

# A System of Care

## Current and Emerging Projects Portfolio

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# About

The portfolio is a list of current and emerging projects managed by the City of Austin that provide direct and indirect services to people experiencing homelessness.

City Departments Contributing to the current portfolio include:

- Austin Travis County Emergency Medical Services
- Neighborhood Housing and Community Development
- Parks and Recreation Department
- Austin Public Health
- Austin Public Library
- Office of Innovation
- Downtown Austin Community Court
- Austin Police Department

## **Austin Public Health Portfolio**

Austin Public Health funds a portfolio of services for people who are homeless and those at risk of homelessness in order to build capacity in the community to provide and maintain stable housing.

Every housing contract that APH administers includes requirements for the agency to enter their client data into the Homeless Management Information System (HMIS) and to measure the percentage of persons who move from homelessness into housing.

Our Call to Action:

- 1.To provide all persons who are homeless with a path to housing.
- 2.To keep formerly homeless individuals stably housed.
- 3.To prevent households from becoming homeless.

## **Austin Public Health Investments**

<b>PSH</b>	\$ 2,614,061	16%
<b>Emergency Shelter</b>	\$ 7,077,546	43%
<b>Homelessness Prevention</b>	\$ 3,829,625	24%
<b>Rapid Rehousing</b>	\$ 2,246,839	14%
<b>Planning and New projects</b>	\$ 513,972	3%
<b>TOTAL Austin Public Health Investment</b>	\$ 16,282,043	

## Austin Public Health Portfolio- Permanent Supportive Housing Investments

Agency and Program	City of Austin General Fund	Fed or State Grants	1115 Waiver \$	Agency and Program
Caritas - BHS	238,368			Behavioral health services for residents of PSH, including substance abuse counseling, mental health counseling, psych nurse services
VinCare - St Louise House	101,146			Long-term supportive housing for homeless women-led families with children under age 18
Foundation Communities - Arbor Terrace	111,149			Housing stability and case management services for residents of PSH
Front Steps - PSH	111,149			Case management, supportive services, and direct client assistance for residents of PSH
Foundation Communities - Supported Employment	55,574			Supported employment assistance program for residents of PSH
Foundation Communities - HOME (Medicaid 1115 Waiver)			322,000	Intensive community based services for PSH residents with significant health conditions
Integral Care - City ACT PSH (Medicaid 1115 Waiver)			1,074,675	Intensive community based services for PSH residents with significant health conditions
Integral Care - PSH Oak Springs	600,000			Intensive, individualized community based services for chronically homeless/PSH residents
PSH Totals	1,217,386		1,396,675	

## Austin Public Health Portfolio- Emergency Shelter Investments

Agency and Program	City of Austin General Fund	Fed or State Grants	Short Description of Program / Services
Casa Marianella - Shelter	201,668		Emergency shelter for immigrants and refugees (single adults, women & children)
Front Steps - Austin Resource Center for the Homeless (ARCH)	2,149,058	313,922	Emergency Night Shelter, Day Sleep Program, Day Resource Center, and Shelter Case Management for homeless individuals
The Salvation Army - Women & Children's Shelter	1,939,765		Emergency shelter, basic needs, case management, specialized counseling, and education services for adult women and their dependent children under age 18
Texas Department of Housing and Community Affairs, Housing and Homeless Services Program		80,000	Shelter Renovations at Salvation Army Women and Children's Shelter
The Salvation Army - Passages Child Care	160,000		Short-term, quality child care for families experiencing homelessness and residing in emergency shelter through Salvation Army or SAFE
The Salvation Army - Pathways & Partnerships Emergency Shelter	252,628		Emergency shelter services, case management, employment services and housing supports for adults
Texas Department of Housing and Community Affairs, Housing and Homeless Services Program - Shelter Operations at ARCH and Salvation Army		433,732	Shelter operations, renovation and maintenance
Foundation for the Homeless - Family Rehousing Initiative	264,519		Case managed shelter and transitional housing for families with children under age 18, financial assistance for rehousing

LifeWorks - Housing Programs within Collective Impact Continuum	312,243		Emergency Youth Shelter, Transitional Living Program for youth, Street Outreach and Services for youth, Rapid Rehousing Housing
The Safe Alliance - Austin Children's Shelter - Emergency Shelter Program	98,033		Emergency shelter services, assessment, and case management services
The Safe Alliance - SafePlace - Victim Services	802,495		Emergency shelter for men, women and children who have experienced sexual and/or domestic violence. Services include shelter, counseling, crisis stabilization, case management, financial assistance for housing supports
ESG Homeless Management Information Systems (HMIS)		29,484	Shelter and Rapid Rehousing Staff HMIS licenses
Pilot w/ Easter Seals	40,000		Employing ARCH clients in temp work opportunities supporting maintenance of porta-potties
<b>Emergency Shelter Totals</b>	<b>\$6,220,408</b>	<b>\$857,138</b>	

## Austin Public Health Portfolio- Homelessness Prevention Investments

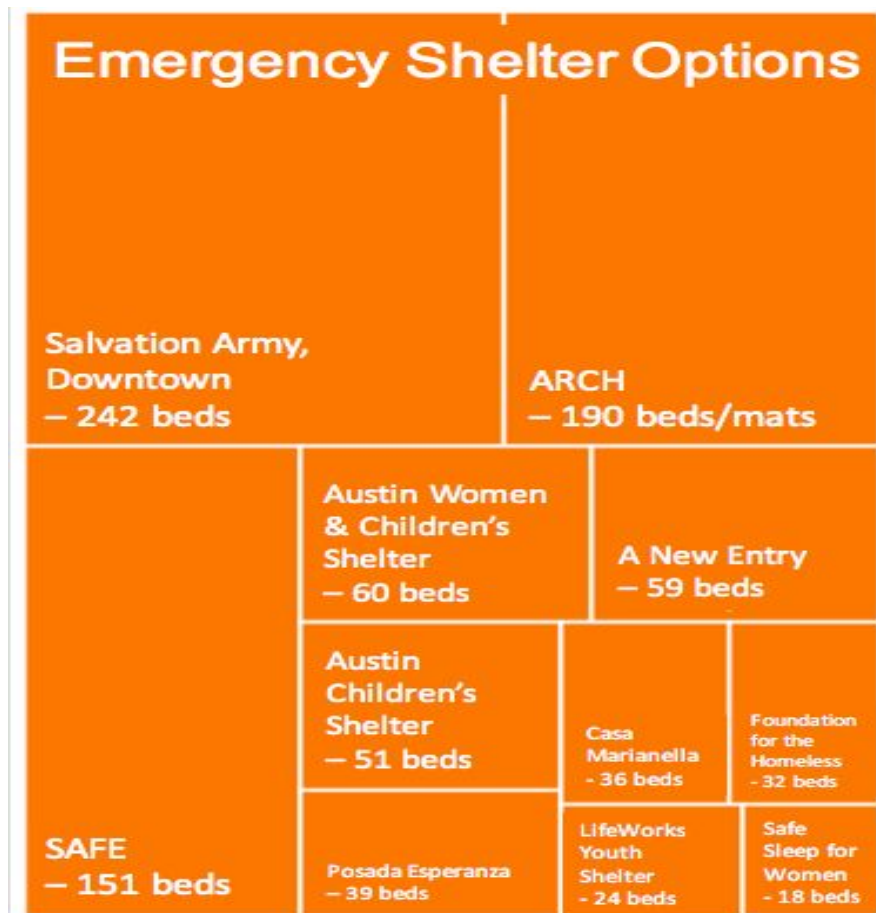
Agency and Program	City of Austin General Fund	Fed or State Grants	Short Description of Program / Services
Caritas - Best Single Source Plus Collaborative (Portion of \$3.7M budget used for Prevention)	2,480,520		Case management and financial assistance for homelessness prevention and rapid rehousing across 13 different partner agencies
Catholic Charities of Central Texas - Financial Stability	775,946		Homelessness prevention case management and financial assistance for renters in Austin/Travis County at the CoA Neighborhood Centers and Catholic Charities.
Texas RioGrande Legal Aid - Public Benefits and Housing Rights	203,159		Legal and other professional services to low income clients who are threatened with loss of housing and/or public benefits in order to increase their ability to maintain or achieve self-sufficiency. Austin Tenants Council is a subcontractor.
Texas RioGrande Legal Aid - Resident's Advocacy Program (funded through Austin Code)	350,000		The program provides 4 basic services: a. Tenant Education; b. Identification of tenants that reside at substandard rental properties; c. Tenant Landlord assistance for repairs; d. Counsel and represent tenants unlawfully targeted for eviction.
Austin Tenants Council - Housing Stability Pilot Program	20,000		Provides service to referral agencies to reduce rental debt of clients in Rapid Rehousing and Homelessness Prevention program.
<b>Homelessness Prevention Totals</b>	<b>\$3,829,625</b>		

## Austin Public Health Portfolio- Rapid Rehousing, Planning Investments and New Funding

Agency and Program	City of Austin General Fund \$	Fed or State Grants	Short Description of Program / Services
Caritas - Best Single Source Plus Collaborative (Portion of \$3.7M budget used for Rapid Rehousing)	1,221,748		Case management and financial assistance for homelessness prevention and rapid rehousing across 12 different partner agencies
ECHO - Housing Navigation Program	130,000		Assists people who are homeless with Housing Navigation to find permanent housing.
ESG Rapid Rehousing		495,091	Rapid Rehousing services including case management, housing location, housing stability services, and financial assistance for homeless adults
Rapid Rehousing (pending RFA in April 2018)	400,000		Program not yet known
<b>Rapid Rehousing Totals</b>	<b>\$1,751,748</b>	<b>\$495,091</b>	
ECHO	243,972		Planning, prioritizing, and implementing strategies to end homelessness in Austin/Travis County; Administering HMIS database; CoC lead, HUD compliance and secure available funding
NAEH (National Alliance to End Homelessness)	46,500		Consulting services of ARCH redesign for competitive solicitation
<b>Planning Totals</b>	<b>\$290,472</b>		
<b>Funding Available Totals</b>	<b>\$223,500</b>		APH will contract for services included in the FY17-18 budget Concept menu including, downtown redesign, and PSH risk mitigation.



# Current Emergency Shelter Beds in Austin



## Options to increase shelter capacity

Priorities/Strategies identified in the recent stakeholder input process for the Austin Resource Center for the Homeless include for what the community needs beyond the downtown shelter system:

- There should be small, specialty emergency shelter facilities located throughout the City with services focused on different sub-populations such as:
  - For people trying to get sober,
  - Families
  - Couples
  - Young adults
  - Workers dorms
  - Safe Haven Model for people with mental illness

- Decentralized shelters with centralized social services and intake process
- More temporary housing options like roommates/family homes, hostel or boarding home models, more churches to assist with shelter space like the cold weather shelter system
- Services provided to connect individuals to resources: Direct services and/or direct referrals
  - Coordinated Assessment – housing programs
  - Medical, Mental Health, Substance Use Treatment
  - Community Space – opportunities for socializing, volunteering, meaningful activities, civic engagement, faith gathering
  - Employment/Income assistance, educational opportunities
  - Childcare
  - Transportation

## ARCH Redesign

- 7 Forums for ARCH services input (December – February)
- Bloomberg iTeam research, insights and recommendations
- Public survey for feedback and ideas
- National Alliance to End Homelessness (NAEH) as consultants
- Request for Information: Draft scope of work released for final public comment period
- Competition for new contract to operate the ARCH
- Austin Public Health is addressing health and safety concerns

# iTeam ARCH Recommendations



**TO:** Sara Hensley, Interim Assistant City Manager  
**FROM:** Kerry O'Connor, Chief Innovation Officer  
**DATE:** March 1, 2018  
**SUBJECT:** i-Team Recommendations for the ARCH Contract Solicitation

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From September 2017 to present, the i-Team has examined the processes and services at the Austin Resource Center for the Homeless (ARCH), interviewed clients and case managers, worked with the Homelessness Advisory Council comprised of downtown clients, and prototyped a few new service delivery tools. Based upon this work, the i-Team offers the following recommendations for the ARCH contract solicitation:

**Goal 1: Create a clean, safe, and healthy facility.** Those who have stayed at the ARCH reveal a frustrating and unhealthy environment marked by overcrowding, bed bugs, and broken plumbing. While clients acknowledged the hard work of the current provider, Front Steps, many felt that the ARCH can feel like an institutionalized, dehumanizing experience, and that the condition of the facility negatively impacts their ability to heal and succeed. Some facility issues result from client frustration and overcrowding, which reinforces the rapid deterioration of clients' mental state, as well as the state of facility itself.

**Recommendation 1a: Set a clean and healthy baseline before the start date of the next contract** by fully treating the bedbugs and repairing issues with the plumbing. We understand Building Services has work already underway.

**Recommendation 1b: Facility maintenance should be separate from the services contract.** Set the ARCH service provider up for success by enabling them to focus on their strength. Service provision differs from facility maintenance, which should be contracted separately, either through Building Services or outside vendor to prevent this issue from repeating. A work order system should connect the two, with service-level

agreements reinforcing timely response. Bed bug prevention needs to be built into the daily maintenance and delivery of the service.

**Recommendation 1c: Connect services and security inside and outside the building.** The selected vendor will be responsible for maintaining a safe environment for clients and staff inside the building. However, perceptions outside the building color public and client perceptions inside the building. The selected vendor should continue to do outreach outside the ARCH and work with the City and APD to have a clear plan and responsibilities to respond to security issues.

**Goal 2: Rightsize the ARCH.** To prevent overcrowding and chaos and the resulting facility maintenance issues, the following services should be addressed in the contract scope of work: reduce night sleep, eliminate day sleep, and continue the current client segment focus on single men for night sleep and day resources to all clients. The contract should safeguard against scope creep beyond the intended capacity of the facility. The current contract allows for up to 130 additional mats in the building, which if eliminated, would alleviate the burden on the plumbing and prevent bed bug infestations on the first floor.

**Recommendation 2a: Reduce Night Sleep** to the designed building capacity of 100 bunks. Additionally, clients should be given the opportunity to sleep soundly for at least 8 hours a night.

**Recommendation 2b: Eliminate Day Sleep.** The service is underutilized, disruptive to night sleep clients, and initiates a cycle of kick-out and cleaning that characterize life and work at the ARCH.

**Recommendation 2c: Continue providing shelter to *single men* and day resources to *all clients*.** While other client segmentation is possible, we recommend waiting until the system is stabilized to make such changes, and to include the capacity for continuous improvement and iteration in the contract (see goal 4).

**Recommendation 2d: Continue offering basic support services.** *All clients* at the ARCH need access to the showers, restrooms, and laundry.

**Goal 3: Make system navigation a main function of the ARCH.** The current contract with Front Steps does not include navigation services and providing information about resources. The i-Team's research has found that absence of central navigation and resource information is a key pain point. Both clients and case managers have to navigate unclear pathways at multiple agencies and receive inconsistent services. Research has also found that relationships have become the workaround for service delivery in the absence of formal partnering, processes, and tools, like shared databases. If the ARCH were a true Resource Center, it would have better processes and technology tools at its disposal that would enable its virtual reach to expand

beyond downtown. Eliminating mats on the first floor will reinforce dedication to system navigation resources in that space.

**Recommendation 3a: Staffing priorities on the first floor need to align with this goal.** The ARCH needs to have day resource staff available to help clients at the resource desk and client navigators when the building is open to the public.

**Recommendation 3b: The vendor should continue to manage client-facing communications.** Signage and digital communications are the front line for system navigation and the ARCH needs to reflect clear and consistent direction that is part of a overall content strategy with the City. Communications need to tell clients what to do and need to be based on accurate and actionable information.

**Recommendation 3c: The ARCH vendor should participate in creating and maintaining centralized, digital information about available resources.** The City and stakeholders also need to create a governance process for data maintenance across the system. The data will provide the necessary backbone for navigation and content creation at the ARCH.

**Goal 4: Mitigate the effects of rightsizing the ARCH on clients and the rest of the system, while supporting continuous improvement and iteration.** Before the changes go into effect to rightsize the ARCH, identify other partners who can provide the necessary services that are eliminated from the ARCH and that the City's growing homeless population needs. These services include day sleep, at least 900 shelter beds (mats eliminated at the ARCH plus current number of unsheltered), indoor and outdoor community space, and more storage options.

**Recommendation 4a: Initiate a Request for Information (RFI) before the releasing solicitation for the ARCH** to identify partners who might pick up services eliminated by the ARCH. Identify un-leveraged community capacity that could provide additional human and organizational capacity to homelessness service delivery. Frame the RFI around the needs outlined in this briefing memo and other needs identified by the iTeam. Respondents can use the i-Team's research and insights to inform their responses.

**Recommendation 4b: Identify novel ideas and approaches.** After receiving responses to the RFI, the City might learn of a new possible approach, or might identify a vendor who can help with services design, continuous improvement, and iteration of ARCH services. After receiving new information, we might either modify the scope of work for the ARCH or offer a reverse pitch-style competition, where we offer seed money for the development of novel concepts, much like Bloomberg Philanthropies has done for the City.

**Recommendation 4c: Test and iterate colocated service contracts.** The contracts terms should be short, flexible, and outcome oriented to identify the most necessary

services and allow for ongoing system improvements. The City of Austin and the selected vendor will work together to identify priority colocated services.

Attachments:

- A. [ARCH Feedback from People with Lived Experience of Homelessness](#)
- B. [Austin's Lived Experience Insights](#)
- C. [Homelessness Advisory Committee of Austin](#)
- D. [ARCH Service Blueprint](#)
- E. [ARCH Communications Audit](#)
- F. [Sleeping as a Service Report](#)
- G. [Executed ARCH Contract with Front Steps](#)

cc: Mark Washington, Assistant City Manager  
Stephanie Hayden, Interim Director, Austin Public Health

# Current Resolutions and Status

## ***Closed Council Homelessness-Related Resolutions***

- 20160623-079: 24-hour public toilets downtown
- 20170209-033: Overall economic assessment of the eastern area of downtown and the impact of new investments on various landmarks and projects
- 20170622-035: Business Plan for Veterans Resource Center
- 20170810-033: Identify potential properties for a temporary, short-term shelter to serve individuals experiencing homelessness
- 20170831-103: Creating dedicated funding for homelessness
- 20170413-026: Ongoing efforts to address the urgent public health situation caused by K2/Spice and identify additional resources necessary to bolster public safety
- 20171012-015: Contract for services at the Austin Resource Center for the Homeless (ARCH). The iTeam completed their [recommendations for the ARCH](#) services based on input from people experiencing homelessness in Austin. These recommendations were highlighted by the [Austin Monitor on March 28, 2018](#). The iTeam's recommendations focused on achieving four goals:
  1. Create a clean, safe, and healthy facility
  2. Rightsize the ARCH
  3. Make system navigation the main function of the ARCH
  4. Mitigate the effects of rightsizing the ARCH on clients and the rest of the system with supporting continuous improvement and iterationAPH has executed an agreement with the National Alliance to End Homelessness as directed in the resolution.
- 20170831-054: Residents in Search of Empowerment, (RISE ATX) pilot program
- 20170831-059: Alternative activities to panhandling

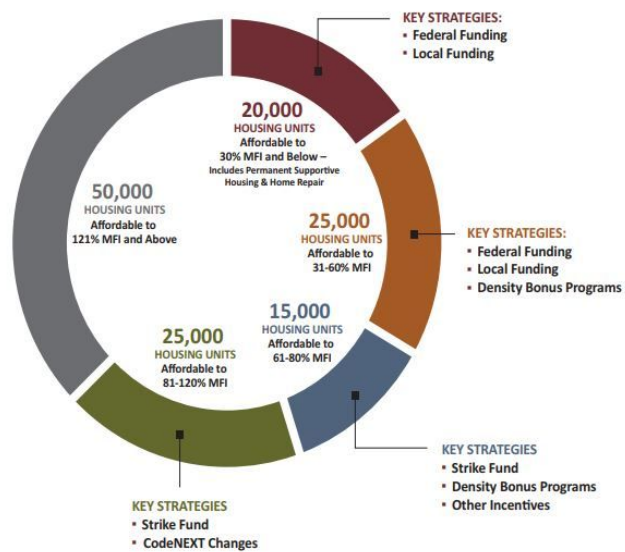
## ***Open Council Homelessness-Related Resolutions***

- 2017126-043: Develop a pay for success type of contract proposal for permanent supportive housing for the homeless population.
- 20141002-043: The City Manager is directed to set a community target of 400 PSH units, with a minimum of 200 dedicated to "Housing First", to be funded by end of 2018

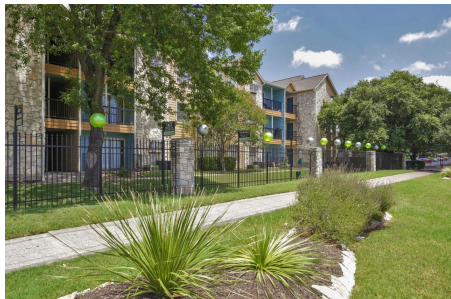


# Housing Projects

- Strategic Housing Blueprint Goals
  - Produce 100 Permanent Supportive Housing units each year with 50 of those being Housing First
  - 20,000 new housing units affordable to 30% MFI and below by 2027



Oak Springs (50 units)



Market-Rate Property with Vouchers (1-10 Units)

# City Resources Map

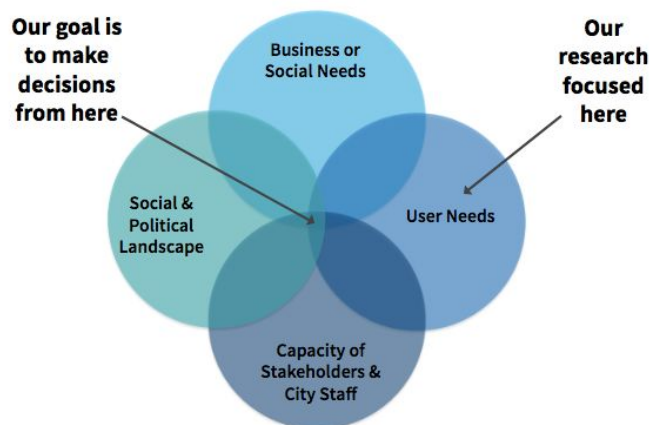
To register and view the City of Austin Homelessness Story Map please use this link:

<http://austin.maps.arcgis.com/apps/MapSeries/index.html?appid=d2ac5f9f9aaa46a1a0596ceec6f0ca99>

If you have questions about the map or using ArcGIS please contact Josh Rudow at

[josh.rudow@austintexas.gov](mailto:josh.rudow@austintexas.gov)

# iTeam Insights



**iTEAM METHOD** Human Centered Design starts with the user needs and builds solutions that address the needs of the entire ecosystem. This process starts by learning from the users through in-depth research. The users we discuss are people with lived experience of homelessness, and on, occasion service providers.



**HOMELESSNESS RESEARCH BACKGROUND** The iTeam conducted over **120+ interviews and conversations** with people experiencing homelessness in Austin and with service providers.

We gather over **4100+ qualitative data points** and turned this data into key takeaways and insights.

**WHAT ARE INSIGHTS?** An insight is a learning, an “a-ha” -- a provocative statement of truth that is grounded in data. It is usually a new way of viewing the challenges we’re trying to solve. The iTeam’s insights call out the pain points of people with lived experience of homelessness. The goal is to use the insights to inspire ideas and make sure solutions meet users’ needs.



**KEY RESEARCH FINDINGS** When people enter into the homeless system, they are likely to fall into these 3 pathways. One person can experience all 3 pathways in their journey.

 <b>Deteriorating Path</b>	 <b>Relapsing Path</b>	 <b>Resilient Path</b>
<p><b>People are deteriorating in a complex system.</b> The inefficiencies, complexities, gaps of the system, and misalignment of user needs combined with continued housing shortages leave "the relatively stable" on a path of deterioration. People lose hope as their situation gets worse.</p>	<p><b>Services struggle to support behavior change, often resulting in relapse.</b> Our current efforts make it easy to go back to old habits, people, and short-term life focus. There’s little focus on teaching new behaviors, bridging new relationships, or widening opportunities. As people fall</p>	<p><b>Despite barriers, people are resilient.</b> Some efforts clicked together to change someone’s situation. This could be due to services availability and alignment, services that build self-determination, and/or people self resolving through their own network and means.</p>

	back into the cycle of services, they can lose confidence that the next time through will be different.	
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## WHY SHOULD THE CITY CARE?

With the **Deteriorating Path** and **Relapsing Path**, we've created **a high cost system** that causes human suffering and lost time and money. But there is hope. Building **dignity and self-determination** into the way we deliver services will make people more **Resilient**, and ultimately impacting the bottom line.

### DETERIORATING PATH:

**People get sicker when services are not grounded in their realities.**

1. Some people avoid engaging in downtown services. They do not want to put their health and safety at risk.
2. When services are hard to access, it piles on to make mental health conditions worse.
3. Drugs and alcohol are easier to get than services. They are an easy way to numb trauma and escape a harsh reality.
4. The working individual is not able to achieve financial stability. Holding down a job and receiving services are often in conflict.
5. The system puts the most vulnerable first in line for service. Everybody else risks getting sicker. People get pulled to the front when they become sick enough.

**It is difficult for people to get services and coordinated interventions because there are few services that are integrated.**

5. In the absence of collaboration tools, service providers' informal relationships gets things done.
6. The public calls the police to intervene, but they don't have the right tool for the job.
7. Healthcare interventions fail when there are unavailable supporting services.

### RELAPSING PATH:

**People relapse when services are not designed for social, emotional, and mental needs.**

9. Homelessness can occur when families fall apart. This pattern can repeat in the next generation.
10. To keep their loved ones alive, some people stay homeless or forfeit services rather than

leave their family and friends behind.

11. Successful change may rely on breaking away from community formed on the street. But change is hard without social support.
12. The system prioritizes serving physical needs. People's emotional, mental, and social needs often do not get met, giving harmful sources a window to step in.

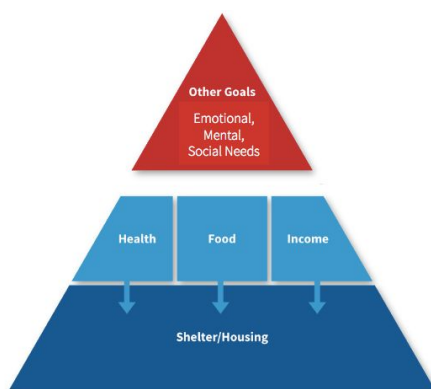
## RESILIENT PATH:

**People bounce back when their needs are holistically met instead of only focusing on physiological needs.**

13. People can change when connected to healthy role models and learning environments. But these opportunities are rare.
14. The broader community can connect people to untapped resources. But not everybody has a link to the broader community.
15. People can wait years or never receive housing due to limited supply. People stay hopeful and confident when they can work on other goals.

## KEY TAKEAWAYS

### CURRENT PRIORITIZING OF GOALS



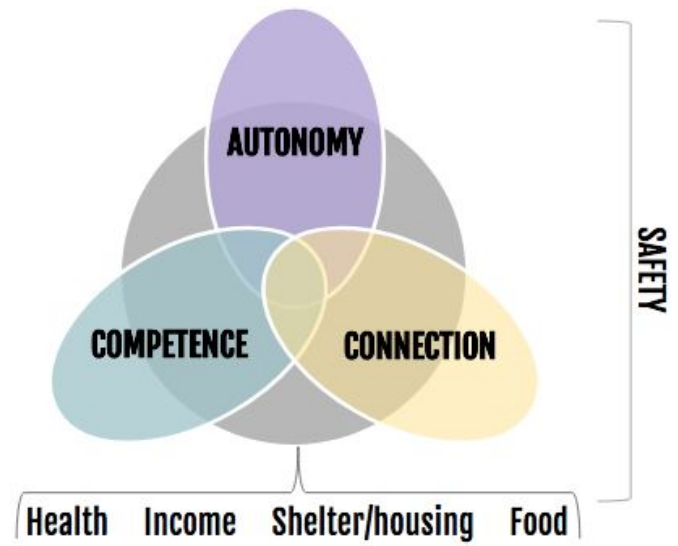
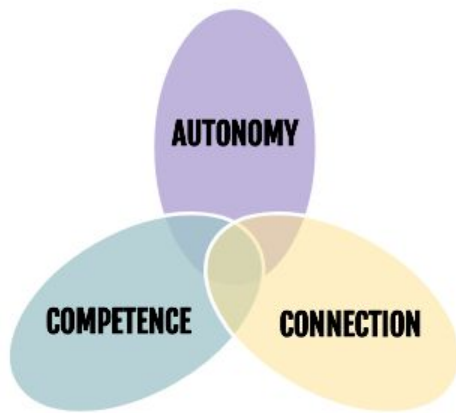
**WHAT IF: We didn't treat it as a hierarchy?-. All the pieces are needed for humans to thrive.**



### SELF DETERMINATION THEORY

### QUALITY OF LIFE FRAMEWORK

(Self Determination Theory Adapted)



**Autonomy:** Feeling a sense of agency. Feeling in control of your life. Power to make your own decisions.

**Competence:** Seek to control the outcome and experience mastery and confidence in your skills.

**Connection:** Is the universal want to interact, be connected to, and experience caring for others.

Source: Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American psychologist*, 55, 68.

*The system and services needs to enable and build autonomy, competence, and connection for both providers and people experiencing homelessness.*

**NEXT STEP:** Join us ideation workshops at Old Faulk Library! Sign up for a session before you leave.

Wednesday, May 2nd, 10-12:00 | Friday, May 4th, 10-12:00 | Tuesday, May 8th, 10-12:00

# About HOST and Budget

HOST is a collaborative initiative among the Austin Police Department (APD), Integral Care (IC), Austin-Travis County Emergency Medical Services (EMS), Downtown Austin Community Court (DACC), with support from the City of Austin Office of Innovation and the Downtown Austin Alliance (DAA), to address proactively the needs of individuals experiencing homelessness in Austin's Central Business District. These inter-agency and private sector partners launched as a pilot by reallocating existing resources to test the concept.

The approach of a multi-disciplinary team deploying to meet people where they are has been successful. Quantitatively, from June 2016 through June 2017, HOST intervened with 947 individuals (non-duplicated), made 1,528 contacts with these individuals, met over 889 needs, and created 89 diversions from the revolving door of emergency services to more appropriate resources. Qualitatively, HOST provided an opportunity for the community to come together to explore, unravel, and understand the complex and tangled problems related to the conditions of homelessness downtown. HOST members built trust with individuals experiencing homelessness, as well as with service providers and other agencies. HOST's lessons learned may provide useful insights for future decisions related to ending homelessness in Austin.

On June 29, 2017, HOST agency executives met and discussed lessons learned and developed recommendations that could make HOST a sustainable part of City operations. Operating as a pilot, the participating departments reallocated positions and resources to HOST which reduced the capacity of the units they came from. Although HOST performed as described above, its effectiveness is hampered by the lack of (1) a clarity of roles, (2) operational and administrative support, (3) integrated data management, (4) basic resources and supplies, and (5) capacity for identifying and closing homeless service gaps.

The multi-disciplinary approach, key to team's success, requires a strategically unified approach to grow appropriately. Since last summer, agencies have firmed up the team foundation by moving HOST's programmatic home from APD to EMS. HOST's next steps include clarifying roles for HOST contributors, obtaining administrative and operational support (which frees up an estimated 30% of the time that HOST members spend on administrative work instead of service delivery), training APD district representatives and other partners, building capacity for identifying and closing homelessness service gaps, and improving all aspects of data management.

The following is a budget that would be necessary to fund HOST's operations and provide the administrative support it needs to operate at full efficiency.

		#	Staffing and Expenses	Capital (one time)	Service Contracts
HOST Team	FTE (civilian)	2	\$196,170	-	
	FTE (sworn)	4	\$591,307	\$232,164	
Service Delivery	FTE (civilian)	2	\$164,326	\$1,000	\$494,500
Total		8	\$951,803	\$233,164	\$494,500

- HOST memo to Council September 2017:  
<https://endinghomelessness.bloomfire.com/series/3208591/posts/2829561>



## Pop-Up Resource Clinic (PURC) Event Summary

# **April 19<sup>th</sup>, 2018**

## **EVENT UPDATE**

## **POP UP RESOURCE CLINIC**

## **CHP EVENT SUMMARY**

**AUSTIN, TEXAS**



**AUSTIN-TRAVIS COUNTY**

**EMERGENCY MEDICAL SERVICES**

On Thursday, April 19<sup>th</sup>, ATCEMS CHP/CCC/Central Health with Community Partners will be hosting a Pop Up Resource Clinic at the Parque Zaragosa Recreation Center.<sup>1</sup>

The objective of this event is to connect clients with resources and complete interventions on site during the event to maximize time utilization of resources/navigators subsequently reducing costs and overlap in services while vastly increasing probability of task completion. Interventions will be documented in Apricot.

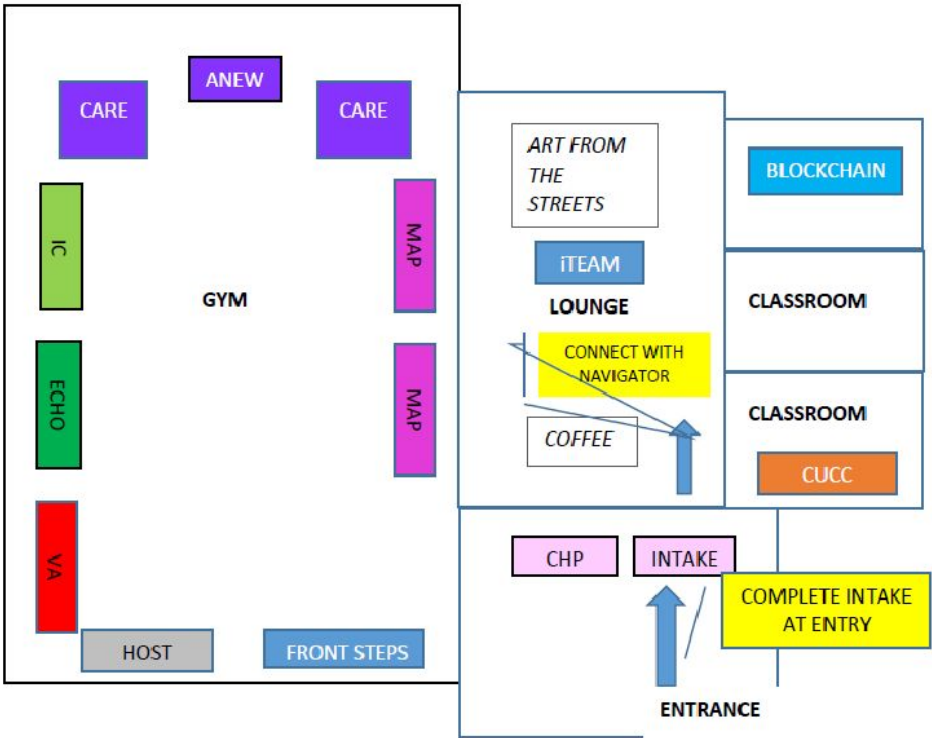
The event will be set up between the hours of 0800 and 0900 and will operate between the hours of 0900 to 1300. Please gather for short debriefing meeting at 0830 at intake table on porch. Breakdown and clean-up will immediately follow.

CH #	Incident Radio Communications Plan	Pop Up Resource Clinic	Thursday April 19th
	Resource Supervisor		
CHP	On Site ATCEMS Personnel		
CHP	ATU		

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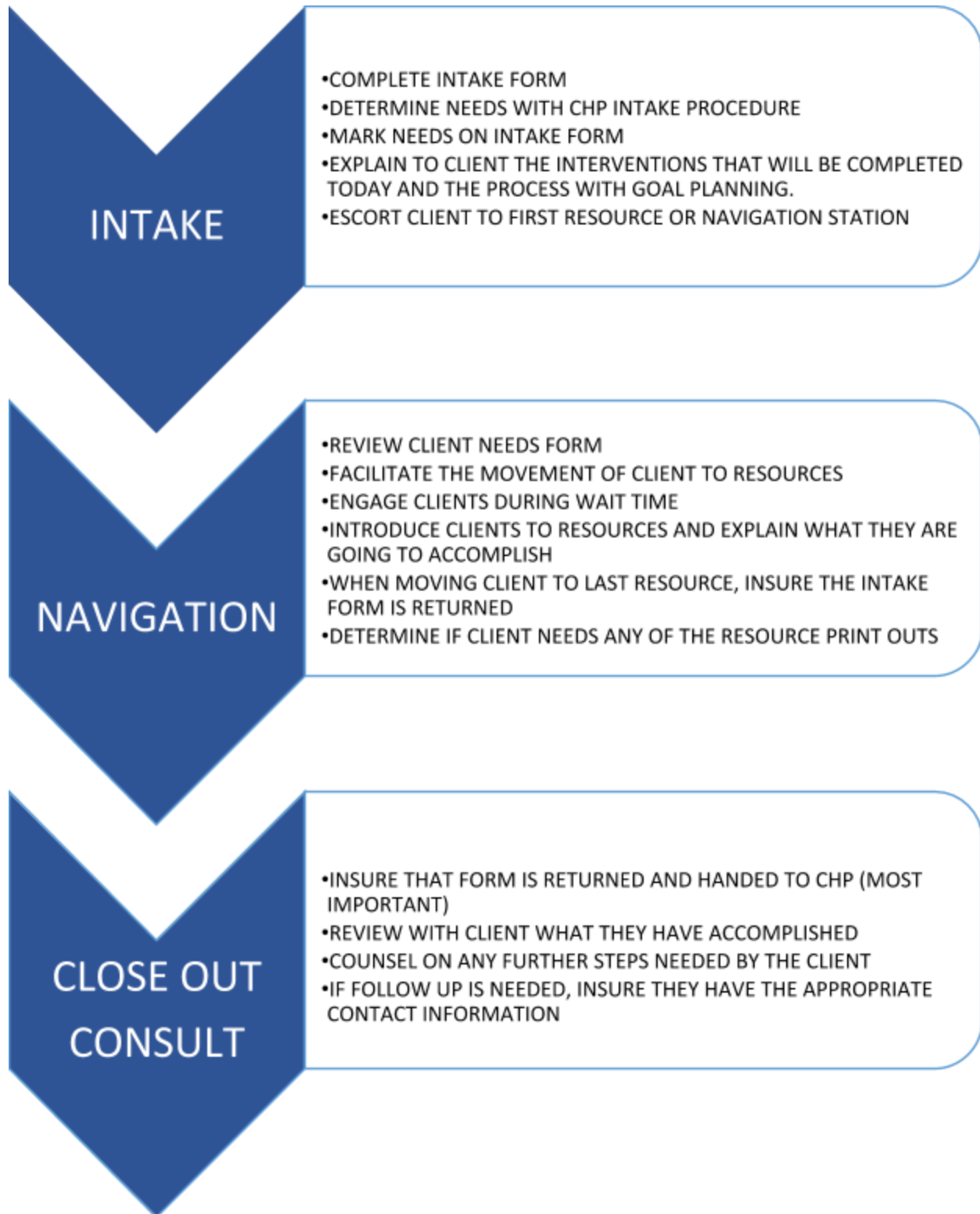
<sup>1</sup> Parque Zaragosa was selected based upon the heat map information and the number of community concerns that have been reported for this particular park.

# POP UP RESOURCE CLINIC MAP

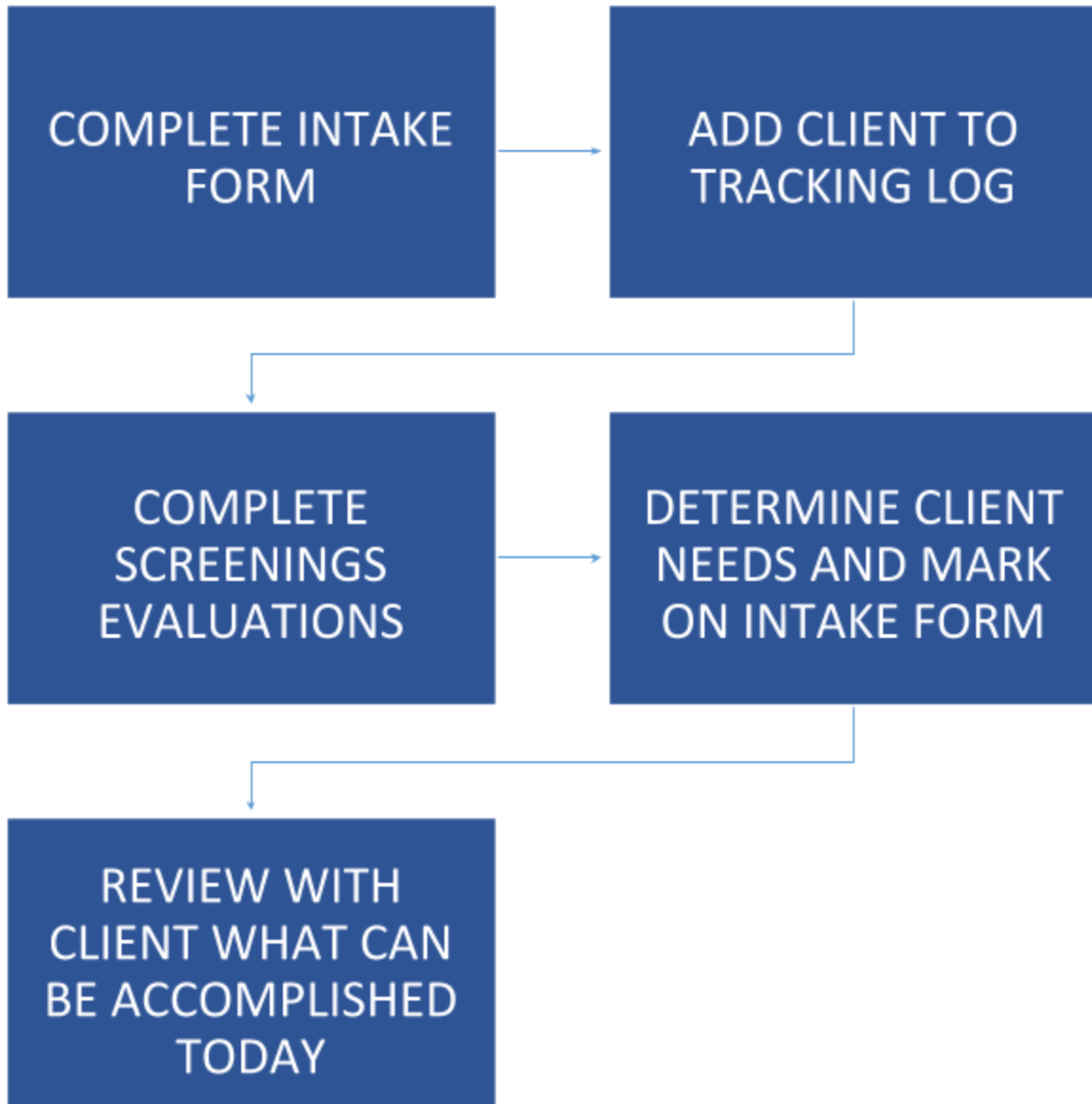


CUCC Full Clinic	MAP Full Capabilities including printing out card	ECHO Coordinated Assessments and Updates
HOST Complex Client Management	INTEGRAL CARE Mental Health Consult and Appts	CARE AND ANEW Substance Abuse Counseling, TX, Hep C/HIV Testing
VA Wrap around services for Vets	FRONT STEPS Servicepoint Cards	BLOCKCHAIN

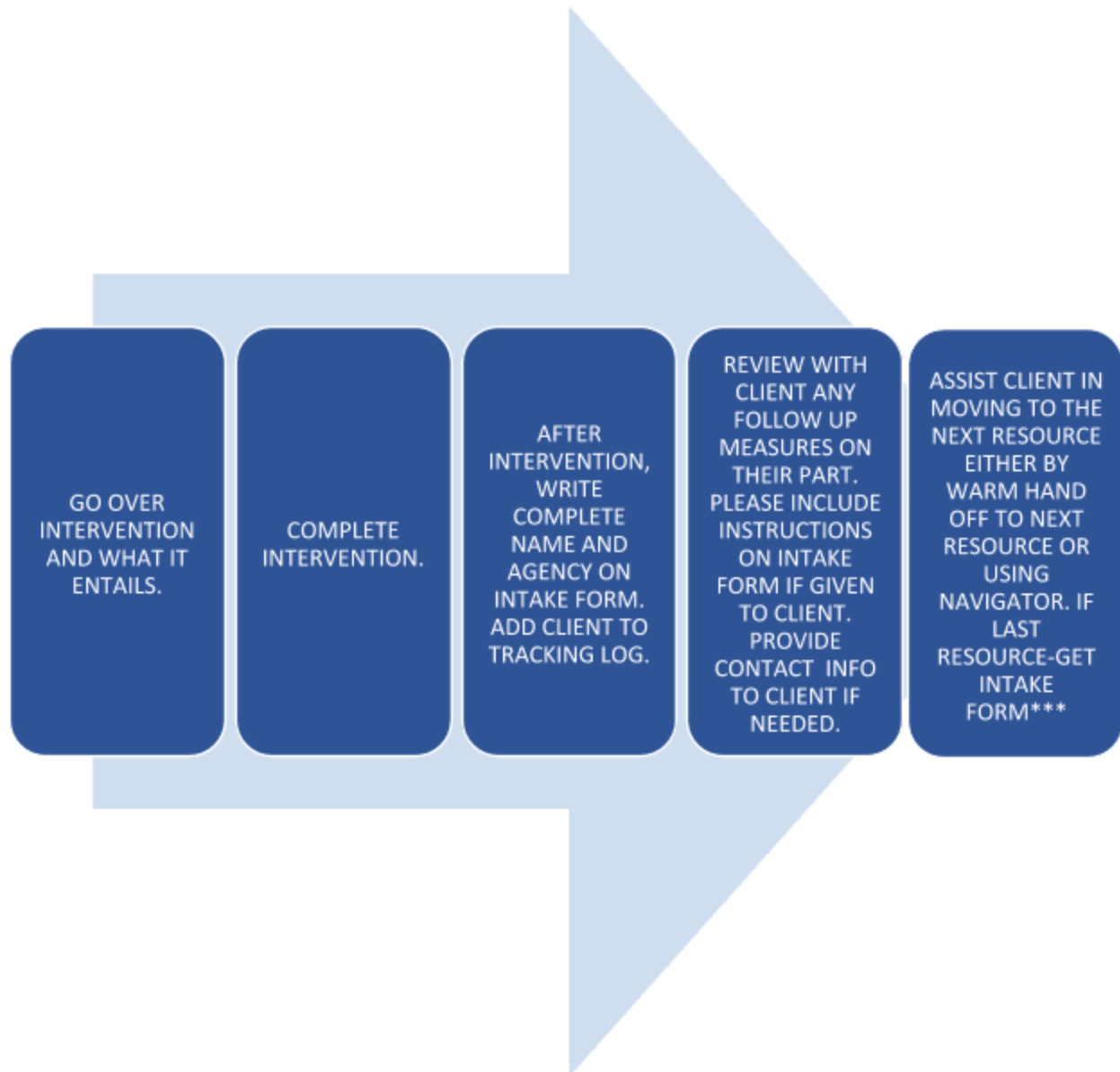
## POP UP RESOURCE CLINIC NAVIGATION MAP



## POP UP RESOURCE CLINIC INTAKE PROCEDURE



## POP UP RESOURCE CLINIC RESOURCE PROCEDURE



## POP UP RESOURCE CLINIC ROLES

### INTAKE

- ATCEMS PERSONNEL

### NAVIGATION

- VOLUNTEERS
- ATCEMS PERSONNEL

### RESOURCES

- ANEW
- ECHO
- IC
- VA
- MOBILE MED
- CARE
- HOST
- FRONT STEPS
- SEHW

### TRANSPORT

- ATU- ON CALL
- ATCEMS VAN

# Collaborative Care Communication Center

Project Charter: Ernesto M. Rodriguez - Collaborative Care Communications Center

<b>Project Charter:</b> <i>Collaborative Care Communications Center (C-4) Project</i>	<b>Updated:</b> 04/13/2018
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## What are we trying to accomplish?

**Purpose:** The Collaborative Care Communication Center supports the system of care for underserved populations by providing a single point of access for service providers (HOST, APD, CHP, 311, etc.) to access services and navigate care.

- Located in the EMS Emergency Communications Center
- Occupies an extra or underutilized console
- Equipped with a computer and telephone system
- Supplied with a database or multiple databases
- Connected to a Customer Management System
- Connected to other software solutions to support the system of care
- Staffed with one administrative support person
- Staffed with one Community Health Paramedic
- Staffed with other providers participating in a collaborative staffing network (Potential partners could be Dell Medical School, UT Nursing School, Integral Care, MCOT, Interns, and Volunteers, etc.)

## Goals

- **Centralize case management and service delivery processes** – Streamline service delivery and navigation processes.
- **Increase collaboration and coordination between service providers** – coordinate communication between service providers and organizations to improve collaboration and create efficiencies.

## Triple Aim

- **Population** – Marginalized and people experiencing homelessness who are reliant on safety net services.
- **Experience of Care** – Services and care delivered effectively and efficiently.
- **Value/Cost** – Service coordination and delivery will be more efficient.



# Downtown Austin Community Court (DACC)

## **Intensive Case Management Model**

As members of a problem-solving court, DACC Case Managers work with defendants to identify creative methods for completion of court requirements through activities that will increase a client's stability and decrease the risk of re-offense. Case Management staff uses best practices that include Critical Time Intervention, Motivational Interviewing, Trauma Informed Care, Housing First and Solution Focused Brief Interventions to engage clients.

Navigating the homeless resource system is very complex. DACC Case Management services are unique in that they provide comprehensive wrap-around services to assist a client in navigating all aspects of the homeless system. Treatment plans are person- centered with a focus on eliminating barriers that may hinder a client's long term or permanent stability. Services include substance abuse treatment, mental health support and services, medical support and services, crisis intervention, job training and disability applications, transitional and permanent housing assistance, assistance with basic needs, supportive day programs, transportation and a number of additional support services. A key component of our case management service is our ability to continue case management services after a client is housed; this strategy is the best practice for long-term stability. Based on the complex needs of our clients, six of our seven staff members hold Master Level licenses in Social Work or Counseling. Several staff members are trained to administer the Coordinated Assessment and complete a SSI/SSDI Outreach, Access and Recovery (SOAR) application which are the first steps to housing for a majority of our clients. DACC Case Managers work collaboratively with community agencies to connect clients to the services they need and to break down barriers to accessing services with the definitive goal of housing. DACC is also part of the Homeless Outreach Street Team (HOST) which works on relationship building with homeless clients to quickly link clients to services on the streets.

### *Service Provision*

The type of case management service provided is based on part on the number of times the client has offended within the court's jurisdiction and/or their overall criminal history in Texas and other states, as well as taking into consideration risk factors such as physical and mental health issues and substance abuse disorders. This information is used to separate clients into four tiers, with tier I being those with the most need:

1. Tier I: Frequent/Repeat offenders with a history of 25 or more cases and at least one active case within the last 2 years (referred to Intensive Case Management Services).

2. Tier II: Defendants with a history of 15-24 cases AND defendants who have 25 or more cases but have not offended within the last 2 years (referred to Intensive Case Management Services).
3. Tier III: Defendants with a history of 2-14 cases (referred to Intensive Case Management Services).
4. Tier IV: Defendants with only one case with DACC (referred to Basic Case Management Services).

Tier IV clients typically receive specific instructions from the judge to complete community service and sometimes an educational class as part of a deferral agreement. These clients are typically not homeless and have resources available to them. Case managers typically refer these clients to the DACC CSR work crews or other community non-profit agencies where they can complete community service hours; case managers also ensure that these clients have contact information for agencies that provide the required educational courses. Case managers can also engage in a brief assessment of alcohol/drug use, mental health status, and other risk factors to determine if different services may be needed for the client.

Clients in tiers I, II and III, who are indigent, are all eligible to receive DACC-funded rehabilitation services. Tier I frequent offenders are served primarily by Intensive Case Managers at DACC, who carry a smaller, specialized caseload. There are, however, clients in this tier who refuse ICM services and who work with the DACC case manager who provides basic case management (i.e. CSR and class assignment, case monitoring, etc.).

Intensive case management services for clients in Tiers I, II and III entail the following:

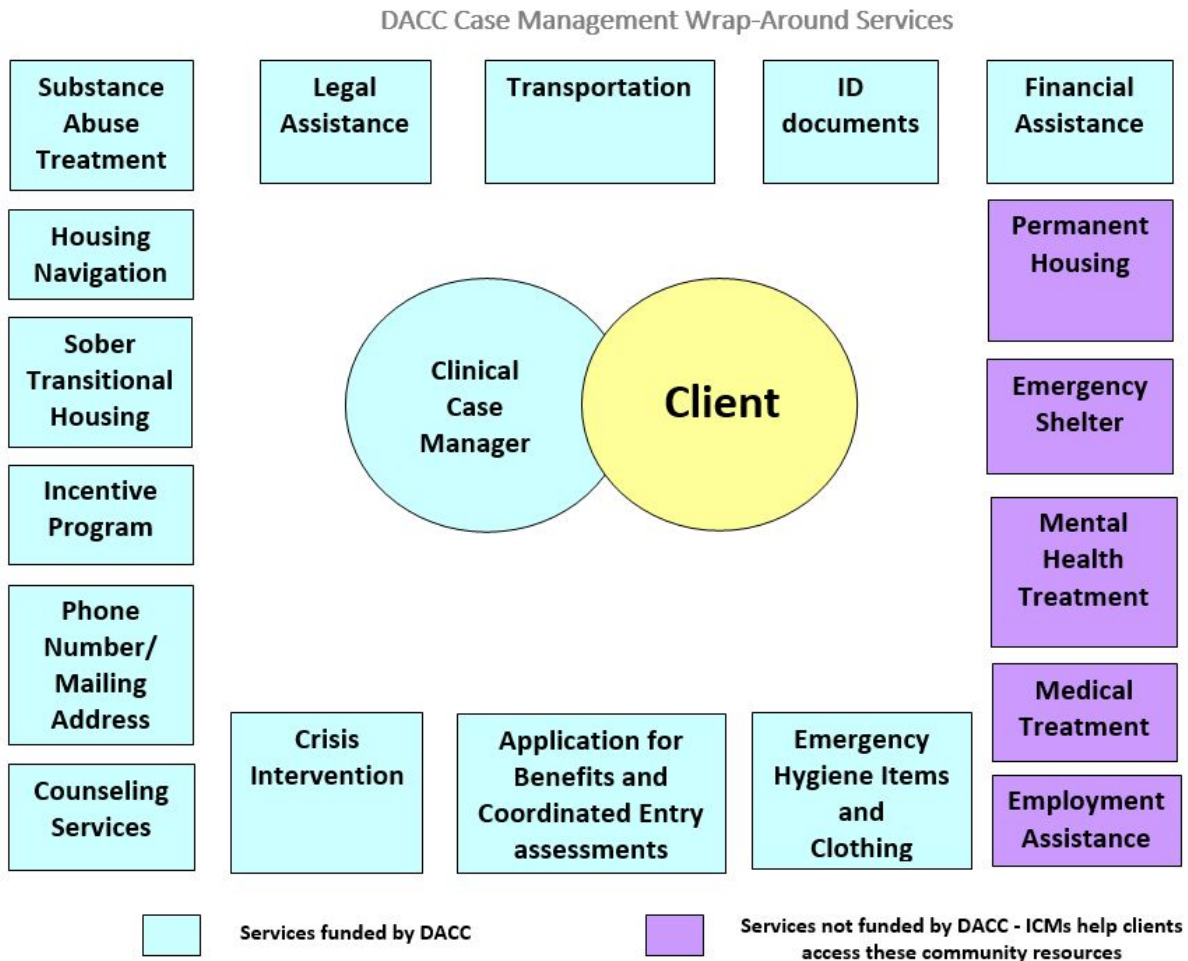
1. **Substance Abuse Treatment:** Detox, inpatient, and outpatient treatment programs are available based on bed-availability, insurance status, and client willingness. DACC is able to fund treatment through existing contracts with Austin Recovery, Cross Creek Hospital, A New Entry, Cenikor and Road to Recovery. If a Client does not meet the criteria for these programs, if there is a lack of bed availability, or if the client prefers another location, case managers assist with other community referrals. Clients are also linked to peer support specialists after treatment funded by DACC.
2. **Legal Assistance:** Intensive case managers monitor open cases for all clients utilizing case management services. They assist the client in understanding and completing case requirements and decreasing the number of offenses through direct services and referrals. The client can utilize the case manager to navigate the legal system at DACC as well as other criminal justice departments around the state and country. DACC Case Managers collaborate with Mental Health Public Defenders on mutual clients.
3. **Emergency Hygiene and Clothing:** Clients who come into court are able to access hygiene items and clothing for emergencies and for entrance into substance abuse treatment facilities. These items include shirts, pants, warm clothing, socks, underwear,

toothbrush and paste, deodorant, shampoo, soap, razors and cream, shoes, and feminine products.

4. **ID Documents:** Many clients, when first engaging in case management, have no identifying documents or partially identifying documents. These documents are crucial for the client to obtain many services, and the intensive case manager can assist the client in navigating the process of obtaining Social Security Cards, insurance cards, birth certificates, and state IDs. The court is able to fund acquisition of these documents.
5. **Phone number/ Mailing Address:** The court can provide a mailing address for important documents to be received on behalf of the client. As homelessness can make document and mail security nearly impossible, intensive case managers are able to hold documents such as birth certificates, program completion certificates, Social Security Cards, etc. in a double-locked filing system. Clients can utilize a phone at Community Court during business hours, and intensive case managers often give their phone numbers to other service providers who need to directly contact a client.
6. **Crisis Intervention:** DACC Intensive case management staff includes three Licensed Clinical Social Workers, two Licensed Master Social Workers and one Licensed Professional Counselor. Masters level staff assess clients in crisis to determine what level of care is needed in the moment. Case managers work with the local mental health authority (Integral Care), the Austin Police Department's Mental Health Officers, Sherriff's Department Crisis Intervention team, domestic violence service providers and substance abuse treatment facilities to link clients to the appropriate level of care.
7. **Sober Transitional Housing:** DACC funds up to 90 days of sober transitional living for clients discharging from residential substance abuse treatment programs.
8. **Financial Assistance:** DACC will assist clients with limited financial assistance for items such as rent, utilities, apartment applications or deposits that are often a barrier to accessing permanent housing.
9. **Emergency Shelter:** Through a contract with Front Steps, intensive case managers refer clients to one of 15 mats that are reserved for DACC clients at the local homeless shelter (ARCH).
10. **Housing Navigation:** Three intensive case managers at DACC are trained to complete a Coordinated Assessment (CA). A CA is the first step in obtaining housing in Austin. Intensive case managers assist clients with a housing plan, accessing housing waitlists, housing applications (including required supporting documentation), appeals, and move-ins. Intensive case managers assist the client in obtaining basic needs of living once the client has been housed.

11. **Permanent Housing:** Intensive case managers work closely with housing providers to complete housing plans, submit permanent supportive housing applications, verify a client's homeless status and access vouchers.
12. **Employment Assistance:** Intensive case managers assist clients with employment applications and work closely with local employment agencies, such as Goodwill, to work toward secure employment and increased income.
13. **Application for Benefits:** DACC employs a SSI/SSDI Outreach, Access, and Recovery (SOAR) Specialist. The SOAR Specialist is trained to dramatically expedite the SSI/SSDI application process and reduce the disability determination period for homeless clients. Whether clients are just beginning their application for Social Security benefits or have received a denial and are ready to appeal, intensive case managers can assist clients with the process. Intensive case managers can transport a client to the Social Security Office and help advocate for benefits and can assist in gathering medical documents and other necessary documents. DACC intensive case managers are trained to complete Medical Assistance Program applications so a client can access medical care quickly and frequently assist clients in obtaining SNAP benefits (Food Stamps).
14. **Medical Treatment:** Intensive case managers work closely with the providers at CommUnity Care Clinics to help clients set up appointments, find specialists and obtain needed services. These services can include help with obtaining prescriptions. Intensive case managers also assist clients who have Medicaid/Medicare to navigate the network of providers.
15. **Mental Health Treatment:** Intensive case managers help clients link with services at Integral Care, Crisis Centers, APD Mental Health Officers, Travis County Sheriff's Crisis Intervention Team and other psychiatric services and can provide transportation to these services.
16. **Transportation:** Intensive case managers have access to a City of Austin vehicle to transport clients to appointments for services such as MAP (Medical Assistance Program), Social Security, DPS, Vital Statistics, PES (Psychiatric Emergency Services), Austin Recovery, food stamps, and can assist with a housing move. Intensive case managers also provide 1-day and 7-day bus passes for client to attend appointments.
17. **Counseling Services:** DACC funds counseling and peer support services through Plan of Central Texas and our Managed Service Organization contract. Clients can receive intensive therapy from licensed therapists to work on trauma and personal issues. Peer support specialists provide support for clients who are in recovery.

18. **Incentive Program:** Clients can access gift cards and bus passes as incentives for reaching treatment goals, to assist clients with household items once housed and for emergency food when a food pantry cannot be accessed.



# Blockchain Project - Bloomberg Mayor's Challenge

**Problem:** When you're homeless, it's easy to have your documents lost or stolen. This loss causes many negative consequences - delays, setbacks, starting over, service duplication, high costs, re-traumatization, lost motivation to take the next step.

For service providers, client data is fragmented across many organizations, causing fractured service delivery, delays or duplication, and high costs. Architecting systems to be integrated has high costs and a high level of difficulty.

**Idea:** using blockchain to enable anyone experiencing homelessness to securely store and access their data, and provide access to it to any service provider in the trust network.

**Funding Source & timeline:** Bloomberg Philanthropies Mayor's Challenge awarded Austin \$100,000 for a 6-month testing phase to conduct public prototypes the idea. We submit the evidence in August for a chance to receive \$1 million or \$5 million for implementation.

Slide deck:

[https://docs.google.com/presentation/d/1Q\\_joucXZX-vLmJyBHeulk4Pg4fOBZpTp2asJRX0HTwM/edit?usp=sharing](https://docs.google.com/presentation/d/1Q_joucXZX-vLmJyBHeulk4Pg4fOBZpTp2asJRX0HTwM/edit?usp=sharing)

# ARCH Prototypes and Resource List

## **Phone Booth Pilot**

The purpose of the Phone Booth Pilot at the ARCH is to establish baseline of services contacted outside of ARCH. The pilot has:

- Set up three phones at the ARCH resource
- Collected one month of baseline in February
- Made a segment of a resource list available for clients, helping us track the services being contacted through a Google Voice number
- Conduct A/B testing with the resource list and measure the effects and usefulness of the resources

In the baseline for the project more than 4,000 calls were placed to service providers across the state. The pilot for will continue through June.

## **ARCH Checklist**

The ARCH Checklist makes it easier for clients understand the steps they need to take and easier for navigators to explain steps to clients and do follow ups. The pilot has:

- Conducted [baseline interview](#) with Tony the navigator
- Obtained feedback from providers
- Requested testing/piloting to be conducted with ARCH navigators in March

Testing for this prototype is looking for clients having a better understanding the steps they must take to receive services.

## **Public Engagement Guide**

The Public Engagement Guide will educate and provide suggestions for safe and efficient ways for the public to be involved in interacting and assisting people experiencing homelessness. The guide has been tested, so far, with members of the public, service providers, and the Homelessness Advisory Committee of Austin. With the help of the Engagement Guide we expect that the public will:

- be more confident when interacting with with individuals experiencing homelessness,
- see them as humans first, before their situation,
- feel more comfortable discussing the topic of homelessness and participate in solutions.

## **Resource List**

The iTeam collected resource lists from providers and validated and compiled the data for analysis and research purposes (including the [Homelessness City Resources Map](#)). At the same time research with people experiencing homelessness and service providers consistently revealed the need for reliable resources and navigation tools.

The Resource List compiled by the iTeam is currently available to service providers in Austin and is being used to support the ARCH Phone Booth Pilot. The iTeam would like to work with a

City Department to ensure that the data is maintained and available for community members who need to access resources or help people with navigation. Currently, the Sunlight Foundation is working with Communications and Technology Management (CTM) and the Office of Innovation on a Tactical Data Engagement Project to identify opportunities for this project.

For more information on the project please visit:

[https://docs.google.com/presentation/d/10L4xOSTdVtgGXYF2edK\\_vSqWnfCOsUAD9AAcqRHbIQ0/edit?usp=sharing](https://docs.google.com/presentation/d/10L4xOSTdVtgGXYF2edK_vSqWnfCOsUAD9AAcqRHbIQ0/edit?usp=sharing)



# Austin Public Library Statistics and Wrap-Around Services Budget

Terrazas Library customer contacts between Feb 28, 2018 and April 6, 2018. HOST services began on February 28, 2018.

12 individuals contacted:

- 3 checked Coordinated Assessment status (housing assessment)
- 1 Coordinated Assessment completed
- 2 housing search assistance
- 4 Integral Care referrals
- 2 referrals to employment services

*Source: Integral Care HOST Team*

Since October 2017 – this fiscal year, 141 total security incident reports:

- 34 sleeping
- 20 disrupting library services
- 12 profane or abusive language
- 12 harassing
- 9 block passageway/access to library
- 8 entering a non-public area
- 8 criminal act
- 6 threaten property of library or others
- 5 vandalism
- 4 leaving belongings unattended
- 4 intoxicated
- 3 possession of illegal drugs or alcohol
- 3 offensive gesture
- 3 incite breach of peace
- 3 bedroll
- 6 EMS Calls (FY 2018 to-date)

Average Visitor Counts:

- FY 2018 11,739 to-date
- FY 2017 12,999
- FY 2016 13,846
- FY 2015 13,255
- FY 2014 12,985
- FY 2013 13,997

Average Computer Sessions:

- FY 2018 2,500 to-date
- FY 2017 2,133
- FY 2016 2,640

*Source: Austin Public Library Security Incident Report Database*

A snapshot was taken over a 3.5 day period of time 10 AM -8 PM each day.

- Social Work Intern saw three (3) customers each day.
- On average eight (8) people sitting at tables who appeared to be homeless at any given hour 10 AM -8 PM.
- On average ten (10) people sitting at computers who appeared to be homeless at any given hour 10 AM -8 PM.
- Staff approached ten (10) people over three (3) day period to keep awake.

*Source: Terrazas Branch Library Staff Snapshot Headcount*

Four (4) libraries were identified through the Health Grant as having a significant concentration of homeless customers in need of resources, which included a social work intern and extra security services.

1. Faulk
2. Cepeda
3. Terrazas
4. Little Walnut

Estimated Annual Expenditures:

\$524,383 (Faulk and Branch staff) +  
 \$17,608 (Carver Program Specialist) +  
 \$110,665 (computer use) +  
\$97,551 (security/custodial)

**Total = \$750,207**

*Source: APL Financial Office (below)*

<u>FY18 Salary</u>	<u>Evert Keller</u>
	\$ 50,710
100% in Job Ctr	\$ 50,710
% Time on Homeless	34.72%
	\$ 17,608
	34.72%
Hrs per week	40
Admin Hrs	4
Available Hrs	36
Est. Mins per week serving homeless	750
Total Min in 36 hrs	2160
% Time	34.72%

	<b>SECURITY</b>	<b>CUSTODIAL</b>	<b>Total</b>
	<b>*8774</b>	<b>*8775</b>	
FY18 Budget	1,646,297	1,595,396	
% Time on Homeless	3.01%		
	\$ 49,541	\$ 48,010	\$ 97,551
Hrs per week	40		
Admin Hrs	4		
Available Hrs	36		
Est. Mins per week serving homeless	65		
Total Min in 36 hrs	2160		
% Time	3.01%		

		Cost	Duration		Quantity	5% spent on homeless	Monthly	Annual	5 Year
Public Internet (Time Warner)*		530.00	Per Month	1	2	0.05	53.00	636.00	3,180.00
CTM Backbone Support		2,000,000.00	Annual	1	0.90	0.05	8,333.33	100,000.00	500,000.00
Desktops		759.21	Per 60 Months	60	600	0.05	379.61	4,555.26	22,776.30
Displays		192.29	Per 60 Months	60	600	0.05	96.15	1,153.74	5,768.70
Software		12.00	Per Month	1	600	0.05	360.00	4,320.00	21,600.00
* - Google Fiber May Replace							9,222	110,665	553,325

	FAULK CTRL	REF	P PRTG	CIRC-BR	TOTAL
	*2300	2400	2600	3000	
FY18 Budget	2,682,824	1,633,910	0	14,843,383	
Less Div Mgrs/Admin	(103,230)			(179,067)	
	2,579,594	1,633,910	0	14,664,316	
% Time on Homeless	2.78%				
	\$ 71,655.39	\$ 45,386.39	\$ -	\$ 407,342.11	\$ 524,383.88
Hrs per week	40				
Admin Hrs	4				
Available Hrs	36				
Est. Mins per week	60	<<--Variable unit ( can change and all figures will adjust)			
serving homeless					
Total Min in 36 hrs	2160				
% Time	2.78%				
This calculation assumes that every single person in these divisions spends 60 minutes a week helping the homeless					

# Homelessness Advisory Council of Austin

The Homelessness Advisory Committee of Austin (HACA) was created in the fall of 2017 by the City of Austin's Office of Innovation, Bloomberg iTeam in coordination with the Department of Public Health and the Ending Community Homelessness Coalition (ECHO). Collectively, these entities are the "Organizers" for the committee.

The Advisory Committee includes 13 members who have previously or are currently experiencing homelessness. The role of the Advisory Committee is to have conversations, share stories, and get feedback from the group to:

- Educate and inform policy makers on the realities of homelessness, including disability, mental health, substance use disorder, and other issues faced by individuals who are homeless
- Obtain feedback on current services and resources for persons experiencing homelessness
- Better understand the realities of homelessness and to inform the improvement of services
- To inform the design of materials and outreach for individuals experiencing homeless

The project started with a six-month pilot phase. In that time, the Advisory Committee developed and approved bylaws, shared their own stories to help inform the assumptions of the iTeam's research, provided input on city ordinances with Austin Public Health, brainstormed ideas for future Advisory Committee-driven projects, and helped the iTeam refine the research insights. The group's input helped inform these projects and proved the merits of the pilot. As a result, the iTeam has committed to continue the project until the grant-funded team has to move to a different subject matter. At that time, it is the iTeam's strong recommendation that APH and ECHO continue the collaboration and use the Advisory Committee to improve policy and projects with the input of people who have lived-experience of homelessness in Austin.

ITEM	COST	NOTES
Member Incentives	\$12,480	\$20/hour, two hour meetings, twice a month, 12 months for up to 13 members
Food	\$4,200	\$150/meeting and two orientation sessions
Bus passes	\$480	\$12/7-day pass for two orientation sessions with up to 20 participants each
Supplies	\$480	\$20/meeting for copies and general supplies

Staff time	\$10,080	Two general facilitators, and one social worker for meetings (3 hours each), meeting prep (3 hours each), and orientation and general administrative (12 hours annually) at \$40/hour.
TOTAL COST per year	\$27,720	

For more information on the Advisory Committee and what we learned from the project during the pilot project please visit:

<https://docs.google.com/presentation/d/1oHYUrFOzLQWeDBpsYqFrsKgUPT4RTTLX8GngnwPvJqg/edit?usp=sharing>



HACA members recording interviews at City Hall and on Town Lake



HACA members meeting at Tarrazas Branch Library