

Public Health Committee (PHC) meeting Transcript – 4/3/2024

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[9:59:49 AM]

You're watching a-t-x-n the City of Austin's Government Access Channel morning, everyone. Hope

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morning, everyone. Hope everyone's doing well. My name is Vanessa Fuentes. I'm proud to serve as chair of our public health committee. Welcome, everyone to our public health committee meeting. It is 10 A.M. On Wednesday, April 3rd, 2024, and we are in the city hall council chambers. I want to take a special moment to acknowledge that it is national public health week. And so I want to thank everyone who is part of our public health team. Thank you. Yes we are so incredibly proud of the work that our public health professionals do day in and day out and serving our community. And I just want to let you all know your work is extremely valuable. And if we've learned anything during the pandemic and the multiple disasters we've had in the last number of years is just how vital the work that you're doing and serving our community is, and we appreciate your contribution so greatly in your service. So thank you so much. And I look forward. Colleagues will be having a proclamation tomorrow at council in recognition of national public

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recognition of national public health week. So colleagues, today we have a relatively short agenda. We'll start out with public communications, then we'll move to approving the meeting minutes from last committee meeting, we'll receive a briefing on immigration services by American gateways. Then next up, we'll take up a briefing on the Travis county's mental health diversion pilot program. And finally, we

will receive a briefing from one voice on the social impact on nonprofit organizations. Are there any questions or comments on the agenda? I do want to acknowledge that councilmember Ryan Alter is joining us virtually for this meeting. Okay. We will now we'll now welcome speakers from the community. May the clerk's office please start us off with the first speaker. >> Good morning chair. We have one speaker signed up, Nicholas Grammer. If you are here, you can come to the mic. You have three minutes. >> Welcome. If you could please state your name for the record. >> Hi, my name is Nicholas

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>> Hi, my name is Nicholas Grammer. Awesome hello and good morning. My name is Nick Grammer and I am a resident of district nine as well as a student at UT Austin studying biomedical engineering and black studies. I'm here today as a representative of partners in health engage in Austin, an organization dedicated to addressing health care inequities locally and internationally through our coordination with various local organizations serving those within marginalized communities, we see a clear and impactful need to better integrate public resources and the population. Population they are meant for through the expansion of community health workers. I'll refer to community health workers as chw for the remainder of my time, CD have been central to meeting the needs of residents most affected by health care inequities. Addressing barriers from transportation to language to health care system navigation. However, many areas lack sufficient monetary support for chw. We believe that the work of chw is integral to the health and well-being of our communities. We have partnered with many local leaders to enact positive change in this regard by raising raising awareness of the effectiveness, effectiveness

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the effectiveness, effectiveness and impact of chw. Our goal is to establish a comprehensive framework that promotes enhanced funding, heightened awareness and collaboration with key community based organizations. As partners in health engage, we plan to attend an upcoming city council meeting to deliver a case for the need to expand the network of community health workers in the greater Austin area, alongside testimonials from community based organizations. We have seen the work of the community health worker hub as part of Austin public health, and we want to see more support for more initiatives surrounding chw. We are hoping for your engagement and potential support. As you all have indicated, your commitment to advancing health equity in Austin. Thank you for your time and we will look forward to presenting to you all in the future. >> Thank you. Thank you so much. I'm a big supporter of our community health workers. And so certainly if you could follow up with my team, we would like to learn more about the initiative and the work that you have going on. Thank you. All right. And that was our only speaker. Perfect. Okay. So now we'll move on to approval of the meeting. Minutes from the public health

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Minutes from the public health committee meeting on March 20th, 2024. Is there a motion motion by councilmember qadri, seconded by vice chair Velasquez? Any objection to approving the meeting? Minutes seeing none, those stand approved. Okay, so we will move to our first briefing on immigration services by American gateways. And I want to welcome we have the co-executive directors with us today, Edna yang and Rebecca Lightsey. If y'all can, please join us at the front for the briefing. As they're getting set up, colleagues, I do want to acknowledge, it's, whichever you prefer, or. Juanita, what would you think? >> Oh, the clicker's on here. Okay. Oh. The clicker. Okay, this this briefing is timely for us right now, especially in light of everything that's going on with senate bill four, and so I want to appreciate American gateways and, and, and our, our community here in Austin for all that we're doing in providing

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that we're doing in providing workshops on knowing your rights and the importance that our community understands what is going on, especially with all the confusion on senate bill four. And so councilmember Velasquez and I are co-hosting a workshop in montopolis. In the coming weeks. And so we just want to invite the public to tune in and to learn more. And to attend the workshop if you'd like to get more involved. Thank you. >> Okay. >> Thank you. I'm I'm Rebecca Lightsey, one of the co-executive directors here at American gateways. And my other co-executive director, Edna yang, will be back in a second because one of our clients is here to speak with you as well. And she's just now coming in. So, thank you for this opportunity. And yes, it is very timely, actually. Senate bill four is the lawsuit. The oral argument is being heard at this very moment at the fifth circuit. So we are anxiously awaiting the outcome of that oral argument, I also want to

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oral argument, I also want to extend my congratulations to Austin public health. Our contract with the city is under a-p-h, and we very much appreciate the relationship we have with a-p-h and their understanding of our work and the importance of this work. So thank you very much, let me just begin by telling you a little bit about who we are and what what we do, our mission at American gateways is to champion the dignity and human rights of all immigrants. S, those who are newly arrived and those who are long time residents of our community. Through advocacy and legal services. All of those that we help are low income immigrants, we serve 23 central Texas counties. We've been around for almost 40 years now. And we have many, many partnerships in the community that we greatly value, every year we serve thousands,

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year we serve thousands, thousands and thousands of individuals. Last year, we estimated that we served over 12,000 individuals in all of our 23 central Texas counties, we are we are headquartered here in Austin, where, as I mentioned, we are very proud of the partnerships that we have in the community. And one of several of those partnerships involve, volunteer support. Last year, we leveraged over \$1 million in volunteer support through pro Bono attorneys, through interpreters, translators, and just other volunteers who have helped us achieve our mission. Let me tell you a little bit about what we do and it and about the impact that our work has. So the type of legal work that we do falls into three main buckets. One one is educational empowerment. Letting the community know what is happening in the field of immigration and how it affects them individually

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how it affects them individually , like the presentation that we will be doing, is that next week on on senate bill four, we do that type of education in the community on a regular basis. We believe that this is very critical, that both the immigrant community understand how the immigration system works and what their rights are, and the general public understand and understand the impact of immigration policies in our whole community. The second piece that we do is we do legal orientation in the immigration system and help individuals be their own best advocates in the immigration system. We work inside three federal detention facilities, one right down the road in Taylor, Texas. The Hutto detention facility, and two in south Texas, the and these are some of the largest detention facilities in the country. Those detention centers hold, individuals who have recently

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individuals who have recently arrived, but also long time residents who have been apprehended by ice. And we provide them with legal information and assistance while they are detained. We also have, we also have assistance to individuals who are being their own best advocates in the immigration system. We do a great deal of what we call legal clinics. We'll talk a little bit about the partnerships that we have in Austin with our legal clinics in a minute, but a couple of our big clinics are to help individuals become citizens . So in may, we will have a citizenship clinic with the city of Austin, where we'll help anywhere between 30 and 70 people in one day fill out all of their paperwork to become U.S. Citizens, and those clinics are staffed with not only our American gateway staff, but also with the number of volunteers, pro Bono attorneys and volunteers. So that allows us to

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volunteers. So that allows us to really. Oops. Excuse me, expand the impact of our work. We're also doing clinics to help individuals who are applying for asylum. We're helping them, fill out their paperwork so that they can get that asylum process started, for many of those, once they get that started, that means that shortly, well, in a few months later, they will be able to qualify for a work permit. And, and be able to secure jobs in their community. Those are just a couple of examples of the legal clinics that we do. And then the third thing that we do is provide full legal representation that everyone who turns to us would like us to be their attorney, but we simply don't have the capacity. In fact, even now, we can only serve about 25% of those who turn to us for assist. So every year we take on about 1200 full legal representation cases, and with that, we're able to help those low income

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to help those low income immigrants who would have no other place to turn. Let me tell you. Let me talk now about, a little bit about our partnership with the city. First of all, let me say again, we very much appreciate the partnership that we have with the city. We have been officially partnered through city contracts since, 2017, Austin was one of the first cities to become a welcoming community in 2017, and we very much appreciated that. And Austin has stepped up to continue to be a welcoming community since that time. Right now we have two contracts with the city. We have a long term contract that is coming to a close in a few months, where we do provide full legal representation. We do that through what is called a universal representation model. That means that those individuals who turn to us, who are Austin, Travis county residents, all have an equal

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residents, all have an equal shot at having us take their case. Now, as I mentioned, we can only help a very limited number of those who turn to us. So what we do is we put everyone into a randomized system and we just basically like drawing a number out of the hat. So we just randomly choose the cases that we take for Austin, Travis county residents. And under our current city contract, we're helping, I think it's 217. We're we're carrying 270 cases of a year under that city contract. Now, these legal cases can go on for years, so this is a very important piece of the work that we do to be able to have this long term contract with the city, to be able to continue to carry those those cases on. Because once we take on a case, even if we lose funding, we continue to represent those individuals. So that's a very important piece. The other, contract that we have with the

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contract that we have with the city is a one time contract. Our understanding is that the that, during the budget cycle last year, there was some additional funds put into immigration, legal services. The city did

an rfp. We bid on it. We were one of the awardees under that contract. But our contract for this one time legal services, our part of the contract was is \$70,000. And what we did, knowing that cases can take so long, we and looking at what the need is, we designed a program that has turned out to be extremely effective. We hired a legal caseworker, an individual that works directly underneath our supervising attorneys to help individuals apply for asylum. So we had anticipated we'd be able to help maybe 50 or 60 people a year. Well where we've helped that many in the

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we've helped that many in the first quarter of our contract act, partly because we have found an amazing individual to be our legal caseworker. She was actually an attorney in Costa Rica before she moved to Austin. So we're super grateful for that. But that program has been extremely successful because we know that in the Austin community, there are a number of individuals who qualify for applying for asylum. And once they do, once they have submitted that asylum application and gone through various other steps, they're very likely to qualify for a work permit. So this has a huge impact on the community. Not just for those individuals who have their asylum applications in, but also for their families and for the whole community because they are able to work in good, secure jobs here in the, the, in the Austin area. So the funding for that is, as I

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funding for that is, as I mentioned, one time funding. So our ask to the city is to help us continue this very effective program. Now we know next year the rfp for the whole, legal services, us immigration legal services will be issued again. And of course, we very much appreciate the city doing that, partnership. Erp, let me tell you a little bit about the, impact of this partnership. So as I mentioned, we have done, citizenship clinics with the, city. And as I mentioned, we have one coming up on on may 4th. And I think actually Edna did an informational session about that just, night before last, so. Oh, great, so the with these citizenship clinics, we provide everything legally that anyone needs in order to file

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anyone needs in order to file their application to become a citizen with the, with the uscis, we even have government officials who come and will do Mok interviews with the, the individuals who are applying for citizenship because that's that's often the scariest part is when you know, you're going to have to go through that interview. So we're really grateful that uscis will come and actually do those mock interviews with them. And when they finish, they will have they have their all of their paperwork filled out. It has been reviewed by an attorney. We make sure there is no hiccups in it. We give them everything, including the little green card that you need to register with the post office. So all they have

to do is stick it in the mail. So we've done 2 or 3 clinics now with the city, two with our third one on the way, and, and it has been very, very successful. So, as we talk about the rest of our partnership, I'm

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the rest of our partnership, I'm going to stop and turn it over to Edna and our client, Ana, silva Carvalho, who is here to tell you, in her own words, about the impact of the city's support. >> Thanks, Rebecca. I'm actually going to turn it directly over to Ana, who is one of the clients that was served under our city of Austin funding. And she's come here this morning to share a little bit about the impact of that representation. >> Thank you. Go ahead. >> Hello. Good morning, I'm Ana Carvalho, and first of all, I want to say that I was born in Portugal, so I'm not I'm now an American citizen. Ann. I can say that. But when I arrived here, I wasn't. And I'm really grateful to American gateway because they helped me two times with my first green card and then my citizenship, now, what I want to tell you is I've been through the process of lawyers because when I arrive in I was in la initially, and when I arrived there, after my, working because

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there, after my, working because I was a student. So you got the, the opt or something like that. I don't remember anymore. But then you have to apply if you want to stay for your O one. And, at that time, I was trying I had some money and I was trying to find a lawyer, which I was advised with a few, and, and, and I have to say that was horrible. My experience was really horrible and was horrible. I got sick, I had problems with my paralegal. I was crying at night and was not good, and they were supposed to be like to work with immigrants. I even had some Portuguese. I work in an artist department, so as an artist, so I had some artists from Portugal. They work with them, but I had a really it was really a nightmare. I even had a friend telling me, hey, you're paying, so you should go and talk with them and ask them. They have to fix what they're doing because I was not sleeping, I had to go to the hospital with an infection. So it was not

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with an infection. So it was not funny at all. And, and I pay and I didn't pay, you know, it was not the most expensive, but I pay whatever I had, so that was really bad, and I meantime, I met my what is the person that is now my husband and we were dating, and I moved here to Austin. I got my O one after a big battle, after a lot of problems that I had in the middle of the way, and no excuse, you know, and, and I moved here. And in the meantime, io1 was almost finishing, so I got married, and I needed to take care of my green card, but, I, I didn't have the funds. We didn't had enough funds. So hopefully. And,

gratefully, like, we found American getaway, and, we were accepted. Jonathan was my lawyer, and the first thing that impressed me and I talk about

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impressed me and I talk about getaway because of this, but a lot of my friends didn't here. So they can they can, try to, you know, work with getaway or be with getaway is because Jonathan, the first time we started working, he, are putting all my papers together and was after midnight. Not not midnight. Sorry. It was night time. And he. I sent him a message or something, and he answer, and I was like, it's 9:00. He should be with this family. The other ones would never do this, like at 4 or 4 30 or 5:00. The ones from L.A, they would close the doors and I couldn't talk with anybody, even if I was crying, if I was in pain. This the matter with Jonathan? No. He was there for me, you know? So I was really impressed. And that's what I tell to everyone. And if you know my friends, the ones that sometimes the one time try to work with him and he was like, no, we can't, they are in L.A, we can't work with them. But you

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we can't work with them. But you know, so that was the amazing experience. I had with the American getaway and Jonathan and I just have great things to say, during my green card, he was there with me. I felt really supported. It was really supportive. You know, I had someone taking my bag now with my citizenship also, they couldn't be there, but they were on they were on the phone. We were all together like, there. I felt Jonathan with me all the time. And I never felt that, sick or that I couldn't trust or I wouldn't have you know, someone to say hi, you know, hey, what I should do or I did. I did a lot of my work. But with this help, they put me together. They prepare me. They made me trust again that there is people outside that is about people and is not about money. And I think that's the point. Especially when you work with immigrants, you should, you know, it's about people and you shouldn't just go

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people and you shouldn't just go and take your money of people and then, you know, just you just leave him there. And that's what they do. They support you and they take you how you say they, they they carry you. So that's my experience. And now us citizenship. So thank you so much. Thank thank you. >> Congratulations. >> Thank you, so I won't take up too much more of your time, but I think Anna has really explained the human impact of representation and how much it matters, when going through the immigration process. And that is really our mission is to provide that representation to the best of our ability. And the only way we can do that is with support and funding. And so we're very grateful for the city's partnership and very hopeful that it will continue on, in years to come, and, the last client I will

show you up there is jojo, who was one of our first clients under our city of Austin funding, and he was an activist from Haiti who had several death threats and

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several death threats and attempts on his life because of his political activism. And he recently received his green card after going through the asylum process, receiving representation from our attorney under our city of Austin funding, and is now a successful he has two businesses. If you ever have a flat tire, he will come and help you. And he has a hair shop. Also so he's a successful businessman and a real example of how immigrants contribute to our community. Much like Anna. So we appreciate your support and your time this morning. Thank you, thank you, thank you so much. >> I'm really proud to be in a welcoming city who understands and values immigration services and how we treat our immigrants. You know, in my district, district two, one out of every five residents are immigrants. And so these services are important, they are valuable, and they are needed certainly in our community, especially during this time, colleagues, any questions for American gateways? Comments and I do just want to highlight for the public that

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highlight for the public that know your rights workshop that I'm co-hosting with councilmember Velasquez will be on April 10th at 6 P.M. At the montopolis rec center. So for those and there'll be a session in Spanish and in English, we're running a two track system. Perfect. Wonderful. Well, thank you all so much. We appreciate the overview. Thank you. Thank you. All right. So we will move on to our next item which is a briefing on Travis county's mental health diversion program. We will be joined by county judge Andy brown, Travis county commissioner Anne Howard, as well as Travis county staff and partners for this presentation. And so we will, as everyone. Is everyone's getting set up just as a reminder to our community, our city, supported, is in support of the Travis county mental health diversion center

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mental health diversion center and funded a \$2 million amendment. This budget cycle, carried by councilmember zo qadri, during our budget cycle to support the pilot program. And so we thought it would be good to have a briefing from our county partners about the status of the mental health diversion program. And and really just an understanding of the level of need that we have here in our community. And we all we're all experiencing it in our districts. And so, this is a good time for us to learn more. So with that, I will turn it over. Great. >> Thank you very much. Good morning, committee members, Robert king, the court administrator for the downtown Austin community court. I'd like to,

first thank the, thank the committee for the opportunity to provide an update on the mental health diversion pilot alongside our partners in this effort, including Travis county, integral care and central health, we have a comprehensive presentation today. And recognizing that this is a complex issue with multiple elements and to be aware of

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elements and to be aware of time, I would just recommend on the front end to hold questions to the end, because most likely they will be answered through the presentation from all of our partners here this morning, I think we can all agree that the community benefits when we all collaborate across agencies. And I'd like to start the presentation today with, Rico, recognizing this collaboration, I really want to thank Travis county for their leadership and their vision and commitment to expanding our community's diversion ecosystem, I want to recognize integral care for stepping up to make this pilot possible and continuing to be flexible and responsive to the community needs. Their expertise through this process and ongoing is going to be invaluable, to the effort as we continue to evolve our approach to mental health diversion as a community. And I want to acknowledge central health as a natural partner in this effort. They've

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partner in this effort. They've demonstrated their commitment to serve our community, and they've collaborated along the way throughout this process to establish this pilot. So the next I'd like to provide context about how we got here and the city's progress to date regarding this effort. In March of 23, Travis county released their forensic mental health project report, and this is often referred to as the stokowski report, this report provides recommendations about approaches to develop criminal justice diversion services and efforts in our community. And then the following month, in April of 23, council passed a resolution directing staff to explore feasibility of an interlocal agreement out for development of a diversion center and to identify financial resources to develop a pilot for mental health diversion services and a bridge housing program, during the fy 24 city budget adoption process, city council appropriated up to \$2 million of

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appropriated up to \$2 million of one time funding for this pilot. Since then, the community court has convened partners across the city, including the Austin police department, Austin public health, Austin Travis county ems , Austin municipal court, and the homeless strategy office. To understand the city's impacts and incorporate their input into the program development process, specifically from our public safety partners, we've heard from APD and ems, emphasizing the importance of making this service

through the pilot available. And having 24 over seven access to the services that are going to be outlined in the pilot that you're going to hear more about today, and this was really rooted in their positive relationship with integral care and building on the lessons that they've learned through implementation of our processes. With the sobering center on similar diversion efforts in February of this year, February 20 15, 2024 city

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year, February 20 15, 2024 city council authorized negotiation of an interlocal agreement with integral care for up to \$2 million for diversion pilot services. So we are currently negotiating the terms of this contract with integral care. And we're we're doing this to make sure and ensure that the services are in line with existing city investments that include operational support, peer support and housing focused case management services. The city's contribution to this partnership also includes a continuation of the use of a city owned property, where the therapeutic diversion program will be located on 15th street. The fair market rent for this property is estimated at a value of \$300,000 annually for historical context, the city committed in 2009 for integral care to utilize this facility as a transitional housing facility for mental health care, including crisis stabilization, but specifically excluding

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but specifically excluding involuntary commitments at this location. So this pilot is a continuation of that commitment. We're working to ensure the city's contributions of this facility is recognized and also factored into the overall investments made towards this program. So at the end of March, the city put forward a recommendation for an oversight structure for all of our partners to consider related to our mental health diversion efforts. This recommendation is in line with information included in the srokowski report, and the purpose is to ensure a coordinated approach, have Clear Channel for ongoing communication and making sure that all partners have a voice at the table and access to the same information for oversight and planning. Throughout the pilot, and this will also this oversight structure will also help develop future programing and funding recommendations collaboratively amongst all the partners. So we anticipate bringing an item back to council

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bringing an item back to council for execution of diversion pilot services with integral care after there is a preliminary consensus from all the partners regarding the terms of the oversight structure, this follow up meeting with the partners is we're currently planning that for mid-april. And so we anticipate, making progress there and coming to that consensus soon. You know, we welcome the opportunity on this collaboration and the goals of this pilot to meet the deflection and diversion needs of our community

and to connect individuals with behavioral health services aligned specifically with the mission and the values of the community court. And we're excited to be partners in this pilot. I'll be available at the end of this presentation for any questions. And now I'd like to transition the presentation over to, Travis county leadership. Judge brown. >> Thank you and welcome, judge

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>> Thank you and welcome, judge brown. Hello >> How are y'all doing, good morning, I'm Travis county judge Andy brown. I want to thank you, chair Fuentes, vice chair, Velasquez, council member qadri for having us here today to talk about our diversion pilot efforts, what? Yo. Y'all good, want to thank our partners at integral care, at central health and the city staff who've worked together to develop this pilot proposal. Travis county is dedicated to creating a transparent pilot program that includes a reliable governance structure and that achieves measurable, goals, which does include reducing the number of people who enter the jail because of an unmet, serious mental illness. That's why our staff is actively negotiating a contract that includes robust data collection and a governance structure with subject matter experts that can help refine services based on the things that we learn. That's the purpose of this pilot. It's to learn to commit to continuous improvement and to improve

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improvement and to improve outcomes. As you go. Using this approach will make the pilot transparent, accountable, and help ensure that we're achieving what we set out to do. The pilot structure leverages the strengths of each of us as community partners, and will help inform the efforts as we build out the continuum of diversion services to meet community needs. The diversion center, which services will be informed by the pilot efforts, is in the development stage and our county staff is working around the clock to make this a reality as quickly as possible. Just this week, the city manager and the APD chief Henderson received invites to join our steering committee to help guide and direct the development process of the diversion center. Separate from the pilot. It's going to take time to get that right, and it's crucial that we make sure to include these data collection mechanisms that will help build the permanent diversion center. The most important thing is to get to work right now through this pilot program, because our community desperately needs

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community desperately needs these resources to address this public health crisis. The most important thing we've learned from models across the country is to just get to work. We need to start providing these services in the community now, while we continue our work on building the permanent diversion center that's built and made for our community. Thank you all very much for having me. I think

commissioner Howard is going to beam in from her remote location. If that could be possible. Now, there she is. Thank you all. >> Good morning everyone. I just want to echo what Robert Kingham and judge brown have said, that we're delighted to be collaborating with our partners across the community and the city goals of jail, diversion and bridge housing are reflected in the pilot. We'll hear more about that. But the pilot includes a place for law enforcement to, take clients, experience a crisis, experiencing a crisis, often on the streets and then an opportunity for those clients as

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opportunity for those clients as they are, are cared for with integral care crisis response services to then stabilize for up to 90 days and using that city owned facility on 15th street, this is a, you know, this is this is us improving the system. We have. This is us knitting together resources and scaling them up. For example, being able to offer these services 24 over seven instead of, you know, more like banker's hours. We've learned these needs, through our work with people experiencing homelessness, with people cycling in and out of jail and emergency rooms, excuse me. So so I think the pilot will serve, an opportunity for us to really learn how we can operate better and serve the people

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better and serve the people better. Oh, excuse me, so I'll be here throughout to answer questions. I'm not choked up. I'm just choking, and but I think this is a great opportunity for us to work together on the pilot as we build out the system. What I don't want us to do is get hung up on the big jail diversion effort, the steering committee that's being put together to help guide that. I don't want that to hang up the pilot. We're ready to execute a contract this month, in April, and I hope the city will too. So let's figure that out. Thank you very much. >> Wonderful. Thank you, commissioner. We appreciate you and judge brown for being here today to help us learn more about the pilot program effort. And so with that, we'll turn it back to staff. Are we are .

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. >> Excellent. >> Good morning, Courtney Bissonette Lucas planning project manager with Travis county health and human services. Good morning. Hello. Okay, I'll be very close. So the remainder of our presentation today will focus on four areas. First, county staff will summarize the county's diversion efforts and the focus and the goals for the pilot. Next, integral care staff will provide an overview of their mental health crisis. Care diversion. Pilot program. Travis county staff will then briefly discuss the county's investment

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discuss the county's investment and status of the contract with integral care and finally, central health staff will provide an update on their current contract for diversion, pilot services and related efforts. Now, I'm going to turn over to Laura to provide some additional context around the diversion efforts of the county and the goals for the pilot before integral care provides their their detailed overview of the pilot design. >> Good morning. Thank you for having us here today. Laura Peveto, division director with Travis county health and human services. We're pleased to be able to provide this update regarding our diversion efforts in Travis county and specifically the pilot project. Travis county is dedicated as judge brown and commissioner Howard indicated, in partnership working with our community to develop a comprehensive diversion ecosystem for the community, building on the existing resources and partnerships that we have available already in our community, such as our crisis services, our co-responder

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services, our co-responder teams, our specialty courts, our peer support and the support of housing and voucher programs that have already been established. This is a rich array of resources that we can using. Commissioner Howard's words, knit together to support the pilot efforts to begin the work immediately, the mental health diversion pilot program at integral care was developed through community and stakeholder collaboration. Some of the key stakeholders included Austin, APD, ems, Travis county sheriff's office, the judges and attorneys working in the criminal legal system and then funding was identified for this pilot by Travis county, the city of Austin and central health coming together as a collaborative team to address the concerns in the issue of diversion and those experiencing serious mental illness that are cycling in and out of our jail. The pilot will be in addressing some of the community's diversion needs as identified in the Travis county forensic mental health project report that Robert mentioned earlier in his slides. In addition to this pilot, the county is exploring

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pilot, the county is exploring increasing the community's capacity to serve individuals on an involuntary commitment and is planning, as judge brown indicated, for a new mental health diversion center and booking facility. As it relates specifically to the mental health diversion pilot program, Travis county's focus and goals for this pilot include, and. This may be slightly repetitive to what judge brown indicated, but we want to emphasize it. We're leveraging and realigning existing community resources to immediately start addressing needs associated with diversion and deflection, like the opportunity the city is giving us to utilize through integral care. The 15th street, and repurposing it for what our immediate needs in our community. Further developing the services, partnerships, referral pathways and data infrastructure infrastructure needed to deliver effective results at scale so we have

opportunities, but we need to bring those together, tighten up the work and the collaboration so we can ensure people get to the services that they need. These referral pathways will include deflection, such as drop

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include deflection, such as drop off by law enforcement and first responders, as well as diversion at pre and post booking and through jail in-reach efforts. We intend to leverage learnings from this from the forensic mental health report, the pilot and our partners to further build out the community's diversion ecosystem while improving public safety and the outcomes for individuals who intersect with the mental health and criminal legal systems. Finally, the pilot will increase access to mental health and wraparound services, with a goal of decreasing the number of individuals who are arrested and are incarcerated due to unmet serious mental health needs. That concludes the county's brief overview. Now, we'll turn this over to integral care, who will provide more information on the mental health diversion pilot program. >> Good morning. My name is don Hanley. I'm the chief operations officer for integral care. Before we jump into our portion of the presentation, I'd like to take just a moment, if you will,

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take just a moment, if you will, to introduce our new CEO, we have Jeff Richardson, here today. He's our new CEO. And. >> Wonderful. Yes. >> Please come up and say just a few words and introduce himself a few words. >> So good morning everyone. Hi I'm Jeff Richardson. This is day four for me. So I just want to echo everyone's sentiment how excited we are to be a part of this, this pilot and the further jail diversion initiatives, that , we're participating in, in all of our partners are, I am thrilled to be here, and I'm thrilled for us to be able to work with all of our partners in the room, to be able to expand high quality, accessible behavioral health services throughout our community. So look forward to meeting all of you. Maybe in day 6 or 5, but looking forward to working and to further expand this. The services in this great community. And as judge brown said earlier, let's just get to work. Thank you. >> Thank you, thank you for being here with us. And welcome

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being here with us. And welcome to Austin. >> Thank you. >> Thank you for the for the time to make the introduction Ann again. My name is John Hanley. I'm the chief operations officer for integral care. So just to, provide a little bit of information about who we are, we are the local mental health authority for Austin and Travis county. We've been providing services here in our community since 1967. And we do this through supporting adults and children living with a mental illness, substance use disorder, and intellectual and developmental disabilities. Our services include. Can you hear me? Okay okay. >> I'm so

sorry. It seems like the mic isn't great. At least the, feedback on on our end on the Dyess. I wonder if the other one might be working better. And that one kind of gets passed around. Sorry. How's that? >> Less feedback. That's. >> That's great. >> Now I feel fancy. Okay, I won't start all the way from the beginning, but we are the local

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beginning, but we are the local mental health authority, been providing services in our community since 1967, we are serving, adults and children who are experiencing mental health, mental illness, a substance use disorder, and intellectual and developmental disabilities, we provide these services through crisis support, 24 over seven, we also provide those services, through our hotline, through our 988 services, as well as providing, services in the community where people are who may be experiencing a crisis, our services help people recover from a mental health crisis and rebuild their well-being. Integral care's goal is to make sure that people have access to care at the right place and the right time, and most importantly, in the right setting. So what we're planning to do with this project is really leverage existing services so we can go to the next back up. One slide. There you go. So this is just a

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you go. So this is just a snapshot of kind of our our system of care and where services might live in certain areas. So we are expert in providing these behavioral health care services and implementing innovative programs and providing evidence based, trauma informed care to our clients. Specifically, today, this pilot work will fall in the mental health emergency section and under our criminal justice services area. By leveraging existing integral care resources and aligning with the recommendations from the Travis county forensic mental health project, these proposed services represent a strategic approach to addressing the complex needs of justice involved individuals in Travis county. By providing alternatives to incarceration, emergency department visits and homelessness. These programs have potential to significantly improve outcomes for justice involved individuals, enhance and to enhance the overall well-being of the community. There's two components to this project. One will be to expand our our, psychiatric emergency

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our our, psychiatric emergency crisis services to 24 over seven. And the second is to establish the therapeutic diversion program or the respite beds with this program. The community goals for the Travis county's three year collaborative diversion program focuses on enhancing behavioral health services, reducing recidivism, supporting individuals experiencing homelessness, and strengthening community partnerships. Specifically, we're going to work to stabilize behavioral health conditions and promote that

long term community integration through those evidence based approaches, we're going to focus on reducing the recidivism by minimizing arrests and incarceration. And using specific diversion strategies. To accomplish this, we want to assist individuals with complex behavioral health needs and remove those barriers to treatment so that access is easier and enhance the community. Partnerships among our law enforcement partners. Jail and court systems. And really looking at where that

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really looking at where that falls within the sequential intercept model, and facilitating these diversion strategies. And with that, I'm going to hand it over to Marissa Malek, who is our director of justice and crisis services. And she'll give you a little bit deeper dive into what the project actually looks like and some of the work that we'll be doing in that area. >> Thank you, don, and thank you for the opportunity to be here to talk more about the services that will be providing in our two programs, psychiatric emergency services is our walk in mental health, urgent care clinic for adults and children, through this pilot, we will be serving adults that are experiencing a mental health crisis in Travis county on a voluntary basis, regardless of their ability to pay. It will also serve as a vital access point as it will be available 24 over seven for law enforcement to provide, provide a space to drop off individuals instead of taking them to, for a rest, this ensures that individuals receive

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ensures that individuals receive appropriate care in a setting specifically designed for behavioral health crisis, rather than being taken to jail or emergency departments. And our goal cares partnerships with law enforcement. The sobering center, local emergency departments, and justice personnel aim to facilitate referrals and warm handoffs, enhancing the continuity of care for justice involved individuals. Additionally connections with primary care, substance use, treatment, housing, and homeless services underscore a holistic approach to addressing the multifaceted challenges faced by this population. The enhanced services that will be included at psychiatric emergency services include, expanding to 24 over seven, expanding peer support services, and adding 23 observation, 23 hour observation services. Services are provided by a multidisciplinary treatment team. These services will

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team. These services will include immediate crisis screening and assessment, and brief intensive interventions. Focus on on resolving a crisis. Providing care in the most engaging and least restrictive manner possible, while recognizing that there are some individuals who will require involuntary interventions to be safe once an assessment is completed at, these individuals will be referred to care to help support their stabilization and recovery. So those pathways can be can include a safety plan with

resources provided in connection and linkage to community support. It could be a referral and admission to one of integral care's crisis residential units at either the inn, which is co-located at the same building. Psychiatric emergency services, is or the judge guy Herman center. We can also facilitate voluntary psychiatric inpatient hospitalizations or provide a direct pathway to the therapeutic diversion program.

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therapeutic diversion program. If it's indicated that someone is needing to be placed on a peace officers and emergency detention, emergency detention or involuntary placement, we can facilitate admissions to our extended observation unit through our judge guy Herman, center, as well as directly into inpatient hospitalizations. The therapeutic diversion program is a 25 bed facility that offers extended therapeutic respite care with wraparound services. Eligibility for admission are individuals that are deflected to psychiatric emergency services through law enforcement, and it's also, individuals that are diverted through our criminal legal system. Individuals must be 18 or older at low risk of harm to self or others, and able to administer self-admitted medications. If a crisis stabilization is needed, prior to admission to the therapeutic

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to admission to the therapeutic diversion program, facilities at integral care's crisis. Crisis residential programs will be utilized. Services provided at the therapeutic diversion program include access to medication and symptom stabilization and support, intensive case management, life skills training, substance use services, benefits, application completion, housing assistance and navigation, individual and group therapy. The program staff will implement evidence based approaches and curriculum and groups, and individual treatment care provider group facilitators . Facilitators will often offer engagement and recovery support services. The tdp staff caseload will consist of no more than five clients per caseworker, to allow for highly individualized and person centered care. The length of stay can vary based on the individual's needs and

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the individual's needs and goals, and the primary goal of the program is client engagement and services, so clients may utilize services for less than 90 days based on their desire for supportive services and ongoing recovery. However, the goal is an extended place for people to stabilize and get connection to resources. Length of stay can be extended past 90 days based on clinical need and client need, as well. As mentioned by Robert earlier in this presentation, the city of Austin contributed to a 20 year lease agreement for the building on 15th street that will be repurposed for the use of the therapeutic

diversion program, or tdp. An integral care recognizes this generous commitment and contribution and looks forward to the utilization of this building to provide crisis care and transitional services. We've talked a little bit about the impact and pilot program measures that we're

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program measures that we're currently working on, we are still under contract negotiations with the city of Austin and the county, the following are measures that the program aims to collect and report on. Data use agreements will be needed to provide a comprehensive view of community impact related to emergency department reductions, reduction in arrests and recidivism rates. An important part of this pilot implementation and just ongoing evaluation will be stakeholder engagement in our goal. Care, along with key stakeholders, will convene quarterly meetings to discuss the pilot project, recognizing the foundational importance of putting people in the center and providing everyone in the population with the right services in the right place. There are seven fundamental principles that guide the design of an ideal behavioral health crisis system. These principles will be used to provide the framework for community stakeholder meetings. The purpose of these meetings

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The purpose of these meetings will be to ensure that project updates are provided. Perspectives are considered through the implementation process, and stakeholders convene to foster a shared sense of ownership over the pilot project. Project task groups that focus on these key principles will be invited to these meetings to provide updates and input. The role of the stakeholders is to ensure that any identified gaps or challenges identified in their respective areas is worked on collaboratively. Task groups with stakeholders and integral care. This slide provides an overview of the budget for this three year collaborative pilot program. The total for the pilot program is \$23.7 million. It breaks it down for the different, projects through psychiatric emergency services and the tdp, as you can see in our goal, cares contribution is 2.2 million through the three

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2.2 million through the three year, funding period. We have applied for a state grant for \$4 million. If the state grant is not awarded, integral care will contribute that money to ensure implementation of this pilot program, additionally, integral care will be utilizing our existing existing crisis continuum of care to support referrals to the pilot crisis stabilization through our residential units, and discharge planning for individuals that would benefit from the pilot program. So in-kind contributions are estimated to be at 25.7 million for our crisis continuum of services to support the implementation of this project. At this time, I'd like to pass it back to Courtney and Laura. >> So on March 21st, 2023.

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>> So on March 21st, 2023. >> Oh, okay. >> Very good at passing Mike's. >> Thank you. >> On March 21st, 2023, the Travis county commissioners court approved a diversion resolution. And the following month, on April 20th, the court authorized \$6 million of American rescue plan act local fiscal recovery funds over the three year period to initiate this diversion pilot program, as has been mentioned, Travis county central health, the city of Austin, and integral care have all worked collaboratively on the program design with input from community members and stakeholders, and the Travis county contract is intended to have an April 1st, 2024 start date. Our contracts program work statement includes a robust set

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statement includes a robust set of performance measures and deliverables along with a community engagement plan that includes specific task groups that will continuously inform and enhance the pilot. The stakeholder engagement slide that Marissa just covered includes a list of these task groups and the intended participants. There will also be quarterly meetings to inform stakeholders on the pilot status and elicit community feedback. Again, for that continuous improvement. And we'll now hand the presentation and this mic, to central health for an update on their investment in the pilot and their related efforts. >> Thank you. >> Good morning. Alan Chelsea, chief medical officer for central health, I wonder if it would be possible to actually introduce our new CEO as well.

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introduce our new CEO as well. Doctor Patrick Lee, who's been here slightly more than four days. And if it be appropriate for him to come up and at least say hi, great. >> Yes. Well I may be in trouble after this, but. >> Mike, check. All right, Jeff Fuentes, vice chair, Velasquez. Councilman. Qadri thank you for having me here. It's really an honor. I want to extend my welcome as well to my new colleague, Jeff Richardson. Jeff, can't wait to work with you and be buddies. As you said. Thank you, doctor. Judge brown, for hosting us this morning and being such a great partner. I just want to say that we are here to do our part to join forces and get to work, you know, the observation has been made in my first couple months here that there's a great deal that we've been doing on these very important systemic issues. There's a little bit less that we've been doing together. And so that really is the theme here. What can we do together? Think about the continuum of care. Really break the cycle on some of these systemic issues. Try and solve them deeply so

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Try and solve them deeply so that the people we serve have a chance to be on a different path with our support and lead their lives and contribute to the society and economy with our partnership. So I want to see the time back to Alan, but thank you for the opportunity to be here with you. And I'm delighted to be here in partner with all of you. >> Thank you, thank you, thank you, Mr. Lee, for being here, we were able to meet earlier this week and I really enjoyed our conversation. And I also want to welcome you to Austin and look forward to your leadership at central health. >> Thank you. Appreciate it. >> Thank you again. Central health's participation, to this, diversion collaborative is both financial and through direct medical practice, on February 5th, we executed an agreement with integral care, really concentrating on ppis. So psychiatric emergency services, enabling, kind of 24 over seven operations, including prescriber coverage and the 23 hour

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coverage and the 23 hour observation capability, we've also expanded kind of our outpatient, services agreements, to, to increase access for psychotherapy, and counseling, psychiatric additional additional psychiatric services and medication management and case management. We continue to expand access, to methadone and suboxone for individuals with addiction disorders. And as related to the provision of direct medical care, we're in the process of standing up what we are calling a bridge clinic or bridge teams, these bridge teams will be kind of a complex care team that will have both in clinic capability and mobile capabilities. As specific to this initiative, for that 90 day stay, the mobile aspect of this team will be able to provide medical services, during that aspect of, the diversion of the deflection, care that will be

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deflection, care that will be provided, to folks at the 15th street location. We did also highlight the ongoing build, and presence of the central health respite team. I think about two years ago, we had five beds that were available for individuals who needed respite. We're now at 30 beds, the reason this is pertinent is between 60 to 80% of individuals who are housed with Nesbitt environment have an addiction disorder, the more we can expand kind of this presence, the more we can actually hope to avoid people touching the justice system, and really engaging them in care, before we're also available, you know, to receive individuals, after they have entered the justice system. And this last slide, really serves as kind of an internal reminder to us, and commissioner Howard said it perfectly. Again, this morning to knit together care. So as we continue to partner, the

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continue to partner, the possibilities are endless, really creating that collaborative approach to care, to where, you know, we continue to build together so that patients really flow through the system, and don't fall out of care, so the partnership is critical to us, we look forward to this pilot and obviously to the full, full build of the diversion program. Thank you. >> Wonderful. And that is that the conclusion of the presentation? I. >> Our presentation. Thank you all very much, and thank you for your, your attention. And now we're available for any questions. >> Good deal. Thank you. Colleagues who would like to. Yes vice chair Velasquez, I was curious. >> Are there numbers around or estimates on what the program might save the city and county by not having to jail people? >> So I can answer, give you an

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>> So I can answer, give you an idea of what kind of some of the crisis respite service might look like, Marissa mentioned earlier, utilizing crisis, residential program the in which is also co-located at Pease, which we can utilize for this pilot. I think that's represented of kind of what we're looking at in the 15th street, location. So we did a return on investment, with that program, and it saved, there was a cost savings to the local health care system of about \$2.8 million. And that's just a 16 bed facility just to give you an idea. >> Thank you. You bet. >> So just to punctuate what you mentioned, the question was, you know, how much by investing in a mental health diversion pilot program in a center, in the example you cited, there was a cost savings of 2.8 million, and that was for a 16 bed facility. Correct. And with this diversion program, it's much larger than that.

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that. >> Right. So we have twice as many options towards the respite bed at 15th street, but if you but you wouldn't disclude, or not count any of the other, services that we're bringing to the table through the rest of our crisis system of care. So that's the utilization of the judge guy Herman center, which is also, has 16 beds, four of which are involuntary. We have the inn, which is 16 bed. We have another crisis respite facility closer to 30. And then we'll have this 15th street. So we're able to utilize across our system any of that support or individuals if they need that, further stabilization before they move into the 15th street location. For instance, also, we will be using our expanded mobile crisis outreach team, which, you are very familiar with and helped support here, and you've helped, place clinician in the call center. And we were one of the first in the nation to actually offer mental health services through our 911. And we're grateful to be able to be a part of that work in collaboration. We have

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work in collaboration. We have been doing, I believe we did a return on investment with with that program as well, saving \$3.7 million, through the diversion efforts just at the call center. So I think, to provide a number on what it all saves in today, we won't know that's part of the pilot work so that we can do that work and measure it and use the data. But just by way of example of some of the things that we currently have in the system, just to give you an idea of how those each of those unique pieces in our system of care help contribute to reducing those cost savings across the health care system and across, some of the impacts with city services. >> Thank you. And just, you know, you mentioned a number of facilities that currently offer, services, and we refer to them as beds, in this context. So right now in Austin, how many beds do we have available for our community for people experiencing mental health? >> I'm counting, 60, 60 beds, about 60 generally. Throughout

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about 60 generally. Throughout integral care. So I think we're the only, provider that has a crisis. Residential services. And those are funded primarily through state funds. >> Okay. >> Yeah. I just I think it's really important to as we share out with our community about what we are striving to do here in addressing the mental health crisis that we have in the city, it's just giving a real understanding, the limited amount of services we have available. I mean, 60 beds for, for the level of crisis we have is, is, is obviously not sufficient. And that's another reason why, you know, I stand in support of us moving forward with the pilot program. Yes. Councilmember qadri Wright, I feel like I have I have follow up questions to everyone's questions, councilmember Velasquez, chair Velasquez, vice chair. Velasquez. God, I had asked his question about how much money the city would save. The number was 2.8 million, based off of 16 beds. What what

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based off of 16 beds. What what was that time frame? Was it was that a over a year's time? >> I actually don't have that in front of me, but I'm happy to share that report so you can read it in its entirety. It's pretty informative. And I think you could benefit. Great. I'll be happy to share that with you. >> And then you had mentioned that you all currently have 60 beds, what is approximately just across the system, right at different levels. >> So some are more intensive, so involuntary. Then you have a more intense crisis. So it kind of is a step down, or a throughput. Right. So these these beds help prevent people from entering into inpatient unnecessarily. If we can stabilize, most individuals will stabilize from their crisis within a 48 hour time frame, so if we can do that in the least restrictive and in a community based setting, the outcomes are much stronger and better. And so through our system of care, we have that high intensity, medium level and then a lower intensity. And so the respite diversion beds or the crisis care diversion beds, they would be pretty stable by the time they reach these beds. And that's why they're staying

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that's why they're staying longer, so that we can wrap those community supports around them, work towards getting them housing, what that voucher might look like if they're not on the list, through the work that we do through coordinated assessment, we want to do that. If they need benefits, we want to do that work. This allows us to do that in a crisis, respite or a crisis. Residential setting. It's a much shorter time frame. It's a 3 to 5 day stay, typically 2 to 3. >> Got it, and a chair. Fuentes had, had highlighted this, you know, with the crisis that we have 60 beds isn't isn't, you know, isn't enough. What would that number be? >> That's a great question. >> I think that's part of the work. Right. So kind of looking at we're adding another component in into that system of care, and specifically focusing it on the diversion and deflection opportunities to see what that impact can be. And then that'll be part of the analysis. And I believe we have quite a robust first metric. Yeah. And goals for this contract through the county to do all those things. So looking at the jail population, looking

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at the jail population, looking at the handoff from the jail, seeing how it helps with law enforcement, all those parameters are involved in quite detail. So hopefully we'll be able to really inform that system and then see where our gaps still are and where we can benefit from growing and expanding and I would want to add to that, that, a lot of this work has been rooted in the Schakowsky report that came out last, last March. >> And in that report, it identified frequent utilizers or high utilizers of the criminal justice system and of the time period that was analyzed. There were 106 individuals each with either between 3 to 89 arrests, who were cycling in and out of the system. And so that gives us a bit of a snapshot of the potential population that we're looking at that is specifically designed to be served through this pilot program. >> Great. >> Thank you, thank you. >> Other questions I had is how will you how do you all envision

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will you how do you all envision coordinating the referrals, you know, knowing that there's going to be multiple entities who will be able to refer emergency rooms, police officers, I think you also mentioned judges. How how is that coordination? Like when will they be notified? Hey, we've we're at capacity with our 25 beds. >> Yeah. >> So, through this pilot, one of the task force that is, is being created is really examining those those inputs and those referral pathways and initially pathways that we are exploring from the city's perspective are through our public safety partners, primarily APD and ems. That falls along the lines similar to the referral pathway of the sobering center for individuals being, who are publicly intoxicated. And so, utilizing that as the base model. But then, of course, it extends well beyond that. And I think integral care can speak to those other pathways for referrals.

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other pathways for referrals. >> Right? I think that that's primarily why it's so important for the expansion of the psychiatric emergency services center to 24 over seven. So that's kind of the central point. So to your point is not having to figure out who, when and where do I go is just if you encounter someone in the community, and want to believe that there's a mental health crisis involved in this fits within this work. So you don't have to decide, do they fit with the pilot or not? Just will go to pieces and we're going to do that work. We're going to triage, assess and determine what that level of care looks like and which part of the system of care the individual can benefit from. So we spent a lot of time with our first responders really looking at what their needs were, we want to be able to release them back into the community so they can continue to, to deliver that emergency health care and public safety work. >> And that leads me to my next question, because I saw in the budget breakdown you have here, you know, there's the investment in the expansion of psychiatric emergency services and then the

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emergency services and then the investment in the therapeutic diversion program. So it's a two pronged approach with this pilot program for expanding psychiatric services through integral care and then also offering, the, the therapeutic, the, the 25 beds services as. So with that in mind, what at this point or I guess have two more questions. The you mentioned you can hold an individual all on a voluntary basis for up to 90 days, based on your current experience and the models that you've studied throughout the country, what has been the average length of stay for an individual? >> That's a great question. And if we're we're dealing with a, more individuals who might be experiencing homelessness, 90 days may not be sufficient, to be honest with you. Just because of the housing challenges that we're experiencing here in our community, just the accessibility and availability of that housing, but on the flip side of that, this really provides some focused intervention instead of, of

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intervention instead of, of going in and out of support services through people that might be in that housing system but haven't quite stabilized. It's really difficult when you don't have that foundation of your basic needs being met. So the hope here is to really focus on that, help people stabilize and then guide them through and connect them to those resources and then stay with them. So even if they reach that 90 day and there might be some that need more than 90 days, and that's okay too. We want to be able to make it person centered and to move with them according to what their needs are, and then do the follow up afterwards. So it's not one and done. So if they're if they leave, say, they have a family member they can go to, or maybe they're, we were able to place them in housing. We're going to

continue to follow them and we'll connect them to those ongoing outpatient teams to help continue that stabilization. We've been quite successful in that area through our own housing work with terrace springs, and we have a clinic on, on site there where, as you know, getting ready to lift a couple of more permanent

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couple of more permanent supportive housing units that are coming online through the bungalows and our Seabrook, area, as well as the whole Travis county supported housing collaborative. There are many programs that are going to be coming online with housing, that's down the line. So we're seeing that probably is a better connection with the larger diversion work. But as a pilot, we do have some short term which would be bungalows and terrace, for example, and then working with our community partners to help find that housing, I think that's really going to be the key, it's a little bit more difficult to do it on a shorter term as far as a pilot is concerned, but it certainly is work that we can do to build the foundation for more ongoing, in-depth and, chairwoman, may I add there that, the county, I'm working with echo, to make sure that we have a pathway from the pilot to supportive housing. >> And so it is, you know, we do not it is not the goal here. It is not the intent or the vision

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is not the intent or the vision to after those 90 days, to return someone to the street, and so we are working, with permanent supportive housing, you know, partners and a pathway with echo, similar to how the heal initiative has been able to, you know, connect people to housing. And so, we're working very close with echo on that. Great. >> That's really good to hear. Thank you. And so as far as what if you all can let us know as city leaders, what else is needed to move this pilot program forward? You know, we've allocated the funding that was authorized in October of last year. Here we are in April. We have not initiated the pilot program. So what what is needed at this point to move forward. >> So what's needed right now is exactly what I provided in the presentation is next week. We're

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presentation is next week. We're planning to reconvene as as a partnership and look at this oversight structure, considering all the information that has been provided, judge brown indicating that invitations, you know, went out, earlier this week regarding the larger, mental health diversion ecosystem and so really focusing in on what does the oversight structure for what we're talking about look like once we come to that consensus, then we'll be ready to come back to council seeking authorization for the services. To stand up the therapeutic respite program or diversion program at the 15th street location. So I anticipate, based on our history and the collaboration that we've had, so far for

this, this project, we should have a healthy discussion and get to a consensus relatively soon. So I would anticipate next week we would, we'd have a very clear understanding about the path forward. >> That's great. Good to hear. Thank you. Colleagues, any other questions?

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questions? >> Good. >> Wonderful. Well thank you. Yes, commissioner. >> Howard, I wanted to add one thing. Yesterday was a great day for our community, the county executed a \$7 million contract with the safe alliance for their permanent supportive housing. They're affordable housing THA the city is also contributing, roughly \$7 million to. There's also a state money in the project. And in each of these housing communities that, we're all partnering on and using for funding and affordable housing bonds. We are building in pathways from, you know, from jail diversion to supportive housing that will look differently for each project, whether it's family elder care or safe for life works. You know, they all play a niche in the continuum, but in with each of them, we are, you know,

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of them, we are, you know, lifting up this jail diversion work to make sure that people who need housing have access to supportive housing and health care. And so, this is a long game, but we're trying to connect all the dots. And that's really what I see this work doing is it's, you know, we're getting smarter each each year together. And this is a good move we're making. So I like where we're landing. And next week if you guys can help figure out how to get your contract out for the pilot, we can get that. You know, up and running this summer. So thank you very much. >> Thank you. Thank you, commissioner Howard. And thank you for highlighting the importance of our collaboration efforts between the city and the county and our community partners. It's absolutely key for us as we move forward in addressing our biggest challenges. And I think here with the mental health diversion pilot program and with the mental health diversion center,

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mental health diversion center, we are really going to make a significant headway in how we address our ecosystem of care. So it's an exciting time for us. And I look forward to continuing to support the vision that you've laid out here today. Thank you all so much for joining us here at city hall. We appreciate your your presentation and your efforts. And you're always welcome to Austin city hall. So thank you. Okay. So with that we have one more briefing, to get to. That is a briefing from one voice on social impact on nonprofit organization burns. Joining us for this briefing is Suzanne Anderson, Ann. Christopher Hamilton, Dan leal and Javier Valdez, and the organizations they're representing are age of

central Texas, Texas health action, seedling mentors, and name central Texas. >> Okay. >> Welcome. >> I think I have my group

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>> I think I have my group behind me. Good morning. It's nice to see you all. I love the fact that commissioner Howard was on just a minute ago, as well as vice chairman Velasquez has a connection to one boy, central Texas, and as well as there was a number of other nonprofits listed and mentioned in the previous presentation that are part of one boy central Texas. So we're really grateful to be here, I'm going to my name is Suzanne Anderson. I am the CEO of age of central Texas. In the past, chair of one voice central Texas. I want to give my compadres a quick opportunity to introduce themselves as well. Javier >> Hello. Javier Valdez, executive director. Nami central Texas Christopher Hamilton, CEO of Texas health action in danli, our CEO of seedling foundation. >> Thank you. You know, we're here because we feel so strongly about an alignment between Austin public health and one

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Austin public health and one voice central Texas missions. We are focused on our community and making sure that the individuals living in our community are safe and healthy, and that they thrive. We also feel that and hope that you do too, that there's a real and true partnership between Austin public health and one voice central Texas. And we certainly appreciate the opportunity to share a bit more in order to provide information that will help strengthen our connection together. To start, I'd like us to share a little bit of information about one voice central Texas. We were formed in 1983 with the purpose of really focusing on a supportive system for nonprofits. So we've been around 40 years within the last ten years, our focus has really kind of become a little bit more laser focused on CEO and the executive director support. We do that through a number of different ways workshops,

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different ways workshops, trainings, connections through resource libraries, committee work together and it's been a wonderful, wonderful way for us to connect and collaborate. Additionally, we have at the end of 2023, we have 98 member organizations that represent over 8000 full time employees. Of those members, about half a little over under half have budgets of under \$1 million. But we also run the gamut in terms of the size of the organizations that are participating. So with that, it has been a very challenging Singh couple of years, and I'm going to turn it over to Javier to speak a little bit more in depth around that. >> Thank you, sir. >> So giving has been in in decline and everyone's feeling

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decline and everyone's feeling the pressure, our members have reported, a decline in donations across all areas. You know, the amount of grants awarded in by Texas based foundations has decreased nearly 10. And also individual giving just, you know, for example, amplify Austin decreased, just over 20% from last year to this year, a decline of over \$2.5 million. And then also, we've spoken to, our members about their experiences with both city and county social service contracts. And while their organization, and wage costs increase each year, funding from their social service contracts do not increase and are set at a fixed annual amounts or, you know, organizations have reported, frustration with paying expenses upfront and waiting to be reimbursed. And, you know, coincidentally, just yesterday I

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coincidentally, just yesterday I had lunch with a counterpart at another nonprofit, and she's waiting over six months on expense reimbursements from a county contract. So it echoes that frustration and then also, applications are often long and tedious with short turnaround times with with also long waits to hear about the rewards. >> Despite all these challenges, though, our nonprofit community is working along these five big goals that the city has outlined of economic opportunity and affordability, mobility, safety, health and environment, culture and lifelong learning. And in each of these, again, we have member organizations working to provide services as, for example, within economic opportunity and affordability organizations that are breaking the cycle of poverty through workforce training, literacy, food and utility assistance,

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food and utility assistance, housing, child care, we have mobility programs like transit for seniors. Within safety, we have domestic violence shelters. I know we referenced safe alliance earlier, who was one of our member organizations, health clinics, including preventative health services like our own kind clinic that some of you are familiar with. And then culture and lifelong learning preschools after school support, and support for children with parents that are justice involved. So again, we're working alongside not only city and county, but it is a whole fabric of nonprofits that are trying to address all of these goals from the city, in August, we will share more comprehensively about a program that we've termed a day without nonprofits, which I really don't want to think about, but to highlight the impact of what our organizations are doing. And so here we had just a sample, in mid-february of what was happening in just one day of organizing in central Texas

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organizing in central Texas nonprofits, 135 children provided child care on a federal holiday, 69 senior adults provided with transportation to attend a lunch, 150 unhoused neighbors received meals, ideas, assistance, bus passes and other assistance. Almost 4000 meals were distributed to neighbors in our area. 300 multigenerational attendees for a tech for all fest, including seniors, students and unhoused individuals. 30 clients provided with transportation to a bimonthly program that includes games, meals, and additional services. As well as this last one, I think I know where this one came from. 333 clients received low cost, no health, no cost health screenings and treatment, and 25 clients that receive mental health counseling services along with risk reduction counseling provided as well. So again, we started out talking about who we are as an

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talking about who we are as an organization. These 98 nonprofit organizations. That, of course, is not all the nonprofits in central Texas is working on health and human services issues. This is just some of the impact we've had and some of the challenges we've had. But we here are, like many others, asking for your help. So I'm going to have Dan talk about that. >> Thank you. Christopher good morning. I've been tasked with the ask, but before I do that I want to say thank you for your spirit of collaboration and partnership. Thank you. City council members, for serving on this very important committee. There's a lot of things in this city to keep track of and to work towards assisting and health and human services is critical. I also do want to say a very heartfelt thank you to assistant city manager, how hayden-howard for all of her efforts on behalf of one voice over the years, both in her time with Austin public health and now in in leading there as an assistant city manager, and also

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assistant city manager, and also mister up director Sturup for all that she's done for us, and I've heard today we've heard today a lot of collaboration, talk, which is exactly what we're asking for. We've already, felt from you, city council, the spirit of collaboration, especially during the pandemic, with a lot of reach outs to us. And I think what you saw or hear from our presentations is we represent the leaders of a gamut of services that are provided in our community, and we want to continue to be a resource for Austin public health. We want to be a resource for you as city council members, as you are looking to collect information, and you want to hear from the people that are leading the organizations, who have the people that are on the ground working with those in need, in our community. So our first ask of you is actually not an ask of you. It's an offer, we, at one voice central Texas would like to offer to Austin public health a complimentary affiliate

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a complimentary affiliate membership of our organization in order for those eyes and ears to be magnified. And that listening and that back and forth conversation, we want to be a part of each other. And so we want, Austin public health to be invited to our future meetings so that we can be an ongoing collaborator, not just at presentations and not just at budget time. The second is, as you heard, there are some barriers, and I used to work on that side of the fence, I used to work in, in city contract management with health and human services at another community. I know, we know that there's a balance between, accountability of dollars, right. How taxpayer dollars are spent, but also wanting to make the services or the, the funding easily accessible for a variety of sizes of nonprofit organizations that are doing good work. And we know that you've heard from a lot of people in the community that want more equitable funding

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that want more equitable funding and more nonprofit assets to be funded. Right. We've heard that. So we just want you all to consider the doing, just keeping in mind the both as you already are, right? How do we eliminate some of the administrative barriers, but still, you know, have that accountability. And we at one voice central Texas have a standards of excellence committee. And we have standards that our members adhere to. And we go through this every year, and we feel like that we can be a resource for Austin public health staff and also agencies seeking funding. We'd ask you that, you know, refer people to us that are struggling a little bit for membership, especially in leadership, where we can be a resource for other people that may want to join our organization as members, thirdly, we want to partner with you collaboration. We know you want what we want, right? You want the best for the residents of your precincts, of your districts. Rather, you want the best for the residents of your

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best for the residents of your districts. And so do we. And so we want to be a partner with you when you go to your fellow city council members and you make these ask and you support what the staff is trying to do, we want to be here for you. And so we just want to be alongside you in that approach. That's best for the people in your district and for the people of Austin. So obviously, y'all, we all want an increase, that's fair. And we want an increase. It also helps support that cost of living. That's going up in our community. You know, it's kind of funny, as nonprofit leaders, we are tasked with making sure we take care of our people who then provide the good services to the residents and, you know, I don't think that our nonprofit employees should sacrifice their own well-being. And tomorrow be at the lines of some of our fellow nonprofit partners because they can't make it. And that's just the reality of what's happening. And so we ask that you consider a supporting, a cost of living increase in

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a cost of living increase in those cities, social service contracts. And so finally, we just want to say thank you again for joining us today and listening to what we have to say. That's just a view of the cross section of the kinds of organizations that are represented in our leadership. We represent all sectors, all, all, all aspects of health and human services. You've heard about them. So we're a resource to you. We're a partner with you and we look forward to elevation of the partnership for, just the knowledge and awareness and then the greater community. Good we'll be glad to answer any questions that you might have about one voice. Central Texas. >> Thank you. Colleagues, any questions or comments? Thank you so much for the presentation. As a nonprofit professional, before I got elected, nonprofits have a special place in my heart, and I certainly understand the unique challenges that our nonprofits are facing as a result of the pandemic and coming out of the pandemic, and the times that we're in. And so just know that that you all have

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just know that that you all have my support and I will continue to, champion our nonprofits and also follow up with city staff on what we can do about those administrative barriers that you highlighted. Thank thank you so much. All right, colleagues, our next item, our final item is any discussion on future items that you would like the public health committee to consider? Okay. Well, seeing no further business to attend it is now, 11:36 A.M. And without objection, I adjourn this meeting. Thank you. Thank you You're watching a-t-x-n