

Public Health Committee Meeting Transcript – 5/11/2022

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[9:34:23 AM]

It is 9:34 A.M., and I will call this meeting to order. A quorum is present. We have chair tovo joining us virtually and councilmember kitchen is here along with me on the dais. The first item we have is public communication, and I just want to do a quick check. Is anybody signed up. Nobody is signed up. The next is the approval of minutes for the April 13th, 2022 meeting. Is there a motion for approval? Thank you, councilmember kitchen and a second from chair tovo. Any discussion? All in favor. That passes

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unanimously. The next item is item number two, a briefing and discussion on issues related to homelessness. We have our chief strategy officer Diana gray with us, who'll be doing a presentation. Thank you. >> Thank you, folks, while we bring the presentation up. I will let you know that the bulk of the presentation will be delivered by Audrey Munce who I believe is present in chambers this morning. The topic of our briefing is the process we have been going through with performance management from the financial services department regarding the management of homeless encampments. As we have reported previously, we started this process in the fall, really recognizing that there was very significant activity in this realm, both related to enforcement of the both

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local and state camping ordinances as well as clean-up of abandoned encampments and really a need to provide some infrastructure to ease the coordination between departments and to clarify really what the processes particularly around prioritization. Next slide. So as we move through this presentation, I'm going to briefly describe current state reported on this before, but give some sense of the volume of work occurring across departments. Then I'll hand it over to Audrey Munce who'll review our process, the recommendations that are currently coming out of that process, provide progress report, key deliverables, and time line. Then certainly ask for your feedback on that. Before I move on,

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I just want to take a moment to thank Audrey for coordinating this process. As you will hear, there are many, many stakeholders in the process, and she has just done a fabulous job of laying out really what some of the pain points are, areas we have for potential improvement, and guiding us through the process of building a structure that we think will be much more efficient moving forward. Next slide. So in our activities related to public space management around homeless encampments, we have over ten departments that are regularly participating. Those include departments that are tasked with actual clean-up related to clearing sites or providing clean-up of existing sites, cleaning up abandoned sites, of

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course, Austin police department where those are occurring, and specifically parks and recreation as they are a landholder on many of these sites. There are other departments which Audrey will give a summary of who touch different efforts depending on the location. But these are departments who are spending an immense amount of time and effort on these initiatives. We still are in a scenario in which request for service exceed capacity. There are hundreds of encampments and our departments are working really at capacity to respond to requests for services. So I've provided here some indicator of that volume. The three departments that are particularly tasked with the clean-up of refuse

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from abandoned encampments when there is enforcement and folks have left some of their items behind or even cleaning up around some existing encampments for health and safety reasons. So what I've provided here is the average monthly number of sites serviced as well as average monthly amount of refuse that is collected in tons. So on average, between Austin resource recovery, public works, and watershed, that's 68 sites. Average monthly tonnage of 138 tons. We have many other departments that are visiting encampments, potentially carrying out smaller clean-ups, et cetera. I just want to lay out this work has been going on in a robust manner, and so the process and the discussions that Audrey is going to be giving you an overview of today

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are not about starting this work but rather creating a process and an infrastructure that allows us to clearly identify what our priorities are and support staff as they move through the process. With that, we'll go to the next slide, and can I'll hand and I'll hand it over to Audrey. >> Good morning, and thank you, Diana. There is an incredible amount of work already happening in the homeless encampment management space. They've been doing this work for many years, collaborating and partnering to improve the process. But given the changing laws over the past year and a half as well as the constraints on social services including shelter, it felt like a good time to bring together these departments and look how we might better collaborate across the city to take a citywide approach to homeless encampment management. The homeless strategy division with the support of city manager

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Ann Morgan tapped our office to facilitate this work in November of last year. So we pulled together the 15 most impacted departments to take on this opportunity to improve and streamline homeless encampment management. In November, we began planning and discovery work so that we could identify the multitude of pain points departments were experiencing in management and I'll discuss those in just a moment. We then wanted to understand the current state of homeless encampment management. We spend time mapping out the process so that we could identify ways we could simplify or collaborate better and build a future state that was easier and more effective. So today I'll be sharing with you the progress that we've made on the recommendations that came out of this work and discuss a few of the recommendations that are moving into the piloting and implementation phase. I do just want to say thank you to all of the participating departments that you see here on the screen. They've been incredibly engaged in this work

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while they have continued to do their work in the field. So it's been an incredible effort and people have taken a human-centered approach to this work. I want to express my gratitude to the team members. So I think we skipped a slide. Back, please. So during workshops and discussions, departments did identify numerous pain points. We also pulled out/out a number of points when we mapped out the stated of the process. You'll see here on the screen the points that were the most common that then drove our ideation and generation of recommendations that I'll share with you in just a moment. But in the current state of the process, there is a lack of a unified citywide approach to this work. Information is flowing into departments from numerous sources, and each department is managing its response and

prioritization in their area of expertise. So the team wanted to find a way to make sure that we apply the citywide lens to this work and prioritize those camps that were

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presenting the highest risk to safety and health at a citywide level. Current state, large clean-ups are extremely collaborative in nature. Of this is happening through e-mails, phone calls, meetings, or within departments internal process. So the team saw opportunities to make this work more transparent. Additionally, when a camp is cleared without housing available, then that does create a cyclical nature to this process with persons experiencing homelessness, moving to priority or public land and triggering this process for either the same department or another department in the city. So in designing improved state, we wanted to make sure that we thought about future impact of closures and, again, took on that citywide lens when considering action. And additionally, departments did describe accelerated burnouts on contracts as well as having to divert staff time and resources away from other projects or activities to be able to do this work. So as we

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develop a process that's citywide, we want to make sure we're using our limited resources in the most efficient and effective way possible. And here in the middle was the biggest pain point staff identified which was having to displace people during disclosures. We did deem this insufficiency of resources out of scope of this project as there are other teams and departments working on increasing shelter and housing. We wanted to stay focus on improving the management of homeless encampments and response to those while we await for those additional resources. Staff, as associated with this and the cyclical nature of this work, did describe feelings of being burnt out. We do hope this can be alleviated at least to some extent through the creation of more efficient processes as well as by creating consistency through citywide protocol and additional training for staff. Within the technology space, departments are using numerous data systems with various levels of

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maturity to collect information. They are collecting different data, different fields which can make it difficult to get a citywide picture with the current technology that we have. All of these -- so we're aware of that as an additional pain point as well. Next slide, please. So as a recap of the recommendations that came out of the discovery work in workshops with these 15 key departments. The team felt it would be key to accomplish this central response structure first as it will provide the framework, guidance, and oversight for the team to be able to accomplish these additional recommendations which include coordinated prioritization and resource deployment, a communication

plan that communicates to persons experiencing homelessness, the public as well as between departments.

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Standardized citywide protocol that tackles biohazard clean-up and property, a central hub for resources where the structure and information can live as well as increased staff finally a technology system that can take a citywide lens for tracking resource -- lens for tracking resources and response. Okay. We can go on to the next slide, please. So I do just want to say, as we continue to make progress on the recommendations, I do believe we will be able to minimize many of those pain points that I shared earlier. But I do want to acknowledge that without the root cause solution of housing, that many of those pain points including the cyclical nature of the work, the trauma of repeated displacement for homelessness, frustration from community members and challenging managing limited resources will remain to some extent,

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but I am hopeful that we can improve the process through these recommendations currently underway and the work that we will continue to do. So now I'll highlight these recommendations and then share some key milestones that we've achieved in the last couple of months. We are working on two recommendations with cross departmental work groups tackling the central response structure as well as the homeless encampment management prioritization tool which supports the tracking and prioritization of encampments using a citywide lens. The team felt it was important to do this tool in parallel with the setup of the response team because this tool will provide insight with citywide lens. Next slide, please. And so, again, to reiterate the value of the central response structure, it allows us to apply a citywide lens so we make sure to

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prioritize resources to encampments that present the highest risk to health and safety by having a cross-departmental team it will support consistency and action as well as improved communication to departments. I also think as it begins to do its work, it will improve our community occasion with the public and persons experiencing homelessness. We'll have a clear structure and process for how work is being done citywide. The progress we've made on this recommendation is that the mission preliminary goal and objective in guiding principles have been established. I'll share those in just a moment. As well as an organizational structure and governance for that team. The leadership team has been underway in developing these mission and guiding principles. However, there is a dependency on that tool to activate

the team as we fully envisioned. We are considering the tasks complete. We're going to close out this phase and activate the team midsummer when that tool

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is implemented. Next slide, please. So we're referring to the team that came out of the central response structure development as the homeless encampment response team. They provide a coordinated cross departmental city response that prioritizes the health and safety with the principles that everyone experiencing homelessness deserves to be treated with dignity and respect, every effort will be made to connect them with available resources and housing, recognizing limited availability, when determining an intervention, the homeless response team prioritizes safety and health while also considering impacts to infrastructure, property, and environmental health. Inclusive and equitable public space recognizing that the public space throughout our community is used for a variety of purposes and should be clean and accessible for

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all. Next slide, please. The team also developed a goal of reducing the negative impact with the associated objective of reducing scores. We will update further. If we're achieving our goals and strategies are working, we should see a reduction in the scores towards this goal as we do our work. As the team matted you're's, there will be opportunity to develop goals and objectives. So the team will develop additional goals and objectives as time goes on. Here's the response team structure modeled off an incident command structure. Each of these teams and sections

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is cross departmental having representatives from some of those key departments I showed on each of these teams. The leadership team is responsible for establishing goals and be Oives, and setting long-term strategy and will review the work of the sections below including reviewing and approving camp prioritization response and operational plans. The planning section will maintain situational awareness of homeless encampment citywide and very much prioritization and response plans that are sent up. They use this tool to guide decision making about what camp should be prioritized based on risks to health and safety that's captured as part of that tool. The operational and logistics section will be activated as needed when it's selected for closure and will be chiefed by the land owning department and work, again, with a cross departmental team

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to develop operational plans including identifying resource needs and commitments that get sent up to the leadership team. Leadership team identifies a need, they will have a heavy lift as they very much citywide policies and procedures. This team will be supported by this homeless encampment prioritization tool which also applies that citywide lens and supports consist data capture. It will help improve our understandings of needs, risks, and trends because all teams will be using the same tool. It's motor neuron eld using the heal prioritization school. They have done work on

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collecting information about hazards within encampments. We have updated that tool so a single tool can meet it with and without heal. We didn't want the teams out in the field having to use two different tools. We have created a single tool. We have finalized scoring and got a preview of the tool from ctm and will begin testing next week. They are supporting the creation of this tool and will work to refine it over the next months including making sure to adjust any questions or weights to meet our needs. Next slide. Here is a snapshot of the progress we've made thus far. As I mentioned, we're considering that central response structure phase complete. It goes hand in hand with the launch of the coordination and

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resource deployment. We are considering that underway and will be better able to do that once that tool is implemented midsummer. The communication plan, we have not begun tackling within the performance management process. But cpio has established a joints communication team with other pios to coordinate information across departments and aph has tired a poi to focus on homelessness communications. They have working to unify messaging including updating the website to help inform citizens about what they can expect regarding the city's response. The standardized protocol we are going to activate that policy section in the next couple of weeks to begin working on standardized protocol starting with the homeless encampment closure protocol. We have not begun work on the staff resources. Within increased staff training, departments are sharing resources, and training has increased in some of our partner departments. Finally, the technology

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recommendation, we do have that system for tracking camps and prioritization is the tool that I have been discussing. So that is underway. Once we have worked that tool out, we'll then explore how we can better track resources in response within a technology solution as well. Next slide, please. And so here's our time line. You'll see within the central response structure that we completed the task that

we've identified within the homeless tool. We're working on developing a deployment plan as well as training materials for staff and testing it with ctm to make sure the tools can meet all of our teams ease needs. Then within protocol investment, we'll start with a template. There's already one that's mature. We'll use that across the city. We'll work on tackling this encampment closure protocol. There are some topics like

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property that will take us a long time to work through and so we've given ourselves a long runway to get through that. We want to make sure whatever we put in the protocol that we can actually do in practice across departments citywide. That's it. Thank you. >> Thank you for that presentation. Colleagues, questions? Councilmember kitchen. >> Kitchen: Thank you very much. I do have a lot of questions. I'll just ask one of them and then pass it along. Okay. So the first thing that I want to ask is, I want to understand how -- first off, let me say thank you. I know this is not easy work. It's certainly not been easy work for all of the departments. So I really appreciate the effort that is going into getting more organized across the city in terms of response. So the first question I have is, I want to understand how

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this work relates to the place making intent or component -- not intent. It's a component of heal. I want to understand, is that managed -- who manages that aspect? What I'm talking about is, the heal initiative is designed to identify places using the prioritization tool and then work with people living in those places to connect them to shelter. Then the last component of that is dealing with the location and making changes to the location. So I want to ask, where is the conversation happening about placement? I don't know if that's for you or for Diana gray. >> I think I can take

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that councilmember. So we'll say that as we launched the heal initiative, of course the local camping ordinance had not been changed. So rather than -- >> Kitchen: I'm sorry. I can't quite hear you. >> Are you able to hear me now? >> Kitchen: Yes. Uh-huh. >> Okay. That, you know, given the advent of the camping ordinance, rather than clearing a few encampments at a time, we're servicing hundreds. It has not been plausible to do that work certainly in all of the encampments that are being serviced and would be addressed through this process. Really, the decisions around what to do post-resolution of an encampment have moved to the land holding

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departments and based on their resources and their priorities, because often they are looking at multiple sites that may have been the location of an encampment previously, I think we can talk about that potentially at a later time. I will say that the resource landscape given the significantly -- we're talking about orders of magnitude, greater numbers of encampments being cleared, is something that we probably need to revisit and think about. >> Kitchen: Okay. I need a time line and a method to have that conversation. The heal ordinance when it was passed included as a step, as the last step, what I'm calling place making. That may not be the right term, but it was a component that clearly said that the configuration of those places would be

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considered and potentially changed. So that needs to happen. We're a year and a half into heal. So I just need to understand who is it that I need to work with to understand that that's going to happen or that efforts are going to happenment I know that there have been some efforts around some places, but I'm not -- what I'm not hearing is a systematic approach to that, and I understand, if -- my idea would be that all these locations would be -- that heal would be available for all these locations. That's a separate conversation that I've mentioned and others have mentioned that we need to accelerate the heal program. That's another conversation and has to do with shelters in terms of resources. What is concerning me is that we're not doing all aspects of heal right now. We're not addressing the last piece. So I'll leave it

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there. But please let me know who I can talk to and who is in charge. If it's handled under this structure, that's fine. I'm not seeing it anywhere in this presentation. >> It's not anticipated being handled under this structure at this time, councilmember, but I'm happy to follow up. >> Kitchen: Okay. All right. Well then we can handle it under whatever structure is appropriate. But I want to understand how it's being handled. Okay. I have other questions, but I'll move -- let others ask. Thank you. >> We are joined by councilmember harper-madison virtually and mayor Adler on the dais. Colleagues, any additional questions? Mayor Adler. >> Adler: I appreciate the presentation and the organization of pulling everybody together

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because it was feeling like a little bit like we were having uncoordinated response as everybody was trying to put out the fire as it were and to be able to deal within their areas. I think this will help a lot to

coordinate it. I think that as you went through the points which are the barriers for being able to go out tomorrow and close down all the encampments and put everybody into a place that will help them stay off the streets and out of tents, I think that's one of the most significant slides we have because that goes to what the community is feeling. How do we get from here to there? The work that you're doing is setting up this organization begs the question of the most important element of that point which was the people and the

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insufficient resources or places for people to be able to go. As soon as we're able to provide for that, I would imagine a lot of the other issues go away. There's less tonnage in encampments and moving people around and taking them from one place and moving them and they show up somewhere else and have the same issue somewhere else. You started off the presentation today by saying this is not something that is part of your presentation, but it is -- I understand the structure and what you're working on, which I think is very much needed. But for the community, we need to recognize that there will be no answer to this. There will be no disappearing of encampments. There will be no thorough and exhaustive placement of people into homes until we have places for

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people to be. So I really appreciate the work that Diana and other folks, the county are doing to start putting units on the ground. Unfortunately, we could have been doing this, you know, years and years ago to build out the infrastructure so that we had that infrastructure in place and we don't. So we're now trying to catch up. But at some point, we need a presentation and I would recommend madam chair and madam vice chair that we have a presentation that speaks to the arc and the time frame and the prospect for actually having the units available because there's a dramatic increase in the number of units that are coming online over the next three years relative to anything that we've done before. The community needs to both see that's going to happen but also

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see that it doesn't happen overnight. So the community can have a realistic assessment. This council initiated that work with our office pad, the county joined and matched utilized with arpa and organizations like haka redirected their resources for that and there are asks out in the community now that hopefully will get us that last 100 million of the 500 million. When we have that, we have laid out that path really to get to that system buildout over that three-year period of time. I think a presentation on that -- I think that's really the question a lot of people are asking. And I would just comment there

was media reports about some of the encampments that we now see up in Williamson county. I haven't figured out yet how the

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judge thinks us owning a vacant building created an encampment in William Williamson county because us owning a building doesn't create encampments. This is not a challenge that is just one in Austin but it's a regional challenge, and I hope that to ever greater degree we are working with our regional partners to deal with our common challenge of encampments that exist all over the area. Thank you for the presentation. >> Thank you, mayor. Chair tovo. >> Thank you very much. It's great to have an overview of the process. I agree that it is really necessary to have this kind of streamlined approach. I have a series of questions. I

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guess my first is, as you look forward to having this team up and in place, are the contracts that we have sufficient to support the work? My guess is that this increased efficiency will really help. But I know that you've also run into some limitations with the contracts. We had an opportunity in one of our conversations at council, I think, or at one of our public health committees to talk about the encampment and building creek that was part of heal and individuals were connected with housing and I believe most of them moved into that housing, but there was quite a lot of items left behind, and the contractor was not able to come in for multiple weeks. In that time, there was actually a fire in that location.

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So I guess -- it's really a question of resources. How much will this streamlined process really help with efficiency? Are we facing the limitation of resources for contracts for doing this really challenging clean-up work. >> I can speak to that and I'll invite Audrey to add to it based on her observations. We do have several resources for clean-ups that includes both city staff through Austin resource recovery, for example, and contracts that public works and watershed protection, for example, hold. Then there are additional staff that come on site, particularly from the hand holding departments. I do think that we will likely see, based on the utilization of resources to date, some need for additional resources in those

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contracts, but departments are looking at their resource array to see whether there are resources they can draw from other places to support the work. I think the other piece that has been challenging is that public works, watershed, and Austin resource recovery depending on the funding source can use those contracts or staff only in particular places. Right? So obviously enso, that resource coordination is something we're really hoping to improve, figuring out, you know, really looking at the crews that we can use in a particular location and seeing if we can alleviate the situation that you just described where either we have a site that a particular team needs to address or there's so much work being done on a previous site that's already underway that we have a delay. I will say that for the most part, we

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have not had a delay just because of the reason that you have described, not only, you know, in that case, the danger of fire, but reoccupation. So in most cases, we have been able to start clean-up the day of or the day after an en rampment closure. That's certainly our goal. >> Thank you for that. Watershed protection came forward with having those contracts. Their contracts are specifically for areas that touch on bodies of water. Is public works -- I think you cited that they have restrictions as well. Can you tell us what those are? >> If you could get back to us about that. I was interested in knowing that. Throughout -- part of the presentation, it was noted as a goal to

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reduce the acuity of some of the sites. My layperson's takeaway on that -- could you tell us what that means? >> Audrey, do you want to take that? >> Yes. We're hoping if we tackle camps that are highest risk to health and safety, we'll see the scores decrease over time and that the team having this full citywide picture can also identify other strategies that might be able to reduce encampments. Acuity, if a closure cannot happen for a longer period of time, so if there's a high trash load that arr could go and do clean-up or if there is ways to -- for fire to go in and reduce fire risk, that there's other strategies that could be taken. We're working out exactly what that will look like and we'll be better able to develop that strategy once we have the data from a citywide perspective and have some of the additional details that we'll be collecting in the tool that isn't currently

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captured in some of the prioritization tools from departments. >> Thank you. I appreciate that. I have one last question. This tool and the conversation really focuses -- it sounds like to a large extent on larger encampments. Can you help address how nimble this team will be at responding to smaller potentially even just individual encampments but that are taking place in areas where there needs to be full access? Let me give you a couple examples. Incomes from the children's alliance garden that falls

within district 9, we've received recently quite a few comments about individuals camping in that area, including somebody who rode in over the weekend that said they were

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camping in one of the children's tunnels. Also in district 9. It sits alongside meadow brook development as well as a preschool. There's a nice park with a water feature. I've forgotten the name of that. There were several individuals camping in that area. What I hear again and again from our community is that in those cases where you have very well used public assets, there really should be a more immediate response. I don't know the extent to which there's signage in those places or more immediate education of individuals who are in that area that this is not a place that's allowable for camping. But since the presentation is really focusing on those larger encampments, can you help me understand how the examples I'm

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describing interface with that and how we as a city are going to respond to those. >> So for the tool, one of the things we want to do is make sure to have a prompting page. If it is something that is an obstruction to access, like obstructing the access of a library on an amenity, that isn't a camp that will be scored. That prompts additional action and response from the staff person on site that would be voluntary compliance for movement and additional steps if voluntary compliance isn't appreciated. That's something we want to make sure we work into the citywide protocol. These kinds of things that would be immediate action from situation that would then be filtered into a prioritization for later action. >> I think that's really important having seen the letters that go out to constituents. It has

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been satisfactory response to talk about that these are -- we have a matrix and we're scoring when there are -- when there are situations like that. I think they want a more immediate response. Again, I think it would just -- it's a better strategy to address it early on before there is a larger encampment there. So how -- is that the current practice? >> Well, no. I guess -- >> How soon will that part of the practice be in place? >> So what has been described to me and I know we don't have any of those folks here. If they see someone on a playground or obstructing entrance at a library, same situation, that they would follow the steps that we're going to capture in protocol, that they would ask for that voluntary compliance right away and then move -- and then move to additional action if voluntary

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compliance isn't achieved. I think that the difficulty is that if someone is on a playground and a park person isn't there to see them, someone may come upon a person camping on that site prior to when a staff could be at that site to ask for that voluntary compliance. So that is a piece we can kind of think through. >> I think if I -- I should just clarify and then I'm going to be quiet. It sounds -- it sounds like that is the practice, but that they are understaffed to provide that kind of outreach. So I would raise this to the attention really of the team but also our city manager that that's an issue that needs addressing since a lot of these incidents are happening on park land really needs to be additional support. >> Thank you, chair tovo. I have just a few questions on my end to

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ask as well. I appreciate the presentation. I think it's important that the public knows and is aware of the review that staff has undertaken and looked at improvements that could be made and will be made to our process in reducing homelessness and transitioning our unhoused neighbors into housing. I appreciate the focus on creating a centralized response structure as well as doing -- implementing a tool across all of those ten-plus departments that are engaged when there is a relocation involved. One of the items that you cited as a point was insufficient resources to meet the need for people experiencing homelessness. I wanted to ask where we are in our shelter bed capacity. I know that a few months ago, a lot of our shelters were operating at half

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capacity due to covid. So I'm curious if we received an update on the expansion of the availability of the shelter beds. >> So I see that the director is on the line. I know there have been conversations with the medical appropriate and the shelters will be about the potential for that. I believe she's had conversations about that. >> Are you able to speak to whether or not there's been an expansion in the shelter bed capacity? >> Good morning. Adrienne stir rup. We're in conversations with the arc about

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expanding. There are staffing changes there. We're helping them navigate those and get to a place where they will be able to admit more clients. They report that they typically are serving about 60 per night. That seems to be the current demand. I understand the need to have the additional capacity to support the work that's going on with the heal program. So I hope to have updates this Friday. I'm meeting with the board and leadership to finalize those plans. >> Thank you. Yes. That would be great if they're able to expand their capacity because ultimately, when people receive their notice to vacate, we

need to have somewhere, some form of shelter for folks to go. So that would be -- I'll be following up with you to see how that update goes. The other question I have is for the -- I was glad to hear we have Prio officer, public information officer now

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within the homelessness strategy office. Can you share the name of that individual? >> Chrisola web. >> Thank you. And I know you all hosted some community meetings this past week. Was it last week? Can you just share how they went and then I would be could curious for your thoughts on how the community has engaged in this process of us -- of our department looking at the improvements to how we process and respond? >> Yes. So we had three community sessions -- update sessions starting, I believe, on the first of may. One during the day,

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primarily with providers and advocates and then two evening sessions. We had, I believe, a total of 215 people attend those sessions which were virtual. This really grew out of the community engagement that we did around arpa funding at council direction back in October before we presented the spending framework. We were able to update on a number of fronts, certainly on the solicitation for arpa funds which people were excited about, had interest in. We talked a bit about housing production to mayor Adler's comment about what we anticipate being a marketing in units available. There is concern about enforcement in general without access to housing. And so as well as some input about people who are concerned

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that enforcement is not happening fast enough. I think the pieces that the community is most interested in aside from pace, particularly folks who are in the advocacy or service provision space are in addition to -- how can we expand shelter and housing are accelerated, how do we ensure people are treated respectfully when enforcement occurs, that their property is being protected, that sufficient notice is given, that whatever services do exist in the community we're connecting to them. So we felt like it was a really productive conversation and have committed to doing those community updates quarterly that are open to really anyone in the community to join. >> That's great. Thank you. I really appreciate you doing those updates quarterly. That will be a good touch point with the community especially as we continue

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conversations of how we're spending our arpa dollars and providing additional housing. All right. Colleagues, any other questions -- yes, councilmember kitchen. >> Kitchen: Thank you. I have another question about the -- just for my clarity and the public's, so what is -- I think this is probably part of what y'all are working on. How does the public best communicate if they want to report or identify an encampment that's safety risk or health risk or -- what do they do? >> So I would say that right now, the most unified way that we have of tracking those requests is 311 with the acknowledgment that doesn't mean someone is going to be able to respond absolutely

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immediately because we have so many encampments. But this is something that we will be looking at in this process. The way that 311 currently structured, the information were getting and how that's dispatched to the various departments that might be involved because we know that folks are taking multiple avenues to communicate their concerns. Sometimes quite frequently there's duplication which can create some confusion and we want to also ensure that we're reliably getting that information to the departments and staff that should have it on hand. >> So is the thinking that, you know, there's a slide, phase one central response structure. So is the thinking that -- understanding that it won't always happen this ideally, but is the

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thinking that a community member might call 311 and that those calls will be routed through this leadership team? Is that what is meant by the central response structure? Then the leadership team will route it to the right team? I'm trying to understand how the central response works. >> So let me give you my answer and then also Audrey may have something. >> Okay. >> I think that within the organizational structure, for the the central response that we have established, the leadership team really is about decision making. Right? And approving action. >> Okay. >> The team or the section that is most relevant to input about particular encampments is the planning section which maintains the tool. So I think the mechanism that we need

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to identify, one of the mechanisms, is we have a tool that is recording encampments that have been assessed and where they are in the priority list. What is the input process? We certainly are aware of a lot of encampments that need to be assessed. The process where -- let's just say there is a new encampment or new concerns or potentially something that city staff is not aware of, feeding that into

that planning section for identifying an encampment that needs to be assessed is how I view that. Audrey, do you have other thoughts? >> No. That's our thought. That will be in a future phase. We wanted the back process to support the inputs. That's why we tackled the tool and the structure first. >> Okay. Well, the reason I ask is from the community perspective --

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I know you are working on this -- that's a real need to understand because what's happening now -- it's also important for our offices to understand because what's happening now is we're -- there's a lot of -- I think you mentioned this. There's a lot of different avenues that these questions and concerns are going to and their duplicative. Then there's a lack of understanding of what a community member should expect in response. For our offices, too, what should we expect in response? We want to be efficient in terms of how that information flows. Okay. It sounds to me like that's something y'all are -- you're working on. Can you give me an idea of the time line for working on that piece or have you all figured that out yet? >> We have not figured out a time line yet. >> Okay. I would just

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urge that that is really -- of course, this whole thing is important. You need to put this structure in place. That is one of the biggest concerns that I hear from the public and my office has also is who do we talk to and what are we supposed to expect in response because it's just going to continue. We talk to a lot of different people because we're not sure who we should be talking to. So if you all could let us know -- I mean, I know you need to give thinking. Give us a time line so that we understand when that question will be addressed. So I would like to ask for that just as a follow-up item. Then I would like to understand also as that follow-up item, how will our Pio officer be involved in communicating that particular piece to the public? So that's the follow-up that I would like to understand.

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Okay. And then again, I just want to thank you both. I know that Diana, Ms. Gray, you and your office are working very hard on all aspects of this. As the mayor mentioned, the name of the game is to get shelter and housing in the meantime. That's very difficult. I know there's a lot of efforts happening on that regard. I appreciate the efforts that are happening around getting some organization to our response to the encampments. I wanted to reiterate, please let us know if there's something else you need to make these things work. That's important because we want to be here to be helpful with that. All right. Thank you. >> Thank you. I think -- thank you all so much for the presentation. Great conversation. Okay many

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colleagues, we're going to move -- >> My hand is raised. I have a question. >> Councilmember harper-madison. >> Harper-madison: I really appreciate this presentation. I think it's relatively thorough and comprehensive. I really appreciate that it seems as though the priority is the communication piece. I think often as a municipality, that's our primary issue is having all the departments work well together. The one thing I'm not seeing that I think is relevant and important is the recognition around executive selecting the data around people experiencing homelessness and mental health disruptions and substance abuse disruptions. The training component, there's a slide that talks about next steps. It says training. I wonder if some of that training is to, you know, produce community -- people who are eligible for

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community health, people able to recognize mental health challenges and need a different kind of referral or wrap around service. We can produce all the housing we want. The truth of the matter is, a lot of them aren't going to remain housed. I would like to know what's our plan for address -- addressing that. I don't think we have enough capacity in the way of treating people with mental health challenges. I mean, that's inpatient, outpatient. I really jut don't think we have enough. They should be parallel to one another. >> Thank you, councilmember. So I think it is true that the sort of unit of analysis is how do we address an encampment when it's going to be cleared. It's the practical work of that.

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However, it connects to really the people side. Here are ways that I think that will manifest. One of the things we hope is that, as part of our protocol for when an encampment -- there's going to be intervention there, that we're ensuring that outreach is going out. Often time, if the location allows, that would be a host team who have integral care staff, who have social workers, as well as APD and ems so that we are -- we're identifying the folks in the camps. They do have their own data system which tracks sort of interactions with individuals. Another thing and part of that outreach that we really want to press, that this is part of our current open solicitation to expand citywide outreach is that we're ensuring that coordinated

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assessment happens in the field so that people are essentially in line for services or connected to existing services. I will say that one of our biggest providers of both rapid rehousing and permanent

supportive housing is integral care. We ask other providers to ensure they have explicit connection to clinical care whether that's through integral care or private provider because we know that behavioral health needs are prominent in the population and then finally, in the third solicitation that will come out through aph, we have set aside some dollars explicitly for behavioral health that is not necessarily attached to permanent housing but could be utilized in these interventions among the population. >> I appreciate that. Thank you very much. I appreciate that you're thinking about it

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because, again, we can provide all the housing in the world, but if we're not addressing the root cause of people becoming homeless and experiencing homelessness, you know, on multiple occasions, I think one of our goals is non reoccurring. I really appreciate you recognizing that. I would like to know if you happen to have the data about how many of our residents experiencing homelessness are challenged with behavioral health challenges. Do you have any sort of data? >> So I think -- I would like to come back to you with that, councilmember. We have a couple of sources. One is self-report which you can imagine is probably lower than the actual prevalence because of stigma. Not everyone wants to tell somebody they are living with a behavioral health disorder. I will say --

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our indicators are it's very high. It's greater than 50%. For example, among integral care clients, it's very common that there are co-morbidities of both mental health and substance use disorders and of course lots of folks with physical disabilities as well. So lots of cooccurring in the population. >> I look forward to the follow-up conversation. I'll leave with this: There's a community in my district that has some challenges with long time homeless population. There's a particular neighbor who happens to be part of the neighborhood association who took it upon himself to open his house and he's renting out tools basically so they don't get stolen out of the shed. He's providing jobs. I think at that community level, what he's doing is helping dozens of people. I want to figure out how we can

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duplicate the model. He just happened to be innovative and wanted to be part of the solution. He heard some folks in his neighborhood complain, and he was complaining, too. Just decided, you know, I want to be part of the solution. So they're having an event this weekend. I would love it if you could join the event. They are bringing integral care and APD and several other local officials. I think it's an organization and an initiative that we should take a look at and see if we can, you know, really encourage other communities. As you know, in items of limited capacity, you guys can't do it all. Council can't do it all. Nobody is going to be able to do it all. We have to collectively address people experiencing

homelessness as a community. I think that would be a good way to start and offer people empowerment by really participating in addressing the solutions for problematic elements in their community. >> Thank you, councilmember. >> I'll give you that information. >> Thank you. >> I believe I'm familiar with the organization are you

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referred to. We may want to invite other councilmembers because I think it is a really exciting strategy that's totally neighborhood-based. >> Absolutely. Thank you. >> Thank you. Thank you. >> Thank you. >> We're going to move on to item number three, which is a briefing from the health alliance for Austin musicians haam on health care issues facing local musicians. >> Good morning. I'm Paul Scott. I'm the CEO of haam. I joined after having served as another CEO for 12 years. I've also copresenting with our chief operating officer who has been with the organization now for 7 years, I believe. So we're happy to be

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presenting about health alliance today and we appreciate chair tovo, mayor Adler, councilmember Fuentes, kitchen, and harper-madison being here today. So as we go to the next slide, our mission at haam is to provide access to affordable health care to Austin's low income working musicians. We serve our low income working musicians who are mostly self-employed in our community and not captured by the typical social safety nets like social security and receiving retirement benefits, for example. The criteria for our membership is to be a professional working musician, to have income below the federal poverty level, and being in Travis county or the surrounding counties around Travis. Most of our musicians are living between 100 and 200% of the federal poverty level, which for a single person is 24,280 per year. Our musicians

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typically are not receiving health insurance options because they are gig workers and they are not in a traditional employment environment. They work hard and live hard, and are impacted by the social determinants of health including housing and food insecurities as well as mental health and behavioral health issues. Next slide. As you know, Austin is a live music capital of the world and the music industry has a \$2 billion economic impact on our community with innings about -- with bringing 38 million dollars into our community. Our musicians are at the heart of our cultural identity and are responsible for economic and overall success. We have over 8,000 musicians living in our community and many more looking to make their way to Austin to craft their music. Haam is helping nearly 3,000 a year to access health care annually. Haam is

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instrumental in being -- to preserving this cultural community. Our programming works at the intersection between Austin's culture, economic, and public health priorities. Next slide. So one thing to note is that musician life expectancy is 25 years less than the average population. This is backed up by research studies as well. Our musicians are fueling the economy here in Austin. We depend upon our musicians to serve the economic liability of our community and then, of course, they depend on us and our community to address serious barriers they face including -- this statistic here in terms of life expectancy. This underscores the sacrifice made to provide this to our community. They are living their craft but face challenges such as

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unstable income, self-employed with low incomes, and they do not have access to traditional employer benefits such as company 401(k), benefits, and wellness programs. They work very long hours and mostly at night. Also, they experience destabilization of the relationships because there's frequent travel related to their craft and their work. They do this work because they love it, but they shouldn't have to sacrifice a quarter century of their lives just to have this occupation. We believe our musicians like other citizens shouldn't have to decide between their careers and health and their life. That's where haam comes in. Next slide. So haam has served nearly 6500 musicians in our community and that has provided over 113 million dollars in affordable health care we've been able to access by the work that we're doing here at

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haam. We have long answered the calls to take care of Austin musicians. It means our musicians are funded patients going to providers who are paid through health care dollars. Also, we're relieving millions of dollars from under ifing systems that would otherwise be paid for through expensive emergency care or through unfunded partners. So I would like to turn it over to Rachel to explain more about our programs and their impact. Rachel. >> Oftentimes folks ask us how haam is able to do what we do. We've been able do leverage every \$100 donated into \$700 in health care. If you could go to the next slide. We could not do this without our community partners of which the city is a very

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important one. We leave no stone unturned. We look for every resource available to our musicians and make sure that we are not duplicating resources that are already provided in the community but instead we leverage those resources, connect our musicians with the services, care, and funding that is already offered. Because of this, they have made an incredible transformation from doing what Paul was talking about before, like accessing primary care in the emergency room. Now they are working to establish medical and dental homes. They are engaging in preventive services. They are managing chronic disease. So if you can imagine having diabetes on the road without a health care provider, that would be challenging. Or eating healthy on the road or accessing exercise if you have chronic heart disease. That would be really challenging without help. We are

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really proud of the diversion from the emergency room into primary care physician offices both in person and with telehealth resources. Next slide, please. So we wanted to just describe a little bit of the work that we've done together, help and the city with many of you here today. We've worked with EdD, with CARES Act funding, helped with help day. We've worked with councilmember Fuentes' office with the vaccine. We're appreciative of that. That has made a huge difference for musicians. We have also engaged with the city as a thought partner with city leaders in understanding musicians and providing relevant

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services. Last year during the pandemic, last few years during the pandemic, but when the vaccines came out, if you go to the next slide, please, we worked tirelessly to connect folks with vaccines. Here's a quote from mama duke. She said that when I first got the vaccine, it was such a relief. I almost cried. We walked with her through vaccine -- initial vaccine hesitancy or reluctance all the way through getting the vaccine through an event we had. Then she became a spokesperson reaching out to members of her community to encourage her friends, her fans, and people that she knows to also get vaccinated as well. That is, for those of you who are engaged in

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vaccine adoption work, that's quite a feat to help somebody in that transition from hesitancy to becoming a spokesperson. So we're really grateful to her for that work. Could you go to the next slide, please? I would like to talk a little bit about how we do what we do. We really focus on some key areas. Of course, access to care, affordability, we want our musicians to have a vip level of access to high quality health care that they can truly afford. If you make \$14,000 a year, you don't have \$300 for an emergency room copay. You're going to need help with that. Success in the health care system is also

really important. All of us in that room are health care consumers. If you're like me and get a bill and are trying to figure out, is this a statement? Is this a bill? What do I do with this? Does this count towards my deductible?

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Does this not count -- I don't understand. Haam musicians have our professional licensed navigators to call and walk through the process and troubleshoot and anticipate issues and answers we need to have for them. Another cornerstone is cultural competence. We really try to provide personalized and attuned care. We do outreach to underserved communities and we think of ourselves as your favorite aunt or family member who is there to guide you and support you to give you a gentle nudge and sometimes a persistent nagging message to do things that you might normally not want to do, such as make sure you're current on your taxes, sign up for insurance, override that natural human behavior that makes us want to wait until there's a crisis to act.

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We're asking our musicians to commit to proactive steps that not only benefit them but benefit our community. Next slide, please. So in our service delivery model, we try to think about a few things. One is comprehensive care or coverage, occupational relevance, and attuned and responsive service delivery. We do this through guiding our musicians through the health care system, helping them prevent issues before they arise, and making sure that we have a suite of programs that really address the concerns of a whole person. The occupational relevance is also really important. When you think about helping somebody access care, you need to really understand their motivators. Why would a musician care about taking care of their health beyond their baseline level of adoption of health-related behaviors? Well, if you have a node on

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your vocal cord, it's going to prevent you from singing. If you have hearing loss, it's going to prevent you from hearing cues from your band mates. If you are other driving at night and have glare with your glasses, those things really matter to our musicians. I mentioned chronic disease earlier. We want to make sure those diseases are brought into remission, if possible, or very well managed and maintained so that diabetes, heart disease, COPD will not disrupt a tour. I should also mention dental work. So it's very difficult to get up on stage if you're embarrassed of your teeth, if you have poor oral health or, for instance, a horn player -- I don't know this until I started working for haam. One of our horn players chipped a tooth and that changes the way the air flows out of their mouth into the instrument and they are not able to hit

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the correct notes when they are on stage. So we had somebody walk in. We got them patched up and he was on stage later that night. So those are the kinds of things that really matter to our musicians. Get them into the door and then really work on helping them access some of the more monotonous things. We have a personalized relationship with them. If we say you need to take care of this, they will because haam said so. Next slide, please. Our premium assistance program is a critical offering that we provide. So this year, we're really proud to announce that we have leveraged our investment in premium assistance to \$14 million of health care coverage. We do this through our community partnerships, through donations, and leveraging the tax credits available

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through the ACA. So if you give me \$2,000, I can turn that into almost \$9,000 of coverage. That is a great, great deal. Then outside of those funds and those numbers, we have the ability to wrap around the musician and walk them through the inentire process. Getting on to the ACA and staying insured is actually quite complicated and hard. So haam walks musicians through that and we hold ourselves accountable for continuous coverage rate. That means how many of our musicians who are insured maintain that for a 12-month period. It's one thing to have insurance and it's another thing to be able to use your insurance and to be able to keep your insurance. We're estimating that at least 1,000 musicians in Austin qualify for haam above and beyond the 3,000 that we serve. Next slide, please. Okay. So graphs and

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numbers, but huge impact and meaning for us. We have seen a 53% increase in our haam enrollment numbers since 2015. While grappling with that increase in terms of the demand of resources on our organization, we have taken the rate of uninsured in our mix of musicians down from 85% to 6%. That means 94% of our musicians are insured, which is -- I got goosebumps just thinking about that. That really, really matters. When we take graphs that are filled with data and then think about what that means on a personal level -- next slide, please -- we think about a good example. Having

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insurance and access to care meant for John was that when he collapsed on his kitchen floor and his neighbor was over and said, should we take you to the emergency room? Is he said yes. He told us he would not have said yes had it not been for haam. I'm playing a lot. I would have been dead. I wouldn't have even tried to go to a hospital if it hadn't been for H AAM. He was in a coma for months. He's had stents with significant hospitalizations and his needed quite a bit of care, if you've been in the elephant many radio -- room, you'll see him playing live still. We're very, very grateful for that. So I want to transition it back to Paul to talk about haam's ongoing need and how we're going to be able to continue doing what we're doing.

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Thanks. >> Thank you, rave he will. A quick share. I remember as part of our service, we were contacting 55 of our female musicians to remind them they were due for annual ma'am grams. So that's kind of a critical resource. That's one example of what we do at haam. Go to the next slide, please. Speaking about ongoing need, H AAM has reached a plateau to serve our current musicians. We know that's an increasing need. We would like to broaden our reach out to the community into the industry but we're limited by our current resources. We budget from our reserves every year to cover the premium assistance, almost \$500,000 a year. We try to exceed that through fundraising or grants to help mitigate. We feel like it's such a value to the community and to our musicians we need to make that as our key priority as is core

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to our mission. We are at a crossroads right now in terms of the work that we're doing at haam and to be able to expand to certain more eligible musicians. It's clear that we're integral to the community. We have a quantifiable significant impact, not only on the health of our community but health of our economy as well in terms of the health care dollars that we're able to leverage and pull into the community. We're looking to our own sustainability to make sure we're here and our musicians love to hear that so they can continue to play and create and work and know they have access to health care. We know the need continues to be great, and so we're looking at how do we expand and rise to the challenge to serve more of our musicians? Next slide. As we look at our sustainability, we are asking for discussion with the city of Austin about a partnership to close what we see as a \$1 million gap in serving

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our musicians. We had originally looked to pull funds from arpa, about you we know funds were obligated. We are looking at what those look like. I had the opportunity to talk with assistant manager Stephanie Hayden Howard about the possibility of rfps coming out that may be related to the work

we're doing. We'll be looking at that. We're aggressively looking at other resources as-yet -- as well. We need to raise the budget to \$800,000 to serve our premium assistance program. That will support our current musicians. Then I mentioned we'll need to pull from reserves to cover that full amount. We need additional \$200,000 so that we can include those 1,000 members that Rachel mentioned that are eligible for services but currently we cannot serve because of the limited resources we have. So we would like to enter into a conversation with the

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city of Austin to see how we can continue to invest in our musicians and in their health care as well as leverage the health care dollars available by the work we're doing. So we would like to either see about referral to the city manager's office for a budget resolution for funds that would either be one time funds that maybe are unobligated. We know it's a tight budget year like every year. We also know the impact of what's happened with the caps as well. So we know that \$1 million would close this gap. Austin musicians need help. They are integral to the community. They are not recovered yet from the pandemic in terms of access to venues and access to gigs for musicians. Haam is nimble. We're able to leverage funds and act quickly and get them out into the community and identify

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those musicians that need us. We know this alliance with the public health priorities as well as cultural and economic priorities of the city. Together, we have the opportunity to provide the health care that is needed in the community so that we can sustain this industry that is so critical to our economy. So I would like to close it out with the next slide here -- close it out with the next slide here. You may know Alejandro Rodriguez. This is a quote. I think we're on the cusp of a musical renaissance that is historic. This is a great opener for the future. It's an optimistic thing to invest in as live music opens back up and we can be back together again. So Alejandro was one of our members who was impacted by the coronavirus shut down in 2020. He was with the band black odd key. He turned his attention to critical medical condition which required him to have brain surgery. This was made

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possible because we were able to subsidize his health coverage and the help of our social workers assisted him in figuring out health insurance, recovery plan and addressing his resulting medical bills. He credits haam for providing support he needed to recover, and making sure that he can connect back to his music and his work. After a long successful recovery, they are trusting forward and have played their first festival back in 2021, last year. He is a wonderful success story of how we work at haam with our musicians and with access to health care. We continue to do that with all of our musicians and so I thank

you for what Rachel mentioned earlier in terms of the partnership we have with multiple departments in the city of Austin to support the work that we're doing on behalf of our musicians. Thank you for allowing us to present this information to you

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today. So I'll be more than happy to entertain questions from the council. >> Thank you. Councilmember kitchen. >> Kitchen: Thank you so much. I really appreciate the work that you all do. It's so needed. I have one question. So the 6% that are not covered, is that the gap you're trying to fill with the \$800,000, or is that \$800,000 more to maintain. >> It's the current budgeted amount to cover the nearly 3,000 musicians that are receiving access to health care. So then that 6%, those people that don't qualify for health insurance or the ACA, the 1,000 we mentioned is on top of that. So that's outside of that number. >> Kitchen: Okay. So the 6% are those that don't qualify for the

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ACA. Have you all -- now, I know these aren't a direct fit, but have you all explored with tex health? Are you familiar with that group? It's a nonprofit. They have dollars to subsidize coverage. They're state dollars that they have. There are limitations to their program. They are focused on small businesses. So to the extent -- they're not going to be helpful for someone who is not -- who just an individual musician, but some musicians may be operating with their band or they may be groups. So that program is one I suggest you check out. I'm not suggesting it as a substitute for what you're asking for the city. I'm just saying that they may have some

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dollars available for -- that's what they do. They do premium assistance. They are not bound by the ACA with the dollars they have. >> Thank you. >> Kitchen: I can't promise you they would be a fit for you, but it's certainly something that you should check out. It's Jim Rodriguez is the CEO. It's just -- if you give me contact information, I'll make an introduction for you. You can investigate whether it's useful or not. >> Thank you. >> That's great. Thank you for that. I think it's also important to note we're being creative in how we're establishing partnerships. We're working on a private partnership for those 6% to get access to basic primary care at a very low affordable monthly rate as part of that 800,000. So we can obligate some of that money towards that. So we're reaching out and

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working on creative partnerships with private entities around this as well. >> Kitchen: The other thing they can help you with, they are insurance agents. They understand the business and they might be able to help you all think about that. You probably -- you may have someone who is helping you with that. If not, that might be something they can help you with. >> Thank you. >> Colleagues, any other questions? Mayor Adler. >> Adler: Just real fast, I really appreciate the presentation and the work being done. Paul, you stepped in to big boots here, but you're doing a great job starting out. I think that one of the reasons why we can legitimately claim the moniker of the live music capital is in part because of your organization. We provide, as a community, infrastructure for musicians that just

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doesn't exist in other cities. You guys are a real big part of that. The recent expansion since 2015 and the work you do is just incredible and lifesaving. I know that there are people from around the country that are always coming to Austin to try and figure out how to make their music industries work. When they come in and talk to me, the first thing I talk about is ha am, which is not what they expect. They expect to be talking about venues and those kinds of things. So I appreciate the ask and you're talking to the right people in talking to Stephanie and public health to try and push that. We have new larger players coming into Austin, and obviously that's raised both the specter of additional resources and help as well as concern that if we're not careful, we could lose

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the kind of local organic grassroots feel to the music industry. If you need help as you go to those organizations to ask for assistance with music industry infrastructure in this city that haam offers, let me know if I can put my shoulder to those asks as well. >> Thank you. Thank you, mayor. We appreciate that. I know Rachel has been speaking with Michael McGill. We'll reach out to your office and identify those resources. Thank you. >> Adler: Thanks for the work you do. >> Thank you. Colleagues, any other questions? Thank you all so much for your presentation. >> Appreciate it. >> All right. So next we have on the agenda is any new business, colleagues. Any new topics that folks would like to put for consideration for the next committee meeting? Yes, councilmember

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kitchen. >> Kitchen: This doesn't have to be for the next one. Whenever there's time. I think the committee might find it interesting to hear from tex health central Texas about their program for small businesses. >> Thank you. Colleagues, our next committee meeting is on June 1st, and I know

councilmember kitchen you and I attended a town hall recently hosted by the Texas harm reduction alliance. I believe the county judge this morning issued a statement related about how our county examiner said that the number one leading cause of accidental death here is related to overdoses and we are seeing a rise in opioid-related overdoses and especially with fentanyl being part of the overdoses. We are at a crisis level. So committee, I believe, we are scheduled to receive an update from staff and from the Texas harm reduction alliance in

[11:09:12 AM]

June to further discuss this matter and see what else we can do to ensure that we're doing all that we can to reduce harm in our communities. All right. Yes, chair tovo. >> I also saw that information, and it's extremely concerning. I know the mayor and this council passed some direction regarding the opioid crisis in this community several years ago. I hope that -- and we will kind of a mesh as we have our update from staff in June. We will ask our staff to update that as well. Tomorrow, we have a special called public health meeting for the purpose of interviewing candidates for sobering center position. That takes place at 10:00. I'm still off-site recovering from covid. I will ask, I believe, one of my colleagues is going to be the on site

[11:10:14 AM]

person starting us off, but then it's connected virtually tomorrow. >> Yes. Thank you. Councilmember harper-madison. >> Harper-madison: I would like for us to resume the conversation we had last year about menstrual equity. I know we were contracted by members of the community about producing a resolution and subsequently picking up that dialogue. I would like to add to that our agenda and follow up on what we accomplished so far, give results of the pilot and move forward with having that discussion again. >> Thank you. All right. Okay. If no further business, the meeting of the public health committee is adjourned at 11:10 A.M. Thank you