, would you like to introduce this? This came a resolution I believe you sponsored. If you would like to say a few words about it and presenters Brian oaks and Adrian striaaff. Mayor pro tem, did you want to say -- she can't hear me. Could anyone else hear? >> Yes, so we can hear you, councilmember tovo. I think councilmember harper-madison is having some issues. She's trying to reconnect right now. >> Tovo: Let's give her a minute to pre -- to reconnect.

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'Ll start with the briefing as it was a resolution she led on, she may want to say a few words after the briefing. But we'll pause for a minute and give her an opportunity to reconnect. >> Can we get a quick mic check for the presenters? >> Hi, good afternoon, everyone. >> Thanks so much. >> Good afternoon. Can you hear me? >> Yes. Thank you. >> Tovo: We sure can, assistant director.

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While we're waiting for the mayor pro tem to reconnect, I'd like to just skip down to item 6 while we have a few extra minutes, and that is the identification of issues to discuss at future meetings. One that I would like to put on our June calendar, there had been a conversation back at the time Austin public health changed its name, there had been a council conversation that I guess never made it to the point of really moving forward, but the question was whether we should change the name of our committee so that it mirrors the name of some of the departments that we work with most closely. That would involve a name change of this committee to the public health committee. I just wanted to throw that out there as something that we can revisit in June. We're not posted here today to talk about it, but again, just in the interest of using our time today here well, I wanted to just put that out there that that's one of the items I would

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like to discuss. I see our mayor pro tem is back, but vice chair Fuentes? Did you have anything to consider? >> Fuentes: Thank you, chair tovo. I was going to share my support for our name change for the committee and also add to it that through conversations I've had with the community and it's my understanding that a few years ago recommendation came from then-director Shannon Jones about possibly exploring the creation of a public health commission. I think, you know, if we would have had a public health commission during the pandemic, that would have been such a great resource for us to have a community panel of individuals who are experts in their fields that are able to advise on public health policies. I'd also like to pitch that as a topic for us to explore as well, specifically creating a public health commission.

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>> You're on mute, chair tovo. >> Tovo: I think that pairs nicely with the conversation around a potential name change so we'll take that up. Any other -- anybody else have something pressing they want to add to that list? You can always be in touch afterward. I see mayor pro tem harper-madison has reconnected so we'll move up when the internet -- I am -- this is going to be addressing racism as a public health crisis and I'm really looking forward to Brian from the equity office and Adrienne with the Austin Austin public health department giving us general

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information and outlines of the implications of that. >> Tovo: I appreciate that very much. Thank you for that introduction and I'm really interested to hear this presentation. I apologize, I do need to clarify that mayor pro tem harper-madison had actually put on our agenda for June the conversation about public health commission. So my apologies for not remembering that as we were just discussing that issue. We'll make sure to have that on the June agenda now that two of you have requested that topic for inclusion. >> All right, well, good afternoon, everyone. I'm Brian oaks, chief equity officer for the city of Austin, and I am joined today by my co-presenter, Adrienne Stewart for Austin public health. We're going to do a two-part presentation for today's

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briefing. We're going to talk about racism as a public health crisis resolution in a general sense of things we're doing across the city, so we also thought it would be really good today to see exactly how that work we're doing as an equity office drills down to the department level, and in this case an insight into how Austin public health has really started taking some of the things we're doing globally across the city and how it manifests in the department and what that work looks like. If we could go to the next slide. Just for the public following along with us today, the way that we really lifted this resolution -- looked at this resolution was in two parts. The first part was a call to action to really advocate locally and through the national and state level to government entities as well as other nonprofit

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organizations in the face of government to really also adopt this sort of mantra that racism is a public health crisis. And so the first update that I wanted to provide was to let you all know that our intergovernmental relations office provided a copy of the resolution via mail to the state legislative delegation for Austin, the national league of cities and the Texas municipal league asking that they join in declaring racism a public health crisis and enacting equities in all policies of the state of Texas. In addition the funding to dismantle systemic racism including public health disparities is also part of our adopted 87th legislative agenda and is included in the city's federal agenda as well, and that was one of the first components of the resolution. If you go to the second

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slide, the second call to action within the resolution really sort of called on the city manager to continue work to advance the city of Austin as a race equity and justice oriented organization, with the equity office and departmental leadership continuing to identify specific activities to further enhance diversity and to ensure anti-racist principles cross leadership and contracting and education and training activities, to just name a few of those. That's really what Adrienne and I wanted to talk most about in our briefing today. If you go to the next slide, we really wanted to sort of be able to talk about the city, the structure that we're trying to build and ultimately we're in the process of trying to change our culture, and it's an idea to say that the need for this sort of systemic analysis while runs across everything we do at the city

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and the work you'll see at our equity office is really centered in that. But I feel like you all know this. I'm probably preaching to the choir, but for those following along in the public when we talk about racism as a public health crisis, I know you all have been part of those conversations. I think for some of us early on, you know, some people were really surprised to see the racial disparities related to pandemic. We now prior to covid-19 communities of color were disproportionately in lower paying jobs, more likely to be uninsured or medically under served, food insecure areas. And so it runs the gamut, Adrienne is going to talk about social determinants later to better illustrate I think the timeliness of this

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message of this resolution and really this work. And on the right you can see this is pre-covid-19, U.T. School of public health did this analysis where they looked at sort of the prevalent or pre-existing risk factors, the complications from covid. You can see most of the red areas cover our eastern crescent which you have a lot of conversations about. We thought this would be important for the public following along around when we say racism is a public health crisis, you see how this plays out in our community and visually the fiscal impact what that looks like and how it plays out. If you go to the next slide, you know, so in the response to the resolution, I sort of called around, how do we create this environment around looking at systemic racism and being a justice oriented city. We sort of say that journey

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starts with us especially with an equity office of developing a shared understanding of what sort of equity means. And when we first started the office in 2016, our first project was really to clearly define and have a shared understanding of what equity would really mean for us as we did this work. And we actually spent our first year of working with community to really come up with a collective definition.

And for us almost say sometimes it's like the controversial thing about us, but when we talk about it we're talking about racial equity and when race no longer predicts a person's quality of life outcomes in our community. We understand equity is a broader umbrella and there are other social circumstances and other social determinants that contribute to that as well, and we acknowledge those and bring those into the fold, but we always say it's the

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one that's most reliable, it's more predictive of the disparities in our community and we can never truly have the impact if we didn't center it and tackle race head on as it relates to the inequity in our community. So we're very intentional about that. And we also have a lot of conversation, especially with staff, around the difference between quality and equity and, you know, equity is really all about people need different things to get them to where we need them to be. And so that plays out in a lot of decisions that we make as a city on a daily basis. We're always trying to center or develop that shared understanding of what it is that we're really working towards when we do this particular work. If you go to the next slide, so how do we really sort of, you know, bring this change of culture within the city of Austin and the work that we do. And we are really centered on developing what we call

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an equity lens. We believe that every city department that we have has sort of a role to play in undoing systemic racism, but also being able to advance racial equity for us. And the way we do that, you will see us folk news these three areas to center the work we're doing across all of our city departments. And so you will see us in the business of normalizing or developing a shared understanding. We even vest a lot of time and resources in the education and training of staff and community that sort of center people in terms of being able to look at racism systemically, understanding history and how that plays out in decision-making, but introduce a new tool or new ways of being to really sort of develop different outcomes. One of the things we are appreciative of is two years

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ago the city council actually approved our first long-range training partnership with a group called the people's institute for survival and beyond. And they have a curriculum called undoing racism. And as an office, we actual host a monthly workshop for city staff as well as community members to come together to really sort of learn principles around how we can undo racism, how we can tackle systemic racism in our institutions, how we can organize to sort of develop different outcomes. And over that two-year period, we've been able to train 750 people. We've actually been able to train representatives from, like, 42 of our city departments. We go back and forth with what the baseline of city departments

are because we have some offices that leak into that total count, but we're almost at 100% of staff being trained from, you know, of all of our departments. And at an executive level, we've had about 45 executive

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level staff go through the training. We're doing an undoing racism workshop today, as a matter of fact. In addition to that, that's not the only training offering we sort of bring on board. Just going back to the resolution where it calls for training and educational activities, we do an equity 101 workshop with city staff and community. We also are introducing a new curriculum that I think compliments undoing racism called the ground water analysis where we've been doing a lot of work with Austin police department around that course as well. And just last year in 2020, we've actually trained 1,000 people last year in sort of collective offerings that we have as an office. And that's ongoing work. We also are really focused on organizing around racial equity, so, you know, we believe that in order to create this culture of being sort of anti-racism and justice oriented

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organization, it's work that's not need to be done solo or made to be done individually, it's work to be collective. We're building infrastructure in terms of how we organize. You know, for example, as we've been doing this work, we have 20 departments right now that very informal equity teams that are actively engaged in sort of scopes of work they are doing within their department. And our goal is to eventually get to 100% of all of our city departments having formal teams. We also are sort of moving into a new exciting area for us where we have staff that are actually investing in resources. Intentionally staffing around equity. We actually have our human resources department, Austin transportation, Austin Austin energy as what is our library department are all moving forward to hire their first equity managers that actually hold racial equity work within their department which we think is going to

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really enhance and elevate the impact that we can have. And then we also partner with community. We have an equity action team that meets on a monthly basis where we have about 60 city and community members that come together, and they help and work on different sort of various equity projects that we have going on. And we have about 500 people in our total network. Then the last part that we're going to dig deeper in today as it relates to the spirit of the resolution is our work around operationalizing racial equity, which is really around how do you take a lot of the learning, the education, the theories and put them into action so they can manifest itself in the work and in the

outcomes that you see within the department. Adrienne is going to talk more specifically to that. But how we operationalize, you know, this stuff and sort of put it into action. But if you go to the next

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slide, and just go one more, and so from -- I think from a global -- you know, as we do this work with departments, we really are kind of sort of get them to examine, you know, the history of government in the United States and really this progression of where we're trying to go. And so in a lot of our training and education that we're doing for our departments, we talk a lot about the history of government in the United States, which was explicitly racist. We had policies on who can marry who, where you could live, who was considered property or not, right? Who could even own a business. Who could get a home loan. But we were really rooted in specifically racist policies and laws that govern our nation. With the civil rights movement we progressed to a race neutral government which is that, you know, you can sort of have especially

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racist policies or laws or ordinances to discriminate against certain individuals, but what we realized that although we didn't make it or talk about it, racism continues to exist and manifest itself within our systems and institutions. And if you go to the next slide, we talk a lot about where we're trying to progress is really being what we call explicitly advancing racial equity and being intentional about how we have these conversations and how we do this work to sort of close the gap. If we say we can't intentionally have those type of conversations, then we'll never get there. You know, racial equity for the city staff, we talk a lot about how it's embedded as an anchor in our strategic direction and sort of crucial our racial direction to operationalize and center this commitment to -- in the work that we do. The next slide.

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We do that primarily through what we call the equity assessment process, which is really the foundation of our office. Back in 2015, the council passed a resolution directing the city manager to develop and create an equity assessment tool that would be utilized across all of our city departments and also in conjunction with the budget process. So when we started the office in 2016, that was really our calling card and we really wanted that to be the focal point of our office and the bed rock of everything that we do. This is a cornerstone way of how we operationalize or put a lot of these sort of theories or concepts around equity action. If you go to the next slide, we developed this equity assessment tool the first year that the office was established. One of the things we're proud of is we logged over 900 hours of community volunteer time to really help us build that tool and

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we knew in order for it to be successful it had to be opened and rooted in the community for us to be able to do that. We brag about ourselves a little bit in our tool because we would say nationally it has become one of the promising practices. We were recognized by the open government partnership as a star level intervention for transparency and impact that our tool can have. And we also -- I'm being interviewed by Bloomberg in a few days coming up to actually talk about the work that we're doing on our tool. So we are really excited about that work. By 2020, we are in the process actually this year 100% of our departments have actually launched the equity assessment cycle and we'll talk more about what that looks like. If you go to the next slide. So our tool is really rooted in what I like to call the six P's. And if you look at the work that we do and all of our

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departments, we sort of say what are the opportunities for you to actually intentionally advance racial equity. Whenever we work with departments, we're always trying to get them to look at the six Ps. We say that the equity or inequity can be created in your planning, and so, you know, do you prioritize racial equity in long-range plans. So all the strategic plans or the master plans or all of these long-range plans, what are the opportunities we have within those to intentionally racial equity. Procurement and budgeting. I love how council how you all say budget is a moral document. They sort of signify about what we care about. What does that look like for you as a department. Personnel is one of those areas. Who do you hire, who do you retain, who do you have in ten roles and what do you value in terms of personnel and doing this work. Also drilling down to practices and procedures is

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really important as well as the public engagement. So how do you listen to community, how are you connected with those most marginalized, those most negatively impacted and what does that body of work look like. We're always getting our departments to look at these six Ps, and every time we do work with them, we are drilling down in multiple areas in this for them. The tool helps them be able to do this as well. If you go to the next slide. So use real quick on the process, as our departments do this work about operationalizing equity through assessment tools, we have a guideline for them. This is really sort of a high-level overview of what that looks like is they all have to build a team. They all have to participate in training so they can develop a shared understanding as they do this work. They go through the process of completing the tool. And then the evaluation of the assessment is done in a

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swat analysis. And then they have to develop an equity action plan and implement that action plan. So if you go forward, I'm probably late on time so I'll go forward a few slides and just to show you one more. At a high level, as we did the work with community to design the tool, we came up with these equity assessment core values. And really, you know, we worked with community, we say what are all the pain points that you have of work Republican the city and your experience of the city. This is really a lot of what came out of those discussions. And so you'll see that these core values are embedded in the process. As we talk about culture change, these are some of the elements of culture we're trying to introduce and create the change within our institution. In you go one more. And so this is at a high

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level loops like what does a swat analysis look like. We actually did this one as a very high level of all the departments that we had that have gone through this. I won't sort of go into too much detail on all of these, but just to give you some even sight, some of the consistent weaknesses that we see come up is around data collection and management where we don't have this aggregated data by race and ethnicity and other graphics. Sometimes we may ask the departments how do you know we're serving everyone or how do you know everyone is engaged with what you are doing. We know based on race people's experience with us can be really different. So it's important we have that data in the work that we do. Some other areas that we sort of see consistent strength is that in the hiring and training areas. Many of our departments are really intentional about using diverse hiring panels or trying to outreach broader and deeper on how they promote job opportunities.

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So that work is consistent across a lot of our departments. We also see some opportunities, opportunities to really elevate what we're doing. And one of the ways is that, you know, we sort of see there's opportunities, we may have different departments working on a different issue and coming at it from a different angle, but what's the opportunity to connect the lots more in the works we can have a deeper level of impact. If we go to the next slide real quick, we also make all this data available for the public. And so we have a racial equity dashboard, and you can actually drill down all of our departments that have done their assessment and you can see what phase they are in. If they've done an action plan, you can see where that action plan is and the things they are working on. You can also look at their swat analysis. You can get a sense and we do this for community, that if you have an equity issue or concern and you want to connect with staff who have

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gone through racial equity training, we sort of have that captured as well. And we also have staff that are part of our equity action team just trying to create opportunities for areas as you from the community to connect with people who really are passionate about this and that kind of understand where you are coming from. And we also have some other performance indicators that we sort of highlight on the dashboard as well. Now I'm going to turn it over to Adrienne how that looks like in the department. >> Thank you. Next slide, please. Next slide, please. So as Brian pointed out. Austin public health is one of the courageous eight, I like that, one of the first agent departments to actually go through the equity tool. And I will say for me at least it was a little bit of

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an eye-opener. Often as the public -- as a public health staff person, I felt that we were really ahead of the curve when we talked about health equity and all of the programs and initiatives that we have out in community to address those issues. But when you talk about lead ING with race, we found it was a different story for us. Up on the screen here you can see our swat analysis that was a result of the -- us going through the equity assessment. And really quickly, like community engagement and training, you know, those were our strengths. Surprisingly we shared the weakness some of the other departments had and it was really not about collecting data because as a public health department we're always collecting data and striving to make data driven decisions, but we weren't always looking at the data in a way that would highlight differences by

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race race and ethnicity. Because of different funding sources or grant programs, we weren't all collecting data in a standardized way that allowed us to really good ethnicity that deep dive look by race and ethnicity. And while we offered a lot of training around the issue for staff, we didn't have a standard for evaluating the effectiveness or impact of those training activities. Areas of opportunity of course is with policy. Policies will be the place we make impactful change. For us was looking at our job descriptions and making sure that we weren't unintentionally locking out certain groups for opportunities within public health. For example, the community worker position is probably one of the most entry level positions in our department.

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And we like to recruit people that have lived experience in community, but at the same time we require educational requirements that might, you know, unintentionally keep folks from applying. Higher rates

of high school dropout. Looking at that job description and is it really necessary to have a high school diploma or is there work experience or volunteer experience or life experience that could be more valuable. We are always looking at census data and population changes rather than public health data. Then again the issues with the data collection and measurement. Next slide, please. I will echo Brian's accolades to council. Starting in 2016 when we made a significant Emmitt have in health equity initiatives including the set June of the office, it

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really a-- setup of the office, it allowed us to talk about the social determinants of health with a racial equity lens. We know a lot of those things that affect where people live, work and play, and subsequently health outcomes, there are some systemic racial -- racism -- what's the word I'm looking for? Some inequities, thank you, that cause our black and brown neighborhoods maybe not to have as many walkable parks or trails or limited access to grocery stores. We talk about the 1928 master plans and long-term effects on east Austin as a result of that and how it's playing out not only with chronic diseases but now with covid, with homelessness, all of those things that are the top of our list to address as core public health issues for our community can be traced back

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to these inequities that influence our social determinants of health. And so looking at how aph can take the information that we gained from the equity tool in the swat analysis and applying those six Ps in our planning. We want to make sure we're consistent across all programs about data collection and looking at the data and partnering with community based organizations. With our procurement and budgeting. We were really lucky in 2016 and then I think it was 2018 to get an infusion of staff to do health equity work. And so, you know, for direct services, we're continue to go make strides in that area, but then really looking at social service contracting process. Is it an equitable and fair process? Are we engaging in communities that have cultural relevance to the population they are trying to serve? In terms of personnel,

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right, we want a department that is reflective of the staff that we are trying to serve at all levels. And so being really intentional in working with our H.R. Department to draft a recruit many plan, we have an equity academy where we offer a course selection that includes immaterial -- implicit bias, cultural and racial humility. It includes all the things that help staff identify and address and be able to address personal biases and be able to recognize where systemic biases may be at play. Next slide, please. For

policy development, we are in the process of drafting a racial equity diversity and inclusion plan, and it will address

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mainly in this first iteration a hiring practices to make sure we are employing a diverse workforce. That that fifth P for practices and procedures, again going back to the social service contracting audit, there's \$50 million that go out into community. So what weather way to make a huge impact in addressing racial equity as a city and making sure that we are strategic in our investments, not only in the programs that we're trying to put forth, but in the agencies that we are investing in to do that work. So making sure that, you know, we are looking at barriers, we are looking at our evaluation process, we are training our evaluators so biases don't get this the way of evaluating an application. And then the last P, which is public engagement. We all know about the C had.

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-- Cha chip. Covid was a good test of us engaging with community and responding in realtime. I think back to the recommendations made with respect to testing in the hispanic and latinx community, and the community being responsive to make sure we are adjusting our strategies to meet the realtime needs that were being expressed. When we talk about vaccinations in the African-American community continue to be low. Understanding from a perfect resource standup position what we have in place may work textbook, but it's not working or our black community. Really director hayden-howard has taken time to meet with community groups and brings that information back to staff and it's not something we're putting on a shelf, we're actioning immediately. So we're going to have more mobile clinics, we're going

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to have more pilots at churches where we don't have to have people, you know, register beforehand. We're going to be able to figure out a way to, you know, jump over that technology hurdle to make sure that we're really serving that population, and making ourselves available as a health department to take away some of the mystery around vaccines. My watch is telling me my time is up so I'll make two more comments before I close over to questions. Making significant investment in our community health worker program because, you know, we've heard the community say that that is an evidence based proven community strategy that we're ready to get behind, but also hearing, you know, there's not enough training, there's not enough ongoing job opportunities, so where can we as a public health department insert ourselves to make those opportunities available.

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And with that, to be respectful of time, I will close and see if there are any questions. That you all have. For either Brian or myself. >> Tovo: Thank you very much to both of you for that really interesting and very useful presentation. Colleagues, what questions -- and assistant director, did you need a few more minutes? I don't want to cut you short if you miss add few key points. >> No, I think it was good to -- for Brian to lay it out and for you to get a snapshot of how the department is working on these things. I think there will be opportunities as we talk about homelessness and other issues to continue that conversation. >> Tovo: Thank you very much. Colleagues, what questions, observations? Mayor pro tem harper-madison. >> Harper-madison: Thank you, chair. Adrienne, I wanted to ask you about I think it was the

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last slide that had community outreach, community outreach and involvement. One of the bullets was community health workers. I'm curious how that's going and is it something that we could help support? Just wondering what's going on with that program. >> So internally it's going really well. We are working with hrd to create a career ladder for public health workers within public health. And we've revised the job description so we can recruit folks that have lived experience and that values or equalized lived and job experience with educational attainment. So that's exciting. I think the investments that council has approved in community health workers has been helpful. We continue to partner with

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community to see what's the best way to spend those dollars. So at this point I think we're good. If we hear something or something comes up from boards and commission, because community health workers are always a hot topic, we can revisit that. >> Harper-madison: Thank you. I appreciate that. Then I did have another question. 20 departments have equity teams and the goal is 100%. Is there obviously not a time certain, but is there a general idea about when we might be able to accomplish that 100%? >> We think that we'll definitely be there in the next two years at the most. I will tell you that the challenges that we've had with some departments is that, you know, most departments right now don't have sort of staff that formally take on this role. You've been told to do so. And sometimes with changes this departments, we've had a history of some where we started out with 13, staff

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went on to other roles within the city or left the city and we have to come back and revisit and relaunch the team again. So one of the things we hope can help us is that for the departments moving forward would actually hire equity manager roles and gives more stability and consistency in terms of realizing there's a person whose job it is to do this work. It's a lot of work for the department to take on this assessment process, to organize your team, to really start to dig on your policies and strategies. >> Harper-madison: I appreciate that and that's sort of what I was getting at with the how soon do we reach 100%, because I would love to see what the data looks like when we go to establish proficiency. And see what sort of changed, you know, when we were in a position or did not have the equity teams and what happens subsequent

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to us developing the equity teams and that sort of being the standard. I'm curious to see what people's experience in their roles will be. >> Yeah, we could actually start some -- start to do some of that now. We're looking at departments that have more standing longer sort of range teams, like Adrienne mentioned, Austin public health was one of our couragees eight departments and we have other departments that go back to the beginning where we could really monitor or look into that more. >> Harper-madison: That would be really interesting. And then especially to leave room for colleagues, the opportunity to meet with Carroll Johnson, which I'm so happy I get to work with her. What do you see, if any, role for the civil rights office alongside, adjacent this work with the equity office and Austin public health? >> I think for us we're

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excited to have Carol on board with the civil rights office because from a policy perspective, we have some really good ordinances in place. And I'm hoping Carol and her team could help us elevate the enforcement of some of those Oranges and protections for classes that have been discriminate against. And then also we like to tort of option to be able to look proactively into issues as opposed to always reading -- ready to respond to a complaint. How are we proactive in some of these situations and we hope that we look to partner with the civil rights office to be able to do that as well.

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>> I'm wondering and now is, you know what has been my frustration throughout the pandemic is how long it's taken us to get data that has racial and demographic breakdown when it comes to testing, vaccine access and complete understanding of how vaccines are being administered in our county. So what -- could you talk us through what -- knowing this was identified data and having a better handle on our -- how we do data for all of our departmental processes, that was identified in 2017. What -- as a

weakness. When aph did the assessment. What work has been done in the last few years to fully address this issue. >> We're actually in the process of working with our office of performance management on sort of developing what would be sort of like a universal

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guidelines around data management. For them more universal guidelines on all of data management and collection, but for us it's that racial equity piece within that. We've started conversations with office of performance management around what some of that work would look like. And they have a lot of good insights they shared with me in that -- there's varying levels across that department and there's going to be work to bring that up to uniformity, but then also for specific guidelines or expectations and also be honest and candid, there's sensitivity in the type of

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data [inaudible] I feel very well latinx is considered a race. Where other programs used the census definition where that's an ethnic group versus a race. And so we have already done this work that Brian has talked about in creating consistent standards across all programs for that. And I think if you take a look at our vaccine dashboard and at the testing dashboard, you can see that information broken down by race and ethnicity for different things for positivity rates, for hospitalizations, for deaths. The same thing with the rates of vaccination, which is why we know -- it's easier for testing versus vaccination because we're a hub, but for testing we were able to meet with community and there was data to support what they were telling us on the ground. You know, that we need to do have a more focused effort in latinx communities.

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And so it was more about that consistency for us in the definitions of a racial group versus an ethnic group so we could give a full picture of our programs. Thank you. >> Thank you for that and that certainly helps as a policy maker, our first line of questions is always going to be what is the data tell us. You know, who and how are we serving our community. That's all anchored and rooted in the data. That tells a story. It's always if we know that that is going to be a constant anchor for our policy making, if we could make sure since we have -- sounds like we have more of a standardized way of going about equity whiching it, that we do it -- that we have the information readily available and that we're collecting it as quickly as we can, especially in times of crises. The other question I had was around the equity tool. And so I guess I got a

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little off there with understanding, so seems all departments have launched the assessment, but only 40%, roughly, have completed it. Has there been any movement in getting the departments to different tiers of the process for the tool and have we seen any movement -- like I'm just trying to get a sense because I know any time you launch a new tool, there's always excitement with it and the first year you are going to get a lot of people wanting to perform and execute. But since it's been a few years since we've had this tool, what has the movement been like with the department? >> Yeah, so because we are a small office, we actually take departments and groupings of cohorts. First year eight departments, second year 20 and we maintained that phase. So this year we're in our final grouping of cohorts to

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go through their first equity assessment. And this is like continuous improvement so you don't assess one time and that you are done. So aph is on our schedule to come up to reassess again and go through this process and do action planning because it's long-range work for us. For us to be able to handle the workload and pace, we sort of staggered the departments throughout multiple years. We have some departments in particular, Austin police department is very unique in that it's such a large department and their feedback from us initially was that, you know, our division had really sort of scopes of work and hard to get this sort of universal department view on our assessment. So with them we actually are going by division within APD and we actually sort of completed a report that came

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out in December over the first five divisions of APD that had gone through that process, and we'll be working with them to do their next division. It looks a little different for the department, but in terms of us to be able to keep our sanity and how we get the sheer number of departments, we've kind of staggered that approach. >> Fuentes: Just a clarifying question, when a department is part of the cohort, do they go through all stages of the assessment so each department would have an action plan? >> Right. You go to our dashboard, you can see their action plan, what their assessment looks like and you can see what phase they are in. So we would have some departments whose deliverable is their action plan this year. Some departments who are actually starting their first assessment. But you'll be able to see historically where all of

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them have been from our dashboard. We can share that link with you all. >> Fuentes: Thank you. >> Tovo: Thank you very much. Any further questions? Thank you, Brian, thank you, Adrienne. I especially appreciate the just juxtaposition. And within Austin public health. I have one quick question and then we need to probably move on. I think is for you, assistant director. Under the threats in the swat analysis for aph, the resources being allocated based on censuses data and populations changes, what is the mechanism by which we shift that pair paradigm? Is that something aph is

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working on, something you need policy direction from council on? That seems to be a critical piece of being able to serve our community and meet the health needs as they are? >> I would say policy -- policy direction from council with, you know, aph providing you the information and data to help you craft that policy. >> Tovo: I'd be interested in getting some more information. It always helps me if I can see that concrete examples, how that would have played out in terms of the shifting resources to where they better needed to serve to be really more responsive to the needs as they present themselves. Perhaps my office can be in conversation further with aph will that particular piece. And I wanted to acknowledge director hayden-howard. Thank you for joining us. Anything you wanted to add

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before we moved on to the next presentation? >> Hayden: Good afternoon. Thank you all. It was a great presentation and I enjoyed listening to Brian and Adrienne. I think they did a great job. Thank you very much for your support and acknowledgment. >> Tovo: Yeah, thank you both and thank the staff who have worked alongside you. Okay. Colleagues, let's move on to the update on homelessness. I think Diana is presenting alongside Bella. If we could move both of them over. Just committee members, just as a time check, we have about an hour left at the very most. We have a hard stop at 4:00 and losing one of our colleagues five to ten minutes earlier than that. We're going to -- we may have to cut short some of our conversation about 4 and

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5. While we're moving bell today and Diana over, I think we talked about in a previous committee about meeting for frequently at least for a time given the pandemic and really pressing challenges before us with regard to one of our priority areas, which is homelessness. It's my proposal we meet for a while once a month until our spring break -- I mean until our summer break and I'm going to circulate times and dates to y'all's offices. I think that be more productive if we have meetings in the morning. I'm going to get feedback about morning meetings and trying to avoid council weeks because those tend to be

challenging for us, staff included. Thank you. Diana, are you going to start us off? >> I will. Thank you for having us. This is my first health and

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human services meeting and so I am pleased to be with you in what I hope will be the first of many conversations. Today we have updates on a number of topics since we haven't had a conversation in a while. We're going to touch base on pro lodges. Councilmember tovo had asked for regular updates on pro lodges. We'll talk about the hotel conversion strategy. A bit of data on winter storm uri. Some recap of the guided path pilot program that occurred in late 2019 and early 2020, and that is sort of as a prelude to our conversation around the heal resolution, some of the learnings we gathered through that process that we anticipate applying in this

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initiative. Bella Carmen will be joining us for a couple of these topics, the first of which will be the pro lodges. I will hand it over to Bella. >> Good afternoon. This is Bella Carmen with Austin public health. Next slide, priest. I'll go ahead and talk about an update on the pro lodges. Just a quick overview, the protective lodges or pro lodges are part of our emergency response to the covid-19 pandemic. And they are public health intervention. They are temporary shelters, non-congregate shelters, and they are not homeless shelters, they are part of our emergency response. Just as we stood up shelters during the storm uri as a temporary emergency response, but most of the guests are experiencing homelessness because they are set up for people who

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need social distancing and access to health and hygiene resources who don't have that access at home. And so the majority of folks are experiencing homelessness who are accessing our pro lodges. Some of the services on site that are provided are toll telehealth appointments. There's also behavioral health services. There are staff from integral care that are on site for mental health appointments and assistance, substance use assistance and connection to treatment and services. As well as peer specialist services, people are lived experience who really know what it's like to be in the position of someone that might be struggling with mental health, mental illness or substance use disorder or someone who has

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experienced homelessness. They are trained staff and really help foul to the staff at the pro lodges. There are connections to other basic needs for health and wellness and services. And then basic needs services that happen at the shelter. Three meals a day, security, trash pickup and laundry services among other sort of basic needs services. Next slide, please. And so the current census is 206 individuals at the five pro lodges. And they are in just under 200 rooms. So we have about ten rooms that have more than one person in the room. That sometimes would be a parent and a child. More often is two adults, maybe that are partners or a caregiver and another individual that's an adult. We have 340 total rooms. If everything was

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operational and ready to go. But several of the rooms are off line. And there are some reasons listed here. Renovations, some repairs that were needed after the storm. Although those have all been completed. There were repairs needed at multiple locations during the storm. All of the -- all five facilities lost power and/or water for some time. But the guests remained there and stayed safe and healthy. And then consolidation. >> Demobilization planning. Again, this is a temporary response and so we are constantly looking at the incidents of covid-19 in the community, looking at the indicators of the virus spread and determining how long we will need to keep these shelters activated. But what's not on here, which is actually the most significant reason why rooms

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may be off-line at any given time, there's turnover. When people exit the prolodge rooms, there are repairs needed, deep cleaning, decontamination, and often moving belongings and/or replacement of items within the room. So getting those ready for the next guest when we have lots of exits, then we have lots of rooms that are off-line temporarily getting ready for the next guest to come in. In terms of exits, there have been 405 people that have stayed and exited so far. Really happy to say that the majority of those have been people exiting to housing. And we'll talk a little about that the next slide. Other exits would be to health care facilities, exits to other types of shelter. Other exits is a category and that includes any number of reasons why people might

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leave including some people say they are leaving, they are done and they have somewhere else to go. There have been people who have exited to a criminal justice or other institution. We have had some people pass away. None of the deaths that have occurred have been covid-19 related. And so that's I think just a true success to the intent of the program, of the prolodges is keeping those guests protected. But because the guests staying there are individuals with advanced age and/or chronic health

conditions per the CDC guidance, there's just some people that really have significant health problems and several people have been connected to hospice services and we have had a few people pass away while at the prologdes. And 97 people in exit interview -- no extent view. It does happen people abandon the room Oregon without a chance to figure

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out where they are heading next. Next slide, please. And then just to talk a little about the rehousing efforts. So the prologde operations in and of themselves are part of the emergency response under our emergency operations center and our homeland security management department with the city. But we have coupled on top of that housing programs. And committed both federal dollars and local dollars in programs to connect people to housing options when they exit. Again, so far to date, 186 individuals have moved into housing. And then of the current guests, 111 households are connected to a housing program so they are enrolled in either a rapid rehousing or permanent supportive housing program, but working with their case manager to locate that housing, getting

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their necessary documents together and eventually moving into housing. And then there are 84 households that are waiting on program referral. Again with the housing programs, primarily that's rapid rehousing and permanent supportive housing or psh. We have a huge number of partners who are pry or tigering and serving people -- prioritizing to include family elder care, the downtown Austin community court, salvation Army, caritas, front steps, veterans administration and integral care and other partners. I will say of those 84 households currently waiting, we have a large program that's going to be funded with some of our federal C.A.R.E.S. Act funding, our esg or emergency solutions grant funding from hud through the C.A.R.E.S. Act.

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It talked about that contract ready to go. And so we expect quite a few of those households to be connected to housing programs in the next few weeks. And then something that was really exciting for our community is again through the C.A.R.E.S. Act funding and the federal funding in response to covid. Last year our local housing authority, haca, or the housing authority of the city of Austin, applied for and was awarded 100 new vouchers, which is an ongoing housing subsidy, and prioritized for people staying at the prologdes. So those vouchers are being used in connection with the rapid rehighwaysing and P -- rehousing programs. And I believe that's it. Next slide,

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please F. >> We are four controls we either own or contracts for purchase on. The two we own are the roadway inn, 87 rooms, and the country inn, actually I'm -- I think it's 75 to 80 rooms as well. Both of those are currently occupied as prologdes. But eventually would be available to the city for other purposes. The cancelwood suites and Texas bungalows, under contract late January or early February, would be expected to close later this summer and we would have some renovation to do before converting those or opening those as supportive house, which we're excited about and we are in the process also of developing contracts with the operators of those two properties. Which we anticipate being caritas for candlewood suites and integral care for

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Texas bungalows. Texas bungalows was awarded 50 vouchers through H ACA through a separate rfp. Very excited about that new partnership for project based vouchers in psh, which is an incredibly critical resource for us making these projects nor self-sustaining and frankly allowing us as the city also to youth lies some of our limited funds to direct more towards services or additional projects. So it's a really great partnership between us and the housing authority on that front. I think the -- the original goal of council, as I understand it, was approximately 300 units of -- for hotel conversion. And at present when we closed on candlewood and Texas bungalows, we will be

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close, but being discussed as a separate purpose for the db shelter. Which means it would not fall into the explicitly homeless shelter use. And the bond funds that were utilize to do purchase that property might be repaid to -- into the pot that is available for hotel performs for people experiencing homelessness. And so we would anticipate having enough capital, we believe, for at least one more purchase going forward. >> Tovo: I apologize for interrupting you, but I like the policy that one of my former colleagues started of not using acronyms. You say the DV shelter. You meant domestic violence shelter? >> I did. Thank you for reminding me. I'll go to the next slide. So I'm going to speak briefly to the next topic, which is winter storm uri. And I know that you will --

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councilmembers will have questions after we're completed on many of these topics, so just know that we are prepared to answer those as we wrap up. So as we all remember very well in early February, we had a cold weather event that really was historic in nature. And we -- early in the week before the very,

very cold weather hit, followed our emergency plan and opened up three cold weather shelters at rec centers. Historically we have also partnered with churches. In the context of covid, we have not been doing that because many of the volunteers were often advanced in age or just in general it represented a risk for the church volunteers to have the shelter and congregate shelter in their -- in their facilities. So we opened the three recreation centers Thursday

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evening with a maximum capacity of about 195 people. On Friday night, we essentially maxed that capacity out or very, very close to it. And as the weather worsened, that evening made the decision to transition shelters to 24/7 operations. They are typically not that in sort of a normal weather event, they stay open normally only so long as these on Saturday, Homer event center was opened as a warming center. In general, and I think became apparent very, very quickly that we were going to need to utilize it as an additional 24/7 shelter. We started off with capacity for 110 individuals, and really through an incredible effort of staff and volunteers were able

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to eventually create capacity for a census of over 450 people. I believe our maximum was 459 on the night that we had most people. And we achieved that by accessing the second hall, which was previously set up for the staging area. So we moved those items, and frankly, we were very lucky they were there, that that was the staging area, because that meant we had food on site, until such time we were able to begin having food delivered. We also were able to deliver eat bags to the three recreational centers, and with other people as they transitioned to alternate sites in the community. So I think that was a real lesson for us in terms of, you know, very grateful that that was there, and is probably something we should think about for the future in terms of

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having stable food in place. Many other shelters opened over the course of the weekend, including some at aid. They tended to close sooner than the city shelters did, and so what often happened was that as they closed, if people still felt they needed a place to shelter, they transferred to palmer, and so consequently we did stay open for a full 14 days after the beginning of the weather event. One of the things you had asked us about is sort of what happened at the -- at palmer in particular, in terms of exits for people, and our ability to support them, in returning to the community, ideally not returning to homelessness. I do want to say that not everyone that was at palmer were people experiencing homelessness, particularly as our infrastructure began to struggle a bit. We started to have more folks who were housed, either had no

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heat or water damage, et cetera, that made their homes uninhabitable. It took us two or three days to get the roads cleared enough to get social work partners on site. But once we did, we had folks from the city neighborhood centers, Travis county neighborhood centers, integral care was there, and the crisis intervention teams, and variety of other disciplines within integral care. Downtown Austin community court was there doing assessments. And just a lot of very sleeves rolled up work trying to find resources for folks. By the time we started that, the census had decreased quite significantly. So we are at the high of 459 one night, and I don't know if it was the next day or the day following when the weather really broke a bit with the

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census going down by 100 people a night for the next couple nights. So we probably started with 150 to 200 people on site, once we had the fuller social work team set up. So we'll go to the next slide. Talk a little bit about what happened for those individuals that the social work team was able to engage in one way or another. And so -- let's see, I'm actually not able to see the top of that. But these are, of course, sorted in order of frequency. It was atypical that we would have a permanent housing resource available for folks, because as you can imagine, if those resources were readily available, we probably would have already used them, placed people into housing pre-storm. But we were able to do a number of things that got folks into safe spaces in order to -- for them not to return to the

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streets. Of these 164 folks, about a quarter of them did we think return to homelessness, said they wanted to go back, they wanted to go back to their camp sites. Travis county in particular placed over 25 people in boarding homes. We had about the same number of people go back to their own apartments, for those who did have housing. Were able to identify 11 people at palmer who qualified for the prologue, and transferred them immediately there. So that was fantastic, and I will just say as a side note, definitely with that population of guests at palmer, we saw an awful lot of chronic illness and conditions that clearly could use some support in managing. So there's a laundry list here. I won't go through all of them, because there are quite a few

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different outcomes. But I think the message here is that the staff on site were really just being incredibly resourceful in identifying options for each individual person. I think it was a good experience in really looking at, you know, in some ways a signal of how we might do a little bit better around diversion going forward, sort of getting to a fairly quick resolution for folks. And again, I think great partnership between the agencies and I think some lessons for us there going forward. So with that, I will move to the next section. And this will be something that vela will guide us through. >> So I know we're running short on time, and I want to leave room for questions. I'll go fairly quickly. But this is a quick review and

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updates on the guided path pilot, which as Diana mentioned at the beginning, was something that started in October 2019. It was an effort where the homeless strategy office, multiple city departments, and our community partners all came together and very quickly devised a strategy to engage with the people living outside of the arch in the salvation Army downtown, basically in one block area. With the goals of maintaining the public space using inclusive public space management, really to reduce the health and safety risks to the individuals that are living in that encampment, to utilize the existing resources from our city contracts. So at the beginning of the pilot, there were no additional resources available.

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We used what we had. And brought everyone together to see where there were gaps and see where we could serve people based on current resources. And then the final goal was really to analyze and evaluate what happened and use the lessons learned as we moved forward to addressing future areas where people are living unsheltered, and there is significant risk to health and safety. Next slide, please. I failed to mention on the last slide, there was a photo, and it came from a story that was originally done by the statesman and got picked up by several other media outlets, a success story. And so happy to forward that on to councilmembers, if you didn't see that. Less than a five-minute video and written story about one individual that -- and his

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journey through that path and his success into housing that's pretty powerful. So didn't have time to show that here, but wanted to point that out. So essentially there were -- we did a quick survey with outreach teams over a day and a half out to the people. In this one particular area, 99 people completed the survey, and basically we're just trying to figure out who was there and what their needs were, what they were interested in, and what resources they may already be connected with. And we created what's called a by-name list. We essentially talked to everyone, and what their needs were. We worked

with our shelter partners who had emergency shelter beds, and reserved some specific shelter beds that were immediately offered to people who may have been living outside

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of the shelters, and just hadn't been engaged to ask them, hey, why don't you come inside? We have a bed, we have a place for you to put your belongings, you know, we can talk to you about what resources we might be able to assist you with, or connect you with, and let's talk about this. And so just even that sort of outreach that hadn't been happening kind of outside on a regular basis happened. The shelters waived some of their policies that might have been barriers to people coming inside before. And there was a quick navigation center that was set up inside to do some triage, case management, and navigation to resources, you know, where can you go to get S.N.A.P. Benefits, which is supplemental nutrition assistance program for access to food. And then the services that were provided, again, were pretty

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expansive. Peer support, substance abuse management, employment, transportation, services for pets and also respite care. Next slide, please. And so just a quick update on where things stand. And then I'll just mention a couple of lessons learned, so we can keep moving through our topics today. Again, there were 99 individuals that were on that by-name list. The original list. 43 of those individuals moved into housing, 12 into permanent supportive housing, 25 have been housed through a rapid rehousing program, and then 6 got into housing through other means. There were actually a couple of people who already had case managers and were already enrolled in a housing program, but were living outside on that street corner, and so they were well on their way and moved into housing very shortly after the

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guided path program started. There are 24 individuals currently enrolled in housing programs. And 5 of those are sheltering at prologdes at this time. And there are 9 individuals who have not yet been matched with a housing program. And then finally, there are 23 individuals that we're sort of calling inactive for various reasons. 14 people were never -- we were never able to find them again after that initial survey. So that first day, when the outreach teams went out and talked to people and met them, and, you know, got some questions answered, 14 people we haven't seen since. So that was an interesting thing to think about in terms of people that might be coming or going, or in the area for a short time, who may have resolved their housing crisis, or, you know, may have gone to other places. Six individuals are currently

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incarcerated. Two have passed away. And then one we know that left the area permanently. So just a couple lessons learned. Of course, we started this again with no additional resources. We did add some funding to some of our service provider contracts for some case management services, but we did not add any financial assistance or housing resources to those contracts. And the providers have indicated that they had an initial willingness and excitement to be involved in a really focused pilot project, and really tried to serve a large number of people quickly. But there's a lack of resources, and that was frustrating. Additionally, covid hit shortly after this pilot began. There were hiring freezes, or turnover -- or staffing issues, so even when there was funding

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available for staffing, that had been a challenge throughout the time. And then something that we found over time in our community is that people who really needed permanent supportive housing, you have chronic disabilities and would need ongoing housing subsidies and ongoing services. We didn't have those resources, and so we were able to serve some people with rapid rehousing, but there was an overreliance on that resource which we could make available, and we just did -- more people needed housing than we could advocate for. So those were lessons learned. Next slide, please. >> This should look familiar to you -- >> I'm sorry to intervene for just a second. >> Sure. >> I know that we're running short on time. And since we did talk about this

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yesterday, I would suggest that if it's all right with y'all, there's certainly a lot more to talk about with regard to heal. But perhaps we could skip this piece, and instead turn to kind of your wrap-up, and then talk about -- I think what we learned in guided path may have some relevance to heal. So I think it will come up in the q&a perhaps. If we could potentially skip these slides, I think that would preserve our time for questions. >> Absolutely. That was my same thinking. So I'm very happy to do that. Absolutely. Yeah, you know, I think that these are a few of the many things that are happening within the division, and the community right now. I'm anxious to share more with you as we move forward through this year, and the coming months. Of course, the most immediate

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piece I think on our horizon is the rolling out next week that is scheduled now for I believe Thursday morning. Thursday a week from tomorrow. And so we'll anticipate briefing council very soon after that, and doing some additional planning for our work going forward. And with that, I will -- we are just available for questions. >> Chair: Thank you very much. Thank you for hitting several really large topics within this. Colleagues, I know that I did ask that we get a briefing -- some initial information about the storm sheltering in this presentation, and I think -- I know I have lots of questions around that piece of the presentation. I also know that it is scheduled as a topic for our winter storm work session. So I would suggest just in interest of our time, that first we start with our questions about the other segments of the

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presentation, and hold our questions about the sheltering during the storm for a later part, either today or for our conversation that we'll have with our colleagues. If that sounds good to everyone. Why don't we start with questions about the hotel conversion, the guided path, and the prologue section. Councilmember Kitchen. And thank you both, really, for all your tremendous work on all of these initiatives. I know you've been working on stop since you got here, Diana. >> Yes. >> Kitchen: Yes, thank you all for your work. I'll just ask two quick questions, to give everybody time. Let me focus first on the prologues. Could you tell us the status of the FEMA reimbursement for the prologues? The reason I'm asking is I'd like to understand the status, and, you know, perhaps there's some assistance that the council

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can provide, but I'm not quite understanding what the -- maybe it's been solved by now, but I wasn't quite understanding what the holdup might be. >> Sure. I can speak to that a little bit. There's a couple different steps in the FEMA reimbursement process. Prior to -- all during 2020, communities were required to submit a monthly or 30-day preapproval letter to FEMA for non-congregant sheltering. We did that, which were quarantine isolation rooms as well as prologues. And we received responses to that. There were some questions in those approval letters as pre-approval responses from FEMA that we were continuing to communicate with them about. Beginning in 2021, that 30-day pre-approval step is no longer

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required. But what is required for the reimbursement is then to submit for an application for reimbursement. And there's lots of pieces to that. And there are still some questions that we have been communicating through the state to our FEMA regional office about in terms of what would be

allowable or eligible. And we want to make sure we have clarity on that before we put together the application for reimbursement, so there's several steps to that. So there have been questions along the way. I think that there have been differences across different regions. Typically the FEMA headquarters handles non-congregant sheltering. Since this continues to be a national emergency, that authority was delegated to all of the regional offices, and I think as an organization, they

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were doing some communication across offices to determine and make sure that they were responding to, you know, various projects in a similar manner. And so those conversations were happening right when the storm hit. And so, of course, that kind of put things off for the state of Texas for a while. So that's still very much our intent to apply for the reimbursement. There's no deadline in terms of, you know, like we're not past the deadline or anything like that. But the current white house administration, the Biden administration has also put forward some additional guidance on what that reimbursement might look like, including the direction to look at 100% of reimbursement rather than 75%. And so I think there are still

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many things in motion. And many steps to the process. So we're still hoping and planning on that to be part of the financing of the non-congregant shelters. >> Kitchen: One quick follow-up. So we haven't been turned down, we are just still in the process of applying, right? >> Right. >> Kitchen: Is that a way to think about it? >> Correct. >> Kitchen: Okay. So that means that access to funding through FEMA should not be a determining factor about whether or not we have -- or use these beds? Because it's not an issue of not getting reimbursed from FEMA? I mean, there's lots of factors that go into deciding how many beds we need, but FEMA reimbursement is not one of those, right. >> Well, we haven't been denied, but we also haven't been approved, because that

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application -- the application step hasn't happened. So it is still possible -- it is feasibly possible that there will be problems with that reimbursement. We haven't gotten to those steps yet. So I think that's - - you know, that still is a question mark that we continue to look at when looking at the different funding resources. >> Kitchen: Well, I guess my point, vela, and the thing I'm asking is, if we're asking, well, could we open more beds, or why are we not keeping beds open, it wouldn't be fair to say that the reason is because we don't have reimbursement, because we haven't been turned down, because we haven't finished complying. So I've been confused about this, and in conversations we've had in the

past, I thought that we were being -- and I may have misunderstood -- but I thought that we are being careful. You know, back in December we were talking about closing

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prolonged, and I thought the conversation at that time was because we weren't sure if we had the money for it, because we thought -- I heard we hadn't been turned down, and it sounds like I heard wrong, but regardless I want to take away -- I want to take out of the conversation about the extent to which we need prolonged the question of funding. And I think it needs to be clearly separated. So I know there's other things we need to talk about, but that's the point I was trying to get to, because it sounds to me like it's not -- at least it's -- we don't know yet. So when are we going to apply? >> I'd have to check in with homeland security emergency management. And our -- >> Kitchen: Okay. >> We can get back to you on that. I don't have a definitive

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answer. >> Chair: That sounds like that's definitely an important question. But I understand what you're saying, miss Carmen, that needs some follow-up from eoc. >> Kitchen: Okay. >> Chair: Perhaps that's information we can also talk to the city manager about. >> Kitchen: Okay. >> Chair: Tomorrow. But it is important. Other questions about the prolonged while we're on that topic? >> Kitchen: I have one more, Kathie, unless -- >> Chair: Yeah, I've got a couple. But you go ahead with yours. >> Kitchen: My other question about the prolonged is just, um, so I'm wanting to understand if we're leaving any of the rooms not full. I understand the complexities of what you talked about in terms of people moving in and out and stuff like that. But can you tell me, like do we know the -- how long a unit may not be full?

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And is there anything that's causing the units to not be full? Other than, you know, it's just a matter of having more people come in? >> So, there's just a lot of different factors. Of course, watching the pandemic, and looking to see what that need might be, also with the two facilities that are city owned that have purposes other than prolonged, and when those will transition to other purposes, and kind of keeping that in mind in terms of our broader strategies in the community. And then also looking at the resources that we have for connecting people to housing options, right? So the event with the palmer shelter was a great example, and it's the same type of emergency shelter, it's just lasting for a

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year-plus, in that when we open the shelters, we know we'll have to close the shelters, and we've heard loud and clear city council's commitment to not exit people into unsheltered homelessness. If we have entirely full shelter beds, and then we have to close shelters down, you know, with a month or two notice, we won't be able to house 300 people in two months. That's not possible in terms of just how quickly that happens, and all the dynamics for that. So there's multiple different factors. And then, of course, the turnover, and the issues with the different facilities themselves. There's lots of different factors that we're looking at. And we do meet and talk to our consultants regularly, and other communities to make sure that we're trying to balance all the different pieces to that. I don't know if Diana had

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anything else to add. >> I don't. Thank you. >> Okay. >> Kitchen: So I'll move on, Kathie. Oh, Stephanie, sorry. >> Yeah, I got the muting backwards, director. >> That's okay. One thing I did want to add for the protective lodges is that the model that we've established is that when a person is housed, that case manager follows that person to be housed. And so that is a significant thing that we always have to keep in mind. And so the other piece to what vela was kind of laying out is, is that we have to make sure we have the case management capacity to continue to follow people. So, you know, start working with them, you know, with the housing located, et cetera, but then making sure we have the additional case management capacity to follow people and

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keep them successfully housed. So I just wanted to mention that. >> Okay. >> As something that's working well. But we have to be, you know, very careful with our case management capacity. >> Chair: If I understand what you're saying, it does look, from this, as if there are quite a few rooms that -- quite a few rooms that are not occupied. As you indicated, there were 206 individuals, that some individuals are in the same rooms. So I don't know how many individual rooms are being used, if our capacity -- it sounds as if there are more than 100 rooms that could be available. I understand some are being renovated, there are other -- some are in progress, process of being cleaned and whatnot, repaired for a future occupant. But also if I'm understanding what you're saying, director, some of it is a resource and

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capacity issue of having enough case management resources to support those individuals. I think it would be useful to know, for me, and just based on councilmember kitchen's questions and maybe

others, it would be useful to know how many of those rooms fall into those categories. I see that 30 are being renovated. Could you help us, not now, but maybe in a follow-up session, and maybe even next month, know what is the gap there in case management resources? We keep coming back and around to that. I think it even came up in some of the summit conversations last week is one of the limiting factors is not the availability of housing, but the availability of skilled professionals that can provide case management in this community. And I think that that is one of the things that I flagged for my staff to talk about is, what are some of the ways that we could work with our workforce partners to really address that gap in our community.

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And we support some great organizations, workforce solutions, and -- oh, my goodness, I just forgot the name -- capital idea. Are these ways in which we should -- you know, as we build out this ecosystem for individuals experiencing homelessness in the community, is that something we should be attending to from a workforce issue. Because it does continue to be a limiting factor. Maybe we could get some additional detail outside of this meeting, to what extent that is dictating the use of if you could help me remember, for a while we were just calling them prologdes 1 through 5 community they also have names as hotel community I'm not sure how they correspond. Is prologde 3 the days inn? District 9? >> Yes. >> Tovo: We are currently leasing it. Why are we responsible for

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repairs that happened as a result of the storm? >> I need to check. There were repairs needed at multiple facilities, community some of those may have been covered by the owner community some of them may have been included in our lease. So I don't have those details community it wasn't just as prologde 3, it was across the board. I believe there were a couple of pipes burst, that happened across the town. >> Tovo: So it's just they can't be used right now. It's not necessarily -- it doesn't necessarily follow that it's become the city's responsibility to absorb the financial responsibility for those repairs. It's just those units are now out of commission for a while. >> Right. >> Tovo: Got it. Okay. Other questions about the prologdes? I want to highlight it looks as if one-fourth -- almost 25% of individuals are

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leaving without an exit interview. I'm curious about that number. Community the reasons why community hope that we can explore that further too, maybe outside of this meeting. Community would be interested also in the number of individuals who have passed away, but thank you for making the point those were not from covid. So as a public health intervention during this pandemic, I think that speaks, you know, this -- the information you provided to us about health outcomes is very useful that,

you know, how very sad that the individuals who are being housed here are so medically fragile that we have had -- seen some of the residents pass away. Mayor pro tem harper-madison, I noticed you had your hand up. >> Harper-madison: I did. Thank you. Actually I only have a few

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questions. You said turnover, can you what that was in reference to. Community then facilities issues. I don't know what that's in reference too. I was hoping to get more clarity. >> Are we still talking about prologes? >> Harper-madison: During that conversation you said one of the considerations was turnover community I didn't know if you meant employees? >> No, although the staffing has also been very interesting because that has changed quite a bit when we first started, it was primarily reassign city staff community contracted community that's an ever-changing environment for different reasons. I think I mentioned turnover in the sense of people exiting community other people entering the rooms as guests. So we do have a process for

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screening people for the high risk. We have a multi-agency team including physicians community staff from ems community integral care looking at folks who might come in to see that they meet the CDC high-risk criteria for severe risk of covid. Community so -- community then also people come in through - through the referral process if they -- if they go to the isofac community meet the high-risk criteria, they can also be referred through that process, but they also get screened there as well. There's constant change in terms of people exiting for various reasons community then people entering. I think that's what I referenced when I said turnover. Community then facility issues, -- community then facility issues, the rooms have taken quite a beating

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at times in terms of just constant living, community, you know, it's different from a hotel room where there is daily cleaning service because of the use of the facility for covid, we don't have people going into rooms who aren't living there. So there is checks on the rooms community there's trash pickup, but meals are delivered outside of the rooms, et cetera. So maintaining that social distancing community keeping that protection in place is a big part of the prologde program. But there's a lot of wear community tear on the rooms community so it's just sort of constant -- that just happens when people are staying -- community because of the pandemic, people are spending a lot of time in those rooms. So nothing nefarious, just kind of how life goes in terms of wear community tear on the facilities. >> Harper-madison: I

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appreciate that. I've learned better than to make any assumptions in this job. You better ask. So then the other question I had was I pulled up the slides, but then I got fascinated by another one, so I lost it somewhere. One of the resolutions, though, was self-resolved or self-resolution. I was just curious what that means. >> One of the -- >> Harper-madison: I'm sorry. >>>> Tovo: I think that possibly was in the guided path initiative. I think there was a number for self-resolved. >> So we use that term if someone basically deals with the housing crisis on their own. So they don't enroll in a rapid rehousing program, a supportive housing program, permanent supportive housing program.

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They resolve their housing crisis on their own. They may get some assistance, maybe they just need, you know, help paying off a utility bill. They have a place to live, they may have a lease penned, but they have one small barrier community so they are able to sort of self-resolve their housing crisis. That typically -- >> Harper-madison: I don't think I articulated it, but that's what I was asking. When people self-resolve, what's the manifestation of that community I think you answered my question. So thank you, I appreciate that very much. Community the last question I would ask, there was a -- there was -- in that same section, there was a section for greyhound bus? >> I think that was -- >> Harper-madison: As part of the reunification process? >> Community I think that was part of the storm uri, the different places that people went. But we did help a lot of people.

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I was working in the del valle high school shelter community I know we connected some people with bus tickets. Some people that were experiencing homelessness or that just had damage to their homes community needed, you know, help to stay with a friend or relative either for short term or long term. I think that's what that references. I don't know, Diana, does that -- >> Harper-madison: That's correct. Thank you. >> Tovo: I have about a zillion questions community we're running short on time. I would like to suggest we keep these presentations attached to our next month's meeting as well so -- to dig into these. Some of these issues we'll have an opportunity to dig into two different forums, the emergency storm work session with regard to the [inaudible] Community Diana, you may be presenting about heal before our next meeting of this committee. So that would be an

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opportunity to talk there. I just want to throw out some of the questions I have about the hotel-motel efforts, I think are not things we're going to be able to get into today, but I want to return to something - some thinking that I've been doing related to the mayor pro tem's question about facility use with regard to hotel-motel. We're learning something about facility use in those prologues community about what it takes to maintain those spaces when people are staying in them or a long period of time. -- Over a long period of time. Community I'm thinking back on a comment one of the summit participants made last week. She is a person with lived experience community talked about -- community just mentioned that hotel-motels can present challenges for residents community there wasn't an opportunity to elaborate on that.

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I've been ruminating what those might be. One question I wanted to throw out, maybe not for discussion today, but are these spaces that are really built for permanent -- more permanent occupancy, are they built different from, say, multi-family apartments community do they lend themselves as well to long-term occupancy for the residents? Are we in our zeal community I think it's a good zeal community an important moving to toward hotel-motels, but is that the only place we want to invest? Do we also want to look at multi-family apartments? Is the housing similar, is the construct as tailored as it needs to be really for the uses to which we're now talking about putting it or -- that's a horrible sentence grammatically. Basically if people are going to stay there as permanent supportive houses, are these places well

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suited. Those can be really dynamite places to live in. Are we going to do the same kind of renovation, are we going to basically -- do we need to question that before we continue on the path of buying hotel-motels, or should we also consider adding multi-family apartments to our mix so that we have a variety. >> So very quickly, I'll say M all about diversity in our portfolio, I'm excited about that, community I agree as we acquire hotels, many of them are very close to ready for occupancy, but, you know, we recommend against simply moving folks in. We need to look typically, thoughtfully at the configuration of the motel community materials community furnishes that are there community may need to be replaced to better suit longer term use.

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>> Tovo: Councilmember kitchen, thanks for joining us. I know you have to leave. Thank you for that, Diana. Ashley Richardson on my staff made me aware of a really interesting talk she virtually attended about design elements with regard to the instruction of permanent supportive housing that might be of

interest as we continue to talk about these options. Colleagues, any other questions? Councilmember Fuentes, I just want to recognize you if you have any questions. >> Fuentes: Thank you. No questions at this time. Thank you. >> Tovo: Great. Thanks. Any others? Well, again, I think I have -- let me see if I have any quick ones. >> Harper-madison: I do have one, chair. >> Tovo: Mayor pro tem. >> Harper-madison: Community I think it might actually tie into when we get to the part where we discuss future items to take up.

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Community it's about reunification. I'm trying to find out as much as I can. My hope is we'll be able to get a presentation from those folks, but Chris over at tooth introduced me to gray step the green light. Are you familiar with them? It's a reunification project out of New Orleans. >> This is vela, Carmen community I met them with the other ones foundation on Monday. >> Harper-madison: Okay. >> So saw their proposal community talked about that type of program community I absolutely think that's something we need more of in our community. >> Harper-madison: I'm happy to hear that. I'm hoping that maybe specially because our chair is wanting to focus a lot of attention on homelessness, that's a part of the conversation I hope we get

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to explore more, what all the options are. >> Tovo: Sounds good. Thanks for mentioning that. I have too many questions too ask, but one last one on the guided path. Very quickly, my first level questions on this, the two individuals who passed away who were part of the by name list, if you can either now or eventually provide me with information about how they were prioritized for housing, I would like to get a sense of whether I think it's the best of that system, how well it is capturing individuals who are highly medically vulnerable. Community so that may be one way of just -- I would just like to get a little more information about that. I'm also wondering about some details, you had mentioned that some individuals were already involved -- were already enrolled in housing programs prior to the creation of the by name list. Community I just want to

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clarify especially for our audience who might be watching, that didn't mean they were in-housing, that just meant they were in the queue for housing community in the process of being connected or where were they in the process of being connected to housing? >> That's right, they were not in housing. They were enrolled in a housing program with a case manager. But our community as is recommended doesn't only house people that are staying in shelters. So we connect people -- community we don't have, you know, currently enough shelter beds for everyone who wants to access shelter to be able to

do that. So there are people who are living unsheltered right now who are -- get enrolled in a housing program whether that's a rapid rehousing or permanent supportive housing program. They work with a case manager, they go through all the same steps that someone in shelter would that's

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looking for housing in terms of locating a place community doing the application community getting any documents, ids, that sort of thing. But they would -- they would move straight from being -- living out on the streets or living unsheltered into permanent housing. I think our community, a little over 50% of the people that get housed go through that route. So community that happened through outreach teams, our host teams certainly connects people to housing programs community path community link community other -- I know the other ones foundation who is working at it, esperanz, they connect people to housing. Does that answer your question? >> Tovo: It does, community I think there's more to learn from the guided path pilot especially as we move into another encampment response there's a lot to learn about the need to resource it.

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But getting a little information, more detailed information within this committee would be -- if I can, I'll let you know some of the questions in advance of our next meeting. Hopefully again, we'll leave this as this is great -- this is a great overview of the items that we asked you to focus on community we'll return to them next meeting with additional questions allowing four committee to ask additional questions. Mayor pro tem harper-madison has requested that we discuss some reunification programs community we'll see if we can put that on next month's agenda too depending what else we have. I would also like to discuss that issue in the context of some of the broader efforts. I know code gave a training to all our housing regarding diversity community reunification strategies community it would be interesting to know what some of the results of that work was. The downtown Austin alliance, you all need to

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remind me, has been exploring reunification programs across the country. That would be a good conversation for next time. We're going to skip the last item on the agenda, the encampment -- the conversation around designated camping areas. So with -- that's probably one that we'll have to take up as a full council in the context of some other work. At least for today. Any last thoughts before we move on? We did talk a little about 5 community 6 so we're going to -- 5 community 6 so we're going to adjourn once we're done. >> Harper-madison: Would you share with me the information conducted from the study in 2019? >> I will try to get that tracked down. I think the work happened in October 2019 community I will ask my staff to work

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with your staff. >> Harper-madison: Awesome. Thank you. >> Tovo: Yep. Anybody else? Okay. Thanks so much. Thank you, vela, Diana, thank you director hayden-howard. This is great information. I look forward to it being foundational for some of the meetings. Thanks for all the great work. >> Thank you.