

Sharing the Solutions Webinar 2

Spotlighting the Austin, Texas, HOST Team: A Cross-Agency Collaboration Serving People Experiencing Homelessness

Transcript

Panel members

- Michelle Borton
Officer, Austin Police Department
- Randy Hunt
Officer, Austin Police Department
- Andy Hofmeister
Assistant Chief, Austin-Travis County EMS
- Pete Valdez
Court Administrator, Downtown Austin Community Court
- Patricia Barrera
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- Bonnie Sultan
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Bonnie Sultan: Thanks for joining us, everyone. We wanted to first welcome you to the spotlight on Austin, Texas, HOST team. This is brought to you by the Center for Court Innovation. This is our second webinar series in the *Sharing the Solutions* of homelessness police court partnership series. We would first like to take this time to thank the United States Department of Justice Office of Community Oriented Policing Services for their support throughout this project.

Sultan: Today, we're going to be talking to the Austin, Texas, Homeless Street Outreach Team, or the HOST team, about their collaborative work, how they operate during the COVID-19 epidemic, as well as the national conversation around policing and how that has impacted Austin locally. As a participant on this webinar, you will have a chance to ask questions directly to our team today. In order to make sure that we get your questions, please be sure to type it in the Q and A box. It's not the chat box, but the Q and A box. It's on the bottom of the bar, near the chat function, and it'll direct all of the questions to our speakers at the second piece of the webinar. We're going to be reading the' aloud to the speakers, so please feel free throughout the presentation to type them. We'll have them and we're excited to hear your questions and thoughts today.

Sultan: Just to share a little bit about housekeeping before we begin, everyone should be automatically muted when they enter the webinar, and we ask that you please remain muted throughout the webinar so that the recording's quality is as clear as possible. If you're experiencing any technical issues, please submit your questions to the chat box. You'll find that by hovering on the bottom of your screen and clicking on a box labeled 'Chat.' If you're having any difficulty with the audio or seeing the slides, please let us know that in the chat box so you can have the best experience possible today. If you don't immediately see the chat box on your screen, click the word more and you should be able to see that chat function.

Sultan: After our webinar, we're going to distribute the slides, speaker bios, and the recordings so that you'll be able to replay this, share with your colleagues. In the chat box you'll see a link to our speaker bios so you can learn a little bit more about our speakers, who they are, and what agencies they represent. So, that takes care of all of our housekeeping notes. Let's now meet the Austin HOST team.

Sultan: First and foremost for introductions we have Pete Valdez, he's the court administrator for the Downtown Austin Community Court. We have Michelle Borton, who's the officer over in Austin Police Department [APD]. Another officer, Randy Hunt, from the Austin Police Department. Andy Hofmeister, he's the assistant chief from the office of Austin - Travis County EMS. Patricia Barrera, she's the business process consultant for Austin County EMS. We have Daniel John Rossi, he is the certified peer support on HOST from Integral Care. Me, I'm Bonnie Sultan, I'm the special advisor for the Center for Court Innovation, and I'll be facilitating this webinar for you today.

Sultan: So, now what we're going to talk about a little bit is the collaboration of these organizations, how they come together to serve the community. Again, the Austin outreach street team is put together by four different agencies coming together to serve the population experiencing homelessness in Austin. Those four agencies are the Downtown Austin Community Court, the Austin - Travis County EMS CHP, the Austin Police Department, and the Integral Care agency. We're super excited that all four of the partners have come in today to talk with us. And the first person I'm going to pass this off to is Mr. Pete Valdez from the Downtown Austin Community Court. Pete.

Pete Valdez: Thank you for the introduction, Bonnie. And thanks for including us in the presentation. I am Peter Valdez, and I am the court administrator for the Downtown Austin Community Court in Austin, Texas. The Downtown Austin Community Court was established in 1999. It was the eighth community court in the U.S., and the first in Texas. Everything we do at the Downtown Austin Community Court is based on the basic premise of compassion—compassion for the individuals that we serve, and building trust with them as well. The main population that we serve at the Downtown Austin Community Court are individuals experiencing homelessness, oftentimes also experiencing mental health, substance use, and physical health issues as well as extensive criminal histories. Because at the core of our work is compassion, it's really important that everybody that works here buys into that philosophy, all the way from the security guards at the front desk, to the clerks, to the judge and the prosecutor, and obviously our case management staff, but also our management staff. Not everybody that works here has backgrounds in social work. So it's really important to recruit individuals that can adhere to that philosophy of compassion for the individuals that we encounter the most.

Valdez: Our case management program, of which I'll speak more of throughout the presentation, is made up of clinical social workers and counselors. They provide wraparound services to the individuals that we serve. I should say that the individuals that we serve are not just individuals that come through our court processes, but obviously also come voluntarily and through this HOST partnership primarily. So, I think a lot of people feel that since we are a court of law, that we only serve individuals with criminal justice backgrounds or that are coming through our court processes, but that's not the case. We serve any high-risk individual experiencing homelessness. We prioritize those referrals coming from the HOST team, but we also experience a lot of walk-ins asking for assistance. So, I wanted to make sure that that was understood as well.

Valdez: Again, the individuals that we serve are very high risk from the perspectives that I have already mentioned, but we also get a lot of individuals with traumatic brain injuries, and with intellectual and developmental disabilities, which makes it very difficult, both for us to help stabilize them, but for them to maintain that stability. For individuals with those challenges, they require a lot of support throughout the entire process. So, support, getting them stable from the mental health and substance use perspectives, but also ongoing support once we get them housed.

Valdez: Prior to COVID-19, which we consider having started in March, we did an analysis of our caseloads, our case management caseloads, and 91 percent of the individuals on our caseloads had mental health issues, 81 percent had substance use issues, and 89 percent had some form of criminal justice involvement or criminal history. So that gives you an idea of the very difficult population that we work with, but also the needs in the community for the individuals that are experiencing those challenges.

Valdez: This court also has—we do a lot of social service contracting to support the work that our case managers do. And in fiscal year '19, we added our own permanent supportive housing funds. So, we now directly contract for permanent supportive housing of almost 60 units, and we're constantly looking for resources to increase that number, because again, the number of individuals experiencing that need surpasses the amount of funds that we have, and even what's available in the community. So we have a staff that manages those contracts, and those contracts make up of almost \$3 million of our overall budget, which is currently \$7.6 million. And I'll talk a little bit more about that in a minute.

Valdez: We also have a community service restitution program where we employ six individuals that we call crew leaders, who take out probationers from the county and our defendants, as well as defendants from the municipal court, to complete community service projects. All the projects that they do are associated with the needs of other city departments. So we're involved in a lot of trash pickup, a lot of debris removal. We work very closely with Austin resource recovery and the code department. So these individuals do what we consider beautification projects, a lot of mowing, a lot of graffiti removal, and any other miscellaneous thing that a department with the city of Austin may need.

Valdez: As I mentioned before, our funds, our general fund, a budget, in 2009 when I took over was \$1.9 million. And we had a total of two case managers. The entire staff consisted of 12 individuals. Today in fiscal year '20, our budget is \$7.6 million, as I mentioned before, and we have 14 intensive case

managers. So the city manager and city council have placed such a large emphasis on assisting individuals experiencing homelessness. And because of that, they have supported the work that we do here because they see that that need needs to be addressed in the community.

Valdez: So again, the majority of our budget goes to what we consider the rehabilitation unit, which is made up of the 14 intensive case managers, and the majority of our social service contracts are part of that fund as well. Through our intensive case management, we don't have any limitations on the length of time that we assist individuals, which is really great because we're not accountable to any grant. We are accountable to the city manager and city council, but because we understand that these individuals are high needs, they require assistance beyond what most programs can provide because of their limitations associated with their funding. So that's a really huge benefit for us to be able to work with people for as long as they need, as opposed to as long as we can.

Valdez: We are housing focused. So everybody that we take into case management has to agree to working on housing and stability. And lastly, our case management is all voluntary. So we do not court mandate anybody into case management. Everybody that participates in our case management program is doing so voluntary. And lastly, because we are community court, we are highly focused on community partnerships. For beginners, our partnership with the center for court innovation has existed since the court was implemented in 1999.

Valdez: I'd like to take this opportunity to thank Caitlin and Bonnie for their wonderful coordination of the event that we're currently participating in. And I'd also like to congratulate Julius Lang on his retirement, his upcoming retirement, and thank him for all the work that he assisted us with throughout the years. Again, our partnerships exist with other city departments, the Downtown Austin Alliance, a number of nonprofits and social service organizations. We have an advisory board that we work closely with. Darilynn Cardona-Beiler, who is going to speak later in the presentation is our board chair.

Valdez: And we all also recently took on the Austin Homelessness Advisory Council who provides, who is made up of individuals experiencing homelessness, who provide feedback on policies related to policies that we as a city, as a department, and as a community, create that affects individuals experiencing homelessness. They have been instrumental in helping us specifically select the contractors that applied for the last RFA that we published, and have helped other departments do the same. At this time I'd like to introduce some of our HOST partners, and they are Shelly Borton and Randy Hunt, and they are from the police department. Thank you.

Randy Hunt: Hi everybody. I'm Senior Officer Randy Hunt.

Shelly Borton: And I'm Shelly Borton.

Hunt: And back in April of 2016, we started forming our HOST team, and we started meeting about three months before we actually kicked off the team, which happened June 1 of 2016. But in April we all came together with our leadership and we set out some goals that we wanted to try to accomplish, things that we thought would not only benefit the city, but would also help people in the community. And some of those of course were fewer arrest citations and jail bookings, that's a big one. We'll talk later about the

diversions that we did, but that was huge for us. The other is we had, we found that we had a lot of folks that were continuously going to the emergency room. They were tying up our EMS personnel for the transports, and a lot of it was stuff that we felt like we could deal with on the street. So, that's another goal we had.

Hunt: And reduction of people in crisis. We know the people because of who we are and how we operate. We got to where we could tell when somebody was about to go into crisis. Oftentimes you could tell where we would see them, who we would see them with and their behavior. And we could determine whether it was drug usage, which could bring on something, or if it were, we knew their diagnosis most of the time. And we could tell when they were starting to deteriorate, how their behavior was. So that was another thing we wanted to do, is try to identify those people and help them before they had a full-blown crisis.

Borton: One of the other goals that we had was to increase the number of people that we saw every day and get them into case management. I had the luxury, I believe, of working downtown for a long time and seeing community court develop and increase and get bigger and bigger with their case managers through the years. And it was interesting and intriguing to me to see people go through that court system, maybe because they had so many tickets, but then work their way through the program and get an ID, get their birth certificate, and before you know it they're housed. So it was, like I said, it was intriguing to me to see these people engage in that kind of behavior with a case manager. So that was one of the goals was to direct these people into case management so that they could get the assistance they wanted. And with that, obviously another goal was to see these people eventually get into permanent housing.

Borton: Obviously, the gateway for that is through case management, whether it's through the community court or some other entity. So, when we engage with people out on the street, we want to, we want, our goal was to get them into some kind of case management, whether it's through a mental health service or through the court system.

Borton: One of the other big things was to identify the gaps in services. I think that one thing that we've learned through this process of developing our team was constantly evaluating what was going on between different agencies, different nonprofits, different entities involved in homelessness, and to find out where the gaps were, and to even the surface so somebody doesn't fall through those gaps. And then the last goal that we had was to build a case for policy changes.

Hunt: And we hit the ground running in June of 2016, June 1. It took us a little while to get a really good idea of how we were going to work together. Fortunately, for most of the members on the team at that time, we had experience working in some capacity with each other. So we really gelled really well, we hit the ground running. The numbers that we're talking about today were gathered between June of 2018 and June of 2019. So in that we had 3,570 people, unduplicated persons, that we talked to in that time period. And that's just a contact and that's where you go out, you try to engage with them, see what's going on, get as much information as you can about them. Oftentimes you spend time letting them talk to you, and that's how you learn stuff, but you got to engage them in that conversation.

Borton: Build trust.

Hunt: Build trust. Yeah.

Hunt: And then we had 332 people that were linked to housing services, and this is a little different than the coordinated assessment. We categorize that differently because people that do what we call a CA, or coordinated assessment, it's a vulnerability index scale for us. It's run through ECHO and we had people on the team that would take their laptops with them. They would do the coordinated assessment right there on scene and figure out where these people, what would be best for these people, kind of where they stood in line to get into housing.

Hunt: The thing about housing services, when we say we linked people to housing services, that was by either doing a [HAKA] contract or getting a voucher from someplace or Community First Village. For those of y'all that don't know what it is, just look it up online, it's mobile loaves and fishes, Community First Village, it's a new concept where people can go there and live rather cheaply, and it's safe for the most part. But those are how we separated the number of people that we actually helped them get into the system where they could get into a home.

Hunt: So that 332, and like I said about the coordinated assessments, 467, we were really lucky, we had people on our team that could do that right then and there in the field. And as y'all probably know, sometimes people are ready to do something, sometimes you're not, that was a really great thing about having it in the field. I mean, we can tell people a hundred times, you can go here between Monday and Friday, these hours, you can go to this location and do your coordinated assessment, and they'll never make it. But if you're right there and you've got the equipment to do it, then more than likely they're going to let you do it. So that's how we helped people get into case management and get on the housing list.

Borton: The next thing on there is connection to mental health care, whether that's us putting someone under a police officer's emergency commitment, it could be connecting somebody back to getting back on their psych meds, it could be doing an intake through integral care, it could be a variety of things. That's just linkage to mental health care. A lot of times we run into somebody and they're like, "Yeah, I do want to get back, I do want to get reconnected." Sit and get on the phone, make an intake appointment right then and there.

Borton: Medical support linkage. We have, I think our team is very unique in the aspect of our ability to incorporate the community health paramedics. As we all know, a lot of these people out on the street have medical issues, and it's a great, great thing that we've got medics on our team that can come out and assess them for medical needs. It's also one huge, huge tool in our tool belt to get that person to trust us. A lot of times we run into somebody and they need something medically right then and there, I make a phone call, the medic shows up and that person starts to think, wow, these people can help me. And so it leads to bigger things, but the medical stuff is huge I think for our team.

Borton: Linkage to substance abuse services was 68. That's, I wish that number was bigger. Again, like Randy said, sometimes people are ready to do something today and sometimes they're not. We always

offer it and we always let people know that it's available. And we have had people come back to us several months, sometimes a year later and take us up on that offer.

Borton: And one of the other huge things that we have on our team is peer support service. A couple years ago, I think we're going on two years now, we added the certified peer support specialist to our team, which a lot of times I may know some of these people and have known them for several years, and I think I've got a good connection with them, but I've not walked in their shoes. It's nice to have somebody on our team that can relate to some of these people. And then it's been a huge asset to our team and that individual is Daniel Rossi. And I believe he's next.

Daniel Rossi: Hello everyone. My name is Daniel Rossi, and first I want to say, thank you for all that you've done, are doing, and about to do. I know, especially in these times, you may not feel appreciated, but I probably wouldn't be here if it wasn't for some people along the way. As a peer support, it's kind of like an apple, I could tell you about it, I could describe the color, the crispness, the juiciness, but if you've had an apple, you know what it's like. So I get to share some of my personal experiences with people and walk with them. Really in our whole team, we really are person-directed. That person, what they want to work on is what we go to work on. We kind of remove some of that bottlenecking and paperwork and the whole delays. I know for me, like I was houseless again about 14 years ago, and the simple things that, Shelly saying hello to me when I was on crutches, changed my life. Or seeing Randy being around and people flocking to him. As a team, we're able to build those bridges. And a lot of communities already have those things in place.

Rossi: And allowing me to work in a position that I'm almost jealous because we get to really share and connect people. If we need, I don't know, EMS, we can call out for EMS services, or if we need help with navigating through the courts, we'll reach out to the courts, or Randy and Shelly have throughout the years in my time in Austin been an amazing asset. And us as HOST are able to bring that together and work together, removing some of that bottleneck for people. Walking with them when they need to, or giving directions how to get things done more efficiently. So yeah, being able to really share for me as a peer, like some of the places I've been, some of the places and some of the things that have worked for me, which can really open up doors, get more case management in, or yeah, I trust these people. It has made a difference for so many people that we serve and we're in neighborhood, taking care of our neighbors.

Rossi: Being on the team and I don't know many places or people that would put a missing person on a homeless person or a houseless person, but our team does. We know our neighbors. We know there's certain people, if they didn't even told me off this week, they're not doing well. Others, if they're telling me off, something's up. So all of us in the community have an idea like we're boots on the ground, we know what's going on.

Rossi: And the difference now compared to where I was when I was houseless, we were divided. Everyone was kind of doubling up. But now with HOST and the partners that are immediate partners, but also the other partners we have, have really allowed us to come together. Even in these times of COVID. Reaching out to our extended partners has allowed us to bring things into our community, such as

something like 10,000 [inaudible] our people or food when the city shut down. Being able to reach out to some of our neighbors, and that's because us at HOST have become a neighbor reaching out to our different partners internally, but also externally. And now Patricia's going to talk a little bit more about our partnerships.

Patricia Barrera: Hello, my name's Patricia Barrera, as you can see the HOST partnerships span about four different agencies, EMS, PD, the court system, and the Integral Care, it's the mental health authority for the county. And for my part, I help keep everyone informed of operations and the issues that impact the team and its clients. And we're going to ensure all the voices are heard. I also worked with the nuances of regulations that govern public safety and the mental health authority, and I'm still learning the court system. And I kind of help translate some of the language of public safety versus Integral Care as the mental health side and vice versa, such as the incident command structure and then joint commission accreditation. But the partnerships work really well, and let me tell you why.

Barrera: The diversions of homelessness. Now we were able to, in the same time frame as linking 332 folks to housing, we were able to divert 26 folks out of homelessness. What this means is that they are pending or about to become homeless. And we were able to help, to intervene and stop that process. For example, one of the individuals that the team had helped house was having a really bad day and was not, seemed to be having a crisis, a psychiatric crisis. And so, because the team was part of the housing process for this person, they were able to call HOST and find out if they can come over and find the person and intervene somehow. Now what ended up happening is that EMS and Integral Care showed up and were able to talk to the person and find out that this person was actually not having a psychiatric crisis. They were in a medical distress and they were able to help the person medically, but also advocate for the person at the housing. So they were not going to have any sort of black mark against them, or have any sort of repercussions from that day and that apparent crisis.

Barrera: And so the team knew this person and they were able to, like Daniel was saying, if someone's cursing you out and didn't do it this week, maybe there's something wrong. But in this case, this person was normally, was not normally going to be somebody who cursed you out. And so they knew that this was something was wrong and they were able to help that person medically as well as keep them in the housing.

Barrera: Now, I do want to point out that the diversions out of homelessness, isn't code for bus therapy. We're not sending folks out to wherever because they won't be homeless here. It's more of a bit of a process. We find out what's going on with that person and we find out if, hey, I have family in Florida. Okay, let's find your family in Florida. Let's make sure that they are willing to help you out if we send you to Florida, and how long will they be able to help you out, what resources are available for you there.

Barrera: And so we're able to provide that, a little bit of support, so if we do send somebody back via family reunification, or going back to where they were, where they have a home, we're able to make sure that that is something that continues for them over there. Now, as the slide shows as well, it's really expensive for folks to live out on the streets, and Officer Hunt describes some of the costs. Some of the EMS costs, the APD costs, and that is about average of \$35,000, a little over \$35,000 a year. But when we

find someone a home and we're able to place them in a supportive housing, it drops almost by 50 percent. So it behooves us to do this work and to collaborate with each other. Otherwise, we end up spending twice as much money just fiscally. We just spend way too much money if we don't work together. And I will turn this over to Andy and he'll continue to talk about the impact of HOST.

Sultan: Sorry, everyone. We're just having a couple of technical difficulties on our side in the land of Zoom and online everything these days. We are just making sure that Andy is connected to his microphone.

Andy Hofmeister: Is that better?

Sultan: Do we have you?

Hofmeister: Yeah.

Sultan: Great. Thank you. Sorry everyone.

Hofmeister: Nope. So, when we started talking about partnering up and creating kind of this unified front in 2016, we had a lot of city leadership, we had members from the business community that were involved, we had members of the healthcare community, a whole variety of different backgrounds. And of course, one of the big questions that comes to mind in the very beginning was what's the impact, what are we measuring? How do we know if we're being successful or not being successful? And how do we let that guide our work?

Hofmeister: And so, a lot of times it's hard to paint a picture like that to folks that are very fixated on numbers, but one thing we were able to look at was what are some of the things that we're doing like diverting from incarceration or from jail, diversions from emergency rooms and from psychiatric hospitals. And at the time, it's still a big focus, but at the time regionally we were very involved in a lot of healthcare transformation and looking at alternatives to different care. So one of the things that we looked at was the diversion. And so in the last year, just locally here in this last year, but over the years we've measured that.

Hofmeister: And so regionally or locally, just over 80 people have been diverted from jail just in the last year. And that equates to about \$110 per day, which is a little over \$8,000. And then divergence from emergency rooms, that equates to about \$1,400 a trip, hospitals will have a hard time putting a dollar figure on there, but that's based on the best estimates that we can come up with. And then also diversion from psychiatric hospitalization, which is about \$800 a day.

Hofmeister: So, looking at all of that, people say, well, that's great, you've saved upwards of say 210,000 or a little over \$200,000, that's about the salary of maybe two or three different people, or one person depending on what it is that they do, what's the impact. And so, looking at that, those are important numbers, but the other things to think about too when you talk about impact is that while there's always a cost to the taxpayers or to the consumer, we can measure that, there's some other impacts that you may want to consider. And things like opportunity savings.

Hofmeister: What that may mean is, like for an emergency room, if you go to your hospital administrators and say, how many people can you run through, how many heart attacks and strokes and whatever patients would you run through a single bed in your emergency room. But if you had somebody that was in the emergency room for a non-emergent need, maybe a mental health crisis or something, they may sit in that bed for 15, 16, 20 something hours, who knows, when they could have run X number of patients through that same bed. Hospital administrators recognize that and so you save that bed, you could free up that bed for those other emergencies, those other needs that are most, that are better suited for a hospital. The other thing too is that emergency rooms often are the front door or the primary care resource for folks that are experiencing homelessness, which is great for those immediate emergencies, but it doesn't provide care that's in a real continuous fashion.

Hofmeister: So, you get this really disjointed type care, and they may go to one facility and they get CT scans and all kinds of things. And they go to another one and they get the same thing, and they get this really disjointed care and they don't really get, they're not really provided healthcare that really helps them become well over a period of time. And that can be dangerous. Being from a healthcare background, you go to one hospital and get an x-ray or a CT scan at one place, you go somewhere else. Locally we had an individual that had received a lifetime dose of radiation from all the CT scans and x-rays at just one facility. She had been to five or six different facilities with the same regular frequency. So you can kind of see that there's also an impact for the person's health.

Hofmeister: And then there's also those unintended consequences of financial burden, and then credit scores and inability to get into housing because of different reasons, maybe a criminal record or something. So there's a lot more to the impact than just diverting one person from jail in one day or from the emergency room. There's also other things to think about as well that can help create a case for you, for developing a team like that. And that's been successful with our policy and business leadership here. I'm going to hand this over to, back to Bonnie.

Sultan: Okay. Okay. You guys should be able to hear me now. We're getting some Q and A from the audience. So please keep going and write us in. I've just been taking down a couple of notes from some who've been typing up from the beginning of the presentation. The first one goes to Pete over at the court. So defunding is obviously a large part of the conversation right now in Austin and across the country. And so one of our viewers is interested in learning the way that defunding has impacted the court and the way that it operates, the way that the HOST team operates. Can you talk a little bit of that?

Valdez: Sure.

Sultan: Great.

Valdez: So what we know now, and I say what we know now, because it's going to be an ongoing process between the city council and the Austin Police Department regarding budget cuts for the police department. But the impact that I'm aware of, the first impact that I'm aware of for the community court is related to the court services officers that are assigned to the court. Essentially providing security for the judge whenever the judge is adjudicating individuals that are coming from the jail. And so we were informed that because of the budget cuts, the individuals that are assigned to court services were going

to be pulled in January because they need those individuals to assist with patrol. So, that's an ongoing discussion.

Valdez: We are having more meetings about what that means, because for us to be able to do arraignment dockets with individuals coming from the jail, we have to have that level of security. The positive side of that for us is that we have a clinical staff who is very well trained in de-escalation techniques. And so for the social service side of the house, I'm not as concerned in not having actual police officers in our facility, but again, for the court processes, because these individuals are coming from the jail, oftentimes not happy about having spent the night in jail, that could be a little bit challenging. But, again, right now that poses as an opportunity for us to also look at re-imagining how we do our work to include utilizing more clinical approaches when individuals are aggressive or violent while they're in our facility.

Sultan: Thank you. That's really helpful. We have a similar question for our folks over in Austin Police Department. So, Officer Hunt, can you talk a little bit about how defunding has impacted the HOST team in terms of officers, in terms of positions being filled, how you guys operate on the law enforcement side? Can you share a little bit about that?

Hunt: Sure. Yeah, Shelley and I, we actually belong to the Crisis Intervention Team unit. So HOST is a subset of that unit. And right now we're really kind of up in the air about what's going to happen to CIT and that may affect what we do with HOST. Right now it's really just undetermined. I think there's going to be a decision made sometime this week, I think, so we should know more this time next week.

Hunt: One of the things that it does, I think, it creates a certain amount of mistrust from even the homeless folks that know us, they know Shelly and I, and they know that we're going to try our best to treat them respectfully and with some dignity, and even that, because they're so angry at police, that even Shelly and I get some of the backlash of, I guess, a perspective of some people about what police officers are doing now. And it makes it even more difficult to work with that group of people or that person. So, I'm hoping, as is Shelley, that we find a fix for this soon and we come out of this and we can kind of get back to a more normal.

Sultan: Thank you. And we have a caller coming in that is actually one of your colleagues over from Integral Care. So we have Darilynn calling in, she is the division director of the adult behavioral health systems at Integral Care. Darilynn, are you able to connect?

Darilynn Cardona-Beiler: Hi, everyone, yes, I'm here with you all.

Sultan: Thank you [inaudible] shows the teamwork in Austin right then and there, thank you so much for calling in and participating in this. That's really incredible. Thank you.

Cardona-Beiler: Thank you so much for having us.

Sultan: You know, while we're on the conversation of defunding, I'm wondering if you can talk a little bit about how this has impacted Integral Care and how organizations are kind of, I know a lot of partnership

happens through your offices, and so are you able to talk a little bit about that, about where defunding puts you and your colleagues?

Cardona-Beiler: Sure. So first I would like to start by thanking the team. They are a wonderful group of people, and Integral Care has been part of this team from the very beginning. As the local mental health authority, we have been providing the behavioral health services, and that means the mental health, substance use, access to substance use treatment services for the team and have seen great improvement across the board. We really exist to support our community, to ensure that individuals living with mental health conditions, substance use needs, and intellectual and developmental disabilities have really an opportunity to be successful and thrive. And we know that is very difficult to happen when you don't have a place to call home. So this team has been working to provide proactive engagement, and I really like when Randy and Shelly were talking about trust, because that's what the team has been able to build.

Cardona-Beiler: And as part of this process, Integral Care has been partnering with APD, EMS and the Downtown Austin Community Court through HOST and other partnerships that really will continue to expand as we envision what the new system of policing will be in our community. So, our goal is to connect individuals experiencing a mental health crisis to specialized care as quickly as possible, and to create the programs to divert people away from emergency rooms and jails. So we have done that through HOST, and we have done that through our mobile crisis outreach teams. We have two teams that have been specialized in providing services out to the entire county, and through the new re-imagining of what our services will look like. Currently our mobile crisis teams are able to be dispatched through our hotline, or they're also being dispatched through the 911 call center. And what we are envisioning is to have a presence of clinicians in the 911 call center to be able to provide a dispatch of a clinician who is able to provide that services out in the community. So much still under discussion, and we can't wait to see what will come next. So thank you for the opportunity and for having us.

Sultan: Thank you so much. And thanks again for calling in, that is just spectacular. So we're getting a lot of questions from the audience concerning COVID-19. Obviously COVID-19 has impacted the lives of everyone around the world, but certainly for folks who are working in law enforcement, people who are doing homeless outreach services, courts, there has been a significant impact in your day-to-day operations. And so, kind of as a higher level, Patricia, I'm wondering since you're really sitting at the helm of this, of managing all of your partners and partnerships, are you able to share a bit about how COVID-19 has impacted Austin and the work that you're doing?

Barrera: Sure. For the most part, the team never stopped going at out. Some parts of the team did slow down a little bit in order to get the training they needed for PPE, and to allow us to get the supply for PPE for the team. But otherwise the team has been out since day one. EMS and APD also scrambled to procure food and water and get it out to folks in the downtown area because when the city did shut down, we had no, the soup kitchens as well as any sort of available food sources and as well as money sources, folks couldn't get that anymore. So they were literally left without anything and it was just a

kind of a ghost town. And the team went to work and made sure that folks could get food and can get water and were told of where we could get services that they normally would normally get, like showers.

Barrera: I know that that was a big deal at the beginning where we shut down all of the rec centers where someone might go get a shower, and they no longer have that opportunity. And so the team made sure that we all were aware of this problem and had to work towards that. And now that they, we do have a, I believe two shower trailers, but also we've opened up places where folks can go in during certain times to get the services they need. And now that we're a little bit past COVID, I mean we're still in the middle of COVID obviously, but it's become more of part of the day, they have the setup for PPE, they're sanitary, the sanitation stuff. But also that they're taking masks out to clients, they're making sure they have hand sanitizer.

Barrera: They also played an integral part with the protective lodging that the city set up. So what they did was go out and work with the folks that they identified as high risk. And what that means is that folks that they identified, if they were to become infected by COVID, they were going to be the ones who for sure took a hospital bed, were in ICU, were going to most likely need a ventilator. And so what they did was go out there, identify them and get them in a protective lodging so we can reduce that opportunity for that person to contract the virus. I don't know, I probably answered that hopefully.

Sultan: That's more than an answer. Yes, certainly. We really appreciate that. And I think that your answer really does kind of show us a holistic piece of your work and that all of the the mental health, the physical health of the people that you're serving are certainly being taken into account and your role, being able to coordinate all of that on a day-to-day basis, it's highly impressive to hear that your work is not stopping. Just keep going, even during a pandemic. It's quite impressive. So Pete, we have a couple of questions for you, just concerning the participants themselves a little bit. They're wanting, some of our audience members are asking if this is technically pre-arrest, a pre-booking program. And also if you could talk a little bit about the recidivism rate of your clients.

Valdez: Yes, I'd be happy to answer those questions to the best of my ability. So, because it's outreach and because it's proactive, our participation in HOST would be considered pre-arrest diversion. And like Andy said earlier, they are working on all sorts of diversions, diversion from the hospitals and the psychiatric hospital as well. So, I would say the short answer is, yes, because it's proactive.

Valdez: Regarding recidivism, over the, well, I'd say in fiscal years '17 and '18 we analyzed our caseloads again and we looked at all the individuals on our caseloads, and looked at their criminal histories, not just involving citations and arrests with our court, but at all levels. So, basically from misdemeanors, which we adjudicate here, all the way to felonies. And so that group of individuals, or those groups of individuals both decreased their criminal justice involvement for those two years significantly, at 99 percent based on what was on the slide. So we know, based on that, that when these individuals have the support that they need and they're getting their mental health, substance use, and physical health needs met, that there are infinite possibilities in terms of decreasing their use of all public systems, not just the jail and the police, but all public systems.

Sultan: That's really helpful. Thank you. Hopefully that was useful for our audience members out there. You have any other Q and A's definitely let us know. We have a few minutes left. We are getting a lot of questions for Daniel over at Integral Care. So, Daniel, to kind of put all of these together, folks are interested in a couple of different things. The first thing folks are interested in is what exactly is the role and how it works for a peer specialist on the team; how can folks kind of get a feel for what it is that you do? The other question that folks are having is regard to shelters, and I'm wondering if that might also be something that you're able to talk about a little bit, that perhaps is homelessness linked to people not wanting to go into the shelters that are in your community, just a little discussion about how shelters are utilized or not utilized would be really helpful.

Rossi: Got it. Okay. I'll break that up.

Sultan: Yeah. Just Small, small [inaudible], light question, light question.

Rossi: Yeah. Just light question on a little bit of what we do. So for me, I walk with the team and sometimes that's the engagement of people recognizing me from the past, from being on the streets, or support groups I've done, or the many, many aspects of trainings or speakings that I've done around town. And they know, they may know something and about me and I get to share, yeah, me too. I've been in a similar situation. I've gotten myself off of drugs, it's been difficult, but I've been able to do that. Or yeah, I had to make the decision, was I willing to go to one of the shelters and then slowly start putting things together and yes, the hurry up and wait game, the full-time job of waiting for resources. And yeah, I get to be on a team that I'm jealous that it wasn't available when I was back on the streets, or when I was a runaway when I was quite younger.

Rossi: So we really, not to say that it's a difficult thing to pull together, but we're not duplicating services. So, there's times where I'll be out and I may have a great beginning relationship and I can pass it off to like, hey Shelly, this person needs an ID, can you help me out? And Shelly might step in with APD ID that can then help us get a state of Texas ID. I'm thinking of one location that literally because of that partnership, it opened up that we were able to bring our social worker in and our mental health professionals in, and then the EMS to take care of some other people's stuff. And it just gave us a way into that community.

Rossi: So, and then there's other times other members of our team, like someone may have seen Shelly around town at the breakfast, or Randy with how he used to be a celebrity, still is. I will say most of our people that are, and our neighbors, they recognize us because we follow through and we say what we're going to say, what we're going to do, and we follow through, and we bring people respect. I think that's a big thing with us. And just that kind of back and forth, someone may, I sometimes have to do translation between the different departments for the people that we're serving.

Rossi: Currently we have the pro lodges with the protective housing, and some of the shelters are having that social distance so they can't have as many people come in. And it's kind of the weird one of hearing the news and all the things that are going on with COVID, but we still have people that are, like Randy and Shelly, are they okay? You know, because they haven't seen them in a little while. We're a

neighborhood, we're a community, and we're out there all the time. So we work together, it's an interesting one.

Sultan: Yeah. So thank you. I am amazed that you were able to answer those 15 questions from our audience members in one shot. Just incredible. So we are almost at time everybody, we have the contact information up for our speakers today. So please do feel free to continue discussions with them. We want to be sure to connect with you. Feel free to email me any questions if you'd like for me to share with the group. And so at the end of our presentation today, you'll get a quick survey. If you can take a moment, let us know your thoughts on this, we would really appreciate that. Again, thank you to the group. Thank you for all of you for taking time out of your busy day and sharing it with us and your interest in the Austin HOST team. Thank you.