

City Council Budget Work Session Transcript – 08/03/2021

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[11:44:40 AM]

>> Tovo: While we're getting settled for budget workshop, I wanted to talk about something that came up in the budget workshop. I think it was councilmember Casar that talked about something about vaccine hesitancy and I heard an interesting report on the news that talked about -- they were interviewing some individuals to talk about why they were not getting the vaccine, and in some cases people were concerned about missing work. That if they had any side effects they would not be able to get to work for several days potentially. So I'm really proud of this council and its work that it's done on sick leave policy, but I think that's an important message to get out to the business community that it's encourage our businesses in town to encourage their employees and encourage time off for vaccinations. But providing that space for employees to stay home if they do have any side

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effects may also be part of the equation.

>> Mayor Adler: Okay. I'm going to go ahead -- thank you. I'm going to go ahead and convene the Austin city council meeting here today, special budget work session. Tuesday, August 3rd, 2021. It is -- thank you. It is 11:45. Colleagues, we have the budget schedule today. We have what the staff has laid out and posted and sent to us last night as the elements they've heard people talk about that they want to address. So we have staff ready to make that kind of presentation. And then we have also executive session, two items

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in executive session. Do you want to try to figure out what you all's pleasure is? Would it be the intent, manager, to have the staff give the full budget preparation and walk through that or to do by sections?

>> Cronk: Mayor, council, we would recommend doing it by sections and then we can just go section and section and allow for breaks as appropriate for lunch and for executive sessions, but it's structured in a way that we can easily just go through a section, pause, see if there are questions, move on to the next section. So I don't think it would be beneficial overall to just go through the whole thing at once. But that way we can also break it up into the two days both today and on Thursday. So whatever we don't get through today we can cover on Thursday. Once we make this determination of schedule I will turn it over to Kerri Lange who will just outline that came plan and the topics that we've outlined as you referenced.

[11:47:44 AM]

>> Mayor Adler: All right. The other place that we could do is what we could do is we could if wanted to break for -- we had a long session this morning. We could break for lunch or break and go back to executive session now and then talk about whether or to what degree we wanted to actually hold executive session today. That might give us then a view for -- visual for both avenues. And then either we can stay in executive session or we can come back out and start the budget session. That sounds good. So let's go ahead and do that --

>> Kitchen: Wait, mayor? I'd like us to answer right now whether we're going to have executive session or not? I couldn't quite understand what you were saying.

>> Mayor Adler: We're going to go into executive session so we can see what people want to talk about or whether people want to talk. It's not really a conversation we can have here. So we're going to spend the next 15 minutes at least in executive session for the

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purpose of looking at that agenda and seeing whether we want to -- whether we want to cover that now or whether we want to come back out and do the budget stuff and do executive session later.

>> Kitchen: I would like to suggest something right now that I think we can talk about publicly. And I'm just trying to determine -- because -- so I would propose that we do our executive sessions on Thursday. If others want to have them today, that's fine. I can do that. I just thought for purposes of clarity that it might be useful to just go ahead and say right now that we're going to do executive sessions on Thursday and then we know.

>> Mayor Adler: It's posted for Thursday, so we certainly can, but before we make that decision we'll go into executive session on so that we can give people an opportunity to be able to speak in that forum.

>> Kitchen: Okay. The difficulty, mayor, is that for those of us who are virtual it is harder to hear in executive session and so

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we'll just have to all speak up so we can have that conversation. And some of us may be making decisions about whether we need to appear in person for executive session so it would be easier to have that clear now. But if you would prefer to do it the other way then we could certainly do that.

>> Mayor Adler: Let's do it the other way, but we'll certainly take that into account. I think things will be clearer to us the limitations in that space will be clearer to us, people's schedules or the day will be clearer to us. So we're going to start that way. So here at 11:50 we're going to go into executive session. You don't have the script handy, do you? Thank you. Council is going to go into closed session to take up two items. Pursuant to 551.071 of the government code we'll discuss legal issues related to number 3, potential November 2nd, 2021

[11:50:47 AM]

election. Also pursuant to # 551.074 of the government code we'll discuss personnel matters related to item 2. I would point out that on our agenda for today we have items one two three. Below that on the agenda were another listing of one through 12 items of different categories. We're not going to discuss those one through 12 and those additional category items except so much as they're covered by one two three. So the rest of the agenda has been withdrawn except for items one, two, three. So without objection let's move over to executive session on the items announced. The time is 11:51.

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>> Mayor Adler: Our work here. We earlier convened the City Council budget work session here on August 3, 2021. We recessed and went into executive session. We recessed executive session, where items 3 and 2 were on the agenda. We will reconvene executive session probably about 3:00 today. We're going to try to work a hard stop on today's budget matters between now and 3:00. So let's work. And council will try to help facilitate that. At 3:00 we'll go back into executive session. We have a hard stop today of 5:15. We'll make sure and do that. We have a quorum present. We're handling this meeting virtually. We have four members of council here on the dais. Manager, I'll turn it over to

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you.

>> Mu thank you, mayor, council. We'll outline the topics given by the interim officer. If Carrie will review the game plan for today and tomorrow and we'll go right into our first topic.

>> Thank you, city manager, Carrie Lange, interim budget officer.

>> If I may, I'm sorry, real quick. Mayor, you and I had a conversation recently that I think is important to preface the whole dialogue with [audio skipping].

>> Mayor Adler: Yes. I was going to address that in a second. I am happy to do that now. Mayor pro tem wants everyone to know she's participating in this, watching this, but dealing with some significant pain issues. So visually will be kind of limited today. But those kind of issues don't slow her down at all or people

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that deal with those kinds of issues. And we appreciate that and that is really important. But she's going to be with us, participating even we don't see her for a bit. Mayor pro tem, if at any point you want to dive back in or speak or anything else, please just --

>> Harper-madison: Thank you, mayor, that's all. I want to make sure people who experience chronic pain to have the time and be recognized.

>> Mayor Adler: Absolutely. With that, then, we proceed.

>> Thank you, I think we have a presentation that we're ready to present. As we continue the budget discussions, last week we heard from council. There are several topics we want to bring forth with the directors of the departments. Next slide, please.

[1:00:24 PM]

As we work through today and Thursday's work session, these are the topics that we will plan to discuss with council and get more direction. The Austin cares mental health diversion project, E.M.S., community program, violence prevention, dispatch equity and optimization efficiency study. Economic department budget and Austin parks and recreation foundation budget items, those are what we will try to get through today. I know this is an aggressive timeline.

[Audio skipping]. If not, we will be able to move some of the items to Thursday's meeting, and so with that, I want us to just go ahead and get started. The Andy Hoffmeister will begin with the Austin cares mental health diversion project. I believe he's available online.

>> Yeah, good afternoon, thank you, I appreciate the introduction. If we can move to the next slide, please.

[1:01:26 PM]

Yeah. So I'm Andy Hoffmeister, assistant chief with Austin E.M.S. I'm working with stakeholders including integral care, EdD, E.M.S., and implementing recommendations from meadows report. We're working closely with the meadows group. We're providing this to inform any and all decisions to make in terms of allocating funds. We have been asked a number of questions through this about what it would take to continue implementing the recommendations. So I will simply provide this to you as information to consider as you move forward through your budget process. Next slide, please. So for this particular year, moving forward, in the next

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budget year, we asked APD leadership about what it might cost to -- excuse me -- about what it might cost to provide the mental health training that has been designed or being designed and will be implemented later this year for all of its 911 operators. They estimate it will be approximately \$60,000. That will just be in overtime costs to bring people in for the additional training. Their recommendation for -- to bring in a clinician and integrate them into the 911 process, the call-taking process, so they can assist in de-escalating a call, working through the situation with somebody that is experiencing a mental health crisis, to bring additional personnel in and to integrate them into the system even further would require some one-time costs to

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reconfigure the 911 operations floor a bit, so there are appropriate work stations and such for those clinicians to work and perform duties. Next slide, please. We spoke with integral care's leadership and asked them, understanding that the council's goal is to reach a 100% diversion of mental health calls that don't involve violence or weapons or threat to public safety, take those and divert them to a mental health and healthcare related resource. I asked them, I said what would it take? What is it they feel would be necessary? They came back with approximately \$7.3 million. Now, of course, that would be phased in over time. However, to get the system to a point where the system could potentially approach that 100%

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diversion rate, this is what they're thinking. This includes personnel costs, one-time capital costs as well. For community outreach and education, this is related to the recommendation about informing and providing training and education to the community about the mental health crisis response system in those areas that are in most need of it. And experience the greatest number of encounters for this particular issue. It would take approximately \$5,000 for materials, different fees we may need to pay for different outreach modalities, such as social media or news or any of those things. And to provide some nominal fee payment to partners like nami for their assistance and help in this matter. That is a short list, but I

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wanted to provide to you in terms of potential information that can help you.

>> Kitchen: Mayor, I have questions. May I go ahead with questions now?

>> Mayor Adler: Ok. Go ahead. And if you could take us off the board and let us see the council again, please. Go ahead, Ann.

>> Kitchen: Thank you for presenting this information. I think it is just two questions that I have. So I'm going to ask the overarching question first and then I want to drill down on the question related to staffing. So my first question is ... Last budget cycle, last year, we did increase the community paramedics and put other increases in the budget at that time to fully fund the Austin cares program. So my question now is -- this

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may be a budget question for Ms. Lange, but is -- are we -- is it funded at the same level in those budget and last year's funding? That is question number one. And then I'll follow-up with that. So can someone answer that for me? Do we have the same level of funding with the same number of fte as we approved last year.

>> My understanding is, the cost, as the system is right now today, will carry over. I will have to confirm that with the budget office. And Ms. Lange may be able to help. Now, these figures would be in addition to. So like for instance, the dollars for integral care, that is simply get it what we have now plus 7.3 million to get it to its full scale.

[1:07:35 PM]

So 24/7 those calls -- there is over -- I would venture to say just APD alone has dispatched over a thousand calls for mental health-related emergency a year. So to get the volume of personnel to do that, it would take additional personnel in the future.

>> Kitchen: Ok. I hear what you are saying. It is a request for additional personnel. I will have more detailed questions that we don't need to go into right now. But I'm asking that is first because we said last year that we were funding at the level to get us to 100%. I want to know how that compared to last year. The second thing is that we just had a really great report on the progress that folks are making which is really appreciated. So we had some conversation then about the five -- six recommendations about the progress that were made on those. So I need to understand this request in light of that. And I also -- I thought we said at that time, that we

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had the mental health clinicians in the call center 24/7 now. So this additional -- is this money for -- so I'm understanding exactly what this field response is for -- the next question. This may be what it's for. There was a recommendation out of the Austin cares report, recommendation number 5 that was talking about integration between the -- integration between APD, cit, integral care and ... Um ... The [audio skipping] For the follow-up activity. And that recommendation was that there needed -- we needed to do more work on ensuring that integration was occurring. So that there was follow-up in the community that was focused on healthcare, as opposed to

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mental health. So my question is that -- I'm wanting to understand is the budget we have in front of us sufficient to dedicate to community health paramedics to this outreach afterwards?

>> So ... I'm sorry, go ahead.

>> Kitchen: You go ahead, that's fine.

>> The 14 positions we were provided last year, we're still working to fill those positions. That is why you are not seeing any additional information on additional chp positions because we want to fill the positions that we have budgeted already. But that ties into the ongoing mapping for departmentwide needs. That is part of the reason why you are not seeing additional positions. In a perfect world, we had all the positions filled, we would be able to have a much better sense as to how this -- the chp numbers are able to meet

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the demand. So kind of supply and demand thing. So certainly, I would like to get those out there. That should be able to put us at a point where we can get to a large portion of the particular mental health calls. But it is almost impossible to say at this particular point, with, you know, over 50-some-odd thousand calls, it would take a small army of individuals if we say today. Putting those folks out there, gaging what it is and -- gauging what it is, and the missed opportunities and fill in, in the coming years, that is kind of the approach we're looking at here.

[Audio skipping] I can't say now because of departmentwide staffing needs.

>> Kitchen: Ok. I think this is a longer conversation that I will follow up on. Looking for is because last year, we authorized both clinicians to be call takers -- I mean, to be support in the call center and

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I thought that we had authorized enough positions to handle. And I thought that I heard, when we had the report the Austin cares report that I thought I heard that we now were covered 24/7 in the call center. So I'm wanting to -- get that clear. And of course, the other big area for staffing is the field space and that is follow-up. So I'm wanting to understand what we have. I thought -- I want to make it clear that we have dedicated -- that we get dedicated community health paramedics to the Austin cares program. I'm wanting to understand that all of that within what we have already got authorized. I will follow up on that. The other thing that concerns me or question I have is ... The mental health training was recommended last year.

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We just got -- we just got a status on that. I understand where that is, the curriculum is being developed, and then the training will occur. So is this 60,000 in addition to what is in the budget right now? Or is it thinking that it will be taken out over time so we don't -- so we don't have to identify additional 60,000.

>> The 60,000 is to bring all call takers in and put them through the enhanced training. This is in addition. To clarify, too, there are mental health clinicians in the call center, 24/7, that started back in may.

>> Kitchen: Right.

>> There is two of them. So obviously, with several hundred calls coming in a day, each call taking several minutes or longer, you just don't have the capacity. You need a whole group of people available to take

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calls.

>> Kitchen: I see.

>> I apologize, I probably didn't make that clear enough.

>> Kitchen: That's all right. All right. Then I will follow-up with this because I want to understand specifically how this relates to reaching our goals and the conversation that we had on the report, I think it was last week, we're expecting to get more data on where we're at on our goals in about five or six weeks, something like that. So I'll follow-up with you.

>> Sure.

>> Kitchen: Ok.

>> Mayor Adler: Just real quick, you may have answered this in the answer that you gave, and I didn't catch it. The 7.3 is necessary to get to 100% diversion. How many cases would we be diverting at 100% diversion?

>> I would have to look at the exact numbers. I know APD alone responds to 50,000 calls and E.M.S. Responds to some of them.

[1:14:46 PM]

We have 5,000 calls that are identified at dispatch. I wouldn't combine the two. There is overlap, both agencies respond to same calls. Let's say 50,000 calls, it's -- it would take -- we would probably be able to hit -- it would be hard to say, but my guess is upwards of close to 90% or more. Those are just the

calls that are dispatched at -- as a psychiatric emergencies. Many calls we get to, it may be called in as something else. And or reported as something else, so we have to verify it is mental health.

>> Mayor Adler: Of the call, it would represent 45%. Do you know how many?

>> I have to get the numbers from APD. That is part of the data we'll looking at. We have a small implementation done, and now we're starting

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to measure. Now

>> Mayor Adler: The last question I have is it sounds like some of the funding we had last year has positioned but, but you haven't been actually able to execute it yet, you haven't been able to hire for the positions that have already been authorized and funded. How many positions do you have now that are authorized and funded, but you haven't been able to fill yet?

>> As it relates to chp, those 14, the rest -- the rest of the department I would defer to chief brown for the exact number there. But for chp and the physicians we were -- positions we were delegating to health responses we have 15 on the team receipt now.

>> Do you have a percentage of what you would need if you filled the 14 positions that have already been funded?

>> It's hardiments it would be a guess at this -- it's hard. It would be a guess at this point. I can try to calculate based

[1:16:47 PM]

on what ambulance hours look like but these calls are a little bit different and involve a bit more time. So for every one call a unit runs I would have to calculate that and see. And we're watching to see what the trend is from task time, chp unit task time. First we have to get the system and processes down so we can begin to measure those.

>> Mayor Adler: Okay. Councilmember Kelly.

>> Kelly: Thank you. And councilmember kitchen, I think we were on the same wave link earlier. Thank you for raising those. If I could be involved in your earlier conversation I would like to be. I actually spent time at ctec and I listened to the calls taken for mental health and it was very intriguing for me. I believe in the process. It's done great things for the community and I'd love to do more. Thank you.

>> Mayor Adler: Councilmember alter.

[1:17:48 PM]

>> Kitchen: Mayor, I have one quick follow-up?

>> Mayor Adler: Hang on. Give some others a chance to ask questions.

>> Kitchen: I couldn't see any hands up.

>> Mayor Adler: That's okay I see you. There are a few that have their hands raised. Councilmember alter and then councilmember Fuentes.

>> Alter: This is a question for staff and I'm not sure who is the best to answer it. There's a request for \$300,000 for operations floor configuration on slide four, page 117 of the budget says that there's \$300,000 for one time funding to reconfigure. Can you help me understand whether this 300,000 is additional and if it is additional what the two pots would be funding?

>> Can you repeat the question again?

>> Alter: Sure. In terms of the potential enhancements, it is four hundred thousand dollars for proposals for recop figure ration. It cites that there's

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\$300,000 in the budget of one time funding to reconfigure the call center. So I wanted to understand if this was \$300,000 additional or if that was already covered in the bum. And if it wasn't covered in the budget, I wanted to know what was covered in the budget?

>> I might have to defer to acm Mariano or Ed van eenoo to determine what's available. It's in the funding to make the renovations but I don't know if it's in the budget.

>> Alter: It says to add six new 911 consoles and two new ems consoles.

>> I would have to check back with APD on that number.

>> This is Kerri Lange. Those items are for the emergency communications department so I believe the increases that assistant chief Hoff Meister is

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requesting is for additions on the ems side and so those are two different configurations that we would be looking at.

>> Alter: Okay. If we could get some information about -- I'm not sure if ems is in the same location or a different location because I thought the whole point was to have them on the same floor.

>> Correct. They are located on the same floor, but the configurations were specifically for the -- because of how the ctec is set up at this point, they have different sections on that configuration was centered on the emergency communications center, the overall 911 center. And I believe what chief Hoffmeister is looking at is specific to the ems side of the house for reconfiguration.

>> Okay. So would there be any economies of scale of doing those together?

>> That is definitely something we can look at as

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we're addressing both sides and both requests.

>> Alter: Okay, thank you.

>> Mayor Adler: Councilmember Fuentes.

>> Fuentes: Yes, thank you. My question is on the community you've and education, you have 5,000 proposed for materials and to do community-based outreach. That just seems like a low number, especially when we're thinking about providing multi-lingual information and, um, translation services alone I think would exceed 5,000 to cover all the different languages that we have in our community and to be able to effectively engage and communicate to the community about this wonderful program that we have. So I wanted to get a sense of -- because I know these are additions to the proposed budget. How much do you currently have or what's the budget line item that you have allocated for outreach and education?

>> So currently with this -- last year there was \$25,000

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allocated towards the community outreach and I believe that was set aside for that specific recommendation. The additional dollars, the recommendation states that having things like wallet cards or one-page pamphlets or magnets that can be distributed through the course of an officer or at different events. Maybe there's a health fair or something like that that they can be distributed. A lot of it would just be materials. We've already reviewed and complete, they're still finishing up some work with name and some other work reviewed by the team, but the recommendation is just stating that of these materials so they can be kind of passed out when we have that opportunity. So it would be kind of inserted into the workflow of different events so health fair and those types of things. These additional dollars we were looking at might be for

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the same thing and we understand that we can take this information and provide it to resources like our pios and it can be distributed through social media, orient those things so that there isn't necessarily an overhead cost. We're not looking at necessarily purchasing radio time or any of those things. So it would be written materials and then being able to take this information and plug it into existing outlets that the city already has access to. And putting it up there.

>> Gotcha. I think that's helpful.

>> Mayor Adler: Councilmember Casar.

>> Casar: So chief Hoffmeister, I know that we're asking a lot of questions about the \$7.3 million, but I just want to better understand because in our presentations last year and then our presentation with the meadows foundation, most recently it still seems unclear to me about whether

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or not the limiting factor to getting to more of these calls is staffing or if it is procedure within 911 that diverts sufficient calls. Can you talk us through that just briefly? Or the staff that we have hired for mental health diversion spending all of their time running to these mental health calls and it is the staff that is the limiting factor or is it the triaging of calls over to mental health?

>> So I think there's -- there are resource gaps in both arenas. I think that to capture all of the mental health calls I would have to defer to APD and their leadership at their communications center to determine exactly how many calls per day were those missed opportunity. Now, of the calls -- right now just speaking about communications, of those calls when someone calls 911 they're given when we provided or have labeled as the fourth option, mental

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health services. That call would be routed to an available mental health clinician if they're available and if it's appropriate. Once they're able to make it to that clinician, then if that clinician is able to work through the situation, there may be a different disposition than sending out an officer. Now, if it is dispatched and there is a need for ems, I can speak to ems's staffing in the field and we have -- I have eight ftes or eight positions related to mental health cruise response. Trying to make sure that we have those positions staffed consistently kind of is part of what I have to work with, chief brown and chief gardener that if we're looking at ambulance staffing and we need to staff ambulances we may need to pull those resources to staff an ambulance.

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So we have had gaps in having those two units available to respond to mental health crisis calls. Now, having the other 14 positions if they were all filled in a perfect world, right now we would be able to deploy more of them even during peak times. So those two units that we have up and running right now are very busy when they're on duty. One of them is partnered up with the mental health clinician and the other one will respond -- co-respond with the units, but both are very busy when they're on duty.

>> Councilmember Casar, ray Arrellano, assistant city manager. And more specific response to your we about the integral care resources to reach 100% diversion, again I've had a preliminary conversation with integral care, that staffing is in order to allow them to respond to all the calls and I think we've heard the number like 34,000 calls that might come in.

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So without allowing them to stack up they need additional resources in order to be able to respond and then be able to divert as appropriate those calls. So we'd be happy to take a budget question to get some more information about what that staffing might look like and what other information that they're using in order to project those resources.

>> Casar: This is helpful because, chief, you mentioned if available and if appropriate, if appropriate seems to be the triage and take process that we know we're all trying to improve and to continue to 11 from and work on. That's policy we can do outside of the budget every week. But if available is the resource question and chief, what I'm understanding from you is once you fill the 14 vacant but funded positions that you will have a lot more often those folks will be available but that it sounds like we're hearing from integral care that they have a -- each if we staffed

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up our operation that they may want be able to respond to all of those calls.

>> Right, in a timely fashion so that they all get diverted appropriately.

>> It would be useful for us to submit that question or however we can, manager, so that we understand how busy their people are and so that as we change procedure we make sure they're busy all the time because sometimes since we hear different stories about whether or not it is that we're triaging sufficient calls or is it that we're triaging so many calls that we can't keep up with current staffing? The last thing I'll say on this point is as we come up with our budget for next year it would be really helpful, manager, for us to be looking at these things in concert as we take calls away from needing police response and handing them over to other responses we should be tracking that so as you deliver them to us and council deliberates which responders from our multiple departments to hire we would be handling our call volume rather just department by department.

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So if we can figure that at a lower cost we're able to divert this many tens of thousands of mental health calls, then that takes away the need for that many police officers in the community I think would be very helpful. I understand why it's hard right now in this early process, but this is just a note for next year. Thank you all.

>> Mayor Adler: Councilmember kitchen.

>> Kitchen: Just a quick follow-up and thanks for all the questions and thank you for the response. I think that was helpful. I am still confused about the budget and I'll follow-up arts and with others who would like to participate also and we'll ask budget questions. What I really need to understand because I'm having trouble reconciling this request with the presentation that was made to us last week from Austin cares about Austin cares and about the recommendations that were made and the gap

[1:30:00 PM]

between what was recommended so far and reconciling this. And also reconciling this with what we passed last year in terms of what was needed. Anyway, I just need to dig into the details. So Mr. Arrellano and acm Arrellano and everyone who needs to be part of, I am to understand what is needed in terms of which staffing -- I'd like to understand what happened with the funds that we authorized last year for staffing. I understand that there may have been difficulties filling those positions, but the funds were there and I'd like to understand where that is, what happened with those funds. The metric for reaching the 100% we heard last week that there's a place for analyzing that and that we will be getting that data. So I want to understand exactly when and be able to align what we hear there with this budget request. And then I need to understand better exactly what the 7.3 is going to

[1:31:03 PM]

cover. We just need to get a bit more precise here in terms of what's needed. I think that there's a great deal of interest in this program amongst all of us on the dais and all of you have been working very hard on it. It is a proven program. It is as we talked about last week, it is precedent-setting nationwide and we want to be funding it at the level that will get us the best result, which I thought was what we were doing last year. So we just need to see where we're at with this. So that just kind of lays out the things that we'd like to have a conversation about and we'll set up a meeting and budget request. I know everybody else on the dais is interested in this also and has been supportive. So thank you.

>> Mayor Adler: We only have 90 minutes left and a lot of items to work through. If you're ready let's go on to the ems issue.

>> Can I make one point of

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clarification? Staff did clarify for me that 300,000 for the emergency con reconfiguration is for the c3 that will include space for integral care. So that 300,000 is already in place for one-time funding for the fiscal year '22 budget. Now we have chief jasper brown for ems and he will talk about ems budget items.

>> Alter: So I just want to confirm that the 300,000 is already in the budget?

>> Correct.

>> Alter: Thank you.

>> Jasper brown with austin-travis county ems. So today I was just going to discuss some of the items that have been brought forward either in a boards and commissions, our advisory board, either talked about at management

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level or brought forward by the association and have had questions from council about these items. So if we can go to the next slide, please? We'll catch up here. Sorry for the delay. So one of the discussions have been about adding 40 additional medics to standardize our staffing levels. Currently when we bring on a new station we bring on for 12 new ftes for every station. When I first started with the department in '97, that was only budgeted eight ftes per station. In the mid 2000s they started asking for 10 ftes per station and we standardized that back in 2010 of asking for 12 ftes. Our current staffing is to have eight per station that covers the shift. That's the membership Muslim requirement to have on duty for the shift pattern. The additional medic cover the different types of benefit leave that we give our personnel, sick,

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vacations and personal holidays, those type of things, so we don't incur as much overtime. So the 40 positions is to standardize the staffing levels from the early years when only eight or 10 were requested and of course those same unit are still on duty at that time. So that has been the discussion again in several different arenas either in boards and commissions or by council or the association. That is a cost for 3.2 million, but if it were to be phased in over some period of years, either four, that could be about 748,000, I believe, and it was phased in over four years for every year. We're also discussion points are some program leadership enhancements. I'll first talk about the division chiefs. Currently we have six

division CVS. Each of the division chiefs is considered to be over a shift and that's 110 personnel that they're responsible for and everything that happens on the shift. Each one also has additional

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duties as far as covering special events, fleet and facilities, all the different program activities that occur. The additional division chiefs would undue that span of control and make it more manageable for them and make it able to concentrate on personnel would it would be the biggest bang is to support our personnel and their needs and still have all the program oversight that is necessary in those other areas, especially since we're bringing on triage treatment and transport, the et3 program, that chief Hoffmeister just talked about and we're doing all this with the same configuration we've had the last 10 years. Our communication commanders we've pulled them off the console and able to do program functions such as our quality assurance and quality improvement and also training. So they're being removed from the floor to be able to do this and the discussions that have been about bringing those positions back so that we could put them back on the floor so

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personnel don't have to replace them and then that removes call-taking from the floor ability. The assistant chief position is currently in a reclassification in your ordinance that's before you and that would be before you on August 11th. We would like to take one of the two open command positions that I currently have within my organization and reclass that up to an assistant chief. We would do that intermly with our current budget. There would be no cost for that, but it is a change in the classification ordinance and it is currently in your backup material as such. So the other positions and all, that is about 759,000. I don't have my glasses on, but that's what I believe it is off the top of my head there. The community relations and entry investment is a commander position and a clinical specialist. We currently have a captain and a clinical specialist in that arrest area and these are the folks who go out and do car seat installation

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checks, senior home fall visits, safe baby academy. A lot of in the community prevention which then reduces the need for 911 because of the prevention efforts that are done. So when we really want to make a change in the community we have to invest in the community and that's by doing these injury prevention type programs. Those are a few of the highlights. There's more, cpr training, and others that are done by these folks. So looking for additional staff in that area. These last two items really came from the shooting on sixth street. I know there's been a request for additional personnel in those types of things through the association, but what we really need is to look at some additional training that

would come in next year for our staff so that all our staff can respond appropriately to the active attacker type training scenario. We already have some train the trainers in place so we could do it internally.

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We adopt have to send personnel off. There are some other type training that's multiple days that we still would send down to San Marcos to the Texas state training down there. Then there's an upgrade of vest equipment for our personnel. Currently all our personnel carry a level two ballistic vest and we're looking at a level 3a. The difference is small arms fire as difference to what would be considered a rifle type of munitions like a 722 round which is similar to what is used in the ar15 style weapons and has been seen in multiple attacks throughout the country. Those would be one-time costs. I know a question from council to me has been if we upgrade a list would these are specialized for female personnel, and they would in this amount. If we have less dollars to spend then we have to do more generic type of vests, which may want fit as well, but they still provide protection, but they're not as comfortable for our female employees so we would

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really like to be able to custom fit for those. So next slide is really any questions and I'll take any questions that you have. Yes, ma'am, Ms. Alter.

>> Alter: Mayor, I know you can't possibly see some of us --

>> Mayor Adler: I think I can see everybody on the stream. I'm doubling up on my screen here. Councilmember alter and then councilmember Ellis.

>> Alter: Thank you. First of all, I want to thank chief brown for answering a lot of questions in advance of this to help me understand what is going on. I want to first of all call my colleagues' attention to message board posts that I posted last week. So unfortunately the loop 360 station's construction timeline due to some utility work is going to be extended and won't be operational until the next fiscal year and that frees up some one-time money for ems and fire. And I want to flag here at

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least the piece I'm proposing would be deployed for the one-time costs that chief brown is recommending so it would be for the active attacker training and some portion of the ballistic vests. It would not cover the full million-two that's involved, but would probably be closer to 800,000 roughly speaking. I think it's important that that funding remain in ems and then respectively in fire. And I think

this addresses an important public safety one-time cost that ems has identified would be a useful, as well as the association that would be an important investment. So I wanted to flag that and then I wanted to dive down a little bit into the positions and we're talking about the vacancies, etcetera. Can you give us a sense of how many vacant positions you have at this point in

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time and the timeline for filling those positions?

>> Yes, ma'am. I know there was a question earlier for chief Hoffmeister. We have 115 vacancies currently in the department. Council added 67 of those positions this fiscal year. Many of them only became budgeted or available starting in January and then April and then the last 24 became available to us in June and July. So that's kind of the total number now is we have 115 vacancies, but again some of those we weren't able to hire or promote or move anybody to until recently. Covid did slow us down in our academies. We were only able to have 20-person academies due to social distancing and masking and some other requirements at the time. We've since moved past that challenge. We're in a bigger space. We have still able to social distance and we're able to get 30 or more. We actually have an academy that started last week with our academy with 33

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personnel. They'll graduate October 8th and those will fill 33 of their existing 115 vacancies. I have just recently challenged my staff to move up the timelines on hiring the academy. We currently have hiring processes going on for communications and field and with a planned current academy of January, but we're really challenging our staff to see what we can do to change that time leadership and move that up to bring people in sooner. We need to continue to fill vacancies and have people to higher. We have people coming in from all over the country. So we look forward to our hiring process so we can fill the gap further.

>> We need to recognize that we need to speed up the academy and find ways to do that. As a council when we look at this budget that if we provide more positions in

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not be able to fill them this year so it may not be the wisest investment at this point, but we have to plan moving forward so we have the academies in place and the resources in place to level up to where we want to be as soon as we get out of this kind of weird period of the pandemic which hopefully we'll get out of. So I want to just flag for my colleagues what I've been working on, which would be having a staffing plan to level up to the 12 positions over a series of years. I don't know if that would be simply a

budget rider or resolution. I feel like at this point it will be a budget rider and then a more formal resolution and then the August council meeting. But I think that we can, however, try if we can find the funding in the budget to add the leadership request.

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We were talking about eight positions for ems and to have the last several years without adding command staff and I know that it's a challenge with the five percent office. I would like to see them deliver on the requests that the chief has asked for with respect to the assistant chief, division chiefs and communication commanders. Finally I want to say that I believe that there is a funding path to do this which we will discuss this afternoon and the dispatch equity and optimization study is at least three different paths for funding that can be explored. I'm not sure whether we'll be able to wrap those up within the time frame of the budget but I think they could be wrapped up very late this fiscal year, very early next fiscal year with a budget amendment if we

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can't do it this time. I think there's a portion of it that we can and should be able to do this time but my hope is we can do that and I'm trying to figure out the most logical paths to find that direction -- path to find that direction working on that. In immediate needs I want to flag my amendments that will be related to the office of the chief medical officer to implement phase 2 and to hire those positions. Even by December there are applicants who want to do that. Those positions can be filled and that medical support can be provided to ems and fire in their medical capacity. And if we can have the physicians come in and that eases the burden on ems. We have applicants and we have move forward with that. We have fees in our schedule that are increasing. I think we should accelerate

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that program, which you may recall we initiated last year with the ocmo changes, but then also with the resolution I put forward. So there's a bunch of things that I'm working on Pullin together. I wanted to kind of flag those and I welcome the city manager having a discussion with you of how best to do that because I think it's important that we send a signal to our community and particularly to our medics that we are addressing these issues and we have a path forward. But we also need to do it in a physically responsible manner and we have a lot of information either today or on Thursday from the dispatch equity study. There's a lot of work to be done there and also a lot of revenue to be had so I'd like to see us push on that. >>

>> Mayor Adler: Councilmember Ellis.

>> Ellis: Thank you, mayor. I appreciate all the work that my colleague, councilmember alter, has been digging into this. I think it is important that we get our stations up to 12

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staff per station. So I'm excited to see us looking for better avenues to do that. I do know we've been looking at how to balance finances and training to make sure that we are not overcommitting finances into a position that can'ting filled yet so I think it's really important that we look at this comprehensively. But I also would like a little more information on the levels of funding sources, the et3 pilot was something that I had brought in the last budget cycle and I appreciate my co-sponsors on that, which were councilmember alters alter and pool. So I really need my information about how that's working and what we can do to further assist that incoming revenue for ems. So I am excited about that. And councilmember alter if you do a budget rider that is comprehensive about all these different topics or you want to do a resolution I'm happy to do that and see

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us right size that station by station and make sure our medics have what they need. I also think it's important. I think one of my other colleagues is possibly working on a downtown command and I think that's really important to make sure we have the appropriate number of assigned medics where there could be a much higher need for things like evenings and weekends. That's going to protect some of the medic stations such as southwest Austin where they routinely end up being drawn out of the district and have a hard time coming back in. We want to make sure that all corners of the city have appropriate fire and ems protection. So I look forward to furthering this conversation and that we really need to get to 12 medics through station and I think that phasing it in over time would be a responsible way to accomplish that goal.

>> Mayor Adler: Councilmember tovo.

>> Tovo:

>> Thank you, mayor and thank you, colleagues,

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council members alter and Ellis. And I am I think maybe the colleague that you were referencing. Councilmember Ellis, I had indicated on the message board that I am bringing amendments related to more downtown presence. And so chief brown I wonder if you could address some of the conversation that we've been having off the dais regarding what ems is already contemplating doing or already doing

with regard to downtown, to a downtown station than if -- we'll start there. And then if you could address the need for additional staffing downtown and out how you are proposing managing that.

>> Thank you, councilmember tovo. So currently we have brought in a 12-hour unit in a station at our headquarters over at 15 waller. We're currently doing renovations that was part of renovations in our budget to renovate our entire second

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floor at the rbj building a in that renovation we're putting crew quarters in there to have somebody in there 24 hours. We anticipate moving back in, that's all our offices and billing and either my office back in in September and we'll be able for 24 hour co-habitation then in September. So we are bringing in a 24 unit into the station that's one of the two, the council gave us in their current fiscal years budget and we've been locating it in there. If you remember correctly there were two 24 hour updates aside to handle covid or in 911 response. We didn't really attach them to stations and so we'd like to be putting it into the downtown air so that gives us a 24 hour presence. Our biggest issue has always been placement of a unit in the downtown area without just sitting in on a street corner waiting for a call. That's not how we normally

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operate and we would like the crews to be able to have downtime, write report and rest when needed. It's always finding a facility that would be better to place those units. So this is giving us the opportunity to place a unit in -- right across the street. We're basically four blocks away from sixth street in the downtown area. So that's one way we're looking at adding additional resources in the downtown area and we're currently working with downtown APD and our other public safety agencies and we have what's called a rescue task force vehicle on Thursday, Friday and Saturday night and we already have that planned through October. So when we do that it's not only that vehicle we place in the downtown area, there's a transport supervisor and a commander that's over that. So that's what we utilize to if an event happened downtown to be able to have transports down there and have a command presence immediately at the scene so those are some of the critical factors. That's what we're doing

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currently and would continue that through October. That's with the sponsorship and help of the Austin police department because they provide personnel as part of that rescue taskforce group.

>> I want to make sure I understand. 12 waller will be a downtown station for that and you already have staffing for -- well, right now you're staffing the rescue task force, as I understand, through overtime. And that will extend through October.

>> Yes. Yes, ma'am.

>> Tovo: The ems association requested additional staffing and councilmember alter, maybe we could clarify whether the additional medics that are part of your proposal are intended to encompass the medics that we need additionally downtown. And just chief brown maybe you could respond to how beyond October we would --

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you would propose managing the additional staffing that's required downtown.

>> So I don't believe the two requests from the association are the same. I think they're both independent of their own. But I believe with the extra personnel that we would have we would be able to cover some of those things without overtime and additional training we would have we'd be able to do this. I think when we look in the downtown area we have to think also that right now it's very busy in those areas, but you get to December, January, February, those months slow down even on Thursday and Friday nights so we would have to see what the volume is in that area. So that's what we're looking at to see whether they would be needed 12 months out of the year or only certain months out of the year. You believe during seven events we have these types of groups down there, whether it be south by southwest, Halloween, new year's eve, those type events where we always plan for those, but on a regular

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non-holiday or event type of weekend. Currently we're doing that through overtime through October.

>> Tovo: Right. I understood that the association's requests are two distinct lines. I was understanding one kind of your opinion on whether those additional medics are necessary and then as a secondary question really for councilmember alter, are the medics that are in your proposal intended to encompass the downtown. So I'll ask my colleague that question in a bit. Chief brown a couple of remaining questions. It sounds as if we are of the opinion on council that we need additional staffing presence downtown beyond October it sounds as if we need to find additional funding within the budget beyond the city manager's proposal. Am I understanding your response currently?

>> Yes, ma'am.

>> Tovo: And thank you for the conversation around the

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additional active attacker training as well as the upgrade of balance list tick vests. The ems association also recommended some additional one-time costs of atv, the smaller vehicles.

>> The sru?

>> The small vehicles that can transport people from larger situations back to ambulances. Are those something that you would regard as useful as necessary as priorities, additional vehicles?

>> Yes, if they could be done -- yes.

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>> Tovo: So those are not currently in the budget and that is an area that I indicated I would be bringing forward as an

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amendment. Chief brown, I see the additional funding that I just referenced for active attacker training. In the resolution that we passed last week, one of the measures -- one of the measures related to downtown safety to creating a safer sixth street asked you to work to revise our critical -- our mass shooting response plan. Is that something that would have a budget -- a fiscal note attached to it or is that something that you believe would be accomplished throughout your existing and proposed resources.

>> I think that's something we could accomplish within our existing resources is to card Nate and make sure -- coordinate and make sure our current mass casualty plan incorporates everything for this type of a response. The mass casualty plan is developed around an all-scenario type event, whether it be active attacker, a building collapse or anything that

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just requires extra resources and it discusses how leadership positions are brought in in those type things and how we coordinate with the other agencies to have a unified community. So that is something we already have in place and other agencies have signed off on. But it should be something we could do and could be done in the current fiscal setting to make sure we have a current active attacker plan.

>> Tovo: Great, thank you. So again just to sum up, and I apologize for the sort of choppiness. My computer shut down and I was on phone and then my phone shut down. I had to jog around, but I was able to capture all of your response. So it sounds as if, colleagues, we should prioritize identifying some

funding for the one-time cost of those atv's as well as additional medics to really staff up in the downtown area and make sure that we have the presence on the streets that we need on the weekend. So thank you, chief brown.

>> Mayor Adler: Okay. Colleagues, we have 60

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minutes left. Communes, do you want to close us out and then we'll go to the community health worker program.

>> Fuentes: Thank you. I just wanted to share my support, councilmember tovo, for the investments in the sru's, the vehicles downtown. We know in emergency situations seconds matter so certainly having those type of vehicles as part of the fleet are necessary and I want to vocalize my support for that. I also want to say the investment in the community relations injury prevention is another area that I strongly support. I know that that program works with explorers and they do car seat checks and injury fall prevention visits and that's a service very utilized in my district so I'm happy to see it's part of the budget proposal. And lastly, I just want to share with councilmember alter that I am supportive of her effort to draw out a plan to get us to the 12 positions per station staffing plan. So thank you.

>> Mayor Adler: Sounds good.

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Let's go on then.

>> Alter: May I respond to councilmember tovo. So councilmember tovo, what I would be putting forward asking for the staffing plan which may be limited to the 12 medics, but may involve a little bit more than that and if we don't fund it it could include the safety positions that councilmember Fuentes was mentioning. So we need medics downtown but we have no medics to fill those positions. And I don't think we want to keep repeating doing that without the appropriate planning for the academies and others. It's wonderful that we have people who want to be in this positions and we should work really hard to accelerate moving people into those positions, but we

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shouldn't be funding positions that we don't have anyone to take over where we already have overtime to potentially do that. It just stresses us out. Did I understand correctly that that was your opinion on those downtown extra medics.

>> If we were given the position and money for this year's budget I wouldn't have the positions and we would be doing overtime. Some of them are promoting positions and we would promote personnel into them. That's not to say they're needed but it's the reality of it. I'm requesting of my staff to see if we can speed up our hiring processes and our academies, but some of this has already been in discussion at our leadership level and they're just now filtering that information down to their staff so some of them hearing it for the first time and I'm asking this demand on them, but I'm thinking that they could meet the challenge and we can hire faster and have

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quicker academies so we can fill the vacancies.

>> Alter: And I understand one of the constraint on that is space. So if space remains an issue I know that we have some schools that are being vacated and other places that that perhaps we would be able to creatively solve that piece of the puzzle so accelerate the academies.

>> Mayor Adler: Thank you, council member. Anyone else on this before we go. All right, let's go to the next section. Thank you. Community health worker program. Colleagues, we have 60 minutes before we stop.

>> Can we please pull up the community health worker presentation? Next slide. That was correct. Just the next slide. Interim director Adrian

[2:02:46 PM]

Sturup will be presenting.

>> Good afternoon, mayor, mayor pro tem and council, interim director Adrian Sturup for Austin public health here to talk to you about the community health worker program and violence prevention. Next slide, please. And so for some time public health has been engaging with community partners to talk about the importance of community health workers. We know that community

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health workers are a best practice that are helping with helping with health prevention and in community settings. One of the things that we heard loud and clear from our pip is that there was a -- from our partnership is that there was a need for one, permanent job opportunities because there are a lot of chw's in community but a lot of them were grant funded. The other one we heard loud and clear were local government trainings. Dshs has a robust training program in every region save ours. So once

a person goes past the initial certification process it hard to find free or local training for the continuing education credits. And so here at Austin public health we're lucky to have two staff persons that are CHWI's, which are certified instructors, and they came to us with an idea of building a training program

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for our local community. Pre-covid we were well on our way to offering free training programs in community, but the other part of that was we wanted to lead by example. So we began to talk about what it would look like to establish a career ladder progression program within Austin public health for these positions. Right now we have staff that operate in those roles under the community worker title, but that title doesn't really do justice to the breadth of experience that a community health worker brings to the table, nor does it address the lived experience piece that we find to be very valuable for these positions. So with that there is \$500,000 in one-time funding, including in our fiscal year '22 budget, and that will be used to build on the work that we have done in collaboration with

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hrd to establish the contraction and the career ladder and also to build out the training program that we began to pilot pre-covid. The funding will be used to hire three temporary positions, develop curriculum and provide additional resources needed for the development and launch of the network and training center. After next year we will need additional funding to transition the temporary positions to permanent ftes and to be able to have support to continue facilitating the chw network and expand the capacity of the training center. Next slide, please. And so the other thing that I'm here to talk to you about today is violence prevention. In our current year budget we have just under 600 or just over 660,000 for staff positions, which includes

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the office of violence prevention program manager and two support staff. And those staff will be focused on implementing violence reduction strategies, leading our public awareness campaigns and leading our community engagement activity. We have 786,000 in ongoing funding to support social service programs focused on violence prevention. New for fiscal year '22 is one-time funding in the amount of 825,000. The first pot of money, which is the 500,000, will be used to support an infrastructure to allow us to success and monitor violence-related data to help us better inform our strategies. The second piece will be our continued investment in community believing that if we want a community centered solution it's best left to

[2:07:51 PM]

the expert. So that will provide seed funding for those community-led prevention and intervention efforts. And I believe that is my last slide, and if there are any questions I am happy to answer. Thank you.

>> Mayor Adler: Thank you, councilmember Fuentes.

>> Fuentes: Thank you, director Sturup for that preparation. Colleagues, during today's covid briefing session we talked about the need to invest in community health workers as part of our vaccine hesitancy response. I also wanted to highlight that we had four different commissions as part of their budget recommendations that also highlighted the need and called for city council to invest in community health workers. Including the human right commission, the commission on immigrant affairs, the hispanic quality of life commission, the asian-american quality of life commission, in addition to the reimagining public

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safety taskforce. So there is significant community support in the have investment and community health work easy, and we have a critical and significant need to have community health workers as part of our task force to get through the other side of the pandemic and I hope you all will join me in calling for an increased investment in community health workers and I appreciate that the proposed budget includes 500,000. I think that's a great starting point and I know it's a long time coming. I believe in 2019 the steps were first laid out in bringing community health workers to the city of Austin. I have a few questions and I know we're short on time so I won't go through all of them. There are a few that I think would be helpful to cover. Director Sturup, if you could talk us through what would be the role of the currently proposed community

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health worker positions? What would be community health workers do?

>> Yes, council member. So the roles that are proposed are two program coordinators to help develop the curriculum and then to actually do the training courses for community and the other would be a supervisory commission. >>

>> Fuentes: Thank you. And with that --

>> So those roles would be in direct --

>> Sorry, please finish.

>> There's a lag here, I'm sorry. I think key to those roles would be our continued partnership with -- there's already a community health worker dialogue that's in place so making sure that we're resourcing that either and not replacing it because some good work has been done

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there. And also tipping to work with dshs to build out the continuing education program and supporting their efforts to build up our presence locally.

>> Thank you, director Sturup, that's helpful. So you can see it's a great next step in getting individuals trained for the certification and designation as community health workers, but it's symptomically not enough to address the immediate need especially for vaccine hesitancy, so that's why I'm calling on an increased investment in community health workers. The other question I had was if you could expand on what constitutes the development of the infrastructure for a chw network and training center? What do you mean by that?

>> So the first would be -- that's internal to the city. As I've said there's a very strong network within the

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community already. The city makes investments with UT to develop training curriculum for staff, but it would really be -- there was a lot of talk about the need to -- I'm going to make up a word, but professionalize the job title, the community health workers are feeling there's not enough value placed on the work they do in the community. If we're saying that community health workers are good public health practice when it comes to addressing social determinants of health then we're going to lead the way and we're going to build that structure within our city system. We are going to have it be a career progression so someone could come in and be trained and move all the way up to a community health worker instructor and have a solid career in public health. And then the other part would be the pieces-- training pieces when the folks need to be able to

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build out curriculum components. The state has a very good initial training where they teach community health workers core competencies, but to be able to add on right now a covid component. We would be able to stand up and build out a training Muslim to help community health workers -- training community health workers to train in the community. In the next pandemic it would be that. If we're talking about food access or food insecurity. This job title can have a significant impact in a lot of the areas where we see health inequities and health disparities. So that would be the initial thoughts for that.

>> Fuentes: Thank you. And lastly, I invite some of my colleagues, thank you who already reached out and shared that their interested and working to find budgeting in the budget for

[2:13:56 PM]

community health workers and that we're funding at a level that is necessary and needed for us to defeat the virus. Some questions and comments on what I would like to share on staff is to find funding to increase the number of community health workers whether it be one time or ongoing funding and ski that you determine which newly proposed funding can be delayed for new chw's or other departments. And also leave it up to the department to determine what is a critical function and if there's something proposed that is seen as more perfunctory and that's where the budget decisions should be made. So I just wanted to provide some feedback on that end and look forward to hearing more.

>> Mayor Adler: Colleagues, we have 45 minutes left. I think probably to the degree we can we want to get to violence prevention, probably five or 10 minutes. And then I think that the dispatch equity and

[2:14:58 PM]

optimization efficiency study could take the last 30 minute as we go and we would not get to economic development today or to parks today. Ann?

>> Kitchen: Very quickly, I wanted to support councilmember Fuentes. I'd be happy to work with you on the chw program with our staff. I think it's very important. I think we should also -- I'll talk with you about the potential and you and staff and others are probably already working on this. But it can be important to look at the ability to bill for the services of community health workers in the community. I think that would be possible with the medicaid program and possibly with other programs. So it requires an initial investment over time, but we might be able to locate some funding sources to help to pay for these resources. I look forward to working

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with you, councilmember Fuentes.

>> Mayor Adler: Great, thank you. All right, councilmember alter?

>> Alter: Thank you. I wanted to make one brief comment on the community health worker and on the violence prevention. So director Sturup, I'm really excited to see this focus on the progression, the career progression. In conversations I've had out in the community they've said that's been a real gap so I think that's a really important insight that I'm pleased to see budget is beginning to move forward and

look forward to that progressing over time to be additional positions. I did want to flag in case you're not in touch with them, American youth works which is one of our partners with the civilian conservation corps and they mentioned they may have a community health worker program there. The americorps provider in the area. I think it might be worth talking with them both about

[2:17:00 PM]

what they might be able to help expedite the process in the development or to serve as a partner, they do a lot of the recruitment, etcetera. With and we're building a wonderful additional partnership with them through the civilian conservation corps and I would be excited to see us looping the health workers in with that process of training because they do a really good job. And if you need those connections, we'd be happy to provide those. Then on the office of violence prevention, I wanted to really just say thank you to miss Sturup and Laura Della Fuentes and now Ms. Miles who has taken on the manager's role and really excited to see this program develop. We made an investment in it last fiscal year on my motion with several co-sponsors. And I'm really excited to see it off the ground. And I appreciate the additional investments that

[2:18:01 PM]

the city manager put into that area in response to requests from the reimagining public safety task force. I think it's really important for us to emphasize violence prevention. It is much better to stop the violence after the fact, and -- to stop it before the fact rather than after the fact. And I am pleased to see our city moving and putting resources there. I'm hoping that in future years it would be in a position to do east Austin more and by next year I'm hoping that we would be able to accelerate those resources further. Thank you.

>> Mayor Adler: Which are.

>> Casar: Yes. And last time we talked about this topic we had also mentioned the community school coordinators who are sort of resilience workers that councilmember tovo had mentioned sponsoring. And then in our conversation I think councilmember tovo raised that that is separate from community health

[2:19:02 PM]

workers, but sometimes connected because a lot of times our community health workers are working through those same programs. So I remain supportive of adding those four community school coordinators for resilience while also seeing if we could add three or four community health workers now in addition to the infrastructure that director Sturup is talking about. So as we work on that,

councilmember tovo and councilmember Fuentes and others, I think it would -- I think we should have the capacity to be able to do each of those things. Start building that infrastructure, as director Sturup mentioned, adding some immediate staffing, and then also bringing in those community school coordinators. And frankly, I see all of those as deeply interconnected. American youth works is a great group, I know Austin voices when they testified mentioned they had a great program going with community health workers. So whether they be in-house or with one of those groups

[2:20:02 PM]

I think we could get them done.

>> Mayor Adler: We ready to go on to the efficiency study?

>> Tovo: No, mayor.

>> Mayor Adler: Councilmember tovo.

>> Tovo: I'm sorry, I had my hand up. Something along the lines of what councilmember Casar did. Let me note for my colleagues somewhere in the q&a I have a question, but not yet a response. Just trying to as I said last week trying to get really clear on where we already have community health workers. And I will -- I regard this as an important area too and will look for some guidance from director Sturup and your staff about where the investment is. Should we be investing in organizations such as our family resource center and asking them to staff up their community health workers or should we be staffing additional community health workers through aph and is aph at a stage where that would be a useful investment within the department itself?

[2:21:02 PM]

So I don't know if you have any response at this stage. And councilmember Fuentes, maybe you can help me understand where you were contemplating that additional investment as well. I think you've clarified it, but I'm still not clear on where you're suggesting that investment be made. So director Sturup and then councilmember Fuentes if you would respond as well, please.

>> I think it's a little bit of both at this stage. In terms of the investments through Austin public health we invest in community health workers with a clinic in northwest Austin that's focused on the asian-american pacific islander population. We invest in mama San, a vibrant woman and they use community health worker for their maternal infant

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outreach programs. We have our own community workers and they serve as community health workers internally that are doing that type of work but I think the city taking this on and the way we're doing the planning will set the stage for the community. The indeposition is to really and we want to have the best face forward in order for somebody to initiate a behavior change. But we want to acknowledge the depth of experience and skills in community. There is a concern from community health workers and those really grassroots positions that in some organizations they're moving away from that true intent. There's the hiring of social workers, there's the hiring of people with degrees. And that is great, but we don't want to leave out the person that has that lived

[2:23:04 PM]

the heart of the matter of what the pro Matero model really came from. We're trying to stay true to that model. We're trying to exemplify and support that within community. That being said, I think depending on the issue that's being addressed, there's room -- there's levels, right? So I think it would be getting with that existing community health worker dialogue, continuing to talk to our partners to figure out what the best strategy is. I don't think that precludes the city from taking this step.

>> Tovo: So do you feel --

>> Hopefully that answered your question.

>> Tovo: It did, and I'm sorry it prompted more. Do you feel then that the investment that you've requested is kind of what you can manage right now? If there were additional investment would that be

[2:24:04 PM]

able to be deployed soon? That certification program to get up and running. It's not a different question really from the one we asked or I guess councilmember alter asked if you had additional funding would that money be able to be utilized with the hiring this year? Or would it -- is it too soon for that additional investment?

>> Because we've done the lion's share of this work pre-pandemic and because of the need in community, we already have a lot of qualified folks that as I mentioned before who were either out of work because they're grant funded and ended, and so I think if we had extra money that we could move and make use of that quickly. As quick as the city process allows us to.

>> Tovo: Thank you so

[2:25:06 PM]

much.

>> Mayor Adler: Thank you. Councilmember Fuentes.

>> Fuentes: Thank you. And I just wanted to share, councilmember Tovo, there is mistrust in the community with all levels of government so having community health workers on staff will help rebuild that confidence in our city's programs and initiatives in a way that could not be done with only investing in community partners. So we really need a mix of both strategies and I think that's why it's important to invest both internally and having a pathway for career advancement within the city of Austin and invest in our community partners who are already doing incredible work as councilmember Casar mentioned, Austin voices being one of them. And lastly as far as the funding, that's the question I have asked for staff to come back with to identify areas where we could pull in the funding. So I look forward to hearing more from staff on those type of opportunities that we can consider.

>> Tovo: So if I may, mayor, just to clarify, I agree with you that it

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absolutely sounds like the investment should be both within the community within aph. I guess I'm just trying -- I'm trying to understand, council member, what you're proposing or are you saying you're still working with staff to determine kind of what that mix is for this budget, for this additional funding that you're proposing?

>> Yes, still working with staff to have a very defined plan in place for this budget.

>> Tovo: Okay, thank you so much for that additional information.

>> Mayor Adler: It's helpful. All right. Are we ready to go on to the efficiency study? Colleagues? Director Sturup, thank you very much for that. Kerri.

>> Thank you, sir.

>> Please bring up the presentation. And Dr. Escott will be leading this conversation on the dispatch equity and optimization efficiency study.

>> Thank you, mayor and council. I'm Dr. Mark Escott.

[2:27:08 PM]

I am the chief medical officer, office of the chief medical officer. Next slide, please. So this is a summary of the dispatch equity and optimization efficiency study that underwent an RFP process of the it was awarded and the submission of the time product occurred in July of this year. This was done by public consulting group. And this is a reminder for the overall goals of this study is really to conduct a review of the equity and the efficiency of the dispatch, EMS related services of the Austin fire department and

Austin Travis county ems. They really focused on response times, equity of services and resource utilization to responses to ems incidents. And ultimately also to produce recommendations on locations of fire suppression ems resources, timelines for implementation, as well as locations for new resources and applicability and impact

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of the iso ratings. Next slide, please. So in the communication that was sent by acm Arrellano, it included attachment a, which includes 41 recommendations in the study. It assessed the priority levels of those recommendations, an implementation timeline was recommended. And it grouped it into multiple categories including equity efficiency, revenue general, policy operations related as well as labor related. What also happened was prioritization of those recommendations occurred. We have a total of 12 fire prized -- prioritized recommendations to present today. There are six in each category. One was those recommendations that hit both equity and efficiency, as well as the recommendations focused on revenue. And had

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recommendations for a priority level of medium or higher. Next slide, please. So the first recommendation, recommendation number 9, was a recommendation for facilitated workshops between aph, AFD, austin-travis county ems and the office of the chief medical officer. This is identified as a high priority with an implementation timeline of zero to six months. This is one of the things that we'll see throughout this study in the recommendations I'm presenting today as well as other recommendations that are not included. And that is really a sense of cooperation, coordination, collaboration, and in some circumstances consideration for consolidation of some of these services. The report really focused a lot on the excellence within service lines of individual departments but found instances over and over and over again where there was a lack of collaboration between departments. In terms of strategic planning, in terms of data

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sharing. They identified significant areas of redundancies as well as gaps because of that lack of communication across departments. So this this is focused on getting the departments together in a meaningful way to create strategy. This was part of council member alter's proposition last year to bring the groups to plan. Today, we heard about multiple different departments and prevention efforts. We need an opportunity to bring those kind of things together so you have strategic alignment and ensuring we're really focusing together on the equity issues, efficiency and effectiveness. Recommendation 31 is

to be full partners in the community health improvement plan. Historically -- sorry, this is a high priority here, six-month timeline as well as on this one.

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Historically when aph creates a health plan, it involves other stakeholders, integral care, community health, and sometimes we forget that E.M.S. is healthcare. In fact, it is one of the largest healthcare entities in Travis county. Treating more than 110,000 people a year. Part of this recommendation is to include E.M.S., which includes Austin and Travis county fire department in that plan. Between them we have 2,000 or so healthcare workers that can be impactful across this community. They take specifically about cross-departmental planning for pop-up clinics and -- clinics and data sharing and other stakeholders. Next slide. Recommendation 32 is a

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recommendation to fully commit to the red angels program. This is assessed as a priority of medium to high with implementation timeline of 0 to 6 months. The red angel program is really designed as a prevention arm of the Austin fire department. Part of the set up of this is to provide outreach to members in our community, particularly in the east Austin area and other low-income areas that may not regularly access health resources. This is a brilliant concept, but again, needs to have strategic alignment with E.M.S., Austin public health and external stakeholders. The recommendation from the consult group was to establish KPIs for this program and really focused on cross-departmental, cross-agency, data-driven initiatives to achieve the goals.

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You know, again, when we talked in the past with council members about this concept, I discussed frequently the impact the fire service has had on fires. The role they played in changing building codes. Smoke alarm installation, et cetera has led to substantial decrease in fires. If we utilize that same power to go out, touch the community members, assess for clinical or medical risks, we can do the same thing for health-related issues. So that was another significant recommendation from this group. The recommendation floor is to form a collaborative work group between the Austin chief medical officer, E.M.S. And aph on the risk reduction initiatives. Assessed medium to high priority with timeline of 0 to 6 months. Again, there are

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inefficiencies, redundancies and some circumstances conflicting risk reduction initiatives. So there does need to be a collaboration to improve the efficiency, the equity of services and to ensure there is strategic alignment of those efforts. This is almost a recommendation for a collaborative work group or task force. Again, I think Austin public health is the lead agency when we think about health prevention. But ultimately this group needs to come together to discuss the resources that are currently in place and identify opportunities to maximize those resources, create that alignment, reduce redundancies, and be more impactful in the services that are provided. Next slide, please. Recommendation 36 is community

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service, external defibrillator use and bleeding control. This was assessed a final frame of six to 12 months. The recommendation here is to establish fire station-based, neighborhood-based bystander CPR programs, AED and hemorrhage control training. These are some of the most time-dependent emergencies. The more individuals in the community that know how to respond and are ready to respond, the better we are at saving lives, because ultimately the bystander is going to be the key component. They made a recommendation for APD for emergency medical, such as deliver CPR, AED, and hemorrhage control and notification program for cardiac arrest. This is a platform available to the public. Ultimately the E.M.S. System can decide if we have a nurse,

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a doctor, another member of the community who is trained in CPR to add them into the response component so we can get the AED and CPR to individuals quicker. Why is this important? It is important because the rates of bystander CPR are remarkably variable across our community. We find in East Austin, bystander CPR rates suffer. We look at survival from cardiac arrest, our Latinx community has one-third the survival then the general community in cardiac arrest. The answer is not necessarily in the program, but what we were talking about earlier, getting the E.M.S. Workers out there to keep it from happening. But now we need to modify the system to improve outcomes. Next slide.

[2:37:20 PM]

Recommendation 39, consider initiating 911 telehealth for low acuity 911 calls. This was assessed medium priority level with implementation of 1 to 3 years. The recommendations were to utilize the dispatch center C4 program to navigate lower community callers, utilize 911 telehealth services provided by the city E.M.S. Physician says and advanced practice provider, paramedic practitioner that council member later referred to earlier, which can also bill those services the E3 program to insurance

carriers. The other recommendation was to improve access to -- and affordability of healthcare to populations with limited access to nonemergency care who utilize the 911 system. Again, when we look at low-acuity calls, traditionally we send an ambulance and sometimes fire

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apparatus, if they are low acuity, they have low likelihood of needing an ambulance transport to the hospital. The idea is to triage further at dispatch and connect them to the right resource. That resource may be telehealth, may be sending an ambulance, may be sending a community health paramedic or may be sending a physician assistant or physician if the person needs sutures or something like that. But certainly, with the covid-19 pandemic we have found that the acceptance for telehealth has improved across the communities and represents a low-cost option for the city and the community in terms of unexpected care. Next slide, please. Now we're getting into the section regarding revenue generating recommendations. The first is to revise the

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Austin E.M.S. Charity care policy. This is level high with implementation time frame of 9/30/21. There is a couple of significant recommendations here. First, they point out that the ACA allows for subsidies up to 400% of the federal poverty level for members of our community while the current E.M.S. Sliding scale only goes to up 200% of that federal poverty level. So the recommendation has been made to modify the current policy to improve the ability to file under an ambulance supplemental payment program versus the sliding scale. In other words to bill everybody for the cost of the balance and to write-off those that go unpaid, which then qualify for this supplemental payment program. The estimates were 3.4 and

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14.3 million may be added to the revenue through an adjustment such as this. Recommendation 15, review billing practice for commercial payers. Assessed medium to high priority level with implementation time frame of 6 to 12 months. In this recommendation the consultant identified the need for the E.M.S. Cost recovery program particularly from commercial insurers. When they compared the cost recovery for Austin as compared to Dallas, Houston, Fort Worth, those locations were receiving 100% more per bill than Austin is. So their average was 802 between the jurisdictions with an average for Austin of \$367. So that is about \$435 difference per transport when we look at the cause for fy20, that was about 1900 calls.

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So being able to move the bar up to the \$802 per call increases revenue by about 8.3 million for E.M.S. The 7 to 10 is because of variation year-to-year in the percentage of commercial payers and reimbursement numbers. Next slide, please. So recommendation 16, consider implementing a significant increase for ambulance transport. Assessed priority level of medium to high of implementation of 0 to 6 months. The current average E.M.S. Base fee for Austin is \$1,009 with the increase approved last year. This is compared to \$1,485 for Fort Worth, \$1,578 for Dallas and \$1,911 for city of Houston. The consultants identified a cost of service per transport

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of \$1,371. So they recommended a 25% increase to the average fee to around \$1,261 to offset the cost of service providing that service from the city. Again, even with that increase, it is still significantly under the center cities that are cited in the study. Recommendation 11. Consider the addition of healthcare finance expertise to Austin Travis county E.M.S. They have assessed priority of medium with implementation time frame of 1 to 3 years. The recommendation here is to maximize through partnerships in healthcare system and improving continuity of care. So other cities have -- other systems have successfully partnered with other healthcare entities to improve outcomes for patients while also being able to improve their cost recovery for the E.M.S. System. These are partnerships with

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hospital systems, partnerships with folks like interim care, central health, to identify opportunities where we can benefit them in terms of their goals for healthcare services while increasing the ability to recover costs for the E.M.S. System. Next slide, please. Recommendation 13 is to review the Austin Travis county E.M.S. Billing practices, priority level medium, implementation time frame 0 to 6 months. So the consultants identified that there are additional opportunities to improve cost recovery for both treatment, no transport, as well as allowable ALS level services. Specifically they reported that currently, we bill 54% of the transports as advanced life support which is significantly under what other similar systems bill.

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And well below the threshold to trigger additional oversight from CMS which is 80 to 90%. This may be for a number of reasons. Sometimes it is challenges with documentation on the medic side. Sometimes challenges in interpreting in terms of the billing and coding process. Nevertheless, it seems like

additional revenue left on the table because of this difference between the als that is currently being billed and what we're more likely to be able to bill given the comparison programs in the state and around the country. They also point out that the te3 program improves ability of E.M.S. To recover costs for nontransports or given an alternate destination or providing services via telehealth or through one of our in-person physicians or physician assistants. So they also identified that

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as part of this recommendation that 38% of our E.M.S. Clients were identified as uninsured. Which they felt was higher than expected. Given our population expected uninsured rate of 25 to 30%. This may be due to covid. Disproportionate impact in those who are uninsured. It may be because our E.M.S. Providers are so busy that they don't have time to document things like the insurance status information. So again, another medium priority for increasing revenue. Recommendation 35 completion of the office of the chief medical officers registration with the center for medicare and medicaid services. This was assessed a mediterranean priority with implementation of -- medium priority with an implementation of 1 to 3 years. I will start to stay that this process is well underway. Our practitioners, physicians,

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physician assistants are registered with CMS. But, again, this allows us to provide additional healthcare services, particularly focusing on eastern crescent, our areas of the community that don't have regular access to care to provide a lower cost alternative than the emergency department than have an ambulance and er bill. There are other steps that need to happen. As you are aware, there is a fee schedule proposed in the city manager's budget which will contribute to this. We're also working with other departments including aph Austin fire, and physician billing component to work together across departments to have one solution for that physician billing as those three departments currently employ physicians. Next slide, please. That concludes all of the

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prioritized recommendations. I'm happy to take questions.

>> Mayor Adler: Questions council member alter.

>> Alter: I hope my colleagues can understand why I was pushing so hard to have this information as we went into budget. This is a study that is in the work fairs couple of year -- for a couple years. I was supportive and championing of it a few years ago. It is a step in the direction of re-imagining public safety in areas that are not the police department. We need to re-imagine public safety and public

health, et cetera. And we need to do so in this coordinated, collaborative way across our departments. We have enormous resources in our personnel and opportunities to improve our outcomes, to create efficiencies and to generate revenue, which is extremely important in the environment we find ourselves --

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ourselves in, given the 3.5% cap. This is an important study, I'm excited to embark on trying to implement various pieces there are operational and other pieces that are critical. I want to focus on the revenue generation. I think the revenue generation provides a pathway both in the short term in the budget and over the longer term for us to achieve some of the goals we have for the E.M.S. Department, for our office of the chief medical officer and ultimately for improving health outcomes in our community that are really, really critical. So as I heard it, there is I think maybe three to five different ways that we could raise somewhere of the 3 to 15 million each. They probably don't all stack additively across those. There is more work to be done. But there is an enormous

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opportunity in improving billing system, decreasing transport fees and improving charity program and accessing commercial insurers. I'm interested in the short run in identifying which of these we can put into this budget comfortably to be able to generate dollars that would fund the improvements to the ocmo and paramedic practitioners, all of which are people that could be hired in the short run by December to get boots on the ground helping with our healthcare. Potentially to find enough that we could also make the leadership changes that have been requested by the E.M.S. And then to set in motion a process where we would increase the personnel to staff the stations with the 12 medics and any other needs that we identify that are priority through a slightly broader process than the budget. So I want to ask Dr. Escott,

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first of all, thank you for your leadership and your office's stewardship of this study. Thank you, Mr. Arrellano for pushing this forward to have it back in time for budget. I know that accelerated a little bit. I want to ask if you can help us understand which of the fees we might be able to implement in the short run and which will maybe take longer?

>> Thank you council member alter. I have discussed these items with chief brown. And I'm sure he's -- he can add comments as well. It seems as the charity care policy is one of the ones that could be

changed quickly. Through a council vote to ensure that not only are we able to provide expansion of this charity care from 200% to 400%, but at the same time

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increase ability to recover revenue through the supplemental program. The other item is to increase ambulance transport fee. We're well under our peer metro areas around Texas and significantly under the cost of service. So I think those are two items that could be done relatively quickly. And that would be the most impactful in terms of recovering costs for the services the city is providing.

>> You want to add anything, chief?

>> I do. Excuse me. Jasper brown, interim chief Travis county E.M.S. That is delayed revenue. Once the policy is in effect, it is something we recoup much later in the process. It is not done immediately. It is delayed revenue. Again, that is a policy discussion that really needs to be had. As Dr. Escott mentioned, it

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would change what we do on a sliding scale, and lower the rate, and giving them the entire bill, waving it, recouping funds later through the federal government. Again, it is similar to the 1115 where we get that revenue later. Almost can be up to six months after the closure of a year. And so while that policy could be changed immediately, it is delayed revenue that would come into the general revenue.

>> Um ... In terms of the billing system, can you tell us what plans you have to improve that process? There is a lot in here. That suggests if we were to make improvements to the billing system we would be able to [?] A lot more dollars.

>> One thing I would add is our billing staff, we are short five billing staff. We are currently looking at the positions and looking to see that they're funding

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correctly. As far as, you know, competitive salaries. We are losing both people to internal city departments and external, because they're paying more. So we are behind in our billing. And that's university the -- just honest truth, partly because of covid and other factors, but we're behind in billing. While this study was not directly related billing services, they did look at billing opportunities. There were funds set aside by council this past year to have us bring in a consultant. We're in that process, going forward to budget -- not -- to the procurement office to finalize that contract with a firm. They will

come in and do a top-to-bottom look of the billing department and see where to make improvements. Also I would like to be able to commit to you that we would come back with that and tell you where we would improve, if we need additional staff, need to be able to do something different. And where we can possibly improve.

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But that is not something I can provide to you by Thursday for your recommendations.

>> So when you say that you are short staffed, you mean there are five vacancies or more positions.

>> I have five vacancies now, three left in the last week. I just accepted a resignation today that the person is going to an internal city department. That is great, they're moving on, bigger, better, but it just puts us short staffed at total of five. We're currently trying to hire additional billing staff. Again, our hr department through corporate hr will look at positions and where they are aligned and they're ... Help me. Not classification, but pay scales are to ensure that we're paying competitive. If there is anything we can do to retain the billing staff we have.

>> Alter: And how long would the billing -- how long is

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that process with the procurement.

>> Currently, we're 20,000 calls behind in billing. Some of that is due to covid, we had staff sick out out with covid. In the best billing processes current, we don't see revenue coming back to us for usually three months. Calls if we bill them today in August, we won't see the revenue until November or December. Even in the best case, billing revenue can be a delayed process. There is a lot of recommendations that just came out. It is something we all need to consider, look at, provide you more information to make informed decisions.

>> Alter: So if we look at this year's revenue then we have to factor in you have 20,000 bills that haven't been filed.

>> 20,000 calls to process. We reduced our revenue projections for this year, based on some other factors, covid, and we weren't meeting our revenue projections. So we reduced it this year, even based on what's

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happening.

>> Alter: So can you help me understand why we haven't outsourced some of the billing process?

>> That is a question we're asking and seeing if we outsource this backlog or certain call types. And things like that. Yes.

>> Alter: What is the timetable for fixing that? That seems -- 20,000 calls that we don't have revenue for when we are trying, I don't know 20,000 times a thousand getting me the money right there on the transport in terms of the revenue. So what is the plan to address this?

>> Again, we're looking -- we're bringing in the staff, we asked our staff to work overtime. And we're seeing if we can bring in a temporary agency for -- to catch up on the calls also, and not outsourcing completely but bringing in temporary staff.

>> Councilmember, it is a top

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priority and making sure with those that left recently, the chief mentioning temporary staffing but we're continuing to pursue outsourcing options as well.

>> Alter: Sumand ra, I would welcome the chance on how to talk about this in short order. I identified five different ways to raise the money I need for my items. All of which are possible and multiples of those would work. I don't think we can, you know, proceed on all of them, you know, responsibly, but I think there is enough money for what I want to fund, but I'm at a loss as to how to do this responsibly within the budget process or beyond. And -- but it is -- it is a challenge to have identified five different ways to fund it and not know how to do that in a responsible way. So um ... I would like to have that conversation in short order so that we can proceed to fund these investments and the chief medical officer, paramedic practitioners which

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get the folks on the ground to ease some of the pain within the medical E.M.S. Ideally to get some of the leadership in and set that path forward. But I need some help on how to do that in the most responsible way and quickly.

>> Look forward to working with you on that councilmember.

>> Mayor Adler: Obviously that is a question that concerns everybody if there is additional revenue it can certainly be applied in this part of the budget. Unless there is an enterprise to be referred to other general fund request as well. So understanding whether or not there is any flexibility there, I think it would be really helpful, councilmember tovo.

>> Tovo: Mayor, I think you touched on really the question I was going to raise. In past budget cycles we had differing opinions about how best -- how best to approach it, if we are providing -- if we are providing a proposal that requires funding, should we also look -- I mean, we

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should always also look for cuts that would help provide additional funding. But in the past, I think we had differing opinions if you identified areas to -- for savings, can you then make a proposal to spend them in particular ways. So I wanted to raise that as, again, we have had differing opinions about in the past. I think just bears a conversation about how we're going to handle the budget this year, with regard to those kinds of proposals. And just, you know, on that note, we're all adjusting to the new timetable from the state. And also obviously the pandemic through this -- through this year's meeting procedure a bit as well as last year. And so next year, I hope we'll be able to get back to that kind of schedule where we have the present -- we have the staff presentations and questions about the presentations and individual departments early enough that

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really the week before budget, we can keep these work sessions clear to kind of talk among ourselves. Like how do you -- ask questions of staff as appropriate, air our amendments, solutions and levels of support, I understand why it hasn't happened this year and last in large part because of the new schedule from the state. I want to make that request last year. I made that request once, we did it for a while, and now we're a little bit out of the habit of doing that. The message board is great, it is usually much more efficient to just have a conversation face-to-face.

>> Mayor Adler: Colleagues, 3:00. Anything else?

>> Mayor?

>> Mayor Adler: Council member Ellis and then Casar.

>> Ellis: Two quick things. I wanted to clarify when the

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parks and recreation items would come up for the public? I know in the original schedule Ms. Lange posted it was going to be today. I realize that is not happening. I wanted to understand, will it be early on Thursday's agenda? What are the expectations now?

>> Mayor Adler: Yes, it will come up on Thursday. Probably asking staff to take a look at the remaining schedule and order that based on the council interests or staffing constraints. But we'll post hopefully something tomorrow that proposes an order for us to follow on Thursday. We'll also have some executive session discussions on Thursday as well.

>> Ellis: Ok. That is very helpful. The other one is our mobility committee, we were going to have that scheduled on Thursday. We've had to move it to Friday. I put up a message board post but really appreciate new colleagues, fellow committee members and city staff for working quickly to try to

[3:02:59 PM]

accommodate all the topics we want to cover. I want folks to know that has been rescheduled to Friday at 11:30 I believe. Take a look at the message board if you wanted to check that out.

>> Council member thank you for mentioning that. I will have a tough time making Friday work. So I would like very much to make sure that we make quorum.

>> Uh-huh.

>> Ellis: We worked very hard to try to get as many folks as we possibly could.

>> Oh, I know. I know that these things are not easy to do.

>> Ellis: Yes. And the topics we want to cover are pertinent to the budget. If they weren't we would have moved it somewhere else when we had more time.

>> It is just so hard for me to make Friday work. So maybe my office will continue to work with your office to figure out maybe I can just -- like I'm doing right now. Which I appreciate. You guys -- people are

[3:04:02 PM]

differently able. And sometimes you just can't be visible. So maybe that will be how we do it.

>> Ellis: That will absolutely work. Sorry you're feeling that way.

>> Mayor Adler: We'll figure out how to help mayor pro tem get that covered. Council member Casar.

>> Casar: Two things I had raised with the staff that will hopefully be numbers we have on Thursday. On the revenue side, what tax rate we can set that would have zero impact on the average homeowner and what tax rate to set to have a negligible one, say 3 or \$4 a month. I asked for those to be available Thursday, that might be helpful as we try to find where there are cuts we make or set the tax rate at a different level than the one that the manager put before us. Partly of interest to me is

[3:05:03 PM]

also seeing whether we can do more for some of our front line civilian employees who a lot of whom are leaving the city after all the wear and tear from the pandemic and winter storm. I know victim services and 911 has been raised, but lots of different departments. I will be looking at that tax impact as we consider that question as well.

>> Mayor Adler: Councilmember alter.

>> Alter: I was wondering when we would get the update on the tax revenues relative to our projections, et cetera?

>> We'll present that information on Thursday as well.

>> Alter: Ok. Thank you.

>> Mayor Adler: Thank you. Council member pool.

>> Pool: Colleagues, I wanted to point you to the message board post that I put up with two fairly modest amendments. We won't be -- I won't be able to talk about them today because we ran out of time, but I'm hoping to find space under economic development for my first rider.

[3:06:04 PM]

And then under homelessness for my second rider. I wanted to check in with our cfo, I know that one of -- Mr. Van eenoo. I know one of the discussions is if we wanted something for a tax rate election we needed to do that before August 16. If we're not doing that this year -- if it looks like we're not doing anything above 3.5, which right now I'm speculating, if we weren't, would we have a little more time margin that we wouldn't have to button all of this up by the end of ... Is that next week or this week? End of next week, if we're not going for a TRE for budget?

>> I mean, that is why we have moved the budget process forward so we keep the door open for a tax rate election. I would want to consult with

[3:07:08 PM]

Lela fireside, there are notice requirements, we have noticed about the time, venue. Where we are in the process, we have to be careful to check all the boxes for the noticing requirements. You are correct, we don't have to adopt the budget in August, we do that for potentially calling a tax rate election.

>> It looks like Ms. Fireside is next to you.

[Chuckling]. Thank you Mr. Van eenoo.

>> Layla fireside. I think we're too far for a notice out. If the council is not going forward with a tax rate election in upcoming years, we can definitely look at setting the dates for later. We have been trying to do the calendar to leave that option open and so that's how we are where we are right now.

>> Alter: Ok.

[3:08:09 PM]

>> Pool: Great information.

>> Maybe we can talk earlier in the calendar year to determine if there is a vote that we won't have a tax rate election, we can change the schedule for the budget. Thank you for that.

>> Pool: That's great. I realize, too, this year we weren't sure at all where we would land. Which again, is really why it is so impressive that you were able to bring us your proposed fiscal '22 budget at the 3.5%. So thank you so much and to the staff for the additional information.

>> Mayor Adler: It is useful to look at the leg we use. I'm not sure we would have a year to know the answer to that question early until you are there. Maybe there is posting language for that. Like the posting says start on the 11th, go to 12 and 13 if needed. I don't know if there is a way to say we start on 12, go to 12 and 13 if needed and if there is a decision not to die tax election, the discussions

[3:09:09 PM]

can continue on September whatever.

>> We can look at that mayor. I'm not too sure that that will work. I think we have to pick a date for the notice in the newspaper. So I'm not too sure that that will work, but we're happy to look into it.

>> Mayor Adler: That would be great, thank you.

>> Before we close, mayor, council, I wanted to voice my appreciation for our budget staff and under Carrie Lange's leadership, this is a wonderful process and work in today's workshop and also for Thursday. Thank you all very much.

>> Mayor Adler: Of course, we're not done yet. So I guess -- council member alter.

>> Alter: Thank you, I wanted to flag my message board post last week for my colleague, I mentioned the part about 360 and E.M.S., I want to call out the part about fire. Last week, we had our 24

[3:10:09 PM]

firefighters go through responding to the interface training which is the state-of-the-art for wildfire training. We need another \$300,000 for them to be able to train all of our firefighters in the next six months to the interface using that program to do it the way it needs to be done for certification, et cetera. That is \$200,000 for additional four hours of overtime for the participants and 100,000 for the trainers. That will get us, you know, really, really important step for our wildfire preparedness. And the balance is for the resilience related expenses for the fire department such as generator, fire equipment and bulletproof vests to be decided moving forward. I wanted to flag that for folks as well.

>> Mayor Adler: Sounds good. All right. So we're going to go now to

[3:11:10 PM]

closed session to take up a recessed executive session.

>> Harper-madison: Mayor, if I could also have an opportunity. I had the opportunity to talk to members of our Austin police department through the last couple days. There's been some questions about our ride-along opportunities. Are there any member it's I'm sorry. Hang on one second. Are there any members of our APD present?

>> I don't believe so mayor pro tem.

>> Harper-madison: That's unfortunate. I will say I have asked on

[3:12:13 PM]

multiple occasions for an opportunity to get a ride along and we have had other members of the council to get ride-alongs. And I think that there has been some miscommunication. I just to say publicly, I don't feel like I was excluded from the opportunity to do so, and if there are any members of our -- just saying -- let's -- I just want to say publicly, I don't feel excluded. That's all. Thank you.

>> Mayor Adler: Sounds good. Thank you. All right. Colleagues, back to executive session, two items, item 3 and 2. It is now 3:12. Without objection, we go back to executive session.

[3:13:14 PM]

I'll come back out to close the meeting. That is the only thing we'll do back out here. Thank you.

[Executive session]

[5:33:15 PM]

Mayor Adler: Ready? Alright. So we are going to...We are out of executive session. In executive session we discussed items: E2 and E3. Back in regular session. We are going to adjourn the meeting it is 5:33 p.m. here on August 3, 2021 and this meeting is adjourned. Thank you. Thank you staff for staying so late.