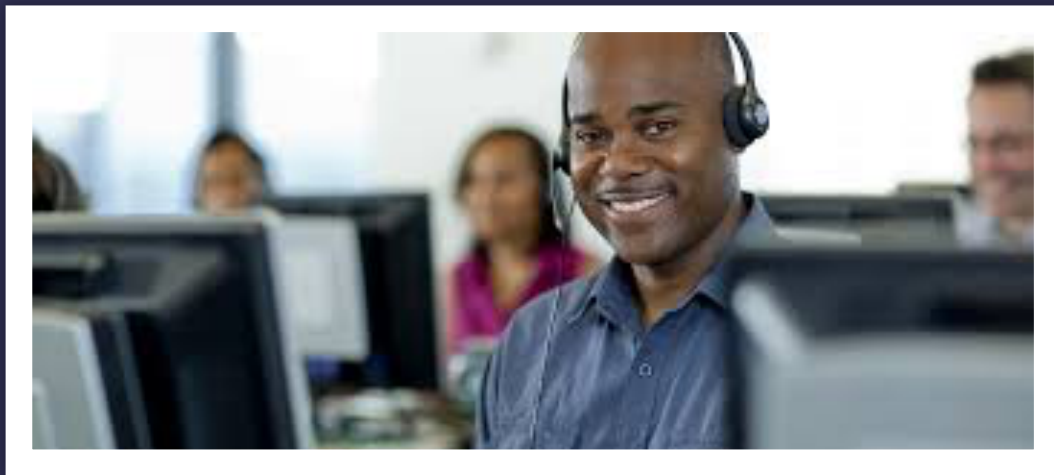


# Collaborative Care Communication Center “C4”



## Main Goal of C<sup>4</sup>

Attached to the EMS 911 Center operation, the main goal of C<sup>4</sup> is to establish a **collaboration point for case management and service distribution** where all service providers can access information about service availability, connect clients to services more efficiently through collaboration with other providers, increase what is known about the client population, and expand the reach of existing service capability.



**As a force multiplier**, C<sup>4</sup> allows more individuals to participate in connecting persons experiencing homelessness or other challenges with service providers by establishing a single point of contact outside the 911-system.

**As a streamliner**, C<sup>4</sup> creates efficiencies by reducing the workload of field service providers by reducing the effort required to connect clients to resources.

**As a collaborator**, C<sup>4</sup> energizes collaboration by connecting service providers with each other and with information about the availability of resources.

**As a knowledge base**, C<sup>4</sup> creates a place for information gathering and learning to occur. Sharing information with service providers results in better service delivery and problem solving.

**As a case management collaboration point**, C<sup>4</sup> establishes a central point where case managers can work together on client care, involve other resources, and create solutions for persons experiencing homelessness.

## Background

The Ending Community Homelessness Coalition (ECHO) estimates that 7,498 individuals experienced homelessness in 2017. In 2018, the Point in Time Count showed there was a 5% increase in the number of individual experiencing homelessness from 2017. Echo estimates that more than a thousand individuals experiencing homelessness remained unsheltered in 2018.

Throughout the community multiple agencies are involved with homelessness in a variety of ways. Agencies including 911 service providers (Emergency Medical Services and Police), 311, numerous non-profit and faith-based initiatives, the Homeless Outreach Street Team (HOST), Integral Care, ECHO, Austin Downtown Community Court, the Austin-Travis County Sobering Center, Austin Public Health, area hospitals, the City of Austin Watershed Protection Department, Parks Department, and Libraries are some of the agencies involved in providing services related to community homelessness. Despite the assortment of service being provided, homelessness appears to be rising throughout the community.

Because of the continued growth of homelessness and the variety of providers involved in service delivery, a centralized point of communication has become necessary to optimize community efforts to end homelessness.

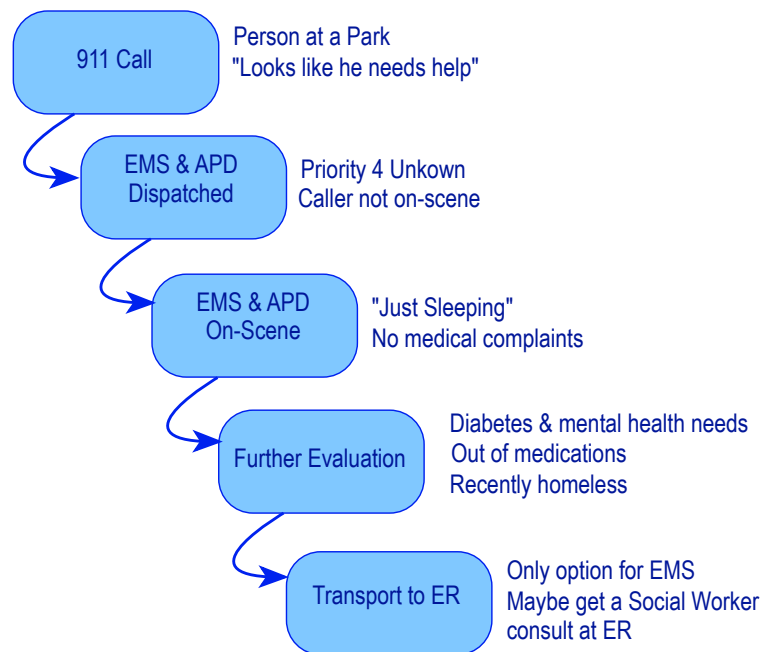
## Collaborative Care Communications Center (C<sup>4</sup>)

C<sup>4</sup> is part of the EMS 911 Center operation. This relationship makes connecting to safety net services easy in case of emergencies. It also enables C<sup>4</sup> to take advantage of communication technology to connect quickly to emergency field service providers. It also allows C<sup>4</sup> to tap into the knowledge and experience gained from operating an emergency call center.

Collaboration is the key element of C<sup>4</sup>. Rather than replacing the efforts of the various agencies to end homelessness, C<sup>4</sup> is designed to connect service providers and assist in coordinating their efforts.

## C<sup>4</sup> in Action – Scenarios

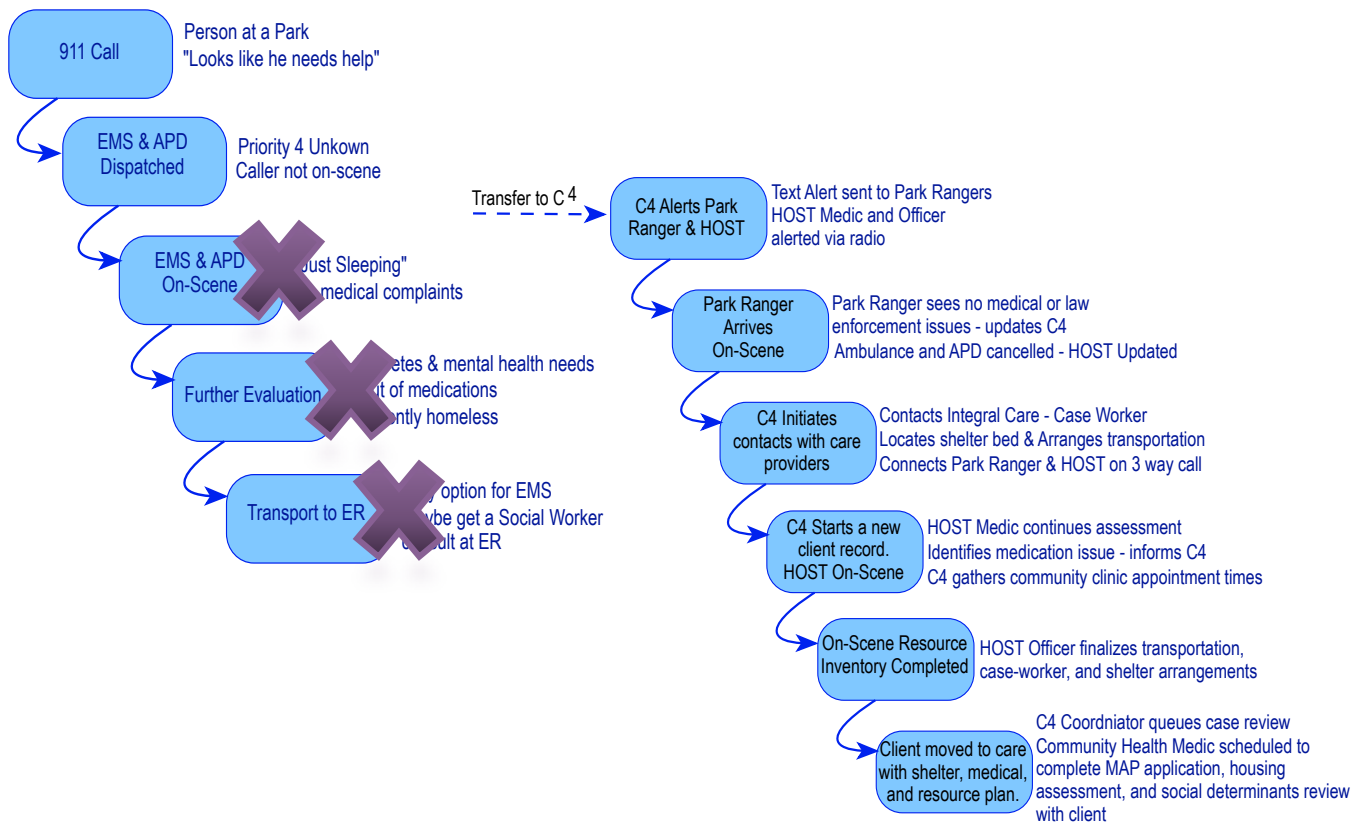
The following scenario is an example of cases that happen everyday. In this case a passerby called 911 after seeing a man in a park who looks like he needs help.



While the individual received help from community responders, the result is relocation to a local emergency department. No plan for ending homelessness is created. Only immediate needs are managed and the solutions are costly.

What if our community response to this scenario could be different? What if we could provide better coordination and reduce the cost while improving the effectiveness of our actions?

This is the same scenario with C<sup>4</sup> integration.



C<sup>4</sup> changes how and when we deliver services to improve outcomes. Involving C<sup>4</sup> creates the opportunity to involve partners – like a Park Ranger, Integral Care, Clinics, and others. Immediate needs are addressed first and followed by an assessment of needs based on social determinants. Assessment results help case managers develop customized plans to improve the quality of life for persons experiencing homelessness and ending homelessness. By integrating Community Health trained telecommunicators and Community Health Paramedics into the “Connection Process” cases can be managed more efficiently and appropriately. The solution is now much more than an ambulance to every call.