

Public Health Committee Meeting Transcript – 02/09/2022

Title: ATXN-1 (24hr)

Channel: 6 - ATXN-1

Recorded On: 2/9/2022 6:00:00 AM

Original Air Date: 2/9/2022

Transcript Generated by SnapStream

Please note that the following transcript is for reference purposes and does not constitute the official record of actions taken during the meeting. For the official record of actions of the meeting, please refer to the Approved Minutes.

[9:30:42 AM]

>> Tovo: Are. >> And I am going to call this meeting to order. We have -- well, just me here on the dais and attending virtually we have mayor Adler and councilmember kitchen and councilmember harper-madison. Thank you all for joining us. We did shift things around a bit. I believe that we got to all of our presenters for today. We will start with the homelessness briefing because we have a few members of this committee who are going to need to leave pretty soon. So, first I'll entertain a motion to approve the minutes, please. Councilmember harper-madison moves approval. Is there a second? Mayor or councilmember kitchen, can you -- there you go. Mayor Adler second itself. All in favor, signal by raising your hand and that's unanimous on the dais with vice chair Fuentes off the dais. So let's move into our homelessness briefing. Today is a special day, not only

[9:31:43 AM]

because it's our public health meeting, and the 9th of February, but it's also Dianna grey's birthday, so thank you so much for spending the morning of your birthday here with us, and we hope that you have a very happy birthday to you today. So we're going to get you out quickly so you can get to go about the rest of your birthday. >> Chair, do you mind if I -- if I -- >> Tovo: No. >> Add my voice to happy birthday. >> Tovo: Absolutely. And anybody on the call should feel free to sing. >> Steve is the only one here with a good singing voice. >> Kitchen: I wouldn't subject her to singing. So, Dianna, consider that we'll eat

cake later today in your name. So thank you very much for having a birthday. >> Thank you so much, I appreciate it. And thank you, acm Howard for outing me publicly. So we can go ahead and bring up

[9:32:43 AM]

the presentation. We have three staff presentations this morning within the homelessness briefing as well as a briefing from homemade, which will follow the staff presentation. This is actually a different slide deck. So we are looking for -- there we go. Thank you very much. >> Tovo: Yeah, and I did indicate that we would be shifting things a bit and we'll begin with our homelessness briefing which as Ms. Gray says has embedded presentations, including the one from "Homemade", and at 10:15 we'll move into the African-American men's health clinic presentation. >> Thank you. The so on Monday the chair let us know that they would like a summary of last week's cold weather shelter activation and emergency activities. And so if that portion of the briefing, Janet pachette from Austin public health will join

[9:33:43 AM]

us briefly. I will preface saying that it's only been a couple business days since that time and so we continue to collate data, etc. And we'll have information at a summary level for you and can certainly take any questions for future briefings or information transmitted to council. I'll then speak to status update on the housing focused encampment assistance link initiative. And then askeisha will give a briefing also virtually on the social services solicitation series that is upcoming. So at this time, do we have Janet pachette on the line? >> Yes, I'm actually here. I'm not driving, but I'm in my car. So, I don't know if -- good morning, everybody. >> Good morning. Let's go ahead and advance the slide, please. >> Tovo: And we can hear you

[9:34:44 AM]

just fine. So feel free to begin as soon as -- >> Okay, I will turn my video off, I don't know if my video is even on. >> Tovo: We don't see you on the screen so I'm not sure that your video is on. But what is on the screen is the winter 2021-2022 cold weather shelter slide with the information that you have compiled. >> Right. So just to kind of give you some background. Austin public health, along with the homeless strategy division, it's been working in part have been working very closely on some of these activations that have occurred. We have seven activations during January. The most recent activation covered a five-day period. But our average census as far as intake at each one of these activations has roughly been about 88 individuals. The majority as you can see here are male, with 17% females.

[9:35:46 AM]

And so, let's see, yeah, so -- for these activation periods we had one shelter operate, and two other -- or three other activations, we had two shelters operating. So in this most recent cold weather event, we had activated the shelter starting on Wednesday, the 2nd of February, and it carried us through Sunday, most recently -- this last Sunday. And we saw quite a few people during that time period. Let's see... In addition, because the cold weather snap, we did also -- we have our standing three cold weather shelters that we use on a typical basis, but Kimberly Mcneely also made available five additional recreation centers that would serve as -- what we

[9:36:46 AM]

had try to make a distinction between cold weather sheltering operations and community shelters that would serve as a warming center during the day, but could also shelter people in the evenings. So those five additional shelters came online on Thursday, and operated during the 24 -- on a 24-hour basis, through Sunday, when we began demobilizing those operations. Our census as you can see here, we roughly -- on a nightly basis served about 479 people, while I guess that it's all of it across eight sites and we did have six shelters at our capacity. Some of our challenges was finding staffing, as has been the case for a lot of things lately because of covid. But the staffing did include,

[9:37:47 AM]

you know, emergency operations. We operated out of the emergency operation center, but the bulk of staffing was those individuals from parks and recreation, the downtown Austin community court, Austin public health, and interval care. Austin police department and Travis county sheriff's office were involved in supporting these operations. Is there a next slide? So one thing that we did actually put into place that worked out really well is that we worked with Austin capital metro to pick people up from the embarkation point and drop them off at each one of the shelter locations and that was at 1 Texas center. And we would open it up each night and process people, and

[9:38:47 AM]

then take them over to the shelter. Capital metro during this time period waived any kind of fares so that people -- there would be no barrier for people getting to those operations. And so that was pretty handy. And after the embarkation point was closed, if people did present in the community that needed sheltering, what would happen is that 311 one dispatched and either capital metro or the adrn, which is the -- is Austin disaster relief network, would actually pick people up and drop them off at the shelter

locations that had availability or capacity. And if the other -- the other route was if it came in through 911 or if APDM required people

[9:39:51 AM]

out in the community requiring sheltering they would pick them up and transport them to those facilities as well. Let's see here. And so, anyhow, there were quite a few external partners that helped to present and share some of that -- the burden of getting folks to locations, and they worked tirelessly in doing so. And we actually used this process -- we just kind of changed it up a little bit to address boiled water deliveries to homebound. So it was a process that we found worked very well. And as far as water, front steps was able to prepare meals. There was I think the first few nights Travis county had a big order of food that was available for another purpose, and then it was going -- it actually was

[9:40:52 AM]

diverted over to the shelter locations for use. So front steps really came through and provided a lot of meals for those locations during that time period. You know, other options for meals -- I think that one thing that was really helpful during this process, especially for the community shelters, is that we had shelter pod kits that were available based on some of the lessons learned from winter storm uri, so these pods were dropped at the recreation centers and they had a large number of meals that were ready to eat. So MREs that were available to provide food. Because a lot of businesses were closed or had limited staff that could prepare food, we were -- we were working to find many different options to provide food during this time period. And then when there was the

[9:41:53 AM]

boiled water notice came into effect, we also worked with the shelters. I think from a logistic standpoint, we placed water orders in right away, actually before -- before the boiled water notice went into effect. We had a water already on-site for those folks. As far as covid protocols, you know, we encouraged social distancing and masking in these shelter locations, but most people at the embarkation were screened and if they failed to meet that screen they were provided a covid rapid antigen test to determine if they had covid. If they were positive, they were then transferred over to the isolation facility, but we only had actually one person who met -- met the symptom criteria and he was tested and was positive and was ultimately transferred. The rest were negative and could

[9:42:54 AM]

be admitted into the facility. But we did encourage, you know, masking and social distancing and those types of activities. And then as far as communications, you know, we worked with our PIOs to make sure that we had word out on the street, I think also -- we worked with numerous community organizations to get that information out as well. And I'll stop there and unless you have any questions. I'm not sure that there's any other slide. I don't think that there is. >> Tovo: Colleagues, we have a few minutes for questions. If -- let's see, if we could pull that down, pull the presentation down for just a minute, please, so that I can see my colleagues on the screen. Councilmember Kitchen. And then councilmember -- >> Kitchen: I wanted to just very quickly say thank you. I think that the work with capmetro was done very quickly

[9:43:55 AM]

and your work was done quickly to get people into shelters. So I don't -- I don't really have any questions at this point. I just wanted to say thank you. >> Tovo: Thank you, councilmember. Councilmember Harper Madison. >> Harper-madison: I'd like to echo my colleague's sentiments. I have received some phone calls that were very, very impressed by not even just the rapid response, but the comprehensive response. I do have a question about if we extended capacity. The last time that we had a conversation it seemed that it was limited capacity. I want to make certain that we are fully prepared and if that's the case, I'd like to know what we were at prior to, and what we're at now. >> Yeah, I'm not sure what the exact census was at that particular time. We still have a fairly high census running in the isolation facilities, although it wasn't quite what it was at the peak of the omicron surge.

[9:44:56 AM]

But we did have -- it was -- it was pretty filled up with individuals that were currently experiencing covid. I can get you those numbers. I don't have them off the top of my head right now, but -- but there was capacity available at the isolation facility. We just didn't need it. I don't know that it was extended beyond those who had covid to those who -- beyond those that had covid. >> Harper-madison: I think that my colleagues and I would all appreciate those numbers, if for no other reason that, we could figure out where we were, where we are, where we're headed. >> I'd be happy to get it for you. >> Harper-madison: I'd appreciate that, thank you. >> Um-hmm. >> Tovo: Thank you. And I want to echo the thanks to all of the staff who helped -- helped to put this plan into action so quickly. Ms. Pachtette, can you explain

[9:45:56 AM]

for the public especially who you talked about staffing and you had a list of the departments. How do staff -- how does staff get assigned to this, through some volunteer, what is the balance there? >> So, I mean, I think that is some of our biggest challenges as far as identifying staffing. We do have a shelter manager's list, you know, that was -- we I think that homeland security management for the capillary shelter hub operations trains individuals within the city departments and outside city departments too, to see if they can be shelter managers for -- for different sheltering operations. And we consider all different types of hazards, whether it be flooding or hurricane response and whatnot. It's probably been a while since some of those lists have been updated, and I'm not sure about

[9:46:57 AM]

the frequency of shelter training that's occurred, but I think that corporate hrd went to that list to see if those individuals would be willing to, you know, to support some of the shelter operations. I have no idea how many -- I just felt very bad late one evening when we were sitting and I could hear director Mcneil calling people and asking them to come in because they were assigned to work but they were not being able to do so. So we still have staffing struggles, I think that it is amplified by the fact that we have covid happening and -- >> Tovo: Sure. >> And people are kind of afraid to come into work and work -- to work in support of operations at all. So -- and, you know, it ended up being a lot of park staff that came to support.

[9:47:57 AM]

And the Austin relief network had some volunteers that supported, and there were other staff from other city departments who were willing to step in and support the operation. But it is something that we definitely need to continue working on as far as making sure that we have staff available to support these types of operations in our community. >> Tovo: Yeah. I have many more questions about this particular element, as we -- as we talk about resilience and resilience hubs, I really want to better understand how it worked, how the staffing worked, what the relationship was with volunteers, how we're doing training across our city organization as noted in various after-action reports. Who would be -- we don't have time today to talk about it. Who would be the right -- is that an hrd decision? Or is that a discussion with -- >> I think that it's a combination of working with hrd, the department directors, and

[9:49:00 AM]

hrd, and -- and, um, case, because he would be providing the training. >> Tovo: Right. We don't have time to dive into anymore questions about this right now. Are you the right person to follow up with? >> Yeah, I'm headed over to the esc after this meeting so I would be happy to follow-up with Juan and other city departments and Ms. Hayes as well. >> Tovo: Okay, great, thank you. Thank you very much.

And councilmember harper-madison. >> Harper-madison: Thank you, chair. For the general public we said eoc, and kesem and hrd -- >> Right. >> Harper-madison: Much to the point of my very wise processor, we need to be careful that the general public understands what we're talking about. >> Yeah, I got it. I'm sorry for speaking in acronyms. Yes, homeland security

[9:50:02 AM]

management department and our corporate city of Austin human resources department is who I was referencing. >> Tovo: Thank you very much, councilmember for that reminder. Councilmember Fuentes. >> Fuentes: I'll be quick. I had a quick question and thank you for sharing about the amount of individuals served with our cold weather shelters. Do we know how many rides were given or how many requests came through 311 for a ride to the shelter or any data on capmetro and how many individuals they served? >> I can get you that information. It did slow down in the evening. Like, I know that on Saturday night -- I know that there were 12 transports from the public safety side of the house, but I can -- I can get you that information. I don't have it with me. >> Fuentes: Thank you. Yes, I'd be curious just to see how public transportation is being utilized and if we need to add additional resources so that folks know that those are options available to get to the shelters or to get to 1 Texas

[9:51:04 AM]

center. And we'd like to echo, from my understanding that we were a little delayed in getting information out about our shelters being activated because of staffing needs and making sure that we had the appropriate levels of staff available. And so I'd also be interested in supporting a comprehensive strategy in how we do our cold weather strategy -- our cold weather shelter staffing needs. Thank you. >> Thank you. >> Tovo: Thank you very much. So I misspoke and we're actually moving to the discussion about the deployment of our funding. And that presentation is going to be done by akeisha Johnson smothers who is joining us >> I believe that the heal initiative is next and we would be glad to have akeisha go ahead and present, we'd have to

[9:52:04 AM]

advance the slide deck to that. >> Mayor Adler: Do we have a copy of Dianna's slide deck? >> Tovo: Can one of the staff let us know? Yes, I believe that we do. I will have to let you know, mayor, when it was sent out. >> So go ahead and advance the slide. I believe three more. There you go. >> Good morning. Can you all hear me? All right. Good morning, my name is akeisha Johnson smothers and I'm a unit manager with Austin public health. And I'm going to briefly discuss where money is being allocated across homeless services in the coming months. Next slide.

[9:53:07 AM]

You can advance to the next slide. Thank you. All right. So the department -- Austin public health is working with a couple of divisions within Austin public health, we're working together. And it is our health equity and community engagement and our homeless strategy divisions are working together to produce the solicitation that includes recommendations from both the investing for results report, as well as results that came out of the homeless summit about a year and a half or so ago. And the intent of that is that we can pull together a solicitation that produces -- produces agreements that will best meet the needs of those experiencing homelessness in our community. In addition to the results from those two entities, obviously, we're pulling things from hud, from our council where they pulled in lived experiences. So it's a combination of information that would be used to build up the solicitation.

[9:54:10 AM]

Additionally, another strategy that we will use in solicitation is multiple funding streams for support services that comes out of solicitation. Those being general funds from our city's general fund budget, the American rescue plan act, also referenced as arpa, sometimes you will hear that. And our federal emergency solutions grant, which comes from hud. As well as state of Texas funding through our homeless housing and service program. Next slide. While that's advancing, the general funds as well as our federal funding funds are coming from contracts that are currently funded for homeless services and based on -- as our record of strategic direction 2023, this is our year to solicit, re-solicit all of these funds so this falls very much in line now that we have arpa funds to support our efforts in the community. So all of those contracts that are currently funded by homeless

[9:55:11 AM]

services will be re-solicited in this solicitation. We are approaching this solicitation -- it is huge, this is a big, big component. We are approaching this solicitation in a phased approach. So our first phase, the first solicitation, will be housing stabilization. That particular -- this particular solicitation, actually it is currently available via the website. If it opened up on January 31st. So what is this stabilization? We're seeking applications to focus on rapid rehousing, which will be a performance base or a performance-based pilot that will deal with those contracts. Permanent supportive housing. And other supportive services that include housing navigation, landlord outreach/incentives as well as move-in supplies.

[9:56:12 AM]

So that's our first phase. This phase is approximately -- has approximately a \$53 million investment, between federal funds, general funds, and when I mean federal funds, arpa funds and our emergency solution grant funds. Our next phase, our second phase, is our crisis response phase. Which is planned to be released in the end of April of this year. That particular solicitation will include an ask for applications to focus on emergency shelter, bridge shelter and outreach services. In this particular solicitation it will encompass general funds and state funds, our state funds, Texas funds, as well as our federal arpa funds. Next slide. And our final phase, our third phase, will be reducing inflow and other supportive services set to release at the end of may

[9:57:13 AM]

of this year. And our -- we're asking applicants to focus on services such as prevention services, mental health and substance use issues and employment services and benefit access, and one thing that is missing is capacity -- capacity as well -- capacity building. A sidenote to capacity building -- even though the intent is to solicit through a big solicitation in a third phase, we will be looking at capacity needs across all solicitations. And looking to see how we can address across the solicitation. So that is definitely within our plan. Next slide. I think that's it. One last note -- all of these contracts -- well, the start dates will vary. Some are intended to start July 1st of this year. Many of them, especially the ones that are funded by general funds, will start at the

[9:58:14 AM]

beginning of our fiscal year, October 1st. And as we solicit anything outside of that general fund will have varying start dates. And -- I'm sorry -- it will be based on the funding that supports them. That's it from my presentation. The what questions do you have? >> Tovo: Thank you so very much. Questions? Councilmember harper-madison. >> Harper-madison: Thank you, Ms. Smothers for the presentation. I really appreciate it. I have a brief question from the capacity building perspective. Can you talk us through a little bit what that looks like, what resources we are looking to deploy, what activations we're looking to put online? >> Okay. I'm going to answer in two parts. I'll start and then I'll hand it off to Dianna who is in person as it relates to capacity building. We're going -- from how I explain it is that we're going

[9:59:15 AM]

to approach it from different aspects. From our -- also the health equity community engagement side, we will -- we will ask a question in the applications. So the current application that is out is a capacity question to see where the needs -- the agencies feel themselves, what they feel they need assistance. And look into utilizing some current capacity building contracts that we have already to support those

needs from our side. Dianna? >> Yes, so two pieces that I'd like to speak about. First of all, this week homeless strategy division in cooperation with echo is hosting a series of listening lessons for those in the community and we're organizing around the type of services offered, whether it's permanent housing or crisis services. And we have a specific listening

[10:00:16 AM]

session for black and brown led organizations and expect that there may be more, but getting their feedback on what the needs are and that's on top of some community engagement that we have already done. What we intend to do as we are developing this larger solicitation that will be released this summer, it is that in a shorter time frame we're working with the innovation office to do what will be essentially a small grants program. And potentially have a capacity building accelerator. So we don't have the details on that. Those will be smaller sums, a total of around probably \$50,000 per organization, but the idea being let's do some work in the short term that identifies known immediate capacity building needs that we could go ahead and fund, even if someone is not at that moment applying to the -- through the larger rfp. So let me just give you some examples of some things that we have heard from the community. Our insurance requirements can be a barrier. The costs of his licenses for

[10:01:20 AM]

the homeless management management system can be a barrier. We've got huge wave of requests for proposals coming out and mean organizations don't have a dedicated grant writer. So they might need a contract grant writer, or they may need to look at their accounting systems to make sure they're compliant. So that we view as our first step toward getting some funding that's quite flexible out into the community. And then we'll have the follow on of this larger rfp coming in the summer that will both, you know, I think be more comprehensive and the dollar limit will be higher. You know, if an organization can establish that they need \$100,000, to \$200,000 to really come to scale and we'd be positioned to be part of that. I want to say that importantly this is part of the summit investment plan. The city's portion of it is substantial. But we are also inviting private

[10:02:21 AM]

fundors to the table to help us build the capacity of our partners. >> Tovo: Mayor Adler I saw also had has hand up. And councilmember harper-madison did you have a follow-up? >> Harper-madison: Really quickly. Thank you both for the two parts. Those are both very helpful. And the one additional question that I would have is that as we are recognizing that so many of our constituents are having to pivot and re-tool and re-train, I just wonder if there's some opportunities there. I certainly don't want to have to

figure that out today but I'd love to continue that conversation. >> Just quickly, councilmember, you know, one of the major challenges that our service providers is having is staffing. And so I think that we need to be creative about, you know, are there sort of entry level positions and career tracks that we can, you know, complete to think about how do we staff this effort broadly, you know,

[10:03:23 AM]

valuing and honoring our social workers and the existing case managers in the system, but thinking about supplementing that workforce as well. So I think that it is well ti timed. >> To cap that off, you know, it is going to be important that we look at capacity in terms of service level. And then capacity in service delivery -- as a service delivery. So to make sure that we're cultivating and supporting our existing and new partners. >> Tovo: Mayor Adler, I know that you have a short time frame here so I'll go to you next for questions. >> Mayor Adler: I appreciate that and, chair, I'll try to come back if I'm able to. And I really appreciate the adding capacity as an element and thank you so much for doing that. The kind of capacity they want to make sure that we cover too, because this is like our chance every three years to get to some of the larger organizations, is

[10:04:24 AM]

not only asking the capacity question for them -- what do you need to increase capacity of your operation -- but what I've heard from the discussions is that we think that we may very well need those organizations to help us to increase capacity somewhere else. You know, if the organizations are agreeing to take somebody on, you know, two or three people on, like apprenticeships or internships in other organizations so that they can spend a year learning how to do it, I think that there are going to be a lot of people that would like to be able to participate in this round. Don't know how to do it and don't have the capacity to do it, and won't do it, because they're not able to do it yet -- will participate in phase three as you build capacity. But I want to make sure that the organizations that you're entering into with contracts now have a contractual provision or something that says that they would help to build capacity in other organizations as agreed and worked on between you and

[10:05:25 AM]

them. Because I think that is such an important component and we'll only have the leverage to make that question as part of this solicitation. I want to make sure that we're covering that element of capacity delivery for other organizations by these organizations as well. >> Absolutely. >> Mayor Adler: Can we do that kind of thing or is that -- >> I will definitely -- go ahead, I see Adrienne wants to chime in. >> Good morning, mayor Adler and councilmembers. I like the idea, I want to talk to legal about what it would take with our boiler plate to make those changes in the contract language. And then do some

stakeholder groups with partners to level set expectations on our part as a city and their part as well. Like, what would the additional resources be that they would need on the front end to be able to provide this capacity to community, but I do agree that it is going to take that type of

[10:06:29 AM]

cross collaborative effort to get to the space where we need to be. >> Mayor Adler: And so far every organization that I have talked to that are legacy folks have agreed to do -- and expressed a willingness and an eagerness, actually, to do this. And I think that it would be invaluable. So that's great. Thank you, director, I appreciate that. Thank you, chair. >> Tovo: You're very welcome. Councilmember Fuentes. >> Fuentes: Thank you. I guess that the question I have is the \$53 million that you mentioned that is part of this current solicitation -- is that standard? Is that usually the funds that we solicit as part of our regular homelessness efforts every year? Like, can you give me a frame of reference on how we are scaling up our efforts to meet the need? >> I'll let akeisha give the detail on that. It's a combination of general funds and arpa, which is really the lion's share of it, but I'm

[10:07:29 AM]

going to guess that she has the specific numbers. >> So, no, this large number is not our norm. As Dianna mentioned, arpa is our big one. Currently, our general funds is about -- for homeless overall, about approximately \$17 million, give or take -- you know, give or take. And so we have added on this large arpa component, which will allow us to really take a swing at assisting those as much as possible in our community who are experiencing homelessness. >> Fuentes: Okay, thank you, yes. Because I know that our community, you know, we have been sharing with our community that council has made a bold commitment, along with Travis county, with both of us coming forward with more than \$100 million each, on top of our general fund allocation. So knowing that we can share back with the community is that we are, you know, injecting an additional \$36 million at this

[10:08:31 AM]

time to help us in our -- in our ambitious goal of rehousing 3,000 individuals. Thank you. And happy birthday, Dianna. >> Thank you. >> Tovo: Thank you very much. Councilmember kitchen, and then we should -- I'm sorry to re-do presentations again but I know that -- >> Kitchen: It's okay, I can wait. I will just wait. >> Tovo: Okay, thank you. And let's go ahead if we could and switch to the homemade presentation and this is something that councilmember kitchen has asked for and she has a need to leave at 10:30. Sorry for the juggling, we're trying to accommodate a few councilmembers' schedules this morning. >> Kitchen: And councilmember tovo or chair tovo, if I could just mention -- I'm familiar with homemade and I really wanted to make sure that my colleagues were familiar with them, and also

that the public would have the opportunity to hear from them. They're a great resource in the community. They have helped us in the past

[10:09:34 AM]

with particular needs related to homelessness. And so I really appreciate hearing from homemade today. So, thank you. >> Tovo: Great. >> Kitchen: Thank you for allowing them to speak for a few minutes. >> Tovo: Yeah, and thank you for the suggestion and thank you so much for being here today. >> Thank you so much. We can skip to the next slide. Just a cover slide right there. My name is Melissa nice Warner daily and with homemade Austin. We have been here since 2018. Nationwide, we have been around since 1989 and we have 19 affiliates nationwide. And our goal is to build a future without homelessness. What we do is to partner with service providers and a six-county region, that is Williamson all the way to Hayes county, and to manage their ground-up projects. Next slide, please. That is our mission is to be a vital force in creating

[10:10:35 AM]

dignified housing. And we are helping people experiencing or at risk of to build new lives through construction and community engagement and education. Next slide. Or core values are inclusiveness and collaborative business and integrity. The way that we work is through partnerships with the home builders association, Austin associations and the residential builders to manage our renovations and ground-up projects. They can be anything from resource centers, food pantries and drop-in centers to actual housing. Next slide. We have the three sides of triangle are which are education and construction and community engagement. We have so much mobility with our mission, we are not just focused on one cause of homelessness. As we all know that there's a myriad of ways that people can end up experiencing housing insecurity. We aren't limited to serving one type of mission. So we partner with the organizations like mobile loafers

[10:11:37 AM]

and fishes and we have built tiny homes and working right now with mag delen house that work for those with other issues. The list goes on and on. Next slide. Through our partnerships in the building industry, the value that we bring to a project is not only through the project management, but we put the project in the hands of industry professionals. So we are saying to the building community, you're going to help to solve for a very complex issue by doing what you do best, and that's building housing. Also what we bring to the table is an incredible amount of savings. On average we save around 50% off the total cost of construction. Over the last almost four years we have saved service providers nearly

\$800,000 off the total cost of construction, impacting the lives of 3,500 individuals in the greater Austin area. So, when we take on a project, it gives service providers a peace of mind knowing that their

[10:12:37 AM]

project is in trusted hands and also through the savings, that is money they can instead invest in growing their mission, and their daily operations. Next slide, please. Through community engagement, this actually came along during the recession when nobody was building and so we wanted to stay out in the community engaged with our service providers. This is an opportunity for us to partner with service providers and ask them what their needs are. It seems like a novel concept but to ask an organization what they actually need, rather than just gifting them with resources, is a huge asset. So is it socks, is it, you know, boxes of ramen? Whatever it is based on that commission and the clients that they serve, we make sure that we're supplying them with diapers, whatever it is that their clients need, in order to help to stabilize and move their lives forward. Care days is something that we implemented this year. It's a type of project that your

[10:13:37 AM]

everyday volunteer can participate in. And they include cosmetic projects such as landscaping, painting, very light construction. We have one happening tomorrow for mobile loaves and fishes with Ianar. And we partner with large volume builders. That is a huge asset to us in savings and obviously leadership through these projects, our board is made up of presidents from builders and growing our pipeline of commercial builders. Next slide. Through education we hope to reach more people and to educate them on the issue of homelessness. I think that it is a topic that we hear a lot about in the news, but we oftentimes are not as educated on the undercurrent of homelessness being struggling with addiction, or if it is mental health, or abuse, these various -- these various challenges that end people up in very unstable situations. So our job is to get out into the community, bring people closer to the issues, proximity

[10:14:40 AM]

to the problem is a huge vehicle. And creating empathy in our community and helping give people a reason to stand alongside each other and to lift up our most vulnerable neighbors. Next slide, please. This is our team, we're a very small team like a lot of non-profits. The executive director is Jason, the project manager and Sally is our community relations manager and manages all of our homeaid essential projects and volunteer opportunities on the ground. Next slide. These are our major three-year goals is to bring in \$1.5 million and to impact the lives of 5,000 people. This is through both construction and outreach. Next slide. Project development is just a picture of a Charette that we did with a design

voice is the foundation for aia in Austin and partnering with architects to come up with a plan for peace lutheran church that is

[10:15:41 AM]

partnershiping with foundation for homelessness, a project in district 6, and we're very excited about the opportunity. We have brought together different teams and we're even talking to icon 3D building about constructing two homes for families of up to four. So we're looking to house four families of up to four people who are experiencing homelessness. This would be considered emergency housing. Also transitional housing. We are not limited to the type of housing that we take on, we can do anything from emergency to permanent supportive housing. We do require that all of the housing projects that we renovate or construct have supportive services tied to the housing, because housing alone -- as we all know -- it won't solve the issue, but it is that support through community and professional case management that we can help people to see their next step. Housing is a lot of things. It is healthcare, it is stability, but most of all, it is changing the way that people see themselves. Having worked on the ground with

[10:16:43 AM]

people struggling with addiction and living in homeless shelters, I can tell you that living in safe and dignified housing can completely change the way that a person sees themselves. And give them the clarity to be able to have hope and see that next step in front of them. Next slide, please. And so our mission through construction is to select the project. We play different roles throughout the project process. First we play matchmaker, identifying a project right now as I'm speaking that there's a site visit going on for keep Austin fed. They have just required a space where they can finally have cold storage for the food they deliver to verse various service providers throughout Austin. And we're hoping to help them to make that space more productive and allow them to expand their operations. And so it's identifying the project, and then going to our pipeline of builders and thinking who do we have that has

[10:17:44 AM]

the bandwidth to handle the scope of this type of project, does this mission speak to their company. And then pairing them up, creating a budget, and a plan, and helping to shepherd that project through. This is a quote from a neighbor at community first village. It says after 10 years on the streets, home was wherever me and Helen could lay down safe for the night. Now that we moved to the village, we know that we have a spot to lay down where we love to be. In a world rife with fear, hardship and loneliness, we feel that we may be the luckiest people on Earth. And so that, for me, it is our why. It is the joy. And, again that, clarity that we can bring to folks who otherwise don't have that luxury. Next slide. Project

development, again, this gives an overview of our partnerships. It is very highly collaborative process. There are a lot of layers and players to what we do but we are, again, bringing together the building community with the non-profit community. And really maximizing the talent

[10:18:45 AM]

and resources inside the construction industry. Next slide. Our strengths is that we support a variety of missions and we serve people all along the spectrum of homelessness. If we are only serving people experiencing homelessness, then we truly aren't solving the problem. We have to help people with that preventive healthcare and that housing. And getting people into safe and stable housing and helping them to maintain the stability they have so that they aren't experiencing housing insecurity any longer. And we can renovate or build ground-up. We have the flexibility to do that. And the relationships that we build in the community are our greatest asset. It is through the friends that we make and both in commercial and residential building, and through meetings like this that are bringing people together, we can be so much stronger than on our own. Next slide. So these are the opportunities. The project that I mentioned earlier that is in actually in district 6, it is peace lutheran church partnering with the

[10:19:45 AM]

foundation for the homeless -- one of our biggest challenge is pre-development costs. And if we had help waiving permitting fees and impact fees, we have -- we are looking at a mitigation fee upwards of \$150,000 for this one project at peace lutheran. This is a tipping point for this project. And we have not broken ground. This is very common. A lot of these fees are deal breakers for projects and organizations that we're working with. We're not always working with mobile loaves and fishes, that is a large operation. A lot of times we are working with a team as big as ours, three people, 10 people, and so being able to waive these fees so we can actually get to the construction piece of what we're doing is crucial in order to create safe and stable housing. Materials shortages have been a huge challenge for us over the last two years. We had to definitely get creative. We are seen as one of the more innovative affiliates of homeaid, looking outside of the

[10:20:46 AM]

box and working with companies like icon, we're also in talks with a couple called modal, which is modular Adu builder, and they're looking to partner potentially with Texas Baptist children's home on a project that we may see in the next few years here. Covering six counties too is a very sprawly area. So in order to best serve the organizations that we're partnering with and the land that we cover, we really do need to be looking at growing our team. Of course, that takes funds, and so we're always looking to fundraise and add to our mission through growing operations and being able to better support our

neighbors who are experiencing homelessness. I believe that is it. I tried to fit it in five minutes. So if there's any questions. >> Tovo: Thank you so much for that and it's really interesting to hear about an organization working in this space that we haven't necessarily talked about here at city council. So thank you for that brief overview, but, really, a weighty

[10:21:47 AM]

one with lots of information. And I would be happy to talk with you about the fee waivers or to get more information from you, that would be very helpful. We have encountered that before with other projects. I know that it would be appropriate to loop in the councilmember in that district and make sure that she's aware as well. Questions for our speaker? Councilmember kitchen, and then councilmember harper-madison. >> Kitchen: Yeah, just a quick question, and I apologize, I'll have to step off, but thank you very much. This is very helpful. I know that I've had the opportunity to talk with you before and reach out to you all, either for help with a project or just for ideas to help us to think about how we can direct someone in the right direction to get assistance. So I really appreciate that. So, I just wanted to say thank you for that. And also I also appreciate you bringing to our attention what

[10:22:48 AM]

you just did, you know, in terms of difficulties with fees and that sort of thing. I think that the experience that you all have is very much on-the-ground experience, and specific and detailed experience that you can help us understand how we can improve our processes and really just make it more possible for groups like yours and others in the community to really help us as a community effort to house folks that are unsheltered. So I'm going to say thank you and step off. I know that my colleagues have a lot of questions and I'm pleased to be able to have you come and talk with us. >> Well, thank you for the invitation, councilmember kitchen. Thank you. >> Tovo: Councilmember harper-madison. >> Harper-madison: I was hoping to capture councilmember kitchen and express gratitude for bringing this forward. And it's one of the things that I just cannot stop thinking about. And you spoke to it and our chair spoke to it as well, like,

[10:23:48 AM]

removing barriers for permanent supportive housing. As we're going to continue to have these conversations about our impenetrable housing system, we're not just talking about people experiencing unsheltered homelessness, we're not talking about just people on the verge of it -- we just generally have to get better about how we do housing. So I really, really appreciate that we're all thinking about how to remove barriers. As far as I'm concerned, I'm relatively green and I'm radical and I'm like just take away every barrier -- everything that could make it, you know, possible to produce permanent

supportive housing, I think that we should do it. And if we have the power as a body, as a municipality, I say that we just take away every single barrier. So I appreciate that you brought that up. There are two other things that you said -- I think that one of the things, chair, this is maybe going to be a future item that I'd like to discuss. And then there's also one that I don't know if it's for this body -- and I'd love to get your guidance, given your -- you know, your deep lived experience with this body. So the presenter said something

[10:24:48 AM]

about keeping Austin fed. So something that has been a thing, you know, even in my former lifetime as a florist, one thing that I did as a florist is that I recaptured flowers. And people would spend \$30,000, \$40,000, \$50,000 on a wedding and half was the flowers. And I remembered how much food -- these giant pans of pasta and ziti and all of this stuff that's going to go right to the trash and, you know, y'all know that we go to these Galas where there's only three people at the table that attend. And there's a salad, there's dessert and the primary meal -- all of this food waste. So I would like very much to think about in addition to removing barriers around producing housing, I'd like to think about ways that we -- that they throw that food away because of our limitations around, you know, the health department has very specific rules about how long it can sit out -- all of that kind of stuff.

[10:25:48 AM]

I think that there are ways for us to waste less food and for us to produce more food for people who need food, by way of the food that we're already producing. We're all going to these Galas. Y'all see it, you see the food waste. And it really just -- it's a problem for me. It really makes me want to not go because I just watch all of this food that I know that will go to the trash. They don't feed it to employees and not taking it to people experiencing homelessness, all of that food just goes in the trash. We're certainly not going to fix it today, but I'd like to think through if we could bring an item forward for future consideration around how to mitigate food waste. The same way that we need to mitigate the barriers for producing permanent supportive housing, I think we need to find a way to mitigate food waste. I think that there are ways. I mean, the food is getting cooked and people aren't eating it. And then the last thing that I wrote down was there's an organization in my district, they're working in my district,

[10:26:49 AM]

they're doing this thing with this plug-in house. They have these insulated panels and they can slap that house together in a day -- less than a day. And I think that we really need to think through -- to your point the presenter's point, about the person that is doing the modular -- sorry, honey, you are on

camera -- doing the modular housing. I think we really need to be dialing into all of the organizations and, you know, they don't have to compete with one another, let's work with them all as far as I'm concerned. So I'd love to keep this conversation going and if you could follow-up with my office, that would be great. Because there are folk doing the work and there's one organization already, and there's one in my district off Alamo that they put together. So people could just see how fast it was put together and see that it's insulated. But then also to your point about alternative building materials. I really think that as a body, as a city, we need to start thinking about we're watching

[10:27:51 AM]

how frequently lumber shortage is the problem. So are we thinking about how to create and alternative building materials before the leg and back into session, to think as a body how to produce alternative building materials. So all of those things to say that there's nothing that we will fix today with any of those things but I wanted to put it on our radar. I think about it a lot. >> Thank you for that and I look forward to connecting. Something that you said about access to food, I think that access to healthy food is imperative. I had a client once that lived at the Salvation Army downtown and said I had never eaten two cakes in one day until I lived there. And just the amount of processed and unhealthy foods that are readily available but aren't necessarily the best thing for people. So making food -- healthy foods accessible. And also making them in a way that is manageable. I think that is something that keep Austin fed does so well and

[10:28:52 AM]

they are delivering pre-packaged meals and they're also very culturally sensitive, that some groups they're delivering to prefer, you know, to prepare their own food, because of whatever reason. And so I think that it's that sensitivity to the client, and us being able to lift all of these organizations up through these partnerships that you talk about. So, absolutely. >> Tovo: Yes, thank you, and there are other organizations too that are doing food rescue that might be good to dip into that conversation. Thank you so much, and that was really fascinating. I do want to say that one thing that we will need to talk about with regard to potential fee waivers, is that is one way that we fund and pay for the staff and the development services. So I think that as a city, you know, we certainly have -- we have waived fees in the past for affordable housing at community first village, and so I think that it certainly is something that the council can deliberate on. But it is -- it is -- that is

[10:29:52 AM]

one of the reasons for the want to be clear with our public that is not -- it's not a barrier, it is not that we're trying to put up barriers, it is just one of the way that we fund the services is through those

permits and fees. But, certainly, I think that it makes sense to consider exceptions for certain projects. So thank you for raising that to our attention. We are quite a bit off schedule, but if we could do our last homelessness presentation on heal and then we'll move into the African-American men's health clinic. Apologies to our presenters for that next presentation, sorry to hold you up. And thank you for our staff for so ably navigating back and forth among multiple different presentations.

[10:30:52 AM]

>> I believe that we should probably be on slide six or seven. There you go. And move to the next slide. So, a couple of these bullet points that we spoke about at the last council meeting, so I won't spend too much time on them. Since the heal initiative was approved by council February 4th, 2021, we have served 182 individuals, relocated from six encampments. The fiscal year goal for this year at council direction was at least 200 individuals served. We have so far relocated 40 individuals from two encampments. And we do think that we'll be on track to meet that goal by the end of the fiscal year. We've had a 93% of individuals who have been offered relocation to shelter that have accepted. And 32 have been rehoused to date. We are using two bridge shelters that our city owns, those are both converted hotels. Our current count is 95 individuals, actually, this was

[10:31:53 AM]

as of January 20th. 92% of those have completed coordinated assessment. So there are two things that we're seeing and we needed so solve for as people came into shelter. One, we are finding lower than anticipated numbers of people who have already got coordinated assessment, which as many of you know is the assessment that sort of refers someone for services within the homeless response system and prioritizes them. And we had a bit of a lag in getting that done for those individuals who didn't have it. So we want to continue to report to council in terms of making sure that we are, you know, we are capturing folks and making sure that they got that assessment happening within the first couple of weeks of arriving at shelter, if it's not happened already. Similarly, we saw some lags earlier in the initiative in enrolling in a permanent housing program. And part of it was that for the first four encampments the

[10:32:53 AM]

numbers were larger, and larger than our contract for rapid rehousing services. Right now we're at January 20th date, we are at 66% of people referred into and enrolled in a permanent housing program. That is lower than what we'd like to see, but this census was done about three days after a relocation from an encampment. So it would be natural that those people would not yet have been enrolled. Based on when we took those folks out of the analysis we were at 85%. I still would like to see that higher. I

would like to see it at 100% for those who have been there longer than a week, but we'll continue to monitor that. Next slide, please. And another of the things that council has asked us to monitor is the demographics of people served through the heal initiative. With a particular interest in ensuring that this approach doesn't further the disproportionate impacts of

[10:33:54 AM]

homelessness, particularly on the African-American community. And so when we looked at the clients who have been served thus far through the heal initiative, what you see here is a breakdown by race and ethnicity, as well as by age. And the piece that I'd like to highlight here is that the percentage of black or African-American neighbors served through this is roughly commensurate with what we see in the homeless population overall, which is around 36%. So we want to continue to look at that. The classification of white versus hispanic in the data is a little unclear, because as you know with census data, it considers race and hispanic or latinx ethnicity separate, whereas, the initial data in him everyone is does not. So I'm a little concerned that our numbers around the hispanic communities are lower than what we see in the homeless population overall. So that is something that we

[10:34:54 AM]

need to look at and see if we can reconcile the data. But we have a little bit of complication in terms of the categories. Finally, we'll provide in future reports comparison by age to the homeless population overall. But something that I would point out here is that almost 40% of people are 56 or older. And so those are, you know, by some classification, senior citizens and under any circumstance, but people who experience long-term homelessness age prematurely and experience health conditions at rates that are beyond their chronological years. So we are seeing quite a few folks who -- older adults who may be coming in with substantial medical conditions. And I will pause there and answer any questions that council might have. >> Tovo: Thank you so very much. Councilmember Fuentes. >> Fuentes: Thank you.

[10:35:54 AM]

And, thank you, Dianna, for sharing kind of your assessment of our echo -- the echo coordinated assessments that are created or led by echo. So that type of assessment, that initial assessment that is conducted -- how far behind do you think that we are? Because am I right that you shared that the number of individuals who are already have been through the assessment is lower than you expected. Can you share as to what factors have influenced? >> So I don't have a benchmark, a specific benchmark for that, but, certainly, we want everyone who is experiencing homelessness for more than a couple of days, right, to have a coordinated assessment so that we know that they're connected to services. I think that we have some fragmentation in our system generally and it has been compounded by covid

when many service providers stopped offering, you know, walk-in services to the degree that they were previously. But it's something that I'd like my division to look at

[10:36:55 AM]

cohesively with echo and the homelessness leadership council. We have a lot of issues with this system and how do we ensure that people are connecting. You know, one of the things that we heard anecdotally from folks working at the cold weather shelters that was they also were interacting with people who might not have been service connected previously, might not have interacted with the service or had coordinated assessment. So I think we have a lot of really core operational issues to address with cold weather shelter. It's also an opportunity for outreach and engagement. You know, once we have a more stable system, we need to really see if we can leverage that to make sure that we're -- you know, we're connecting with folks in the way that is appropriate. >> Fuentes: Well, thank you for that and, yes, I definitely agree that we need to look at all of the different ways that we can ensure that our unhoused have that coordinated, saysment. And there are -- assessment. And there are many different entry points that are out there. So having a comprehensive look, just so that we're not missing

[10:37:56 AM]

any opportunity -- I'm thrilled to hear that our cold weather shelters that we were able to ensure that those assessments were conducted. And the other thing to continue the thread from last month is the fact that, you know, I really would like us to see if we can expand our shelter capacity at Salvation Army and front steps. I know that they're operating at half levels because of covid, but knowing that we have tests readily available, that vaccines are readily accessible, I think that we're at a point right now given the crisis that we're in, that there's not enough housing options right now, that we need to -- we need to rethink those protocols and think about what additional safety measures we can add so that we can expand capacity at those shelters. Thank you. >> Tovo: Councilmember harper-madison, did you have any questions on this portion? You're muted. Did you have any questions?

[10:38:59 AM]

I think that I saw you say no. >> Harper-madison: Well, I did have one question. There was a slide where it said -- it talked about demographics and it talked about race and age, and then "Other," it said zero. >> So it's just that in the "Other" category for -- for race or ethnicity, we had not any reported in that category. No individuals had selected "Other" as their -- >> Harper-madison: Okay. >> As their ethnicity. >> Harper-madison: Okay, thank you, thank you. >> Tovo: I was going to just add my thanks and I think that the demographic information is particularly useful and thank you for putting it in the context of the

home littleness population here in Austin so we can be really be mindful how the initiatives are really meeting those needs. So, thank you, this is terrific. And I also appreciate -- it is very successful. You're having great success at getting individuals housed safely and then on the track to permanent housing. So, thank you. I know that it's been a really challenging week for you and your staff as well as our city

[10:40:00 AM]

staff. So, thank you. >> Thank you, chair. >> Tovo: Have a wonderful and a very happy birthday. >> Thank you. >> Tovo: All right, so our next and final agenda item of the day is to hear from Larry ballast and we welcome you here to talk about the African-American men's health clinic presentation. Thank you for joining us today and apologies that we're taking you up a little later than we had anticipated. >> Thank you for allowing us to have time just to present and to talk about a new effort and initiative that we think that is very exciting for this community and for men of color. And before I get started, I do want to acknowledge Shannon Jones who helped to work with us on this early on, a year ago, and Michael Lofton with the harvest foundation. And I also want to acknowledge Larry Wallace Jr. Who has a full-time job, but he is helping when he can with technical

[10:41:05 AM]

support. So African-American men's health clinic. As you can see, our mission really is to give men the tools that they need that impact their lives. We believe that a holistic approach is needed as we address men of color, and when we talk about men of color, we're talking about African-Americans, hispanics, Latinos, and Asian, and anybody -- we're not going to discriminate. So if you have a healthcare need, we want to make these services available to you. The holistic approach that we will use in our project -- we believe that mental health is the backbone of what we do. And to address the trauma that men have suffered through the

[10:42:06 AM]

years to ignore mental health is really a mistake. Physical health through screenings and check-ups and being able to identify health issues in advance will certainly advance our cause. And we also have to consider the social and spiritual needs. To ignore the needs that men have around housing, job security, family, safety. We will not be totally be successful. So we have those three areas that we focus our attention on. We are targeting eastern Travis county. There are not many services in that area. And so we have a great location which is at 6633290 east and it's right in the same building that the harvest foundation is located on. We will be on the first floor. Next slide. The issues are apparent.

[10:43:06 AM]

I'm not going to take time to go through them. But they all have negative indicators of life expectancy, strokes, heart disease, diabetes, H.I.V., mental health, and the unhoused population. We believe that we can bring solutions that address all of those. And that's why we're doing this project, it's because there are men who are not accessing care now. We have multiple services throughout the county, but there are still a large number of men who are not seeking services. And we asked the question why. And we have information that really speaks to that. But lack of information, lack of knowledge, mistrust in the healthcare system, lack of transportation, and sometimes the hours are not convenient when the services are being offered. Next slide. So how do we address the problem? How can we have a positive

[10:44:08 AM]

impact of change on men of color so that their lives can be expanded and they can experience the fullness that we all desire? You can look at the data, the stats speak for themselves. We acknowledge the obvious that people of color have had some challenges historically in this community. And we can't ignore that. That leads to mistrust. That leads to confusion in some cases. So for us we believe that addressing that mistrust through education and positive outcomes will certainly matter. We must provide services in a respectful manner. When you come into our space, when you look at what we have, you will know that it is for men. And so we have taken into consideration how we have to market and to address men's services. We intend to enroll every man

[10:45:10 AM]

that steps into our door, and why do you do that? Because we need to track their progress, so that we can report back and state that we made a difference. Without that information, we'll never know. And our partners are onboard with that. Next slide. And so how do we do this? No one agency can do it all. I spent almost 15 years at central health. And we did a lot, but there were still areas that we were not able to cover. So we leverage various resources that are already funded and we collaborate -- partners are a key. And leveraging is a core value of what we do. And we will develop joint strategies as we engage the community for feedback. I've been told a long time ago, if you want to know what people think -- ask. And so we have done that. We conducted surveys on over 700 men that responded and provided

[10:46:11 AM]

information to us that lets us know that this is really needed. And so to those that feel like maybe it's not -- we have proof that it is. And so those surveys are comprehensive. And it wasn't like a one-pager. And it took you like 10 to 15 minutes to fill it out. It was comprehensive. We used our mental health providers to help to develop the questions because we wanted to be holistic. And at the end we wanted to be able to identify really what men were asking for. So now we know. And it really feeds back to what I had said earlier -- the holistic approach -- mental, physical and social, spiritual. Next slide. So support opportunities. We have space, but we have nothing else. We have a list of partners who stood up and said we want to be a part of this. And we are seeking funding. Also there are many ways that

[10:47:12 AM]

people can participate. They can volunteer, provide equipment, technology, furniture, data information, whatever you have, we could certainly use it. You know, at this point. And the partners that have really stood up right now and they are a part of what we're doing are U.T. School of nursing, school of social work, the health department, American heart association, tex cross mental health, and integral care, harvest foundation, urban league, the black physicians association, Austin health commons, and those are the people that have said, yes, we want to be in this space. We had conversations with others. Adrienne, she serves on our steering committee which is made up of a number of individuals to help to guide us through this process. And so our last thing that we're

[10:48:13 AM]

going to talk about really is our next steps. So next slide. I think that may be it. Okay. So where we are -- next steps -- our partners are continuing to meet. We have the space. We're going to establish a calendar for hours of services. I don't expect any one provider to be there five days a week. We'll share our space. We'll have evening and weekend hours for men that are working. We are hosting an open house on February 24th at 3:00 P.M. We invite you to come meet all of our partners, you can learn about their services. And we are still seeking additional partners, hospital partner, which we are in conversations and I expect to hear back from them, and places where we can refer our patients after we identify their needs. And we also are looking for additional clinical capacity. So I went through that very quickly for the sake of time. And I will pause and any

[10:49:14 AM]

questions that you might have. >> Tovo: Thank you so very much, Mr. Wallace, that was really very, very helpful and informative. Questions, colleagues? Councilmember harper-madison. >> Harper-madison: Thank you, chair. I appreciate it. Thank you, Mr. Wallace, for your presentation. I can't begin to tell you how important I think that this initiative is. I have multiple questions but I'll try to keep it brief. So you

gave -- and you list the partners and you said aticic,. >> Austin Travis county integral care. >> Harper-madison: Thank you. And for the event on 2/24 at 3:00 P.M., is there a way for you to send my colleagues and I a sharable digital invitation that we can share with our constituents? >> Absolutely, yes. >> Harper-madison: I would appreciate that. And then I want to ask a question about -- and I think that you were pretty comprehensive when you talked through, especially from the social component. I think that is something that people are not thinking about,

[10:50:15 AM]

just what some of these social implications are. So during the course of the meeting that we had the other day about law enforcement, one of the things that I presented was how my brother, he sounds loud. He sounds gruff. But he is a kitten. And he has had some problems with people because of how he sounds. And that said, sometimes people when they are prone to fear, they respond out of fear, and that fear is violent and that fear is based in supremacy next I'm being entirely honest. So I would like very much if we could continue the conversation about how we can make our systems more -- when we talk about cultural competence -- I don't think that sometimes people know what you mean when you say that. So I don't know if you watched that particular meeting, but I'd love to just give you a little more insight about how sometimes people just sound like that. They're not a threat, but they

[10:51:15 AM]

sound like that. And then they had this, like, compound trauma that happens as a result of just how they sound. And so if I'm being entirely honest, because of how they look. And some people think that those people look scary. And that oftentimes presents itself so much more negatively for black men than any other portion of the population. So I appreciate y'all are taking that into consideration and I'd like to very much continue that conversation. Not only to get to the bottom -- what is the root of that. And then how do we combat it throughout all of our systems. So not just from the therapeutic component that you are making reference to -- how do we say that there are systems that compound trauma for people for literally no reason, other than, you know, what they look like. And so I really appreciate that, that's a major part of your considerations. I wanted to ask about -- so talking about veterans specifically is something that

[10:52:15 AM]

I'd like to continue the conversation around. I think that there are black men who are veterans who are not getting the care that they need. And I think that is because there's a lack of service providers who really get it, number one, but then there's a lack of service providers who from a cultural competence perspective really get it. And so I'd like very much to know how we can support that effort. So -- I don't

know if, you know, you are probably in chambers so you probably heard the previous conversation that we talked about capacity building, in which case, what are our options there? How do we build more capacity for people who get it, for veterans, and get it for black veterans -- black men veterans. I think that is a whole other conversation and you can tell me if you think that I'm off base there -- >> Not at all. >> Harper-madison: But I think that there's something to be said about building up our capacity there. And then alternative therapies -- another question that I have. You know, there's going to be a big question around alternative

[10:53:20 AM]

therapeutic approaches. I think that one of the things, you know, we just did this thing with expanded compassionate use for thc. So, for example, we're saying, hey, we appreciate that, you know, we have these, like, four very obscure epileptic disorders that we were doing compassion at use for in Texas. And now we expanded it out to PTSD. So I'd like very much to expand around thc and things -- therapies that are working for people, but because from a legislative perspective we're just not there yet -- I'd like very much -- especially, you know, as the next legislative session comes into play, how do we -- how do we have an honest conversation about alternative therapies. And so I hope that's on the table as one of the things that we could discuss further. >> Absolutely. And we're happy to take all of your suggestions into play. We're still in development stage, we're still adding

[10:54:21 AM]

partners. So my hope is that people that are listening to us that can provide those services will come forward and join us in our effort, because it does take all of us together if we're going to be successful. But, yes, everything that you just mentioned we will certainly take it into advisement. Veterans, we have a family of veterans, so I totally understand that need. As well as all of the other things that you discussed. So, thank you. >> Harper-madison: Thank you very much, I appreciate this presentation more than you know. If for no other reason, I obviously look like I look and I have brothers, so, yeah, thank you. I appreciate this, and I appreciate your effort and I really look forward to -- I'm not going to hang my hat on being a champion. I think that there are colleagues that I have that are just so much more well informed that will be able to help me help. And I just look forward to all of us locking arms and making sure that we make this a

[10:55:21 AM]

priority. So thank you for bringing this forward. >> Thank you, and Stephanie Hageman, she's an advocate for what we do -- >> Harper-madison: You, like the ubiquitous you. I'm talking about -- you know, Shannon and talking about Seth -- like, all of y'all. That is what I should have said. I said "You," I

mean all of y'all, all of you bringing this forward, I want you to know how important it is and that there are people who recognize both from a personal perspective, and then as a policymaker perspective, that this is critical. And so I really appreciate you bringing it forward. And I appreciate having the opportunity to help y'all to be successful. And helping us to help people. That's -- that's the point, right? So thank you. >> Thank you. >> Tovo: Mr. Wallace, a few more questions. >> Oh, okay. >> Tovo: Chair tovo had to step out for a moment. Thank you for bringing forward this presentation and sharing about the work that you're doing and I think that it is extremely critical that we have culturally

[10:56:22 AM]

competent healthcare, especially here in Austin. And Austinites that live east of 35, have a less life expectancy. And when you break it down further, knowing that African-American have a 7% -- no, have seven years less life expectancy, as well as disproportionate health outcomes of stroke and heart disease. And it is extremely critical that we're doing more. So I appreciate this. And I have a few questions. So right now is your vision -- with this clinic, is it a brick and mortar clinic that you are envisioning that would be a resource for the community to go in person to seek healthcare services? >> Yes, we already have space leased for the clinic. It is located at 6633 highway 290 east. And we have a little bit more than about 3,500-square-feet and we have space for exam rooms, for offices, for conferences.

[10:57:24 AM]

So we already have the space. >> Fuentes: Okay, wonderful. So right now with this model, what phase are you in? It's bringing on additional partners? >> Yes. And as we talked to the partners early on, they will most likely stagger their times until we build up to full capacity. But I expect that we would have services every day. Now there may be different partners because I gave you a whole list of people who are interested -- school of nursing, for instance. And they'll probably be there two or three days a week. And then American heart association, the mental health providers. We're going to work through a calendar so that is made available to the public. So every day that you can see what services are being provided. >> Fuentes: Okay. Good deal. And so when -- what are you envisioning as a target date to open? >> We're going to begin offering services on March 2nd. >> Fuentes: Wow, okay. So in just a few weeks then. >> Right, right. A week after we do our open house.

[10:58:24 AM]

>> Fuentes: Wonderful, wonderful. Good deal. Well, thank you so much. Certainly, I appreciate you joining us today, sharing about this model, about the African-American men's health clinic. You can certainly count on me as a supporter. I want to make sure that we -- the city of Austin is doing what we

can to support this initiative. And really this critical service. So, please, keep me posted if there's anything that I can do to be of service. >> We will. Thank you for your support. Any other questions? >> Fuentes: I had one and then councilmember harper-madison does as well. Thank you very much for a great overview. You talked about a lot of different medical partners and health partners. I don't necessarily see those in your presentation. Do you have a website that the public can go to? And is some of that information that you offered us on that -- on that website? >> Yeah, we do have an website? >> We do have an existing website, but it's being

[10:59:25 AM]

reworked. I would wait until the 24th on our open house, and it will be updated. We at partners weekly, when they learn what we're doing. So as far as our clinical partners, we've had conversations with community care, but Austin regional clinics. We've had conversations with anybody and everybody that provide clinical care. Hospital systems. I know that we're going to have to have a partner for referral for specialty care. So, all of those are still being worked out and confirmed. >> Tovo: Great. Well, thank you so very much for this important work and for coming and sharing with us about it. Council member harper-madison. >> Harper-madison: Thank you, chair. I'm only going to follow up because I raised my hand, but you asked the question that I was going to ask. You have our recently featured on clear eye, jerika Thomas hawkaddai of central Texas allied health institute and the work that they're doing to build people to do this work.

[11:00:25 AM]

I just wonder if there's an opportunity here for us to make a distinct partnership with them to work specifically in this space. And so I'd like very much, Mr. Wallace, for us to have that be a part of the conversation as well in terms of partnerships. >> Absolutely. And we have made our space available previously for some of her events. And we are going to continue having conversations because we're interested in the job training that could come along with all of this. So this will be a resource center. It will provide medical services, but it will also go beyond that. >> Harper-madison: And I appreciate that you pointed that out specifically, because I think that's a part of it. We're talking about wraparound. >> Right. >> Harper-madison: So as we have these conversations around homelessness, we're talking about wraparound services. We continue to talk about organic. I appreciate that you specifically said that, you know, that you're trying to make sure that it's all encompassing, that it's organic. I think all of the things need

[11:01:26 AM]

to happen, but from a cultural competence perspective, having an organization like that, that specifically has, like, 90% of their student population are black and brown folks, and I think giving them the opportunity to specifically train people for this very, what I consider, a specialized service, would be a really good opportunity. You probably heard we talked about capacity building twice today. During two different presentations. So, I think we need to just make sure that we're taking every available opportunity to build capacity and to train people to do jobs that pay well and, you know, offer people the opportunity to provide assistance and service. And so, I'm really excited about the future. I think y'all are on to something, and I think it's well overdue. >> Thank you. >> Tovo: Thank you so very much, Mr. Wallace. Seeing no other questions, I guess we're wrapped. We appreciate you attending. Thank you again. Colleagues, I think that is the last item that we can take up here today, so we are going to

[11:02:28 AM]

adjourn. And one thing, in the next weeks that I'd like to -- I'd like you all to think about is the frequency of our meetings. I know we all have extremely busy schedules, and we seem to -- we're having trouble identifying times when all of our colleagues who serve on this committee can attend, so we may consider going back to an every other month, just to make -- to have the most effective plan, including for our public health staff and our homelessness strategy staff and the others who are attending. We may find that every other month makes better sense, so let's be in conversation about that. All right, we stand o'journeyed -- stand adjourned at 11:02 A.M. Thank you so much.