

**COMMUNITY HEALTH AND EQUITY
COUNCIL COMMITTEE
JUNE 11, 2021 2:00PM
VIDEOCONFERENCE**

Members Present:	Councilmember Ana Sandoval, Chair, <i>District 7</i> Councilmember Robert Treviño, <i>District 1</i> Councilmember Jada Andrews-Sullivan, <i>District 2</i> Councilmember Shirley Gonzales, <i>District 5</i>
Members Absent:	Councilmember Rebecca Viagran, <i>District 3</i>
Staff Present:	Maria Villagomez, <i>Deputy City Manager</i> ; Dr. Colleen Bridger, <i>Assistant City Manager</i> ; David McCary, <i>Assistant City Manager</i> ; Monica Hernandez, <i>Assistant City Attorney</i> ; Alma Lozano, <i>Assistant City Attorney</i> ; William P. McManus, <i>Chief of Police</i> ; Razi Hosseini, <i>Director, Public Works</i> ; Karen Falks, <i>Deputy Chief, SAPD</i> ; Dr. Anita Kurian, <i>Assistant Director, Metro Health Department</i> ; Jennifer Herriott, <i>Assistant Director, Metro Health</i> ; Dr. Junda Woo, <i>Medical Director, Metro Health</i> ; Denise Benoit-Moctezuma, <i>Chronic Disease Prevention Manager, Metro Health</i> ; Nefi Garza, <i>Assistant Director, Public Works</i> ; Jenny Hixon, <i>Public Health Administrator, Metro Health</i> ; Christopher Johnson, <i>Fire Engineer/Paramedic, San Antonio Fire Department</i> ; Nancy Cano, <i>Office of the City Clerk</i>
Others Present:	Rebecca Brune, <i>Chief Strategy Officer and Regional Director, South Texas, Meadows Mental Health Policy Institute</i> ; Amanda Mathias, PhD, <i>Vice President of Clinical Policy and Innovation, Meadows Mental Health Policy Institute</i> ; Ron Stretcher, <i>Senior Director of Systems Management, Meadows Mental Health Policy Institute</i> ; B.J. Wagner, <i>Senior Fellow of Justice System Policy, Meadows Mental Health Policy Institute</i> ; Sarah Zenaida Gould, PhD, <i>Interim Executive Director, Mexican American Civil Rights Institute</i> ; Carlos Rodriguez, <i>Program Director, BCFS Health & Human Services</i>

Call to order

Chairwoman Sandoval called the meeting to order.

Public Comments

None.

1. Approval of the meeting minutes from the April 22, 2021 Community Health and Equity Committee Meeting.

Councilmember Gonzales moved to approve the meeting minutes from the from the April 22, 2021 Community Health and Equity Committee Meeting. Councilmember Andrews-Sullivan seconded the motion. The motion prevailed unanimously by those present.

Item 3 was addressed at this time.

3. Briefing on the Meadows Mental Health Policy Institute (MMHPI) Draft Report on the City of San Antonio first response system. [Dr. Colleen Bridger, MPH, Ph.D, Assistant City Manager]

Dr. Colleen Bridger stated that in January 2021, City Council approved an ordinance authorizing an amendment to an Interlocal Agreement (ILA) with South Texas Regional Advisory Council (STRAC) for the purpose of adding \$150,000 from the City's General Fund to support a mental health coordination study to be conducted by the Meadows Mental Health Policy Institute (MMHPI). She explained that the MMHPI Study identified improvements to the City's first response system to ensure appropriate response to incidents involving individuals in mental health crisis. She added that the total budget for the project was \$300,000, with MMHPI funding 50% of the cost.

B.J. Wagner reported that the MMHPI Study results assessed data that considered the overall call burden to SAPD as a whole for all mental health calls that occurred from 2019 through April 2021. She explained that mental health (MH) emergency responses were diverted to crisis intervention teams anytime public safety was not at risk and the police department itself should not be high producing in MH emergency responses.

Ms. Wagner stated that the data revealed that the highest rates of mental health calls occurred between 10:00 AM and 7:00 PM, Monday through Friday, with a greater saturation on Tuesday through Thursday. She noted that there were two types of MH emergency calls: 1) MH disturbance; and 2) MH routine. She added that MH routine calls began to slow in frequency at 2:00 PM, while MH disturbance calls continued until 9:00 PM. She indicated that the SAPD Central Station and Prue Substation accounted for the greatest number of MH Emergency Response Calls; and 78207 (3,072) and 78229 (3,756) zip codes accounted for the most frequent locales. She pointed out that the 78229 zip code area was a statistically significant and heavily saturated MH area as it included the Medical Center which accounted for a large number of hospitals where routine MH cases were checked in and emergency detentions occurred. She highlighted that the 78229 zip code area also accounted for the largest number of MH Routine Response Calls, with 78212 (1,259) as the second highest frequency.

Ms. Wagner reported on SAPD MH in Progress Calls by Zip Code from 2019 through April 2021:

78207: 493
78223: 417
78227: 396
78228: 414
78229: 408

Ms. Wagner identified zip codes 78207, 78228, and 78229 as primary areas of interest where more calls frequently occurred in more condensed areas. She noted that 78207 accounted for the most MH in Progress calls with the greatest level of intensity and public safety needs, and was recommended as an area of interest for programmatic development. She pinpointed two immediate corridors in a concentrated area of downtown in 78207 where the most frequent instances of response to resistance occurred with the highest number of MH disturbance calls: From Walgreens (downtown) to the Greyhound Bus Station, and from a private residence back to the Greyhound Bus Station. She stated

that the corridors were very predictable for a frequent response to resistance with a multitude of force options. She explained that police departments reported certain crime data for initial calls and recommended that SAPD implement secondary codes or outcomes codes to identify mental health calls as a final disposition code when MH calls overlapped in concert with total emergency calls for service. She identified four locations where MH calls were not identified as such until SAPD arrived: 1) The Greyhound Bus Station; 2) Seven Oaks Apartments; 3) Park on Bandera Apartments; and 4) Reserves at Pecan Valley Apartments.

Ms. Wagner provided MMHPI Draft Considerations and Final Recommendations, as follows:

- Adopt Report Management Systems/Computer Automated Dispatch procedures putting into place a disposition code requirement for all calls with a mental health care need without regard for the originating call type or outcome.
- Develop clinical triage in the call center including incoming call triage and dispatch consultation for responding officers.
- Placement of *multiple* Multidisciplinary Response Teams (MDRT) between the hours of 8 AM and 8 PM in the 78207 zip code with additional *single* teams between those hours in 78208 and 78229.
- Develop a systemic approach including MDRT deployment and collaborations with community providers for service access at the areas identified as the top 4 overlap locations to conduct prevention and intervention engagement activities.

Ms. Wagner explained that an MDR Team would consist of nine members grouped into three units with each unit made up of one Paramedic, one Clinician, and one Police Officer, and provided a detailed outline of the specific MDRT roles. She stated that the MDR Teams would be deployed to the four MH overlapping areas in a systemic approach to cover 16-hour shifts seven days a week. She highlighted that the trained prevention, intervention, outreach and call responses performed by the MDRT would improve the quality of life of individuals by addressing their long-term chronic care needs and providing them with connections to foundational elements and resources such as family treatment services, outpatient clinic referrals, and housing and shelter needs.

Chairwoman Sandoval asked how the use of force would be implemented in the MDRT approach. She requested further information about identified sites along the downtown corridors with highest number of MH disturbance and resistance calls. Chief McManus stated that use of force elements would be considered once the MMHPI provided their final recommendations to the Public Safety Committee in August 2021. Ms. Wagner identified a large amount of MH-related calls came from a house that was located behind a convenience store and stated that further analysis of those calls was needed to determine if residents were calling to report events that were happening in the commercial area surrounding the house, or if the house was a multi-family unit and if case management was needed for residents who lived in the home(s).

Councilmember Gonzales noted that a majority of public housing and Haven for Hope were located in 78207 and asked for further information about overlapping emergency responses. Ms. Wagner clarified that 78207 had a very high number of response to resistance calls, and had the majority of MH routine and MH in progress calls. She noted that 78207 was statistically significant across all MH datapoints and should be targeted for intervention in the area. She added that Haven for Hope MH cases were not

included in the assessment of MH overlay calls for SAPD as they were specific to mental health routine calls and not necessarily specific to MH disturbances.

Councilmember Andrews-Sullivan asked if there was a correlation between uninsured and the areas of high MH-related calls. She requested an assessment of MH-related calls for individuals that were either off their medications or in need of them, and for overlapping data which showed a potential correlation with MH-related calls regarding children that were bullied in school or that had incarcerated or murdered parents due to gun violence. Ms. Wagner clarified that the MMHPI study assessed police department data and an additional study of socio-demographic and neighborhood-level data could further identify socio-demographic factors and target unmet social needs.

Chairwoman Sandoval asked of next steps before the final MMHPI report was submitted. Ms. Wagner stated that the MMHPI Team would collaborate with Deputy Chief Karen Falks for a closer and final review of the data and any pending questions, such as the further assessment of the large number of MH-related calls received by the house identified in the downtown corridor. Dr. Amanda Mathias stated that final meetings were pending to synthesize proposed solutions with stakeholders and programmatic leadership.

Chairwoman Sandoval requested an itemized breakdown of the MMHPI study by demographics per Council District. She requested that a listing of available use of force tools be included in the final recommendation, if time allowed. Deputy City Manager Maria Villagomez stated that demographic information obtained through census tracking and a recent domestic violence analysis would be included.

Item 2 was addressed at this time.

2. Briefing on the Metro Health's proposed Five Year Strategic Growth Plan. [Dr. Colleen Bridger, MPH, PhD, Assistant City Manager]

Dr. Colleen Bridger reported that Metro Health was in its second year of a four-year strategic plan which was developed with input from over 4,000 people in San Antonio through surveys, interviews, and key stakeholder meetings. She stated that four priorities were identified for the strategic plan: Adverse childhood experiences, violence prevention, nutrition, and access to care. She added that the guiding principles implemented were centered upon health equity and social justice, and the COVID-19 Pandemic experience informed the expanded focus areas for the strategic plan.

Dr. Bridger stated that the additional Federal funding directed to local health departments addressed not only the COVID-19 response, but also addressed four additional areas of health disparities and social justice that were brought to light as a result of the pandemic: Mental health, health justice, access to care, and technology and infrastructure issues. She explained that these expansion categories and services identified by various advocacy groups, including the Capitol Region Education Council (CREC) national public health experts, Metro Health staff, City Councilmembers, and grassroots community work driven by Metro Health. She noted that a braided funding approach would be used to fund the Plan which would consist of Federal and State grants, American Rescue Plan Act (ARPA) funds, health implementation funds, and the City's General Fund. She reported that the total estimated

cost of the Plan over five years was approximately \$80 million – \$90 million, and approximately \$16 million to \$18 million annually.

Dr. Bridger reported that expanded mental health initiatives would include the creation of a new Chief Mental Health Officer position to coordinate all mental health systems across multiple City departments and in conjunction with Bexar County and partner agencies. She stated that by establishing the City as a center of excellence as a trauma-informed care consortium, the City would enable other organizations to become trauma-informed and to establish trauma-informed practices. She added that other recommended programs would be to establish trauma-informed practices in the justice system, expand access to cognitive behavioral therapy for survivors of violence, enhance violence prevention case management, and to expand the City's Teen Ambassador Program.

Dr. Bridger stated that the Metro Health's Five-Year Strategic Growth Plan would establish the following mental health outcome measures:

- Mental health services will be available to children in 85% of public schools resulting in improved student wellbeing and decreased behavioral challenges
- All COSA Departments will have achieved Level 1 Trauma Certification resulting in increased ability of staff to recognize, respond and resist re-traumatization of community members
- Minimum of five school campuses will implement restorative justice programs resulting in reduced school expulsion
- Domestic Violence (DV) survivors at high risk for homicide will be identified and provided wrap around services resulting in reduced DV homicides
- Increase participation in Project Worth's Teen Ambassador Program to 65 participating teens to foster positive social behavior among youth in grades 7 - 12 as measured by pre/post tests

Dr. Bridger stated that the Health Justice Initiative would focus on the needs of the most disadvantaged and those suffering from systemic racism through the expansion of the Viva Health and Por Vida Programs using a community health worker model; implementing a nutrition education campaign; establishing a local food system collaborative; establishing a peer-led diabetes prevention program; expanding the Healthy Neighborhoods Program; and developing and implementing a cross-sector violence prevention initiative. She added that expected outcomes would include the introduction of 48 new Por Vida healthy restaurant and healthy food options in high need areas; healthier food consumption through targeted nutrition educational marketing campaigns; decreased food insecurities through a minimum of four local policies; an anticipated 58% reduction in diabetes among participants that completed the Diabetes Prevention Program; and increased engagement in healthy eating and active living initiatives.

Dr. Bridger presented the Access to Care Initiative that would ensure individuals could enter the health care system and find care easily and locally, in order to preserve or improve health and reduce health disparities. She stated that a Community Healthcare Worker (CHW) and Technical Assistance Center would be established and trained Clinical Ambassadors would connect residents to available resources. She added that training and the development of antiracist practices and policies for health care systems would be established and would include working with stakeholders to track harassment and discrimination events at their facilities as a quality measure, and to measure the effectiveness of interventions such as trainings on implicit bias and interrupting microaggressions. She indicated that

two Access to Care assessments would identify barriers to healthcare to provide solutions to overcome those challenges. She reported that Medical legal partnerships would be established as part of the initiative to understand and improve access to Social Determinants of Health (SDoH) resources and provide outreach program referrals. She added that expected outcome measures included an increased knowledge of SDoHs by CHWs, Clinical Ambassadors, and Clinicians resulting in increased SDoH referrals, communicable disease testing and/or prescribing. Dr. Bridger added that other outcome measures included having at least two major health care systems with infrastructure, monitoring, and accountability in place resulting in meaningful antiracism work at organizational and policy levels; and having at least one self-sustaining medicolegal partnership embedded within a healthcare setting or outreach program.

Dr. Bridger stated that the Technology and Infrastructure Initiative would ensure a strong foundational workplace, robust infrastructure and the availability of advanced technological services, software, equipment and facilities. She added that an Office of Policy & Partnerships would be established; the Office of Health Equity (OHE) would be expanded to address racism as a public health crisis and informatics would be expanded across the OHE. She indicated that technological infrastructures would be enhanced to support infectious disease reporting and investigations; a unified approach to violence data analysis and presentation would be implemented; and lab capacity genotype sequencing would be improved. She stated that outcome measures would result in effectively integrated technologies in detection and response to disease outbreaks; real-time system annual improvements; and a minimum of five policies implemented would result in improvement of physical, environmental, social and economic conditions affecting health and access to health care. Dr. Bridger stated this initiative would result in Metro Health's Equity Plan becoming fully implemented and an established partnership with UT Health would result in the ability to conduct next generational genomic sequencing on infectious diseases of high consequence.

Chairwoman Sandoval asked how Metro Health's proposed Five Year Strategic Growth Plan would be executed. She asked if environmental exposure to carcinogens could be considered in the Plan. Dr. Bridger stated that lengthier discussions would be held at the City Council Budget Policy Goal Setting Session on June 25, 2021 and the transition would take place under the supervision of Claude A. Jacob as the new Metro Health Director, effective July 6, 2021. She anticipated that final approval of the Plan would take place during the City's budget process in September 2021.

Councilmember Andrews-Sullivan noted that the Centers for Disease Control and Prevention (CDC) declared racism as a serious public health threat and asked if the CDC had started to implement grant funding for this critical issue. She called for promotional awareness of childhood cancers, childhood leukemia, and lupus and the impact these diseases had on childhood health disparities. Dr. Bridger reported that the CDC would provide a \$26 million grant towards addressing health disparities and would be an agenda item for City Council consideration on June 17, 2021. She noted that the grant funding would support much of the initial work for the 5-year Plan.

Councilmember Treviño entered the meeting at this time.

4. Briefing on the Community Rating System Program for Public Information. [Roderick Sanchez, Assistant City Manager; Razi Hosseini, Director, Public Works]

Nefi Garza reported that the Community Rating System (CRS) Program for Public Information was a voluntary incentive program that recognized and encouraged community floodplain management activities exceeding the National Flood Insurance Program (NFIP). He stated that the Federal Emergency Management Agency (FEMA) administered the CRS Program through the National Flood Insurance Program (NFIP). He noted that San Antonio was the only major city in Texas that was not enrolled in the CRS Program. He explained that in order to enter the CRS Program, the City must create and execute a Program for Public Information (PPI) Plan which would serve as a planning tool to develop and refine the City's outreach efforts to provide information to residents regarding flood hazards, flood safety, flood insurance, flood mitigation, and ways to protect property and lives. He added that the PPI consisted of outreach regarding initiatives and projects that the City and its partners had in progress or were planning to do. Mr. Garza indicated that planning initiatives and projects would be monitored, evaluated, and revised to improve their effectiveness.

Mr. Garza stated that the PPI Plan was drafted in collaboration with City departments, partner agencies, and community stakeholders that were familiar with flood programs and public outreach, and these entities formed the PPI Committee which assisted in the development of the initial PPI Plan. He identified some of the targeted audiences for outreach: Residents living in floodplains; the Bexar County Appraisal District; repetitive loss area residents; Spanish speakers; neighborhood leadership; and developers/engineers/builders. He emphasized that the PPI Plan was a living document which was subject to changes and improvements and would be monitored on a yearly basis. Mr. Garza provided a timeline of the application process:

- March 2021 through July 2021: Consultant review of the City's floodplain standards; preparation of PPI Plan; and execution of program requirements
- July 2021: Deadline to submit CRS application
- December 2021: The full application process, including multiple submissions and responses to reviewer comments, would be completed
- Spring 2022: FEMA would grant the CRS award rating
- Fall 2022: Residents would begin to realize the full discounted benefits of the Plan with their flood insurance premiums decreasing by 20%

Chairwoman Sandoval noted that performance metrics would be included in the PPI Plan so that the program's progress and goals could be effectively measured, as was previously discussed with the Public Works Department.

Councilmember Andrews-Sullivan moved to approve Item 4. Councilmember Treviño seconded the motion. The motion prevailed unanimously by those present.

5. Briefing on the Mexican American Civil Rights Institute. [Dr. Sarah Zenaida Gould, PhD, Interim Executive Director of Mexican American Civil Rights Institute]

Dr. Sarah Zenaida Gould reported that San Antonio had a history of being a leader in addressing quality of life issues for Mexican Americans and was the birthplace and incubator of a number of organizations founded around issues of equity in social services, public accommodations, education, legal rights, voting rights, housing, and inequity. She stated that the Mexican American Civil Rights Institute (MACRI) was founded in 2019 to document and disseminate San Antonio's important history of

Mexican American civil rights and to tie that history to a national story as part of a national endeavor to create a more perfect union.

Dr. Gould stated that MACRI received a two-year planning grant from the City's FY 2019 budget. She reported that since its inception, MACRI was an official nonprofit 501(c) organization that provided free virtual programming on topics that ranged from the history of Mexican American women and civil rights to the connections between the current COVID-19 Pandemic, and a century of Mexican American health inequities. She noted that MACRI would host its first annual symposium in August 2021 and would present its first biannual publication of "brown papers" which were commissioned essays on Mexican American civil rights, history, and contemporary issues at the end of the presentation. She added that a virtual exhibit on the history of Mexican American civil rights would also be launched in August 2021 and a physical traveling version of the exhibit would be ready by Fall 2021.

Dr. Gould highlighted that there were more museums in the United States than there were McDonald's and Starbucks combined; however, not one museum focused on Mexican American civil rights history and San Antonio had an opportunity to become a destination for learning about Mexican American civil rights history for all residents and the United States. She noted the significance of addressing racism as a public health issue and addressing inequities as part of the history of Mexican American civil rights.

Councilmember Andrews-Sullivan noted that approximately \$15 million in funding was available through the American Rescue Plan Act for American Latino museums, and asked if MACRI had applied for such funding and requested that the City's Arts & Culture Department collaborate with MACRI in the grant process. She asked if MACRI was working jointly with the Witte Museum to create a fundraising campaign. Dr. Gould stated that MACRI's planning grant would expire at the end of the year and every grant opportunity would be considered and she would reach out to the Witte Museum to discuss fundraising opportunities.

Councilmember Andrews-Sullivan noted that many residents only spoke Spanish and many were undocumented and recommended that MACRI provide a resource directory on its website for rental, utility and legal assistance. Dr. Gould reported that MACRI was in the process of developing an in-depth website to expand on its teaching resources and concurred that including community resources would be greatly beneficial.

Councilmember Treviño recommended that MACRI invite authors of Mexican American and Texas history to speak at MACRI's first annual symposium and to display the last letter authored by William Barret Travis which spoke of land taken from Mexicans as reparations. He noted that the cascading effects of redlining in the City's history caused present-day divisions and described civil rights as simply human rights.

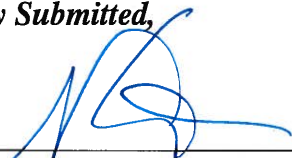
Adjourn

There being no further discussion, the meeting was adjourned at 4:35 PM.



Ana Sandoval, Chair

Respectfully Submitted,



Nancy Cano, Office of the City Clerk