

Public Health Committee (PHC) Meeting Transcript – 10/7/2026

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[00:00:03]

THANK

[CALL TO ORDER]

YOU.

I CALLED TO ORDER THIS MEETING OF THE AUSTIN CITY COUNCIL PUBLIC HEALTH COMMITTEE MEETING.

THE TIME IS 10:00 AM ON WEDNESDAY, OCTOBER 7TH, 2026, AND WE ARE IN CITY COUNCIL CHAMBERS.

I AM JOINED HERE TODAY WITH VICE CHAIR DUCHEN AND COMMITTEE MEMBERS, COUNCIL MEMBERS VELASQUEZ AND ALTER.

WELCOME EVERYONE TO OUR OCTOBER PUBLIC HEALTH COMMITTEE MEETING.

FOR OUR AGENDA, WE'RE GONNA START WITH PUBLIC COMMUNICATIONS, THEN WE'LL MOVE ON TO APPROVING THE MINUTES FROM OUR MAY 6TH COMMITTEE MEETING, AS WELL AS OTHER PREVIOUS MEETING MINUTES THAT HAVE BEEN CORRECTED.

FROM THERE, WE'LL TAKE UP COMMITTEE DISCUSSION AND POSSIBLE ACTION ON THE SOCIAL SERVICE, SOCIAL SERVICES STRATEGY WORK THAT HAS BEEN ONGOING.

THE NEXT COUPLE OF ITEMS, WE WILL SWITCH ORDER.

WE WILL HAVE ITEM NUMBER FIVE BEFORE ITEM NUMBER FOUR.

SO THAT IS RECEIVING THE BRIEFING FROM CENTRAL HEALTH TO RECEIVE THEIR ANNUAL ACCOMPLISHMENTS AND DISCUSS HIGHLIGHTS FROM THEIR RECENTLY ADOPTED BUDGET AS, AND

THEN WE'LL END WITH THE NO WRONG DOOR PROGRAM BRIEFING CONTINUATION AS WELL AS POSSIBLE RELATED ACTION ON THE INITIATIVE.

ANY QUESTIONS OR COMMENTS ON THE AGENDA? VERY GOOD.

WE'LL NOW WELCOME SPEAKERS FROM THE

[Public Communication: General]

COMMUNITY.

MAY THE CLERK'S OFFICE PLEASE START US OFF WITH OUR FIRST SPEAKER.

CHAIRWOMAN, SO WE HAVE SPEAKERS FOR BOTH DISCUSSION AND POSSIBLE ACTION ITEMS AND PUB- PUBLIC COMMENT.

DO YOU WANT TO CALL THEM ALL UP AT THIS TIME? OKAY.

YES, MA'AM.

FOR PUBLIC COMMUNICATION, JOSHUA DELLA ROSA.

JOSHUA DE LA ROSA.

FOR ITEM THREE, JOSHUA DELA ROSA.

JOSHUA DE LA ROSA.

FOR ITEM FOUR, KATE GRAZIANI, MELIS- MELISSA SHEARER, CARRIE ANN SMITH, JOSHUA DELAROSA, SAVANNAH LEE, CHRIS HARRIS, KATIE JO MUNIZ.

UM, GOOD MORNING.

MY NAME IS KATE GRAZIANI.

I'M WITH VOCAL TEXAS.

UH, WE ARE BACK AGAIN TODAY TO URGE YOU TO SLOW DOWN ON THE NO WRONG DOOR INITIATIVE UNTIL WE HAVE PROGRAM SPECIFICS AND THE DEFENSE ATTORNEYS ARE ALLOWED TO MEANINGFULLY PARTICIPATE IN THE PROGRAM.

UM, YESTERDAY'S BRIEFING WAS LENGTHY BUT LACKED CLEAR DETAILS ABOUT WHAT THE PROGRAM ENTAILS.

UH, FORECASTED NUMBERS WERE PRESENTED BUT NO REAL DATA.

ADJACENT PROGRAMS AND PLANS WERE LAID OUT, BUT NOTHING SPECIFIC TO NO WRONG DOOR.

THE SPECIFICS I DID HEAR WERE ALARMING IN FACT.

SOMEONE IN THE PROGRAM IS STILL ON THE STREET AND RECEIVING TREATMENT, WHICH WAS DESCRIBED AS SHE IS BEING TALKED TO EVERY DAY.

IN ORDER TO GET SOMEONE INTO A TREATMENT BED, THEY WERE DETAINED, SEARCHED AND ARRESTED ON A FELONY DRUG CHARGE.

AN OFFICER ACCIDENTALLY SENT AN EMAIL TO THE JUDGE MAKING BOND RECOMMENDATIONS AND A CLIENT IN JAIL WAS TOLD THEY HAD TO BE RELEASED TO, TO THE CUSTODY OF AN OFFICER OR STAY IN JAIL.

THESE ARE NOT THE STORIES OF A PROGRAM THAT IS WORKING.

AND FRANKLY, I'M SURPRISED BY COUNCIL'S RECEPTION AND THAT IT WAS ADDED TO THIS COMMITTEE'S AGENDA TODAY, JUST THE DAY AFTER OUR VERY FIRST BRIEFING ON THE PROGRAM.

SERIOUS CONCERNS HAVE YET TO BE ADDRESSED AND MANY QUESTIONS REMAIN UNANSWERED.

UM, THAT TO ME SIGNALS THAT THERE ARE SOME POLITICAL DEALS BEING MADE ABOUT VULNERABLE PEOPLE ON THE STREETS OF AUSTIN.

AND WE HEARD YESTERDAY THAT THE CITY IS MEETING WITH THE AUTHORS OF OUR CAMPING BAND, THE CICERO INSTITUTE, A GROUP WHOSE FOUNDER IS A MEGA DONOR FOR TRUMP AND WHO BRAGGED ABOUT GETTING PROP B PASSED SAYING WE GOT PEOPLE IN AUSTIN TO VOTE AGAINST THEIR OWN CITY COUNCIL.

HE ALSO ADVOCATED FOR THE RETURN OF PUBLIC HANGINGS.

HE'S MADE HORRIFIC STATEMENTS ABOUT MUSLIM NEIGHBORS AND HE CLAIMS THAT AUSTIN, WE HAVE FORFEITED THE RIGHT TO DEMOCRACY BECAUSE WE ENDED OUR LICENSE PLATE READER CONTRACT.

HIS THINK TANK IS WHO IS MEETING WITH HSO.

IT IS ALSO DISINGENUOUS TO COMPARE MEETING WITH THE CICERO INSTITUTE TO MEETING WITH GROUPS WHO ARE ON THE GROUND WORKING WITH FOLKS ON THE STREETS EVERY SINGLE DAY.

BUT NOW THAT WE KNOW THAT, I GUESS IT'S NOT A COINCIDENCE THAT NO WRONG DOOR AND THE CITY'S ENHANCED ENCAMPMENT SWEEPS MIRROR THE HARMFUL POLICIES OF THE TRUMP ADMINISTRATION.

PLEASE

[00:05:01]

DON'T LET THIS TRUMP ALIGNED THINK TANK BE PART OF A SERIOUS POLICY CONVERSATION ABOUT HOW TO TAKE CARE OF VULNERABLE PEOPLE ON OUR STREETS.

WE ALSO WANT TO HELP PEOPLE LIVING ON THE STREET, PEOPLE WITH MENTAL HEALTH CRISIS, PEOPLE WHO NEED SUPPORT.

BUT WE CAN'T DO THAT BY FAST TRACKING NO WRONG DOOR UNTIL THESE QUESTIONS HAVE BEEN ANSWERED AND THE SAFEGUARDS HAVE BEEN PUT IN PLACE.

THANK YOU.

WHOEVER WOULD LIKE TO GO NEXT.

YES, THANK YOU.

GOOD MORNING.

I'M MELISSA SHEER AND I AM THE TRAVIS COUNTY MENTAL HEALTH PUBLIC DEFENDER.

ALTHOUGH I DO NOT SPEAK ON BEHALF OF THE COUNTY TODAY, I SPEAK ON BEHALF OF MYSELF AND THE CLIENTS THAT WE REPRESENT.

UM, I WANNA CLARIFY SOME OF THE STATEMENTS THAT WERE MADE YESTERDAY, UM, BY DIRECTOR HAROLD AND OTHERS, UM, ABOUT THE INVOLVEMENT OF THE DEFENSE BAR AND NO WRONG DOOR.

UM, FIRST, WE WERE NOT EVER INVITED TO JOIN THE MOU OR PARTICIPATE IN ITS DEVELOPMENT.

THE FIRST TIME THAT I MADE CONTACT WITH, UM, THE FOLKS FROM NO WRONG DOOR WAS ON MAY 11TH AFTER A CLIENT OF MINE LET ME KNOW THAT A CLIENT WHO'S INCOMPETENT TO STAND TRIAL IN THE JAIL MENTIONED THAT A POLICE OFFICER HAD COME TO SEE THEM ABOUT GETTING HOUSING.

AND I WROTE TO ASK, COULD THIS BE POSSIBLE? BECAUSE I WAS NOT AWARE THAT THESE THINGS WERE EVEN TAKING PLACE AT THE TIME.

UM, INDEED IT WAS POSSIBLE.

INDEED THAT DID HAPPEN.

WE WERE NOT CONTACTED.

UM, WHILE WE HAVE MET WITH MARIS AND THE OFFICERS INVOLVED IN NO WRONG DOOR, THOSE MEETINGS WERE AT OUR BEHEST, AND THAT IS BECAUSE WE WERE HEARING ALARMING THINGS THAT WERE HAPPENING WITH CLIENTS AND WE WANTED TO GET ON THE SAME PAGE, FIGURE OUT WHAT THIS PROGRAM WAS, WHAT IT WAS ABOUT, AND WHAT WE COULD DO TO SERVE OUR CLIENTS AND PROTECT THEIR RIGHTS.

UM, WE WERE NOT CONTACTED BEFORE OR DURING THE DRAFTING OF THE MOU OR THE RELEASE OF INFORMATION.

ALSO LIKE TO CLARIFY THAT THIS RELEASE OF INFORMATION THAT CLIENTS ARE SIGNING IS FOUR PAGES SINGLE SPACED.

IT IS, UM, RELEASING THEIR HEALTH INFORMATION, PROBATION FILES, UM, COURT FILES, ALL KINDS OF INFORMATION ABOUT THEM TO 17 DIFFERENT ORGANIZATIONS, INCLUDING THE PROSECUTION.

ALSO LIKE TO CLARIFY THAT THERE ARE TWO TYPES OF MEETINGS HELD BY NO WRONG DOOR EACH MONTH.

TWO OF THOSE MEETINGS ARE BIWEEKLY CLIENT LEVEL CASE STAFFINGS.

THE DEFENSE BAR IS NOT INVITED TO THOSE.

I HAVE COMMUNICATION AS RECENTLY AS MONDAY, AGAIN, TELLING US THAT WE ARE NOT INVITED TO THOSE.

WE RECENTLY WERE FINALLY INVITED TO THE OTHER TYPE OF MEETING, WHICH IS A MONTHLY LEADERSHIP MEETING IN WHICH WE ARE GIVEN UPDATES ON WHAT IS HAPPENING WITH THE PROGRAM.

BUT OUR CLIENTS ARE BEING STAFFED AND SPOKEN ABOUT, PEOPLE WITH PENDING LEGAL CASES IN A ROOM WITH POLICE OFFICERS WHO HAVE MIRANDIZED THEM, WHO HAVE BODY CAM RECORDED STATEMENTS FROM THEM, WHO ASK THEM QUESTIONS, WHETHER THEY MEAN TO OR NOT, ASK THEM QUESTIONS DIRECTLY ABOUT THE THINGS THAT THEY ARE CHARGED WITH, AND THESE ARE STATEMENTS THAT THEY'VE MADE.

I'M HERE FOR THE DAY.

I'D LOVE FOR Y'ALL TO ASK ME MORE QUESTIONS.

I HAVE A LOT MORE THAT WE CAN SHARE.

THANK YOU.

GOOD MORNING.

I'M KATIE JO MUNCY, ATTORNEY DIRECTOR OF DEFENSE SERVICES AND OUTREACH FOR THE CAPITAL AREA PRIVATE DEFENDER SERVICE, OR CAPS.

OUR ATTORNEYS REPRESENTED MORE THAN 18,000 PEOPLE WHO COULD NOT AFFORD COUNSEL LAST YEAR, BUT OUR WORK IS NOT LIMITED TO THE COURTROOM.

OUR CASE MANAGERS AND SOCIAL WORKERS WORK ALONGSIDE OUR ATTORNEYS TO CONNECT CLIENTS WITH HOUSING, TREATMENT, TRANSPORTATION, BENEFITS, AND OTHER SERVICES.

WE SEE EVERY DAY WHAT EFFECTIVE CLIENT-CENTERED SERVICE DELIVERY LOOKS LIKE.

WE SUPPORT THE GOAL OF NO WRONG DOOR.

OUR CLIENTS NEED EXACTLY THE KIND OF SERVICES THE PROGRAM IS TRYING TO CONNECT THEM TO, BUT GOOD SERVICE DELIVERY REQUIRES TRUST, INFORMED CHOICE, COORDINATION, AND RESPECT FOR THE PROFESSIONAL, PROFESSIONALS WHO ALREADY KNOW THE CLIENT.

RIGHT NOW, UNFORTUNATELY, WE ARE SEEING THE OPPOSITE.

NO WRONGDOOR OFFICERS ARE MAKING TREATMENT AND PLACEMENT RECOMMENDATIONS WITHOUT CONSULTING THE VERY PEOPLE WHO KNOW THE CLIENTS BEST, THEIR ATTORNEYS AND CASE MANAGERS, AND IN SOME INSTANCES, THE CLIENTS THEMSELVES.

NO WRONGDOOR OFFICERS ARE LAW ENFORCEMENT, NOT TRAINED SOCIAL WORKERS, CASE MANAGERS, OR CRIMINAL DEFENSE ATTORNEYS.

FOR EXAMPLE, ONE OF OUR ATTORNEYS RECEIVED A PHONE CALL FROM A DISTRAUGHT CLIENT WHO'D BEEN FLOWN TO CALIFORNIA BY THE NO WRONG DOOR TEAM, AND THEY WERE INSTRUCTED TO ENGAGE IN MENTAL HEALTH TREATMENT THERE IN ORDER TO RECEIVE A DISMISSAL ON THEIR PENDING CASES IN TRAVIS

[00:10:01]

COUNTY.

THIS WAS COMMUNICATED BETWEEN THE NO WRONG DOOR OFFICER AND THE PROSECUTOR AND NEVER COMMUNICATED TO THE DEFENSE ATTORNEY.

THE CLIENT HAD NO IDEA WHAT THEY WERE SUPPOSED TO DO AND THE CLIENT WAS STUCK ON THE STREETS.

HAD THE DEFENSE TEAM BEEN CONSULTED, ALL PARTIES WOULD HAVE KNOWN THAT A TREATMENT PLAN WAS ALREADY BEING WORKED ON.

APD THEN HAD TO FLY THE CLIENT BACK TO AUSTIN TO RESOLVE THEIR CASES.

WE HAVE MANY OTHER EXAMPLES, BUT FOR THE SAKE OF TIME, I'LL MOVE FORWARD.

WE ASK THIS COMMITTEE TO CONSIDER THE FOLLOWING.

IS NO WRONG DOOR CONNECTING PEOPLE TO SERVICES OR IS IT CREATING ANOTHER SYSTEM OF INTERVENTION AROUND THEM WITHOUT ADEQUATELY COORDINATING WITH THE PEOPLE ALREADY PROVIDING CARE? PLEASE CONSIDER THE IMPORTANCE FOR NO WRONG DOOR TO GENUINELY COLLABORATE.

DEFENSE CASE MANAGERS AND ATTORNEYS WHO ALREADY HAVE RELATIONSHIP WITH THESE CLIENTS SHOULD BE INCLUDED IN ALL CLIENT CARE AND STAFFINGS.

THERE MUST BE A TRULY CLIENT-CENTERED APPROACH.

CLIENTS SHOULD UNDERSTAND WHO'S PROVIDING SERVICES, WHAT INFORMATION IS BEING SHARED, WHAT CHOICES THEY HAVE, AND THAT SERVICES WILL SIMP - NOT SIMPLY BE IMPOSED ON THEM BECAUSE AN OFFICER BELIEVES THEY NEED TREATMENT.

POLICE INVOLVEMENT CAN UNDERMINE THE VARIED TREATMENT RELATIONSHIPS AND CIVILIAN CASE MANAGEMENT INFRASTRUCTURE THE PROGRAM IS DESIGNED TO STRENGTHEN.

NO WRONG DOOR HAS THE POTENTIAL TO CONNECT SOME OF OUR MOST VULNERABLE RESIDENTS WITH SERVICES THEY DESPERATELY NEED, BUT THE SUCCESS OF THE PROGRAM SHOULD BE MEASURED NOT SIMPLY BY HOW MANY PEOPLE OFFICERS CONTACT OR HOW MANY REFERRALS ARE MADE.

IT SHOULD BE MEASURED BY WHETHER PEOPLE ACTUALLY OBTAIN APPROPRIATE SERVICES, REMAIN CONNECTED TO CARE, AND HAVE MEANINGFUL CONTROL OVER THEIR OWN TREATMENT IN FUTURE.

THANK YOU.

HELLO, MY NAME IS CARRIE ANN.

UM, I'M WITH A LEADER OF REVOCAL TEXAS.

I'M HERE TO TALK ABOUT THE NO WRONG DOOR POLICY.

UM, I PERSONALLY FEEL THAT THAT IS...

THEY NEED A LOT OF MORE RESEARCH DEALING WITH...

NOT...

THE POLICE SHOULD NOT BE THE FIRST PERSON THAT WE SEE BECAUSE THE TRUST WITH THE POLICE OFFICERS, WE DON'T HAVE THAT.

THEY SHOULD HAVE CASE MANAGERS, PEOPLE THAT'S TRAUMA-INFORMED WORKING WITH US BECAUSE THIS JUST FEELS LIKE IT'S FORCED TREATMENT.

IT IS FORCED TREATMENT WITHOUT ASKING US WHAT DO WE NEED AND GIVING US THE RIGHT RESOURCES AND CONNECTING US TO THE RIGHT PLACES.

IT'S LIKE THEY'RE GOING BACK AND FORTH.

I JUST REALLY FEEL THAT THEY NEED TO WORK HARDER ON THIS AND, AND REALLY TAKE THE PEOPLE IN CONSIDERATION AND REALLY PARTNER WITH CASE MANAGERS AND PEOPLE WHO'S ALREADY DEALING WITH THEM SO THEY KNOW WHAT'S GOING ON AND, WELL, FIRSTHAND, TALK TO THE PEOPLE THAT'S BEING AFFECTED BY, BY IT AND NOT JUST ASSUMING THAT THEY NEED THIS FORCED TREATMENT AND FALSELY TRYING TO GIVE THEM HOUSING THAT'S NOT SUITABLE FOR THEM.

THANK YOU.

GOOD MORNING, CHAIR AND COUNCIL MEMBERS.

MY NAME IS SAVANNAH LEE.

I'M HERE WITH EQUITY ACTION.

I'M A RESIDENT OF DISTRICT ONE.

WE SUPPORT THE GOAL OF CONNECTING PEOPLE EXPERIENCING MENTAL HEALTH CRISES WITH THE CARE AND RESOURCES THEY NEED, BUT WE HAVE SERIOUS CONCERNS ABOUT A MODEL THAT RISKS MAKING INCARCERATION AND FORCED TREATMENT THE PATHWAY TO RECEIVING THAT CARE.

WE KNOW THAT THE CURRENT CYCLE OF CRISIS, ARREST AND RELEASE IS FAILING PEOPLE, BUT WE CANNOT BREAK THAT CYCLE BY MAKING ACCESS TO TREATMENT CONTINGENT ON INVOLVEMENT WITH THE CRIMINAL LEGAL SYSTEM, WHICH IS ONE OF OUR CHIEF CONCERNS WITH NO WRONG DOOR.

WE ALSO NEED TO BE HONEST ABOUT WHAT THE EVIDENCE TELLS US.

SEVERAL SYSTEMIC REVIEWS OF COURT-ORDERED INVOLUNTARY OUTPACE TREAT - OUTPATIENT TREATMENT SHOWED NO CLEAR EVIDENCE THAT IT IMPROVED OUTCOMES LIKE HOSPITAL READMISSIONS, ARREST RATES, HOMELESSNESS, OR QUALITY OF LIFE COMPARED WITH VOLUNTARY CARE.

TREATMENT DELIVERED UNDER THE THREAT OF INCARCERATION OR DETENTION IS NOT THE SAME AS TREATMENT SOMEONE CAN ACCESS FREELY, SAFELY, AND VOLUNTARILY.

WHEN PEOPLE ARE ALREADY NAVIGATING POVERTY, HOMELESSNESS, SUBSTANCE USE, OR SERIOUS MENTAL ILLNESS, THE THREAT OF DETENTION CAN UNDERMINE THE TRUST THAT MAKES EFFECTIVE CARE POSSIBLE.

A PROGRAM INTENDED TO HELP PEOPLE SHOULD NOT CREATE ANOTHER POINT OF ENTRY INTO THE CARCERAL SYSTEM.

WE NEED TO ASK WHO GETS TO DECIDE WHAT HELP LOOKS LIKE, WHAT HAPPENS WHEN SOMEONE REFUSES A RECOMMENDED INTERVENTION, AND WHETHER PEOPLE CAN ACCESS SERVICES WITHOUT RISKING THEIR LIBERTY OR BEING PRESSURED TO DISCLOSE DEEPLY PERSONAL INFORMATION.

NO WRONG DOORS SHOULD MEAN NO WRONG DOOR TO HOUSING, HEALTHCARE, AND VOLUNTARY EVIDENCE-BASED SUPPORT.

IT SHOULD NOT MEAN EVERY DOOR EVENTUALLY LEADS TO A COURTROOM.

WE URGE COUNCIL TO ESTABLISH CLEAR SAFEGUARDS AGAINST COERCION, PROTECT INDIVIDUAL AUTONOMY AND CONFIDENTIALITY, AND ENSURE THAT SUCCESS IS MEASURED BY LONG-TERM STABILITY AND WELLBEING, NOT SIMPLY COMPLIANCE OR REDUCED CONTACT WITH PUBLIC SYSTEMS. THANK YOU.

THANK YOU.

NEXT SPEAKERS.

I HAVE CHRIS HARRIS AND JOSHUA DE LA ROSA.

[00:15:13]

GOOD MORNING.

HI.

THANK YOU FOR THE OPPORTUNITY TO ADDRESS YOUR ARTIST THIS MORNING.

UH, REALLY, UH, I'M HERE TODAY IN MY CAPACITY AS TEXAS CIVIL RIGHTS PROJECT, UM, AND WE'VE JOINED, UH, UH, THE FOLKS THAT YOU JUST HEARD FROM AND, AND CALLS TO, UH, DRASTICALLY RETHINK THIS PROGRAM.

UH, WE HAVE, UH, I THINK REALLY, UM, DEEP CONCERNS ABOUT THE CIVIL RIGHTS OF THOSE, UH, THAT ARE BEING APPROACHED, UH, BY POLICE OFFICERS, UH, AND BEING ASKED TO REVEAL INFORMATION, UM, PERSONAL MEDICAL INFORMATION, AS WELL AS INFORMATION THAT, THAT COULD BE USED AGAINST THEM IN A COURT OF LAW, UH, AS A MEANS TO ACCESS SERVICES.

UM, AND, AND I THINK IN GENERAL, UH, WE SEE THIS AS, UM, THE BYPRODUCT OF DECADES OF GOVERNING THROUGH CRIME, OF INVESTMENT IN, UH, CARCERAL INSTITUTIONS AND POLICING, UH, INSTEAD OF THE SERVICES, UH, WHICH WE NOTED FROM THE COMMENTS YESTERDAY WERE OFTEN

THEORETICAL, MAYBE IN THE FUTURE, DOWN THE LINE, WE'D LIKE TO, WE HOPE TO, UH, BUT NOT TODAY.

WHAT WE HAVE TODAY, UNFORTUNATELY, TO OFFER THESE FOLKS ARE MORE POLICE OFFICERS BECAUSE THAT'S WHAT WE'VE INVESTED IN AND MORE CAGES BECAUSE THAT'S WHAT WE CONTINUE TO INVEST IN.

AND, UH, WE ALSO HAVE A LOT OF CONCERN ABOUT THE LEGISLATIVE AGENDA, UH, OF THIS BODY, UH, GOING INTO NEXT SESSION.

UM, THIS MAYOR, UH, APPEARED SHAMEFULLY AT, UH, A SHAM OF A HEARING, UH, LAST WEEK DESIGNED TO JUSTIFY, UH, LIKELY, UH, LEGISLATION TO, TO UNSEAT OR DETHRONE OUR, OUR CURRENT DISTRICT ATTORNEY, AS WELL AS, UH, TO, TO, UH, PUSH AN AGENDA BY CICERO AND, AND OTHER RIGHT-WING GROUPS, UH, TO, TO, UH, DO MORE INVOLUNTARY, UH, INSTITUTIONALIZATION, PARTICULARLY OF PEOPLE, UH, WITH MENTAL HEALTH, UH, ISSUES AND BEHAVIORAL HEALTH ISSUES.

AND, AND WE ARE VERY CONCERNED THAT THIS CITY IS GONNA, UH, ABANDON THE VALUES THE WIDGET DECLARES WEEK AFTER WEEK IN THIS ROOM, UH, AND, AND SAY SOMETHING VERY DIFFERENT AT THAT DOME, UH, IN, IN SERVICE OF, OF THIS RIGHT WING AGENDA, AND, AND AGAIN, THESE HARMFUL POLICIES THAT DOUBLE DOWN ON AN APPROACH THAT HAS NOT WORKED AND, AND, AND WE'RE LIVING, UH, IN, IN THE REALITY OF IT NOT WORKING.

AND SO, AGAIN, WE, UH, UH, JOIN THE CAUSE HERE TO, TO, UM, REALLY ENSURE, UH, THAT THE LEGISLATIVE AGENDA FOR THE CITY, UH, REFLECTS THE VALUES OF OUR CITY, UH, WITH RESPECT TO, UH, THE HUMANITY OF PEOPLE, UH, AND, AND, AND ACTUALLY LEADING WITH SERVICES AND CONTINUING THE WORK THAT I KNOW MANY OF YOU ON THIS DAIS TODAY HAVE TRIED TO DO IN BUDGET CYCLE AFTER BUDGET CYCLE, UH, TO, TO STRENGTHEN OUR LOCAL SOCIAL SAFETY NET, UM, AND, AND TO CONTINUE THAT WORK AND BUILD THERE, UH, RATHER THAN, AGAIN, DOUBLE DOWN ON AN APPROACH LEADING WITH, UH, PARTIAL INSTITUTIONS AND, AND THE THREAT OF PUNISHMENT, UH, BECAUSE, BECAUSE THAT'S ALL WE HAVE TO OFFER.

THANK YOU.

THANK YOU.

I'M GONNA SAY HIS NAME ONE MORE TIME.

SURE.

JOSHUA DELA ROSA.

WONDERFUL.

CHAIRWOMAN, HE HAS SIGNED UP FOR, UH, ALL THREE ITEMS THAT WE CAN SPEAK ON, SO...

OKAY.

VERY GOOD.

THANK YOU.

UM, WE'RE GOOD.

YEAH, I'M JOSHUA DELOSA FROM PHOENIX PROJECT.

UM, I, I MEAN, I'M JUST GONNA BE STRAIGHT.

WE DID A STING OPERATION.

UM, WE, UH, PUT AIR TAGS IN HOMELESS PEOPLE'S, UH, POSSESSIONS AND, YOU KNOW, WE CHECKED IT BACK TO A LOT OF DIFFERENT LOCATIONS.

YOU GUYS NEED TO GET WITH ME? YOU KNOW, THIS IS DAMAGE CONTROL RIGHT NOW.

THANK YOU.

ANY OTHER SPEAKERS? NO, CHAIRWOMAN.

OKAY.

ALL RIGHT, THANK YOU TO ALL OUR SPEAKERS FOR YOUR TESTIMONY TODAY.

WE WILL NOW MOVE ON TO ITEM

[Approval of Minutes]

NUMBER ONE, WHICH IS A, UH, CONSIDERATION OF APPROVING PREVIOUS MEETING MINUTES.

UH, CAN I GET A MOTION AND A SECOND TO APPROVE THE MAY 6TH, 2026 MEETING MINUTES AS PRESENTED, MOTIONED BY COUNCIL MEMBER VELASQUEZ, SECONDED BY VICE CHAIR DUCHEN.

ANY OBJECTION TO APPROVING? YES, I HAVE AN OBJECTION.

IT'S THE SEPTEMBER 2ND MEETING.

SEPTEMBER 2ND.

OKAY.

AND THIS IS FOR ITEM NUMBER ONE, NOT ITEM NUMBER TWO.

OKAY, I SEE.

YES, YOU'RE RIGHT.

MY SCRIPT HAD IT AS MAY.

SO CORRECTION, THE MOTION IS TO APPROVE MEETING MINUTES FOR SEPTEMBER 2ND, 2026.

[00:20:01]

THAT WAS, UH, MOTIONED BY COUNCIL MEMBER VELASQUEZ, SECONDED BY VICE CHAIR DUCHEN.

ANY OBJECTION TO APPROVING THOSE MEETING MINUTES? OKAY.

SEEING NONE, THOSE STAND APPROVED.

UH, NEXT ITEM IS A CONSIDERATION OF PREVIOUS MEETING MINUTES.

AND CLARK, LET US KNOW IF, IF THERE NEED TO BE ANY ADJUSTMENTS ON THIS ONE.

UH, COLLEAGUES, THIS IS FOR, UH, APPROVING THE CORRECTED MINUTES FOR THE JUNE 5TH, 2024, SEPTEMBER 4TH, 2024, FEBRUARY 5TH, 2025, MARCH 5TH, 2025, APRIL 2ND, 2025, OCTOBER 1ST, 2025, FEBRUARY 4TH, 2026, AND THE MAY 22ND, 2024 SPECIAL CALLED MEETING OF THE PUBLIC HEALTH COMMITTEE.

CAN I GET A MOTION, MOTION BY COUNCIL MEMBER VELASQUEZ, SECOND BY VICE CHAIR DUCHEN.

ANY OBJECTION TO APPROVING THOSE MEETING MINUTES? SEEING NONE, THOSE CORRECTED MEETING MINUTES ARE APPROVED.

I ALSO WANNA WELCOME OUR COLLEAGUE, COUNCIL MEMBER CHRISTALANE, FOR JOINING US AT THIS COMMITTEE HEARING.

UH, NEXT UP,

[3. Discussion and possible action on social services strategy that will include issue area, compliance, and policy discussion.]

WE'LL MOVE TO OUR NEXT COMMITTEE ITEM, WHICH IS DISCUSSION AND POSSIBLE ACTION ON SOCIAL SERVICES STRATEGY.

THIS WILL INCLUDE ISSUE AREA COMPLIANCE AND POLICY DISCUSSION.

UH, WE WILL WELCOME ASSISTANT CITY MANAGER STEPHANIE HAYDEN-HOWARD, AS WELL AS CARRIE LANG, UH, DIRECTOR OF OUR OFFICE OF BUDGET AND ORGANIZATIONAL EXCELLENCE, AND AS WELL AS DANIEL COLOTTA, UM, WITH THE OFFICE OF BUDGET AND ORGANIZATIONAL EXCELLENCE TO PROVIDE US AN UPDATE.

THANK YOU.

THANK YOU, CHAIR AND MEMBERS OF THE COMMITTEE.

UH, LIKE I SAID, I'M DANIEL COLOTTA, ASSISTANT DIRECTOR WITH AUSTIN BUDGET AND ORGANIZATIONAL EXCELLENCE.

TODAY, WE'RE HERE TO PROVIDE AN UPDATE ON THE SOCIAL SERVICES RESET AS WELL AS ADDITIONAL INFORMATION ON HOW AGREEMENTS ARE BEING MONITORED FOR COMPLIANCE AND PERFORMANCE.

I'LL GO THROUGH FIVE AREAS, BACKGROUND, THE ISSUE AREAS, COMPLIANCE AND PERFORMANCE, POLICY AREAS, TIMELINE AND NEXT STEPS, AND WE'LL START WITH BACKGROUNDS.

THE SOCIAL SERVICES RESET IS BASED ON DIRECTION FROM THREE COUNCIL RESOLUTIONS.

RESOLUTION 56 CALLS FOR A RUBRIC TO EVALUATE SERVICES, SOCIAL SERVICES FUNDING DECISIONS AND EVALUATION OF FUNDING SOURCES AND ENGAGEMENT WITH THE COMMUNITY AND WITH VENDORS.

RESOLUTION 22 CALLS FOR AN EVALUATION OF SOCIAL SERVICES AGREEMENTS GOING INTO FY27 TO ASSESS THE NEED FOR CHANGES OR REDUCTIONS.

AND RESOLUTION 14 CALLS FOR AN, AN EVALUATION AND RESET OF THE ISSUE AREAS, PARTNERSHIPS, AGREEMENT STRUCTURES, FUNDING AND REPORTING TO BE IMPLEMENTED BEGINNING IN FISCAL YEAR 28.

THESE THREE RESOLUTIONS BUILD ON EACH OTHER.

THE RUBRIC LETS US EVALUATE THE NEED AND PRIORITIES.

THE AGREEMENT EVALUATION SHOWED US WHERE OUR CURRENT AGREEMENTS STAND, AND THE RESET COMBINES THE TWO WITH ADDITIONAL WORK ON PARTNERSHIPS, RESOURCES, AND STRATEGIES SO WE CAN ADJUST TOWARD OUR BEST INVESTMENTS FOR THE COMMUNITY IN THE COMING YEAR AND BEYOND.

RESOLUTION 56 ASKS FOR A RUBRIC SO THAT SERVICE PRIORITIZATION AND FUNDING DECISIONS ARE MADE AGAINST A COMMON SET OF CRITERIA.

THE RUBRIC HAS FIVE DIMENSIONS THAT DESCRIBE AND HELP PRIORITIZE THE ISSUE AREAS.

COMMUNITY NEED CARRIES THE MOST WEIGHT.

IT LOOKS AT HOW COMMON AND HOW SEVERE A NEED IS AND WHERE THE EQUITY GAPS ARE USING SOURCES SUCH AS THE COMMUNITY HEALTH ASSESSMENT, THE AMERICAN COMMUNITY SURVEY, AND HOMELESSNESS DATA FROM HMIS AND THE POINT IN TIME COUNT.

NEED TRAJECTORY LOOKS AT WHETHER A NEED IS GROWING AND WHERE FUNDING GAPS ARE LIKELY TO WIDEN.

CITY'S STRATEGIC ROLE ASKS HOW THE SERVICE FITS WITHIN THE CITY'S STRATEGIC PRIORITIES, WHETHER THE CITY HAS A UNIQUE ROLE AS A FUNDER OR SERVICE PROVIDER, AND WHETHER THE SERVICES AVOID COSTS IN OTHER CI- CITY SYSTEMS. INVESTMENT EFFICIENCY LOOKS AT SERVICE OUTCOMES AND PROVIDER TRACK RECORDS AND THE OUTSIDE FUNDING THE PROVIDERS AND UNDER - OTHER FUNDING SOURCES ADD TO THE SOCIAL SERVICES PORTFOLIO.

CITY COUNCIL AND COMMUNITY DIRECTION LOOKS AT HOW THE ISSUE AREA AND SERVICES HAVE BEEN PRIORITIZED BY COUNCIL, BOARDS AND COMMISSIONS, COMMUNITY FEEDBACK, AND OTHER CITY STRATEGIC DIRECTION.

THE SOCIAL SERVICES STRATEGIC RESET IS ORGANIZED THROUGH WORKING GROUPS LED BY THE CITY MANAGER'S OFFICE AND THE DEPARTMENTS THAT FUND SOCIAL SERVICES.

THERE ARE FOUR WORKING GROUPS.

ONE COVERS THE ISSUE AREAS THEMSELVES, HOW EACH IS DEFINED, THE LEVEL OF NEED AND GAPS, THE CITY'S ROLE, THE INTERVENTION STRATEGY, THE SERVICES PORTFOLIO AND BEST PRACTICES.

THE SECOND WORKING GROUP COVERS CONTRACT AND GRANT STRUCTURE, PERFORMANCE MEASURES AND REPORTING.

THE THIRD IS STAKEHOLDER ENGAGEMENT TO ENSURE WE UNDERSTAND ALIGNMENT AND PRIORITIES, AND THE FOURTH IS GOVERNANCE AND PARTNERSHIPS.

EACH WORKING GROUP HAS A LEAD AND CO-LEAD AT THE DIRECTOR OR ASSISTANT DIRECTOR LEVEL ALONG WITH PROGRAM

[00:25:01]

STAFF AND RELEVANT STAKEHOLDERS.

THE WORKING GROUPS ARE SCHEDULED TO FINISH THEIR WORK BY THE END OF DECEMBER 2026.

THE RESULTS WILL INFORM LEADERSHIP DIRECTION ON THE SERVICES PORTFOLIO, FUNDING LEVELS, PARTNERSHIPS, AND THE AGREEMENT MODIFICATIONS AND SOLICITATIONS THAT WILL COME AHEAD OF FISCAL YEAR 28.

THE WORKING GROUP'S RESULTS WILL HELP ENSURE THAT THE RESET RECOMMENDATIONS ARE BASED ON EVIDENCE, CURRENT NEED, PARTNERSHIPS, AND BEST PRACTICES, NOT JUST WHAT WE FUNDED IN THE PAST.

NEXT, AUSTIN BUDGET AND ORGANIZATIONAL EXCELLENCE DIRECTOR CARRIE LANG WILL REVIEW SOCIAL SERVICES FUNDING AND THE ISSUE AREAS WE'RE USING IN THE RESET.

THANK YOU, DANIEL.

UM, THIS TABLE WE SHOWED, UH, IN OUR, IN OUR PRESENTATION A MONTH AGO OR A COUPLE OF WEEKS AGO, UM, AND IT SHOWS THE FISCAL YEAR 27 SOCIAL SERVICE RELATED FUNDING ACROSS EIGHT DEPARTMENTS.

THE TOTAL CITY INVESTMENT ACROSS THESE DEPARTMENTS IS \$101.4 MILLION.

OF THAT, 46.8 MILLION ARE CITY GRANTS, 36.7 IS OUT OF THE OPERATING BUDGETS FOR THESE DEPARTMENTS, AND THEN 17.9 MILLION IS ONE-TIME FUNDING.

HOMELESS STRATEGY, HOMELESS STRATEGY AND OPERATIONS IS THE LARGEST AT ABOUT \$58 MILLION FOLLOWED BY PUBLIC HEALTH WITH 24.9 MILLION.

TOGETHER, THOSE TWO DEPARTMENTS ACCOUNT FOR MORE THAN THREE QUARTERS OF THE TOTAL SOCIAL SERVICE INVESTMENT.

THE RIGHT-HAND COLUMN THAT YOU SEE, UM, SHOWS THE ISSUE AREAS THAT EACH DEPARTMENT FUNDS.

ISSUE AREAS ARE OFTEN ADDRESSED BY MULTIPLE DEPARTMENTS.

FOR EXAMPLE, BEHAVIORAL HEALTH IS FUNDED BY FOUR OF THE EIGHT DEPARTMENTS.

WHEN YOU LOOK AT SLIDE NINE, UM, WE HAVE THE NINE ISSUE AREAS INCLUDED IN THE RESET WITH THEIR FISCAL YEAR 27 CITY GRANT AND ONE-TIME FUNDING, WHICH TOTALS \$61.8 MILLION.

HOMELESS STRATEGY, AGAIN, IS THE LARGEST AT 29.1 MILLION.

CHILD AND YOUTH IS NEXT AT 10.1 MILLION.

BEHAVIORAL HEALTH HAS 8.2 MILLION.

AND THEN THE DEFINITIONS, THE CURRENT DEFINITIONS FOR THE ISSUE AREAS ARE INCLUDED ON THE FAR RIGHT COLUMN.

I'D LIKE TO MAKE TWO POINTS ABOUT THE SCOPE OF WORK.

WHEN WE STARTED THE FISCAL YEAR 26 BUDGET PROCESS, WE CONDUCTED A BROAD INVENTORY OF SOCIAL SERVICES OR SIMILAR CONTRACTS ACROSS THE CITY.

BECAUSE OF THIS BROAD SCOPE, AGREEMENTS NOT TYPICALLY INCLUDED IN THE SOCIAL SERVICES PORTFOLIO WAS ADDED, AND WE ADDED ISSUE AREAS AND SUBDIVIDED OTHERS TO FULLY CAPTURE AND DESCRIBE THE SCOPE OF SERVICES IN, IN THE INVENTORY ACROSS ALL DEPARTMENTS IN THE CITY.

FOR THE RESET, WE ARE REFOCUSED ON SERVICES FOR WHICH WE PROVIDE FUNDING FOR THROUGH CONTRACTS AND AGREEMENTS, OR IN GRANTS, AND AS SUCH, ARE RETURNING TO THE SET OF ISSUE AREAS HISTORICALLY INCLUDED IN THE SOCIAL SERVICES PORTFOLIO, SPECIFICALLY THE ISSUE AREAS OF TRANSPORTATION, EQUITY AND INCLUSION AND HOUSING ARE FUNDED THROUGH DEPARTMENT OPERATING BUDGETS AND OUR SER - AND OUR S - AND OTHER SOURCES, AND THEY ARE NOT INCLUDED IN THE FOREGOING, UM, RESET THAT WE'RE DISCUSSING.

IN ADDITION, LEGAL SERVICES ARE COMBINED INTO THE HEALTH EQUITY ISSUE AREA AND FAMILY SERVICES INTO THE CHILD AND YOUTH ISSUE AREA.

THOSE SERVICES ARE STILL PRESENT, THIS IS JUST A CHANGE IN HOW THEY ARE ORGANIZED AS WE LOOK AT THE RESET.

NEXT, I'LL TURN IT OVER TO ASSISTANT CITY MANAGER HAYDEN HOWARD TO TALK ABOUT COMPLIANCE AND PERFORMANCE.

GOOD MORNING, STEPHANIE HAYDEN-HOWARD, ASSISTANT CITY MANAGER.

AS WE TAKE A LOOK AT THIS RESET PROCESS, WE REALLY WANNA LOOK AT COMPLIANCE HOLISTICALLY.

WE WANT TO BE ABLE TO FOCUS THIS PORTION OF THIS PRESENTATION ABOUT COMPLIANCE.

ALL CONTRACTING STAFF HAVE MAINTAINED KNOWLEDGE OF BOILERPLATES, EXHIBITS, CONTRACTING POLICIES, AND COMPLIANCE STANDARDS.

STAFF HAVE A MANUAL THAT ESTABLISH A FRAMEWORK FOR MANAGING, MANAGING AND MONITORING SOCIAL SERVICE AGREEMENTS.

THE MANUAL ENSURES COMPLIANCE AND REGULATIONS, STEWARDSHIP OF PUBLIC FUNDS, STANDARDIZATION, AND ACCOUNTABILITY.

COMPLIANCE BEGINS AT THE SOLICITATION PROCESS, AND I KNOW YOU MAY WONDER, HOW CAN THAT HAPPEN WHEN WE DON'T HAVE A CURRENT AGREEMENT? STAFF HAVE A THRESHOLD PROCESS AND REVIEW, AND THIS ENSURES THAT AGENCIES ARE ELIGIBLE TO HAVE A CONTRACT AGREEMENT WITH THE CITY OF AUSTIN, WORK IN THE STATE OF TEXAS.

AND ARE ABLE

[00:30:01]

TO MEET FEDERAL REQUIREMENTS.

THIS WILL ALLOW STAFF TO MINIMIZE AND REVIEW ORGANIZATIONS' CAPACITY BEFORE AWARDING, BEFORE AWARDING FUNDS.

AS YOU SEE IN THE SLIDE, CONTRACT COMPLIANCE INCLUDES FISCAL, ADMINISTRATIVE, AND PROGRAMMATIC ELEMENTS.

ALL CONTRACTS ARE MONITORED.

AS WE LOOK AT THE AREAS, THERE'S BEEN MANY DISCUSSIONS ABOUT PERFORMANCE.

PERFORMANCE FALLS IN THE AREA OF PROGRAMMATIC.

STAFF ARE ENSURING THAT AGENCIES ARE WORKING WITH ELIGIBLE CLIENTS AND MAKING SURE THE OUTCOMES ARE MET.

STAFF ARE TRAINED WITH A PERFORMANCE DEFINITION TOOL.

THIS DO - THIS TOOL ESTABLISHES CLEAR, CONSISTENT STANDARDS FOR MEASURING OUTCOMES AND OUTPUTS SO PERFORMANCE ARE EVALUATED, UM, FAIRLY.

MOST OF OUR AGREEMENTS PAY COSTS INCURRED ARE SERVICES DELIVERED.

AGENCIES MUST EXPLAIN IF THERE IS A MAJOR DIFFERENCE BETWEEN EXPECTED OR ACTUAL RESULTS.

A WORD OF CAUTION IS THAT THESE CONTRACTS OR AGREEMENTS ARE NOT PAID FOR PERFORMANCE AGREEMENTS.

THE CURRENT CONTRACTING PROCESS IS AN ONGOING ACTIVITY.

WHEN A CONTRACT OR AN AGREEMENT IS SIGNED, AND IT'S MAYBE A FIVE-YEAR TERM, THE COMPLIANCE IS TRACKED DURING THE LIFE OF THE AGREEMENT.

STAFF CAN LOOK BACK OVER THE YEARS TO DETERMINE IF THERE ARE AREAS WHERE AN AGENCY MAY KNOW AREAS OF WEAKNESS.

COMPLIANCE ISSUES CAN BE MINOR THINGS SUCH AS MISSING A DEADLINE OR NOT SUBMITTING CORRECT BACKUP INFORMATION.

MAJOR COMPLIANCE ISSUES CAN BE BREACHES OF THE TERMS OF THE AGREEMENT OR VIOLATING ANY OF THE FEDERAL, STATE, OR LOCAL LAWS.

ALL COMPLIANCE ISSUES ARE NOTED BY THE CONTRACT MANAGER.

AGENCIES CAN BE ON DIFFERENT LEVELS.

THESE LEVELS ALLOW CONTRACT MANAGERS TO REQUIRE ADDITIONAL INFORMATION MONTHLY FOR FINANCIAL, ADMINISTRATIVE, AND PROGRAMMATIC INFORMATION.

TECHNICAL ASSISTANCE CAN BE PROVIDED TO AGENCIES BY STAFF THAT ARE NOT MANAGING THE CONTRACT TO ASSIST THEM TO MOVE BACK TO LEVEL ONE.

AGREEMENTS ARE REIMBURSEMENT IN NATURE, WHICH MEANS THAT THE AGENCIES WILL SPEND THE MONEY AND THEN ASK FOR THE REIMBURSEMENT.

WHEN AGENCIES SUBMIT THEIR PAYMENT REQUEST, THEY HAVE TO SUBMIT A GENERAL LEDGER AND BACKUP INFORMATION, WHICH DOES INCLUDE RECEIPTS.

STAFF DETERMINE IF THEY HAVE SPENT MONEY ON ALLOWABLE COSTS AND FUNDING THAT WE USE TO SUPPORT CLIENT OUTCOMES.

FOR EXAMPLE, IF AN AGENCY USE FUNDS FOR FUNDRAISING, THAT IS AN UN- UNALLOWABLE COST, WHICH MEANS THAT IF THEY HAVE PUT THAT IN THEIR PAY REQUEST, STAFF WILL ASK THEM AS THEY REVIEW THAT TO REMOVE THAT, UM, DOCUMENTATION THAT SHOWS THAT THEY SPENT THE MONEY FOR THAT.

THEY WILL RECORRECT THAT PAYMENT REQUEST AND RESUBMIT IT.

THAT IS A COMPLIANCE ISSUE, AND SO IT WILL BE NOTED AS A CITATION BY THE DEPARTMENT AS THEY CONTINUE TO MANAGE THE AGREEMENT.

WHEN A COMPLIANCE ISSUE IS IDENTIFIED, DEPARTMENTS FOLLOW A CORRECTIVE ACTION PROCESS.

IT SETS OUT CLEAR EXPECTATIONS, MEASURABLE IMPROVEMENT TARGETS, AND DEFINED TIMELINE.

THE CONSEQUENCES FOR BEING OUT OF COMPLIANCE INCREASE IN SEVERITY.

STAFF WILL ALLOW AN AGENCY TO CORRECT THE PROBLEM UNLESS THE PROBLEM IS TOO SEVERE.

THE CONSEQUENCES FOR INCREASED NON-COMPLIANCE INCLUDE STOPPING PAYMENTS, CURE NOTICES, AND TERMINATION OF THE CONTRACT.

OVER THE YEARS, DEPARTMENTS HAVE TERMINATED CONTRACTS, THEY HAVE BEEN COVERED INFRACTIONS AND WITH BILLING AND RE - AND REQUIRED THE AGENCIES TO REIMBURSE THE CITY OF AUSTIN.

ALL DEPARTMENTS TAKE COMPLIANCE VERY SERIOUSLY AND STAFF ARE COMMITTED TO BEING GREAT STEWARDS OF PUBLIC FUNDING.

AT THIS TIME, I'M GOING TO TRANSITION BACK TO DANIEL.

THANK YOU.

IN THE COMING MONTHS, STAFF WILL BRING THREE

[00:35:01]

POLICY AREAS TO THIS COMMITTEE, OTHER COMMITTEES, AND THE FULL COUNCIL FOR REVIEW.

THE FIRST IS ISSUE AREA AND PORTFOLIO VALIDATION AND PRIOR- PRIORITIZATION.

THIS R - MEANS REVIEWING THE ISSUE AREA DEFINITIONS, LEVELS OF NEED, THE SERVICE PORTFOLIO, THE, AND THE PROPOSED FUNDING LEVELS.

THE SECOND IS THE ACCOUNTABILITY FRAMEWORK WHERE WE WILL ASK YOU TO VALIDATE THE COMPLIANCE AND PERFORMANCE APPROACHES FOR NEW AGREEMENT STRUCTURES AND THE CITY'S ROLE AND FOCUS IN THE SOCIAL SERVICES ECOSYSTEM ALONGSIDE OUR PARTNERS.

THE THIRD IS FUNDING AND AGREEMENTS, WHICH ENDS WITH FINAL GRANTS AND CONTRACTS COMING TO COUNCIL FOR APPROVAL.

EACH POLICY AREA WILL BE PRESENTED TO THIS COMMITTEE, THE ECONOMIC OPPORTUNITY COMMITTEE, THE AUDIT AND FINANCE COMMITTEE, AND THEN THE FULL COUNCIL.

THOSE PRESENTATIONS WILL RUN THROUGH FEBRUARY OF 2027.

ENGAGEMENT RUNS ALONGSIDE THAT WORK.

WE ARE WORKING WITH VENDORS ON SERVICES, AGREEMENT STRUCTURE AND PERFORMANCE FRAMEWORK OPTIONS.

WE ARE WORKING WITH AUSTIN COMMUNICATIONS AND ENGAGEMENT DEPARTMENT TO UNDERSTAND THE EXPERIENCES OF RESIDENTS AND THE PEOPLE AFFECTED BY THESE SERVICES, AND CITY LEADERSHIP AND STAFF WILL WORK WITH COUNTERPARTS AT REGIONAL GOVERNMENT PARTNERS TO DEFINE ROLES AND FOCUS AREAS ACROSS THE SYSTEM.

THIS TIMELINE FOR THE RESET RUNS FROM NOW THROUGH OCTOBER 2027.

WE'VE COMPLETED AGREEMENT EVALUATIONS AND VENDOR NOTIFICATIONS, AND FROM NOW THROUGH JANUARY, WE DEFINE ISSUE AREAS, SERVICES AND PARTNERSHIP STRATEGY, AGREEMENT STRUCTURES AND FUNDING LEVELS.

BEGINNING IN JANUARY 2027, CONTRACTING GRANT MODIFICATIONS AND SOLICITATIONS ARE DEVELOPED AND ISSUED.

THE FY28 BUDGET PROPOSAL AND ADOPTION PROCESS RUNS ALONGSIDE THAT WORK WITH BUDGET PROCESS ENGAGEMENT STARTING IN EARLY 2027 AND RUNNING INTO THE SUMMER.

VENDOR NOTIFICATIONS FOR NEW AGREEMENTS WILL RUN FROM JULY 2027 UNTIL THEY TAKE EFFECT.

NEW AGREEMENTS ARE EX- EXPECTED TO TAKE EFFECT IN OCTOBER 2027 AT THE START OF FISCAL YEAR 28.

ENGA- ENGAGEMENT WITH COM - THE COMMUNITY, VENDORS, PARTNERS, THIS COMMITTEE AND COUNCIL CONTINUES THROUGH THAT WHOLE PERIOD.

OUR NEXT STEPS ARE TO COMPLETE THE ISSUE AREA DEFINITIONS, THE GAP IN SERVICES ANALYSIS, AND THE DETERMINATIONS ON PARTNERSHIPS, FUNDING, AND AGREEMENT STRUCTURE.

WE WILL CONFIRM STRUCTURE AND GOVERNANCE CHANGES FOR THE POR- PORTFOLIO AND FOR AGREEMENTS AND KEEP ENGAGING WITH VENDORS, STAFF, AND THE COMMUNITY AND LEADERSHIP.

WE WILL ALSO PREPARE FOR AGREEMENT MODIFICATIONS AND PROCUREMENT PROCESSES IN EARLY 2027.

SOLICITATIONS AND MODIFICATIONS FOR ALL ISSUE AREAS WILL TAKE PLACE DURING FISCAL YEAR 27 SO THAT EVERY AGREEMENT IS IN PLACE BY THE START OF FISCAL YEAR 28.

THANK YOU AND WE'D BE HAPPY TO TAKE ANY QUESTIONS YOU HAVE AT THIS TIME.

THANK YOU.

COLLEAGUES WHO WOULD LIKE TO KICK US OFF WITH QUESTIONS OR COMMENTS?
COUNCILMEMBER LANE.

THANK YOU.

UM, THIS IS A SUPER HELPFUL PRESENTATION.

I REALLY LIKE THE WAY THAT YOU PRESENTED THE TIMELINE ON PAGE 17, UM, IN ADDITION TO MANY OF THE OTHER THINGS THAT I HEARD.

I DO HAVE A QUESTION DURING THE LAST...

SO DURING THE LAST BUDGET PROCESS, WE HEARD FROM, UH, MY OFFICE HEARD FROM SOME NONPROFITS WHERE THEY WERE SPEAKING ABOUT THE CHALLENGE OF SIMPLY NOT KNOWING WHAT WAS GOING TO HAPPEN UNTIL VERY CLOSE TO WHEN IT WOULD HAPPEN.

AND, YOU KNOW, ONE OF THE REALLY IMPORTANT ROLES OF CITY FUNDING FOR NONPROFITS IS TO PROVIDE THAT STABILITY THAT ISN'T AVAILABLE, IS NOT AVAILABLE THROUGH OTHER SOURCES.

AND SO WITH THAT IN MIND, I WANTED TO ASK ABOUT THE TIMING OF THE VENDOR NOTIFICATION.

UM, IS THERE A HARD STOP DEADLINE FOR WHEN IT WILL BE DONE AND HAVE YOU ALREADY CONSIDERED THE EXTENT TO WHICH IT'S POSSIBLE TO PROVIDE AT LEAST ENOUGH FEEDBACK THAT THE NONPROFITS FEEL LIKE THEY'RE ON STRONGER, MORE STABLE FOOTING EARLIER IN THE PROCESS THAN LAST TIME? YES, WE ARE COMMITTED TO KEEPING COMMUNICATIONS WITH OUR NONPROFIT PARTNERS THROUGHOUT THIS PROCESS.

THEY WILL BE INFORMED OF ALL SOLICITA- SOLICITATION PROCUREMENT ACTIVITIES STARTING AT THE BEGINNING OF THE YEAR WITH THE ANTICIPATION THAT MANY OF THOSE AGREEMENTS WILL BE TAKING EFFECT ABOUT NINE MONTHS LATER.

SO WE WILL BE IN DISCUSSIONS AND COMMUNICATION THROUGHOUT THAT ENTIRE TIME.

A LOT OF THOSE AGREEMENTS, UM, WILL COME INTO EFFECT AROUND THE, THE BUDGET CYCLE OR IN THE NEW FISCAL YEAR.

SO WE'LL BE RAMPING UP, UH, COMMUNICATIONS WITH PARTNERS WE ANTICIPATE IN THE FOUR TO SIX MONTHS, UM, LEADING UP TO FISCAL YEAR 28.

BUT IT'S, IT'S ALWAYS OUR INTENTION, UM, AND IT IS NOW TO MAKE SURE THAT THOSE PARTNERS HAVE AS MUCH NOTICE,

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UM, AND CONTINUED ENGAGEMENT AS POSSIBLE ABOUT THE PROCESS AND DECISIONS SO THAT THEY CAN PLAN FOR THEIR FINANCIAL, UM, FUTURES.

AND I WILL ADD THAT THE, UM, DEPARTMENTS HAVE DONE A REALLY GOOD JOB IN THE LAST MONTH AND A HALF MAKING SURE THEY'VE BEEN IN CONTACT WITH ALL OF THE VENDORS, EXPLAINING TO THEM WHAT WAS HAPPENING OVER THIS NEXT YEAR.

AND SO THAT CON - THAT CONVERSATION HAS ALREADY BEGUN AT THE DEPARTMENT LEVEL, AND WE ANTICIPATE IT WILL CONTINUE.

THANK YOU.

I APPRECIATE THAT.

AND I KNOW THERE'S A LITTLE BIT OF A CHICKEN AND EGG THERE SINCE WE'RE ALSO IMPROVING THE, THE WAY THAT METRICS ARE USED AND EVALUATION AND THAT.

AND SO YOU WANNA GIVE TIME FOR THAT, BUT THEN YOU ALSO...

SO THANKS FOR HEARING ME ON THAT, AND I APPRECIATE YOUR, THE INFORMATION YOU SHARED.

I HAVE A, A QUESTION ON THAT BECAUSE...

AND THANK YOU FOR LAYING OUT THIS TIMELINE.

UM, IT REALLY HELPS CLARIFY WHAT TO EXPECT IN THE COMING MONTHS.

MY QUESTION IS ON THE PROCESS, WE KNOW THAT THE CITY MANAGER IS GONNA HAVE A BASE BUDGET WITH RECOMMENDATIONS ON, YOU KNOW, FUNDING LEVELS FOR EACH ISSUE AREA CATEGORY.

AND WHAT HAPPENS IF DURING BUDGET COUNCIL DECIDES, "ACTUALLY, WE WOULD PREFER TO SEE MORE FUNDING AND BASIC NEEDS CATEGORY VERSUS WORKFORCE DEVELOPMENT." HOW WILL ANY BUDGET MODIFICATIONS THAT COME DURING THE BUDGET PROCESS CHANGE WHAT YOU'VE ALREADY SOLICITED FOR BASED ON, YOU KNOW, THE MANAGER'S RECOMMENDED FUNDING LEVELS AT THAT TIME? COUNCIL MEMBER FUENTES, YOU KNOW, TYPICALLY, AS WE'RE GOING THROUGH THIS PROCESS, WE ARE GOING TO ASK YOU ALL TO TALK ABOUT HOW MUCH MONEY WOULD BE IN THOSE ISSUE AREA BUCKETS.

AND SO ONCE WE ARE BEYOND THAT AND WE HAVE PUT A SOLICITATION ON THE STREETS, UM, TYPICALLY, THE PROCUREMENT OFFICE HAS LET US KNOW THAT WHEN WE DO THE SOLICITATION, WE ALWAYS GET MORE PROVIDERS ASKING FOR MORE, MORE MONEY THAN WHAT WE HAVE.

AND SO BASED UPON THAT AND UNDERSTANDING KIND OF THE EARLIER DIRECTION, IF YOU DO DECIDE TO ADD MORE FUNDS, WE CAN, WE HAVE AN OPTION OF GOING BACK TO THAT SOLICITATION, GOING FURTHER DOWN TO THE NEXT AGENCY THAT WE WERE NOT ABLE TO FUND AND/OR DOING ANOTHER SOLICITATION THAT MAY CAPTURE WHATEVER THE ADDITIONAL SERVICES THAT THE DIAS FEELS LIKE WE NEED TO HAVE.

SO THOSE ARE THE OPTIONS THAT WE HAVE AVAILABLE IF MONEY IS ADDED, YOU KNOW, AFTER THE PROCESS HAS CLOSED.

AND I GUESS, AND CONVERSELY, IF WE DECIDE TO PULL FUNDING FROM A CERTAIN CATEGORY AREA, YOU WOULD JUST HAVE TO, I GUESS, CHANGE YOUR, THE AGREEMENTS, BECAUSE YOU HAVEN'T ENTERED INTO AN AGREEMENT WITH THE PROVIDER AT THAT POINT, BUT SO IT'LL JUST CHANGE THE NATURE OR THE FUNDING LEVEL FOR THE AGREEMENT.

A- ABSOLUTELY.

AND, YOU KNOW, MY, MY THOUGHT IS, IS THAT, YOU KNOW, WE ALWAYS HAVE LANGUAGE IN OUR AGREEMENTS THAT SAY IT IS SUBJECT TO FUNDING AVAILABILITY, AND SO WE DO HAVE THAT FLEXIBILITY TO, YOU KNOW, TO DECREASE CONTRACTS AT ANY TIME.

THE OTHER QUESTION I HAVE, YOU KNOW, I, I TUNED INTO THE, UM, COMMITTEE HEARING OF THE STATE LEGISLATURE ON, UM, SOCIAL SERVICES AND CITY'S ABILITY TO CONTRACT OUT, UM, FOR THESE TYPE OF PROGRAMS AND SERVICES.

THEY REALLY HONED IN ON GRANTS VERSUS CONTRACTS.

AND, UH, ONE OF THE QUESTIONS I HAD, UM, THROUGHOUT THAT PROCESS WAS JUST THINKING, "I WONDER HOW MUCH DOES THE CITY'S SOCIAL SERVICES ARE GRANT FUNDED?" AND QUITE SIGNIFICANTLY, BASED ON THIS INFORMATION, 46 MILLION, NEARLY 47 MILLION ARE FUNDED THROUGH GRANTS, UM, PROGRAMS. AND I'M CURIOUS, YOU KNOW, WITH THE LEGISLATURE IN MIND, IF THERE ARE CHANGES TO OUR ABILITY TO PROVIDE GRANTS AND/OR HOW WE STRUCTURE OUR GRANTS, ANY NEW REGULATIONS COME UP, UM, HAVE Y'ALL GIVEN ANY THOUGH HOW WE MIGHT NAVIGATE THOSE NEW CHANGES? THE, THE PROCUREMENT OFFICE IS ONE OF THE MEMBERS OF OUR LEADERSHIP TEAM, UM, AND SO JAMES IS VERY FAMILIAR WITH ALL OF THE STATE LAWS THAT ARE IN PLACE AS FAR AS CONTRACTING IS CONCERNED.

AND SO BY HAVING HIM TO BE A PART OF THAT TEAM, HE IS ABLE TO HELP US TO KIND OF THINK OF DIFFERENT STRATEGIES THAT WE MAY KIND OF NEED TO DO TO BE ABLE TO PIVOT.

UM, THE OTHER MEMBER THAT'S A PART OF OUR TEAM IS OUR GOVERNMENT RELATIONS OFFICE.

AND SO BEING ABLE TO LOOK AT THIS HOLISTICALLY AND KIND OF THINK ABOUT, YOU KNOW, ANY AREAS AS WE'RE MOVING THROUGH THIS PROCESS, WE ARE GOING TO JUST REALLY KIND OF LAY OUT THESE ARE WHAT WE ARE LABELING AS CONTRACTS.

AND SO WHEN THEY ARE LABELED AS CONTRACTS, THEY WILL HAVE A DIFFERENT TYPE OF PROCESS, UM, FOR COMPETITION, ET CETERA, AS WELL AS LABELING THESE AS GRANTS.

AND SO AS WE PROCEED, WE WILL

[00:45:01]

BE SHARING THAT INFORMATION WITH YOU ALL, SO YOU ALL HAVE THAT AWARENESS TOO.

VERY GOOD.

I WAS ALSO STRUCK BY THE CITY OF SAN ANTONIO AND THEIR PROCESS WITH SOCIAL SERVICES.

THEY PUT ALL OF...

THEY DO ONE BIG RFP AND THEN SOLICIT OUT BASED ON, UM, WHAT THEY'VE DETERMINED THEIR NEEDS.

UM, SO I WOULD LOVE FOR US TO CONSIDER THAT AS A POTENTIAL MODEL ON HOW WE MOVE FORWARD AND JUST WANTED TO FLAG THAT AS, AS A MODEL.

I, I WILL TELL YOU, UM, THAT PROBABLY ABOUT 15 YEARS AGO, WE DID ONE LARGE SOLICITATION.

WE ALWAYS HAVE HAD ISSUE AREAS, BUT WE DID DO ONE LARGE SOLICITATION.

IN 2022, UM, BASED UPON POLICY DIRECTION, WE MOVED TO A PLACE WHERE WE MOVED BY DOING ISSUE AREAS AT A TIME.

WE STARTED WITH YOUTH, YOUTH SERVICES, AND THEN STARTED KIND OF TO MAKE OUR WAY THROUGH ALL OF THE AREAS.

AND, YOU KNOW, RIGHT NOW, YOU KNOW, WE PUT IT ON HOLD, BUT THE TWO ISSUE AREAS THAT WE WERE NOT ABLE TO DO A COMPETITIVE PROCESS WERE, WAS FOR BASIC NEEDS AS WELL AS HEALTH EQUITY.

AND SO, UM, WE MET WITH SAN ANTONIO IN THE PAST.

UM, THEY CAME UP TO, UM, GET POINTERS FROM US ABOUT HOW WE WERE DOING OUR PROCESS, AND THEN KIND OF WENT BACK TO SAN ANTONIO AND KIND OF MADE THEIR OWN PROCESS.

I DO LIKE THE IDEA OF HAVING, YOU KNOW, ONE LARGE PROCESS AND BEING ABLE TO JUST KIND OF HONE IN ON THOSE SPECIFIC ISSUE AREAS.

AND BY US WORKING WITH THE PROCUREMENT OFFICE, ALL OF THOSE THINGS WE ARE THINKING ABOUT.

THAT'S GOOD TO KNOW THE HISTORICAL, UH, RECORD ON THAT.

UM, I DO HAVE AN AMENDMENT TO OFFER, BUT BEFORE I DO IT, ANY FURTHER QUESTIONS? YES, VICE CHAIR DUCHEN.

THANK YOU, CHAIR.

I WANNA PICK UP ALONG YOUR LINE OF QUESTIONING, BECAUSE I WAS A LITTLE BIT CONFUSED ABOUT THAT AS WELL, THIS IDEA BETWEEN CONTRACTS AND BETWEEN GRANTS.

AND IT WOULD BE GREAT IF, GOING FORWARD, YOU COULD HELP EXPAND ON WHY WE PURSUE THE DIRECTION THAT WE DO, MAYBE THE HISTORY THAT YOU MENTIONED, DIRECTOR.

I'M TRYING TO FIGURE OUT, UH, LIKE, IS THERE A, IS THERE A MEASURABLE DIFFERENCE BETWEEN HOW WE APPROACH WHETHER IT'S A GRANT OR WHETHER IT'S A CONTRACT REGARDING WHETHER IT'S A COMPETITIVE BID PROCESS? ALL OF OUR, UM, AGREEMENTS OR CONTRACTS OR GRANTS ARE, UM, PART OF A COMPETITIVE SOLICITATION PROCESS.

WHEN YOU START TO THINK ABOUT CONTRACTS, AND I, I DON'T WANNA KINDA GET OUT OF MY LANE TOO MUCH BECAUSE I DON'T WORK IN THE PROCUREMENT OFFICE, HOWEVER, I DO UNDERSTAND THAT THERE ARE STATE STATUTES AND LAWS THAT REGULATE WHAT CONTRACTS SHOULD LOOK LIKE AND GIVE SPECIFIC, UM, STANDARDIZATION ABOUT CONTRACTS AND WHAT THEY LOOK LIKE.

IN ADDITION TO THAT, UM, WHEN WE'RE THINKING ABOUT GRANTS, UM, WE ARE THINKING ABOUT A DIFFERENT TYPE OF SERVICE.

AND SO WHEN WE LOOK AT, UM, THE, THE SHELTER, FOR EXAMPLE, YOU KNOW, WE ARE CONSIDERING THOSE TO BE CONTRACTS, AND WE'VE PUT THOSE DOLLARS IN THE OPERATING BUDGETS, AND SO, UM, MOST OF THE TIME, THOSE DEPARTMENTS WORK WITH CORPORATE PROCUREMENT TO BE ABLE TO COMPLETE THOSE SOLICITATIONS.

AND SO, THAT'S A LITTLE BIT OF, OF, OF INFORMATION, BUT AS TIME MOVES ON, WE WILL BRING YOU A LITTLE BIT MORE INFORMATION, LAY ALL OF THAT OUT, SO EVERYBODY IS CLEAR ABOUT THE DIFFERENCE BETWEEN CONTRACTS AND GRANTS.

OKAY.

I APPRECIATE THAT.

HELP ME UNDERSTAND, YOU KNOW, I'VE, I'VE LOOKED THROUGH, I THINK, THE REVIEW OF, WHAT, 133 CONTRACTS YOU GUYS SHARED US, THE 400-PAGE DOCUMENT, AND, UH, ALONG WITH WHAT YOU JUST MENTIONED A MOMENT AGO, THAT WE HAVE THIS COMPETITIVE PROCESS FOR, SOUNDS LIKE PRETTY MUCH EVERYTHING.

WHAT HAPPENS WHEN WE'VE GOT A CONTRACT, LIKE, FOR INSTANCE, IN FOOD SECURITY, WE MIGHT HAVE A DOZEN, TWO DOZEN DIFFERENT, UM, ORGANIZATIONS DOING DIFFERENT WORK IN THAT SPACE, BUT THERE MIGHT BE SPACES THAT ARE VERY, VERY NARROW AND SPECIFIC THAT THERE MAY ONLY BE ONE VENDOR THAT I'M AWARE OF IN A CASE, IN, AT LEAST IN THE, IN THE REGION, THAT MIGHT BE ABLE TO DO THAT KIND OF WORK.

HOW DOES THAT WORK? NORMALLY, WHEN WE ARE DOING OUR SOLICITATIONS AND WE'RE LOOKING TO PURCHASE A SPECIFIC, LET'S, LET'S SAY, FOOD, UM, BASIC, THAT KIND OF FALLS UP UNDER BASIC NEEDS, AND WE'RE SAYING THAT WE WANNA BE ABLE TO, UM, HAVE A VENDOR THAT CAN PROVIDE SERVICES TO, UH, ELDERLY-

[00:50:01]

ELDERLY POPULATION, AND WE'RE LOOKING AT SOME SPECIFIC ZIP CODES IN THE AREA, MAYBE IT'S 78724, UH, 4445, BECAUSE WE KNOW THAT THOSE ARE AREAS WHERE WE MAY HAVE, UM, MORE FOLKS THAT MAY BE A LITTLE BIT MORE INDIGENT IN THOSE AREAS.

AND SO, BEING ABLE TO, WHEN WE WRITE THE SOLICITATION, YOU WRITE IT BASED UPON THE GAPS THAT YOU'VE SEEN IN THE DATA THAT YOU HAVE, AS YOU'VE COLLECTED ALL OF THE INFORMATION, AND AS WE MOVE, BRING FORWARD A NEEDS ASSESSMENT, YOU KNOW, WE'LL BE ABLE TO KINDA OUTLINE WHERE WE'RE SEEING THOSE GAPS, AND THIS, THESE ARE THE AREAS WHERE WE WOULD WANNA WRITE THE SOLICITATION TO BE ABLE TO HAVE THE MOST...

MAKE THE BIGGEST IMPACT ON THE NEEDS THAT WE'RE SEEING.

OKAY.

I THINK IT WOULD HELP TO GET SOME ADDITIONAL INFORMATION, BECAUSE I, I DON'T KNOW HOW IT WILL PLAY OUT, RIGHT? WE'VE, WE'RE IN A PLACE WHERE WE'RE GONNA POTENTIALLY MAKE SOME MODIFICATIONS TO A CERTAIN AMOUNT OF CONTRACTS BASED ON THE NEEDS ASSESSMENT, BASED ON THE WORK YOU'VE ALREADY DONE IN THAT REPORT, AND I WONDER WHAT WILL HAPPEN WHEN YOU'VE GOT NECESSARILY THE, THE LARGE SPACES THAT HAVE, UM, LOTS OF DIFFERENT ORGANIZATIONS DOING DIFFERENT WORK IN THERE, BUT THE, THE MUCH MORE NARROWER SPACES THAT ARE VERY SPECIALIZED, WHERE IF THAT VENDOR, UM, DIDN'T DO THE WORK THAT WE HOPED THEY DID OR SOMETHING WENT AWRY SIDEWAYS, I DON'T KNOW, IF THERE'S NO OTHER VENDOR THERE AND WE'RE MAKING MODIFICATIONS IN THAT SPACE, I DON'T UNDERSTAND WHAT THE NEXT STEP WOULD BE.

SO IF...

UH, NOT LOOKING FOR AN ANSWER NECESSARILY TODAY, BUT IF YOU CAN HELP EXPAND WHAT HAPPENS IN THAT CIRCUMSTANCE WITH THIS PROCESS, BECAUSE IT'S NOT CLEAR TO ME HOW WE WOULD PROCEED KNOWING THAT THERE MAY NOT BE ANOTHER VENDOR WE CAN TURN TO IF, IF, UH, IF WE'RE IN THAT CIRCUMSTANCE.

I, I UNDERSTAND WHAT, WHAT YOU ARE SAYING, UM, BUT I, I WILL SAY THAT AUSTIN IS PROBABLY A BLESSED CITY TO HAVE SEVERAL NONPROFITS.

I THINK THE OTHER THING TO ALSO KEEP IN MIND IS, IS THAT NONPROFITS ARE WILLING TO BE COLLABORATIVE IN NATURE AND KIND OF LOOK AT THINGS ON A CONTINUUM.

AND SO I MAY BE GOOD AT PROVIDING SERVICES TO YOUTH, AND I MAY BE GOOD AT PROVIDING SERVICES TO ELDERLY PEOPLE, AND I MAY PARTNER WITH AN AGENCY THAT DOES FOOD ASSISTANCE, AND WE PUT IN A COLLABORATIVE, UM, APPLICATION, AND WE'RE ABLE TO WORK TOGETHER TO BE ABLE TO MEET THE NEEDS.

AND SO, UM, YOU KNOW, AS WE MOVE THROUGH OUR COMPLIANCE ISSUES, IF WE, IF WE FIND THAT THERE IS AN AGENCY AND IT MAY BE THE ONLY AGENCY, THEY MAY BE ABLE TO PROVIDE, YOU KNOW, ASSISTANCE AT THAT LEVEL, YOU KNOW, WE'LL DO ALL WE CAN TO DO TECHNICAL ASSISTANCE, BUT WE WILL ALSO MOVE FORWARD WITH ANY KIND OF COMPLIANCE, UM, CONSEQUENCES AND LOOK FOR A VENDOR THAT IS ABLE TO PROVIDE THOSE SERVICES FOR US.

OKAY, I APPRECIATE THAT.

UM, I JUST WANNA GO BACK TO THE, THE COMPETITIVE PROCESS THAT YOU MENTIONED.

I KNOW THAT WHEN I'VE LOOKED SOMETIMES AT SOME OF THE INFORMATION THAT I THINK IS EITHER ON OUR OPEN DATA PORTAL, ONE OF THE PLACES, SOMETIMES SAYS, UH, I THINK IT'S SOMETHING LIKE, UH, AWARDED IN A, IN A NON-COMPETITIVE PROCESS.

HOW DOES, UH, MAYBE YOU CAN JUST EXPLAIN TO ME WHAT THE DIFFERENCE IS BETWEEN THOSE KINDS OF AWARDS VERSUS THE TRADITIONAL GRANT AND CONTRACT PROCESS WE'RE TALKING ABOUT TODAY.

I'M, I'M, I'M GONNA TRY TO LOOK AROUND AND SEE IF I HAVE SOMEBODY FROM PROCUREMENT HERE THAT MAY BE ABLE TO, TO, TO HELP ME WITH THAT.

AND I, I DON'T SEE SOMEONE FROM THAT.

UM, I THINK I'LL CALL DAVID UP TO KIND OF GIVE AN EXAMPLE OF THAT.

MORNING.

THANK YOU, ACM.

DAVID GRAY, DIRECTOR, AUSTIN HOMELESS STRATEGIES AND OPERATIONS.

UH, COUNCILMEMBER DUCHEN, SOMETIMES WE MIGHT DO A SOLE SOURCE AWARD IN A PARTICULAR CIRCUMSTANCE WHERE WE FEEL LIKE WE CAN JUSTIFY, UH, A CERTIFICATE OF EXEMPTION FROM THE STANDARD PROCESS.

AN EXAMPLE MIGHT BE A SOCIAL SERVICE CONTRACT WITH AN ORGANIZATION LIKE INTEGRAL CARE TO PROVIDE PERMANENT SUPPORTIVE HOUSING SERVICES AT A COMMUNITY THAT THEY CO-OWN WITH THE CITY.

UH, SO SINCE THEY ARE A CO-OWNER ON THAT PROPERTY WITH THE CITY AND THEY DO THE SUPPORTIVE SERVICES, UH, IN, IN THAT SENSE, IT MAKES SENSE FOR US TO DO A SOLE SOURCE AWARD WITH INTEGRAL CARE RATHER THAN MAKE THEM COMPETE TO GET FUNDING TO PROVIDE THE WRAPAROUND SERVICES FOR THE CLIENTS ON THE PROPERTY THAT THEY MANAGE.

UH, BUT EVEN WHEN WE DO THAT, WE STILL HAVE TO JUSTIFY IT, SO WE WILL COMPLETE A CERTIFICATE OF EXEMPTION FORM THAT THE DEPARTMENT WILL SUBMIT,

[00:55:01]

UH, AND ALL THOSE MATERIALS MAKE THEIR WAY TO THE CITY COUNCIL BEFORE THAT CONTRACT IS EXECUTED.

UH, SO WE DO HAVE THAT INFORMATION ON FILE, OUR DEPARTMENT AS WELL AS THE OTHER DEPARTMENTS THAT, UH, PROCEED IN THAT MANNER, AND WE'RE HAPPY TO PROVIDE THAT INFORMATION TO YOU AND ANYBODY ELSE ON THE DIAS AS YOU WOULD LIKE IT.

OKAY.

SO THAT'S A TYPICAL USE CASE? YES, SIR.

OKAY.

THANKS FOR EXPANDING ON THAT.

THANK YOU.

UM, I JUST HAD A COUPLE OF QUESTIONS ABOUT SOME OF THE THINGS THAT WE STEPPED THROUGH IN THE PRESENTATION.

YOU MENTIONED PERFORMANCE DEFINITION TOOL.

WHAT IS THAT? IS THAT SOMETHING YOU CAN SHARE SOME DETAILS ABOUT OR WHAT DOES THAT LOOK LIKE? UH, IT SOUNDS LIKE, UM, DOES STAFF ALREADY HAVE THAT? IS THAT SOMETHING YOU GUYS ARE WORKING THROUGH RIGHT NOW? THAT IS A TOOL THAT STAFF ALREADY HAS, AND THEY USE IT TO TRAIN STAFF WHEN THEY ARE LEARNING HOW TO MANAGE CONTRACTS.

AND WHAT IT DOES IS, IS IT OFFERS A WAY FOR THEM NOT TO BE BIASED, UM, AS THEY ARE EVALUATING PERFORMANCES.

SO THAT IS A CURRENT TOOL THAT THEY ALREADY HAVE.

OKAY.

BUT IT SOUNDS LIKE THE PRIMARY PURPOSE OF THAT TOOL IS TO AVOID BIAS.

WHAT I'M TRYING TO REALLY FIGURE OUT IS SORT OF IN THE, IN THE LARGER PICTURE, YOU KNOW, I THINK ABOUT GOING BACK, WHAT, I GUESS, EIGHT OR NINE MONTHS NOW, RIGHT? WE HAD OUR, OUR, THE REPORT DELIVERED IN FEBRUARY THAT SORT OF WAS THE PEER ASSESSMENT REPORT.

WE HAD A REPORT THAT WAS DELIVERED IN JULY.

THAT WAS, I THINK, THE FIRST ROUND OF AN ANALYSIS THAT HAD SOME KPIS AND HAD SOME, UH, INFORMATION ABOUT, YOU KNOW, THINGS LIKE NON-DUPPLICATED PEOPLE SERVED.

WE HAD THEN THE 400-PAGE REPORT THAT WE GOT, UH, WHAT, TWO WEEKS AGO.

NOW WE'RE IN THE MIDDLE OF A NEEDS ASSESSMENT THAT'S GONNA TAKE THREE OR FOUR MONTHS, IS MY UNDERSTANDING, BASED ON OUR PRIOR CONVERSATIONS.

UM, PLUS, IT SOUNDS LIKE THERE'S THIS OTHER PROCESS THAT'S GONNA BE HAPPENING WITH THE WORKING GROUP.

IS THAT RIGHT? YES.

UM, UM, YES, ABSOLUTELY.

SO WHEN YOU THINK ABOUT THE TOOL, THE TOOL LOOKS AT OUTCOMES, BUT IT ALSO LOOKS AT OUTPUTS.

SO THE OUTPUTS ARE THE NUMBER OF PEOPLE THAT, YOU KNOW, FOLKS ARE, ARE, ARE CAPTURING, BECAUSE IT DOES FEED INTO WHAT THE OUTCOMES ARE ABLE TO DO.

SO THERE MAY BE, YOU KNOW, 500 PEOPLE THAT ARE ABLE TO ACCESS THIS PROGRAM, BUT THE, THE GOAL OF THAT 500 PEOPLE, AND THEY MAY BE YOUTH, WE WANT THEM TO PROGRESS TO THE NEXT GRADE IS THE OUTCOME.

AND SO IT GOES INTO THE METHODOLOGY OF COMPUTING THAT OUTCOME.

DOES THAT MAKE SENSE? I THINK SO.

MM-HMM.

HOW DOES THAT INTERACT WITH THE WORKING GROUP? THE, THE WORK THAT WE'RE DOING RIGHT NOW? WELL, I, I MEAN, IN THE BIG PICTURE, THIS IS THE FIRST I'VE HEARD THERE'S A WORKING

GROUP BEING CREATED TO DO AREA, UH, ISSUE DEFINITION WORK, UM, AND PROVIDE, INFORM LEADERSHIP AND, I GUESS, IN TANDEM WITH THE NEEDS ASSESSMENT.

SO I'M JUST UNDER - TRYING TO UNDERSTAND HOW THEY INTERACT WITH ONE ANOTHER.

THE, THE NEEDS ASSESSMENT IS PART OF THE WORK THAT THOSE WORKING GROUPS ARE DOING.

SO THOSE AREN'T TWO SEPARATE THINGS.

OKAY.

SO I- IF THAT ANSWERS YOUR QUESTION, THE, THE ISSUE AREA GROUPS ARE, ARE COLLECTIVELY FORMING A NEEDS ASSESSMENT, UM, WITHIN THOSE ISSUE AREAS AND THEN ACROSS THEM AS WELL.

AND THEN ANOTHER WORKING GROUP WILL, WILL BE WORKING ON THE CONTRACT, UM, AND GRANT PERFORMANCE STRUCTURES, WHICH INCLUDES THE, THE PERFORMANCE AND OUTCOME MEASUREMENTS.

THOSE TWO AREAS WILL COME TOGETHER AND INFORM EACH OTHER, BUT THEY'RE ALL PART OF THE WORKING GROUPS.

GOT IT.

WHICH IS PART OF THE WHOLE NEED ASSESSMENT PROCESS.

CORRECT.

OKAY.

I THINK THAT WAS MY CONFUSION.

UM - AND VICE CHAIR, THIS, WE ONLY HAVE, UM, A FEW MINUTES LEFT BEFORE WE NEED TO MOVE ON.

OKAY.

I'LL, I'LL DIRECT THE REST OF MY QUESTIONS INDIVIDUALLY AFTER WE'RE DONE HERE.

THANK YOU, CHAIR.

OKAY.

UM, COLLEAGUES, REAL QUICK, I DO HAVE AN ITEM FOR DIRECTION FOR THE COMMITTEE TO CONSIDER.

DO Y'ALL HAVE A COPY OF THIS MOTION SHEET IN FRONT OF Y'ALL? CAN WE GET, UH, COUNCIL MEMBER LANE A COPY OF THE MOTION SHEET? UM, THIS IS FOR Y'ALL'S CONSIDERATION.

BASICALLY, THIS IDEA CAME FROM MY PREDECESSOR, DELIA GARZA, A FORMER COUNCIL MEMBER FOR DISTRICT TWO.

UH, SHE TALKED ABOUT HOW STAFF AT ONE POINT PUT THIS TOGETHER FOR THE COUNCIL AT THAT TIME, BUT ESSENTIALLY DIRECT STAFF TO TAKE A LOOK AT HOW SOCIAL SERVICES ARE BEING PROVIDED THROUGHOUT THE CITY.

SO ASKING OUR PROVIDERS TO PROVIDE, UH, ZIP CODE LEVEL DATA, UH, MORE INFORMATION SO WE CAN HAVE A BETTER DEPICTION OF HOW FAMILIES AND INDIVIDUALS ARE BEING SERVED ALL ACROSS THE CITY.

AND SO I WOULD LIKE FOR STAFF TO CONSIDER THIS AS PART OF THEIR WORK, UM, THAT THEY PULLED TOGETHER FOR US.

UM, AND I'LL READ IT AS FOLLOWS.

I MOVE TO PROVIDE THE FOLLOWING DIRECTION TO STAFF ON THE SOCIAL SERVICES STRATEGY.

STAFF IS DIRECTED TO PROVIDE, TO THE GREATEST EXTENT FEASIBLE, DATA ON THE OUTCOMES OF EACH SOCIAL SERVICE CONTRACT CATEGORIZED GEOGRAPHICALLY BY COUNCIL, DISTRICT, ZIP CODE AND/OR CENSUS TRACT TO PROVIDE AN UNDERSTANDING OF THE DISTRIBUTION OF THOSE INDIVIDUALS' FAMILIES BEING SERVED...

BY THESE CONTRACTS.

[01:00:01]

THIS INFORMATION SHOULD BE INCLUDED AS PART OF THE RE - STAFF RECOMMENDATIONS FOR SOCIAL SERVICES TO THE FULL COUNCIL FOR COUNCIL RESOLUTION ANTICIPATED FOR A WORK SESSION IN JANUARY 2027.

MAY I GET A SECOND ON THE MOTION? UH, SECONDED BY, BY, UH, COUNCIL MEMBER VELAZQUEZ.

ANY OBJECTION TO PROVIDING THIS DIRECTION TO STAFF? SEEING NONE, THAT STANDS ADOPTED.

OKAY.

ANYTHING ELSE ON THIS ITEM BEFORE WE MOVE ON? OKAY.

THANK YOU.

ALL RIGHT.

THANK YOU SO MUCH FOR THIS INFORMATION.

WE APPRECIATE THE UPDATE.

CHAIR.

CHAIR.

YES.

CAN I...

IT, IT'LL BE VERY BRIEF, BUT CAN I BRING ONE THING UP ADDITIONALLY? SURE.

OKAY.

SO, SO I'M WONDERING IF THERE IS A SPACE SOMEWHERE IN THIS FOR Y'ALL TO LOOK AT DIVERSIFICATION OF FUNDING SOURCES WITHIN A NONPROFIT.

AND, UM, BECAUSE I THINK THAT'S ANOTHER ELEMENT OF WHEN THE NONPROFITS ARE HIT HARD WHEN WE ARE SO MUCH, SUCH A LARGE PERCENTAGE OF THEIR FUNDING.

AND I KNOW EVERY SINGLE ENTITY IS DOING ITS VERY BEST TO FIND ADDITIONAL FUNDING SOURCES, NO DOUBT THERE.

UM, BUT I THINK IT'S IMPORTANT TO LOOK AT, UM, AS A WAY TO SUPPORT THE ONGOING GROWTH OF THE NONPROFIT AND STABILITY OF IT AND AVAIL- AVAILABILITY TO OUR COMMUNITY.

AND THEN ALSO PERHAPS CONSIDERING A MORE FORMALIZED WAY OF CONNECTING NONPROFITS THAT MAYBE ARE EARLIER IN STAGES OF THAT DEVELOPMENT AND MORE RECENTLY HAVE COME TO WORK WITH THE CITY WITH, YOU KNOW, A PEER GROUP.

UM, SO THEY CAN ALSO WORK ON COLLABORATIVE GRANTS AND SHARE THEIR INFORMATION AMONGST EACH OTHER MORE EFFECTIVELY.

I JUST WANTED TO PUT THAT OUT THERE AS CERTAINLY MY DISTRICT HAS A LOT - MANY OF THESE YOUNGER, SMALLER, NOT AS EXPERIENCED WITH THE CITY NONPROFITS AND I'VE SEEN THE BENEFITS.

AND I KNOW Y'ALL ALREADY DO THAT TO A CERTAIN EXTENT.

UM, I JUST, WHEN THE NEW ONES...

I DON'T KNOW HOW FORMALIZED IT IS, SO I WANTED TO MENTION THAT.

THANK YOU.

UM, COUNCIL MEMBER LANE, I WOULD LOVE TO HAVE A CONVERSATION WITH YOU OFFLINE ABOUT THE CURRENT PROCESS AND HOW WE'VE BEEN ABLE TO SUPPORT, UM, NONPROFIT AGENCIES WITH TECHNICAL ASSISTANCE, UM, AND/OR CONNECTION TO AN EXTERNAL PARTNER THAT'S ABLE TO HELP THEM TO STRENGTHEN THEIR ORGANIZATION.

THANK YOU.

THANK YOU AGAIN FOR THE UPDATE.

HEY COLLEAGUES, WE'RE GONNA MOVE

[5. Briefing by Central Health on the Fiscal Year 2025 - 2026 Year of Access accomplishments, Fiscal Year 2026 - 2027 Budget investments highlights, and Mental Health Care Planning. [Dr. Pat Lee, President & CEO; Dr. Manuel Martin, Secretary of Central Health Board of Managers; Perla Cavazos, Chief Governance and Government Affairs Officer; Monica Crowley; Chief Strategy/Planning Officer & Senior Counsel - Central Health; Sydney Harris, Sr. Consultant - Health Systems Design]]

ON TO OUR NEXT BRIEFING.

THIS WILL BE ITEM NUMBER FIVE.

I'D LIKE TO WELCOME DR.

PAT LEE, PRESIDENT AND CEO OF CENTRAL HEALTH, DR.

MANUEL MARTIN, SECRETARY OF THE CENTRAL HEALTH BOARD OF MANAGERS AND IS ALSO OUR, UH, CITY OF AUSTIN APPOINTEE TO THE BOARD.

UM, AS WELL AS SEVERAL STAFF FROM CENTRAL HEALTH.

I SEE ALICIA RAMIREZ HERE WITH US.

WELCOME.

AND, UM, THIS IS GONNA BE A BRIEFING ON THE HIGHLIGHTS FROM THEIR RECENTLY ADOPTED BUDGET.

SO WE WELCOME EVERYONE HERE TODAY WITH US.

THANK YOU.

GOOD MORNING, CHAIR FUENTES, VICE CHAIR DUCHEN, COUNCIL MEMBERS OF ELASQUEZ, ALTERRA & LANE.

THANK YOU FOR WELCOMING US THIS MORNING.

MY NAME IS ALICIA RAMIREZ.

I AM THE CENTRAL HEALTH GOVERNMENT RELATIONS MANAGER, AND WE ARE HERE TODAY WITH A WIDE ARRAY OF SOME OF OUR EXECUTIVES, STAFFERS, AND A BOARD MANAGER.

I'D LIKE TO TAKE A MOMENT TO INTRODUCE OUR SPEAKERS TODAY.

TO MY RIGHT, I HAVE DR.

PAT LEE, PRESIDENT AND CEO OF CENTRAL HEALTH, DR.

MANUEL MARTIN, SECRETARY FOR THE CENTRAL HEALTH BOARD OF MANAGERS.

BEHIND ME, I HAVE PARLA CAVAZOS, CHIEF GOVERNANCE AND GOVERNANCE OF...

CHIEF GOVERNANCE AND GOVERNMENT AFFAIRS OFFICER, MONICA CROWLEY, CHIEF STRATEGY AND PLANNING OFFICER AND OUR SENIOR COUNCIL, SYDNEY HARRIS, SENIOR CONSULTANT OF HEALTH SYSTEMS DESIGN.

NEXT SLIDE.

GOTCHA.

WHERE'S THE CLICKER? SORRY.

THE WHAT? THE CLICKER.

THANK YOU.

THANK YOU.

SO THIS MORNING WE HAVE A ROBUST AGENDA FOR YOU.

FIRST, WE WILL PROVIDE A BOARD OF MANAGERS UPDATE.

AFTER THAT, WE WILL JUMP INTO OUR FISCAL YEAR 2026 YEAR OF ACCESS HIGHLIGHTS AND IMPACT WHERE WE WILL DISCUSS A FEW KEY TRENDS AND ACCOMPLISHMENTS WHILE ALSO PROVIDING A FACILITIES UPDATE.

AFTER THAT, WE'LL JUMP INTO OUR FISCAL YEAR 2027 BUDGET HIGHLIGHTS, AND WE WILL END WITH A MENTAL HEALTH CARE PLANNING AND INVESTMENTS HIGHLIGHTS WHERE WE'LL DISCUSS THE CONTINUUM OF CARE SYSTEMS AND TIMELINE AND A MENTAL HEALTH CRISIS CENTER PLANNING WITH OUR PARTNERS WHO SOME ARE IN THE AUDIENCE TODAY.

AND NOW I'D LIKE TO PASS IT OVER TO DR.

MANUEL MARTIN, WHO WILL PROVIDE AN UPDATE FROM OUR CENTRAL HEALTH BOARD OF MANAGERS.

[01:05:03]

THANK YOU.

THANK YOU, CHAIR AND COUNCIL.

I APPRECIATE YOUR TIME AND, UM, I'M GONNA GIVE YOU ALL GUYS AN UPDATE ON THE WORK THE BOARD'S BEEN FOCUSING ON THIS PAST SIX MONTHS TO YEAR, UM, INCLUDING STRATEGIC PLANNING AS WELL AS OUR COMPREHENSIVE FACILITIES PLAN.

UM, THE BOARD, AS YOU WELL KNOW, PASSED OUR BUDGET, WHICH INCLUDED CENTRAL'S BUDGETING FOR THE HEALTH, DIRECT HEALTHCARE EXPENSES RELATED TO THE, UH, ACCESS TO HEALTHCARE, UH, FOR MENTAL ILLNESS AS PART OF THE LAUNCHING OF THE WRONGDOORS PROJECT.

UM, WE'VE HAD SEVERAL RETREATS TO WORK TO IMPROVE OUR GOVERNANCE AND DRAFTING UPDATE OUR BYLAWS OF THE BOARD.

WE ARE FINALIZING A COMPREHENSIBILITIES PLAN TO ASSESS OUR CURRENT AND FUTURE NEEDS, UM, AS CENTRAL HEALTH TRANSFORMS INTO A COMPREHENSIVE SYSTEM OF DELIVERY OF CARE.

UH, THE BOARD IS WORKING TO FINALIZE A COOPERATIVE AGREEMENT WITH THE CUC, COMMUNITY CARE, AND CONTINUE TO WORK WITH SENDERO AS WE NAVIGATE THE FAIRLY DRASTIC CHANGES TO, UM, BY THE FEDERAL GOVERNMENT RELATED TO THE ACA.

UM, THANK YOU FOR YOUR TIME.

IF YOU HAVE QUESTIONS LATER, THANK YOU.

I'D LIKE TO PASS THIS TO DR.

LEE NOW.

THANK YOU, DR.

MARTIN.

AND GOOD MORNING, CHERIFUENTES, VICE CHAIR DUCHEN, COUNCIL MEMBERS, UH, VENASCUS, ALTER & LANE, UH, PAT LEE, PRESIDENT AND CEO OF CENTRAL HEALTH.

AT THE BEGINNING OF THIS YEAR, WE MADE A COMMITMENT TO MAKE FY26 OUR YEAR OF ACCESS AND TO MAKE MEASURABLE PROGRESS IN HELPING PEOPLE GET THE CARE THEY NEED FASTER AND MORE EASILY.

SO TODAY I WANNA SHARE A FEW OF THE WAYS THAT WE DELIVERED ON THAT COMMITMENT ACROSS OUR SYSTEM.

NEXT SLIDE, PLEASE.

THE CENTRAL HEALTH SYSTEM NOW SERVES MORE THAN 200,000 TRAVIS COUNTY RESIDENTS EVERY YEAR, ABOUT ONE IN EVERY SIX PEOPLE WHO LIVE HERE.

AND THAT'S UP FROM ABOUT ONE IN NINE, JUST THREE YEARS PRIOR.

ONE OF THE SIGNIFICANT GOALS OR S- SIGNATURE GOALS OF OUR YEAR OF ACCESS WAS TO MAKE IT POSSIBLE FOR OUR PATIENTS TO GET AN APPOINTMENT WITH THEIR DOCTOR WITHIN TWO WEEKS OF REQUESTING ONE.

AND I'M DELIGHTED TO REPORT THAT OUR OPEN ACCESS PILOT PROGRAM SHOWED WHAT IS POSSIBLE.

NEW PATIENT WAIT TIMES FOR PRIMARY CARE DROPPED FROM 80 DAYS AT OUR BUSIEST SITE IN NORTH CENTRAL TO EIGHT DAYS.

UH, FROM 48 DAYS DOWN TO EIGHT DAYS AT OUR NEW DELL VALLEY HEALTH AND WELLNESS CENTER, AND FROM 45 DAYS TO 15 DAYS AT OUR HORNSBY BEND CLINIC.

ACROSS ALL OF COMMUNITYCARE'S PRIMARY CARE CLINICS, THE GLOBAL AVERAGE WAIT TIME HAS FALLEN FROM 31 DAYS TO ABOUT 20 DAYS AS WE HAVE ROLLED THIS PROCESS OUT THROUGH THOSE THREE FIRST SITES.

AND AS PATIENTS ARE ABLE TO GET APPOINTMENTS SOONER, WE'RE ALSO SHOWING, UH, SEEING THAT NO-SHOW RATES, THE RATES AT WHICH PATIENTS, UM, UH, DON'T COME TO THEIR APPOINTMENT, PERHAPS BECAUSE THEY WERE SCHEDULED SO FAR OUT, UM, HAS FALLEN FROM ROUGHLY 31% TO 19%, UH, A SIGNIFICANT IMPROVEMENT.

OUR NEXT STEP IS TAKING WHAT WE HAVE LEARNED FROM THESE PILOTS AND CONTINUING TOWARD OUR 14-DAY ACCESS GOAL ACROSS THE SYSTEM.

WE ALSO CELEBRATED THE FIRST FULL YEAR OF OUR MEDICAL RESPITE PROGRAM, WHICH GIVES PEOPLE EXPERIENCING HOMELESSNESS A SAFE PLACE TO RECOVER AFTER LEAVING THE HOSPITAL WHILE CONNECTING THEM TO CLINICAL CARE, CASE MANAGEMENT, BENEFITS, AND OTHER SUPPORT.

NEARLY 100 PEOPLE PARTICIPATED IN THE PROGRAM DURING ITS FIRST YEAR, AND HOSPITAL ENCOUNTERS AMONG PARTICIPANTS DECLINED BY NEARLY 70%.

OVER THE COURSE OF THE YEAR, WE ALSO STRENGTHENED THE PROGRAM BY ADDING BEHAVIORAL HEALTH AND COUNSELING SUPPORT, IMPROVING TRANSPORTATION, AND CREATING A MORE RELIABLE PATH TO FOLLOW-UP CARE.

WE ALSO CONTINUED EXPANDING OUR CLINICAL FOOTPRINT.

WE OPENED THE FIRST PHASE OF OUR HANCOCK CAMPUS, BROKE GROUND IN OUR NEW COLONY PARK HEALTH AND WELLNESS CENTER, CELEBRATED THE FIRST FULL YEAR OF OPERATIONS AT DELL VALLEY, AND CONTINUED GROWING SERVICES THERE AND AT HORNSBY BEND.

A FEW OTHER IMPORTANT MILESTONES THIS YEAR INCLUDED FORMALLY ESTABLISHING THE CENTRAL HEALTH FOUNDATION AND RESOLUTION OF THE LONG-RUNNING BIRCH LAWSUIT, WHICH NOW AFFIRMS OUR ABILITY TO CONTINUE INVESTING IN CARE THROUGH PARTNERSHIPS WITH UT AND OTHER COMMUNITY PARTNERS.

AND FINALLY, WE SIGNIFICANTLY INCREASED OUR COMMITMENT TO CRISIS AND RECOVERY CARE, AS DR.

MARTIN MENTIONED, BUILDING ON PARTNERSHIPS WITH INTEGRAL CARE, THE SOBERING CENTER, TEXAS HARM REDUCTION ALLIANCE, AND MANY OTHERS, PARTICULARLY AT A TIME WHEN RESOURCES FOR MANY SOCIAL AND BEHAVIORAL HEALTH SERVICES IN OUR COMMUNITY ARE BECOMING MORE CONSTRAINED.

NEXT SLIDE.

NOW, EXPANDING ACCESS MEANS INCREASING BOTH CARE AND COVERAGE.

AND ON THE CARE SIDE, WE CONTINUE GROWING PRIMARY CARE ACROSS THE SYSTEM THIS YEAR, DESPITE A NUMBER OF HEADWINDS.

OVER THE PAST FIVE YEARS, THE NUMBER OF PRIMARY CARE VISITS HAS GROWN BY 34%, REACHING NEARLY 670,000 VISITS, UH, BY THE END OF 2025.

WE ESTIMATE THAT WHEN ALL THE NUMBERS ARE IN, WE WILL HAVE INCREASED THAT FURTHER BY THE END OF 2026.

YOU WILL SEE A MODEST DIP IN OVERALL VISITS BETWEEN 2024 AND 2025,

[01:10:01]

BUT THIS IS A COMBINATION OF COMMUNITY CARE, PEOPLE'S CLINIC, AND LONE STAR CIRCLE OF CARE.

THE COMMUNITY CARE COMPONENT OF THAT, UH, GROWTH WAS ACTUALLY 5.3% INCREASE YEAR TO YEAR, UH, IN THOSE TWO YEARS.

NEXT SLIDE.

WE'VE ALSO EXPANDED ACCESS BY TEAM TO GROW SPECIALTY CARE ACROSS THE SYSTEM.

THREE YEARS AGO, CENTRAL HEALTH DID NOT HAVE A DIRECT SPECIALTY PRA - UH, PRACTICE, BUT OUR COMMUNITY CLEARLY SAID THAT WE NEEDED TO BUILD ONE.

UH, WAIT TIMES ARE TOO LONG AND THEY WEREN'T GETTING THE CARE THAT THEY DESERVED.

TODAY, I'M PROUD TO REPORT WE OFFER MORE THAN 30 SPECIALTY AND DIAGNOSTIC SERVICES BUILT IN DIRECT RESPONSE TO THOSE GAPS, BOTH MEASURED AND COMMUNITY VOICE.

AND BY THE END OF AUGUST OF THIS YEAR, WE WILL HAVE DELIVERED MORE THAN 43,000 SPECIALTY APPOINTMENTS ACROSS A BROAD RANGE OF SERVICE LINES YOU SEE HERE.

AND IMPORTANTLY, IT'S NOT JUST THE NUMBER OF APPOINTMENTS THAT'S IMPROVING, WAIT TIMES ARE COMING DOWN AS WELL.

LET ME GIVE YOU ONE EXAMPLE IN GASTROENTEROLOGY.

WHEN WE STARTED THIS PROCESS EXPANDING GI ACCESS, WAIT TIMES WERE 12 TO 18 MONTHS WITH A BACKLOG OF WELL OVER A THOUSAND PATIENTS.

EVEN AS WE ADDED CAPACITY, REFERRALS CONTINUED TO GROW, WHICH WE EXPECTED.

IT JUST IS THE UNMET DEMAND THAT WE MAY, WE MADE MORE VISIBLE AS WE PROVIDED ACCESS.

WE CONTINUED TO REORGANIZE INTAKE, ADDING WEEKEND CLINICS, EXPANDING CAPACITY, UM, USING OUR NETWORK RESOURCES, AND I'M DELIGHTED TO REPORT WE BROUGHT THAT BACKLOG DOWN BELOW 200 PATIENTS BY JULY OF THIS YEAR.

AS A PHYSICIAN, I KNOW THAT THAT MEANS THAT PATIENTS WILL BE ABLE TO GET THEIR COLONOSCOPIES, IDENTIFY COLON CANCER EARLY, IDEALLY AT STAGE ONE WHEN IT IS HIGHLY CURABLE.

UH, OVERALL, WE'VE HIRED, UH, 26 NEW SPECIALTY PROVIDERS THIS YEAR AND LAUNCHED NEW SERVICES IN AREAS INCLUDING MUSCULOSKELETAL CARE, PHYSICAL AND OC- OCCUPATIONAL THERAPY, SLEEP MEDICINE, BEHAVIORAL HEALTH, ADDICTION TREATMENT, AND DIAGNOSTICS.

NEXT SLIDE, PLEASE.

HAVING MORE CARE OPTIONS IS ONLY USEFUL, PEOPLE CAN ACCESS THEM IN THE FIRST PLACE, AND COVERAGE IS THE FRONT DOOR TO CARE.

EXPANDING COVERAGE IS THEREFORE ANOTHER KEY PART OF OUR YEAR OF ACCESS, DESPITE SUBSTANTIAL HEADWINDS IN STATE AND FEDERAL POLICY.

THROUGH AUGUST, MAP AND MAP BASIC ENROLLMENT INCREASED ABOUT 2% YEAR OVER YEAR, WHICH WE'RE VERY PROUD OF.

THERE WERE, UH, LOSSES IN COVERAGE ACROSS THE COUNTRY, AS THE COUNCIL'S WELL AWARE.

AND WE REACHED MORE THAN 140,000 PEOPLE, ROUGHLY 3000 MORE THAN THE SAME POINT LAST YEAR.

MEANWHILE, COMMUNITY CARE'S COVERED PATIENT POPULATION ALSO GREW BY ABOUT 1.7% ACROSS A COMBINATION OF MAP, MEDICAID, MEDICARE, UH, CHIP, AND COMMERCIAL COVERAGE.

WE'VE ALSO SEEN STRONG GROWTH AT SENDERO THIS YEAR, ALTHOUGH THE BROADER HEALTH INSURANCE LANDSCAPE IS CHANGING QUICKLY AND FEDERAL POLICY CHANGES CONTINUE TO AFFECT AFFORDABLE CARE ACT ENROLLMENT.

REGARDLESS OF WHAT CHANGES OCCUR AT THE FEDERAL LEVEL, OUR COMMITMENT REMAINS THE SAME ON BEHALF OF THE PEOPLE OF TRAVIS COUNTY AND AUSTIN, HELPING PEOPLE IN OUR COMMUNITY FIND COVERAGE SO THEY CAN AFFORD THEIR CARE, MAKING SURE THAT COST IS NOT THE REASON THEY GO WITHOUT CARE OR FAIL TO PREVENT A PREVENTABLE PROBLEM.

ULTIMATELY, IT IS MUCH MORE EFFECTIVE AND LESS EXPENSIVE, UH, FOR THE PUBLIC FOR US TO PREVENT PROBLEMS EARLY AND TAKE CARE OF PEOPLE, HELP THEM BE WELL AND BE PRODUCTIVE IN THEIR EMPLOYMENTS, UH, AND THAT REQUIRES AFFORDABLE COVERAGE.

SO AS TRAVIS COUNTY'S PUBLIC HEALTHCARE SYSTEM, WE REMAIN COMMITTED TO ENSURING AFFORDABLE ACCESS TO CARE FOR OUR COMMUNITY.

EXPANDING ACCESS ALSO MEANS BRINGING CARE CLOSER TO WHERE PEOPLE ALREADY ARE AND MAKING SERVICES MORE AVAILABLE IN MORE PLACES.

AND THIS YEAR WE OPENED THE FIRST PHASE OF OUR HANCOCK CAMPUS IN THE FORMER SEARS BUILDING, INCLUDING THE DAVID POWELL CLINIC AND OUR CONVENIENT CARE CLINIC.

UH, IN JANUARY, WE EXPECT TO OPEN PHASE TWO, WHICH WILL INCLUDE A LARGE DENTAL PRACTICE, 18 NEW DENTAL CHAIRS, UM, 18 SPECIALTY CARE SERVICE LINES, DIAGNOSTICS AND IMAGING, INFUSION, UH, CARE, AND A LARGE PHARMACY, ALONG WITH SIGNIFICANT COMMUNITY SPACE.

HANCOCK WILL ALSO BECOME OUR NEW SYSTEM HEADQUARTERS, BRINGING ADMINISTRATIVE TEAMS FROM CENTRAL HEALTH, COMMUNITY CARE AND SENDERA TOGETHER IN ONE PLACE.

FOR OUR PATIENTS, THAT MEANS MORE OF THE SERVICES THEY NEED AVAILABLE IN ONE LOCATION, AND FOR OUR SYSTEM, IT MEANS BRINGING TEAMS TOGETHER SO WE CAN BETTER COORDINATE THAT CARE.

NEXT SLIDE.

AND HANCOCK IS JUST ONE PART OF THE CLINICAL EXPANSION WE HAVE UNDERWAY.

IN COLONY PARK, WE EXPECT TO OPEN A NEW HEALTH AND WELLNESS CENTER IN FALL 2027.

IT WILL INCLUDE PRIMARY CARE, DENTAL CARE, PHARMACY SERVICES, AND COMMUNITY RESOURCES, INCLUDING THE NEIGHBORHOOD'S FIRST PUBLIC LIBRARY.

AT THE CAMERON CENTER, WHICH EXPECT TO OPEN BY THE END OF 2030, WE'LL SIGNIFICANTLY EXPAND OUR MEDICAL RESPITE CAPACITY AND PROVIDE MEDICAL, MENTAL HEALTH, AND SUBSTANCE USE TREATMENT ON SITE.

WE'RE ALSO LOOKING FORWARD TO MAKING PROGRESS AT OUR NORTHVIEW

[01:15:01]

CAMPUS, WHICH WILL BE SIMILAR IN SCALE TO HANCOCK, AND WILL INCLUDE OBSTETRICS AND PEDIATRICS, FAMILY MEDICINE, SPECIALTY CARE AND PHARMACY SERVICES TARGET TO BEGIN IN LATE 2028.

SO THAT'S A QUICK LOOK AT SOME OF THE PROGRESS WE MADE, UH, DURING A YEAR OF ACCESS.

IN FY27, WE WANT TO BUILD ON THAT PROGRESS WHILE TAKING ON ONE OF THE BIGGEST REMAINING GAPS IN OUR COMMUNITY, CRISIS, RECOVERY, AND MENTAL HEALTH CARE.

AND WITH THAT, I'LL HAND OVER TO PERLA TO WALK THROUGH OUR FY27 BUDGET.

THANK YOU, DR.

LEE.

UM, GOOD MORNING.

SO WE THOUGH WE'D SHARE, UM, A SNAPSHOT OF OUR FISCAL YEAR 2027 BUDGET.

IT'S, UM, HOT OFF THE PRESSES.

OUR BOARD AND TRAVIS COUNTY COMMISSIONERS COURT APPROVED THIS BUDGET LESS THAN A MONTH AGO, SO WE WANNA SHARE SOME HIGHLIGHTS.

OKAY.

SO I WANNA TALK ABOUT, UM, A LITTLE BIT ABOUT, UM, REVENUE.

IN FISCAL YEAR 2027, WE WILL GENERATE ABOUT 420 MILLION IN AD VALOREM TAX REVENUE AT, UH, 13.29 CENTS PER \$100 VALUATION.

OUR TOTAL REVENUES ARE ESTIMATED TO BE 558 MILLION IN FISCAL YEAR 2027, AND WE EXPECT TO END WITH UNDESIGNATED CONTINGENCY RESERVE OF 330 MILLION.

SO WHAT THIS SLIDE SHOWS YOU IS, UM, THE, THE MAJOR EXPENSE CATEGORIES IN OUR BUDGET.

UM, THE KEY TAKEAWAYS ARE THAT IN 2027, WE'VE BUDGETED 591.6 MILLION IN TOTAL HEALTHCARE AND MENTAL HEALTH CARE, 44.3 MILLION IN ADMINISTRATIVE EXPENSES, 35 MILLION FOR THE UT AFFILIATION AGREEMENT, AND 13.9 MILLION IN RESTRICTED RESERVES, WHICH INCLUDES A TRANSFER OF 13 MILLION TO EMERGENCY RESERVES PER OUR CENTRAL HEALTH POLICIES AND 900,000 FOR OUR ST - FOR STARTUP COSTS OF THE NEWLY ESTABLISHED CENTRAL HEALTH FOUNDATION, WHICH PAT MENTIONED, UM, DR.

LEE MENTIONED.

SO COMPARED TO THE PREVIOUS YEAR, THIS BUDGET INCREASES OUR INVESTMENTS IN HEALTHCARE DELIVERY BY 103.2 MILLION, KEEPING THE FOCUS ON PATIENT CARE.

IT ALSO INCLUDES 54 MILLION IN NEW MENTAL HEALTH INVESTMENTS, WHICH MONICA CROWLEY WILL, UM, DISCUSS LATER ON IN THIS PRESENTATION.

WE HAVE KEPT OUR ADMINISTRATIVE EXPENSES ESSENTIALLY FLAT FOR THE UPCOMING YEAR.

WE RECOGNIZE THE PRESSURES THAT TAXPAYERS ARE, UH, FACING AND WE'RE PRIORITIZING RESOURCES TOWARDS PATIENT CARE, ESPECIALLY MENTAL HEALTHCARE.

SO I WANNA TAKE A, A MOMENT TO TALK ABOUT OUR CONTINGENCY RESERVE.

WE HAVE INTENTIONALLY BUILT UP OUR RESERVES AS PART OF OUR STRATEGY TO PAY FOR A FAST-GROWING HEALTHCARE SYSTEM.

PAT TALKED ABOUT, UH, SOME OF THAT, UM, SIGNIFICANT GROWTH THAT HAPPENED IN, IN THE PAST YEAR ALONE.

BUT WE FIRST, UH, BEGAN OUR, UM, WE BEGAN OUR DIRECT PRACTICE OF MEDICINE JUST A FEW YEARS AGO.

UM, OUR HEALTHCARE DELIVERY OPERATIONS HAVE SIGNIFICANTLY INCREASED.

PAT MENTIONED WE HAVE 30, UM, I THINK WE PROBABLY STARTED BUILDING OUT, UM, THOSE SERVICE LINES IN, I WANNA SAY 2023, AND WE NOW HAVE IN SUCH A SHORT AMOUNT OF TIME, 30, UM, SERVICE AND DIAGNOSTIC SERVICES AND LINES.

UM, ALSO OUR FTES, OUR FULL-TIME EMPLOYEES, HAVE GROWN TO SUPPORT THOSE OPERATIONS.

IN 2023, WE HAD 200 FTES.

TODAY, WE HAVE 1,000 FTES, AND WE COULD NOT HAVE SUPPORTED THAT GROWTH WITHOUT OUR RESERVES.

UM, LIKE OTHER HEALTH SYSTEMS, WE NEED ENOUGH CASH ON HAND TO PAY OUR BILLS AND KEEP CARE AVAILABLE.

THAT'S WHY OUR SUSTAINABLE OPERATING TARGET IS 120 TO 150 DAYS OF CASH IN RESERVE THAT'S REFLECTED IN, IN THE CONTINGENCY RESERVE.

AND THESE RESERVES ARE INTENDED TO SUPPORT STRATEGIC INVESTMENTS WHILE PROVIDING PROTECTION AGAINST UNCERTAINTY AND RISK.

AGAIN, PAT MENTIONED, UM, SOME OF THE POLICY CHANGES HAPPENING AROUND THE AFFORDABLE CARE ACT, UM, THAT ARE AFFECTING SENDERO HEALTH PLANS AND, AND OTHER HEALTH PLANS ACROSS THE NATION.

BUT THIS RESERVE GIVES US FLEXIBILITY TO RESPOND TO UNEXPECTED COSTS, PROTECT PATIENT SERVICES, AND SUPPORT PARTNERS SUCH AS SENDERO, SUCH AS COMMUNITY CARE AND INTEGRAL CARE AS NEEDS CHANGE OR FEDERAL AND STATE POLICIES SHIFT.

SO WE ARE NOW DRAWING DOWN ON THOSE RESERVES AS PART OF OUR STRATEGIC PLAN TO EXPAND CARE AND ADVANCE CRITICAL PRIORITIES, AND THE PACE MATTERS.

WE NEED TO MAKE

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THOSE INVESTMENTS IN EXPANDING HEALTHCARE ACCESS WHILE PRI - PRESERVING THE FINANCIAL STABILITY TO SUSTAIN THOSE SERVICES.

UM, I ALSO WANNA SAY THAT THIS BUDGET IS BEGINNING TO DIVERSIFY, UM, OUR REVENUE SOURCES THROUGH PATIENT THIRD-PARTY REVENUE.

WE'VE, WE ARE IN THE PROCESS OF, UM, ENROLLING IN, UH, UH, MEDICAID AND MER - M-MEDICARE SO WE CAN RECEIVE THOSE CLAIM REVENUES.

COMMUNITY CARE ALREADY DOES THAT.

WE ARE BEGINNING TO DO THAT ON THE SPECIALTY CARE SERVICES THAT CENTRAL HEALTH PROVIDES.

AND AS PAT MENTIONED, WE'VE CREATED A FOUNDATION TO ALSO HELP US BRING IN NON-TAX REVENUE.

SO IT'S GOING TO TAKE TIME TO DIVERSIFY OUR FIR - OUR FUTURE REVENUE SOURCES, BUT WE'RE, WE'RE ON OUR WAY TO DOING THAT.

OKAY.

I'M, I'VE GOT A COUPLE MORE SLIDES ON THE BUDGET, BUT I, I WANNA MAKE SURE WE HAVE ENOUGH TIME TO GET TO, UH, MENTAL HEALTH.

SO I'M GONNA JUST HIT SOME HIGHLIGHTS REAL QUICK.

THIS, THIS SLIDE, REALLY THE KEY TAKEAWAY, UM, AND WHAT WE WANT YOU TO, TO KNOW IS THAT OVER THE PAST YEAR, WE'VE MADE SIGNIFICANT PROGRESS BUILDING A MORE INTEGRATED CENTRAL HEALTH SYSTEM, UM, THAT INCLUDES CENTRAL HEALTH, COMMUNITY CARE, AND SENDERO.

AND THAT'S, UM, WHAT'S INCLUDED IN THAT, IT'S, IT'S BRINGING KEY FUNCTIONS AND OUR TEAMS TOGETHER ACROSS THE SYSTEM, UH, FOR EXAMPLE, UNIFYING LEADERSHIP FOR THE HEALTHCARE FOR OUR HOMELESS, INTEGRATING OUR DATA SYSTEMS TEAM SO WE CAN BETTER TRACK CARE, UH, AND OUTCOMES ACROSS THE SYSTEM.

IT'S ALIGNING PHARMACY, ELIGIBILITY SCREENING, SUPPLY CHAIN AND FACILITIES OPERATION, OPERATIONS.

EACH OF THOSE CHANGES IS HELPING US OPERATE MORE ON ONE COORDINATED SYSTEM, REDUCING DUPLICATION, MAKING IT EASIER FOR OUR PATIENTS TO MOVE BETWEEN SERVICES AND USING TAXPAYER RESOURCES MORE EFFICIENTLY.

SO OUR FISCAL YEAR BUDGET BUILDS ON THAT PROGRESS.

WE HAVE WORKED TO ALIGN OVERLAPPING INVESTMENTS ACROSS THE SYSTEM, AND THAT'S THE, THE BOTTOM HALF OF THAT SLIDE THERE.

UM, WE'RE ENSURING THAT OUR PATIENTS CAN MAINTAIN HEALTH COVERAGE AND EXPANDED ACCESS TO PRIMARY CARE.

AND YOU'LL SEE THAT WE'VE INVESTED 18.9 MILLION IN COMMUNITY CARE IN THIS, UM, NEXT BUDGET.

UM, THAT'S IN ADDITION TO SIGNIFICANT INVESTMENTS THAT WE MADE IN FISCAL YEAR 2026 OF 100 MILLION.

BUT REALLY, THIS IS EXPANDING COMMUNITY CARE'S ABILITY TO, TO EXPAND PRIMARY CARE AND CRITICAL SERVICES IN OUR COMMUNITY, INCLUDING DENTAL CARE AND WOMEN'S HEALTH AND IN-HOUSE LABORATORY SERVICES, SERVICES.

SO FOR, FOR SENDERO, THE FOCUS IS ON MAINTAINING THE FINANCIAL STRENGTH REQUIRED OF A COMMUNITY-BASED HEALTH PLAN.

UH, BASED ON S- SENDERO'S PROJECTED 2025 AND 2026 FINANCIAL RESULTS, CENTRAL HEALTH IS BUDGETING A 30 MILLION CAPITAL INVESTMENT IN FISCAL YEAR 27 TO MAINTAIN THE CAPITAL LEVELS REQUIRED BY THE TE- TEXAS DEPARTMENT OF INSURANCE AND SUPPORT THE PLAN'S CONTINUED FINANCIAL STABILITY.

UM, ALSO, WE ARE INCREASING PREMIUM ASSISTANCE DOLLARS, WHICH ALLOWS SENDERO TO SLI- SLIGHTLY INCREASE ITS CURRENT PROGRAMS AND MEMBERSHIP LEVELS DESPITE CHANGES IN BROADER COVERAGE, THE BROADER COVERAGE ENVIRONMENT.

I'M GONNA MOVE ON TO THE NEXT SLIDE HERE.

SO THIS, UM, REALLY THIS IS, UH, OUR BOARD APPROVED STRATEGIC INITIATIVES FOR FISCAL YEAR 27.

THERE ARE FOUR CATEGORIES THAT YOU WILL SEE THERE, UH, CREATING SEAMLESS CARE JOURNEYS FOR OUR PATIENTS, EMPOWERING AND DEVELOPING OUR TEAM, UH, DEMONSTRATING THE VALUE OF COMMUNITY SUPPORT AND BUILDING A COMPREHENSIVE EQUITABLE SYSTEM.

AND THERE'S A, A LOT HERE ON THIS SLIDE, AND THIS DOES NOT COVER IT ALL, BUT LET ME, UM, JUST SHARE A FEW HIGHLIGHTS.

WE ARE INVESTING, UM, AS PART OF THE STRATE- STRATEGIC PRIORITIES, 28 MILLION IN, UM, CONTINUE, IN CONTINUING TO IMPLEMENT OUR BOARD APPROVED STRATEGIC PRIORITIES.

UM, THERE'S 19.5 MILLION TO EXPAND ACCESS TO HEALTHCARE SERVICES STARTING, UH, WITH THE OBJECTIVE OF CREATING SEAMLESS CARE JOURNEYS.

AND THAT INCLUDES, UM, SPECIALTIES LIKE GENERAL SURGERY, PODIATRY, CARDIOLOGY, MENTAL HEALTH, SUBSTANCE USE SERVICES, AND CARE NAVIGATION.

THIS INCLUDES FUNDING, UH, NEW PROVIDERS AND EXPANDED CLINICAL TEAMS TO PROVIDE ACCESS AND REDUCE WAIT TIMES TO BUILD ON THE PROGRESS FROM, UH, 2026, AS DR.

LEE MENTIONED.

AND, UM, IT ALSO INCLUDES, UM, UM, THE STAFF

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TO ASSIST WITH PATIENTS, ASSIST PATIENTS IN NAVIGATING THE HEALTHCARE SYSTEM AND STAY CONNECTED TO CARE, INCLUDING PATIENTS WITH COMPLEX MEDICAL NEEDS, CANCER PATIENTS, AND PEOPLE LEAVING THE EMERGENCY DEPARTMENT, PATIENTS IN SKILLED NURSING FACILITIES AND PA - AND PEOPLE WHO NEED HELP SECURING HOUSING.

UM, ADDITIONALLY, THERE WAS A 1.5 MILLION FOR JUSTICE INVOLVED CARE ADDED AS PART OF THAT MENTAL HEALTH RESERVE.

YOU CAN SEE SOME OF THE OTHER INVESTMENTS IN THE OTHER AREAS, BUT I'M, AGAIN, JUST, YOU KNOW, UH, BEING MINDFUL OF TIME.

I'M, I'M GOING TO GO AHEAD AND, UH, PASS IT OVER TO MONICA CROWLEY AND SYDNEY HARRIS, BECAUSE I KNOW YOU REALLY WANNA HEAR ABOUT OUR MENTAL HEALTH INVESTMENTS.

THANK YOU.

UM, AND ACTUALLY, PEARL, I MIGHT TAKE THE FIRST SLIDE HERE IF I MAY - OKAY, GREAT.

ON THE, UH, ON THE ICEBERG SLIDE.

SO, UH, NEXT SLIDE, PLEASE.

YES.

UH, SO THANK YOU, PERLA.

WITH THAT CONTEXT, UH, UH, UM, COUNCIL MEMBERS, THIS MORNING, WE WANNA DIVE A LITTLE DEEPER INTO THOSE MENTAL HEALTH CRISIS AND RECOVERY CARE INVESTMENTS PERLA JUST DESCRIBED HOW THE WORK IN PRACTICE WHEN OUR VISION IS ACTUALIZED.

UH, I BELIEVE, UM, UH, ALL COUNCIL MEMBERS SAW THIS FRAMEWORK DURING YESTERDAY'S BRIEFING, SO I WON'T DUPLICATE, UM, THAT, BUT WE, BRIEFLY, WE USE THIS ICEBERG TO ILLUSTRATE THE FULL ECOSYSTEM OF CRISIS AND RECOVERY CARE INVESTMENTS THAT WE'RE MAKING IN FY27.

THE TIP OF THAT ICEBERG, AGAIN, IT'S THE, THE SYMPTOMS WE SEE OF A DEEPER UNDERLYING PROBLEM, THE MOST VISIBLE CONSEQUENCES OF THE GAPS IN OUR SYSTEM TODAY.

UM, THERE ARE FOLKS, UH, YOU HEARD ABOUT WHO CYCLE REPEATEDLY TO THE EMERGENCY ROOM, LAW ENFORCEMENT, JAIL, AND THE STREET, UM, BECAUSE THE RIGHT CARE HAS NOT BEEN AVAILABLE AT THE RIGHT TIME.

UM, AND SO, UH, OUR GOAL IS TO BUILD A SYSTEM THAT HAS THE, UH, SYSTEM WITHOUT EDGES WHERE FOLKS CAN GET THE CARE THEY NEED WHEN THEY NEED IT, UM, AND THEY HAVE A CLEAR, APPROPRIATE PLACE TO GO, UH, AT A TIME OF CRISIS AND AFTER THE CRISIS.

SO THE INVESTORS AT THE TOP OF THAT ICEBERG, UH, BELOW THE WATERLINE THERE INCLUDE NEW PSYCHIATRIC EMERGENCY, INPATIENT CAPACITY, AND THE MENTAL HEALTH CRISIS CENTER.

UM, AND BELOW THAT SURFACE DEEPER ARE THE BROADER SERVICES AND PROGRAMS THAT HELP PEOPLE EARLIER IN THEIR JOURNEY SUPPORT THEIR RECOVERY, EVEN IF THEY'RE EXPERIENCING HOMELESSNESS OR ADDICTION, UM, AND KEEP THEM CONNECTED TO THAT CARE OVER TIME.

SO WITH THAT BRIEF OVERVIEW, I'LL PASS OVER TO MONICA CROWLEY TO DIVE INTO THOSE LARGER INVESTMENTS AND HOW WE'RE FUNDING THEM.

MONICA? THANK YOU.

UM, NEXT SLIDE, PLEASE.

UH, THANK YOU.

I'M MONICA CROWLEY.

THANK YOU AGAIN FOR HAVING US HERE THIS MORNING.

UM, SO HERE IS HOW WE ARE PAYING FOR THE ADDITIONAL INVESTMENTS, UM, THAT DR.

LEE JUST MENTIONED AND THAT PERLA MENTIONED IN THE BUDGET.

PRIMARILY, CENTRAL HEALTH IS USING THE ADDITIONAL PROPERTY TAX REVENUE THAT WAS GENERATED FROM THE SIX, 6% TAX INCREASE THAT WAS APPROVED, UH, BY THE CENTRAL HEALTH BOARD AND THE TRAVIS COUNTY COMMISSIONER'S COURT.

UM, WE'RE ALSO USING \$18.5 MILLION FROM A TXDOT SETTLEMENT ASSOCIATED WITH THE, UH, IH35 EXPANSION EMINENT DOMAIN CASES.

THEY'RE TAKING A LARGE PART OF THE PARKING LOT, UM, AT THE HANCOCK CENTER CLINICAL, UH, AND ADMINISTRATIVE SITE THAT PAT JUST MENTIONED.

AND SO, UH, WE'RE USING THAT \$18.5 MILLION SETTLEMENT, UH, TO DESIGNATE FUNDS FOR THESE NEW MENTAL HEALTH INVESTMENTS.

UM, AND WE'RE ALSO TAKING DOLLARS FROM THE CONTINGENCY RESERVE THAT, UM, PARLA MENTIONED EARLIER.

WE'RE TAKING 13 MILLION FROM THE CONTINGENCY RESERVE SPECIFICALLY TO FUND, UH, THE \$53.6 MILLION IN NEW MENTAL HEALTH INVESTMENTS NEXT YEAR.

NEXT SLIDE, PLEASE.

UM, THIS IS A SLIGHTLY, UH, DIFFERENT, DEEPER DIFFERENT LOOK AT THE NEW APPROXIMATELY 54 MILLION THAT WERE ADDED IN THE BUDGET FOR MENTAL HEALTH INVESTMENTS.

UM, THIS IS DETAIL OF THAT TOP PART OF THE ICEBERG SLIDE THAT DR.

LEE, UH, WENT THROUGH A, A MINUTE AGO.

THE LARGEST COMPONENT OF THIS \$54 MILLION IS \$33.1 MILLION THAT ARE DESIGNATED FOR THE CONSTRUCTION AND OPERATION OF INPATIENT PSYCHIATRIC EMERGENCY CARE CAPACITY.

TRAVIS COUNTY CURRENTLY LACKS A DEDICATED PSYCHIATRIC EMERGENCY DEPARTMENT, AND THIS INVESTMENT WILL SUPPORT 22 INPATIENT PSYCHIATRIC BEDS AND 10 PSYCHIATRIC EMERGENCY DEPARTMENT BAYS TO ADDRESS THAT, UH, CRITICAL GAP IN SERVICES TODAY.

WE'VE ALSO DEDICATED \$16 MILLION TO, UH, THE ESTABLISHMENT OF A MENTAL HEALTH CRISIS CENTER.

IN PARTNERSHIP

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WITH THE CITY OF AUSTIN, TRAVIS COUNTY, AND OTHER PARTNERS LIKE INTEGRAL CARE AND THE UNIVERSITY OF TEXAS.

UH, THAT INCLUDES \$13 MILLION FOR PLANNING, STARTUP, AND OPERATING SUPPORT ALONG WITH \$3 MILLION THAT IS DESIGNATED FOR FI - FOR...

IT'S DESIGNATED IN FISCAL YEAR 2027 TO SUPPORT THE TRANSITION, UH, OF THE SOBERING CENTER TO BE FOLDED IN AS PART OF THAT CRISIS CENTER, UH, AS EARLY AS FISCAL YEAR 2028.

THE REMAINING FIVE MENTAL HEALTH INVESTMENTS IN THIS SECTION SUPPORT ADDITIONAL CRISIS CARE AND JAIL HEALTH TEAMS, AS WELL AS MEDICATED ASSISTED TREATMENT AND FUNDING FOR LONG-ACTING INJECTABLE MEDICATION.

ALL OF THESE INVESTMENTS CENTRAL HEALTH IS MAKING TOTAL UP TO THE \$127.5 MILLION IN CRISIS AND RECOVERY CARE THAT YOU SAW IN THE ICEBERG.

THIS IS CLOSELY ALIGNED WITH THE GOALS OF THE NO WRONG DOOR INITIATIVE, AS WELL AS WITH TRAVIS COUNTY'S ONGOING JAIL DIVERSION AND DEFLECTION EFFORTS.

UH, IF THE CITY, THE COUNTY, AND OTHER PARTNERS, UM, COMMIT RESOURCES ALONGSIDE CENTRAL HEALTH'S, WE CAN DO EVEN MORE TO HELP PEOPLE MOVE OUT OF REPEATED CRISES AND STAY CONNECTED TO CARE.

NOW I'LL PASS THINGS OFF TO SYDNEY HARRIS TO PROVIDE MORE DETAIL ON THE MENTAL HEALTH CRISIS CENTER COMPONENT AND THE FUTURE MENTAL HEALTH CONTINUUM OF CARE.

THANK YOU, MONICA.

AND THANK YOU ALL FOR HAVING US THIS MORNING.

UM, Y'ALL SAW THIS YESTERDAY.

IT'S, IT'S KIND OF A PHASED APPROACH, AND I DO WANNA SAY THIS IS A PROPOSED TIMELINE.

UM, WE HOPE EVERYTHING CAN HAPPEN WITHIN THE TIMELINES AS ESTIMATED, BUT THAT DOES REQUIRE A LOT OF PARTNERS AND INDIVIDUALS TO SAY YES AND GIVE US SOME GREEN LIGHTS.

UM, MONICA, PAT, AND OTHERS AT THE TABLE INDICATED PHASE ONE IS FILLING THE GAP NEEDED THAT, UM, THE PSYCHIATRIC TRIAGE EMERGENCY AND THE PSYCH INPATIENTS THAT ARE CURRENTLY MISSING IN TRAVIS COUNTY TODAY ARE DEFINITELY NEEDED.

WE ALSO HAVE OUR PARTNERS AT INTEGRAL CARE WHO ARE LOOKING AT THEIR HERMANN CENTER TO SEE IF THEY CAN TRANSITION THEIR 16 BEDS INTO AN INPATIENT STANDING TO ALSO SUPPORT THE IMMEDIATE NEED, UM, AS AN ACCELERATED EXPANSION.

WHAT I WOULD LIKE TO SHARE MORE ON IS THE MENTAL HEALTH CRISIS CENTER, WHICH WE'VE BEEN WORKING TOWARDS AND IS A ONE-STOP SHOP, AS WE CALL IT, UH, FOR ANYBODY EXPERIENCING A MENTAL HEALTH CRISIS.

THAT CAN BE ANYBODY, UM, YOU KNOW, A MOTHER, A STUDENT FROM UT, A STUDENT FROM ACC, UH, YOUR INDIVIDUALS THAT MIGHT BE UNHOUSED EXPERIENCING A CRISIS MOMENT.

THIS PLACE IS FOR EVERYONE.

UM, IT IS THE ONE IN FIVE THAT ARE EXPERIENCING MENTAL ILLNESS AND MENTAL ILLNESS DOESN'T DISCRIMINATE, AND SO NEITHER WILL THIS PLACE MET THE MENTAL HEALTH CRISIS CENTER.

WE ARE LOOKING AT 40 ADULT TRIAGE BEDS AND POTENTIALLY SIX YOUTH.

I'LL TOUCH BASE ON THE YOUTH POTENTIAL IN THE MOMENT.

WE'RE LOOKING TO HAVE 16 EXTENDED OBSERVATIONS.

SO ONCE AN INDIVIDUAL IS TRIAGED, THEY MIGHT NEED A LONGER STAY.

SO YOU GO TO THE ER, SO TO SPEAK, FOR A BROKEN ARM, YOU GET TO GO HOME.

BUT IF YOU GO IN FOR SOMETHING MORE SEVERE, YOU NEED A LONGER TERM STAY.

MENTAL HEALTH HAS A LONG RUNWAY.

SO WHAT WE'RE LOOKING TOWARDS IS HOW DO WE ALLOW THAT RUNWAY TO NOT ONLY BE WITHIN THE MENTAL HEALTH CRISIS CENTER, BUT THROUGHOUT THE CONTINUUM OF CARE? SO EXTENDED OBSERVATION ALLOWS INDIVIDUALS TO STAY UP TO 23 HOURS ALL THE WAY TO 72 HOURS.

WE ALSO HAVE, UM, OUR PSYCH INPATIENT, EXCUSE ME, WHERE WE HAVE 48 ADULT BEDS AND 12 YOUTH.

UM, AGAIN, THERE ARE A GAP OF BEDS IN THE COMMUNITY, AND SO WE WANT TO SEE AN INCREASE IN BEDS.

I'M SO SORRY.

AN INCREASE IN BEDS, UH, THROUGH THIS PSYCH INPATIENT.

AND ONE THING IN OUR RESEARCH THAT WE'VE SEEN IS SEVERAL INDIVIDUALS ACROSS THE COUNTRY HAVE LESSONS LEARNED OF NOT INCLUDING SOBERING AND WITHDRAWAL WITHIN THEIR CRISIS CENTERS.

UM, SO RATHER THAN NOT DOING IT, JUST DO IT NOW.

AND WE ANTICIPATE THIS WOULD BE A GREAT CENTER THAT THE SOBERING CENTER COULD TRANSITION, OF COURSE, WITH OUR BOARD APPROVAL, UM, WHEN WE GET TO THAT IN THE FUTURE.

AND THEN OF COURSE, THE CRISIS RESIDENTIAL, THAT IS THE EXTENDED EVEN BEYOND JUST THE SEVEN TO 10 DAYS IN INPATIENT, BUT YOU CAN GO UP TO 16 DAYS, UM, FOR INDIVIDUALS THAT NEED A LONGER STAY FOR MENTAL HEALTH.

AGAIN, IT'S A LONG RUNWAY FOR INDIVIDUALS WHO, UM, ARE LIVING WITH A MENTAL ILLNESS. ALONG WITH ALL OF THESE BEDS OR CHAIRS OR RECLINERS, WE ALSO HAVE INTEGRATED CARE. SO WE'LL ALL ALWAYS INCLUDE THE PRIMARY CARE PHYSICIANS.

WE WOULD LIKE TO SEE

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DENTAL CHAIRS HERE TO RECEIVE DENTAL SERVICES, UH, LEGAL SERVICES FOR INDIVIDUALS THAT ARE COMING THROUGH THE LEGAL JUSTICE SYSTEM.

AGAIN, 60% OF INDIVIDUALS ENTER THE MENTAL HEALTH CARE SYSTEM THROUGH THE JAIL SYSTEM.

WE ALSO WANT TO INCLUDE PEER SUPPORT, CASE MANAGEMENT, UM, AND BENEFIT SUPPORT.

SO REALLY THE WRAPAROUND SERVICES ALONG WITH THOSE BEDS ALL IN ONE SITE TO SERVE OUR INDIVIDUALS IN NEED.

OUR PARTNERS AT TRAVIS COUNTY HAVE BEEN LOOKING AND RESEARCHING SINCE 2023 ON DIVERSION DEFLECTION.

UM, AND WHAT WE WOULD LIKE TO PROPOSE THROUGH THE RESEARCH THAT DEL MED HAS DONE IS A MENTAL HEALTH CRISIS CENTER JUSTICE ANNEX.

SO THIS WOULD BE TIED TO THE CENTRAL BOOKING THAT TRAVIS COUNTY IS CURRENTLY, UH, REDESIGNING AND PROPOSING TO BUILD FOR OUR COMMUNITY.

INDIVIDUALS, WE HOPE, NEVER HAVE TO REACH THE JAIL THAT MIGHT HAVE A MENTAL ILLNESS, BUT UNFORTUNATELY, SOMETIMES THEY DO, OR THEY ARE, UM, POTENTIALLY TOO INTOXICATED TO RECEIVE CARE OUTSIDE OF THE CENTRAL BOOKING AREA OR TOO AGGRESSIVE.

THEREFORE, WE WILL NOT BE ABLE TO TRIAGE THEM IN A TRAUMA-INFORMED SPACE AT CENTRAL BOOKING, WHICH WOULD BE THIS JUSTICE ANNEX, AND THEN HOPEFULLY DISCHARGE TO THE MENTAL HEALTH CRISIS CENTER, WORKING VERY COLLABORATIVELY SO THOSE INDIVIDUALS CONNECT FROM ONE PLACE TO THE NEXT.

AND THEN IN THE FUTURE, WE WOULD LIKE TO SEE A STEP DOWN.

INDIVIDUALS NEED, UM, CRISIS RESIDENTIAL OR CRISIS REPS - RESPITE BEDS.

IN OUR COMMUNITY, WE DO HAVE SOME, BUT AGAIN, THE SERVICES WE HAVE IN TRAVIS COUNTY AND AUSTIN, TEXAS ARE NOT SCALED TO THE NEED.

SO WE WOULD LIKE TO SEE ABOUT 100 BEDS, UM, IN STEP DOWN IN THE NEAR FUTURE.

AND THEN OF COURSE, ONCE INDIVIDUALS GO THROUGH THE SYSTEM, IF THIS IS THEIR JOURNEY PATH, THEY CAN RETURN TO THEIR OUTPATIENT MENTAL HEALTH, SUBSTANCE USE, AND PRIMARY CARE ALONG WITH P- PERMANENT SUPPORTIVE HOUSING, UM, AND BACK TO THEIR COMMUNITY THAT THEY ARE LIVING IN.

OH.

SORRY ABOUT THAT.

UM, THIS IS KIND OF WHERE WE'RE LOOKING AT, UH, FOR A POTENTIAL LOCATION FOR A MENTAL HEALTH CRISIS CENTER.

UM, I WANNA JUST KIND OF ORIENT EVERYONE INTO WHERE THIS BLOCK OF LAND IS.

UM, THE ORANGE PLOTS OF LAND, THOSE ARE LEASED BY UT, AND THE BLUE PLOTS OF LAND ARE THE CENTRAL HEALTH, UH, LAND THAT WE HAVE, UM, FORMERLY THE BRACKENRIDGE CAMPUS AREA, IF, IF YOU'RE FAMILIAR WITH, UM, THE BRACKENRIDGE AREA.

AND THEN, OF COURSE, AT THE TOP OF THE 15TH STREET, THAT'S THE DEL SETON HOSPITAL, ALONG WITH THE HEALTH LEARNING BUILDING.

UM, WHAT WE'RE LOOKING AT IS CURRENTLY CENTRAL HEALTH IS DOING A DOWNTOWN CAMPUS PLANNING, UM, WHICH WE HAVE BEEN PROBABLY EN- ENGAGED IN FOR SEVERAL MONTHS NOW.

UM, AND IN THE RESEARCH THAT WE FOUND, IT'S VERY IMPORTANT TO PLACE A MENTAL HEALTH CRISIS CENTER VERY CLOSE TO A HOSPITAL THAT'S ALREADY ESTABLISHED, AS WELL AS, UH, CENTRAL BOOKING.

UH, AND LAW ENFORCEMENT IN THE RESEARCH HAVE INDICATED THAT THEY WILL CHOOSE A PLACE TO DIVERT OR DEFLECT SOMEBODY IF THAT PLACE IS NEARBY.

THAT WAY, THEY CAN GO BACK TO THEIR STREET, UM, BACK TO SUPPORTING THE COMMUNITY.

AND SO, WITHIN THIS AREA, THE FORMER BRACKENRIDGE CAMPUS, IT'S ROUGHLY FIVE TO SEVEN MINUTES TO CENTRAL BOOKING, DEPENDING ON HOW MANY LIGHTS THEY MIGHT HIT.

AND THEN, OF COURSE, IT'S VERY CLOSE TO THE ESTABLISHED TRAUMA ONE HOSPITAL UP IN THE RIGHT...

I'M SORRY, EXCUSE ME, LEFT-HAND CORNER.

UM, SO THIS ALLOWS AN INDIVIDUAL TO BE DIVERTED EASILY FROM THE JAIL SYSTEM, AND IT ALSO ALLOWS AN INDIVIDUAL, IF THEY ARE TO BE EXPERIENCING A MEDICAL CRISIS, EASILY TRANSFERRED OVER TO THE HOSPITAL AS NECESSARY.

UM, I HAD ONE OTHER POINT AND I FORGOT.

SHOOT.

OKAY.

UM, WITH THAT, UH, I'M GONNA SEND IT OVER TO DR.

LEE, AND MAYBE IT'LL COME BACK TO ME, BUT THANK YOU FOR YOUR TIME THIS MORNING.

ALL RIGHT.

THANK YOU, SYDNEY.

SO, KASMUS, WITH THAT, IT'S BEEN A PLEASURE TO PRESENT TO YOU TODAY.

UM, THANK YOU ALL FOR YOUR ONGOING PARTNERSHIP AND YOUR LEADERSHIP IN OUR COMMUNITY, AND WE'RE HAPPY TO, UH, TAKE ANY QUESTIONS YOU MAY HAVE.

THANK YOU.

THANK YOU.

AND, UH, DR.

PAT LEE, SORRY, I WAS CALLING YOU DR.

PAT, BUT DR.

LEE, UH, THANK YOU SO MUCH FOR YOUR VISIONARY LEADERSHIP.

I MEAN, ABSOLUTELY INCREDIBLE WHAT YOU'VE BEEN ABLE TO DO ALONG WITH YOUR BOARD OF DIRECTORS, UM, WITH CENTRAL HEALTH.

SO JUST IMMENSELY GRATEFUL FOR YOUR LEADERSHIP AND, AND PLEASED WITH WHAT YOU'VE ACCOMPLISHED.

SO KUDOS.

THANK YOU, CHAIRMAN.

COLLEAGUES, ANY QUESTIONS? YES, VICE CHAIR DUCHEN.

THANK YOU, CHAIR.

I'LL TRY AND KEEP THIS QUICK BECAUSE I KNOW WE'RE SHORT ON TIME.

THERE ARE JUST TWO THINGS I'D LIKE TO FOLLOW UP WITH Y'ALL ON.

ONE IS TO UNDERSTAND, I THINK YOU'VE GOT THAT SLIDE YOU JUST WENT THROUGH.

IT'S THE S - IT'S THE PHASE SLIDE FOR THE CONTINUUM OF CARE AND PROPOSED TIMELINE TO UNDERSTAND SPECIFICALLY HOW THOSE DIFFERENT, THE STEP DOWN, THE ANNEX, THE CRISIS CENTER, AND THE EMERGENCY PSYCH KIND OF INTERACT WITH EACH OTHER, NOT NECESSARILY THE TIMELINE OF WHEN YOU'RE DEVELOPING THEM, BUT WHEN THEY ARE DEVELOPED, HOW

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THEY'RE GONNA SORT OF INTERACT WITH ONE ANOTHER AND HOW THAT RELATIONSHIP LOOKS LIKE.

THE OTHER THING I WANTED TO JUST...

WE'LL FOLLOW UP ON IS, UM, JUST SOME BUDGETARY QUESTIONS.

I MEAN, IT LOOKS LIKE, IF I'M INTERPRETING THIS CORRECTLY, YOU'RE MAINTAINING A INCREDIBLY LARGE RESERVE BALANCE TO IT SOUNDS LIKE AN ACCOUNT FOR THE, THE GROWTH AND

THE FLEXIBILITY THAT'S BEING USED TO PAY FOR EVERYTHING FROM CAPITAL EXPENSES TO, UM, PERSONNEL, IT SOUNDS LIKE, TO STARTING THE, THE MENTAL HEALTH PROGRAMS THIS YEAR.

BUT IT ALSO LOOKS LIKE YOU'RE RUNNING, IF I'M, AGAIN, INTERPRETING THIS CORRECTLY, YOU'RE RUNNING SIGNIFICANT DEFICITS AS A RESULT OF THAT, EVEN WITH THE INCREASED TAXES.

SO I'VE JUST GOT SOME QUESTIONS BECAUSE THAT SEEMS LIKE A VERY UNUSUAL MODEL BASED ON WHAT I'M FAMILIAR WITH, AND MAYBE THAT'S APPROPRIATE FOR A SORT OF A GOVERNMENT CORPORATION STYLE ENTITY, BUT I'LL FOLLOW UP ON THAT BECAUSE IT...

THERE ARE THINGS THAT DON'T MAKE A LOT OF SENSE TO ME, OR MAYBE THERE'S MAYBE A, A MORE TRANSPARENT WAY THAT YOU CAN SHOW HOW THAT LARGE CONTINGENCY IS BEING USED FOR DIFFERENT THINGS, BECAUSE IN MY EXPERIENCE, USUALLY WHEN YOU'VE GOT THAT, IT'S EITHER FOR CONTINGENCY RESERVE THINGS OR IT'S FOR, UM, LET'S SAY FOR CAPITAL PROJECTS OR IT'S FOR SOMETHING VERY SPECIFIC, NOT FOR A SORT OF FLEXIBLE FUND THAT'S BEING USED FOR EVERYTHING.

AND I DON'T KNOW IF I'M MISCHARACTERIZING THING, BUT THAT'S KIND OF HOW I'M INTERPRETING WHAT I'M SEEING.

IS THAT A FAIR INTERPRETATION? UM, WELL, THANK YOU, VICE CHAIR DUCHENNE.

I THINK I HEARD, UH, TWO QUESTIONS.

UM, FOR THE FIRST ONE, I'LL TOUCH BRIEFLY AND INVITE MY COLLEAGUES TO EXPAND IF THEY WOULD LIKE.

UM, SO INPATIENT PSYCH- PSYCHIATRIC BEDS, THAT'S SORT OF THE HIGHEST LEVEL OF ACUITY CARE THAT MIGHT TAKE A REFERRAL POTENTIALLY FROM A DIFFERENT HOSPITAL SETTING.

IT WOULD BE, UM, A PLACE THE MENTAL CRISIS CENTER COULD REFER SOMEONE TO IF THEY NEEDED, UH, MORE INTENSIVE INPATIENT CARE BEYOND, LET'S SAY, THE FIRST EIGHT DAYS OF HOSPITALIZATION THAT MIGHT OCCUR AT THE CRISIS CENTER.

THE CRISIS CENTER ITSELF SITS AT THE FULCRUM POINT OF A CONTINUUM IN WHICH WE WANNA TRY TO TAKE CARE OF PEOPLE IN THAT MOMENT OF CRISIS SO THAT THEIR NEXT STEP COULD MORE LIKELY BE IN A STEP DOWN OR COMMUNITY SETTING.

WE WANNA KIND OF HELP THEM GET TO THE, THE MORE STABLE SIDE OF THAT CONTINUUM, IF YOU WILL.

NOT EVERYBODY WILL DO THAT, AND SO SOME FOLKS MAY HAVE TO GO THE OTHER WAY.

UM, BUT THAT CRISIS CENTER, WE HOPE, WILL SHIFT THE OVERALL BALANCE OF CARE MORE TOWARDS STABLE COMMUNITY-BASED SETTINGS.

AND THEN STEP DOWN IS THAT PLACE WHERE COMING OUT OF THE INPATIENT PSYCH OR THE MENTAL HEALTH CRISIS CENTER, YOU MIGHT NEED 30 TO 90, UH, OR EVEN 120 DAYS, UM, TO CONTINUE TO RECOVER BEFORE YOU CAN FIND YOUR WAY TO THAT APPROPRIATE MENTAL HEALTH ENRICHED PERMANENT SUPPORTIVE HOUSING SITUATION OR OUT IN A COMMUNITY SETTING.

SO THESE ARE ALL COMPONENTS OF A SYSTEM OF CARE WHERE WE'RE MISSING SOME KEY PIECES, AND WITH THOSE MISSING PIECES, WE SEE, UM, THE LACK OF FLOW IN FOLKS BACKING UP IN AREAS LIKE OUR EDS OR THE AUSTIN STATE HOSPITAL.

THE CONTINGENCY QUESTION IS A REALLY GOOD ONE.

THERE'S A FEW COMPONENTS OF THAT.

UM, ONE OF WHICH IS THAT, UM, OUR, UH, OUR FISCAL DISCHARGE IS OCTOBER 1ST, BUT THE TAX REVENUE SOURCE COMES IN ABOUT THREE MONTHS LATER.

SO WE SIMPLY HAVE A 90-DAY, UH, CASH, YOU KNOW, 90 TO 120 DAYS MINIMUM LESS YOU WANNA HAVE TO BORROW JUST TO MEET THE, THE DAILY OPERATIONAL COSTS.

SO, UH, YOU COULD THINK OF THAT FIRST 90 TO 120 DAYS AS JUST THE RESULT OF WHERE OUR FINANCIAL, UH, RESOURCES COME IN TYPICAL YEAR.

THE SECOND KEY COMPONENT IS THAT THE, UH, SEVEN-YEAR HEALTHCARE EQUITY PLAN, UH, OR CRITICAL ACCESS PLAN, IF YOU WILL, THAT THE BOARD APPROVED, UM, HAD A, UH, INTENTIONAL PLAN TO BUILD UP A CERTAIN AMOUNT OF RESOURCES AND THEN SPEND THEM DOWN OVER SEVEN YEARS.

SO WE ARE ENTERING YEAR FOUR.

THERE'S A COMPONENT OF THIS THAT IS A PLANNED SPEND DOWN TO SMOOTH, IF YOU WILL, UM, SOME OF THE, UM, PEAKS AND VALLEYS THAT COULD OTHERWISE OCCUR WITH THE NOTION THAT WHEN YOU'RE BUILDING A NEW HEALTH SYSTEM, UM, UNCERTAINTY AND PEAKS AND VALLEYS ARE, ARE, ARE NOT, NOT VERY HELPFUL.

UM, A THIRD KEY COMPONENT IS ACTUALLY THE CENTRAL HEALTH BUDGET, UM, IS THE, UM, FOUNDATION FOR COMMUNITY CARE AND SENDERO.

SO FOR CONTEXT, THE CENTRAL HEALTH INVESTMENT IN COMMUNICARE WAS APPROXIMATELY 60 MILLION, UH, FOUR FISCAL CYCLES AGO.

IT'S 117 MILLION, UH, TODAY.

NOW, WE HAVE EXPANDED THE NUMBER OF FOLKS GETTING PRIMARY CARE, BUT THE COSTS HAVE RISEN FASTER THAN THAT GROWTH, UH, BECAUSE, UM, OF SO MANY PRESSURES, MEDICAID AND, UH, UH, DISENROLLMENT LEADING TO FOLKS NOT GOING WITHOUT COVERAGE, BUT MOVING FROM MEDICAID TO MAP, RIGHT, WHERE THAT'S A MUCH MORE EXPENSIVE, UH, UM, ON THE CENTRAL HEALTH BASIS COMPONENT.

UH, SIMILARLY, UM, 340B PHARMACY REBATE REVENUES HAVE, UH, DECREASED DRAMATICALLY.

UM, AND SO FACED WITH A CHOICE OF, UM, CUTTING SERVICES, CUTTING STAFF, UM, YOU KNOW, REDUCING ACCESS, UH, CENTRAL HEALTH'S BOARD HAS DETERMINED TO NOT DO THAT, BUT THAT HAS BEEN A SIGNIFICANT EXPENSE, ALMOST 60 MILLION,

[01:45:01]

ALMOST A DOUBLING OF THE ANNUAL INVESTMENT.

AND THAT'S THE KIND OF, UM, UNMET NEED THAT MONICA REFERRED TO IN, IN VERY SUBSTANTIAL TERMS. UH, THIS YEAR WITH CENDERO, UM, WE KNOW ACROSS THE COUNTRY, UH, A LOT OF FOLKS HAVE DROPPED OUT OF THE AFFORDABLE CARE ACT MARKETPLACE, AND NOT JUST RANDOMLY, BUT FOLKS WHO ARE GENERALLY HEALTHIER, FOLKS WHOSE PREMIUM DOLLARS WERE TYPICALLY OFFSETTING THE RISK OF A LOT OF SICKER PATIENTS.

UM, UH, WE, YOU KNOW, WE PRICED THIS NARROW PLAN TO TRY TO AVOID, UM, INCREASING COST TOO MUCH, BUT OUR COMPETITORS, UH, INCREASED BY SO MUCH MORE THAT WE EXPERIENCED A LOT OF WHAT'S CALLED ADVERSE SELECTION THIS YEAR.

A LOT OF FOLKS CAME IN WHO NEEDED A LOT OF CARE, NOT A LOT OF HEALTHY FOLKS CAME IN, AND THE COSTS HAVE SUBSTANTIALLY EXCEEDED THE REVENUES.

AND SO THAT'S THE 30 MILLION ADDITIONAL CAPITALIZATION YOU SAW.

THAT'S ALSO A DIRECT DRAW ON CENTRAL HEALTH RESERVES.

SO IN ORDER TO MANAGE THE, UM, SUBSTANTIAL KNOWN AND UNKNOWN UNCERTAINTY OF RUNNING A HEALTH INSURANCE PLAN IN THE MARKETPLACE AND RUNNING A LARGE HEALTH SYSTEM, UM, YOU KNOW, WITH, UH, DECLINING PRESSURES, ESPECIALLY IN SAFETY NET REVENUES, THE CENTRAL HEALTH RESERVE'S DOING ALL THAT WORK.

UH, FINALLY, AS WE GROW THIS BUDGET, UM, THERE ARE POINTS WHERE WE ARE ISSUING, UH, SOME PUBLIC DEBT.

WE DID THAT LAST YEAR.

UM, THE BOND RATING, UH, IS LINKED TO THE, UM, FINANCIAL HEALTH OF THE SYSTEM.

SO CURRENTLY, WE HAVE AA+ BOND RATING ALLOWS US TO ISSUE SOME OF THAT NECESSARY CAPITAL TO BUILD THIS SYSTEM WITHOUT EDGES AT AN AFFORDABLE COST, UH, FOR THE PUBLIC.

UM, THERE ARE OTHER DISTRICTS THAT HAVE FALLEN INTO, UH, VERY LOW BOND RATING TERRITORY THAT INCREASES THE COST SUBSTANTIALLY FOR THE PUBLIC.

SO IT'S AN ATTEMPT TO MAKE SURE THAT AS WE RESPONSIBLY GROW, WE CAN DO SO AT THE MOST AFFORDABLE COST.

UM, AND AS WE GROW, THE DAY-BY-DAY EXPENSES ALSO RISE.

SO THE 120 TO 150-DAY CASH ON HAND TARGET, WHICH IS A INDUSTRY STANDARD, UH, IN HEALTH SYSTEMS. THE BEST SYSTEMS ARE UP OVER 200 DAYS, AND AS YOU GET DOWN BELOW AROUND 70, 80 DAYS, YOU ARE IN JUNK BOND STATUS FOR A HEALTH SYSTEM.

SO THIS IS A ACTIVE CASH HUNGRY, UH, HEALTH SYSTEM STATUS.

12 - 150 DAYS CASH ON HAND GROWS IN ABSOLUTE NUMBERS AS OUR HEALTH SERVICES GROW.

UH, SO ALL THOSE THINGS COMBINED, UM, UH, ADD UP TO, YOU KNOW, WHAT, WHAT ACTUALLY, IF I'M HONEST, FEELS LIKE, UH, A POTENTIALLY INSUFFICIENT RESERVES AMOUNT GIVEN THE RATE OF SPEND.

WE WILL NEED TO, UM, WORK VERY HARD TO DIVERSIFY REVENUE STREAMS AND LEVEL OFF THE RATE OF DECLINE AS WE APPROACH THE BACK HALF OF THE SEVEN-YEAR PLAN.

UM, I HOPE THAT HELPS, UH, AND HAPPY TO FOLLOW UP OFFLINE.

YEAH, I'LL FOLLOW UP ONLINE.

I KNOW WE'VE GOT ON THE BRIEFING, SO I APPRECIATE YOUR ANSWERS AND WE'LL, AND WE'LL FOLLOW UP ON THAT.

THANK YOU.

THANK YOU.

THANK Y'ALL SO MUCH FOR THE INFORMATION.

WE APPRECIATE IT.

THANK YOU.

OKAY, COLLEAGUES, I'M GONNA MOVE US TO OUR LAST PRESENTATION BECAUSE WE ONLY HAVE 12 MINUTES LEFT FOR THIS CONVERSATION.

UM, NEXT

[4. Discussion and possible action regarding updates to the No Wrong Door initiative, a coordinated crisis response program, identifying permanent supportive solutions for high utilizers.]

UP, WE WILL HAVE...

UH, THIS IS JUST CONTINUING THE CONVERSATION THAT WE HAD YESTERDAY DURING WORK SESSION.

UM, I'D LIKE TO WELCOME ROBERT KINGHAM, OUR COURT ADMINISTRATOR WITH AUSTIN COMMUNITY CORP, AS WELL AS, UM...

OR THAT'S ALL I HAVE HERE FOR RECOGNITION, UM, FOR A DISCUSSION ON THE NO WRONG DOOR INITIATIVE, A COORDINATED CRISIS RESPONSE PROGRAM.

WELCOME.

THANK YOU.

UH, GOOD MORNING.

ROBERT KINGHAM, ADMINISTRATOR OF THE AUSTIN COMMUNITY COURT.

WE DO HAVE THE, A, A PRESENTATION THAT WAS EXACT SAME PRESENTATION THAT WE WENT OVER YESTERDAY, SO WE'RE NOT GONNA GO IN DEPTH AT ALL BECAUSE WE DON'T HAVE THE SHORT-TERM MEMORY OF GOLDFISH, AND WE'LL BE ABLE TO GET THROUGH IT.

UM, BUT I DO WANT TO JUST PROVIDE A BIT OF AN INTRODUCTION AND, UH, THEN JUST OPEN IT UP FOR, YOU KNOW, ANY QUESTIONS AND DIRECTIONS THAT YOU ALL MAY HAVE, UH, FOR US TODAY.

I'M VERY HAPPY, AGAIN, TO BE JOINED BY OUR PARTNERS ACROSS THE COMMUNITY WHO ARE REALLY LEADING THE NO WRONG DOOR EFFORT.

UM, SERGEANT TURNER WITH AUSTIN POLICE DEPARTMENT, CHIEF LUKE RITZ WITH EMS, DR.

LEE WITH CENTRAL HEALTH, JEFF RICHARDSON WITH INTEGRAL CARE, AND DAVID LEE, UH, WITH HOMELESS STRATEGIES AND OPERATIONS.

SO, A- AGAIN, NO WRONG DOOR REALLY BUILDS ON COUNCIL PRIORITIES THAT HAVE BEEN ESTABLISHED OVER SEVERAL, SEVERAL YEARS, UM, ADDRESSING HOMELESSNESS, STRENGTHENING OUR MENTAL HEALTH RESPONSE, AND CONNECTING PEOPLE TO HEALTHCARE AND HOUSING.

AND, UH, THIS WORK BRINGS THOSE PRIORITIES TOGETHER AROUND INDIVIDUALS WHOSE COMPLEX NEEDS REQUIRE SUSTAINED SUSPENSE FOR MULTI - FROM MULTIPLE PARTNERS.

SO LOCALLY, WE HAVE, UM, I THINK A STRONG FOUNDATION FOR THIS WORK, BUT DESPITE THAT FOUNDATION, SOME PEOPLE WITH OVERLAPPING MENTAL HEALTH, UM, SUBSTANCE USE, MEDICAL, AND HOUSING NEEDS CONTINUE TO CYCLE BETWEEN EMERGENCY SERVICES, HOSPITALS, THE STREETS,

[01:50:01]

AND THE JUSTICE SYSTEM.

SO NO WRONG DOOR AIMS TO CREATE, TO CREATE CONNECTIONS AMONGST THOSE PROGRAMS. REGARDLESS OF WHERE SOMEONE ENTERS THE SYSTEM, PARTNERS WORK TOGETHER TO UNDERSTAND THEIR CIRCUMSTANCES, DEVELOPED AN INDIVIDUALIZED APPROACH, AND CONNECT THEM TO APPROPRIATE CARE THAT INCLUDES COORDINATED CASE DISCUSSIONS, WARM HANDOFF TO PROVIDERS, AND ONGOING FOLLOW-UP.

THE GOAL OF NO WRONG DOOR IS GREATER STABILITY, STRONGER CONNECTIONS TO TREATMENT, AND HOUSING, AND FEWER RECURRING CRISIS.

SO OUR NEXT STEPS FOR NO WRONG DOOR ARE TO STRENGTHEN COORDINATION AND COLLABORATION, REFINE OUR OUTCOME MEASURES, IDENTIFY REMAINING SERVICE GAPS AND RESOURCE NEEDS, AND REPORT RESULTS SO THAT WE CAN ADJUST THE APPROACH AS WE LEARN ALL IN SUPPORT OF PRIORITIES THAT COUNCIL HAS ESTABLISHED.

SO I AM HERE ALONG WITH OUR PARTNERS TO ANSWER ANY QUESTIONS AND, UH, HEAR ANY FEEDBACK OR COMMENTS YOU HAVE REGARDING NO WRONG DOOR.

YES, THANK YOU.

AND, UH, WE HAVE A COUPLE OF DIRECTION, UH, MOTION SHEETS THAT COLLEAGUES HAVE BROUGHT FORTH.

AND SO WITH THAT, I'LL RECOGNIZE COUNCIL MEMBER VELASQUEZ, IF YOU WANNA KICK US OFF.

UH, THANK YOU, CHAIR.

COLLEAGUES, TODAY I'M BRINGING TWO, UH, BRINGING FORWARD TWO MOTIONS THAT PROVIDE SOME DIRECTION FOR THE NO WRONG DOOR INITIATIVE.

THE FIRST MOTION REQUESTS THE CITY MANAGER TO PROVIDE LEGISLATIVE UPDATES ON NO WRONG DOOR TO COUNCIL AND CONVENE A SUB-QUORUM OF COUNCIL MEMBERS TO HELP GUIDE LEGISLATIVE OBJECTIVES.

UH, THIS MOTION ALSO REQUESTS THAT THE MANAGER ADDRESS THE CONCERNS, QUESTIONS, AND, UH, PROPOSED SAFEGUARDS IN THE LETTER FROM THE ACLU TO, UH, C - ACLU OF TEXAS TO COUNCIL AND MAYOR.

THE SECOND MOTION REQUESTS THE CITY MANAGER TO CREATE A COMMUNITY ADVISORY GROUP TO PROVIDE FEEDBACK ON THE NO WRONG DOOR INITIATIVE.

UH, THIS IDEA COMES DIRECTLY FROM OUR COMMUNITY ADVISORY GROUP WITHIN THE AUSTIN FIRST PILOT, UH, THE RESPONSE SUPPORT TEAM FOR OUR HIGHL - OUR HIGH ACUITY- ACUITY MENTAL HEALTH INCIDENTS.

UM, THIS PROVIDES OPPORTUNITIES FOR EXPERT ORGANIZATIONS CURRENTLY NOT PART OF OUR MOU TO PROVIDE INSIGHT, GUIDANCE, AND FEEDBACK TO COUNCIL AND CITY STAFF.

UH, AS COLLEAGUES YESTERDAY AND SPEAKERS OVER THE LAST TWO DAYS HAVE SAID, UH, THIS PROGRAM HAS GREAT POTENTIAL TO DO GOOD ACROSS AUSTIN, BUT WE NEED TO MAKE SURE THAT IT'S COLLABORATIVE, HEALTH-FOCUSED, AND, UH, PATIENT-CENTERED, ESPECIALLY SINCE WE'RE TALKING ABOUT OUR MOST VULNERABLE NEIGHBORS, AND THESE TWO, UH, MOTIONS MOVE US CLOSER TO THE OUTCOME OUR COMMUNITY DESERVES.

THANK YOU, CHAIR.

THANK YOU, UH, COUNCIL MEMBER.

OKAY, SO LET'S TAKE UP MOTION NUMBER ONE FIRST.

UM, YOU'VE READ INTO THE RECORD WHAT IT IS, SO YOU MAKE THE MOTION FOR...

THIS IS COUNCIL MEMBER MOTION SHEET NUMBER ONE.

IS THERE A SECOND ON THE ITEM? SECONDED BY VICE CHAIR DUCHEN.

ANY DISCUSSION, QUESTIONS FOR THE COUNCIL MEMBER OR STAFF? YES, COUNCIL MEMBER LANE.

UM, I'M GONNA MAKE A COUPLE COMMENTS BEFORE I GET DIRECTLY TO THE MOTION SHEET, BUT IT IS INTERCONNECTED.

SO, UM, I THINK WE'VE HAD REALLY ROBUST DISCUSSION, WHICH I HAVE CERTAINLY APPRECIATED BEING ABLE TO BE PART OF.

UM, AND I'M VERY HAPPY THAT IT CAME...

THERE WAS AN OPPORTUNITY FOR FULL COUNCIL, AND THEN YOU INVITED ME HERE.

OTHERWISE, YOU KNOW, I OBVIOUSLY HAVE A PRETTY STRONG INTEREST IN THIS.

AND, UM, I THINK THAT YOU ALSO MENTIONED ANY ADDITIONAL GUIDANCE.

AND, YOU KNOW, I DIDN'T ACTUALLY QUITE FINISH MY COMMENTS YESTERDAY IN THE INTEREST OF TIME.

AND SO I'D LIKE TO LAY OUT WHAT I HEARD AND THEN WHAT I THINK GOING FORWARD, TOUCHING ON WHAT, UM, I DIDN'T SAY YESTERDAY, AND THEN IT'LL COME TO YOUR MOTION SHEET, COUNCIL MEMBER VELAZQUEZ.

UM, I THINK THAT WE ALREADY GOT CLEAR GUIDANCE FROM COUNCIL YESTERDAY ABOUT IMPROVED INCLUSION OF PUBLIC DEFENDERS IN THE PROCESS, WHICH IS KEY, UM, AND Y'ALL HAVE COMMITTED TO.

AND THEN, UM, WE HEARD, AND I CERTAINLY COMMENTED ON, WE'RE STARTING FROM A PLACE WHERE THERE ARE TOO MANY APD CONTACTS.

THERE'S THE COST THAT...

COST SAVINGS IS POSSIBLE.

EXCELLENT.

BUT TOO MANY APD CONTACTS, AND THEY ARE CURRENT.

APD CURRENTLY IS ALL THE WAY THROUGH THIS PROCESS AS A RESULT.

AND THE PIECE THAT I DIDN'T LAY OUT, AND I...

IT IS IMPORTANT TO ME THAT AS PART OF THIS IS I, I'M ONLY...

I'M DEFINITELY OKAY WITH THAT.

THIS IS A BRAND NEW PROGRAM.

WE START FROM WHERE WE START.

WE NEED TIME TO IMPLEMENT WITHIN WHERE WE ARE NOW.

BUT I THINK THAT THE COMMUNITY WILL FEEL MORE COMFORTABLE, AND I MYSELF WOULD ONLY BE COMFORTABLE IF, IF WE ALSO BEGIN TO TALK ABOUT WHAT PHASE TWO MIGHT LOOK LIKE.

AND SO WE HEARD ABOUT A BO - A BOND REQUEST TO ONLY RELEASE, UM, SOMEONE WHO IS IN CUSTODY TO A, A NO WRONGDOOR OFFICER.

THAT'S, TO ME, THAT IS AN IMPROVEMENT OVER, UM, M- MAYBE NOT THE PROCESS THERE, BUT OVER BEING RELEASED TO AN OFFICER WHO HADN'T HAD THAT SPECIALIZED TRAINING.

BUT I THINK A PHASE TWO WOULD LOOK LIKE THE CON- CONTACT NEEDS TO BE MADE WITH A MENTAL HEALTH PROFESSIONAL WHO'S CONNECTED WITH NO WRONGDOOR AS OPPOSED TO, UM, AN,

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AN OFFICER AND PERHAPS...

AND THAT WOULD BE IN COLLABORATION WITH THE PUBLIC DEFENDER'S OFFICE.

AND SO I THINK THAT THE WHOLE COMMUNITY WOULD FIND IT HELPFUL TO BEGIN TO LAY OUT WHAT THAT PHASE TWO IS JUST, UM, IN, IN A BIG PICTURE.

UM, AND, YOU KNOW, CURRENTLY, I DON'T...

I MEAN, INCLUDE MILESTONE TIMING IF YOU CAN, BUT AT LEAST LAY OUT THE GOALS THERE.

UM, AND THEN I WOULD...

I'M CALLING THIS PHASE THREE, BUT IT IS EQUALLY IMPORTANT.

UM, YOU KNOW, IT, IT...

WE WILL ONLY GET WHERE WE ACTUALLY WANT TO BE, WHICH COUNCIL WAS PRETTY CLEAR.

WE WANT TO PLACE A FOCUS ON, UM, PRE-ADJUDICATION DIVERSION AS OPPOSED TO POST.

UM, AND WE'RE ONLY GONNA GET THERE IF WE ACTUALLY MAKE THE CHANGES IN THE WAY THAT CALLS ARE ROUTED.

AND WE MOVE TO A PLACE WHERE A MENTAL HEALTH PROFESSIONAL IS, THEIR JUDGMENT IS TRUSTED ABOUT WHEN THEY NEED AN OFFICER AS OPPOSED TO WHAT WE HAVE NOW, WHICH IS AN OFFICER MORE SO DETERMINING WHEN MENTAL HEALTH COULD BE TRUSTED TO GO TO A CALL OR RESPOND TO IT.

UM, CERTAINLY THAT'S THE WAY IT'S EXPERIENCED ON THE GROUND IN MY DISTRICT ANYWAY.

AND SO WHAT I, I, I WOULD SUGGEST, UM, AND OF COURSE, I'M NOT A CHAIR OF ANY OF THESE COMMITTEES, SO YOUR MI - YOUR MILEAGE MAY VARY FOR SURE.

BUT, YOU KNOW, IF A...

WE DO NEED TO ESTABLISH A REPORTING CADENCE, FOR SURE, THAT EVERYONE CAN COUNT ON.

UM, AND I LOVE, AND I WILL CONTINUE TO COME TO AUSTIN PUBLIC HEALTH MEETINGS AS I'M AVAILABLE FOR THE NO WRONG DOOR INITIATIVE TO BE DISCUSSED HERE.

IT SEEMS RIGHTLY IN ITS RIGHT PLACE.

AND THEN WE HAVE ALREADY BUILT OUT A REPORTING CADENCE THAT IS MORE ROBUST THAN IT PREVIOUSLY WAS AROUND THE JOINT EMERGENCY COMMUNICATIONS DEPARTMENT IN PUBLIC SAFETY.

AND SO I THINK THAT, YOU KNOW, THAT IS A VERY NICE HOME FOR THOSE DISCUSSIONS, AND WE CAN EXPECT THAT TO HAPPEN WITHOUT, WITHOUT NEEDING AN ADDITIONAL MOTION SHEET LAYING THINGS OUT.

AND SO, UM, I, I DO, PERSONALLY, SEEING THE MOTION SHEETS, LIKE, I QUESTION WHETHER WE NEED TO...

BUT I CAN ALSO BE WRONG, RIGHT? I QUESTION WHETHER WE NEED TO ADD THIS LEVEL OF, UH, REQUIREMENTS WHEN WE HAVE ALREADY THE ABILITY TO FORM SUB-QUORUMS AND REQUEST BRIEFINGS TO THE SUB-QUORUM ON ANY TOPIC WE WANT.

AND WE NEED A REPORTING CADENCE THAT ALL OF COUNCIL'S AWARE OF AS WELL ON THESE DEVELOPMENTS WITH NO WRONG DOOR.

UM, AND, YOU KNOW, I DON'T KNOW IF THAT'S QUARTERLY, SEMI-ANNUAL, WHAT MAKES SENSE, BECAUSE IN, IN AN ENVIRONMENT OF LIMITED RESOURCES, WE DO WANT OUR LEADS TO BE FOCUSED ON THE ACTUAL OPERATIONS, UH, FOR AN, AN AMOUNT OF TIME BEFORE IT COMES BACK.

AND SO THAT WAS A REALLY LONG...

LIKE, I INCLUDED EVERYTHING, BUT, UM, THAT I, THAT I HAD TO SAY, BUT, UM, I THINK WE'VE ALL SEEN THE WORK THAT THE CITY STAFF HAVE DONE TO DELIVER THINGS DIFFERENTLY THAN HAVE BEEN IN THE PAST, WHETHER THAT'S CHIEF DAVIS OR CITY MANAGER BROADNAX OR THE WORK THAT CARRIE ROGERS HAS DONE WITH LEGISLATIVE PRIORITIES.

AND, UM, HOW MUCH WE REQUIRE THESE STEPS DEPENDS ON HOW MUCH WE TRUST THE LEADERSHIP IS MOVING IN THE RIGHT DIRECTION, AND WHETHER WE TRUST THAT A SHIFT HAS ALREADY BEEN MADE BASED ON THE FEEDBACK WE'VE GIVEN, AND THAT IF WE ASK FOR A BRIEFING OR A SUB-QUORUM MEETING OR A COUNCIL-WIDE DISCUSSION OF THIS, WILL IT COME OR DO WE NEED TO MANDATE IT? AND I'LL TELL YOU, ON JOINT EMERGENCY COMMUNICATIONS, I TRIED TO FOLLOW WHAT WAS LAID OUT IN THE IOC AND IT DIDN'T HAPPEN, SO I DON'T TRUST.

AND SO I EXPECT THOSE QUARTERLY UPDATES, AND I EXPECT THEM AT PUBLIC SAFETY COMMITTEE, AND WE WILL WORK THROUGH THE PROCESS THAT'S LAID OUT.

I'M A NEWCOMER HERE, SO IF THAT'S HOW Y'ALL FEEL IN PUBLIC SAFETY COMMITTEE, BY ALL MEANS, I DON'T VOTE.

UM, BUT I DID WANNA KIND OF BRING IT BACK TO HOW DOES THE LEVEL OF REPORTING REQUIREMENT FIT IN WITH THE OTHER OPTIONS AS Y'ALL DECIDE WHAT YOU WANNA DO WITH THESE MOTIONS AND THE ONE THAT YOU ULTIMATELY BRING AS WELL? THANK YOU.

THANK YOU, COUNCILMAN LANE.

UM, VELASQUE, COUNCIL MEMBER VELASQUEZ, ANY COMMENTS OR...

GOOD? OKAY.

ANY OTHER QUESTIONS OR COMMENTS? OKAY.

ANY OBJECTION WITH APPROVING COUNCIL MEMBER VELASQUEZ MOTION SHEET ONE? SEEING NONE, THAT STANDS APPROVED.

UM, COUNCIL MEMBER VELASQUEZ ALSO HAS MOTION SHEET TWO.

UM, HE MAKES A MOTION FOR CONSIDERATION MOTION SHEET TWO.

AGAIN, THIS IS THE PUBLIC HEALTH COMMITTEE RECOMMENDS TO COUNCIL PROVIDE THE FOLLOWING DIRECTION ON THE IMPLEMENTATION OF THE NO WRONG ADORA D - INITIATIVE.

YOU HAVE THIS IN FRONT OF YOU.

IT IS INCLUDED IN THE BACKUP.

UM, CAN I GET A SECOND ON THE MOTION SECONDED BY COUNCIL MEMBER ALTER? ANY COMMENTS OR QUESTIONS REGARDING MOTION SHEET NUMBER TWO? YES.

VICE CHAIR.

THANK YOU, CHAIR.

I'VE GOT SOME CONCERNS ABOUT...

UH, THIS ONE.

FIRST OF

[02:00:01]

ALL, WE JUST PASSED A MOTION TO HOPEFULLY GET ANSWERS FOR MANY OF THE CONCERNS THAT WERE RAISED BY A LOT OF THE GROUPS THAT ARE LISTED IN THIS MOTION SHEET JUST A MOMENT AGO.

UM, SECOND OF ALL, I'M WONDERING...

I, I THINK DIRECTIONALLY, THIS IS NOT HOW I WOULD APPROACH THIS.

I WOULDN'T FORM A, A GROUP THAT JUST HAS THE FOLKS THAT, UH, JUST SENT A LETTER RAISING A BUNCH OF CONCERNS.

I THINK THAT'S, THAT'S PROBABLY NOT APPROPRIATE FOR A COUPLE OF REASONS.

I THINK IF WE ARE GONNA GO THIS APPROACH, WHAT I'D LIKE TO SEE IS, UM, INSTEAD CRITERIA FOR GROUPS.

I MEAN, THERE ARE 300 NONPROFITS THAT PROBABLY IMPACT THE SPACE.

AND RATHER THAN FORM IT FROM A GROUP THAT SENT A LETTER, I WOULD SAY INSTEAD START FROM A DIFFERENT DIRECTION AND SAY, "WHO ARE THE GROUPS THAT ARE PART OF THIS EFFORT THAT OUGHT TO BE INCLUDED? AND WHAT IS THE CRITERIA THAT SHOULD BE PART OF THEIR INCLUSION?" AND START FROM THAT SPACE AND FIGURE OUT IF WE ARE GONNA BUILD A COMMUNITY ADVISORY GROUP THAT'S LONGSTANDING AND SUPPORTIVE OF THIS EFFORT, THAT'S PROBABLY HOW I WOULD APPROACH IT RATHER THAN STARTING FROM A PLACE THAT ORIGINATED FROM A LETTER.

MY FEAR ALSO IS THAT YOU'RE GONNA WIND UP WITH A GROUP THAT, UM, IS JUST THERE TO FEEL LIKE THEIR CONCERNS ARE BEING HEARD WITHOUT NO ACTION BEING TAKEN, LIKE A PAT ON THE HEAD.

AND THAT'S SORT OF A WORST CASE EXAMPLE, BUT I THINK IF YOU HAD A, A DIFFERENT PROCESS THAT CREATED A, A, A GROUP OF STAKEHOLDERS ACROSS THE SPECTRUM, INSTEAD OF OUTLINING JUST THE GROUPS THAT SENT THE LETTER, UH, YOU'D PROBABLY WIND UP WITH A, A BETTER RESULT AND A, AND A MORE TRUSTED ENTITY TO MAKE SURE THOSE CONCERNS ARE HEARD ACROSS THE SPECTRUM OF GROUPS THAT TOUCH THE SPACE RATHER THAN THE ONES THAT HAVE JUST SIGNED ONTO A LETTER.

SO, UM, SO I'M NOT GONNA BE SUPPORTING OF THIS ITEM AND I THINK THAT IT PROBABLY JUST NEEDS A BIT MORE TIME TO BAKE AND I THINK IT'S, IT'S JUST A BIT PREMATURE AT THIS POINT, ESPECIALLY SINCE WE JUST PASSED A MOTION A MOMENT AGO TO ADDRESS THEIR CONCERNS THAT WERE LAID OUT IN THAT LETTER.

THANK YOU, VICE CHAIR.

COLLEAGUES, ANY OTHER COMMENTS OR QUESTIONS ON MOTION SHEET NUMBER TWO? JUST REAL QUICK.

YES.

UH, THE, UH, COLLEAGUES, THE MOTION SAYS SHOULD INCLUDE AND IT DOESN'T LIMIT WHAT OTHER GROUPS CAN PARTICIPATE, JUST FOR CLARIFICATION.

VERY GOOD.

OKAY, WE HAVE THIS MOTION HAS BEEN, UM, GIVEN AND SECONDED.

ANY OBJECTION, VICE CHAIR DUCHEN, UM, IS SHOWN AS OBJECTING TO THIS MOTION.

ANY OTHERS? OKAY, WITH THREE IN FAVOR, THIS MOTION SHEET PASSES.

THANK YOU, COUNCILMEMBER VELASQUEZ.

COLLEAGUES, I HAVE A MOTION SHEET, UM, ALSO TO READ INTO THE RECORD.

THE PUBLIC HEALTH COMMITTEE RECOMMENDS THE COUNCIL PROVIDE THE FOLLOWING DIRECTION.

STAFF IS DIRECTED TO ESTABLISH REGULAR TRACKING AND REPORTING ON OUTCOMES ACHIEVED FOR INDIVIDUALS IDENTIFIED AND ENGAGED WITH THE NO WRONG DOOR INITIATIVES SUCH AS THOSE IDENTIFIED IN THE OCTOBER 1ST, 2026 MEMORANDUM, NO WRONG DOOR CITY COUNCIL BRIEFING ON OCTOBER 6TH, 2026, INCLUDING BUT NOT LIMITED TO, UM, AND THEN I LIST OUT THE, UM, THE METRICS PROVIDED.

AGAIN, THIS IS IN PART BECAUSE THIS WAS FEATURED IN THE APPENDIX OF THE PRESENTATION YESTERDAY AND WE REALLY DIDN'T GET TO DIVE INTO THAT PART.

AND SO I WANTED TO MAKE SURE THAT AS THOSE OUTCOMES ARE, UM, DEVELOPED AND, AND FINALIZED, UM, THAT ATTENTION IS ALSO GIVEN TO THESE ADDITIONAL OUTCOME AREAS, HOUSING PROVIDED FOR BABY BEHAVIORAL HEALTH TREATMENT THROUGH INTEGRAL CARE AND OTHER PROVIDED, PROVIDERS CONNECTION TO CARE AND SERVICE AND CONNECTION TO OTHER RESOURCES.

UM, ADDITIONALLY, STAFF IS FURTHER DIRECTED TO PROVIDE REGULAR QUARTERLY REPORTS TO THE PUBLIC HEALTH COMMITTEE ON THE NO WRONG DOOR INITIATIVE, INCLUDING THE DATA DESCRIBED ABOVE, AS WELL AS ANY OUTCOME, PROGRAMMATIC, LEGISLATIVE, OR OPERATIONAL UPDATES.

UH, THIS REALLY JUST BUILDS IN THAT REPORTING MECHANISM FOR THE COMMITTEE.

UH, I MOVE THIS FOR CONSIDERATION TO THE FULL COUNCIL, SECONDED BY COUNCIL MEMBER VELASQUEZ.

ANY DISCUSSION ON THIS ITEM? OKAY.

SEEING NONE, ANY OBJECTION? OKAY, THAT MOTION STANDS APPROVED.

ALL RIGHT.

UH, DIRECTOR KINGHAM, I KNOW WE STILL HAVE YOU BEFORE US.

UM, COLLEAGUES, ANY QUESTIONS OR COMMENTS FOR DIRECTOR KINGHAM ON THIS ITEM? OKAY.

THANK YOU.

THANK YOU SO MUCH FOR BEING HERE WITH US TODAY.

UM, COLLEAGUES, THAT

[6. Identify items for future meetings]

MOVES US TO OUR LAST ITEM ON OUR AGENDA, WHICH IS CONSIDERATION FOR FUTURE MEETING TOPICS.

AS A REMINDER, AT OUR NOVEMBER MEETING, WE ARE SCHEDULED TO RECEIVE A BRIEFING ON THE HOMELESSNESS ENCAMPMENT STRATEGY, AS WELL AS PROBABLY, UH, OR VERY LIKELY ANOTHER UPDATE ON THE SOCIAL SERVICE STRATEGY AS THAT WORK CONTINUES TO MOVE FORWARD.

UM, WE WILL ALSO BE DISCUSSING THE CITY OF AUSTIN APPOINTMENT TO THE BOARD OF, OF CENTRAL HEALTH.

ARE THERE ANY OTHER TOPICS THAT OUR COMMITTEE WOULD LIKE CONSIDERED? I THINK, UM, I'M GONNA SUGGEST THAT WE CONSIDER THE PROCUREMENT, UM, SIDE OF SOCIAL SERVICES AND TO HAVE THE DIRECTOR JOIN US AND KIND OF GO OVER THE PROCESS.

I THINK THAT'LL BE HELPFUL FOR US TO HAVE A DEEPER CONVERSATION ON.

OKAY.

WITH THAT, EVERYONE, THANK YOU FOR

[02:05:01]

PARTICIPATION AND CONTRIBUTIONS ON TODAY'S IMPORTANT CONVERSATIONS.

WE WILL SEE EVERYONE AT OUR NEXT MEETING AT NOVEMBER 4TH, 2026.

SEEING THAT THERE'S NO FURTHER BUSINESS BEFORE US, I ADJOURN THIS COMMITTEE MEETING AT 12:05 PM.

THANK YOU.