

Public Health Committee (PHC) Meeting Transcript – 9/7/2022

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[9:33:29 AM]

>> 9:33. Thank you. So councilmember kitchen is here on the dais. Vice chair Fuentes has joined us virtually. I would like to start by entertaining a motion to approve the minutes. Vice chair F months approval. Councilmember kitchen seconds. All in favor? And that is unanimous on th dais with mayor Adler and councilmember. Harper-madisonoff the dais. I'd like to ask if somebody can give us a quick update as to what changes were made in the hill presentation. I know we received an update this morning. We'll take up that presentation a LE bit later, I don't know if there were substantial changes that the committee should be aware of or if there were just a few. My apologies, but I'm not able to hear you.

[9:34:33 AM]

(Indiscernible). [Inaudible - no mic] That's okay. I think I heard that there were minor changes. They were not substantial changes, and so -- okay, colleagues if you pried tout original one, it sounds like it's the same. >> Could we ask somebody to check and see if the air is on in here? Okay, great, thank you very much. >> Tovo: Great, colleagues, we have two presentations today, and we also have discussion and possible action on our sobering center appoints, so I think I would like to take up the first O the sobering center consideration of reappointments first. We have two really excellent board members who are serving currently, one is Jessica palvino and the other is judge Salina

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alvaringa. We do have an option today of going to a personnel executive session to discuss this if we would like to among our committee, but we can also talk about this in open session. I think if we're going to talk in specifics about either candidate, we should go into our executive personnel session or if you would like to talk about -- talk about our approach to this -- to this issue? >> I am happy to make a motion or second a motion that we reappoint these two. >> Tovo: Wonderful. Thank you councilmember kitchen moves reappointment of these two candidate, vice chair Fuentes seconds that. Thank you so very much. Thank you for that motion. I serve alongside them and they're both really terrific and have added tremendous value to their role. I'll S that, Jessica, board member palvino is the chair of the governance committee and also a member of the executive committee, right now she's also serving

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as interim finance committee chair until we find a replacement there. Both are really involved so -- without further ado, all in favor signify by raising -- that is unanimous on the dais, again with mayor Adler and councilmember harper-madison off the dais, these will be recommendations that we forward to the new council at the next opportunity, which I hope will be on the 15th of September if we can make that work. Thank you, just let me know if you need me to do anything from my end. We have two really interesting presentations today, they're both tied together, and in that they both are addressing individuals who are experiencing homelessness, and I see our -- our chief homelessness strategy officer online, Diana gray, thank you so much for being with us, I'll turn it to you for the presentation and then we'll move on to the

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next one on aging and the unhoused. >> Thank you, ma'am, first, let me apologize. I wasn't able to respond to the questions on the corrections in the heel slide, there was a correction of a typo and a removal of a sub heading which was duplicative, so not material changes. >> Tovo: Would you mind telling us which pages those are on, since we've already printed them? >> So let's see. Slide 4 and slide 5. Slide 4 was just the missing word in the sub heading, and slide 5 was the sub heading under the main heading is removed. >> Tovo: Thank you so very much. Okay. If you would, lead us through this. Thank you very much. >> Excellent. We can load the slide deck.

[9:38:41 AM]

So while that is happening, I'll tell you this will be very brief today. In deference to an exciting presentation that you will have as councilmember tovo mentioned on older adults and homelessness, and so this is an update on the heal initiative, and I'll be discussing some of the activities and outcomes

both from inception to date, and this fiscal year. So we'll go to the next slide, please. So since inception, the heal initiative has decommissioned ten encampments. From those encampments, we have moved 361 people INT bridge shelter. Those numbers are through the end of August, and include our most recent encampment relocation from roir Guerrero park.

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These other numbers are through July 31, of 2022, we usually take a moment after the end of the calendar month to clean and vet our data, so we'll have updates here soon, as of the end of July, we had 182 people enrolled in housing services and had moved 94 people into permanent housing. All of that with a 90% shelter -- excuse me, acceptance rate. So 90% of the people we offered shelter had accepted. Over the course of the initiative, and our first relocation was in June of 2021, the average time from shelter entry into permanent housing move this is about 5.7 months, and I call that out because that is longer than we would like, and I'll -- I can speak a little bit to why we think that is, a, certainly the rental market has become more challenging.

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We also saw some slow downs in the early months of the initiative as we were getting contracts into place for rapid rehousing, and so for some of the folks who moved in from the earliest encampments, it took us a little bit longer to get them enrolled in their rapid rehousing program, and working with the case manager and other staff to locate housing which we believe extended that time od. And that is contrasted a bit with what we see on the next slide, when we look at the heal initiative activities from this -- this fiscal year, you'll see there that the average time from shelter entry to housing move in were people that have been placed into housing this fiscal year is more like 3.5 months, so those numbers, you know, do move of course over time, but we're encouraged that we are seeing some reduction in the time from entry to housing.

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You may recall that the goal for this if, F.Y., for the heal initiative, was to move at least 200 people from unsheltered encampments into housing. We are at 109% of that goal, 218 people relocated, via a total of six encampments decommissioned. Of the people enrolled this year, 120 are enrolled in services, and I should mention that 90 of that 218 really occurred primarily in August, and so these numbers at the end of July, we would anticipate not showing those folks who are probably as we speak beginning to be enrolled in housing programs. And have moved 23 of those individuals into housing. Next slide. So this shows a map, as well as a list of the encampments

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that have been targeted, as you know, utilizing an assessment tool that looks at the highest health and safety for encampment occupiers. Of the ten sites we have addressed, six of those are in parks, so we are seeing very significant activities within our park system. A couple of them are txdot or they're transportation sites, so an underpass, et cetera, one that was bsd and -- building services vision, I should say, controlled, and one that was on a library site. Next slide. One of the things that we have been committed to tracking through the heal initiative is the equity impact of this -- of this effort. There were some concerns as we launched the initiative that by targeting

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encampment, we might see disparate impact with a concern particularly that African-Americans might not be served proportionate to their representation within the homeless population. And so what this shows us is, a, the Travis county overall population, which is 49% nonhispanic white, 9% African-American, nonhispanic black, and 34% hispanic. Within the general homeless population, there is a very significant overrepresentation of African-Americans, as well as -- and that really tracks to some underrepresentation of both anglo and hispanic populations, almost entirely represented by the increase in the prevalence of African-Americans. In the heal initiative, we do see and are pleased to see that 39% of those served

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have been African-American compared to 32% within the overall homeless population, and that's a good thing. We are -- we, you know, based on these -- these numbers, do not believe we're underserving the African-American population. We do, however, see a -- an underrepresentation of hispanic and Latin X populations relative to their proportion within the homeless population. We believe right now that that is related to higher concentration of homeless families within the hispanic Latin X population, and homeless families are much more likely should be sheltered than are single individuals, but we will continue to look at that compared to the unsheltered population and think about ways, you know, whether there are any areas of inquiry that we can engage in to help us understand if

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there's some reason that the encampments we are targeting do not have as many hispanic or Latin X in them. Next slide. So when we look at bridge shelter exits, you know, we -- one of the things we want to look at is when folks exit bridge shelter, again, on the equity front, when people are exiting to housing, are we seeing proportionate representation of the population in those that are exiting to housing, and when there is an exit from shelter without housing, is any group particularly overrepresented? And so we overall are seeing, again, pretty positive outcomes. We are not seeing at present

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disproportionate representation of African-Americans who have a negative exit from shelter, but we are again seeing slightly fewer positive exits for hispani you'll note that the negative exits are also lower than the percentage of hispanic Latin X at entry, and I think what that means largely is that we've still got a lot of that population still? Shelter, they have not exited yet, and so they are staying longer. 213 people have exited bridge shelter since heal's inception, and those are, you know, right now roughly evenly split between exits to permanent housing and some potential return to homelessness. It is important for us to say that even when someone exits a bridge shelter, we're increasy trying to keep the service provider

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connected with that individual, when they are unsheltered, so we don't give up on them, but, you know, keep working with them and trying to get them into housing, and we'll be really continuously looking at what we can do to decrease that number of people who exit without having achieved permanent housing. And the next bit of data I think gives us some clue to that. Exits to housing, you know, overall since we -- since we started, takes about 163 days. Return to housing exits are about 76 days. And so people are leaving within, you know, essentially the first two and a half months, and, you know, again, we believe this this is in pt due to the early days of the initiative when it was taking us significantly longer to get people enrolled in that

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permanent housing program, and working with their case manager, and so we really need folks, as they come into shelter, to be engaged quickly so that they feel like they are on that path to housing and can see that goal concretely, and have-- you know, we have certainly improved the speed with which we're enrolling people in that permanent housing program, and so hope to start to see these numbers shift a little bit, still very, you know, very good number of people housed, but want to make sure we're keeping people in shelter as long as we can in order and until they are permanently housed. And with THA will pause and take any questions you might have. >> Tovo: Questions, colleagues? Councilmember

Fuentes? Councilmember harper-madison has joined us, welcome. Either of you have questions? You can take them first.

[9:49:53 AM]

Wanted to see if either of them -- I'm always afraid I'm going to skip the folks online. I don't see that they do. >> Kitchen: Thank you very much. This is very good and useful data to have. I appreciate that. So as always, I continued to be impressed with the results that we're getting from the heal initiative, and I appreciate you drillingn like this to show us where, you know, additional efforts need to, you know, occur to improve the, you know, to improve the results that we're getting, so -- so I think I'm hearing that what you're seeing with the exits to house and return to homelessness, that -- did I hear you correctly to say that some of these numbers were influenced by the -- the initial startup period, is that what I heard or -- >> Correct. So -- ande can certainly look, councilmember, at sort of the pat terch of exits over time.

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That's not something we've analyzed carefully yet, but we know that one of the challenges we had early on because the initiative was started, you know, pretty quickly, was getting all of the coraracts into place for the rapid rehousing, the permanentousing resource. >> Kitchen: Okay. >> And having enough capacity in that, which we've now expanded. >> Kitchen: Okay. >> So it was taking people longer to get enrolled in that housing programfter they were in shelter. >> Kitchen: Okay. >> And our sense is that, as you can imagine, that is less encouraging than immediately, you know, within 30 days, certainly, being assigned to case manager, starting to work with them. >> Kitchen: Yeah. It seems that one of the things that is -- that is a key -- key component of this program is the immediate offer of help. That seems to be one of the things that's happening the program work, both offering, you know, a place in bridge shelter, but then also

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offering a tangible path to housing that can be trusted. So while I would appreciate when you get to the point where you can drill down a bit, I also wonder whether there's -- I know that you often may not know why someone may exit the program, but I'd like to understand to the extent you can, are there any -- have there been any opportunities to talk with people who are exiting to understand the reasons behind their exit or is that -- or do they just leave? >> So a combination, councilmember. Some people do just leave, but I would say more commonly, I think it's difficulty adjusting to the more structured environment of the shelter, even though, you know, we're committed to providing low barrier shelter, of course, you know, there are rules there.

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There is a curfew. People have to be in by a certain time in the evening, et cetera. Significantly more privacy and freedom than we find in a congregate shelter, but, you know, occasionally we will have issues arise where, you know, the interaction with staff or her shelter guests is such that management makes a decision to exit someone. I will say that one of the things that we do as a practice -- certainly, if there's immediate risk to health or safety, right, someone might be exited; however, when there are other issues that are causing challenges within the shelter environment, we have what's called a by name list meeting where staff go through every client and if there are issues really work to problem solve around those, to allow them to maintain their stability in shelter until we can get th into stable long-term housing.

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>> Kitchen: Okay. All right. Thank you very much. And when -- like I said, when you get to the point where you can drill down more data, that would be helpful. >> Thank you, ma'am. >> Tovo: Vice chair Fuentes? >> Fuentes: Thank you. >> Tovo: And then councilmember harper-madison. >> Fuentes: Thank you. Recently I was able to join a meeting that I belie was part of the recently launched centralized homelessness response structure, Ms. Gray, that you've rolled out, and I've found it super informative to listen in to see how our various city departments are interacting with each other, and how the various state departments are coordinating with our homelessness encampment management effort, and I just want to see if you could speak to how that's going now that we have this structure in place, you know, any improvements that you're seeing or any additional insight that you would like to offer. >> Sure, councilmember, and

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I will say that the meeting at you joined is actually an example of the coordination and communication that had already been happening, even before we put the more formalizedtructure into place, and so I think what it represents in many ways is it's a much more operational meeting, what's happening this week, you know, in coordination between the departments, what we have instituted is a more formal decision-making process that allows us when, you know, stepping back from that sort of boots on the ground, what's happening in the immediate week, or couple weeks of activity, to say which -- which encampments are we prioritizing in the short to mid term, what are the policies we need? What resources are coming to the table, so we're excited about that. We are in the midst of training additional staff that can do the as assessments of encampments, because we have this infrastructure set up now.

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We do need to get more full coverage of encampments across the city, so we're engaged in that work currently, but we'll continue to implement that and report to council on it. And I'm happy to hear from public health committee members what kind of information you would be most interested in hearing about that process. >> Thank you. It was super insightful for me to be part of that operational meeting, I appreciate you clarifying the difference between the two, and I think it's important that as we develop a more robust response and coordinated effort, one that is rooted in compassion, and housing first, you know, having these regular check-ins on how -- how our efforts are going, are important too. Thank you again. >> Thank you, ma'am. >> Tovo: Councilmember rper-madison. >> Harper-madison: Thank you very much, I appreciate it, chair

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hi, Diana. You'll have to forgive me, it's not like, oh, I feel so sorry for you, but I just look at your job and often feel like I just wonder if you have the support and the tools that you need to really do it, and I just -- you never express frustration, but I feel frustration on your behalf. So I don't know if you are just an uncrackable nut over there, smiling, but -- >> You're very kind, councilmember, and we will continue to communicate to management -- >> Harper-madison: I think I'm observant if nothing else, right? And one of the things that I'm observing, I wonder if maybe -- chair, I wonder if this is something to add to the list for future conversation, but I often find myself frustrated in these conversations, because I'm recognizing some parallels, so I have a lot of folks in my district, constituents who aren't experiencing homelessness yet, but we all know it's a matter of time, they know it

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already, I know it already, our staff that is trying to connect them to resources kind of know it already, and it's a lot of those things that you were making reference to. Human behavior, the datapoint you can't quantify on a piece of paper. Telling me what to do today, I'm a grown up, I don't want you to tell me exactly what to eat or when to do it is not quantifiable on a piece of paper, and those are the kind of things that councilwoman Fuentes's point about compassion, I think those are the things that folks just aren't accounting for, and realizing sometimes the challenge to true success, which, you know, in some permanence in housing has so much to do with human behavior, that I just wonder if there's another way for us to collect data about efficacy of programming, because not being able to quantify for some of the challenges I think skews it to where it's not quite fair. That said, one of the things that I'm picking up on, especially in dialogue around increasing access to

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homeownership, increasing access to more long-term affordable rental options, there are some things that are adjacent to it that aren't being considered, so like Allan grant's program, they put so much emphasis on the community component, we say things like housing first, I'm not an expert, right, so when I think that, I'm thinking literally. Get somebody a house, and figure out all the other stuff. Allan on the other hand is figuring it out simultaneously. I just wonder if that is the better approach. Because I think, you know, to the point I was making about folks who aren't yet homeless, or who you entering into homeownership the first time what they don't have is similar access to wrap around services. So if you are a person who right now, today, can qualify for this house, but don't know how to long-term plan and prepare to have the kind of financial runway you need to have, when windows break, that's expensive.

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Doors are expensive. Acs are expensive. Appliances are expensive. A water leak could be that one catastrophet makes it so you lose at that brand-new because you didn't plan for it, you didn't know how to. All that to say, the wrap around stuff, and the human nature stuff, I really just don't think we're giving that as much weight as we really should be to actually tackle the challenge of people experiencing unsheltered homelessness. So I guess that was more statement than question, and hopefully we just start to have more robust dialogue about that part, because those are the part, it's not about the structure, it's not about the land, it's about all the other stuff. And I think all the other stuff is just that, if not important -- >> I appreciate that. Thank you, councilmember. D I think it's a good reminder for me to -- about my communication and being really clear that when we say housing first, we are not talking about housing only, right?

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But our programs are permanent housing programs that are rapid rehousing programs all come with pretty intensive case management and access to other services as part of that. There are people who really do just need short-term financial assistance to get back on their feet, but we know that people who have been homeless for a significant period of time, or living with a disability, that, you know, what housing first says is let's not require that all of these other,s are fixed before we get them into housing, but let's do those two things concurrently, just kind of as you said it, community first village, so particularly in our site based housing, like Rutland and, terrace oak springs, there's an expectation those service providers, they're doing communitylding on site in addition to really providing those services.

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>> Tovo: Thank you very much, Ms. Gray, my questions touch on some the same issues. First of all, I want to start by acknowledging just the extraordinary work that you're doing and the complexity of this issue, I think we will see this in many detailed ways in the next presentation as well, just how complex, well, just how complex the circumstances are that some of our neighbors are facing in addition to being unhoused. I was a little struck by the numbers, and the percentages, and seeing it in this -- in this manner that as this data suggests, we have more returns to homelessness than we have exits to housing, am I reading that correctly? >> That is correct, but we still have two bridge shelters that are full of people who are working

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toward getting into permanent housing, so I would not expect that proportion to remain as it stands today. >> Tovo: That's great. I'm happy to hear that. And then one of the things that came up in your responses to my colleagues, and -- or maybe it was more in the next presentation that we're going to see is the emphasis on community, and, you know, councilmember Harper-Madison, you mentioned community first village, and, I know in having toured that multiple times now, Allan Graham and the others joined with him in that effort, really focused on joining community and how critical that is, and I'm wondering -- I'm wondering how -- how you confront that in this very different model, if we are -- if we're moving as a city away from congregate shelter, where there are structural opportunities, structural requirements for

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community perhaps, you know, more than individuals would like to experience, because it isn't striking that right balance between, you know, privacy that adults have a right to expect, and -- and communal meals or things of that sort, you know, what are -- what are some opportunities for -- well, let me not ask what the opportunities are. How are you or partners addressing that, it might be one of the reasons why people are exiting, and I guess in asking that question, I would like to know how you're bringing that with partners, to address that situation, and also whether a group like the Shack or others with lived experience can help us -- help inform, you know, how our practices need to change, because it strikes me that one thing we might be seeing here in the data is that the shift from congregate to individual rooms may need some -- may

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need some in between or may need some adjustment. >> Sure. I think -- so one thing I would say that I think is actually a real strength of the heal model is that it is true that people do have community when they are unsheltered, often, right? They certainly experience, you know, a lack of safety and there's

trauma of living outdoor, but very often, there -- you know, there are strong bonds built within encampment, some of which have existed years and years. One of the real strengths of the heal initiative is the offer to move the entire encampment into shelter at once, so that people don't feel like they are leaving their entire sort of existing social network or a great deal of it behind, by coming into shelter. And so we have absolutely seen I think a very different pattern of the existing relationships of people when they come into

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shelter, because they're likely coming into shelter with, you know, several other people who they've known some time and may be quite close to. I do think particularly with the somewhat extended stays in bridge shelter, we -- we will need to address more concretely the community building on site. If we, you know, get to a point where it's 60 days and we're rocking and rolling, getting people housed very quickly, after they come into shelter, then we still want people to feel welcomed and comfortable, but the long-term relationship building is a little different, and so I think that some of the things, you know, we have looked at, we've had some cases where, you know, a group wants to -- has come into volunteer, to, you know, do offer one sort of resource or another, or a social event, and I would like to see that really increased.

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I think that urban league who is taking over south bridge has had some good ideas on that front, but I think it's a -- well, a well-positioned question that we need to look at, just because of that. We know that people are vulnerable in those first couple of months of coming into bridge shelter or returning to the streets. >> Tovo: Thank you. That's very helpful. Have there been any effort to engage -- engage with a group like -- like the shack, and I'm sorry, I'm drawing a almost total blank on what that acronym stands for. >> Park neighbors. >> Tovo: No, I was really talking about. >> Are you thinking of ahac. >> Tovo: Ah a. C, thank you, I'm forgetting that acronym too, the group of the kind of advisory board of individuals -- [multiple voices] Sorry about that. The individuals with lived experience who are helping inform some of the policies

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of the arch and elsewhere, and made some good recommendations including -- including water fountains which we were able to act on, but just wondering if that -- if that commission might -- might be of some service in helping suggest some ideas -- >> So I believe have spoken with them about -- about the bridge Sheryl, but as importantly, we talk to the people who are staying there, and so it's been a few months, but we worked on with dac, you know, sort of a questionnaire, looking at, you know,

whatple's experience was, what they wanted mee of or less of, and I think that is something that we'll continue to do to help us get a sense of how we can resource it more effectively. You know, for example, one of the things that came up was that, while people were you know, getting engaged in the early stages with their case managers or maybe while they were waiting to get that permanent case manager

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in access to housing, still have some social service needs that -- that could be met by what we call, you know, service navigator, so that we now have someone at north bridge on site who helps people with documents, et cetera. It is not a licensed social wo, but really someone who knows how to point people in the right direction, and help them through some of those preparatory elements or connecting them with resources that is much more their, you know, all day every day, so that's much more available to folks on an as-needed basis, and the more robust connection to the case manager that's going to get them into housing -- >> Tovo: Thanks very much. I think the only other thing I wanted to mention is something that you brought up, which is some of the initial concerns about heal, and I remember these were, you know, sometimes being expressed by folks who wanted us not to move forward with heal for the reason thaty were

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concerned that there would be -- that the encampments that were receiving resources would not necessarily be those that are rsentative of the overall population in terms of race, and so, you know, I bring that up just to underscore the point that you made, but also -- also because sometimes we -- sometimes we plan and plan and plan trying to mitigate against all potential negative outcomes, and, you know, as this one showed, I think it was -- and thank you, councilmember kitchen for your leadership on this. You know, moving forward with it, with an agreement to iterate, to watch the data, and to really be responsive to the data, and to iterate as necessary was really the right approach, because we can -- we can sometimes especially here at the city get stuck in that planning phase, and trying to address each and every one of those concerns, and I think this is a really good example of when the right thing to do is move forward, even though not everybody

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was on board even on this dais, and certainly not in the community about whether or not we should jump into this -- this new approach. So thank you, again, Ms. Gray, and your team, and the many others around the city who have helped implement it and iterate it as necessary. Colleagues, any other questions? Yes. Councilmember kitchen? >> Kitchen: Yes. Thank you, this is a really good discussion, and

as you -- as you consider the conversation we've had, I know you all have had within the shelters, the -- the, you know, approach to community building, it will be interesting to hear more of what you learn. I think that -- it want to point out one of the things that have happened at south bridge, and happened with at least one of the locations was some engagement by neighbors who support the -- the folks

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that had the opportunity to move into south bridge shelter and continued to provide some additional support at south bridge. And I think that was a very limited effort, but I know that that interest is there, and those neighbors were engaged at the very beginning even before that particular site was decommissioned, so I think that there's some potential, you know, with that kind of approach also to be helpful. It is a way to -- and I know there's a lot of challenges and may work in all areas, but it is something that perhaps could also be considered, you know, and perhaps strengthened in some ways. So there's that. I think we also have to understand that building community in the circumstances, as you said, Ms. Gray, building community in these circumstances is

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very different than building community in a longer term place where people are living more permanently, like community first. The other thing we need to remember about community first is they -- they -- you know, you -- it's an applicant situation, where people apply to be at community first. Community first has done a fabulous job of building community there, but they build community with a group of people that the -- their approach to community is good fit for and works for, so -- so I think that hearing you talk about actually consulting with, talking with, engaging the folks who are actually staying in bridge shelter, about what community means to them, I think is a way to move forward, and also as you mentioned, it's different if you're going to stay at place for a couple of months versus, you know,

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five or six months. I think this is a very helpful conversation around community building, as we've learned, as Allan graham has showed us, and as we know ourselves, you know, people need to feel comfortable and not isolated or alienated by the place that they're staying so -- so I'm excited to hear about that progress you have made in this regard. So thank you very much. >> Thank you, councilmember. >> Tovo: One quick -- one quick last question. I know that meals were being delivered individually to rooms because of covid precautions and perhaps for other reasons as well. Is that still the case in our bridge shelter or -- >> The meals are in the lobby and guests come and get them at present. >> Tovo: Thank you. Thank you. Any last questions, colleagues. All right. Thank you very much. Again Ms. Gray for being available to this committee and also for the work that you and your team

[10:15:15 AM]

do. Our next presentation is entitled aging and unhoused in Travis county, and our speaker on that is Amy temperly, owner and CEO of E organization aging is cool, and I see that she's on the line. Councilmember kitchen, this is an item that you requested. Do you want to see a few words about that? >> Kitchen: Yes. I was very interested and pleased to hear that this more in depth review ornales, I should say, of aging and unhoused in Travis county had been done in this analysis. What is important to me is all aspects of the population of folks who are living unsheltered and unhoused, but I do -- did have particular questions about those who are aging and unhoused, because I think we need to understand what's happening on the streets with people in this -- in this age group.

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I also had a specific request from the commission on seniors to -- from Jenny priestmeister, to really understand what is happening with this population living unsheltered, and so I'm excited to get this information. >> Tovo: Thank you very much. Welcome, Ms. Temperly, we will turn it over to you. >> Good morning. Thank you so much for the opportunity to present to you today. It's a very rich conversation on homelessness, and hopefully this data will add some additional components for you to more deeply inform it. If you don't know me, I have worked with older adults for about 30 year, both in the nonprofit and for profit sectors, and I'm vice chair of the commission on seniors, and during the pandemic, I undertook a role as the interim executive director at front steps, it

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was supposed to be a three month remit, and it ended up being 8 months. It was my first introduction really to homelessness, and during that time period, some issues came to light around older adults who were experiencing homelessness or at risk for homelessness, and a group of us began a collaborative effort to try and find the data and address this a little bit more deeply. So this is some of our efforts to date. Next slide, please. So our collaboration functioned for about 6 or 8 months trying to start to figure out what was going on with aging and homelessness in our community, and we eventually brought ourselves under echo as an affinity group, so we could be more deeply connected to the work they're doing as well. In December of 2021, we engaged a consultant group, wool lard Nichols, to look more deeply at the data. We knew it was out there,

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but nobody had really looked at what was happening with this particular population. St. David's foundation funded the work, they're a great supporter of our work in our community with all issues relating to older adults. Our study included both quantitative and qualitative data. We wanted to find out the number of older adults experiencing homelessness. We wanted to look at the gaps in awareness that the different provider agencies had around providing services for this group. We wanted to learn about the types of supports that older adults who are experiencing homelessness might need, and what challenges and barriers that they might be experiencing. If you're familiar with looking at older adults who are unhoused, typically the age 50 is used versus the more commonly thought of age 65 when we're talking about older adults who are unhoused. This is due to street age. Many people who have been

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living on the streets and are in this aged population of 50 plus present as much older, they have health issues and disabilities that are much more pronounced because of their experience. Next slide, please. So our methodology for this survey we did an online survey of front line workers. We did data review from the homeless management information system, there was literature review to look at nationally what the trends were and see how we were comparing there, and then we interviewed individuals who are 50 plus and unhoused. Excuse me. Next slide, please. So some of this data, I'm sure you know, the number of older adults is increasing rapidly around the world, and that Austin Travis county is one of the fastest growing senior and pre-senior populations in the country, people are moving here to be with family, they're retiring,

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good weather, all of that good stuff. We are expecting a growth of 114.3% in the ages of 65 and older in our area from 2010 to -- between 2010 and 2030. When we looked at the his data, during a time period between 2019 and 2021, about 66 older adults in that 50 plus range were newly identified in his each month. If you look at the whole, adults 50 plus constitute about 26% of those individuals in the his system. Of these 66 new people that were being identified, about 22.5 older adults were being housed each month, so you can see we've got more coming in than are going back into housing. And as with the data that Ms. Gray shared as well, we have -- sorry, I muted

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myself. We still have a disproportionate representation of African-American individuals in this 50 plus population who are experiencing homelessness. Next slide, please. So when we looked at a literature review, Humphries and Canum, a premier researcher in this area around the country, some common things that were noted in her research and that we found in our study as well, unsheltered older adults

require specific shelter and housing accommodations. They tend to have more health problems. They tend to need more services, like transportation or in home care. And also have other issues with alcohol and drug abuse that might be life long. Chronically homeless older adults can be men and can be difficult to house due to substance use history, comorbid, and physical health issues and limited social srts which you

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will see come up again and again per your conversation as well. And newly homeless older adults are more likely to have informal social supports but they often experience barriers to actually finding information about homelessness, healthcare and the community services that are available to them. Next slide, please. So as we're looking at our local data, about 70% of the unhoused older adult population in Austin Travis county are men, again not surprising, we see this kind of representation in the other demographics as well. As I mentioned, 22 people over the age of 55 were housed, each month; however, something that came up in the study that was of concern, is that about 13 older adults in this population, over age 55, returned to homelessness after exiting a program for unhoused adults. This is much higher than it is for the younger populations, and we do think this may have to do with some of the formal and informal supports that they

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need in order to maintain that housing. And as you look at the last bullet points here on the page, older adults in our area have higher rates of the following. They have higher rates of disabling conditions, HIV AIDS, alcohol abuse, chronic health conditions, phyl disabilities and mental health conditions, and you'll see it's quite a significant difference. Physical disability, 56%, versus 20%, in younger populations, chronic health conditions, 56%, versus 21%, so we're looking at a population that has lots of complicating factors to getting them housed, keeping them housed andeeding them healthy. Next slide, please. So we did a survey of 46 service providers, these were predominately individuals who are working in homeless services, so case managers. When asked about the top three reasons that they were seeing individuals becoming unhoused in this 50 plus

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population, they reported inability to pay housing costs, substance abuse, mental health issues, and lack of affordablesing. They also almost globally represented that they did not have access to or an understanding of the resources in the city that were actually available to older adults. They didn't understand the services and what was out there. When asked where they find their information, the number one answer for that was Google, and if you know anything about Google, if you Google, you're

not going to get all of T service providers for older adults. It's just not the way it's going to work. It's going to be your for profit companies and people who have lots of funding to pop to the top of those searches, so these case managers are going to Google to try to find resources and they're not finding what they are looking for. We also noted there were issues with discharges from hospital systems, and this is one of the reasons we

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actually began our collaboration in the beginning were some very unsettling tales about hospitals and/or nursing homes discharges residents or hospital patients directly to shelters, sometimes on gurneys or wheelchairs, being unable to take care of themselves, needing time to recover, or maybe with cognitive disabilities or physical limitations that would preclude them from actually being able to enter those shelters, so these individuals were ending up back on the streets with their health issues and most likely back in the hospital again, because they had not recovered fully, so they all -- many of them reported that they were seeing these types of issues still a problem. And as we know, through lots of services for older adults, transportation is probably one of the biggest hurdles, and they were finding accessibility to transportation difficult so that people could get to their appointments, to fill out their forms and do the things they needed to do to get housed. Next slide, please.

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Some of the common barriers when they are trying to house older adults, none of these will be surprising, lack of income, criminal backgrounds, rental eviction history, lack of available units, lack of documentation or identification, and an inability to self-apply for housing. 83% of the survey respondents said they had some specific issues particularly working with those 50 plus population, especially for older adults that have cognitive disabilities. Some of this was individuals being unable to actually understand or fill out their paperwork independently. Lack of age appropriate housing options that can provide the level of care needed, and then challenges maintaining housing which could be everything from needing help with bathing, dressing, grooming, toileting, or to those more daily activities like meals, shopping, transportation, that type of support. We act just recently at

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our last affinity group meeting did a case study of an individual who is in his 70s having cognitive problems with dementia, and has been admitted to the arch temporarily, and they're having difficulty getting a nursing home placement for him, because the nursing homes are not cooperating or there's not enough medicaid beds. So we've got a lot of problems with trying to not only figure out more independent level housing, how do we get supportive housing for this population, but with people who have cognitive

limitations or may need help with their daily care. The real option here is nursing homes, there's not any intermediate low income assisted living, that is a difficult challenge in Texas, all throughout the state, because of our funding problems with medicaid, but we just don't have the places to put them, and so we're getting these folks that are kind of stuck in them. Next slide P please. The consultant group

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interviewed 26 older adults who were currently unhoused. 21 male, five female. You can see the age breakdowns here. Their top reported reasons for becoming unhoused were job loss, marital break down, death of a loved one, and lack of social support. Some of these individuals were living with a caregiver and needed support and their caregiver passed away and then, you know, options had to be found for their care. Next slide, please. Some of the key findings that these individuals were reporting, a history of trauma, feelings of guilt and shame, women staying unhoused because they are victims of domestic violence and they are staying in those situations longer. We heard frequently, Ms. Gray spoke to this, the longer they're on the streets, the easier it is to stay on the streets sometimes, because they are developing relationships with people who can support them. So it speaks to the social structure of community wherever

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it is being developed. Obviously a lack of income, this feeling isolated once they get housed. Maybe they are placed in an apartment, they don't know their neighbors, they're not interacting with other people. They also reported that they were having poor communication with the case managers, not feeling seen or heard. There was reference to younger caseworkers that don't understand this generation and not understanding their needs, so that's a big problem. And lack of affordability in Austin, nothing surprising there. Next slide, please. Some of the service needs, these are very common ones that you're going to see throughout all the different age groups. I want to point out a couple things I thought were surprising. Job training and education. You can imagine most of us know that if you're 50 or older there is ageism and it can be difficult to get a job. Imagine being 50 plus and also

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being unhoused and trying to find job training and education, and support. So, ageism is going to -- the double whammy on top of this situation. Support after being housed. Here you see it again, including social gatherings, positive reinforcement. One gentleman said he'd love to see positive signs on the wall that were more encouraging so they could think about the happy things instead of their situation all the time. And then, of course, safe and speedy housing placement. Next slide, please. So, some of the system recommendations that came from the study, the first was to increase relationship-building

between the aging providers and the homeless-serving organizations so that they could understand each other better and refer to each other. There are -- we have a very robust network of aging services, many belong to the aging services council. And being able to connect those who are serving the unhoused

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with this population is going to be crucial so they don't have to go to Google, they know the resources and how to patch them together and who to reach out to. Creating a shared resource list for unhoused older adults so that we could educate the aging services providers about that. Providing S.O.A.R. Training for individuals serving unhoused adults. I believe it's samhsa that puts it together, but it is a special training that case managers can get to help them with people who are older or have disabilities, help them navigate the benefits system and make sure they get the benefits to which they're entitled. Creating relationships and processes to address this hospital discharge issue, making sure that people are being discharged appropriately into safe settings. Access to this for all organizations serving unhoused older adults. We'll be looking at this later to try and figure out how we

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make sure we know a client's in the system and what services they're actually getting access to. Increasing access to safe storage. Stock up and access to affordable housing designed to serve older adults. There's some great supportive housing coming soon, family elder care is doing a lot of work in this space. We're going to need more. With this older adult population growing so rapidly, we are going to need more. Providing greater access to substance abuse and mental health services, and assessing food availability for unhoused older adults, especially on the weekends and evenings. Next slide, please. In terms of service recommendations, providing cross-training for case managers on geriatric and aging issues so they're better able to work with this population. Ensuring all services are trauma-informed. Creating a sense of community and positivity within housing to help sustain housing retention. Offering peer support and

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navigate programs for older adults who are unhoused to help them through the system, which can be very complicated. And connected -- connecting with employment providers to provide access job training and employment that are specifically targeted to this older adult population. Next slide, please. So, in terms of what the aging and unhoused affinity group, we are serving individuals who are unhoused. We are representing a lot of different organizations and wanted to pick some things that were attainable that we could do. The first is to do some training and relationship-building between aging and

homelessness providers and case managers. So we are working on a half-day seminar that we hope to present in February of next year that will include cultural competency

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work, some panels on housing and benefits, and a resource fair that will allow people to wander through, get to know each other, pick up resources and materials so that we can connect these two groups more deeply. We are seeking a master's-level intern with the grace program, a social work program at U.T., focusing on older adults. We're hoping to have an intern that can help us move some of these things forward. We are building relationships right now with hospital discharge planners to take a deeper look at what is going on, why are people being discharged to the streets, why are they not being discharged in a more appropriate manner, how do we set up systems to make sure this happens. And then to increase S.O.A.R. Training, educating case managers about this training that they can receive to help them with benefits. A couple of additions I want to make at the end of this, we're really pleased about having the data. We knew we couldn't do anything without knowing the numbers, what was actually occurring.

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And now we can have -- we have some attainable things. I think what's going to be very, very important going forward -- and the commission on seniors has made a recommendation in this regard as well -- is that the city have a plan for how we're going to address this older adult population who are either unhoused or at high risk for becoming unhoused. There are unique needs here and we need to look at this population slightly differently to make sure that they have the resources and the supports to be able to maintain that housing. On good news, as a collaborative, we advocated with E.C.H.O. In terms of their new prioritization index to reduce the priority age from 65 to 50 and they did do that. So now people who are 50 and older get an additional point on the api, and hopefully this will start to move the needle in making sure that these individuals get housed as

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quickly as possible and that we are being mindful of this street age consideration for older adults who are homeless. I will stop there. And I would be happy to take any questions that you might have. >> Tovo: Thank you so very much. That was very informative. Councilmember kitchen? Kitchen: I'll ask a few, and then my colleagues may have some questions, too. And you can come back to me after that. So, first off, I want to thank you. This is very informative information for us. And I appreciate the dive into the data to help to understand what the challenges are and the scope of the population. And I also

appreciate the focus on specific next steps, both from a systems standpoint and a service standpoint. So, I have a number of questions and then I also want to just commit to Y that I stand ready

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to help you all, both through the commission on seniors, you know, and through E.C.H.O. To take some next steps. It occurs to me that this is a manageable popping in -- popuon in terms of the numbers. And this city has focused at different times, like we have focused on veteran homelessness. We have focused on youth, you know. I'd be inclined to create a focus on older adults, so there's that. But I also want to just give a shoutout to the senior commission, who has been driving for a number of years now our city's age-friendly action plan. And we now have an age-friendly coordinator. And thanks to the council, we also have an additional staff person to work on age-friendly issues. So, I think a number of years back, our council recognized the tsunami that you talked about in terms of older adults.

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So this is an area where we need to drill down also. So, just a couple of -- two questions. The first question is, in the work that you all did, in your review and discussion with service providers, because I think you had some interviews of service providers, were you able to connect with any of the managed care organizations for medicaid for the S.T.A.R. Plus program? I don't know if you were able to do that or not, but I wanted to ask. >> We did not, in the context of this study, but I'm very familiar with tho, yes. >> Kitchen: Okay. The reason I suggest that is as a next step it might be useful to contact particularly the S.T.A.R. Plus, a medicaid program that's focused on older adults and adults with

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disabilities. And so they bring -- they can bring resources to the table. Their charge from a state perspective is to provide services to people eligible for medicaid that fall into those age and disability categories. So, I'd be happy to follow up with you. And it sounds like you may have the connections you need. But I would also urge that. They could be helpful in next steps. The other thing is, the S.O.A.R. -- Astion about the S.O.A.R. That includes applications to medicaid, right, SSI and the whole range of things? >> Yes, SSI and ssdi. >> Kitchen: Okay. At this point, did your data -- were you able to identify from your data how many older adults were eligible for or receiving medicaid? >> No. We did not do any financial analysis. >> Kitchen: Okay.

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That might be an interesting next step, also. So -- and then finally, one of the recommendations you mentioned was the city have a planoo address this population. Do you have a path for that, or do you need assistance in making that happen? >> We are just getting started. We do not have a path for that and we would love to be part of any conversations and support that initiative. >> Kitchen: Okay. And then finally, chair, I don't know if Ms. Gray is available, but, you know, if she would like to -- she may have had to move on, but if she's still with us, if she wants to comment on this, it would be interesting. >> Tovo: I did reach out to her and I do see that she's back on. Thank you very much, Ms. Gray, for sticking with us. >> Absolutely. Thank you. And thank you, Amy. I think this IST a wealth of information for us to work through and think about what our strategies can be. I think I am struck by, as we

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walk through the presentation, there's several areas in which I do think we have efforts afoot that are going to make a significant difference and othershehere we know there's an awful lot of work ahead. And so I would say certainly at the macro level, one of the greatest needs we have identified in our system for a long time is permanent supportive housing. That's relevant to this population because of those high levels of disabling conditions and the greater supports offered on-site. Having said that, we certainly want to make sure that beyond the generally robust services in psh we've got providers and sites that are specifically attuned to the needs of older adults. So that's why we're really excited that family elder care will not only be the service provider at pecan gardens in district 6, but are also working on another psh program

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development for 60 units. And as you may recall from last week's council agenda, are going to be receiving significantly increased funding around rapid rehousing. And that's just been really critical, because they're very good at S.O.A.R., they have additional resource, they know how to work within the system in a way that our other providers may have general competency, but not quite the level of expertise. We as the city have dedicated a million dollars of arpa money toward additional S.O.A.R. Specialists in the commutyty. And we have encouraged those to be full-time S.O.A.R. Specialists. It is a compl process and training. If we are investing in that time, it's best to have folks who that is what they are doing. There has been some additional money in the community, private dollars for S.O.A.R. Specialists

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through the St. David's foundation. So, we are hoping to see improved access, both to SSI and ssdi and medicaid through those efforts. We as you know, as part of our finding home atx investment plan, are really looking at capacity-building across several areas and several types of efforts for our service providers. I think we want to make, sort of, the regular training of front-line workers and case managers substantially more robust. And I think this piece about working with older adults is -- can be a critical piece in that. Some of the areas where I think we really have more road ahead of us -- first of all, I think we have some clues in the data that have been presented about why people might be more likely to return to homelessness, but

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understanding that better would be really critical. That may be related in part to the interaction of these very complex systems that was outlined -- the nursing home system, the access to supports for activities of daily living, all the kind of things that can help any older adult age in place, but may be more difficult to access or not really within the primary suite of services that our homeless service providers are accustomed to accessing. The discharge issue is real. We have talked for some time and continue to discuss the need for respite care for folks. And we understand there are some community-based efforts under way. We did not receive an application for funding under our recent rfp where respite

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care was allowable, so we were disappointed about that. When we talk about respite care or when people talk about respite care, often we are referring explicitly to discharge. But I would certainly go beyond that, because we saw, for example, in some of our cold-weather shelter, both general operations and in those cold-weather emergencies like uri and this february,e had older adults presenting from the street with very complex needs. And it is shocking that those folks are unsheltered. We may need to think about, as part of our overall shelter analysis, which is on our plate as a division over the next months, what kind of specialized shelter might be needed for those individuals that we know will have needs that will be difficult to meet in a general

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shelter setti >> Tovo: Thank you very much. Colleagues, questions about the presentation?
Councilmember harper-madison. >> Harper-madison: Thank you, chair. I have a bunch of questions. Hi, Amy. It's good to see you again. I will make sure to seasoned send my keysto -- some of my questions to you and Diana separately. One question, I want to highlight, maybe more of a statement. In my experience, I really, really appreciate the work that family elder care does. But in my experience, especially with dealing with constituents with -- who are differently able and/or elderly, it seems like

family elder care might be having some tough times with staffing and caseload. I have folks who struggle to get what they need from their caseworkers. So I just want to make certain to highlight that if for no

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other reason I want to make sure if we're going to say we're leaning on a partner entity, that they have the supports that they need. And if any O that needs to come from us at the city level, then it would be helpful to know what those things are. And the same to extend in your direction, Amy, by way of your work with the commission and the work that you generally do. You have some insights that we may not have. But I want to make certain that everybody is equipped for success and that this body understands where the gaps are. >> I think it's very important, too. This curve really focused on people who are currently unhoused. And we have great concerns in the aging services network right now a people who are at high risk for becoming unhoused as well. And so I think we have to be also looking at that. I myself had a staff member that we had to help the other day.

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She's 74 years old and was about to be evicted from her apartment because she couldn't afford her rent. Luckily, I knew where to go, but most people don't know where to go and/or there isn't enough. There is now more for rapid rehousing which is fantastic. I'm so excited to see those funds. But this could become overwhelming. We knew this was going to happen, particularly what happened during covid, the affordability crisis. I'm hearing every day about people's rents going up, sometimes \$500 a Mon which just dips right into your food budget and everything else. So, just want to be mindful that we're looking at both sides of that as wl. >> I will say from our side, councilmember, you know, we, of course, are investing in significant capacity-building of our organizations. You know, this space has long been a pretty high turnover space, but with the last couple

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of years, there has been a huge shift, like in all sectors, of difficulty with our service providers vacancy rates. And so while we are increasing the resources to them from a programmatic standpoint, we do anticipate that some of the capacity-building funds that folks will use will be thinking about how they can address some of these staffing shortages for funded programs. And we'll be interested in hearing from our providers about outside of just straight program funding, what are they seeing as weaknesses in the system. I also think that one of our approaches in this overall effort has been a. Certainly, you know, we're seeing some existing partners increasing scale. But we're absolutely interested in thinking about are there

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other nonprofits that are very active in the older adult service space who may not be particularly engaged in the homeless service space. And I think this cross-training that Amy is referring to could be a big bridge there to help us think about how we more adequately resource the system. >> Tovo: Councilmember harper-madison, did you have additional questions? >> Harper-madison: I did not. Thank you. >> Tovo: All right. Any other questions? Well, thank you again for this presentation. This is really valuable. And I hope, colleagues, that we can maybe make space in our agenda for some followup on these items. I appreciate very much that you presented us not just with the observations from the interviews and from the analysis, but also the next steps that have to happen. And it does -- and Ms. Gray, thank you for being here also to

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provide input about how some of those next steps might work their way through programs we are already engaged in. So, thank you. All right. Wonderful. Well, colleagues, that completes our agenda for today. So without further ado, we stand adjourned at 10:52. K you. Councilmember, I'm sorry. >> Tovo: Sure. The way that we -- sure, no problem. But the way that we've been trying to handle those is to take them up outside of the meeting. We have several presentations for following meetings queued up. But, yes, if you'd like to air it now, and then we can talk about when to schedule it. >> Harper-madison: Thank you. I'd like to air it now. I'm going to need a lot of help from this particular community. I'd like very much for us as a body to start taking up items that pertain to the recovery space. I don't think we spend enough time talking about sobriety and

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recovery, and I'd like very much to start talking about that. I'll throw it on the message board, but an item I'm specifically looking at talking about is working in T recovery space with adolescents. So, a sober high school kind of a thing is really one of the things that I'm looking at, really trying to preempt some of these experiences with long-term chronic homelessness that started when a person started using when they were 12. I want to reverse engineer it and start talking about that. I will send over an email and do some message board posts about things that I'm interested in digging in. Thank you. >> Tovo: That would be great. I can't remember if we've presentations at this committee. At the sobering center we've had presentations from the university high school, which is a sober high school in Austin. And that might be a good group to welcome into this space to provide us with some information. But, thank you. I look forward to seeing some of those ideas. All right. Thanks again. We're adjourned at 10:53.

