

Health and Human Services Committee Meeting

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[10:04:02 AM]

>> Councilmember Kathie Tovo and I chair this committee and we'll get started at 10:05. Thank you all for coming this morning. A couple things about today's agenda. I'm going to switch things around a little bit. I think that most of our conversation will probably take place around 2:00, or around briefing, and item number 2. So we're going to speed through the other items first and then

-- and then hit 2. And I know that Councilmember Kitchen, you have another meeting that conflicts with this one. And so we'll make sure to get to it. Let's say by about 10:40 we'll get to that one, regardless where we are in the agenda. Just as a reminder, we had received a very lengthy memo on April 6th about homelessness that covered a lot of different categories and the next day we had our meeting and we had a briefing on many of the highlights of that, but we really ran out of time to ask

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questions so had decided to pick up with that same body of material at this meeting. So if you don't already have it in front of you, Lucy Thompson had re-emailed that out today at about 10:56, so -- no it must have been 9:56, well, in any case you got it in your box this morning. Both the memo and the presentation. So, okay, so is there a motion to approve the minutes? Vice Chair Fuentes moves approachal and member Kitchen seconds and that passes unanimously with Mayor Pro Tem Harper-Madison and Mayor Adler off the dais. Mayor Adler had a conflict also and he'll join us a bit late. I'm going to pop around here a little bit. I know that the Mayor Pro Tem was interested in the question of the joint advisory body so we'll give her a few minutes to get here and to hopefully to

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join that conversation. And number 5 on the health and human service committees, 2021 schedule. This too was emailed to you as late back-up. And that is entirely my fault, for dragging my heels on getting that all to you. But that should be in your email box at 9:51. And, colleagues, generally we have tried to schedule these meetings for 10:00 to 12:00 on Wednesday, rather than in the afternoon. Somehow I think that the mornings tend to be just a little better for moving through efficiently and having good conversation. So I scheduled those meetings -- our tentative schedule has most meetings on Wednesday morning from 10:00 to 12:00 and we had to make exceptions to avoid council weeks just so that we don't have -- when we could. So there's a couple exceptions to that, 6-9, June 9th is 2:00 P.M., scheduled for 2:00 P.M. But you will see on the list

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that we may -- we may find that we want to cancel that. It's pretty close to now, for one thing, and we're meeting so late in the month that is just a couple weeks away, and my expectation is that we'll have a briefing about homelessness, or at least designated camping areas prior -- you know, whatever our work session is potentially. So my guess is that 6/9 can be canceled but I kept it on the agenda just to have a spot for it. And then during July as is our usual practice we won't meet. August, and September our -- they are the first Wednesday. And then October and I believe that the conflict there was the council week so we moved it to 10/6. I'm a little confused about that one. Let me go back and try to figure that one out. November, we have two options there.

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And I believe that we should take the -- the Wednesday, just to be consistent. And then Tuesday would be 12/14. So in the lefthand column you will see -- we already had a kind of a tentative schedule, so now I understand what is going on with this document. The left-hand is what we had intended to schedule and the right-hand is where we would change it. So any thoughts on these dates? Vice-chair Fuentes?

>> Fuentes: Yes, thank you, chair tovo. I agree that having the date Wednesday, November 10th would be good for consistency. And I don't know if this is an appropriate time for this suggestion, but I guess that it's more of a question -- is there -- would the June meeting be an appropriate time for us to have a conversation around the budget and perhaps any recommendations that come out of any of the quality of life commissions that relate to

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public health? Or is that better -- is that best suited in October?

>> Tovo: So the timing is right for that, I think. It depends when the quality of life commissions are getting that to us. But if we have that meeting that would be a very appropriate topic.

>> Fuentes: Thank you.

>> Tovo: So thank you for that suggestion. Councilmember kitchen.

>> Kitchen: I'm not sure that we'll have another opportunity to dig into any details, so that might be helpful on that.

>> Tovo: Great. So we'll plan on that. And perhaps we can communicate if that looks like our only agenda topic, maybe we can communicate whether we want to go forward or not, depending on what -- what things look like. I know that our council meetings, the first two meetings in June, are going to be really, really packed so we may find that we want to have that time to focus on council meeting

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prep. Any other thoughts on the calendar? Well, I'll entertain a motion to approve it. Councilmember kitchen moves approval. Vice-chair Fuentes second itself. All in favor? Thank you. That passes unanimously with mayor pro tem and the mayor off the dais. So let's see -- well, I hate to change the name of the committee without two of our committee members, but, on the other hand, we need to make progress here. So let's move on to number 4. Any thoughts whether we should start with 4 or 3? What would you -- what are your suggestions?

>> Kitchen: I think we can move ahead with changing the in a minute. I doubt we'd have any concerns.

>> Tovo: Let's talk about number 4. Staff, I'm not sure that you had

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thoughts for us or items to consider with regards to this or this is just a council driven conversation? I know that we've been talking about it for so long that I have forgotten who started the topic.

>> Do any of our public health staff want to weigh in on this possible action to change the health and human services committee to the public health committee, to be consistent with the department name change.

>> This is Lucy Thompson. I'm not sure that the director is on the call. I know that Howard is in another meeting. But the feedback that I got from the staff was positive and I had talked to Ashley in your office about making this an item for committee to the full council.

>> Tovo: Sure. Committee members, are there any

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thoughts on this proposal?

>> Kitchen: I think it's a good idea.

>> Tovo: Okay, you want to make a motion to that effect? A walking motion, we can have walking motions here because I think that is fine.

>> Kitchen: Okay. I move that we make the name change to public health.

>> Tovo: Great. Thank you, and vice-chair Fuentes seconds that. All in favor? Unanimous on the dais with the folks off who were off earlier. So that's a recommendation that we'll move on to the full council. And, Lucy, is that possible to get -- could you -- will you go ahead and put that on the next appropriate agenda for June?

>> Absolutely.

>> Tovo: Great, thank you so much for taking care of that. Okay, so let's move on to number 3 and at least see the presentation. We might want to postpone action

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to another meeting if we don't have our colleagues join us here soon.

>> Good morning, chair and members. This is Myrna Rios from the clerk's office. I'm here to discuss the requirements for the creation of a joint commission for the purposes of discussing the public health issues. A joint commission, as you're aware, is established by the council and another entity. So for the purpose of this commission -- oh, next slide, please -- for the purpose of this commission, the other entity is Travis county. So the body would be comprised of members approved by council and Travis county for this case, where council will define the subject matters. Council will then determine the size and compliance. So it will be subject to the Texas open meetings act? Will there be residency

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requirements? Will the nominated members be required to adhere to training and attendance requirements? And will the applicants be required to meet a desired expertise? Once all of this is determined, then the joint commission will be established by resolution. Next slide, please. Should this committee initiate the creation of the joint commission? The committee will be required to approve a recommendation to bring forward to council. And I.F.C. Will be required to be placed on a council

agenda. And then council will take action on the resolution creating the joint commission on the council agenda. The resolution to be attached, or that will create the commission, will require to list the purpose and specific duties of the joint commission. The size of the commission, and it's my understanding that for

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this commission the interest is a membership of seven, so four would be appointed by council, and three would be appointed by Travis county. It should list the specific membership qualifications, such as if they have experience in health care, long-term care, etc. Will the members be required to file a statement of financial information under section 2772 of the code? Next slide, please. So the next steps would be for A.P.H. Staff liaisons to reach out to Travis county and confirm their interest in participating. Upon Travis county's approval to participate, the body will proceed with -- actually this body will proceed with the recommendation and a resolution for the creation of the joint commission that clearly indicate the purpose and the duties of the commission members, that the commission will comply with the Texas open meetings act, and

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specific membership requirements. That concludes my portion of the presentation. And I'll take questions if you have any.

>> Tovo: Yes, vice chair.

>> Fuentes: Thank you. Yes, my question is -- if you could share a little bit of the background or the context as to the discussion around having this as a joint commission versus a, you know, a city of Austin commission. Just trying to understand that history there. That's my first question.

>> Thank you councilmember Fuentes, this is Myrna. I'm sorry, vice-chair. This is Myrna. And so I was just brought into this, so I had to do a little research this weekend. I know that back in 2018 that the former chair of Houston brought this forward, and I believe that her request was to create a joint committee.

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And that would -- that would be comprised of other members of other board and commissions. But through email correspondence through the years and from when Janette tasked me with this presentation, it appears that the -- a newer committee -- I'm not sure if it's this committee -- requested

that it be a joint advisory commission. So the difference there is that it would be with another entity, in this case Travis county.

>> Fuentes: Yeah, I think that on one hand, I think there's a lot of potential there if we partnered with Travis county, because it would ensure -- I would hope that it could ensure that individuals that live in the egta portions could have a voice in that conversation in how we address public health in a comprehensive manner between both of our governmental entities, but then the concern

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that I have -- not a concern -- but I guess that a consideration that I have is that we have central health and we have a board of directors for our county health care district. And so, um, I'm just trying to better understand the distinction there. Of course, that's specific to that quasi governmental entity. But any -- any, I guess -- I don't know -- who could speak to this, but I'm just trying to understand what is that -- like, with the public health commission, what is the intention there? Like what is the goal and the objective with the public health commission?

>> Tovo: Councilmember kitchen.

>> Kitchen: That's a good question, councilmember Fuentes. I think that the -- you know, public health is not in the realm of central health, and, you know, the distinction -- there's a technical distinction

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between public health and health care services at central health who is responsible for. Now that line gets blurred a lot. I know that you have a background in health, so I know that you realize that, but -- but I think that as long as, you know, we would want to be clear with the -- the goal and the scope of the committee, and make sure that folks appointed understood that goal and scope in order for it to, you know, in order for it to be helpful, I think that it could address things like, um-- if you look at health care from a community perspective, and you look at it through a public health lens, so how does the community come together to address smoking, for example, or preventative kind of services around -- around public health issues. Sort of like what the doctor has

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been talking about from a chief medical officer perspective. There's also an opportunity to be innovative in terms of thinking of violence as a public health issue, or even homelessness -- not even -- homelessness is a public health issue in a lot of ways. But I do think that for it to work, I think that we'd have to really be clear on what the intent is, otherwise -- otherwise there's, um, there could be

confusion. And, you know, so -- and we'd also want folks on it who are thinking about it from a public health perspective, you know. I don't know if that helps.

>> Fuentes: So the way that it helps me, you know, this is an idea that comes up from time to time and I think that it's on our agenda because several of you wanted to revisit it. I have some thoughts on membership and some of the other immediate questions. Myrna, thank you for teeing up those questions, I think that

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they're all important. But as an overarching one, I think that councilmember kitchen, you kind of nailed it. I think we need to start with what is the need that we are identifying that this commission would fill. We have so many commissions, and what I think that would not be helpful is if the public health commission kind of hears -- we have a few committees -- commissions that work like this, where they're basically hearing some of the same presentations that our council corresponding committee is going to hear, and really all we've done is double up the work for our staff, which isn't helpful. So I think that it would be useful if those who are on this committee who are really interested in seeing this to spend some time thinking about what -- how to really craft that scope in a way that makes it a valuable entity. You know, as I thought about it coming into this meeting, I wonder -- the joint task force with the county, city and aid has the ability to do work

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groups. In some ways that's a model that I just want to be thinking about. You know, would we be better off with having a work group? Because this past year we could have one focused on covid and the next year we could have one focused on homelessness. We could be very nimble if we kept it not a commission, but really a kind of a task -- maybe a task force, is a better term for it. So that's another model. I -- the idea of having -- I would have to think about the joint appointments a little bit. We do certainly have other committees that work that way and it just makes it -- it makes it a little bit clunkier to try to get the appointments from one entity and the other entity, and I wonder if we might achieve the aim that you talked about, vice-chair Fuentes, by making it clear of the seven that we'll have some of those seven appointees being in the atj or in the county outside of the city limes. I don't know if that is even viable. But as a starting place, I would want to really start about, again, what need do we see that

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this commission would fill and is it best filled by an outstanding commission that is going to meet regularly, whether or not there's a particular task in front of them? Or do we want to think about it more like stand-up -- stand-up task forces on different topics.

>> Tovo: Councilmember.

>> Kitchen: I think that it might be help to feel talk to Dr. Escott, you know, because he would have a perspective on that, I think, on how he thinks that it could be helpful or not. I know that he's been trying to move in that direction from a public health perspective. And it would be interesting to see what perspective he might have on how it could be helpful. I do -- I do think that, you know, another way to do it is to start with work groups and see if that evolves into a commission. So, I'm happy to do it either way. And thinking about it in past, I

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have seen it as something that could be helpful, but I just know, you know, if you don't set the group with a specific task, you know, they could just spin their wheels. I mean, I wouldn't want to say, okay, we'll do a commission or a work group and go figure out what we need to do on public health. I mean, that's too broad.

>> Tovo: Vice-chair Fuentes.

>> Fuentes: Yes, I agree with you, having those clearly defined objectives would help to set up the commission or ends up being a work group for success. And that's certainly what my intention is to do. My question is, with the work group, chair tovo, are you envisioning -- would that work group be comprised -- I just want to flush out what the work group model is. Is it -- is it comprised of existing appointees to other commissions? Or is it, um, like we would

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appoint new people that perhaps don't currently serve on the commission or a board?

>> Tovo: So I certainly think that we could handle it either way. And as I think about it, probably task force is the word that we use more often at the city. I used work group because I was thinking about the joint sub-committee. But one example is the winter storm community task force. And that is comprised of existing boards and commissioners. And part of that was, you know, that's the group that is hearing the community testimony about the storm, and so we had specified in that resolution which commissions would appoint a member to come to serve together as that very short-term task force. I think that it works in that scenario because it's very short term, we wanted to stand it up quickly, so getting people who are ready through the training, have experience being on boards and commissions, it made a lot of sense. My feeling about it is that the task forces are a great way to get new people involved. So my preference in this would probably be to -- to have task

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force members not serve on other boards and commissions, but that allows us to be -- to, one, to involve more people in public government, which is always a good thing. And, two, get people who have particular expertise in one area of something that we might want to focus on, but not necessarily, you -- you know, they interested in coming together to talk about smoking or coming together to talk about, you know, another issue related to public health, but not necessarily want the long-term commitment of serving on a commission month after month. So that's just some thoughts that we could certainly do it either way though, in answer to your question. I think it could be either way. We ask a lot of our commissioners though, so asking them to serve on yet another body is challenging, especially when we have a city with lots of folks with great experience and expertise who could come, who could come together and participate.

>> Members, this is Myrna again. So with a task force it's non-codified and it's a temporary advisory body so they

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would be able to create smaller work groups and so likely fulfill what chair tovo was mentioning earlier.

>> Tovo: Myrna, one thing they wanted to ask you -- do you have a sense -- could you speak to us a little bit about the staffing

-- pardon me -- how much time -- how many staff would be required to support a commission? And the hours that would be required to do so.

>> Um, well, with -- if you were to proceed with a joint advisory commission, then we would require an executive liaison and a staff liaison from likely the Austin public health. They would coordinate with the other entity liaison on applications and interviews. And then bringing forward their nominees. It is kind of like what we do

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with central health and M.C.S.

>> Tovo: Another way to handle the appointments too would just to bring them forward as recommendations from this body.

>> Yes, you can do that.

>> Tovo: We have sometimes done nominees, you know, without extensive interview processes, but, you're right, we do have that model for the sobering center and central health and M.C.S. There's quite a bit to think about. Are there any other thoughts here today? My suggestion is that we not take action on it today but that we give it a little more time to think on it and maybe -- I know that several of you put this on the agenda and maybe want to spend a bit of time thinking about how it might work best and come back with a proposal.

>> Kitchen: I'm happy to help to talk to Dr. Escott and see if it makes sense to do a proposal.

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>> Tovo: Great.

>> Kitchen: And work with you guys on it.

>> Tovo: That sounds great. And maybe -- are there other considerations? So we have talked about a few different things -- having task forces, issue specific task forces versus the commission, having it to be a joint body with the county, versus just a city. Are there other considerations that we should be thinking about over the next weeks?

>> No, I think that you have them all. So there's three options. One would be a permanent commission and the other would be a task force. And the third would be a joint body.

>> Tovo: Thank you. And, again, Myrna, thank you so much. I know that you have laid out other questions, would it be subject to open meetings and some of the other issues that in way are going to be easier -- I think we need to start with that first scope question. But, certainly, those are other questions that we should be

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thinking about too. So thank you for reminding me.

>> Sure.

>> Tovo: That those questions in the presentation are also ones that would need to be answered. Thank you, and I am aware that you were thinking about it this weekend and you were working on it this weekend, so I apologize. You work very hard and thank you for working over the weekend on this.

>> No worries.

>> Tovo: Thank you for that presentation today. Other thoughts? Okay, well, we'll revisit this next month, if it seems like the right time, or in a subsequent

-- so that brings us to our -- our identifying items to discuss at future meetings. Any at this point before we turn to our homelessness meeting? Vice-chair Fuentes.

>> Fuentes: Just the budget topic, if there's a way to coalesce the recommendations that are coming out of the quality of life commission and any other commission that has a recommendation that deals with health and human services, I

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would love to kind of get a briefing on that.

>> Tovo: Great. Any others to suggest today? Okay. So now we can turn to our last -- our last issue, and that's -- that is a follow-up on our briefing from last month. So, let's see -- Lucy, who are our staff board joining us for this presentation?

>> This is Dianna grey.

>> Tovo: Hi, Dianna grey. Thank you so much. And, colleagues, I understand too that we have a new document from our homeless strategy officer and others. And that was distributed at 10:24.

>> So, yes, just -- we can approach this however you would like. And I have to admit that I don't remember precisely where we were in the presentation last time. But we can go over that. And then there are elements in

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the document that was just distributed that are updates from what is here in the previous briefing.

>> Tovo: That is wonderful, thank you so much for taking the time to do that update. I'm taking a look at it now and it's really helpful. Colleagues, we did have an opportunity to go through the whole presentation and we had -- I think we jumped around in our questions. And so there's no real clear place to begin. So I would suggest that we just kind of take it topic-by-topic, and in combination with the presentation that we received last time and the update today and anything else that has happened in the meantime, we just -- we just take it issue-by-issue. So does that sound good? Or does anybody have a different proposal?

>> Kitchen: Yeah, particularly with the updates. And maybe we start with anything that Dianna might suggest that, you know, if there's a particular area that is more of

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an upgrade -- not upgrade -- but more of an update than others. So maybe we start there, or what do you think?

>> Sure, I would say two of the areas that we have new information to talk through would be heal, and so there are briefs that I could provide additional information there and then we can speak to whether you would like to go back to the other items, happy to do that. So let me start with the lodges and say first of all that pro lodge number 5 has now been demobilized as a pro lodge. As you know, that facility is being converted to bridge shelter to be utilized, first of all for the heal initiative. And so it has been vacated, rooms have been cleaned and repaired, and -- I think they're still in the process of make ready with the goal of having

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the facility staffed by June 1st. We are still in the process of finalizing our contract that was a contract that was authorized by council on may 6th. So I have not in the last couple days checked in with the contracting staff, but those are the things that we're attempting to do in tandem. And I anticipate that our initial transfer of individuals from our alternative encampments to that shelter will not take place on June 1st, and so based on the timeline that we're looking at for the first encampment, but soon thereafter. And so -- and we knew that it was a press for our provider there to be ready by then, but what we're hoping is that they can work out some of the kinks and iron out any operational questions during that early period. So that leaves us with four

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prolodes with a total capacity of 290 rooms. Of those, 40 are out of capacity. And that is largely at prolodge number 4, our elevator is not working. And so the -- some of those upper floors are not functional at present, I'm guessing the third floor, although I have not confirmed that. And then of those remaining, then the 250 rooms, 134 are occupied, which gives us an occupancy of available rooms of 54%, but we are ready to demobilize prolodge number 2, which is one of the reasons that the occupancy is quite low there. And once we do so and transfer any remaining guests to the remaining three prolodes we would be at approximately 70% capacity. We are, of course, continuing to assess demobilization based on

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what happens with the virus in terms of how well we're doing. Of course, we have entered stage two now, so that would argue for continued movement toward demobilization. Of course, we are hoping to place folks who are in the prolodes right now into housing. Our total census is 143 and the reason that

is different from the number of occupied rooms is that there are some couples in some cases, so they're occupying slightly fewer rooms. And of those 143, almost 90% are now connected to a housing program. So that is fantastic news. And then they'll be in the process of getting documentation together, etc., and looking for a unit. And we, of course, continue to look to connect the remaining guests with a program, because we have now executed out one of

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our esgc lead reputable housing program contracts with collaborative members. Our hope is that we will be able to place those individuals in relatively short order. One of the things that you had asked for actually member tovo in the last meeting, was some additional detail on exits. The table that is included in the two pages that I provided does not give all of that detail, but Weill endeavor to have that ready for the June 9th meeting. And so we have had 201 as of I believe the 5th of the month exits to housing. And then this sort of details what the other exits have been. Certainly, we have had, you know, substantial number of those that are unknown. People do occasionally leave without an exit plan or abandon

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a room. We're certainly striving to get more information when we can, but that is a reality. And then I would say that there are, you know, some exits which I would view as neutral in terms of the way that our work at the prolodges, obviously, in the very unfortunate instance of someone passing away, and, you know, that does not really speak to the operation of the prolodge. We -- one of the pieces of data that you had asked for, councilmember, is what the sort of causes of death were, and, you know, if we could understand what was happening there. I would say simply that we're, of course, targeting the most medically fragile people to come into prolodge so that's not entirely unanticipated. We've had people go to health care facilities. Some people entering the criminal justice system. That is not necessarily related to anything that happens at the prolodges. As you know, folks have

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technical violations of probation and parole, etc., and we can work with Greg McCormick, our commander for prolodges if we want more information there. But I think that the things that we would like to solve first are the exits to unsheltered homelessness. In some cases the exits to shelter, although actually those are more of a mixed bag. Folks may determine that they for whatever reason are more comfortable in shelter. We certainly think that they are safer there now than previously, given the availability of vaccine, but we'll continue to track these and to try to tease out the additional numbers that the committee members have asked for going forward.

>> Tovo: Councilmember kitchen.

>> Kitchen: Is this a good place to stop -- Dianna, is it okay if we stop here and ask questions?

[10:40:39 AM]

>> Absolutely.

>> Kitchen: I'm curious whether we -- whether we can then track what happens. So, for example, and you may be speaking to try to figure that out. So, for example, if someone exits to shelter, or to the criminal justice system, or to a health care facility, what then happens with them after that? Do these folks have assigned case managers who follow them so that we have the ability to get the source of what then happens to them after that exit? Particularly for a health care facility, I'd be curious whether that means a hospital, a rehab facility, or something more long term? And would think that we could then track to what happens to them after that.

>> Let me work with Greg McCormick on that front. You know, I think that certainly we have service providers on site at the prolodges who are not necessarily only the long-term case managers once they're referred to a housing

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program. And it's unclear to me the degree to which they're able to follow folks once they leave. And, of course, some of that data will appear in hmis going forward, but I guess that there's a variety of scenarios, but we'll ask for that information.

>> Kitchen: Okay, I'm sorry, I wasn't quite sure that I understood -- do they get assigned case manager when they go into prolodge who is then responsible for following them?

>> So I do not believe that the services that are on site at prolodges currently -- the on-site services currently contemplate following individuals after they leave from long-term case management. That is partially a resourcing capacity issue, but also our goal, of course, is to get them into long-term housing where they then have a more permanent case manager. But I can certainly ask -- you

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know, I think that here's an example -- we might have individuals in prolodges who are part of downtown Austin court intensive case management program. So they're already enrolled and they would have a longer term case manager already, but my guess is that we have other folks who are not

more consistently attached to a case manager, and, you know, they may or may not have capacity in existing programs to do that during their episode of homelessness.

>> Kitchen: Okay, last question then. At some point -- and I don't want to -- if this is addressed already, I don't want to divert you right now, but if it exists I'd like to see it now and at some point I'd like to see it. I don't have a clear view of what -- of the system. For example, when someone gets assigned a case manager, and how long that case manager follows

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them. I just have this sense that it just feels chaotic, and I know that it probably isn't, just maybe that I don't understand it, but it feels chaotic in the sense that it's not clear to me at what point in the person's continuous -- continuum of homelessness that they actually get a case manager who then follows them. It feels like if they go into X program they may get a case manager, if they go into Y program they may get a different case manager if they go into X program, maybe there's a case manager or there's not. I just don't understand that. And I would love to see a system flow that helps me to understand that. It would seem that ideally from the moment that someone becomes homeless that they're assigned some level of case management -- case manager, who then follows

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them all the way through. And I know that there's a lot of complexities to that, and I know

-- I'm speaking from an ideal perspective -- but I'm unclear on how that works. And I would really like to understand that better. It seems that there's some room for more efficiencies, assuming that we get the -- assuming, you know, that we meet the needs for, you know, for the workforce needs and that sort of thing. It just feels disjointed and fragmented.

>> Sure. Let me just make a general comment, councilmember. I think that there are -- there is sort of a bright line in terms of where and when our system becomes much more rationalized and organized.

>> Kitchen: Um-hmm.

>> And that is typically, when someone is referred into a program that does have a housing resource, right?

>> Kitchen: Okay.

>> So I am less acquainted with the landscape and diversity of

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what happens in the period previous to their referral into

-- into housing programs. We know that there are some resources, like, for example, at arch there are social service folks.

>> Kitchen: Okay.

>> To what degree they follow someone, say, you know, if for example they then leave the shelter, I am unclear. Obviously, capacity is an issue there. We -- via the coordinated entry system, our referral process over the last decade has become substantially more organized. You know, certainly has some faults, but it used to be truly, you know, knock on all of the doors that you could knock on and maybe you'd get services. So now we have a system that regularly refers people into housing programs where there is a housing resource, rather than assigning a case manager and maybe we'll find housing or not,

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but I think that it's a good question. What we're doing in the interim, in terms of how the various outreach organizations or shelter organizations follow folks, when they have yet to be assigned a housing resource.

>> Kitchen: Once they're permitted entry, do they get a navigator or a case manager of some sort who then helps to connect them to a program with housing?

>> No, ma'am. So coordinated entry allows an assessment to be complete that does, as you know, establish priority. Given the limited case management and housing resources, people are then prioritized for those services, but almost always the case management is attached to the housing because, obviously, if we are assigning a case manager ideally then the case manager has the wherewithal to help that

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person to get housed. But there are other elements to this system, such as diversion which we have not done a lot of, but it is sort of a lighter touch -- is there something that we could do in a relatively short term to help you to get re-housed and helping folks with self-resolution. So, again, we'll look into that and try to get an assessment of where we stand in terms of the system flow as you mentioned.

>> Kitchen: Okay. And so, Kathie, I'll have a lot of questions about this and I won't ask them all now, but I would really like to see a flow. And because of what coordinated entry is supposed to help us with, perhaps that's the flow that I need to see. How does someone get on it? What then happens once they're on it? When are they assigned a case manager? And I just have a lot of concerns about the way

that we're handling -- or not handling -- connecting someone with the person who is responsible for helping them get

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connected to services. So, yeah, if we could do a system flow related to that at some point, that would be helpful.

>> Sounds good.

>> Tovo: Yeah, we could spend a fair amount of time -- my guess is that the three topics that we'll want to spend time here today are talking about is prologdes, heal, and perhaps some about designated camping areas. So that's -- we can certainly cover any of the areas that we've talked about, but those are where I see us spending most of our time. Vice-chair Fuentes, do you have any -- I am frozen -- do you have any questions at this point?

>> Fuentes: Not on this topic, but I agree with what you laid out in terms of the topics that we'll cover today. I think that is a really good list.

>> Tovo: Great. So, thank you so much. The update is really helpful in terms of getting some more information about the prologdes,

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which, you know, I know that we have talked about this in the past, these are really a public health intervention, rather than being emergency shelters, but it is clear that they are also connecting individuals with housing, which is terrific. I want to be sure that I understood some of the information that you provided just now, Dianna, correctly. So you indicated that -- I think that I heard you say that 90% of those in the prologdes are connected to housing programs? Is that -- did I hear that accurately?

>> That's right. 88%, almost 90%.

>> Tovo: So what does -- can you help us to understand the spectrum of -- of what that means?

>> Sure.

>> Tovo: This follows up on councilmember kitchen's question, so I apologize if you're covering the same ground. I just need to ask the question a little differently.

>> Yep.

>> Tovo: So they've all been through coordinated assessment and does it all mean they're in a queue somewhere?

>> Yes, yes. So, that's correct.

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So all have assessment and some have done so prior to arrival so they'll do it or have their assessment updated. And then because we have prioritized some of the funds that we receive through the cares act for rapid re-housing for people in prologes, you know, we typically have been able to enroll those individuals into that program, meaning that much like heal, you are assigned a case manager or a navigator, but with the resource of subsidy and ongoing case management. So we're not just referring to a case manager, but have the housing resource dedicated. We want -- one of the reasons that we're at a sort of 90%, rather than 100%, is that, you know, as you may recall that there were the two moneys for

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rapid rehousing. We had enrolled traunch one and so enrollment in new programs slowed down but the second is now that those contracts have been executed, and so people are beginning to take people on to their caseloads again. And my guess is also -- and I would need to talk to staff about this more closely -- that occasionally there will be someone who either has some resource, decides to reunify with family, right, but there's another outcome -- positive outcome -- that doesn't necessitate enrollment in that longer term program. Or they're a veteran and the voucher is available, etc. But for the most part we are really utilizing those resources that we have prioritized overall through cares act, the emergency solution grants.

>> Tovo: So, Dianna, if someone

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is prioritized for a vash voucher or reunifies with their family, they would not appear in this 90% connected to a housing program?

>> That's correct. But this is remaining clients who are connected to a housing program. So if that had happened, I suppose that with vash you could have someone who was still -- who is still in the search. That would be included in the 88%. If someone has, for example, looks like they're going to reunify with family, or something like that, my sense is that that would not be captured, and also it tends to happen fairly quickly, right, because intervention is not involving a housing search. But, you know, maybe in June we could have Greg McCormick join me here. Greg is -- as I said, our incident commander for prologes, and you may recall

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that he was previously the executive director at the steps, and so a lot of experience and has a great feel for the granularity of what is happening here in the state.

>> Tovo: That's great. And I want to say, again, they really appreciate the additional detail that you have provided here. I think that it's -- yeah, just shows -- I mean, it's a very -- it's complex and there's some overlap in the data, and I think that it's just important to acknowledge that. You know, my hope in having these conversations at every meeting is that we really -- we really develop a very clear sense as committee members of what, you know, what the substantial work that the staff are doing day in and day out to house individuals in our community. And that we can then communicate that out to the broader community. Because I believe -- well, I know -- that there is a lot of -- a lot of -- there's just not clarity in our community about the work that goes on each and every day. And I think that that's hopefully -- that these meetings

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will be hopeful, not just informing us so that we could go out and communicate about it, but they would become a resource for the community who are interested in knowing this level of detail to kind of plug in. So with that in mind, I'm going to just ask you again another question about the housing program. So I want to be sure that I'm understanding, and, again, to clarify it for our audience -- being enrolled in a housing doesn't necessarily mean that you are in housing yet, you are connected to a case manager and as you said in many cases you have some support once that housing is identified for you and there will be support in helping you to pay those bills month after month for a while.

>> That is accurate. And so just, you know -- yes, we're speaking here to current guests connected to a housing program, rather than those many that are in a housing program. And what this means in practice is that we know that that subsidy and ongoing case

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management but a unit may not have yet been located and/or they are in the process of getting all of the paperwork in order. As you know that folks often lose their documentation and their identification documents, and so some of that will be necessary before they're able to be placed. But, you know, we -- we anticipate placement for these folks.

>> Tovo: And the housing is huge, 201 individuals have exited our prodleges into housing. Can you give us some sense where that housing is? Where did they go?

>> You know, I don't have that data, but these -- you know, the E.S.G. Programs are -- you know, it's going to be almost entirely scattered sites within the community. So available market-rate units. But we

might be able to work with echo to identify that. We do have as you know through the housing finance corporation,

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we create housing that -- some is explicitly P.H.S., but other units are available through referral and coordinated entry programs. So conceivably we would have some openings in those projects for these individuals. But I surmise that the vast majority of these would be, you know, market-rate units or private landlords with whom either the provider or echo has an established relationship.

>> Tovo: Yeah, I mean, that really is a huge number. I think we should --

>> It is.

>> Tovo: I think we should really make sure that our community who is asking us what we're doing is aware that -- is aware of that number. I think that is really important. In our last month's presentation -- and I'll -- I'll suggest -- I'll ask this question and then maybe we can turn to heal and come back and forth but I want to make sure that we hit that before you have to leave, councilmember kitchen. In our last presentation, it had

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talked about some of the services that are available on-site at the prolodges. And those include behavioral health services, peer services, connections to other services for health, wellness, basic needs. Can you help us to understand who are -- who are some of the providers who are on-site providing those behavioral health services and some of the peer specialist services? You know, if you could list out some of the other -- some of the other organizations and the community partners that are here at our prolodges. And is there -- are there any workforce organizations that are

-- that are active at the prolodges with the understanding that as you have pointed out that we're dealing with a very medically fragile population in our prolodges, so some of them may not be healthy enough to work.

>> I am not currently aware of any workforce programs, direct workforce programs, although of

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course case managers, you know, who even -- you know, as an example from interval care, if a client is wanting to seek employment are expected to support that work. When the prolodges were established, of course, we needed to do this fairly quickly with limited capacity, so there is quite a patchwork of

providers. And the three that come to mind for me immediately are interval care, front steps, it was already on-site at south bridge prior to converting it to a shelter. They were at that prologue. And actually community care traveled -- visits prologues for primary care visits weekly. I believe that also downtown Austin community court has been spending time there, particularly, you know, where

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they have folks that are already on their intensive case management -- caseload. And I suspect that there are more that I'm not aware of or that I have forgotten, so we will -- we'll try to get that detail for you.

>> Tovo: Well, that's really helpful, and I know we'll have this on again next time so we can cover some of those. But that gives us some sense of the other partners who are participating. Any other questions right now? I know that we all have lots of questions actually about the prologues. Councilmember kitchen?

>> Kitchen: Just to flag two other things that might be helpful at a future meeting. If you are all interested in getting in this level of detail, if not, I'd be happy to do it offline. But you had mentioned that the system -- I know just enough to be -- to not be clear on that. I know that it's a database system that helps to capture information about individuals,

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if I'm understanding correctly. I would like to have a better understanding of the hem system. So, for example, I'd like to understand things like who contributes to it and what data? So, for example, with the prologues, if someone exits to health care -- to a health care facility and then exits to health care facility -- is the health care facility required to enter data into hems or not? So I'd like to have a better understanding of who contributes to hems and who has access to that data. So, Dianna, at some point -- I guess that we okd do that -- a demo or have that as part of the committee or just do it offline if that is more appropriate, but that is one thing that I'd like to understand. And I would like to also understand about the entry list itself. I'd like to see data about how many people are on it, how long they stay on it, is there a waiting list. You know, just exactly what happens with -- what data that

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coordinated entry can tell us, as well as what data that the hems program can tell us. Does that question make sense, Dianna?

>> It does, absolutely. And both of those systems are managed by echo and I anticipate that they'd be thrilled to come and to give a presentation on what they do. And I will also say that one of the priorities we have identified and funded in our contract with echo was looking at both hmis, which is the homeless management system, which is required of all hud funded agencies, certainly, the homeless. And really looking at the data that is coming out of that and how we can expand or improve the nuance of the data so that we understand better what is happening in our system, and are able to produce that both in communications and in that management capacity of

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identifying sort of early signals of areas that we need to pay attention to. So I'm happy to coordinate that.

>> Kitchen: Okay. And I'm sorry, I missed what you said -- we fund echo for managing hems, is that what you said or something else?

>> So we have -- this year, actually the second contract I believe was approved on Thursday. So we generally support echo as the lead --

>> Kitchen: Yeah, I knew that.

>> That is sort of what we call our legacy contract. But then this year acknowledging that we wanted to move forward on some of the items that -- among other places that came forward through the investing for results report --

>> Kitchen: Um-hmm.

>> We have an additional contract which touches on several of those areas, including data quality.

>> Kitchen: Okay.

>> And not just data quality, but, you know, reporting and metrics.

>> Kitchen: Yeah.

>> So we are funding them in part to do some work with the

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consultant around assessing where we are with this, and helping us then to get to a place of being able to provide data to the community that really helps folks, including us, understand what's happening in the system.

>> Kitchen: Well, it sounds like that would be great then, chair, for a report back to the committee. Not just when you're done, but just at some point along the way to understand the scope of that -- of that work that's being done.

>> Tovo: Sounds good. Okay, any last questions on prologues? All right. So let's turn to heal. And I know that you have some information in here. Dianna, would you like to just give us a bit of an overview of the updated information that you have in the memo and sort of set

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us up for that conversation.

>> Yes, absolutely. So many of these items are things that have come before council, but just in terms of giving a cohesive update -- we have now approved, or council has approved, four contracts related to heal. Two are with front steps to operate the south bridge shelter. And the reason that there are two separate contracts is that one of them is general fund resourced and the second is federal dollars, or is funded through federal dollars. And, of course, we don't want to mix those two sources. The second and third are contracts with the family elder care to provide rapid re-housing services. So that would be where we would -- we would be with those folks in that permanent house resource with ongoing case management. And then we have also added some staff capacity to the host team

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in the form of a couple of additional interval care staff members, right, to help us. And this I think will not be solely related to heal, but we certainly anticipate utilizing that capacity via the heal initiative. So we have us -- I think that I have briefed previously -- that we have convened the overall collaborative working groups that are ongoing. And those are really sort of organized around the outreach efforts that, you know, that would develop a relationship building, around the shelter provision, around permanent housing. And then around the public space management piece of this, which seeks to both plan for the immediate decommissioning of the site as a campsite, and then that longer term potential

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improvements, etc. And so that is ongoing. We, again, we are -- you know, we are wanting to make sure that all of our contracts are executed, but are confident that that will happen in short order. So we're moving forward and we would anticipate that our on-site work, or more intensive on-site work, would begin likely in that first week of June. And because there have been conversations going on for some time at this encampment and there's been quite a bit of outreach just over time, independent of the heal initiative, there are positive relationships with outreach workers and we think that -- or we would

certainly see and hope to move a little more quickly with this encampment, because it won't take quite so long to build the relationships, right. To have the people to be comfortable and ready to move. So we will see how that plays out. Obviously, we'll need to be informed what we find on the

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ground as we dig in at the site, but we hope that this site could be resolved in relatively short order. Something else that we are doing that councilmember kitchen has brought up previously is, you know, this is a rolling process. The work on a particular site is quite intensive, but we will be now as we have a better sense of the timeline for site one, we will be doing the initial community outreach for the second site. That will involve working with the councilmember and any small group, you know, of folks that they identify on the early side to be broadened to, you know, whatever community -- excuse me

-- neighborhood associations that there are in the relevant area for input about what the site resolution might look like or site improvements. And, you know, we want to make sure that we're having those conversations with some

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anticipation of activating a particular site, acknowledging also that as we have spoken about that we want to be careful about raising expectations. We want to be able to tell people that this is coming very soon, right, and not make it too far in advance. And also control to some degree the potential for in migration into a site, that sort of word getting out, and people moving into a site because they've heard about the housing resources. Councilmember kitchen, do I see a question?

>> Kitchen: No, I think that you answered it. I know that we have also -- we just urge you to think about trying to be more -- not just sequential, you know, as you move past -- as you start moving into second site and third site and fourth site. That instead of doing it sequentially, we understand the

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need to, you know, to start just the first one first. But as you get into the second one and then hopefully you can start the third and fourth shortly thereafter, so that we have some overlap going on instead of just sequential. I know that you're trying to think through that.

>> I agree, and that is certainly our goal, and, of course, we'll be informed by the additional learnings this go around. But, certainly, I think that initial -- an initial outreach, you know, -- as some of our outreach partners have said, they don't want to wear out their welcome and sit on the side all day, right, so it's not a full-time job to do outreach on a particular site. So we're hopeful that we can -- that we can

do that sort of staggering in order to compress our overall timeline. The precise timing, right, I think is still to be determined,

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how quickly we might start one site after starting another.

>> Kitchen: Okay.

>> Tovo: Yes, councilmember -- vice-chair Fuentes.

>> Fuentes: Thank you. Thank you, Dianna. And thank you for sharing the learnings that you're having right now at the heal initiative or the first site resolution. I think that it's just so important for us to hear that feedback shared out and I am very curious to learn -- to dig in and to learn a little bit more about it. So you mentioned that the outreach team is having some level of success in having -- having been able to establish those relationships very quickly. And so I just -- if you could just provide a little bit more details as to why you think that it was possible, or that there were specific circumstances at a particular site that led to that very fast integration or fast connection, I'd be curious to just learn more about that experience.

>> Sure. I think the fact that this

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site -- while not within the formal bounds of downtown -- it is still close in the central business district that it is a site that hosts, you know, that have been engaging with over time. I would also say with kudos to my staff that our community engagement specialist Charles lucen does engagement, not only with neighbors -- or I should say neighbors both housed and unhoused. And so because this -- there has been a fair amount of -- of tension, I would say, about this particular encampment because it is so close to a defense neighborhood, and a fairly heavily trafficked thoroughfare, we have been in conversation with neighbors for some time on this site and, you know, our community engagement specialists have really made it a point to have relationships within that campsite and to understand what's going on there as part of his job.

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And so the feedback that we have gotten from -- I should say -- excuse me -- D.A.C. Is also at terraces right now, downtown Austin community core, the triage case management is located at terraces right now. So we have sort of three areas in which there are -- there have been some existing relationships.

There was previously I think a pop-up resource clinic that community care did on that particular site. And so -- and so I think for those reasons we have a little better sense of the readiness of folks to move, and I think that probably there is some pre-existing trust, particularly with hosts, you know, that will help us. Now there has been some change in population at that site recently.

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Which, you know, we're -- we believe that we know what's going on there, but some folks did leave, and so we now have some new occupants. So we'll have, you know, to work on those relationships, but we feel pretty good that most folks there are ready to move into housing and that the majority will accept non-congregate shelter as an option. As you know, congregate shelter is of limited attraction for many folks. Of course, now the landscape is a little bit different with the camping ordinance being in place.

>> Fuentes: All right, thank you, that's helpful information. And just also I want to echo similar sentiments to what councilmember kitchen laid out in that if it's possible -- and thank you for sharing that -- that is the intention to do concurrent outreach with the different sites that were identified as part of the heal initiative. I think that just hearing what you said about having those existing relationships, you know, getting in there quickly

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and establishing as soon as we can those connections, it seems like it's a critical piece of relocation.

>> Absolutely.

>> Tovo: Thank you very much, that was a great overview of the work that is ongoing. You have many, many things that I know that you're working on, you and your staff, so thank you for all of the pieces of it. Colleagues, we are going to lose our quorum here very soon. So we probably have time to take up one last topic before that happens. And I had suggested perhaps designated camping areas might be one. Is that -- does that seem like the one to y'all, okay? So let's see -- we talked about this at last week's council meeting. Dianna, do you have anything that you would like to start -- start by framing?

>> I think they would simply say -- of course, our next

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update to council is due next Tuesday. So we will be working on that, you know, and I'm guessing that the many, many questions that are outstanding are some of the things that we'll be working to refine via that memo and briefing. And so, you know, I think that we -- you know, one of the things that was

discussed last Tuesday at work session was beginning to gather those sites that might be city sites as potential. I know that director Mcneely at parks and recreation has been receiving some of those ideas. We understand certainly, you know, the concern on the part of some citizens about losing access to parkland. And certainly looking at the level of utilization of a particular site when considering whether it's appropriate. I think that the reality is that

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we simply don't have a ton of fantastic options, and so, you know, staff will endeavor to certainly take into consideration all of the potential challenges or the advantages of a particular site, but anticipate that there may be some hard decisions ahead. We had a meeting this morning with capital metro. Generally regarding the rollout of prop B. And they have offered to work with us when we come to get to a shorter list about understanding not only, of course, what transportation and resources are in place at or near those sites, but whether there are any alterations to lines or, you know, to creations of stops that would be possible. So we really appreciate their -- their input there. And we have had from Austin

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public health staffing our mental health area interested to work with us to ensure that whatever is established really meets all of -- all of the standards around sanitation. And sort of protection of health in that way. So there's a lot to consider. I think that, you know, that obviously one question that we will need to answer is how we would resource this effort going forward. And as well as and related what scale-up would we be looking at. So, you know, I think that to some degree the sites that we identified will help form that, because we can't have more than we can site, but we will be walking that delicate line that you're very familiar with around resourcing -- a crisis intervention that is relatively

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costly, and it doesn't provide us permanent housing but really acknowledging that there's this very serious need for people to have some place to go that is -- that is designated by the city. I did want to mention also the

-- the state-wide camping mandate that was passed last week. So that is bill 1925 was the original, I don't remember the number of the senate bill. One of the provisions of that bill that was added last week almost certainly in response to our list of potential sites was that cities may not designate parklands as encampment sites. So we will have that to contend with as well as needing to get approval from the state for any designated encampment as of

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September 1st. So we do have a window there in which my understanding is that we, you know, would be grandfathered essentially under the existing -- the existing law, and we would want to make sure that we get an opinion on law from that so I'm not speaking out of turn. But the language of the bill indicates that it would go into effect September 1st and that existing encampmentings would not be subject to those -- encampments would not be subject to those existing requirements.

>> Tovo: Thank you. Mayor, thank you for joining. We have talked a bit about prologues and we have talked a bit about the heal initiative and this is our last conversation and then we're going to wrap. Colleagues, what questions do you have for miss grey about designated camping areas. Councilmember kitchen.

[11:21:15 AM]

>> Kitchen: I'm sorry, I was trying to understand -- so that new law, assuming that it passes all the way, would not apply to the existing sanctioned campgrounds, is that what you meant?

>> That's accurate, that's accurate.

>> Kitchen: Okay, all right.

>> Tovo: Vice-chair Fuentes.

>> Fuentes: I think that I recall that during our last briefing that there was a concern raised that our municipal code prohibits camping in or on parkland. Did we ever get an answer for that? I can't remember what the response was to that concern that was raised.

>> I have not -- I have not had an update on that, and so let me check and ensure they communicated that appropriately to legal if, in fact, it was hsd or was to do so. So we'll check with law on that front.

>> Fuentes: Okay.

>> The first ordinance -- the

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ordinance, you know, says that Har needs to do the sanctioned encampments though it doesn't say they need to be parklands.

>> Tovo: The resolution that really talks about public land or land from partners. I think that would be an interesting topic to take up in executive session. You know, my sense of the conversation is that actively

used parks are not going to be viable for this purpose, but I do think that it's useful to have an answer to that question. Clearly, some of our parks have camping, right? So then it would be --

>> Right.

>> Tovo: So I think that the legal question there would be who is allowed to access campgrounds that are city parks, which I think that is just a legal question that we should -- that we should talk about. Mayor?

>> Mayor Adler: I just think that it's real important to note in this conversation that I don't think that any of our colleagues were anticipating

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using park areas that were used by the public in any real material or substantial way. The conversation about parks really went to undeveloped park areas that might otherwise be available and accessible. So there was never a discussion -- and I don't think that has been quite understood in the public, and I think that it's important that everyone know that no one to my knowledge was suggesting putting a sanctioned camp area in a park area where people were utilizing parks.

>> Tovo: Right. Including the staff. Yeah, councilmember kitchen.

>> Kitchen: Yeah, I would just echo, you know, the concern about flood risk and wildfire risk is another thing that is really -- everyone would consider to be important. So do you expect another list to

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be released next week? Or I can't remember exactly what was in the resolution that is due to us next week.

>> Yeah, let me -- let me not misspeak here. I know that we are expected to provide more detailed budget and timeline information. Certainly, there's ongoing work on that list, but I will check with the director and the language of the resolution to see specifically what is indicated there. We, you know, I think -- and I think that I want to say a couple of things. One is that reality is that the city utilizes most property that it has, right? So with we look at our portfolio of property, there are not a ton of parcels that are sitting unutilized or without an intended purpose in the relatively near future. There are some -- either undeveloped parks or larger

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parks that have portions that, you know, that could be -- could be isolated in some way. The other piece that I think that was important is that to the degree that we come out with a short list, that we want the public to understand that we are not drawing those names out of a hat, that we are looking thoroughly at all of our city properties and that, in fact, it is, you know, as we sort of take sites off the list because of the various challenges that you mentioned, that the list we come up with is probably going to be the result of really there not being other locations that are viable. And so I think that was -- you know, that is a judgment call, but rather than have neighbors of a few sites feel like they've been targeted for reasons they don't understand, you know,

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we'll want folks to understand that staff is looking broadly. And, certainly, I do think that the designation of par as the entity that needed to do that selection in the ordinance to some degree also throughout that. But I think that we're hearing both from council and the public clearly that there are serious concerns about that.

>> Tovo: Vice-chair?

>> Fuentes: Thank you. Chair tovo, you know, the intention of the resolution that you led, did it only include part or did you have other departments listed as entities that would help us to identify parcels?

>> Tovo: Yeah, absolutely. It just said publicly owned. And city owned. So the resolution didn't call out any particular departments. I think that the reality is that a lot of our publicly owned land sits in parkland so that was the substance of their very initial

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first review, preliminary. And I'll just continue to say that because I think that as the mayor said that it's really important to underscore that this was a very preliminary list that -- just in answer to that question -- it said to let's start by looking at city-owned land. Again, in any department, any department's holdings, as well as to look to other public entities -- the county, the state, txdot, anyone who holds lands that may not be actively used right now that could be appropriate for this purpose. As well as private partners. I know, you know, in my district I've had a couple conversations over the last week about different tracts that are not city-owned tracts. So --

>> Just --

>> Tovo: We just need to be creative and talk.

>> Councilmember Fuentes -- I apologize -- to clarify, my reference to par is about the language in the ordinance itself

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which says that they are the entity that could designate those sanctioned or designate the

>> Tovo: Diane, I had a quick question about something in the memo and you addressed this in our conversation on Tuesday but I missed the answer. And that was the question about general operational staffing, which was estimated at \$150,000. I wasn't sure if that \$150,000 was -- if the -- could you help us understand what that general operational staff would do and would that cost be per encampment or would it be a shared cost?

>> Right. I believe that is a per encampment cost and it is -- and that is something that director Mcneely provided for us but that is essentially non-service staff and non-security so that people on site who are running

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the trains in terms of making sure that to the degree there are events or things that need to happen, they are coordinating those, they are responding to any maintenance needs or, you know, needs that come up day-to-day, so it is really truly basically the very basic staff that is manning the fort at this site and best practices should be 24/7 -- certainly security 24/7 but you have operational staff on the site for longer than eight hours a day, of course. Does that help clarify?

>> Tovo: Sort of. I think it would help me -- and maybe this is something you can think about for the next update. It would help me to know what trains they're running.

>> Sure.

>> Tovo: If you could provide us with some sense in that next update of what kinds of jobs,

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how many staff does 150,000 represent? It sounds like at least maybe three staff at each -- I guess it depends on whether that's salary and benefits or just salary, how many employees that would be at each site. And really because we're trying to -- my vision in bringing the resolution forward was to envision these as safe sleep -- along the lines of our safe sleep program. So very, very basic services with the understanding that we would love to have more services and more wraparound services but we simply don't have the budget nor do we want to put the resources here. We want to use them for housing. So that cost was just one that took me a little bit by surprise and I would want to understand whether it is a cost we must incur, whether it could be shared, how many staff are represented by that line, and what exactly they're doing. I certainly support and understand the need for security staffing to make sure that those

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are safe environments for those who are there. But the general operational staff is one that I wondered about. And then, too, as we talk about cost, this too is something that I'd like -- if there's an opportunity to in the next update to just do a little bit of thinking about what are the bare minimum costs that we would incur and what of these costs on the preliminary annual operating costs could we look to cut and which of these could be shared costs. I think we talked about -- the laundry cost per site is a lot.

>> Absolutely.

>> Tovo: Yeah. We could do a lot of things for almost \$300 a month per person. That would not be on-site

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laundry. Clearly that should be a mobile laundry shared among different sites. That's one of the things we had an opportunity to talk about but if you could take a look at which of these could be shared costs, which of these would be good to have but not essential.

>> Sure.

>> Tovo: Most of them are essential. Clearly we must have restrooms, must have showers, must have social services. Some of these costs we're already incurring like storage, trash and maintenance. In fact, we may see a savings with that. And I know it's been suggested and I've forgotten who suggested it because it's come from multiple places but the idea has come from multiple places to employ individuals in the designated camping areas for some of the services on site. And I really like that idea if

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that can be a model we look to. And we already have money in the budget for those workforce programs.

>> I agree.

>> Tovo: Colleagues, anything else on this topic? So we had talked about ending at 11:30. That was before we had two more members arrive. But we probably should think to wrapping up here pretty soon. Mayor and mayor pro tem, before you arrived we did all the other items on the agenda, so this is our last conversation of the day and we have talked about pro lodges and designated camping areas. If there are other areas about the presentation that was done last week, we can certainly talk about them before we adjourn. Yes, mayor.

>> Mayor Adler: Chair, I'm fine. I have copies of the back up reports and Michael McGill has

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been attending so I'm current. But thank you. I apologize for my tardiness.

>> Tovo: No worries. We know you had a conflict. As we end this conversation, I just want to end with a conversation that we had a little bit earlier and that is the exits to housing. So, you know, this conversation we're having right now is about designated camping areas is a very challenging one and probably the question I'm receiving most in my e-mail -- or one of the ones that keeps popping up are what are we doing about housing, what is going on with the hotels. And the information that you've provided, Diana, in the memo from April 6, the presentation from April 7, and then today's update answers that question really loudly and clearly. We are continuing to house individuals. We are continuing to shelter individuals and those efforts have really increased over the last several years and certainly within this last year as well as

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we add additional financial resources and the need to approach things differently in the pandemic. Thank you for that work. I'm going to do everything I can to make sure that the community doesn't lose sight of that extremely important work that's going on as we're having conversations about some, you know, less appealing.

>> Thank you, chair.

>> Tovo: Including designated camping areas. All right. Anything else? Colleagues, thanks so much. Diana, thank you. Lucy, thank you. Doug at ctm, thank you very much. We stand adjourned at 11:37.