Homelessness Outreach Street Team (HOST)

Multi-agency team proactively the needs of people living on the streets in downtown Austin.

2 Austin Police officers
1-2 EMS community health paramedics
3 Integral Care behavioral health specialists
1 Downtown Austin Community Court case manager

What do these needs look like?

HOST began on June 1, 2017, since then...

- 703 individuals engaged (non-duplicated)
- 668 of 847 needs met
  - 177 coordinated assessments completed
  - 97 mental health services
  - 95 shelter/housing services
  - 94 medical services
- 58 diversions
  - 25 ER Hospital Diversions
  - 20 Jail Diversion
  - 13 Psychiatric Hospital Diversions

What makes HOST effective?

Right **intervention**, right **resource**, right **time**

- Resource triage
- Constant presence on the streets
- Immediate connection to resources when clients are ready to act

Knowledge **sharing** & **collaboration**

- Resource availability
- Collective wisdom for problem-solving
- Client background and rapport
- Diversity and experience of team

Connecting to Continuum of Care

- “Be on the lookout” for service and housing providers who are looking for clients
- Creating more seamless hand-offs with community partners and services

HOST meets “Bernard”

-- 10 min --

IC & APD talking to a man who needs a Medical Access Program (MAP) card.

“What is that gauze on your foot for?”

Notice that he has a serious burn on his leg

-- 10-20 min --

Community Health Paramedics (CHP) arrive. Start MAP application, look at leg.

He didn’t go to ER because he didn’t want a bill.

Medics call a Street Medicine medical provider.

-- 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 him to ER.

Meanwhile, CommUnity Health Street Med team plans for his future by securing follow-up wound care for when he is discharged.

Result/Outcome

5 agencies, 70 minutes
Life saved

“At the hospital, they found blood clots in his leg, determined that he had congestive heart failure. The Doctor said being admitted to the hospital saved his life; *he may have been dead within 72 hours had he not encountered us and was offered help*.”

Why does HOST work?

“Meeting people **where they’re at**”

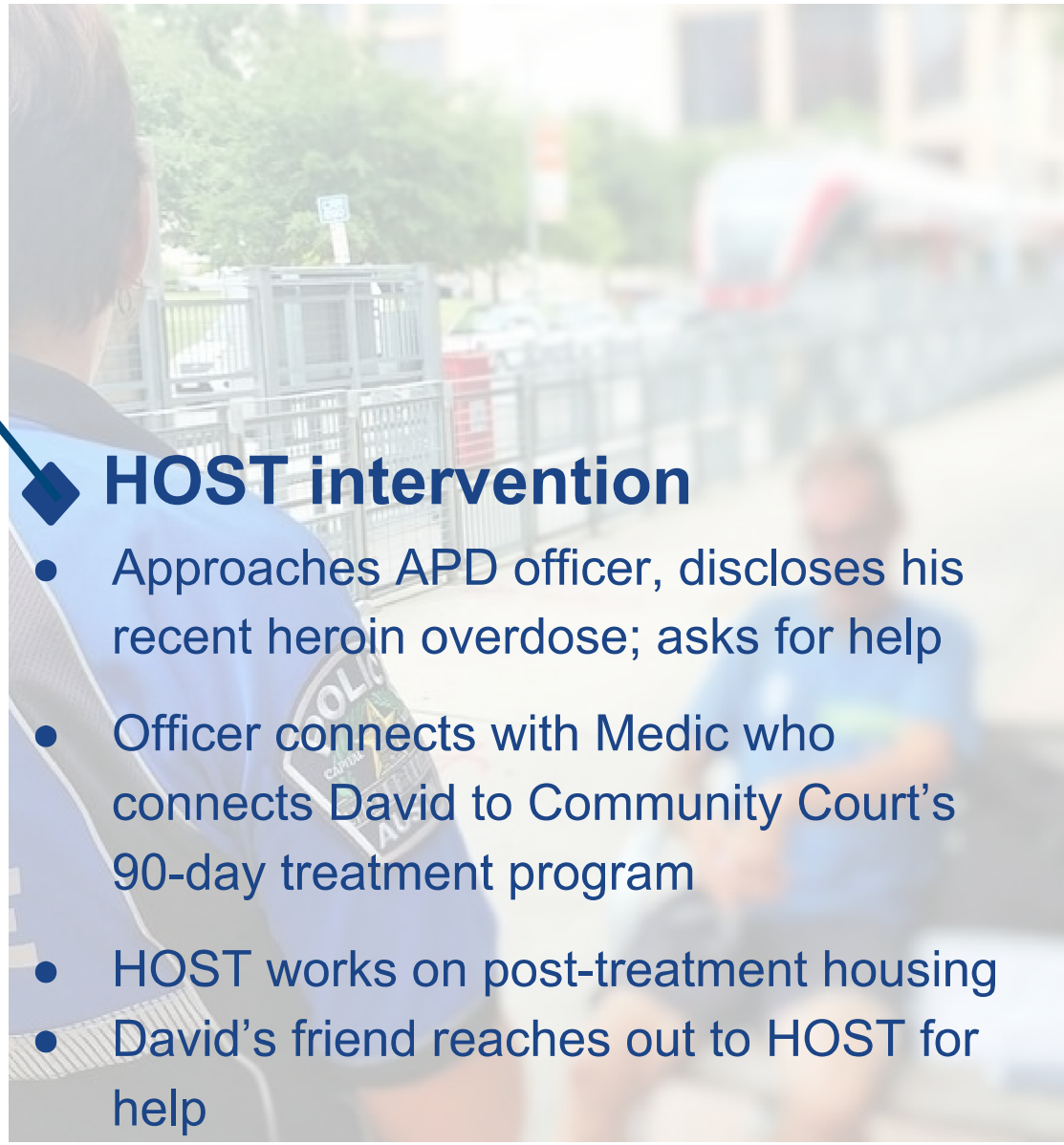
- **On-going** engagement & follow-up
- **Flexibility** to keep client cases open
- **Network** follows up with clients
- Work with clients **wanting change**

“Building **relationships** and **trust.**”

- With clients, new and old
- With clients’ families & friends
- Between public safety agencies & service providers

“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 Medic who connects David to Community Court’s 90-day treatment program
- HOST works on post-treatment housing
- David’s friend reaches out to HOST for help

From the front-lines & those they serve,

we learn about:

- Operations
- Deployment
- Successes
- Roles
- Systems

Then, many sticky notes later...

Learnings from a systems lens: 30,000 ft view

Needs unmet

When resources are unavailable, insufficient, full, or not enough

- Shelter (all types of housing)
- IDs
- Transportation
- Hygiene/laundry
- Veterinary care
- Lockers/storage

System Gaps

Failure of a connection point or an intervention; a disconnect between clients' needs and delivered services

- Mental Health Services
- Jail entry/release
- Medical Services
- Detox & substance treatment

Barriers to Service

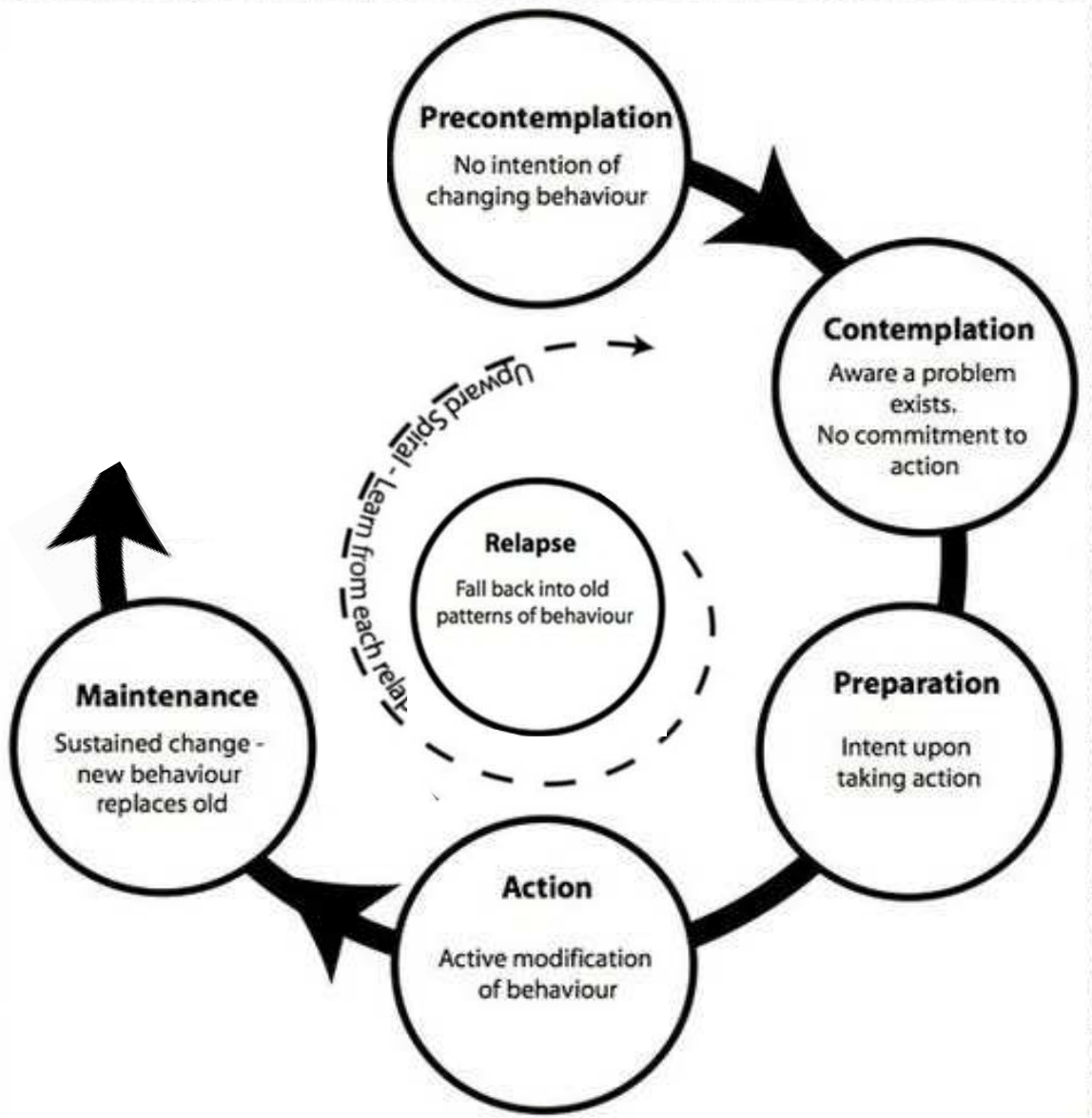
Conditions, requirements, policies, or attitudes that block the accessibility of services, amenities, and information

- Sobriety requirements
- Paperwork requirements and sequence
- Debt
- Criminal background

Cycle of change

A nonlinear process of overcome personal and social hurdles to make changes in daily life

- Mental illness
- Trauma
- Substance dependency
- Lack of positive social support
- Distrust in others



Unintended Consequences

Outcomes not foreseen by purposeful action; hidden dynamics that are hard to see

- Definitions affect service eligibility

  i.e. Client stays one night in a motel and isn't eligible for housing because of HUD definition of "literally homeless"
- Procedural requirements affect client care

  i.e. Service provider closes out case for "no-show" client; client missed appointments because was sick in hospital; client has to get back on waitlist

Implications for the HOST model

	Outreach *(Various Service Agencies)*	**HOST Model** *(APD, EMS, Austin Travis County Integral Care, Downtown Austin Alliance)*	**Intervention** *(Crisis Intervention Team, Mobile Crisis Outreach Team, Psychiatric Emergency Services)*
Deploy	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
Collaborate	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
Interact with clients	Meet, engage, & build trusting relationship	Consistency on streets; tailoring interactions to meet needs, nudge motivations to change	Execute heavy-weight intervention
Follow-up	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

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

Lessons from APD's Crisis Intervention Team

- Liaison between mental health agencies and APD
- Crisis intervention and involuntary confinement
- Links individuals to community resources
- Partnership with EMCOT

Lessons from Restore Rundberg

- “Walk the beat”- deploy and adjust schedule and beat by factoring in where crime is most prevalent
- Have a strategy with a continuum of approaches from enforcement, prevention, intervention and complementary social services
- Offer ongoing community engagement

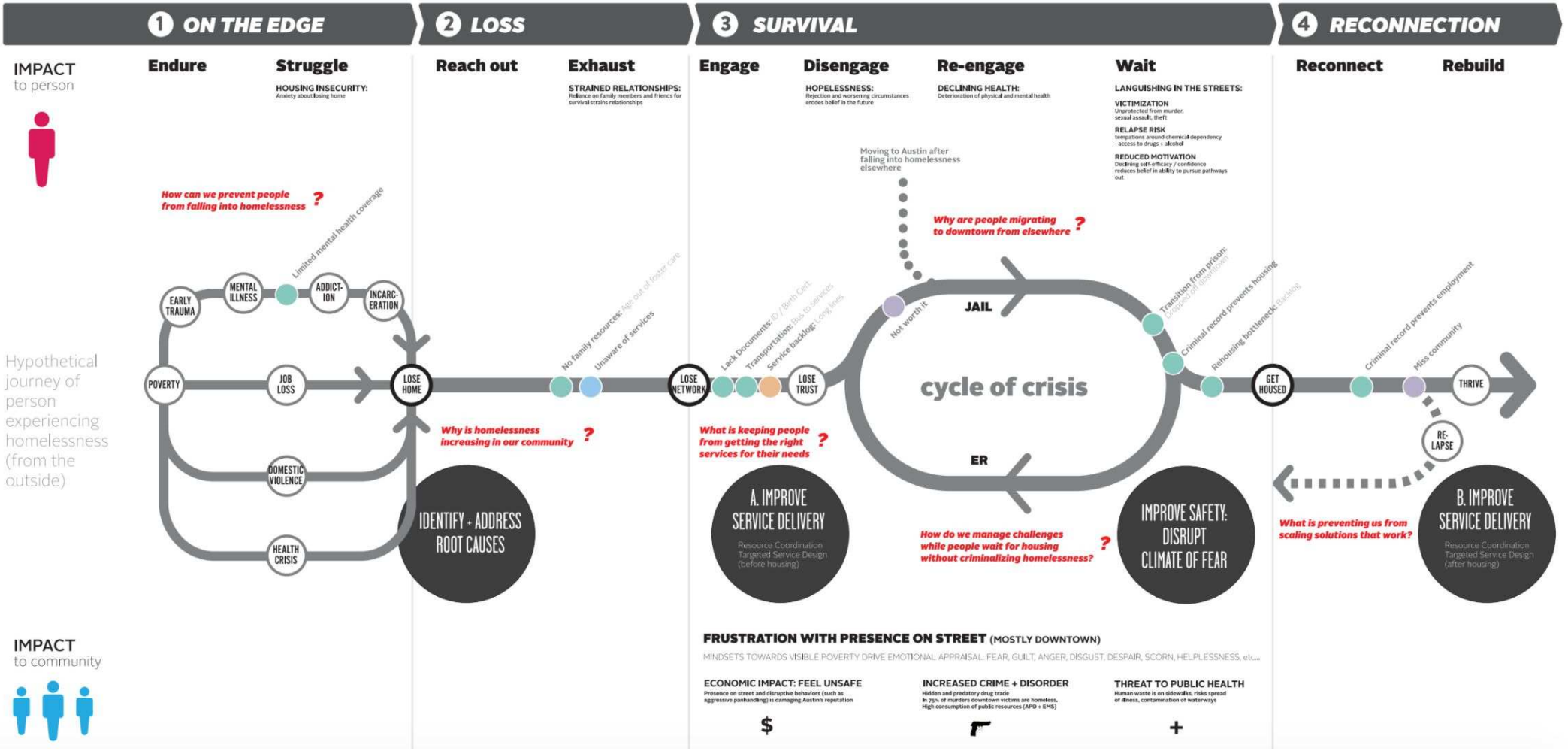
Scaling

Next steps - how might we determine the best method to scale these types of interventions?

- How can technology help?
- What kind of experience/expertise is required?
- Can we work with what we have - adapted roles, new scripts, better connection to others in the system?

How does HOST fit into the larger system?

We help build shared reasoning



A Community Approach

Photos courtesy of Downtown Austin Alliance

“Patsy’s” Journey

- Known to be homeless since 10 years old
- Known to HOST members before pilot - she had completed a Coordinated Assessment
- 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
- HOST moved her 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 tears up, grateful for ***her*** home
- Registered 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 to change his life

Are we ready to change the way things are?