Homelessness Outreach Street Team (HOST) Pilot

Briefing to Austin City Council

August 30, 2016
A new, collaborative initiative to address proactively the needs of people living on the streets

**Core Team Members:**
- Austin Police Department (APD)
- Austin-Travis County Integral Care (ATCIC)
- Austin-Travis County Emergency Medical Services (EMS)
- Downtown Austin Alliance

**Supporting Partners:**
- Ending Community Homelessness Coalition (ECHO)
- Front Steps: including Austin Resource Center for the Homeless (ARCH)
- Downtown Austin Community Court
- Austin-Travis County Health and Human Services

- Salvation Army
- Trinity Center
- Lifeworks
- CommUnity Care
- Caritas of Austin
- Other agencies and churches
Inspired by homelessness outreach teams in Houston and around the country.
Austin’s team is multi-sector, cross-agency.

2 police officers: Austin Police Department (APD)
4 mental/behavioral health specialists: Austin-Travis County Integral Care (ATCIC)
1-2 rotating community health paramedics: Austin-Travis County Emergency Medical Services (EMS)
1 outreach specialist: (funded by) Downtown Austin Alliance
HOST began on June 1.

Why did the community come together around this team?
Today

Crowding, crime, disorderliness

Barrier to services (i.e. safety)

Police Interventions

Tomorrow

Clean and safe city

No barriers to services

Support and Housing

Interrupt the Revolving Door

With Targeted Outreach

Jails

Hospitals

Shelters
Problem

Idea

What’s been tried?

What’s needed?

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A. Interrupt Crime
B. Provide Sanctioned Places for People
C. Reduce Barriers to Services

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Focus: Define the gaps, probe to learn

How might we positively impact safety @ ARCH?

Constant presence of officers

Trouble with moving people

Limited enforcement

Costs/human rights

When that doesn’t work, APD talks

Go elsewhere; get them engaged in services

People don’t want to engage

Trying to change culture

But face barriers

Criminal activity

Always sympathetic to person

Looks bad

Scared of people

Criminal activity

Always work against

Keeps people scattered

You have to move

Out of jail in short time

What do people want to go to?

Provided & sanctioned places for people to go?

How might we reduce criminal activity?

What do people want to go to?
Average Daily Public Cost

$61/day
Permanent Supportive Housing

$20
Shelter

$96
Day in Jail

$152
Jail Booking

$876
EMS Transport

$1,400
Emergency Room Visit

$4,800
Inpatient Hospital Day

Data Source: Joint Analysis conducted by Central Health, Travis County Justice Planning and ECHO for a Pay for Success Initiative of high utilizers of crisis systems—Rev. 12/30/2015
Current Encounters/Person

Inpatient Hospital Days
37 days @ $4,800/day
$178K/year

Emergency Room Visits
21 visits @ $1,400/visit
$30K/year

EMS Transports
19 transport @ $876/transport
$14K/year

Average total annual cost per person: $222K
Sample estimated benefit of Permanent Supportive Housing

Current Estimated Health Care costs **before housing**

$222K

Public Health Cost Avoidance **after housing**

$179.7K

Health Care Costs **after Housing**

$22.3K

Estimated annual housing Cost/person
- Rental Subsidy = $8,300
- Intensive Case Management = $14,000

Data Source: Joint Analysis conducted by Central Health, Travis County Justice Planning and ECHO for a Pay for Success Initiative of high utilizers of crisis systems—Rev. 03/17/16.
HOST results to date
Performance Period: June 1 - August 15

300 unique clients have entered program

303 individual needs identified by HOST

215 needs met by HOST
# Meeting Needs & Finding Barriers

<table>
<thead>
<tr>
<th>Top Needs</th>
<th># Need Met</th>
<th># Need Pending</th>
<th>Barriers</th>
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</table>
| **Coordinated Assessment:**  

Completed with client or partner organization | 65         | 38             | **System:**  

- Lack of available resources (e.g. 3-4 month wait for SafePlace shelter)  
- Service contracts lack of flexibility to play necessary roles  
- "Fragmented System" difficult to navigate  
- Lack of advocacy for clients |
| **Mental Health Assessment and Treatment:**  

Assessments, appointments, and referrals scheduled and completed | 27         | 11             | **Client:**  

- Substance use disorders  
- Miss appointments  
- Not interested in services  
- Lose motivation when services are not readily available  
- Lack of trust in the system  
- Fear of the unknown |
| **Shelter:**  

Connection to program that has bed/housing voucher | 35         | 10             |  
| **General Medical (HMIS -- EMS):**  

Appointments scheduled and attended; transportation to appointments; CommUnity Care Street Medicine Team connection | 22         | 80             |  

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Meeting Needs & Finding Barriers
“Johnson” Family’s Journey

- Husband, wife, and two children
- Came to Austin for work but didn’t work out
- Found themselves homeless stayed at Salvation Army (SA)
- Motivated to change situation but in crisis

HOST intervention

- HOST encountered family outside of church
- SA at capacity; worked with SA to access overflow room
- Received motel vouchers, food, and supplies from donors
- Began Social Security Income application process
- Family made calls to resources with HOST guidance
“Johnson” Family’s Journey

Change Mechanism

Barrier Busting

(reducing barriers and increasing access to services, while managing stressors, increasing hope and providing a future orientation)

Result/Outcome

- Husband, wife, and two children
- Connected with Salvation Army family dorm
- Completed Coordinated Assessment
- Applied for Public Housing
- Wife receives check soon
- Waiting to hear back about more stable housing options
- HOST will follow up until family is stabilized
What makes HOST effective?
Gain effectiveness by reducing...

- **Service Duplication**
- **Service repetition and re-start**
- **Wait for Services**
- **Service Gaps**
<table>
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<tr>
<th></th>
<th><strong>Outreach</strong> (Various Service Agencies)</th>
<th><strong>HOST Model</strong> (APD, EMS, Austin Travis County Integral Care, Downtown Austin Alliance)</th>
<th><strong>Intervention</strong> (Crisis Intervention Team, Mobile Crisis Outreach Team, Psychiatric Emergency Services)</th>
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</thead>
<tbody>
<tr>
<td><strong>Deploy</strong></td>
<td>Ongoing, standard schedule; enter safer places</td>
<td>Meet people where they are; “Be on the look out” calls; enter potentially precarious situations</td>
<td>Referrals and on call for precarious situations; persons whom are of imminent danger to themselves/others</td>
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<tr>
<td><strong>Collaborate</strong></td>
<td>Agency specific: connect clients through referrals</td>
<td>Research and handoffs: have shared resources, data, knowledge, networks, wisdom; quickly refer and connect</td>
<td>Research, planning, paperwork, and sequenced activities</td>
</tr>
<tr>
<td><strong>Interact with clients</strong></td>
<td>Meet, engage, &amp; build trusting relationship</td>
<td>Consistency on streets; tailoring interactions to meet needs, nudge motivations to change</td>
<td>Execute heavy-weight intervention</td>
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<tr>
<td><strong>Follow-up</strong></td>
<td>Agency-specific protocols; tracking in databases; time frame to close-out if no progress</td>
<td>Track clients see how they are and their needs; ensure interventions have intensity and duration necessary for change</td>
<td>Emergency crisis response only</td>
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HOST meets “Bernard”

- **10 min**
  - ATCIC & APD talking to Bernard, who needs a Medical Access Program (MAP) card.
  - “What is that gauze on your foot for?”
  - Notice that Bernard has a serious burn on his leg.

- **10-20 min**
  - Community Health Paramedics (CHP) arrive. Start MAP application, look at leg.
  - Client didn’t go to ER because he didn’t want a bill.
  - Medics call a Street Medicine medical provider to Bernard.

- **30 min later**
  - CommUnity Health Street Med team arrives.
  - MAP card approved.
  - Medical evaluation enables non-emergency transport to the ER, saving a resource.
  - CHP transports Bernard to ER.

Meanwhile, CommUnity Health Street Med team plans for Bernard’s future by connecting to the ARCH to secure follow-up wound care for when Bernard is discharged.

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Result/Outcome

5 agencies, 70 minutes

“Follow-up from last week on the male we encountered at the library with the badly burned leg. At the hospital, they found blood clots in his leg, determined that he had congestive heart failure. The Doctor said that him being admitted to the hospital literally saved his life; he may have been dead within 72 hours had he not encountered us and was offered help.”
“Bigger than the sum of our parts”

Team members have:

- Shared wisdom and experiences
- Previously established relationships with individuals on the streets
- Flexibility to play different roles
- Flexibility in operations and deployment
- Different professional networks to tap into, which gives them the ability to make immediate connections and hand-offs
## Optimum use of Resources

**What we are learning from EMS’s Community Health Paramedic Program:**

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<tr>
<th>Goal</th>
<th>Approach</th>
<th>Target</th>
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<td>● Prevent the individuals from reaching a point where the 9-1-1 system is their only option by...</td>
<td>● Recognize that unconventional individuals have needs that require unique solutions</td>
<td>● Frequent system users</td>
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<tr>
<td>● Collaborating with resources to develop comprehensive solutions to...</td>
<td>● Consider alternative measures in developing a solution</td>
<td>● Vulnerable individuals at risk of deteriorating</td>
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<tr>
<td>● Connect individuals to resources that benefit their well being</td>
<td>● Collaborate to streamline efforts and provide swift, effective solutions</td>
<td>● Provide additional system response resource</td>
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Why does HOST work?
“It’s all about building relationships and trust.”

- With clients
- Between public safety agencies and service providers

Trust = Reliability + Credibility + Intimacy*
Self-Orientation

*“The Trusted Advisor” by Maister, Green and Galfort, 2001 by Free Press; http://trustedadvisor.com/
“David’s” Journey

- On the streets of Austin for years
- Known to APD officer and has established relationship
- Long history of substance dependency

HOST intervention

- Approaches APD officer, discloses his recent heroin overdose; asks for help
- Officer connects with rest of HOST
- Medic connects David to the Community Court’s ‘Road to Recovery’
- Enters the 90-day substance use treatment program
“David’s” Journey

Change Mechanism

- Trust and Supportive Relationships: felt secure to express mistakes and still be accepted, widening opportunity for change
- Immediate connection to services

Result/Outcome

- Case manager is working on post-treatment housing
- Has a sponsor and looks visibly healthier
- Expressed gratitude for HOST’s help

Meanwhile...

- David introduced a peer to HOST
- He’s begun paying back child support
How does HOST fit into the bigger picture on ending homelessness?
“Patsy’s” Journey

- Known to be homeless since she was 10 years old
- Known to HOST members before June 1 - she completed a Coordinated Assessment before HOST pilot.
- A talented artist; built a relationship with her by providing art supplies
- Has mental health needs; struggled with substance dependency

HOST intervention

- When her name came up for housing, HOST medic knew where to find her
- Was afraid and reluctant to go into housing
- HOST encouraged and supported her to go
- HOST helped her move into home at Community First Village
“Patsy’s” Journey

Change Mechanism
- Barrier Busting
- Trust and Supportive Relationships

Result/Outcome
- Post move-in, medic: “Can I have a water from your fridge?”
- Patsy: emotional tears, grateful for her home
- Set up to register as a vendor for selling her artwork
- HOST will follow up until confident in her stabilization
- Patsy’s partner of 7 years reached out to HOST; now he is changing his life
Next steps
1. Enable Collaboration
- Pilot began June 1 with resources on loan
- Iterative approach to test hypothesis
- Administrative, data support to facilitate learning
- Office space, parking
- Equipment: uniforms, vehicles (currently using loaners), and tablets (for street data entry)

2. Right-Size Capacity
- Equip, calibrate team before replicating
- Data sharing, methodology performance measures in place
- Requires team members with experience/temperament for serving homeless
- Training for new team members
Pilot near, mid-term...

- Remain one team that deploys to **expanded boundaries** (*mobile population shifts around*)
- Team remains at current size while learning, *then* scale
- Continue to capture learnings, adapt operations, refine methodology, measures
- Formal evaluation
- Plan for scale
- Consider roadmap and summit

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**Designing HOST**

**Team Structure**

The Homelessness Outreach Street Team (HOST) brings together the expertise of two police officers, two behavioral health specialists, a paramedic, and an outreach social worker. Their job is to help bridge the gaps between social services and safety where hard-to-reach populations get stuck in the revolving door of emergency shelters, justice systems, and emergency services.

Modeled after similar successful programs in other cities across the U.S., HOST will be proactively deployed on the streets. The Austin Police Department (APD), Austin-Travis County Integral Care (ATCIC), Austin/Travis County Emergency Medical Services (EMS), and Downtown Austin Alliance are sponsoring HOST within existing resources to test the effectiveness of the approach.

We must address peoples' needs with appropriate resources before they reach a state of crisis and before they violate laws or ordinances that typically result in admission to a hospital emergency room or emergency psychiatric facility, an arrest or issuance of a citation. We anticipate that the program will result in fewer EMS transports, reduced emergency room use, fewer jail bookings, and increases in case management, social service provision, enrollments in coordinated assessment, and opportunities for permanent supportive housing.

**Collaboration Across Sectors**

HOST will connect with Front Steps, Salvation Army, Caritas of Austin, Trinity Center, Downtown Austin Community Court and others who provide clients with essential emergency/social
Interlocking Investments Needed

A + B + C

A. Interrupt crime without criminalizing homelessness or mental illness

B. Reduce barriers to services

C. Create sanctioned, safe places
Questions, Comments?