

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	Salvation Army
Homelessness Coalition (ECHO)	Trinity Center
Front Steps: including Austin	Lifeworks
Resource Center for the	CommUnity Care
Homeless (ARCH)	Caritas of Austin
Downtown Austin Community	Other agencies and
Court	churches
Austin-Travis County Health and	
Human Services	

Inspired by homelessness outreach teams
in Houston and around the country.





Austin's team is multi-sector, cross-agency.

2 police officers:
4 mental/behavioral health specialists
1-2 rotating community health paramedics
1 outreach specialist

Austin Police Department (APD)
Austin-Travis County Integral Care (ATCIC)
Austin-Travis County Emergency Medical Services (EMS)
(funded by) Downtown Austin Alliance

HOST began on June 1.

Why did the community come together around this team?

Today



Tomorrow

Crowding, crime, disorderliness



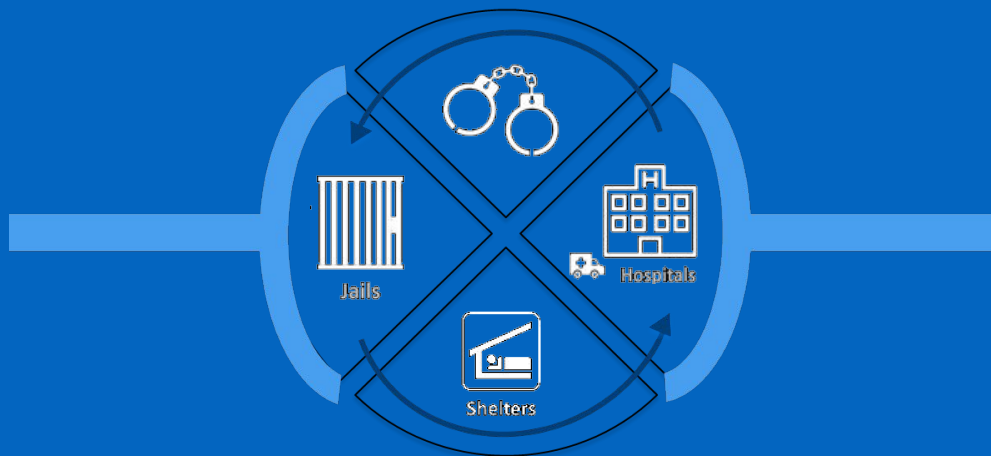
*Barrier to services
(i.e. safety)*



Police Interventions



Interrupt the Revolving Door



With Targeted Outreach

Clean and safe city



No barriers to services



Support and Housing



Problem →

Idea →

What's been tried? →

What's needed? →

A.
Interrupt Crime

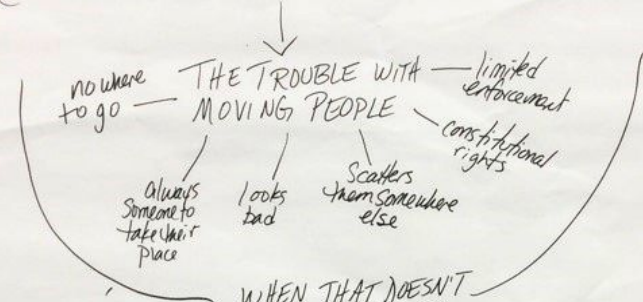
B.
Provide Sanctioned
Places for People

C.
Reduce Barriers to
Services

FOCUS: DEFINE THE GAPS, PROBE TO LEARN

How MIGHT WE POSITIVELY IMPACT SAFETY @ ARCH?

CONSTANT PRESENCE OF OFFICERS



Criminal activity
- they have work-arounds
↳ signals to scatter
↳ "you have no right to move me"
↳ out of jail in short time

WHEN THAT DOESN'T WORK, APD TOLD
"go over there: get them engaged in services."

people don't want to engage

trying to change BUT face barriers

don't want change

Detaching to additive behaviors: activities is easy

Where am I supposed to go?

(A)

How might we interrupt this?

(B)

How might we provide & sanctioned places for people to go?

(C)

How might we reduce service barriers?

prevent criminal activity from following sanctioned places

where do people wait for coordinated assessment; housing?

pissed off can lead to criminal activity

Average Daily Public Cost



Permanent
Supportive
Housing

\$61/day



\$20

Shelter



\$96

Day in
Jail



\$152

Jail
Booking



\$876

EMS
Transport



\$1,400

Emergency
Room Visit

\$4,800

Inpatient
Hospital Day

Current Encounters/Person

Costs/Person

Inpatient
Hospital
Days



37 days @ \$4,800/day

\$178K/year

Emergency
Room
Visits



21 visits @ \$1,400/visit

\$30K/year

EMS
Transports

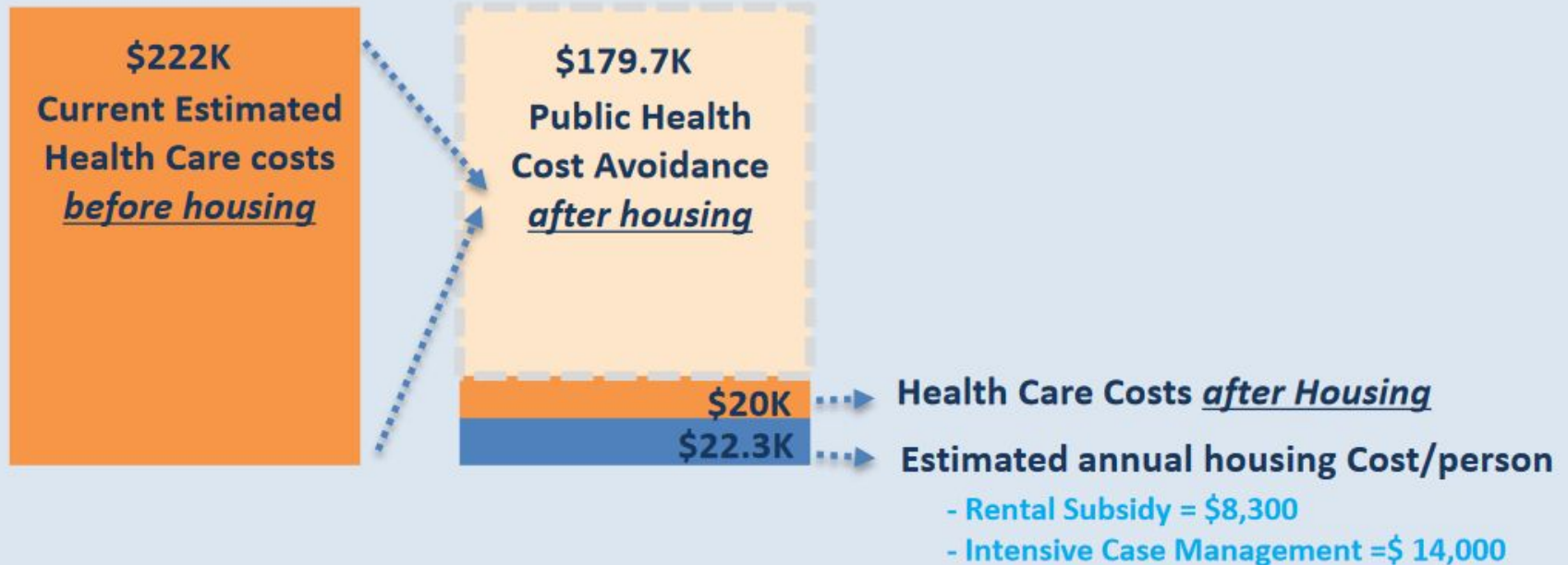


19 transport @ \$876/transport

\$14K/year

Average total annual cost per person: \$222K

Sample estimated benefit of Permanent Supportive Housing



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

Top Needs	# Need Met	# Need Pending	Barriers
Coordinated Assessment: <i>Completed with client or partner organization</i>	65	38	System: <ul style="list-style-type: none"> <i>Lack of available resources (e.g. 3-4 month wait for SafePlace shelter)</i> <i>Service contracts lack of flexibility to play necessary roles</i> <i>"Fragmented System" difficult to navigate</i> <i>Lack of advocacy for clients</i> Client: <ul style="list-style-type: none"> <i>Substance use disorders</i> <i>Miss appointments</i> <i>Not interested in services</i> <i>Lose motivation when services are not readily available</i> <i>Lack of trust in the system</i> <i>Fear of the unknown</i>
Mental Health Assessment and Treatment: <i>Assessments, appointments, and referrals scheduled and completed</i>	27	11	
Shelter: <i>Connection to program that has bed/housing voucher</i>	35	10	
General Medical (HMIS -- EMS): <i>Appointments scheduled and attended; transportation to appointments; CommUnity Care Street Medicine Team connection</i>	22 -- 80	3	

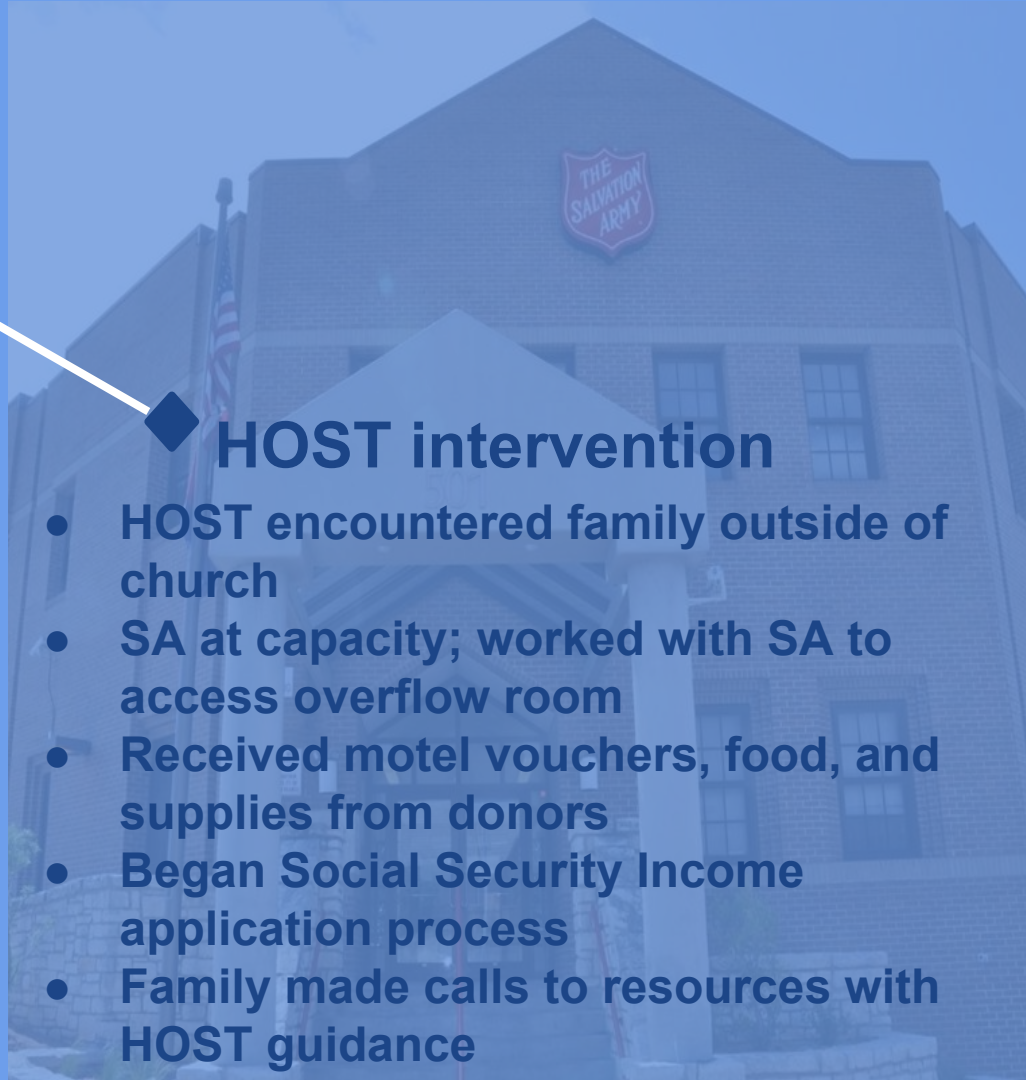
“Johnson” Family’s Journey

- 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**



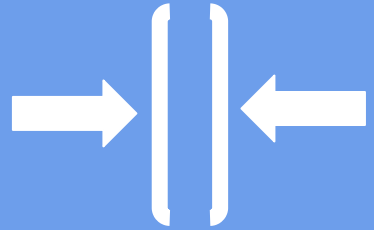
**Service
repetition and
re-start**



**Wait for
Services**

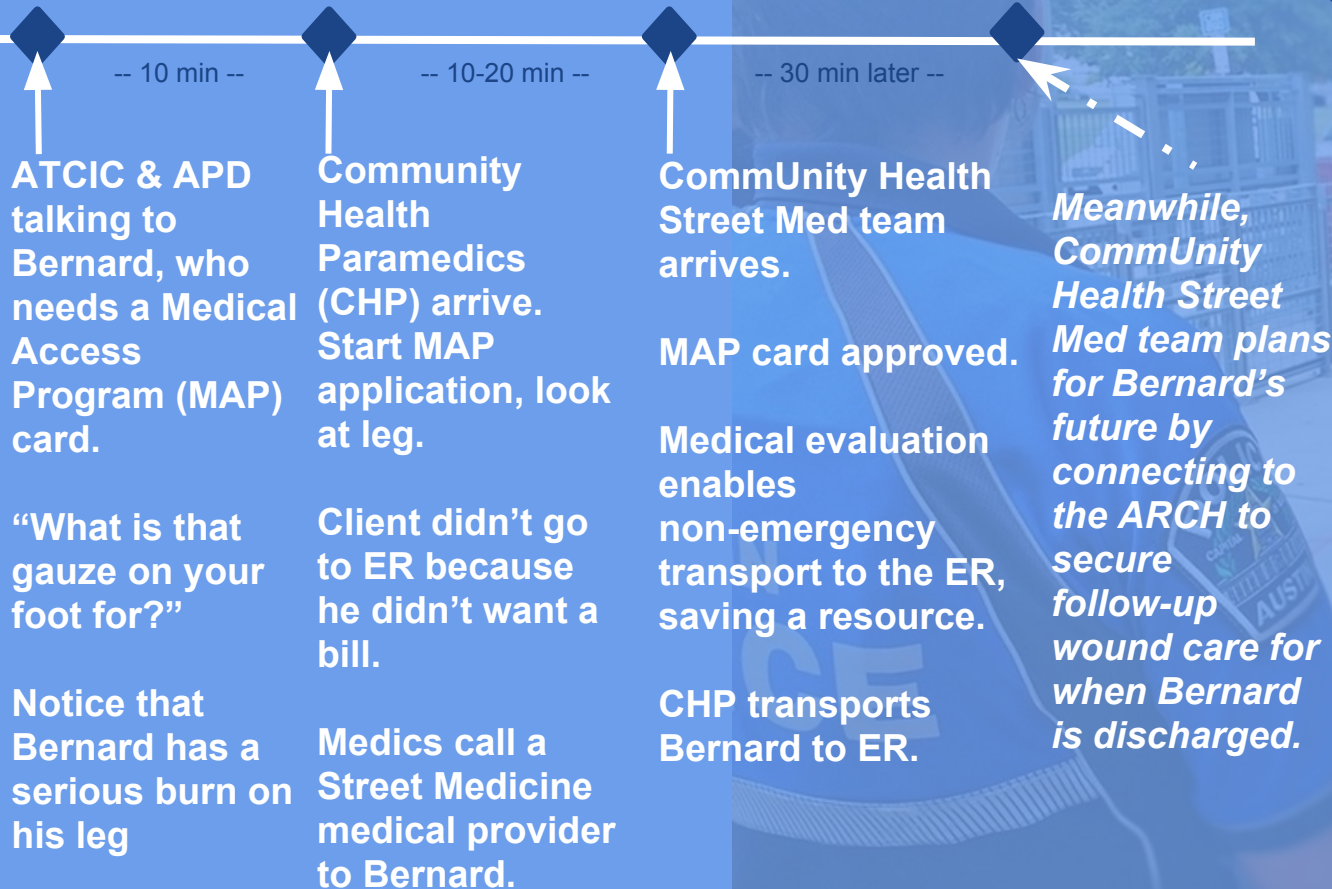


**Service
Gaps**



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

HOST meets “Bernard”



Result/Outcome
5 agencies, 70 minutes
Life saved

“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:

Goal

- Prevent the individuals from reaching a point where the 9-1-1 system is their only option by...
- Collaborating with resources to develop comprehensive solutions to...
- Connect individuals to resources that benefit their well being

Approach

- Recognize that unconventional individuals have needs that require unique solutions
- Consider alternative measures in developing a solution
- Collaborate to streamline efforts and provide swift, effective solutions

Target

- Frequent system users
- Vulnerable individuals at risk of deteriorating
- Provide additional system response resource



AUSTIN-TRAVIS COUNTY
EMS

Why does HOST work?



“It’s all about building **relationships** and **trust**.”

- *With clients*
- *Between public safety agencies and service providers*

$$\text{Trust} = \frac{\text{Reliability} + \text{Credibility} + \text{Intimacy}^*}{\text{Self-Orientation}}$$

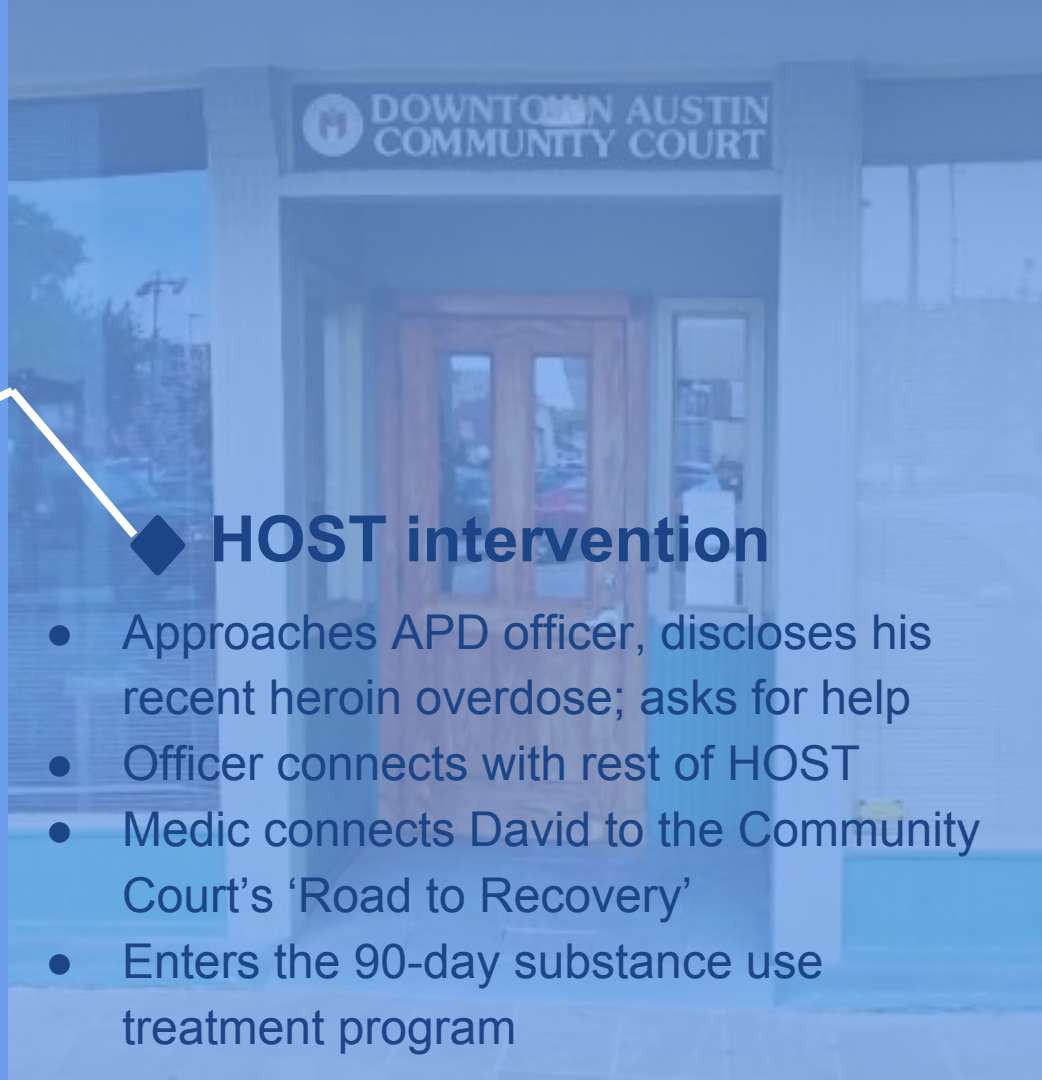
“David’s” Journey

- 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

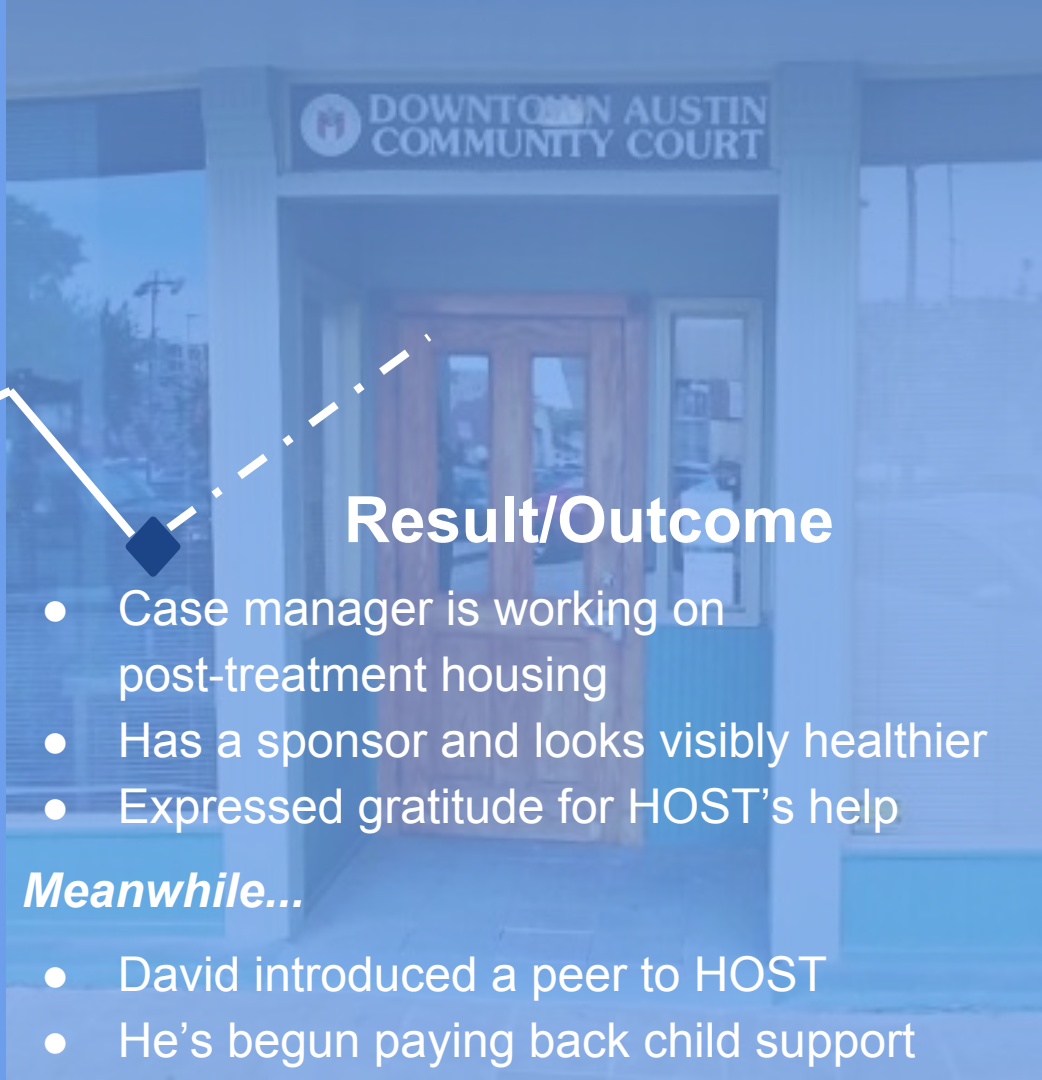
- Trust and Supportive Relationships: *felt secure to express mistakes and still be accepted, widening opportunity for change*
- Immediate connection to services

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

cityofaustin.github.io

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Homeless Outreach Street Team Documentation

Home

Foundation

Framing the HOST Pilot

Strategy

How Host Fits In

Designing HOST

Designing HOST

Team Structure

Collaboration Across Sectors

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.

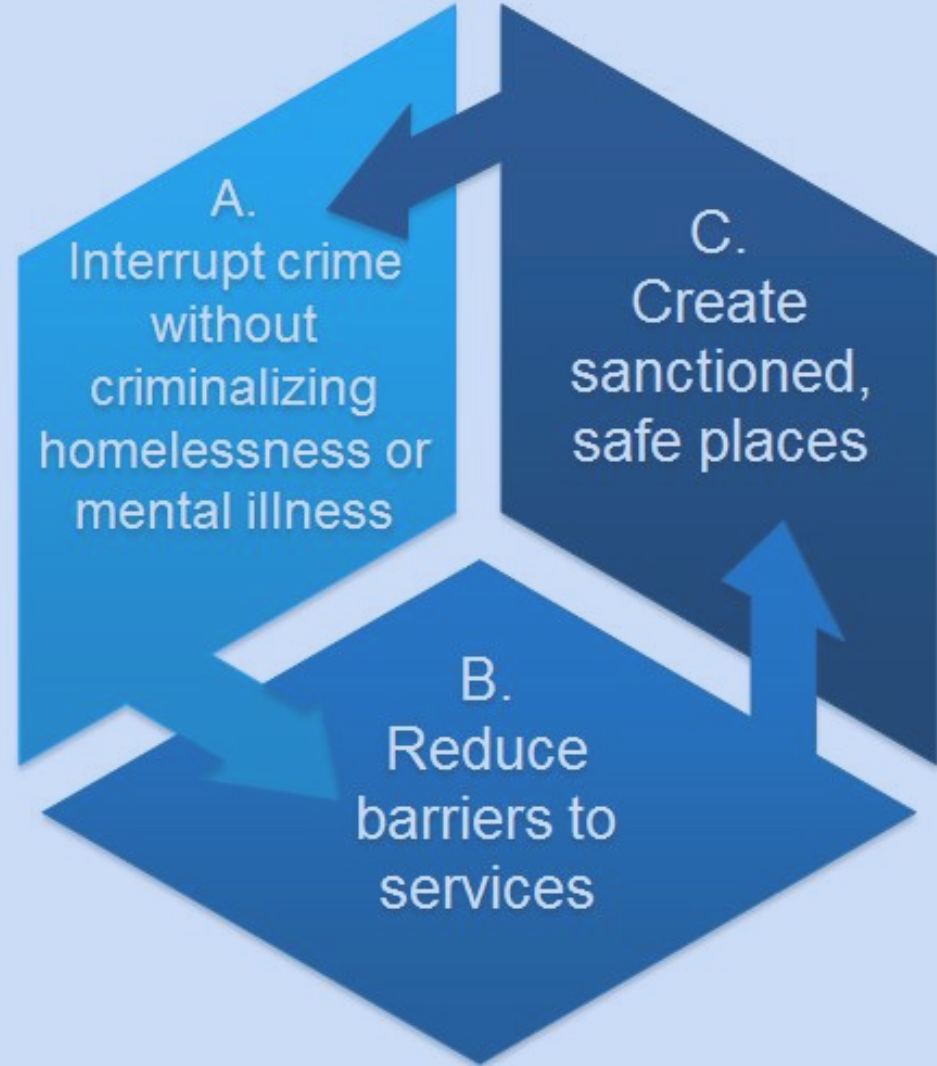
We must address peoples' needs with appropriate resources before they reach a state of crisis and before they violate laws or ordinances that typically result in admission to a hospital emergency room or emergency psychiatric facility, an arrest or issuance of a citation. We anticipate that the program 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



Questions, Comments?