Public Health Committee Meeting Transcript – 10/05/2021

[10:00:10 AM]

public health committee

[10:04:20 AM]

>> Tovo: Call it started at 10:04. So we're going to begin with an approval of the minutes. Mayor pro tem harper-madison moves approval. Vice chair Fuentes seconds that. All in favor? That is unanimous on the dais with mayor Adler off the dais. I believe we have no members of the public to speak today, is that correct? Okay. Thank you so much. So we're going to take things slightly out of order today. We're going to begin by talking about the -- we're going to begin with a briefing from the American heart association. From there we're going to move on to our briefing on homelessness. And we're going to begin the homelessness briefing with an update from echo on changes to the homeless management information system and then we are going to have a quick

[10:05:21 AM]

update on heal and have some other updates from our homeless strategy staff. After our discussion on homelessness, we will be going into executive session to discuss several personnel matters including sobering center, LBC board applicants and a similar conversation around the central health board of managers. And then we will come back out and if there is any action to be taken, we will go ahead and take that action as our last agenda item. Any questions about our plan for the day? Okay. Well, I would like to welcome our presenters from the American heart association, who I believe are joining us virtually. If you give me one minute.

[10:06:25 AM]

I believe our presenters today are aleck Puente. Is he on the line, staff? >> Chair, we don't have anyone on the line right now waiting. I'll look out, for sure. >> Tovo: Okay. Is there a

representative from the American heart association here to do today's presentation? Okay. My apologies. We will not be beginning with that, then. And I believe our homeless strategy office is scheduled to present in just a bit. So, colleagues, I would suggest we change things yet further and go into executive session now. I just need a minute to find that script.

[10:10:11 AM]

[Executive session]

[10:13:48 AM]

>> Tovo: Thank you for your patience on that front. Hybrid meetings are proving to pose a new set of challenges but I'm glad we're able to do them. Thank you to our staff for making it possible. We now do have our presenter from the American heart association. Welcome. Thanks for staying on the line. Appreciate that we found you and we're able to bring you into the meeting. >> Thank you for having me. I'm sorry about those technical difficulties. I appreciate your patience. >> Tovo: We're glad we were able to work through them all. Colleagues, we have allocated about 20 minutes for this piece so let's let our presenter do his powerpoint presentation and then we'll reserve some time for questions. >> Perfect. Thank you, chair tovo and thank you, council members for your time today. My name is aleck Puente. I'm the state government relations director for the American heart association.

[10:14:48 AM]

The American heart association is committed to reducing cardiovascular disease and improving the health of all Americans by funding innovative research, educating the public about healthy living, fostering improvements in care, and fighting for strong public health policies and so I'm here to talk to you about one of those policy approaches we have identified to better support families, in particular children growing up with healthy food and healthy habits and that's by improving the quality of options available for children in kids' meals. So we can move to the next slide. I'm sorry. Is that powerpoint not up here? >> Mr. Puente, I understood you wanted to present yourself to I gave you privileges if you want to present on your end. >> Sure. Let me pull that up quickly.

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It does not look like I'm able to share my screen but I can maybe walk you through it verbally, if that's okay. >> Tovo: I think that may be the best plan. If we could, just bring up the presentation and just ask Mr. Puente to let us know when the slides should advance. >> Mr. Puente, I regret to inform you I do not have your presentation on this end but I'm happy, if we get that soon then I will absolutely share it for you. >> Tovo: Are we able to use the printout? Let's see, I believe we all have it digitally so we can all get -- >> If you have the printout or the digital version, I also have it in front of me and I could just walk you through it that way.

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>> Tovo: I have a copy of the powerpoint digitally that you sent out so if somebody tells me how to get it to ctm, I can certainly do that. >> I just forwarded that as well. >> Tovo: Okay. I just sent that, Ms. Hall. Colleagues, while we're working out these last few details -- I

[10:18:26 AM]

apologize, I thought we had this all ready to go here today. But while we're doing that, are there any topics that any of you would like to see added to next month's agenda? We'll just take up no. 7 right now. >> If there is interest in this issue, I think it would be really productive to -- I'm not sure exactly what the normal procedure is. I think normally would be a resolution to maybe put some meet on the bones of our proposal but I would love to talk more, specifically if there's interest about how a policy like this could be implemented in Austin. >> Thank you. Certainly that's a conversation we can have here today after your presentation. Colleagues, are there other items that you would like to see in upcoming meetings? >> Thank you. I know I have suggested in the past doing an update on child care funding and our efforts here at the city, just looking at the programs that we have

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going and the investments that we've made but I think that may have gotten added to next month's agenda, although I'm not sure. >> Tovo: I think it is on next month's agenda but thank you for that reminder. We'll make sure that's there and that would be an appropriate meeting to ask -- that's a conversation we may want to have at a work session because we have several colleagues, including council member alter, who has been very active, or we might keep it on this meeting and make sure we let her know about it. I do believe it's on next month's. >> Another topic I would like to suggest is related to food access. During the American rescue plan act conversation we had on the dollars and even with the dollars we made some investments in food access and I know we have some key stakeholders working on the food system plan, the regional plan. So I know there's a lot of good work happening and so it might be appropriate for us to schedule that in November, December or next spring. Another topic for us to consider. >> Tovo: Sounds good.

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Getting an update on that. Colleagues, we did have a really fruitful conversation about the joint subcommittee of the city of Austin, Travis county, and aid at our last meeting a week or so ago about the resilience hubs. You know, that is a body that's going to continue to monitor that work, especially since a lot of it relies on the partnership between aid and the city of Austin. We will be getting regular updates just to make sure we're apprized on how that work is going with the community on developing those resilience hubs. We didn't schedule it for this month in part because we just had lots of other things on this month's agenda but I expect that that will be on next month's agenda as well. Staff, how are we doing on the powerpoint? >> It's coming

right up. >> Harper-madison: Chair tovo, I actually have another item I would like to see on the agenda. Larry Wallace and I believe

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probably Shannon Jones, definitely Mr. Lofton, they're working on and had a big event for the African American men's health clinic recently. I would like for us to get a briefing on that and see how we can be supportive in their efforts there. They sort of put out this statistical data that's really startling how more than a third of black men have high blood pressure, strokes kill 180% more African American men than it does white men. Life expectancy for African American men is 7.1 years less than a white man. There's a lot of troubling data and I would like to get behind their effort and hear more about what they're working on. >> Tovo: Thank you. We'll make sure that gets added to an upcoming agenda as well. Okay. I think we now have both a presenter and a presentation so without further ado, Mr. Puente, if you could talk us through healthier kids'

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meals. >> Absolutely. And thank you again for your patience. As I said, I am aleck Puente, the government relations director for the American heart association and I'm here to talk to you about one of the policy approaches we've identified to improve the quality of kids' meals. I understand we're on an agenda today so I will do my best to expedite this for you. We can go to the next slide. So before I tell you more specifics about that approach, I wanted to give you more background about the issue itself. Parents and caregivers are busier than ever and often that means grabbing their meals from drive-throughs or takeouts. Children are consuming more and more calories from their restaurant meals and that often includes a dessert or a sugary beverage. We're spending much more of our budgets eating out and as we know access to healthy food is an on going issue but many have

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a higher prevalence of fast food restaurants. We know these issues typically affect our lower income and minority residents. We know when those include sugar beyond the guidelines of the American heart association, which represents no more than eight ounces of added sugar per week for most children. We can go to the next slide. And so with that background we can put some of these facts and figures in better context. As you can see, more than two out of five children have fast food on any given day with the average age ordering off a children's menu being six years old. According to that community assessment, the region has higher than average rates for a lack of healthy food access across all ethnicities which is defined by the usda as living more than a half mile from the

[10:24:33 AM]

nearest grocery store or large super marketmore than a quarter of our population and more than 20% of our children are considered food insecure. While access is a challenge in its own right, we also think it is important that we look for ways to support healthier options at those places where people do have access and that they're already using to feed their families. Currently children consume many more calories when they eat out with most being too high in calories, saturated fat and sodium. I have used the term food swamp where there's a distinct lack of healthy options but there's access to fast food, junk food, and sugary beverages. We want to make sure that we don't miss those areas where we can make an immediate impact. So I just mentioned a few issues related to junk food, fast food, grocery stores. So why focus on sugary drinks? Simply put they are the top source of added calories in our

[10:25:34 AM]

children's diets and regular consumption of those sets our kids up for a lifetime of health challenges. A lot of those health challenges include the things that council member harper-madison was just mentioning, things like obesity, hypertension, diabetes, tooth decay. We also can't ignore the impact of covid-19 for which all of those are serious risk factors that increase the likelihood of serious illness or death. As I mentioned earlier, this is also a health equity issue, these factors disproportionately impact low-income residents and people of color. Children from low-income families consume more than two times of sugary drinks and black and Latino children are 50% more likely to develop diabetes in their lifetime compared to their white peers. Finally we know this is an approach that works. Busy families still want to eat healthy and research shows when they are presented with a healthy option they tend to stick with it most of the time rather than switching to a less nutritious option. We can move to the next slide.

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And so just to add a little more context to what I said, I wanted to share these info graphics that show you how these small habits can add up over time. As you'll see a range of common drinks, even those we might consider healthier like tea or lemonade have much more sugar than we think. The American heart association recommends no more than one per week. While we know it might not be a problem every once in a while with children consuming more than ten times the recommended amount, that will add up to 30 gallons a year of sugary low-nutrition calories and will set our children up for a lifetime of health challenges. Go to the next slide, please. So how should we address this problem? Our suggestion is that the drink offered by default with the children's meal should be water, milk, or milk substitute or 100% fruit juice with no added sugar. We know that when we offer consumers healthy options by default they tend to stick with that choice.

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That approach has been approved and implemented in some form across the country including statewide in California and locally in places like Colorado, Delaware, Ohio and Maryland. Some

large restaurant chains have voluntarily taken steps like this as well. Wendy's, for example, does this. McDonald's has gone a step further and offers healthy drinks as well as healthy sides like sliced apples instead of French fries. Disney world offers healthy options in all of their theme parks now. We can move on. So how do these policies actually work? It's very simple in that if a restaurant offers a kids' meal or children's menu the drinks offered with those meals should be water, dairy or non-dairy milk with a similar nutritional profile or 100% fruit juice. This would apply only to beverages on the kids' meal and nothing would prevent a parent

[10:28:42 AM]

from ordering a different beverage for their child. We know these beverages can be enjoyed in moderation so our goal is to shift those habits towards healthier lifestyles. Evidence from a wide range of fields choosing retirement plans, deciding on organ donation and choosing nutrition like this show that setting defaults has a high rate of follow through. At Disney theme parks meals with healthier options resulted in 20% fewer calories. Parents stuck with the healthy options about two-thirds of the time, only choosing something else about a third of the time. And we're of course sensitive to the challenges restaurants and business communities have faced over the past year and a half and we think it's important to point out where these policies have been undertaken they did not result in negative impact impacts. In California and Delaware, for example, there's research showing that managers did not report lower revenues after the change nor did they report any change in the number of kids'

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meals sold. Finally, I thought this was really interesting. There are studies where researchers survey children themselves of what they would be willing to choose on a menu. More than half of the children themselves indicated that they would be somewhat or very likely to order a kids' meal with a healthier option. While those are just a few examples we do have many more studies that show such policies can be immediate impacts without negative effects. We can move on to this last slide here. And so to close, I just wanted to leave you with this graphic which kind of shows our vision for healthier kids' menus. We know when parents and kids are presented with healthier options it cuts down on their requests for sugary drinks and cuts down on their expectation that every meal should have a high-calorie beverages nearby. And to think of added sugars as

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the exception and something to be enjoyed in moderation. And with that I would be happy to answer any questions you might have. Thank you for your time and again for your patience as we figure out how to get this presentation started. >> Tovo: Thank you very much and thank you for your willingness to stick with it and your patience and time, generosity with your time to be here today. Colleagues, what questions do you have about the presentation or the information? Yes, vice chair Fuentes. >> Fuentes: Thank you. And thank you, Mr. Puente for joining us today and for sharing important information about how we can make the healthier

choice the easier choice. This is certainly a topic I'm supportive of and know there's a lot more we can be doing as a community to make it as easy as possible for parents on making that healthy choice on behalf of their kids. And it's really importantly

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that we root in in it's all about choices and making it easier and folks will still have options available to them but we want to create that healthy environment to create healthier habits. Can you share with us if other cities have adopted similar policies? I'm curious what type of movement this policy is gaining throughout the state or even throughout the country. >> Yeah, in the state, this would be I think the first example of it being done in this fashion. I know San Antonio does have a voluntary program to include healthier options for kids' menus. Around the country, I did list a few examples of local ordinances earlier. Those are Delaware, longmont, Colorado, and statewide in California. I started at the county level -- it might have been Santa Clara, but they have cast that as a statewide law at this

[10:32:51 AM]

point. >> Fuentes: Thank you. That's really helpful to hear it is a statewide law in many areas. Certainly this is a policy initiative that is gaining traction, that's gaining momentum. As we look at how can we create healthier communities throughout the country and throughout the state. Thank you. >> Absolutely. And I think another thing I'll highlight is because it has happened in a few different places, we do have that body of evidence for how it works and also what best practices would be, what sort of approach actually works best when you put the details to paper. >> Tovo: Mayor pro tem harper-madison. >> Harper-madison: Thank you very much. I appreciate your presentation, Alec. Councilwoman Fuentes, I appreciate the way you articulate things. The choices component I think is what's really going to speak to people. They don't want to lose choices, they want to have more options. This is not necessarily about the presentation but just a thought that I had, something

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that we deal with a lot in district 1 is the direct result of sugary beverages on our children's teeth. And so I wonder if there's an opportunity here for the heart association and let's say like the smile dental center that almost exclusively exists in neighborhoods where folks are living below the poverty line could have a more robust partnership. I think like a frost campaign of sorts to be able to attack it on all fronts. Just an idea. >> Absolutely. I think that's, you know, we of course want as many stakeholders as we can have and I should look more into those that might be interested in tooth decay because we might think about these longer-term chronic diseases while tooth decay happens in a much more immediate way. >> Harper-madison: I appreciate that you see the impact there, especially given that you mentioned earlier sort of a shortage in general medical care but when you start talking about things that seem

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like specialty items like dentists, there are a lot of folks who really don't have access. >> Tovo: Thank you. Great suggestion. Alec, have you been working with the restaurant community here in Austin with the restaurant association or any other industry, associations? I had one follow-up question. >> Did I cut you off? >> Tovo: I guess I'm thinking there are multiple ways of approaching this, as you've indicated. And one might be to get voluntary participation in an educational campaign here in Austin or some kind of branded identity for those restaurants that participate in heart healthy choices. I wanted to invite you to talk about any efforts the heart association has made to that end. >> Yeah, we have done some informal outreach to the business and restaurant community to make them aware of what we're proposing. So as you know -- as you might

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know this idea has kind of had some starts and stops during covid but I did make the restaurant association aware of the presentation today and invited them to watch and I intend to meet with them more formally hopefully within the next week or two now that there's a -- I guess a more specific process underway. It's just been I think difficult to make sure all the things kind of align at the right way. I did make them aware of this meeting and what we're working on and I'm hoping to talk about more details about how it might be implemented soon. >> Tovo: I think it would be really -- it could be a net positive to have it be an initiative that comes from the restaurant community itself, working alongside the heart association. You know, a partnership between the restaurant association and other similar industry groups and the American heart association. The restaurant community was really involved in critical ways during the pandemic in partnering with the city with aid, with other groups in

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helping keep our community fed and in a variety of other really important ways so this would be, in my opinion, this would be a natural extension of that community work they've been doing and might really have better success, if it's an initiative that comes from the restaurant community alongside the American heart association rather than a kind of mandate or a suggestion from government. >> Absolutely. I think to your point that kind of body of evidence we have demonstrates pretty well that where there is more buy in to the initiative, it has much more success and can often result in more demand for healthy options rather than just no negative impact. So that is a very good point that we'll take to heart. >> Tovo: Thank you. I had a couple of quick questions about some of the information. You had cited -- and I can't remember if this was a statistic from Disney or from just more generally in California or other places. When it was the statistic about the number of consumers who

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opted for a soda drink when it wasn't the default. What was that percentage? >> That was -- two-thirds tend to stick with the healthy choice and research done on Disney parks where they

have a similar policy. I don't know off the top of my head what the numbers might be for some other jurisdictions but we do have quite a few research papers where I could get some better range for maybe what the high and low would be for these policies. >> Tovo: Yeah, that was the stat that I missed the first time through. Thank you. And are there any concerns that you've heard from restaurants about cost? Is the cost about the same? Is it costlier to provide milk or apple juice? How do the costs compare? >> So the aims of the policy could be met without necessarily buying new drinks. As I said water is one of the options there. The concerns we've heard have been less about procuring the items compared to would we have

[10:39:00 AM]

to redo our menus. And so we know like in other places what they've done has, you know, had a period of implementation, education before menus had to be changed or, you know, helped provide restaurants with maybe like a qr code or a sign that explains the change or the thinking behind the policy and, yeah, to answer your question more of the concerns have been what it would mean for the menus rather than what it would mean for what's ultimately served. >> Tovo: I see. So in your conversations thus far with industry representatives, the concern has really been about the cost and time involved in changing menus versus the relative cost? >> I have not heard that concern about buying different products much. >> Tovo: Okay. Thank you. Well, you know, I think this is a really interesting and important educational campaign. I will have to think a little bit more about the policy. Again, I really think this is a dynamite opportunity for our restaurant industry to extend

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their community work that they've been doing and partner on an initiative like this. Thank you so very much. Any further questions? Well thank you, Alec. Thank you for joining us. Thank you for reaching out. I know most of us have received more information from you about this so I would call my colleagues' attention, I think we have some of those studies and some of that additional material that's been forwarded to us in the past, so thank you so very much. >> Absolutely. I will work on some of that data you asked about and if anybody has any other questions I can answer for you, I would be happy to do so. Thank you for having me today. >> Tovo: Thank you so very much. Colleagues, we will now move on to the homelessness briefing, at least we're going to tackle two pieces of that homelessness briefing then we're going to go into executive session and we may have an update toward the end of our general meeting. I also would like to call your attention to some communications we've gotten this morning. There's some additional materials for our executive session that have been e-mailed out so if you would take a look at that before we retire to

[10:41:03 AM]

executive session. Welcome, Ms. Gray. >> Good morning. Diana gray, homeless strategy officer. We have two portions of the briefing this morning before executive session. One will be on the heal initiative and the preliminary prioritization of encampments for targeting heal resources.

The other one is on the homeless management information system and that will be provided by our partners at echo, which is the ending community homelessness coalition. This will be largely an introductory briefing intended to frame the system as it exists today and what some of our opportunities are for improving it and strengthening it. I think as council has made historic investments in homelessness, we all know that it is more than ever really important that we're able to track our outcomes and make sure that we're functioning well. So I'm not sure if we have got

[10:42:03 AM]

our folks from echo on the line yet but they should be dialing in any moment now. We'll leave you in their good hands. >> Tovo: Wonderful. Thank you very much. Thank you for being with us Ms. Gray and for all of your work. Ctm, do we have our -- >> Yes, ma'am, we have a few attendees on the line. I'll move them over. >> Tovo: Thank you. And colleagues, we have a short time-frame for this portion of the meeting. We have reserved about ten minutes only, 10 to 15 minutes only and both our speakers and our committee have a tight time-frame so we're going to take them up first. Welcome, Sara and acrom from echo. I will turn it over to you. We'll let them do their presentation and we'll have about five minutes for questions. >> Wonderful. Can you hear me? >> Tovo: Yes, we sure can.

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>> Wonderful. I'm Sara, vice president of quality assurance at echo and I have here with me today acrom the director of research and evaluation and Whitney white. Today's presentation we're going to give a very brief overview of his, the system itself, universal data elements, system performance measures and we're going to take the remainder of the time to briefly share the homeless response system dashboard with you, with a very brief presentation. With that, I'll turn it over to Whitney to begin the his overview. Are you able to advance the slide? >> Yeah, just say next slide. I'll do that for you. >> Yeah, perfect.

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Thank you very much. So, good morning. So we're going to talk briefly about the homeless management information system, our his system. This is all local information that is put into the system through case managers, shelter staff, outreach workers putting in data, client-level data into the system about our folks experiencing homelessness. This is historical data that we are able to look at and refer back to over the years. Getting into the system performance measures, which is on the next slide, which you don't have to go to quite yet. We look back at our data within the his system for the system performance measures. There are specific data elements -- if you'll go to the next slide. We call them udes or universal data elements. These are data elements that

[10:45:05 AM]

are collected on each and every client. These are also data elements that can be and are encouraged to be updated as things change with our clients. There are also what we call program-specific data elements and those are also required. They get into health insurance, non-cash benefits such as snap and tanf and a few other things as well. If you can go to the next slide, please. So I'm going to speak incredibly briefly about the system performance measures that there are seven in total but we only look at six. Length of time a person remains homeless -- I won't read all these out to you as you can see the slides on the screen. But these system performance measures are also impacted and within our community dashboard,

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in which acrom and Sara are going to be demonstrating for you guys in a little bit. Since we're short on time, I'm going to go ahead and let acrom show you our dashboard. >> Next slide. Okay. So just very briefly, acrom is going to be demonstrating the dashboard but there were some key teams at echo that worked on the dashboard, the research evaluation team and the his department. We worked with key partners, service providers, city of Austin, advocates with expertise to put out this public-facing dashboard that uses our his data. We look at system performance, identify areas for improvement in terms of performance system flow, equity. It enables us to set some targeted goals for improvement and highlight system successes. With that, I'll turn it over to acrom for the next slide.

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>> Good morning. Next slide, please. So as Sarah mentioned and Whitney, we have -- echo is now hosting a public-facing dashboard on our website that provides data and context from the homelessness response system. So the his data that we have on people experiencing homelessness we use that data to then provide some context on the homelessness response system and to try to track progress, track outcomes on a monthly basis, and in some cases on a quarterly basis. So next slide, please. So just I wanted to give you a high-level overview of the indicators that we are tracking right now in our dashboard. And just to give you a sense of

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what we're trying to do is we're trying to answer a number of different questions. You know, the first is what the system capacity looks like and how many people are actually moving into permanent housing units on a regular basis. So that's really the first set of indicators that we have. In this case we are tracking system capacity by looking at the number of beds that each project and each agency or organization in the system has capacity for. And then we're also tracking the actual number of people who are moving into permanent housing units. That's through either rapid rehousing, which is a short-term permanent housing intervention or permanent supportive housing, which is a longer-term supportive housing intervention. The second set of indicators here are related to system overview, just giving us a sense of at a very high level how is the system doing. Here we are tracking things like the number of people that

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are enrolling in all of the different types of programs in the homelessness response system. We're also interested in looking at the number of new people that are enrolling in these programs to get a sense of, you know, how many people are experiencing homelessness for the first time, because that's an important indicator to track. The third bullet point under this section system overview is you'll notice here the number of people experiencing sheltered and unsheltered homelessness. This is typically what we do with a point in time count on a yearly basis but we think it's important to track this, based on our estimates of his data, this on a more regular basis, on a monthly basis. And then a very important performance indicator that we track to really assess long-term housing stability is the number of people who exit the system to permanent housing that return to homelessness. And so we're tracking that as

[10:50:13 AM]

well. And then the third set of questions we're asking all have to do with indicators all have to do with system flow. Essentially we're looking at the efficiency of the system. For folks who are being housed in a permanent housing program, like rapid rehousing or permanent supportive housing, they often go through our coordinated entry system and the coordinated entry process. They take a coordinated assessment but then they get a program referral and they enroll in a program and then they actually move into a housing unit. And so we are looking at the length of time between each of these steps, really to assess, you know, if there are bottlenecks in the system that we should be looking atd a system-wide level. That's a quick overview of what's in the dashboard. I don't know if we have time to review some of these in the dashboard itself. I'm happy to, if I can share my

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screen. If not, we can do that at a later time. I just wanted to do a time check with folks before moving on. >> Tovo: Why don't we take a few questions? I know you have a time crunch as well and we did have to start a little late. So why don't we pause here? This is great information. Let's pause here and take questions and if we have a few minutes before 11:00 it would be great to see those snapshots. Colleagues, what questions do you have for our presenters from echo? >> Kitchen: Can you see me, Kathie? >> Tovo: I cannot. Now I can. Council member kitchen. >> Kitchen: Thank you all for this. I think this is really a great service and important for the community. So if I'm a member of the community and I want to see the dashboard, where do I find it? >> On austinecho.org on our main website. If you go to the performance monitoring section of our website, we have a link there

[10:52:15 AM]

to the dashboard itself. And that's the best place to get to it. >> Tovo: Is that something you have a snapshot of? >> I can send you the link, if that's what you mean but I don't have a screenshot of it. >> Tovo: Okay. You had indicated you had some preview -- you could do a

preview for us. >> Yeah, if I'm able to share my screen. I don't think I can right now but if I'm able to I'm happy to show that. I have that pulled up on my web browser. >> Tovo: Is that something that we're able to do, ctm? >> This is the av tech. Yes, if you could just give me one second. >> Kitchen: I think that would be great, chair, if we have time, to see that. >> Tovo: Sure. >> You should have privileges now. >> Okay. Do you see my screen now? >> Tovo: Yes, we sure can.

[10:53:15 AM]

>> Great. So, again, from our main website we have a leading system change button here at the top. And then performance monitoring link from the drop down menu. And here we have a button to the dashboard. We provide a little bit of context for the dashboard here and then you can go to it directly from this page. And so this landing page has a little bit about capacity and move-ins. These are some of the main indicators that we're tracking. Again, I can show a few things here if I have time, but I'll leave that to you all. >> Kitchen: Maybe you could speak to how interactive it is. >> Sure. Sure. So one of the -- you know, you can see here that on the top

[10:54:16 AM]

panel that this is tracking capacity over time and here this is the number of beds or each of the different program types we have in the system. Emergency shelter, permanent supportive housing, rapid rehousing. You can click on one of these to see. For example, here you can see that there has been an increase in the number of beds available for rapid rehousing in the last year or so. And one of the things that we're excited about is that we are now starting to track this on a quarterly basis rather than a yearly basis. That's typically how we've done it in the past. We are now reaching out to service providers directly to get their capacity numbers on a quarterly basis so we can see that those changes more frequently. Here in the bottom panel you can see the number of people who are moving into rapid rehousing in blue. And permanent supportive housing in Orange over time. One of the things that we're really interested in is are

[10:55:17 AM]

more people moving into these programs than they were in the past. So that's why you see the data going back to January of 2019 and we're showing here a trend line to show so that people can see if things are increasing over time. Hopefully they are and you can zoom in here to see just for the last few months, for example. You can also look at the racial and ethnic breakdown of housing. Again, over time we want to look at and see what are the racial breakdowns of housing move-ins. So, for example, you can click on a couple of different -- what different groups and to see those changes over time. You can zoom in, if you would like, to see those changes over time as well. One other thing I'll show

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really quickly. There are details now on system capacity that we're showing here. You can, for example, see the number of beds that are available by program and by agency in our homelessness response system. You can filter that out, for example, if you want to look at the number of permanent supportive housing beds that each agency that provides psh is able to provide. And you can do that with this table here. So you can see the number of beds that each program is contracted for in the most recent quarter. >> Tovo: This is really terrific. I do have one quick question before we move forward, and my colleagues may have additional questions. Is every service provider in the community reflected in your numbers? >> The short answer is no,

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unfortunately not. There are some that are not in here. >> Tovo: And so, you know, one reason why I wanted to emphasize that -- I know this is a goal of echo to continue to reach out to some of those providers and encourage them to send along their data to participate in the system so that we can really get a very concrete, very detailed view of all of the work that's going on in our community around housing and providing services to. But it is -- so I appreciate you have the data here, that list which providers are reflected in it and I think it is important for our community to know that it is -- that it is not the entire difficult of our system. Some of the providers are working within that system and working for the same aims but not necessarily forwarding their data so that it can be a part of this kind of snapshot. >> That's right, yes.

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Colleagues, what other questions do you have for our presenters, this is super to see and this is live now; is that right, acrom? >> That's right, it is. >> Great. >> I would just ask, so I know you are continuing to work on this, what kind of enhancements or additional functions are you all working on adding? >> Right now we are in I would say the beta phase of just collecting as much input from community stakeholders at the possible, we have been meeting people who have experienced homelessness to get their feedback and meeting with city of Austin officious and others, service providers to really get input on what is missing and what is could be enhanced, what could be improved, so we are very much on to your feedback, if you want to take some time to play around with the dashboard

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and then kind of give us your feedback on that, we would love to hear that. One of the things we are thinking about long-term is, and this, in some ways might be more for internal purposes but some of knees pieces may be on an external public facing the dashboard. Is to look at some of these in measures by program and agency and so that is one thing we are considering. We need to have some conversations internally before we do that, but those are some of the things we are thinking about long-term. Kitchen I think one of the things that you may have been working on, I am not sure you may have done this already but the ability to also stratify by

gender? >> That's right, yes. Right now, we do is the trat -- or have breakdowns by race, ethnicity, age groups, household types, and we will -- and gender breakdown as well for a lot of

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these measures that we have. One feature, very quickly I want to point out is the housing moving details. This is for people who really want to get into the weeds of the number of people who are moving into permanent housing. It is very interactive so you could for example see a gender distribution here of people who are moving into rapid rehousing and psh, you can also see some other breakdowns as well. >> We would like to make that breakdown -- we would like to add those to our other features as well. >> Kitchen: That's great, I think it is important to tell, to be able to see what is happening with women in our community who are homeless. >> It is. >> Kitchen: Well, thank you. >> Tovo: Well thank you so much, this is very exciting work and we will continue to see how it evolves and providing feedback. Thank you for soliciting it, for soliciting that feedback. Great. Well, thank you to our echo

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presenters. I am sorry. >> Oh, no, I was saying no pronto toe so we will now, colleagues, turn to our heel briefing which is going to be indeed brief, and then because we do need to move into executive session and we do have some decisions to make on that front. Welcome back, Ms. Gray. >> Thank you, chair. >> If we can bring up the presentation. >> We had it for a moment. >> So while we wait, again, Diana gray, homeless strategy officer with the homeless strategy division. We brief on heel almost every public health committee meeting. This month we are focusing our briefing on the work we have been doing around how we would select future sites for the heal initiative, and while I had you I will be

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giving the briefing I do want to acknowledge two of our homeless to strategy division colleagues who have done the lion's share of really pulling together the vast amount of information that exists within our city and outside of it. And that is Charles luzen our community engagement specially and Mary ligro who is a fuse fellow, an executive fellow on loan to the city through the fuse fellowship program and we are thrilled to have her. Who collaborated I should say and it will become clear with many, many city staff in this process. We will move to the next slide. Today what we will talk about is the draft criteria for encampment selection for the next phase of heal. What there is still to be done for us to launch those next

[11:03:27 AM]

encampment relocations and really how we are thinking about future refinement and process improvement for the selection criteria and really for heal overall, next slide . The as you know the council adopted the heal process in February of this year with a goal of resolving existing campsites through nonenforcement means, by offering the direct access to shelter and housing

resources, within that phase one which the resolution established, we were directed to target four encampments that fit particular descriptions around health and safety. We had a six-month timeline that we extended, were given a little bit of grace, given the delay related to winter storm Yuri, and explicitly asked to come back to council at the end of

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this phase one with some input on how we might move forward. And we did have specific budget for the services in phase 1 which we will discuss in a moment. In phase one, eventually we relocated approximately 150 individuals from four encampments, and those were at terra sass library, at the intersection of Ben white and Menchaca where there had been considerable danger .. Pedestrian/vehicle accidents, congress -- avenue and Cesar Chavez, really just across the street near Buford tower, located to shelter which was very encouraging in terms of people's willingness to come into noncongregate shelter. .. We did open two newbridge

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shelters over the course of the summer. Those are both in converted hotels. So that it is shelter but people have privacy, they do have their own restroom, et cetera, there is greater sense of security and stability while they engage with case management to find their permanent housing resource. We funded a number of service providers during phase 1 can for those rapid rehousing services, which is typically medium term case management and rental supports, so family elder care and inner care are both offering rapid rehousing during phase 1. We also beefed up some of the resources available through the host team for outreach and we have a contract with front steps to run the south bridge shelter. Currently, the north bridge shelter which is in district 4 near St. John's and I-35 is being operated by city staff.

[11:06:30 AM]

Next slide. So as we begin to approach this project the first step was really broad research looking at what other communities had done, looking at what is in the quick literature review, you know, our partners and experts across the nation, the national alliance to end homelessness, et cetera. But then really digging in with our part fer departments in the city to understand what kind of data they had on hand and collected regularly and how we might leverage both their tools and their expertise in this ar area. And so Dr. Dineg -- spearheaded that effort and culminated with a series of meetings with members of those departments from late August through late September and then multiple follow-up meetings to clarify and understand the tools that were being utilized. Next slide.

[11:07:33 AM]

We talk a lot about how many departments at the city of Austin touch the issue of homelessness, and I think this project really has underscored that. We had ten departments outside of Austin public health and the homeless strategy division that were gathering specific

information about encampments or the individuals in them. And so just as a visual, I have included the chart here highlighted the various departments that had some tools or some processes that aided us in this assessment. Next slide. While we had data collected across departments you imagine they have all developed their own tools for their own purposes and missions and so what that means is that typically the data is collected on a unique platform, on a technology platform that may not be

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utilized by other departments and while there is some sharing between departments, very often that data is only, available to that department. They certainly have been willing to share with us but it is something we will be looking at in the future. And several of our apartments are utilizing geographic information system to tag locations which I think will be very .. Useful for us as we move forward to understand you know, really trends and what we are seeing, in what we are seeing, particularly in a fluid situation such as we are seeing now where we know that some encampments are moving. People are moving from existing encampments and creating new ones in some cases. Several of the departments in addition to collecting information did have some sort of prioritization, and so as an example, parks and rec rates the encampments that they do outreach to in terms of the ones

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that are most important for them to resolve or clear and that ranges from, as we will discuss in a moment, everything from the conditions in the encampment to the impact that it is having on other users of parkland. Finally, many of these systems are 311 call driven. And 311 is really critical way for our citizens to communicate with us about what is happen in the field, but when we talk do other communities and indeed to our own departments, one of the things we heard consistently is that we needed to use a 311 system and input for information gathering but not necessarily prioritization, because if we base our prioritization only on volume of calls that can result in some geographic inequities, that track to income levels in communities, et cetera and the available resources and time that folks have to spend calling

[11:10:37 AM]

the city and communicating about what is happening. So that is something that we want to be really cognizant of. We want to leverage the 311 system, we want to make sure we are capturing that information but that we are being really thoughtful about how we utilize the information that we gather there. Next slide. So I am not going to go through these one by one but this is -- this gives something of a summary or a snapshot of the different functionality of the tools and information that are being gathered by our various departments. So most of them are really about the sites, because most of our partners in this room are Austin resource recovery or code compliance or parks and rec, but of course our host team, which is a homeless outreach street team gathers individual level data about the people in those encampments and maybe can offer

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more nuanced information about the conditions there and the situation that people find themselves in. And so again we look at the primary referral sources, 311, 911 in some cases, and then some of our departments do have dedicated staff that do outreach to encampments or monitor those spaces and so some of those staff are directly inputting into the systems not driven by a request from a citizen or another department. Again, we have written tools, rating systems in a couple of cases, gis data and included notes off to the side about the kinds of risks people are capturing which largely are relatively logical, our fire department is really capturing data about fire risk, watershed protection is tracking risk to life and safety, around

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flooding, et cetera. Next slide. >> This slide doesn't want to advance. Keep going? >> It should. Go back a couple of slides. I think it caught up with you . There we go. So where we are right now with the prioritization criteria is having identified criteria that we want to include in the tool that we believe are meaningful

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indicators of the health and safety risks that council directed us to utilize when selecting future sites. And so of course we would anticipate gatherings some basic information about the sites, the number of people, tents, you know, whether they are, there are occupied vehicles, et cetera and those are in the left-hand column, but then really looking to public health conditions and public safety conditions. And so much of this is sort of environmental health, both about the vulnerabilities of the people in the encampment and the conditions that are observed there. And in terms of public safety some of those high level risks both to the people in the encampments and to the surrounding community around flood, fire, risk to public infrastructure, so in some -- we have had fires in some cases, for example, that were abutted large bridges where there was potential damage there. The other thing that is included here that I think is of interest

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is that as we talk to our departmental partners, one of the things they spoke to was their ability to access sites. So you know, that when we have for example an encampment that is in the woods or you know, quite removed, it is very difficult for Austin resource recovery for example to get in there and do cleanup and that in and of itself then promotes the accumulation of refuse over time, which leads to a host of other health and safety concerns as an example. And then really just from a pure health standpoint, our community health paramedics that are a part of our host team, you know, interact with these encampments daily and the question about whether, you know, how far afield some of these encampments are, are our community

health paramedics able to reach them should people need services? And so I am sure you guys will have many questions about those,

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but this is our starting point. Let's go on to the next slide. We have not yet applied these, and so where we are now is needing to as sign a preliminary point value to these items. We have sort of a mockup of a basic mobile tool that can be utilized and then we want to beta test this. In some of the encampments that have been identified by -- across departments as likely high priority encampments, where conditions are very concerning and I will tell you how we have gotten to sort of that short list of encampments we intend to beta test in a moment. And once we have done that we would like to do that in six to ten encampments certainly we would anticipate refining the tool a bit for this next phase. Let's go to the next slide.

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>> So our staff asked the ten-part never departments to give each of them to give their top 5 encampments that were of concern from their perspective .. Acknowledging that each of them were bringing their own, you know, their own perspective and the values and missions of their department but what we certainly saw was that there was a lot of overlap in terms of the encampments Matt were of concern. So this map shows just generally the location of some of those encampments and you will see in some of those cases we had encampments that were you know, in the top 5 for at least you know, four departments. And so those would be where we would like to start beta testing the tool. We know that we will eventually want to be assessing all encampments that we hear about, but given the sheer number of encampments across the community we think this is a reasonable way for us to start to

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differentiate between those higher priority encampments refine the tool and then roll it out .. As it is improved over time. Next slide. So acknowledging that in this next phase, we intend to utilize I think a powerful but relatively simple mobile tool for the assessments. We know that there is a lot of opportunity and a lot of options in front of us in terms of how we could utilize a tool like this, and potentially integrate it into, for example, the software that our outreach teams are using, so host has its own technology platform. We could conceivably add you know, members to those teams that integrated this interface into the tools that they are already using. We will want to regularly update. I think that whether that is quarterly or twice a year we

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will have to see what the rhythm looks like in terms of both how the tool is functioning and how many encampments we are targeting through heal, under what timeline have regular opportunities to pause and say is this doing what we want it to? Importantly, is it targeting encampments in a way that is equitable? So I think last month we shared some early data with

you about the demographics of the people who have come into shelter from the first four encampments. Our numbers were a little below, but close to for example the percentage of African Americans that we know experience homelessness, but we want to be really certain given the -- that in this is really robust housing resource we are bringing to the table that we are addressing and not reinforcing inequities in the system. We would certainly like to understand how we can make best use of gis functionality and then just generally continue to

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refine the tool. Next slide. In terms of moving to toward heal phase 2 the immediate next steps are we are in the hiring process in the division generally, thanks to the new positions that were approved in the fiscal year 2022 budget so we are in that process, we are not fully hired up yet but working with hrd on that front, and then we, in order to expand our capacity do anticipate expanding some of the existing contracts from heal phase 1 in order to be able to provide that rapid rehousing resource to new encampments. But we don't -- are not going to stop there, we do anticipate soliciting for additional rapid rehousing providers under the $6 million that council appropriated or approved during the fiscal year '22 budget direction explicitly for the

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heal initiative. But because we know solicitation takes a while and we want to do it well, we are going to go ahead and expand one or more of our existing contracts to move forward. One of the good questions that has been asked is given our current bridge shelter capacity, we have two shelters that are at full capacity would offer about 140 rooms. What will our rate of housing placement look like and will that bridge shelter be adequate? And so that -- we think not a terribly complex bit of analysis we need to do but something we need look at. And then finally, you know, we really are looking at the performance of the initiative at every level. We want to continue to track the acceptance of people to move into shelter and housing, to track the time it takes tell to get enrolled into programs and

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how long it gets them to -- how long it takes them excuse me to be placed into louising and those are reports and information avenues that I think we want to solidify for council and for this committee in particular. Next slide. With that, I will take your questions. >> Tovo: Thank you. This is really terrific information. Thank you so much for presenting it in this fashion. >> Thank you. >> Vice chair. >> There it is, perfect. Thank you, I just wanted to go through, thank you for your presentation, as you know, it is of interest to my community regarding the heal initiative as I am sure it is for every community throughout the city. So I appreciate you laying out the process in which you and city staff have gone through in

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recommending, having departments recommend their top five encampment sites but I guess I am trying to get a better sense from the map you laid out, what sites are you -- because I see bigger circles that have multiple departmental recommendations but like what is, what does that actually mean? Are you suggesting those -- can you give us an idea of which sites will be included in the -- >> Sure, thank you, councilmember and I think I could have been more clear. So we are not yet at a point where we are recommending sites, because we want to make sure that this sort of list of sites that departments have suggested we look at as priorities track to the health and safety criteria that we are establishing, right? And see where they fall. And so that is the next step is to go through this beta of testing the tool and looking really at, you know, we have so many sites across the city, the need is so great, how do we determine which ones we prioritize? And so we anticipate over the

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remainder of this month determining which sites would be prioritized for the next phase, and then as with phase 1, we are not typically naming those sites because it has you know, some perverse sort of impact of potentially having people move to places that are not safe for them in order to secure housing. And so you know, we want to be communicating with our councilmembers and we will certainly do that as we have sites that are emerging. The other thing that is happening is that we have already seen some of the sites that were on the list of multiple departments where our sites were, enforcement has now happened without heal, right? And so they come off the list. We anticipate that the list will be somewhat fluid and we will need to be maintaining it and revisiting it on a regular basis. >> Okay.

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So with that will you also be considering the size of the encampment? You know, because I know we want to be equitable in our response and I am sure we are showing progress in all parts of our city. But there are some encampments that are smaller than some of our larger ones and I know we have been prioritizing the encampments that are with high visibility and higher number of our unhoused included so would that be in the mix of what is prioritized once you all -- >> I think from my perspective, the size of the encampment is not fundamentally a plus or a minus, because frankly you know, we are also going to be managing our shelter capacity. There may be times when we are able to accommodate a smaller site and go ahead and resolve that site, you know, when we don't have 50 beds open at one time. So I think that will be something that evolves over time but we don't have a concrete

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preference, for example, only for the larger sites or for the smaller sites. >> Gotcha, thank you, that is helpful. And lastly, so by the end -- you are finding the prioritization by the end of the month and the tool, so by early November is when we can expect to have the second phase of heal initiative launch? >> That is correct. We received direction during the budget process to push toward launching phase 2 by November 1st and we are pushing very hard toward that,

frankly it is going to be tight but whether he keep you guys apprised as we did with phase 1 and move with all haste. >> Thank you. Thank you so much and your hard work is certainly appreciated and noticed and thank you for doing all you do meet that deadline, I appreciate it. >> And I can't miss an opportunity to acknowledge that that was the staff. >> Tovo: Two really important

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members of your staff here today with you. So thank you all for your incredible work. Councilmember kitchen. >> Kitchen: Yes. I know we are tight on time but I want to say kudos to all of you, this is incredible work and very important work so thank you for presenting this information. And I think .. Councilmember Fuentes asked a lot of my questions so that is very helpful. I am going to do one little placeholder that I don't expect you guys to answer now. It is not the first priority in this process, but at some point I would like to hear back on you all's -- what you are encountering in terms of the use of the public space afterwards, you know, that is one -- that is one part of heal is you know, taking a look at those particular locations and the potential for addressing those locations in one way or another so for example enhancing the

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pedestrian, bike and other access in the Ben white area, so again I don't expect you to answer that right now but I think over time it would be useful to engage in community, engage in departments, perhaps engage others on actually enhancing the use of these spaces so but again, I appreciate what you presented so far and I want to say thank you for keep your eye on the first target, I know you guys will do that as much as you possibly can and so I appreciate that. >> Thank you, councilmember. >> Tovo: And I have just two super quick questions, because we do need to break for executive session, but it is especially helpful to see the prioritization map and to see how the different departments rank the safety issues present and the composite of those is just very useful so I really appreciate the way you captured through your presentation here

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today the sent to which multiple departments are engaged in this effort of assessing risk and health and then responding to health and safety risks throughout the city. That's really useful. Quickly, I noticed on one of your slides it talks about north bridge being partial heal, what is the other part of it reserved for? >> So it is currently only occupied by participants in heal, but when we opened north bridge in response to council setting aside of resources after the passage of prop B to create additional crisis capacity, it allowed us to complete the heal initiative in the timeline we were given. However, we have -- without, with -- we said we are setting this aside only for heal we do anticipate using north bridge in -- in a combination of ways .. So setting aside rooms there for people who are in the heal

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initiative and eventually we are talking with echo right now about allowing the set aside of some rooms for people who are coming through more traditional process, of someone who might be unsheltered but the is at the top of the permanent supportive housing list and would allow case managers to bring them off the streets 0 to have them in a stable place while they got them into housing and I think that is even more critical now as we know that people are being more frequently displaced. In the shorter term, we also are planning on, we are demobilizing the final pro lodge by the end of this month. We think that the vast majority of the 50 or so people who remain there will have someone to go, excuse me, somewhere to go, either be housed or have another temporary situation available to them, but we will probably move five or ten folks from the pro lodge over to north bridge until they are housed as well. >> Thank you. And when you talk about the numbers or the extent to which

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individuals are being displaced, I assume part of that connection is theorizing to the top of the list for housing and if those case managers don't know where to find them -- >> That is correct. >> -- They may be unable to -- that's one of the real challenges of individuals being displaced at this point. >> That's right. >> I am sorry, I didn't mean to talk -- >> That is correct. >> You did indicate that -- there is my second and last question for moment. At north bridge, Nazi of Austin is staffing that. Is that the long-term plan or are you looking to get a service provider for. >> >> That is city of Austin staffing. >> We were utilizing it as a pro lodge when we purchased it, and so our plan is city still likely to issue .. A request for proposals for a developer

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operator to take ownership of that and to handle the renovation for that we are right now not looking to contract with a third party service provider because it would be for less than a year and probably not particularly efficient to do so. >> Tovo: Super. Thank you so much. So I know, Ms. Gray, we talked about potentially getting a briefing, a short briefing on the work that you are doing to craft a spending plan. My assumption based on the time is that we are really not going to have time for that today and I apologize. >> That's fine. >> Tovo: What we will do instead is break into executive session and handle that portion of the meeting and I think councilmember kitchen and I may talk with you about whether there is an opportunity to present some of that information at our work -- at our upcoming work council session. >> I would be happy to. >> Tovo: Thank you to all of you in the homeless strategy office. I think you are the one of the busiest offices right here in the city right now and thank you for the tremendous work you are doing. >> Thank you.

[11:33:04 AM]

>> Tovo:. >> Colleagues we are going to now go into executive session. Vice chair Fuentes, did you have a question? >> , No I was just trying make sure my mic was off. It is not off. I don't know. >> Tovo: So the committee will now go into closed session to take up two items pursuant

to section 551074 of the government code the committee will discuss personnel matters related to item 5 on our agenda, discuss the selection of members to the sobering center local government corporation board of directors and, six, discuss the selection of members of to the central health board of managers. Is there any objection to going into executive session on the items announced? Hearing and seeing none the committee will now go into executive session. And pursuant do our usual practices we will conduct that virtually. We will then return back out to the dais, I don't expect we will take action today but one of us

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will come out and close out the meeting.

[12:12:36 PM]

>> And we are now out of closed session and closed session we discussed personnel matters related to items 5 and 6 and seeing no other business before this committee, we stand adjourned at 12:12 on October 6.