Vulnerability Index -

Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been arc and in various incarnations for over a decade, before being released to the public in 2010. Since its initi release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand mmunities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented der Ind for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool I-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have e resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly etermine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize inich clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case man gement and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may (I) be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available onlineat

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- · Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- · Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

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Administration

Interviewer's Name	Agency		am aff lunteer
Survey Date	Survey Time	Su	ey Location
DD/MM/YYYY//	: AM/PM	_	

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that emple them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- · that any question can be skipped or refused
- · where the information is going to be stored
- that if the participant does not understand a question or the assessor lies not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and nc feeling that there is a correct
 or preferred answer that they need to provide, nor information they ne to conceal

Basic Information

First Name Nickname		La	Name	
In what language do you feel bes	t able to	express yourself?		· · · · · · · · · · · · · · · · · · ·
Date of Birth	Age	Social Security Number	Col	ent to participate
DD/MM/YYYY//				i 🗆 No
IF THE PERSON IS 60 YEARS OF A	GE OR OI	LDER, THEN SCORE 1.		SCORE:

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A. History of Housing and Homelessness

- 1. Where do you sleep most frequently? (check one)
- Shelters
 Transitional Housing
 Safe Haven
 Outdoors
- Other (specify):

	efused		
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSIT OR "SAFE HAVEN", THEN SCORE 1.	IONAL	HOUSING",	SCORE:
2. How long has it been since you lived in permanent stable housing?		□ Refused	
3. In the last three years, how many times have you been		□ Refused	
IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HAND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	HOMELI	ESSNESS,	SCORE:
B. Risks			
4. In the past six months, how many times have you			
a) Received health care at an emergency department/room?		□ Refused	
b) Taken an ambulance to the hospital?		🗆 Refused	
c) Been hospitalized as an inpatient?		□ Refu s ed	
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		□ Refused	
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?		□ Refused	
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?		□ Refused	
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCO EMERGENCY SERVICE USE.	DRE 1 F	OR	SCORE:
5. Have you been attacked or beaten up since you've become Y homeless?	ΠN	□ Refused	
6. Have you threatened to or tried to harm yourself or anyone I Y else in the last year?	ΠN	□ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.			SCORE:

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	Y	ΠN	🗆 Refused		
IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.				SCORE:	
8. Does anybody force or trick you to do things that you do not want to do?	ΠY		□ Refused		
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	ΠY		□ Refused		
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOI	ТАТ	N.		SCORE:	
C. Socialization & Daily Functioning					
10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	ΠY	🗆 N	🗆 Refused		
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	ΠY	D N	□ Refused		
IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 F MANAGEMENT.	OR	DNEY		SCORE:	
12.Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	ΠY		□ Refused		
IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.				SCORE:	
13.Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	ΠY		□ Refused		
IF "NO," THEN SCORE 1 FOR SELF-CARE .				SCORE:	
14.Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	ΠY	⊐ N	□ Refused		
IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.				SCORE:	

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D. Wellness

15.Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	□ Y	ΠN	□ Refused	
16.Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	□ Y	□ N	□ Refused	
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	ΠY	ΠN	□ Refused	
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	ΠY	ΠN	□ Refus ed	
19.When you are sick or not feeling well, do you avoid getting help?	□ Y □	ΠN	□ Refused	
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	• Y	ΠN	□ N/A or Refus ed	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEA	LTH.			SCORE:
21.Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	U Y	ΠN	□ Refused	
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	□ Y	ΠN	□ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE US	iE.			SCORE:
23. Have you ever had trouble maintaining your housing, or been k apartment, shelter program or other place you were staying, be			an	
a) A mental health issue or concern?	ΠY	ΠN	Refused	
b) A past head injury?	□ Y	$\square N^{\circ}$	🗆 Refused	
c) A learning disability, developmental disability, or other impairment?	□ Y	ΠN	□ Refused	
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	ΠY	ΠN	🗆 Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALT	н.			SCORE:
				the state of the
IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SL FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.	JBSTA	NCE US	SE AND 1	SCORE:
				and the second

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25. Are there any medications that a doctor sa taking that, for whatever reason, you are n		ıld be	١٦	□ N	□ Refused
26. Are there any medications like painkillers take the way the doctor prescribed or whe medication?	that you do		٦١	□ N	□ Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR	MEDICATIO	NS.			SCORE:
27. YES OR NO: Has your current period of hor been caused by an experience of emotiona psychological, sexual, or other type of abu trauma you have experienced?	al, physical,	y other	ΠY		□ Refused
IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.					SCORE:
Scoring Summary					
DOMAIN PRE-SURVEY	SUBTOTAL /1	Score:	Reco	Contract of the	ULTS
A. HISTORY OF HOUSING & HOMELESSNESS	/2				intervention
B. RISKS	/4				ent for Rapid
C. SOCIALIZATION & DAILY FUNCTIONS	/4		Re-H	Ising	
D. WELLNESS GRAND TOTAL:	/6 /17	8+:			ent for Permanent Housing/Housing First
ollow-Up Questions			×		
On a regular day, where is it easiest to find you and what time of day is easiest to do	place:				
so?	time: :	or	Morni	/Afte	ernoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with	phone: ()			
you or leave you a message?	email:			-	
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	□ Yes	C	J No		□ Refused
communities are encouraged to think of addition perated or your specific local context. This mat					nt to the programs bein
military service and nature of • legal sta					

ageing out of care
 mobility issues
 current restrictions on where a person can legally reside
 ture
 fety planning

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Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and fund-ing requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

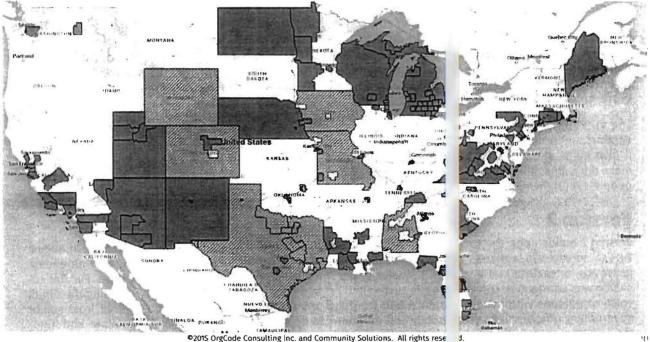
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Appendix B: Where the VI-SPDAT is being used in the U ited States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is by ig used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

- Alabama
- Parts of Alabama Balance of State Arizona
- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
 Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
 San Diego
- Santa Maria/Santa Barbara
- County Bakersfield/Kern County
- Bakersnei
 Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County
 Colorado
 - Metropolitan Denver
- Homeless Initiative Parts of Colorado Balance of State
- Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

- District of Columbia District of Columbia Florida
 - Sarasota/Bradenton/
 Manatee Sarasota Counties
 - Manatee, Sarasota Counties - Tampa/Hillsborough County
 - St. Petersburg/Clearwater/ Largo/Pinellas County
 - Tallahassee/Leon County
 - Orlando/Orange, Osceola, Seminole Countles Gainesville/Alachua, Putnam
 - Counties Jacksonville-Duval, Clay
 - Counties Palm Bay/Melbourne/Brevard
 - County Ocala/Marion County
 - Miami/Dade County West Palm Beach/Palm Beach County
 - Georgia
- Atlanta County
- Fulton County
 Columbus-Muscogee/Russell
 - Marietta/Cobb County
- DeKalb County
- Hawaii
- Honolulu
- Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/ Lake County
- Chicago
 Cook County
- lowa
- Parts of Iowa Balance of State
- Kansas • Kansas City/Wyandotte
- County Kentucky
- Louisville/Jefferson County

- Louisiana • Lafayette/Acadiana
- Shreveport/Bossier/ Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC
- Massachusetts
- Cape Cod Islands
 Springfield/Holyoke/
- Springfield/Holyoke/ Chicopee/Westfield/Hampden County
- Maryland
- Baltimore City
 Montgomery County
- Maine • Statewide
- Michigan
- Statewide
- Minnesota
- Minneapolis/Hennepin County
 Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota
- Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/
- Lee's Summit/Jackson County Parts of Missouri Balance of
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional
 North Carolina
- North Carolina • Winston Salem/Forsyth
- County

 Asheville/Buncombe County
- Greensboro/High Point

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- North Dakota • Statewide Nebraska
- Statewide
- New Mexico
- Statewide
- Nevada

 Las Vegas/Clark County
- New York City
- Yonkers/Mount Vernon/New

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San Antonio/Bexar County

Dallas City & County/Irving

El Paso City and County

Waco/McLennan County

Wichita, Archer Countles

Texas Balance of State

Fort Worth/Arlington/Tarrant

Wichita Falls/Wise, Palo Pinto,

Bryan/College Station/Brazos

Beaumont/Port Arthur/South

Roanoke City & County/Salem

Virginia Balance of State

Austin/Travis County

Texas

County

Amarillo

Valley

Utah

Virginia

East Texas

Statewide

Counties

Washington

Wisconsin

Wyoming

Statewide

Statewide

West Virginia

Virginia Beach

Arlington County

Seattle/King County

Spokane City & County

Wyoming Statewide is in the

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process of implementing

Portsmouth

Richmond/Henrico

Chesterfield, Hanover

- Rochelle/Westchester County Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/ Stark County

Oklahoma

Tulsa City & County/Broken Arrow

Lower Marion/Norristown/

Abington/Montgomery County

Oklahoma City Norman/Cleveland County

Allentown/Northeast

Lancaster City & County

Bristol/Bensalem/Bucks

Hills/Allegheny County

Charleston/Low Country

Chattanooga/Southeast

Tennessee Memphis/Shelby County

Nashville/Davidson County

Columbia/Midlands

Pittsburgh/McKeesport/Penn

Pennsylvania • Philadelphia

Pennsylvania

County

Rhode Island

Statewide

South Carolina

Tennessee

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RECOMMENDATION

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Austin Homelessness Advisory Council

Recommendation 20190529-02: Storage for Individuals Experiencing Homelessness

WHEREAS, the Austin Homelessness Advisory Council (AHAC) is a group of individuals that are currently or have previously experienced homelessness in Austin, Texas; and

WHEREAS, the work of AHAC is supported by the City of Austin with the administration and facilitation of AHAC managed by Downtown Austin Community Court (DACC); and

WHEREAS, AHAC meets bimonthly to hold discussions and provide input regarding policies, practices, and services related to homelessness; and

WHEREAS, the 2019 Point in Time Count identified a five percent increase in individuals experiencing homelessness in Austin, for a total of 2,255 individuals identified; and

WHEREAS, the number of individuals experiencing homelessness is likely much higher due to people that are temporarily staying with friends or family, in hospitals, or incarcerated who are not counted in this process; and

WHEREAS, the City Council adopted Strategic Direction 2023 (SD 2023), which sets addressing homelessness as a top priority for the City; and

WHEREAS, a strategy under the Economic Opportunity & Affordability Strategic Outcome in SD 2023 is to "Define and enact our response to homelessness focusing on efficient and effective use of our resources to address disparities, prevent homelessness, and support housing stability;" and

WHEREAS, access to storage is a basic need, a matter of human dignity, and critical for individuals to be able to go to job interviews, maintain identification documents and important personal belongings, and directly impacts the ability to achieve housing stability; and

WHEREAS, current availability of storage for individuals experiencing homelessness in Austin is inadequate; and

WHEREAS, the Austin Resource Center for the Homeless (ARCH) offers a limited number of lockers as part of the Day Resource Center (DRC), which will be discontinued for any individuals that are not residents of the ARCH when the full transition for their new agreement with the City is implemented; and

WHEREAS, through a contract with Austin Public Health, the National Alliance to End Homelessness released a report in June 2018 titled Recommendations for the Re-Design of Emergency Shelters in Austin (NAEH Report); and WHEREAS, The NAEH Report includes a recommendation that ser ces currently provided through the ARCH DRC to non-ARCH residents such as access to te phones, restrooms, showers, mail, and lockers "should be provided elsewhere to people 1 t staying at the ARCH and should be accompanied by housing crisis resolution assistance as vell;" and

WHEREAS, the population experiencing homelessness in Austin is verse with varying needs, and multiple program structures for storage may be necessary to serv this population effectively; and

WHEREAS, any storage program(s) should be developed thoughtful y and with input from stakeholders from lived experience; and

WHEREAS, different factors including physical features, location(s service connections, lease terms, and cost should all be weighed in developing any storage prog m(s); and

WHEREAS, different structure options such as mobile storage, sma r storage facilities dispersed throughout the City, or one large centrally located storage cility with associated social services all have benefits and challenges that should be weigher; and

WHEREAS, physical features such as solar panels to enable chargine for phones, mail slots, ventilation, solutions for bed bugs, protection from heat, and options or locking mechanisms should all be considered in structural design for storage; and

WHEREAS, location(s) for storage should be central and in areas we ere individuals experiencing homelessness can easily access facilities, with predicta e hours of access to meet a variety of scheduling needs due to work, entering shelters at specific mes of day, and other factors; and

WHEREAS, City-owned property, churches, libraries, transit center bus stops, recreation centers, outside of the Austin Resource Center for the Homeless, and parking lots could all be options for storage locations; and

WHEREAS, Manchaca intersecting with Congress or Ben White, N rth Lamar and Highway 183, Highway 290 and Cameron Road, Highway 183 and Payton Gi 7th Street and Pleasant Valley, and Oak Hill near encampment sites should all be explored a potential location options due to proximity to individuals experiencing homelessness and acce ibility to public transit; and

WHEREAS, safety and security features including bright lighting, energency call buttons, staffing, cameras, and mechanisms to preclude loitering, theft, and $\sqrt{1}$ dalism should be considered; and

WHEREAS, service connections such as bus passes, optional entry ito case management, and communication through staff or posted bulletins about services available in the community could be incorporated into a storage program; and

WHEREAS, there should be a low barrier to qualifying for participation in storage programs with participation in Coordinated Assessment offered as an option, but not a requirement, for those willing to participate; and

WHEREAS, availability of storage could be a tool to incentivize participation in case management services by guaranteeing that every individual with a case manager has an option for storage, but any storage program should still allow for storage for some individuals not engaged in case management; and

WHEREAS, lease terms for storage should not be less than three months in length, and options for a digital, automated, and in-person renewal process should be explored; and

WHEREAS, lockers should be free or low-cost, with an option to pay for storage through community service; and

WHEREAS, if storage facilities do have fees, there should be waivers and an option for sponsors for individuals with disabilities or the inability to pay due to lack of resources; and

WHEREAS, programs should be structured to collect emergency contact information and set aside a minimum of 30-45 days to attempt reconnection with storage clients where contact has been lost prior to discarding or donating abandoned items; and

WHEREAS, the benefits of features and program structures should be weighed with the associated costs to develop appropriate storage options that are not financially burdensome; and

WHEREAS, all funding sources should be considered for initial construction and ongoing operations expenses including the City's Capital Budget and General Fund, philanthropy, and public private partnerships; and

WHEREAS, the City should explore direct provision of storage and conducting a solicitation for one or multiple nonprofits that could also provide some level of social services along with storage; and

WHEREAS, the City Council will have the opportunity to consider funding storage programs for individuals experiencing homelessness during the Fiscal Year 2019-2020 budget process; and

WHEREAS, the Downtown Austin Community Court Advisory Board is charged with making recommendations to the City Council on operations and policies of the Community Court, which includes provision of effective services for individuals experiencing homelessness;

NOW, THEREFORE, BE IT RESOLVED that the Austin Homelessness Advisory Council recommends that the Austin City Council allocate funding for one or multiple storage programs to serve individuals experiencing homelessness during the Fiscal Year 2019-2020 budget process, if not sooner.

AHAC recommends that a solicitation or direct City program for stor ge be developed that fully considers all options for physical and safety features, locations, progin structures, associated social services, and funding options. This development process shou engage City staff from appropriate departments, representation from community advisory gr ups including Downtown Austin Community Court Advisory Board and Austin Homelessness dvisory Council, and other community stakeholders.

BE IT FURTHER RESOLVED that the Austin Homelessness Adv ory Council requests that the Downtown Austin Community Court Advisory Board forwards t s recommendation from AHAC to the Austin City Council, and takes action to recommend the the Austin City Council consider inclusion of funding for storage for individuals experiencin nomelessness in the Fiscal Year 2019-20 Budget.

Personal Impact of Storage Surveys

The Austin Homelessness Advisory Council (AHAC) is an advisory body comprised of individuals with lived experience with homelessness in Austin. Their work is facilitated and administratively supported by Downtown Austin Community Court.

At AHAC's meeting on May 13, 2019, the Members completed the following surveys regarding the personal impacts of availability of storage options. The Members authorized these documents to be shared publicly as part of the storage discussion that is posted on the June 7, 2019 Downtown Austin Community Court Advisory Board agenda.

For questions or more information regarding AHAC, please contact the following Downtown Austin Community Court Staff:

Laura Williamson (512) 974-1233 Laura.Williamson2@austintexas.gov

Robert Kingham Robert.Kingham@austintexas.gov

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Temporary Storage for People Experiencing Homelessness in Austin, Texas

June 7th, 2019

What people are doing for storage now

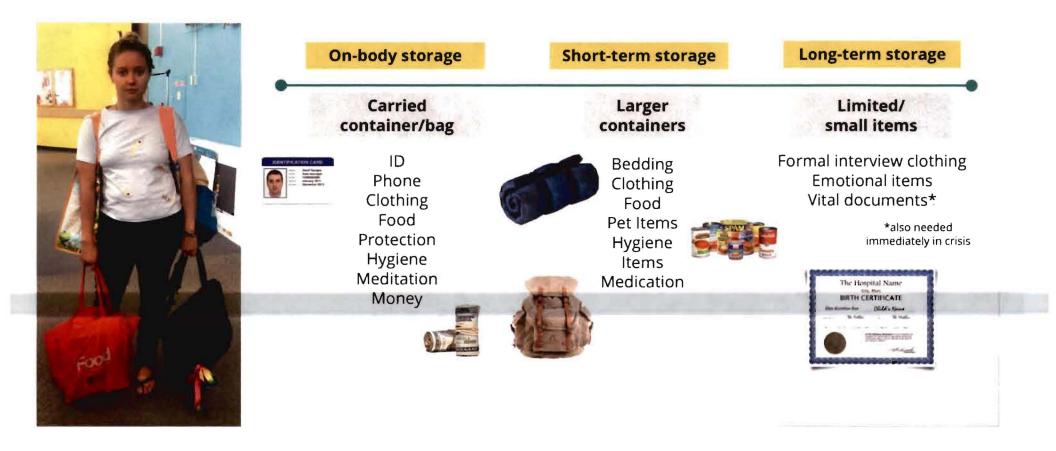


- Alleys
- Electrical Boxes

Risks:

- Theft
- Loss of vital documents
- Interference with electrical wires and fire hazards
- Individuals miss important appointments due to not being able to leave belongings alone

Types of storage



What Other Cities are Doing

San Diego





Think Dignity Transitional Storage

- 300 lockers, 150 bins
- 30,000 pounds of personal storage
- Free
- Members can access between the hours of 7-11am and 4:30-7:30pm







Los Angeles

"The Bin" Storage Facility

- 1,500 Storage bins
- Accessible 7am 7pm
- Shelves for bulk items
- Free
- 3 locations



Lisbon, Portugal

Solidarity Lockers

- In public parks
- Accessible 24/7
- Mail slot and clothes hangers
- Funded 60% by the city, 40% donation
- Members are registered for services





Bellingham, Washington



Safe Storage PNW

- Based off of the Portugal lockers
- Accessible 24/7, central location downtown
- Solar panels on top and cell phone charger inside

What features are right for Austin?

Large central storage facility or smaller multiple locations?

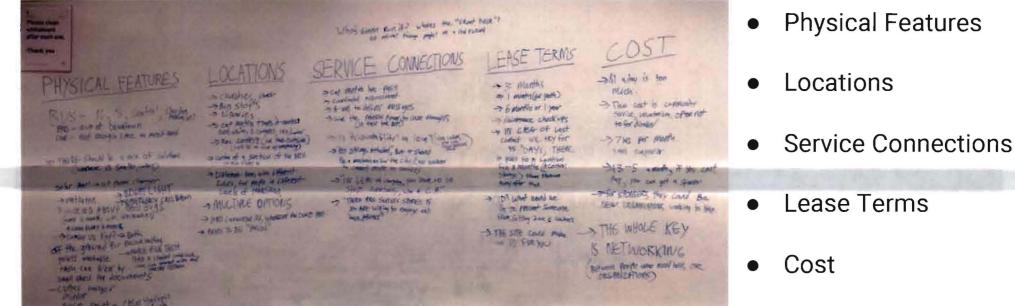
- Small fee or free? Pros / Cons
 - Lease term?
- What services can be tied into having a locker?

Austin Homelessness Advisory Committee: Storage Focused Meetings



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Multiple group discussions were focused around five topics



Social Good Design Jam

Design Thinking Workshop in Partnership with AHAC members

5/21/2019





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Steve Harrell, A.H.A.C member



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Request for DACC Advisory Board

Take Action Today to:

1. Forward AHAC's Recommendation to City Council

1. Recommend the City Council consider funding for storage in the FY 2019-2020 Budget

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ARCH 500 East 7th Street Austin, TX 78701-3319 (512)978-9920

06/05/2019

Re: Steven Harrell DOB: (09/11/1964)

To whom it may concern,

I am writing this letter on behalf of Mr. Steven Harrell who is our patient in the primary care clinic at the ARCH. I am writing as a private citizen, but one who works as a primary care physician who cares exclusively for individuals experiencing homelessness in Austin. I understand Mr. Harrell is submitting a proposal to Austin City Council for a project to provide lockers for individuals experiencing homelessness to store their belongings. I would just like to add my personal voice of support this effort. The ability to have safe storage could be tremendously helpful for our patients for a number of reasons. First, many of our patients carry heavy backpacks with them all day, putting undue strain on their back and musculoskeletal system causing chronic pain and exacerbating osteoarthritis. Second, secure storage lockers would allow many of my patients to safely store their medications or other personal records and documents necessary for accessing medical care and other social services. I see patients on a weekly basis who have had their belongings, including medications, stolen, which negatively impacts their health and costs our health care system excess money. Third, safe storage lockers would also allow patients to store their belongings while participating in appointments, case management meetings, or even job interviews, ultimately facilitating their pathway to housing and better health. I strongly support Mr. Harrell's efforts and think this is an example of an innovative, locally driven solution to a pernicious problem that could help improve people's lives. Thank you for your consideration.

Sincerely,

1.

Timothy I. Mercer MD