




MEMORANDUM

TO: Mayor and Council Members

FROM: Peter Valdez, Court Administrator,
Downtown Austin Community Court 

DATE: April 16, 2021

SUBJECT: Homeless Outreach Street Team and Downtown Austin Community Court
Resource Update

During the Fiscal Year 2020-21 budget adoption process, the City Council approved an amendment which allocated [additional funding](#) for Downtown Austin Community Court's (DACC) interlocal agreement with Integral Care for Homeless Outreach Street Team (HOST) staff, and provided additional direction for the City Manager to "conduct a needs assessment of both HOST and DACC."

HOST partners conducted biweekly collaborative discussions beginning in September 2020 in order to analyze resources and needs. This memorandum serves as a response to the direction ([page 52 of Council-sponsored budget amendments](#)) for a needs assessment for HOST and DACC, and addresses the following topics:

1. Homeless Outreach Street Team

1a. Overview

- Partners & Impact
- HOST Visit Types & Data Collection
- Additional Community Outreach Programs
- Jurisdiction
- Long Term Services for Individuals Engaged by HOST
- Expanded Access to Behavioral Health Services
- Public Space Management

1b. HOST Programmatic Needs

- Transportation Limitations
- Coordinated Service Delivery System
- Operational Needs

1c. HOST Expansion Opportunities

2. Downtown Austin Community Court

2a. Intensive Case Management

2b. Triage Case Management

2c. Downtown Austin Community Court Facility Needs

2d. Violet KeepSafe Storage Program

The following content is intended to provide a high-level overview; staff welcomes questions or inquiries for additional context on any of items provided below.

1. Homeless Outreach Street Team

1a. Overview

Partners & Impact

The Homelessness Outreach Street Team (HOST) is a collaborative between the Austin Police Department (APD), Austin-Travis County Emergency Medical Services (EMS), Integral Care (IC) and the Downtown Austin Community Court (DACC). HOST is currently comprised of two APD Officers, three EMS Community Health Paramedics, one DACC Clinical Case Manager, and five IC staff including two Behavioral Health Specialists, two Licensed Mental Health Clinicians, and one Peer Support Specialist. DACC administers the funds for IC's staff and other programmatic needs for HOST through an interlocal agreement.

The purpose of HOST is to identify individuals who are experiencing homelessness, learn what challenges they face, and connect them to services they need to help them progress in their journey out of homelessness and toward long-term stability. HOST proactively conducts outreach to individuals living on the streets to connect them to housing, case management, mental health care, primary health care, and substance use treatment. When partners from different specialties and expertise come together, the health of our overall community is improved. HOST utilizes a person-centered approach and connecting individuals with services that meet their needs before unmet needs result in crisis, therefore, HOST is able to significantly improve the quality of life for the individuals served and reduce demand on the emergency response system.

HOST Impact

Metrics	FY 2019	FY 2020	Comments
Unduplicated clients	1,197	913	Average contact per unduplicated client: 2.9 times in FY 2019; 2.7 times in FY 2020
Needs Met	2,962	2,854	Coordinated Assessments; linkage to services, basic needs, and transportation services
Diversion from hospital emergency room	101	234	Due to providing linkage to Street Medicine, prescription meds, or other medical needs
Diversion from jail	84	26	Due to providing support to determine a better option to address the issues that may escalate into an offense resulting in arrest. For example,

			recognizing that someone is acting out due to mental illness and placing on Emergency Detention and admitting for treatment instead of arrest.
Diversion from psychiatric hospital	57	34	Due to providing linkage to psychiatric emergency services and respite care rather than emergency detention or psychiatric hospitalization.

HOST Visit Types & Data Collection

The HOST team uses ArcGIS Mapping on their mobile devices to track outreach efforts being made each day and create maps that reflect where services have been provided. HOST collects data on the types of visits they have within the community, as well as the types of services provided to individuals, which includes the following:

Types of Visits:

1. General Outreach – HOST’s dashboard is reviewed each week to inform general outreach assignments in order to avoid oversaturation of areas and demonstrate a realistic review of how much of the service area can be covered by the team each week. General outreach yields new contacts and also allows the team to discover any new issues, changes in encampments or additional individuals experiencing homelessness in each area. This also ensures the team is surveying HOST’s service area.
2. Targeted Outreach – Occurs when a geographic area has been identified as a location where individuals experiencing homelessness are residing. This is usually a community member referral, community partner or internal referral, which may include conducting advance outreach to connect individuals with services when there is a pending public space management activity planned for the area.
3. Requested Outreach – Conducted when a referral is requesting HOST visit a specific person or persons. Referrals can originate from a community member, partner, or internal request.
4. Pop Up Resource Clinics (PURC) - Bimonthly events coordinated by the Community Health Paramedics (CHP), which bring the homeless services providers to one location to provide direct services onsite. This visit type records the impact HOST has at the PURC’s.

Types of Services and Linkages to Resources:

1. Coordinated Assessments
2. Linkage to shelter and housing services
3. Linkage to mental health evaluation and treatment services
4. Linkage to substance use services
5. Connection to medical support
6. Assistance signing up for Medical Assistance Program (MAP) cards
7. Linkage to case management
8. Access to basic needs
9. Transportation
10. Assistance obtaining identification documents

11. Linkage to public benefits
12. Referral to Adult Protective Services (APS)
13. Legal assistance such as connecting to Legal Aid, Mental Health Public Defenders, and DACC for resolving warrants, as well as court coordination, victim services connection, and coordinating with parole
14. Employment assistance
15. Access to peer support services
16. Diversion out of homelessness

Additional Community Outreach Programs

In addition to HOST, there are other services provided by the City and community partners that are part of the overall continuum in Austin/Travis County for outreach, engagement, and linkage to services for individuals experiencing homelessness. The City currently has eighteen Community Health Paramedics (CHPs) with different specializations. CHPs initially had broad responsibilities, but are now working toward specializations such as support for individuals experiencing homelessness, opioids, mental health response, and co-responding to 911 calls where they may be able to address non-emergent needs and free up ambulance units. Three of these CHPs specialize in serving individuals experiencing homelessness. These staff work with HOST in providing proactive outreach within the community. One of these CHPs is a formal part of the HOST Team that serves the downtown area. The other two serve north and south Austin, and coordinate with HOST and other partners when additional services are needed for the individuals they're working with.

Another community outreach program is PATH (Programs for Assistance in the Transition from Homelessness), which provides outreach and engagement to individuals in the Austin-Travis County area who are experiencing homelessness and disengaged from services. PATH staff establish trusting relationships with individuals who often have co-occurring issues with mental health, substance use, and medical needs, as well as legal issues. PATH's goal is to link individuals served to services that will help them find housing and achieve long-term stability. The primary services available through path are mental health and substance use treatment through Integral Care, in addition to other Integral Care Services. PATH primarily serves areas outside of HOST's jurisdiction, and also assists with some of the City's efforts for advance notification and connection to services for public space management. There are also smaller community-based outreach and service navigation programs, mostly through nonprofit and faith-based organizations, which have informal collaborations with HOST and also help link to services and provide navigation when individuals come up as eligible on housing lists.

Jurisdiction

The official jurisdictional areas of HOST and DACC overlap significantly, but have different boundaries. The HOST service area is bordered by Mopac/Loop 1 on the West, IH-35 on the East, West 29th on the North and Lady Bird Lake on the South. The DACC jurisdiction covers downtown, the west campus area, and part of East Austin, which is reflected in [this map](#). HOST already provides services in the east Austin area covered by DACC's jurisdiction given the need and proximity to HOST's jurisdiction.

It could be beneficial to officially expand HOST's boundaries east to align with DACC for consistency, given that both programs serve the same population and the needs exist in that area. DACC's boundaries could be expanded to match the HOST areas not currently included, primarily in the north and west, but this would require more research and collaboration to determine if this would provide community benefits. DACC already prioritizes HOST referrals for services, and any change to DACC boundaries would require approval of a revised ordinance.

When HOST receives referrals outside of the service area, the team determines the best course of action, which may include providing this referral to community partners. These referrals are most often directed to PATH, CHPs, and other community-based partners.

Citywide expansion of HOST could be explored, but would require significant additional resources for staffing the outreach teams and ensuring enough long-term supports were available for individuals that are engaged through HOST. Any significant expansion would need to be coordinated with other community partners that also provide outreach outside of HOST's current services area to avoid duplication in services and optimize the resources available to reach as many individuals as possible. Any large-scale expansion would need to balance increased resources across APD, DACC, EMS, and Integral Care, as each of the HOST partners have distinct and critical roles in serving this population and providing services in real time for the most vulnerable in our community.

Long Term Services for Individuals Engaged by HOST

Individuals experiencing homelessness engaged by HOST that need ongoing services are primarily referred to DACC's Intensive Case Management (ICM) Program and multiple programs at Integral Care, depending on which would best serve each individual's needs. These programs are typically in high demand and carry a waitlist. DACC does prioritize HOST referrals for ICM program entries, but this impacts the length of time other highly vulnerable individuals experiencing homelessness spend on the waitlist for ICM services before they can be assigned to a case manager. Any expansion of HOST outreach staff should be coupled with expansion of ongoing services so individuals can access long-term, housing-focused services when ready to engage, and to ensure an increase in HOST referrals won't negatively impact access to services for other individuals due to limited resources.

Expanded Access to Behavioral Health Services

On December 3, 2020, the City Council passed [Resolution 20121203-048](#) to expand behavioral health services for individuals experiencing homelessness through an agreement with Integral Care, funded by DACC and the Downtown Austin Alliance. Subsequently, the City Council approved [Item 20201210-019](#) to authorize negotiation and execution of an agreement with Integral Care for the Homeless Health and Wellness program, which integrate behavioral health services with primary health care. The housing-focused and person-centered case management services through this agreement closely mirror the approach of DACC's ICM Program, which had a waitlist of 266 individuals as of March 12, 2021. Individuals on DACC's ICM waitlist and HOST referrals will be

prioritized for this program, addressing an immediate unmet need. It's anticipated this program will serve one hundred individuals in the first annual period.

Public Space Management

HOST partners with Public Works and other City departments as needed to conduct outreach, provide advance notice, and connect individuals with services that are living in public areas scheduled to be cleaned as part of the [City of Austin's Clean City Strategy](#). HOST is primarily doing this work within HOST's jurisdiction, and typically have relationships with many of the individuals residing in these areas. Similar outreach efforts are conducted in other parts of the city by the PATH program. HOST has capacity to continue the current level of engagement with outreach for these clean-ups, but if reliance on HOST increased, resources would need to be reevaluated.

PARD has significantly increased their public space management efforts, from 2-3 encampment visits per week to 40 per week in order to catch up on the 311 calls they have received reporting encampments on parkland. HOST has been helping with outreach for many of these cleanings, which has strained HOST resources. At this point, PATH has volunteered to assist with the additional referrals outside of HOST's service area. If the volume of these clean-up efforts continue for PARD, HOST will need to reevaluate whether there are enough staff resources to continue helping with this effort and/or if other programs should be pulled in to help with outreach and connection to services for individuals residing in these areas.

1b. HOST Programmatic Needs

Transportation Limitations:

Vehicle access for the Integral Care partners of HOST has been an ongoing issue, which restricts their level of flexibility compared to other members of HOST since the other members are employed by the City and have access to the City's fleet vehicles. Since IC staff are required to use their personal vehicles, there are limitations around the ability to transport clients to appointments when needed. Additionally, many HOST clients will not pursue appointments due to transportation issues and a hesitancy to leave their personal belongings behind.

Furthermore, IC cannot respond as quickly when they are on foot or dealing with parking limitations. The public safety members of HOST have marked vehicles with lights and sirens, which enable them to travel and park nearly anywhere in the City. DACC HOST staff have access to a City vehicle to that allows staff to stop and park in most places. If a City vehicle was available for IC, both of these issues could be addressed in most cases. Integral Care also has restrictions on where they can park due to not utilizing a City vehicle that has the flexibility to legally park in nontraditional areas such as underpasses where individuals need to be served. HOST has been advised that the City cannot allow non-City employees to utilize City vehicles; one solution could be to add funding to the interlocal agreement DACC has with IC to fund a vehicle and explore how to provide parking access equivalent to City vehicles. This is an ongoing issue that needs a collaborative approach to troubleshoot and come up with a solution.

Coordinated Service Delivery System:

HOST and other community partners would benefit from having a collaborative system for coordinating services across outreach programs to manage incoming requests and dispatch for services with appropriate and available providers. A centralized approach would also help develop clear lines regarding what areas and services each program has to offer, and would improve coordination among outreach teams. For example, in cases where HOST couldn't respond because of service area or capacity, an established system would be in place to quickly determine how that need would be met by another provider. EMS has implemented a new record management system for the CHP team that could be able to assist with this. However, additional funding would be needed to help design the process and implement. It's estimated this cost would be approximately \$8,000 annually.

The current collaboration between HOST, PARD, and PATH could be a good starting place for a coordinated service, with an ability to expand to other partners after the system has been developed and is running effectively. To develop this system, significant navigation with collaboration across partners would be needed to explore options, design, and implement a program. This could be an entirely new system or potentially an expansion of Homeless Management Information System (HMIS). HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families experiencing homelessness and persons at risk of homelessness. However, there are some limitations in how HMIS is structured, ease of use for data entry, accessibility due to cost of licenses, and partial information about services each individual accesses. The Ending Community Homelessness Coalition (ECHO) is responsible for administration of HMIS, and would need to be consulted about feasibility, structure, and process before any potential changes could be made. Any system would need to be mindful of requirements around confidentiality, Protected Health Information, and other related issues.

Operational Needs:

HOST currently has approximately \$67,000 in unmet operational needs across the program. These needs include items for record keeping, data collection, and performance reporting such as HMIS expenses, costs associated with a client record management system, and licenses for phone software. Other operational needs include parking fees once staff is no longer able to park in the Health South Parking Garage, custodial fees, and office supplies and equipment. Client assistance fees are also needed to pay for miscellaneous, but critical, items for individuals served by HOST which can include prescription co-pays and fees for critical documents such as birth certificates and other identification documents. These unmet needs are critical for the program operation and currently do not have funding identified. EMS has been able to assist with some expenses previously when other options were not available. However, continuing to cover these expenses without additional resources is unsustainable.

1c. HOST Expansion Opportunities

To be aligned with best practices, it is ideal for outreach efforts to include team members with multiple disciplinary specialties on each team. As mentioned previously, there are three CHPs that serve as part of HOST including one within HOST's formal jurisdiction (primarily downtown), one serving north Austin, and one serving south Austin. These staff have expertise in medical needs,

but would be able to serve individuals they engage more effectively and meet a broader set of needs more quickly by partnering with another team member with expertise in mental health. One possibility to achieve this goal would be to add funding to DACC's interlocal agreement with Integral Care to fund three additional licensed mental health professionals to accompany these CHPs. These staff would have masters level training to ensure they have the skills needed to connect with and meet the needs of some of the most vulnerable in our community. In addition, by teaming them with CHPs already serving in the community, this would expand service capacity downtown as well as the areas served in north and south Austin.

The two APD Officers dedicated primarily to HOST have been part of this program since it began five years ago. These officers are also part of APD's Crisis Intervention Team, which is a mental health unit. APD members of HOST focus on building trust with members of the homeless community, look for opportunities to connect individuals with services, and help with diversions from jail. The APD officers on HOST serve two primary functions. They help fulfill the security needs as issues arise doing outreach with this population with a focus on mental health, de-escalation, and serving these individuals. Their mental health expertise enables them to assess situations both clinically and compassionately. Through their established relationships with the homeless community, they're able to leverage the trust they've built over time to help facilitate the best possible outcomes for individuals engaged. Secondly, APD members of HOST help with preplanning for outreach areas to be served by looking historically at the presence of weapons, types of substance use, and other historical data for each area prior to scheduled visits. This helps to ensure the proper level of security available for the safety of other HOST Members, and helps to proactively plan for the types of services needed for each visit to best serve the individuals that will be receiving outreach.

If additional staff are added to HOST, it's anticipated there could be an increased need for collaboration with APD when security and de-escalation needs arise during outreach efforts in the community. Officers on HOST have also taken the lead in providing internal trainings at APD including certification trainings, Sandra Bland Act training, cadet training, and refresher training. Expanding APD's assistance with HOST could provide a wider knowledge base within the department to increase and enhance APD's efforts to respond to mental health issues with compassion, diversion from jail, and connection to appropriate resources. Any additional APD resources for APD as part of HOST would require additional conversations and evaluation of resources, and could be considered as part of the broader and ongoing conversation regarding Reimagining Public Safety.

Expanding HOST to include three additional Integral Care staff for outreach would also expand the need for ongoing services. This could be accomplished by proportionally increasing funding and staff for referrals for ICM services through DACC and mental health services through Integral Care. The following table includes the cost for new IC staff for HOST and ongoing service through DACC and IC, which have been calculated based on historical referrals to both programs on average per HOST Member.

Anticipated Need	Projected Expenditure	Justification
Increased funding for DACC agreement with IC for HOST	\$289,625	Three additional licensed mental health professionals for HOST to accompany CHPs and associated costs such as computers, program supplies, and expenses related to client services. Additional staff would enhance services for those engaged by CHPs and expanding HOST's capacity for the total people that can be served.
1 additional DACC Clinical Case Manager	\$99,080 – \$63,294 salary; \$30,995 benefits; and \$4,791 for equipment, licenses and software	Additional DACC staff would enable additional individuals engaged by new HOST staff to access person-centered, housing-focused services through DACC's Intensive Case Management program by facilitating linkages to DACC services.
Increased funding for DACC interlocal agreement with IC for the Homeless Health and Wellness program for 3 additional IC Case Managers	\$311,167	Staff would meet a critical unmet need by providing person-centered and housing-focused case management services for individuals referred by HOST, and provide linkage to mental health services through Integral Care as needed.
Expansion Total*	\$699,872	

**Does not include additional APD resources that would be optimal if HOST capacity is expanded*

2. Downtown Austin Community Court

2a. Intensive Case Management

DACC's case management staff have expertise in working compassionately and effectively with members of the homeless community. They are all Licensed Master Social Workers with significant skillsets in mental health, de-escalation, and building trust with the individuals they serve. DACC's Intensive Case Management Services (ICM) program uses a housing-focused, client-centered approach, which aligns with DACC's values of prioritizing compassion in service delivery.

Case managers carry a low caseload of no more than 16 individuals to help individuals they serve obtain housing and long-term stability. Individuals enrolled in ICM services have a dedicated case manager, assistance with housing navigation, and access to an array of social services through DACC-funded social service contracts to ensure their needs are met through full wrap-around supports. Individuals served through ICM will have some meetings onsite at DACC, but also meet with their case managers in the community at the location(s) of their choosing. Additionally, ICM staff transport and accompany individuals to appointments when needed.

HOST referrals to DACC's ICM program are prioritized for entry into the program. Due to the volume of the waitlist, it can be months before an ICM program entry opens up for individuals outside of HOST referrals. DACC makes every effort to locate and reengage individuals when they

can be assigned a case manager in the ICM program, but not all individuals will be found and/or reengage. Based on experience, DACC estimates that approximately 65% of the individuals on the waitlist will be located, reengaged, and assigned a case manager for ongoing ICM services.

As of March 12, 2021, the waitlist for ICM included 266 individuals. In the beginning of 2021, DACC executed a new contract, together with IC and the Downtown Austin Alliance, which funds IC’s Homeless Health and Wellness program. This program will serve high-risk individuals needing access to mental health services and other wrap around supports, primarily from the DACC ICM waitlist and HOST referrals. Through this new partnership, IC will pull approximately 50 individuals from DACC’s waitlist and provide housing-focused case management services. On average, DACC ICM staff carry a caseload of 16 individuals to ensure enough time and resources are available to meet the needs of those served by the program. Based on the number of individuals on the waitlist expected to be engaged, and the number of individuals served per caseload, approximately six FTEs would be needed to address the current waitlist.

Research shows Critical Time Intervention (CTI) is the best practice when serving individuals experiencing homelessness. Implementing CTI requires that services are available when individuals are ready to engage. When resources are limited, CTI isn’t possible and opportunities can be lost for long periods of time when individuals can’t access what they need when they’re ready to engage in services. CTI is beneficial in two ways, in that it’s considered one of the most cost effective approaches to services and also leads to the best long term outcomes for the individuals served. Fully staffing DACC to address the waitlist would help serve vulnerable individuals in the community that have been waiting for services, and would empower DACC ICM staff to practice CTI with any individuals coming in and ready for ongoing and intensive services in their journey out of homelessness.

Unmet Needs for DACC’s ICM Program:

Anticipated Need	Projected Expenditure	Justification
6 Clinical Case Managers	\$594,480 – \$99,080 per case manager (\$63,294 salary; \$30,995 benefits; and \$4,791 for equipment, licenses and software)	Additional case management staff would address the current waitlist, and enable DACC to provide Critical Time Interventions when individuals are ready to engage in services
Social Services Funding	\$1,634,226 – Each case manager will utilize approximately \$272,371 in social services annually for the individuals they serve.	DACC’s ICM program provides intensive case management and access to full wrap around supports including mental health services, substance use treatment, peer support programming, and access to housing.
3 Vehicles for Case Managers	\$145,500 – new vehicles estimated at \$45,000 per vehicle; annual fuel and maintenance costs estimated at \$3,500 per vehicle	A strength of DACC CM services is the ability to transport clients to access services and appointments. Ideally, each case manager would have a vehicle they have access to during business hours due to productivity, flexibility, and client care. DACC has been able to work creatively with schedules with having one vehicle per every two case

	managers. If 6 new internal case managers are hired, 3 new vehicles would be needed for client support.
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The assistant city attorney assigned as the DACC prosecutor also handles an additional caseload within the jurisdiction of Austin Municipal Court (AMC). The discretionary decision of the municipal prosecution team to dedicate one prosecutor to address cases of individuals experiencing homelessness at DACC and AMC lives up to the City of Austin’s commitment to supporting diversionary programs at the cross section of criminal justice with mental health treatment, social services, and rehabilitative plans (addressed above on page 3). Such diversion options often include engaging with case management to provide these individuals access to basic needs, social services, and other resources to help them on their path out of homelessness. The goal of these efforts is to address the root causes of engagement with the criminal justice system and prevent recidivism. While the effects of these efforts are typically positive, without the expansion of resources, there will likely be an increase in the waitlist for ICM services, which would delay interventions. This approach to addressing cases within AMC’s jurisdiction is in a pilot phase, and staff will be monitoring outcomes as well as impacts to resources to inform efforts and identify unmet needs moving forward.

2b. Triage Case Management

DACC serves as a social service organization for individuals experiencing homelessness. Throughout the pandemic, DACC has been one of the only services to remain open for walk-in services throughout the pandemic. Individuals can access triage case management services during business hours, which can include, but are not limited to:

- ID’s/Vital Documents including scheduling DPS appointments
- Assistance with applying for food stamps, reinstatement or renewal of SNAP benefits
- Linking to medical and mental health care
- Assistance in applying for MAP or renewing Map benefits
- Assistance with applying for stimulus check
- Applying for unemployment benefits
- Linking to employment services
- Resource navigation
- Coordinate linkage to other agencies
- Docket search for upcoming court cases, information on warrants. Individuals will not be arrested for outstanding tickets or warrants if entering Downtown Austin Community Court.
- Storage of vital documents
- Use of DACC mailing address – (currently 719 E. 6th St.)

DACC temporarily moved to Terrazas Library in August 2020 to accommodate the increase in demand for voluntary walk-in case management services. Since this move, the request for services has increased further as DACC engages with members of the homeless community. It should be noted that the table below includes interactions with individuals on a daily basis. Individuals

experiencing homelessness have ongoing needs, and regular interactions with DACC helps ensure their basic needs are met, builds trust in engaging in services, and for many, plays a significant role in their path to obtaining long-term stability.

DACC Triage Case Management Services per Day, by Month from March 2020 – March 2021													
Month	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Average Served Per Day	22.2	16.3	24.1	34.2	37.4	37.8	44.3	51.3	47.6	47.6	63.2	55.7	51.4

DACC anticipates that the demand for triage case management will continue at the same level or continue to increase as more individuals become aware of the services available. With demand more than doubling, DACC has to utilize existing ICM staff resources to ensure this demand can be met. This staffing model has been necessary to meet the walk-in requests, but is impacting capacity for serving individuals assigned to ongoing caseloads. To meet the increased demand for triage services and enable other ICM staff to carry full caseloads, DACC would need two additional Clinical Case Managers. Since these staff would be dedicated to walk-in clients, additional vehicles would not be necessary.

Additionally, DACC and Terrazas Branch Library staff have been discussing how collaboration to serve individuals experiencing homelessness can continue after DACC is no longer located at this facility. There is interest in having a DACC triage case manager remain onsite, and space is available for that to happen without impeding other Library resources and services. Given the demand for DACC services, DACC could only accommodate this request if a new FTE was hired to fill this role. Having a satellite location for DACC triage services is also likely to increase the demand for ongoing ICM services. If a triage case manager is added to continue services at Terrazas, analysis of the impact should be done after the first year of services to determine how many ongoing resources will be needed for ICM staff and funding for additional social service dollars.

Additional Resources Needed for Intensive Case Management:

Anticipated Need	Projected Expenditures	Justification
2 Clinical Case Managers for triage services at DACC	\$198,160 – \$99,080 per case manager (\$63,294 salary; \$30,995 benefits; and \$4,791 for equipment, licenses and software)	Requests for walk-in triage case management services have more than doubled over the past year; additional staff needed to meet capacity. Without additional resources, ICM staff are filling this need, which is impacting the number of people that can be served on ongoing caseloads for the ICM program.
1 Clinical Case Manager for triage services at Terrazas Branch Library	\$99,080 – \$63,294 salary; \$30,995 benefits; and \$4,791 for equipment, licenses and software	Terrazas Branch Library could serve as a satellite location for DACC triage case management services if additional staff capacity was added.

2c. Downtown Austin Community Court Facility Needs

As noted in section 2b. above, DACC is operating out of the Terrazas Branch Library during the pandemic to continue services in an environment that is conducive to accommodating the increased need for triage case management, while also providing enough space and resources to comply with all safety protocols related to COVID-19. When the City fully reintegrates and libraries reopen to the public, DACC will return to its main location at 719 E. 6th Street.

In 2002, when DACC opened its doors to the court's current location at 719 E. 6th Street, the department had approximately fifteen employees. Currently, DACC has thirty-eight employees. This location is currently on a month-to-month lease, the building is deteriorating quickly, and the department won't ever be able to fully reintegrate onsite with all staff due to space limitations and the inability to properly follow social distancing protocols. Due to DACC's continued growth, the court is working with the Office of Real Estate Services (ORES) to identify a new location for operations. DACC, ORES, and Building Services are currently considering options including existing City facilities, which could be remediated and meet the needs of staff and clients served by DACC, as well as potential lease locations.

2d. Violet KeepSafe Storage Program

In 2020, Austin Resource Recovery launched the [Violet KeepSafe Storage Program](#), which provides storage solutions for individuals experiencing homelessness. This program was developed by the Office of Design and Delivery after researching the best practices of other cities with similar storage programs, and in collaboration with the Austin Homelessness Advisory Council. ARR was informed by Legal that the funding source couldn't continue to be used for this program. On January 15, 2021, DACC took over funding and oversight of the program. DACC agreed to take over the program since it was an opportunity to enhance the social service continuum available to individuals with lived experience with homelessness by also providing access to workforce development opportunities.

There are two unmet needs for the Violet KeepSafe Storage program. First, DACC was able to cover funding in FY 2021 with one-time funds, but does not have ongoing funding designated for FY 2021-22. DACC is currently staffing the program with two temporary positions designated for individuals with lived experience with homelessness that have served since the start of the program. The staffing will be expanded to include two additional temporary positions for individuals with lived experience. This additional staff will allow for the program hours and days to be expanded, and provide better service for program participants. Employing individuals with lived experience provides access to job training and workforce development opportunities, which are important components of the service continuum necessary for individuals to acquire long term stability. DACC is also utilizing DACC Community Service Restitution program crew leaders to assist with this operation, which is covered in DACC's ongoing budget. To continue the program in FY 2021-22, approximately \$148,000 would need to be allocated to cover the staff salaries, equipment, and program supplies.

Additionally, the current location for the program is in the parking garage of the HealthSouth building, which will no longer be an option after construction and development of that property begin, which could be within the next 18-24 months. DACC is currently working with the ORES to identify a potential long-term location solution. There may be needs for additional funding to pay for space, or collaboration with existing City facilities to find space to continue the program once HealthSouth is no longer available. Long-term, DACC would like to house the program wherever DACC's permanent facility is located, but a short-term solution for this program needs to be identified until that long-term outcome is determined. DACC's future goals for the program include providing program participants with access to washers and dryers, which would also require

that a new location have access to water and electricity. Ideally, the next location would be in a climate-controlled location to provide a more optimal space to store people's possessions and a better working environment for staff.

As of March 3, 2021, there were 132 program participants in the Violet KeepSafe program. The current capacity at the existing facility can accommodate up to 300 storage bins. It's anticipated the program will reach capacity no later than Summer 2021. ARR has bins available should the program be expanded to include more locations, but the additional location(s) and funding for staffing and other program supplies would need to be identified before expansion is implemented.

DACC and HOST services align directly with Austin's Action Plan to End Homelessness and strategies established in Strategic Direction 2023 under the Economic Opportunity & Affordability and Health & Environment Strategic Outcomes. As efforts continue to end homelessness in our community, HOST and DACC staff remain dedicated to serving our neighbors experiencing homelessness with compassion and respect, while connecting individuals to person-centered services that meet their needs. Please feel free to reach out with any questions about the content of this memorandum or other services provided by either program. Thank you for your commitment and leadership in the work to end homelessness.

CC: Spencer Cronk, City Manager
CMO Executive Team
City Department Directors and Assistant Directors
Stephanie Hayden-Howard, Austin Public Health Director
Dianna Grey, Chief Homeless Strategy Officer