



AGENDA	PRESENTER	DISCUSSION	ACTION ITEMS
<p><b>Quick Business</b></p>	<p>Dylan Shubitz</p>	<p>A review of the shared values of the Leadership Council was provided on a slide and Dylan discussed the value of “struggling together.” We work together with our systems that are flawed and reflect racial disparities and other inequities. We have the difficult job of working within these flawed systems to create something that is just and brings relief and allows our systems to do what it can as best as it can. The people who are about to take control of the U.S. administration are not interested in safety systems but rather breaking down systems. Our work is rooted in justice and equity and working towards equity to do this together.</p> <p>The Dec 2024 Public Meeting Minutes were brought up for a consent vote for approval.</p>	<p><b>LC approved the Dec 2024 Public Meeting Minutes on consent.</b></p>

<p><b>Unhoused Mortality Project Presentation</b></p>	<p>Danica Fraher and Jason Phillips</p>	<p>Jason provided a short introduction to the Unhoused Mortality Project. Danica has been working on this report the last year and he thanked her for bringing this report to the community. This is the first report of its kind for the Austin/Travis County area. We’re talking about people behind these numbers and there is intentionality in this report.</p> <p>Bridging for Better Outcomes: A Call for Comprehensive Care to Combat Mortality in our Unhoused Community. Austin’s First Unhoused Mortality Report, 2018-2023.</p> <p>This report will be released to the public on January 8, 2025.</p> <p>Danica thanked several groups that provided data such as the Travis County Medical Examiner’s Office and Central Health in addition to The Other Ones Foundation and other groups that assisted in centering the report on people with lived experiences of homelessness.</p> <p><b>Why do this report?</b>  We base our service delivery on feedback from people that survive the Homeless Response System (HRS) v. people that don’t survive. They can’t provide that feedback.</p> <p>We can uncover disparities, inform funding, guide policy, identify services, synergize partners, and expose crises by looking at homeless mortality data.</p> <p><b>Overview of Methods</b></p> <p>Data sources included HMIS, Hospital Data from the local health information exchange, unhoused death data from the Travis County Medical Examiner’s Office, CDCWonder data which provided death statistics for the overall Travis County population, Listening Sessions with persons experiencing homelessness and with service providers, and a feedback survey from the Austin Homeless Advisory Council.</p> <p>The hospital data we have are only for people who signed releases for HMIS – not everyone who died of homelessness will be counted in this report. It is an undercount. There was no access to legal data.</p> <p>No person should die on the streets – this is a policy choice we can overcome.</p> <p><b>Who is dying in our community?</b></p> <p>1,010 people unhoused people died between 2018-2023. The average of people who</p>	
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	<p>died was 50, which is 20 years younger than people with homes.</p> <p>Deaths are rising sharply in the last couple of years.</p> <p>58% of people who die on our streets are chronically homeless. 56% are white.</p> <p>Travis County number match national mortality data and one explanation for the racial mortality inversion theory – there are relative economic privileges afforded to white people and they’re entering homelessness due to catastrophic health or behavioral health crises. In contrast, for persons of color there are more systemic barriers that can make this group more likely to experience homelessness and medical vulnerability is less concentrated of a factor.</p> <p>On the streets women also die younger (46yrs) than men.</p> <p><b>How are people dying?</b></p> <p>Overdose, transportation accidents, and cardiovascular disease are the leading causes of death in our unhoused community.</p> <p>Overdose deaths have risen 150% since 2021.</p> <p>Data also suggests that the prolonged stress associated with homelessness may increase the risk of a sudden cardiac event even in people without a history of heart problems</p> <p>Weather can be deadly for people living outside.</p> <p>Comorbidities are common with people living on the streets. A high number of people who passed away in the hospital had a median of 9 other health issues.</p> <p>Deaths involving meth are more common.</p> <p><b>What can the (HRS) do about it</b></p> <p>The medical examiner data shows that nearly half of those who died were not in HMIS.</p> <p>Just 6% of people who died between 2018 to 2023 were able to access a shelter bed in the six months prior to death.</p>	
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	<p>Our community does not prioritize housing for those at higher risk of mortality. The APAT alone may not be enough to capture people at high risk of early death.</p> <p><b>Highlighting recommendations</b></p> <p>Need for housing and shelter: prioritize PSH; diversify housing options beyond the traditional scope of PSH and RRH; housing integrated, person-centered health care</p> <p>Making shelter occupancy transparent and low-barrier shelter accessible; shelters need to integrate nursing care for people that need help with ADLs</p> <p>Health care access saves lives</p> <p>Community and belonging as a foundation of care</p> <p>Uplifting basic needs</p> <p>Broader systems change to fuel progress</p> <p>Harm reduction – need to champion this – harm reduction is system change through access</p> <p>Coordinated entry can be a life saving referral hub not just for housing</p> <p>Discussion: From David Gray: There was discussion about shelter availability being transparent and low-barrier access for people that cannot perform certain ADLs. The City is working with Central Health to ensure people are able to access the appropriate level of care. CWS threshold was also changed to 35 degrees for this year.</p> <p>Danica: If someone is not eligible for a shelter bed in time but is not actively dying are also turned away from the ER. There is a need for a medical triage team to find appropriate placement and that people aren't left outside while waiting for that.</p> <p>Jacob Emerson: We're making policy changes that might be leading to the rates of mortality?</p> <p>Danica: Example of a policy: criminalizing homelessness will not help people stay alive; operationalizing care coordination when people do their CA, to ensure they get the proper level of care. There needs to be a willingness to do things in ways we haven't done before.</p>	
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<p><b>2025-2026 Roadmap Presentation</b></p>	<p>Helen Eisert and Liz Baker</p>	<p>Liz presented the 2025-2026 Roadmap, which was created in collaboration between LC members and ECHO and had multiple inputs including the State of the HRS report and the 2023-2024 Roadmap goals that were not completed. There was also feedback from committees and brainstorming completed with LC in the summer of 2024.</p> <p>There are four primary goals:</p> <ol style="list-style-type: none"> <li>1) Goals focused on the HRS inflow and outflow</li> <li>2) Goals focused on ensuring programs have the necessary tools and policies to support safe and quality supportive service delivery</li> <li>3) Create pathways to integrate Prevention into the HRS – LC will not lead this initiative, but contribute to the planning.</li> <li>4) Goals focused on governance and improving communication and organization and support overall functioning of the committees and workgroups.</li> </ol> <p><b>Discussion:</b> Jason Phillips: Is there a set amount of times progress towards these deliverables are reviewed?</p> <p>Helen: This is in the governance charter, but it is only reviewed annually – the LC needs to determine how frequently they want to be updated.</p> <p>Candace: It also matters about how much work is being done at one time and work load can impact the timeline.</p>	<p><b>LC voted to adopt the 2025-2026 Roadmap</b>  <b>Amanda Jasso – Yes</b>  <b>Ashley Jones – Yes</b>  <b>Candace McGary – Yes</b>  <b>Chase Wright – Absent</b>  <b>Coni Stogner – Yes</b>  <b>David Gray – Yes</b>  <b>Dylan Shubitz – Yes</b>  <b>Ebonie Trice – did not vote</b>  <b>Jacob Emerson – Yes</b>  <b>Larry Wallace – Yes</b>  <b>Linda Jackson – Yes</b>  <b>Liz Baker – Yes</b>  <b>Monique Coleman – Yes</b>  <b>Paola Silvestre – Yes</b></p>

		<p>Jacob Emerson: Glad to see prevention in the Roadmap. What can we do to drive forward more prevention work?</p> <p>Liz: A lot of this will come out next week, but the key is that we will be supporting the community effort to bringing more prevention into our system.</p> <p><b>Question from the Q&amp;A from Sonja Burns</b> – will any of these goals address the people stuck in the revolving door between the hospital, jail, and the streets?</p> <p>Liz: This would fall under the prevention goal, and we’re waiting to see how LC can contribute to the community wide planning that will be happening in 2025.</p> <p>There is an enormous amount of work on this Roadmap and we can add more later, but we tried to keep it down to achievable goals in two years.</p> <p>Next steps: Helen will be setting a meeting between LC and the committee co-chairs to discuss the Roadmap goals to happen in the next two weeks.</p>	
<p><b>Public Comment &amp; Adjournment</b></p>	<p>Public</p>	<p>David Gray: Wants to give a public service announcement. Cold Weather Shelter (CWS) has been activated and Helen shared the flier in the meeting. He encouraged people to sign up for the text alert system. There are also warming centers listed on the city of Austin website <a href="http://austintexas.gov/alerts">austintexas.gov/alerts</a>.</p> <p>Dylan: Point-in-Time count is three weeks away and there is a pledge from CoC provider agencies and the LC members to volunteer.</p> <p>Sonja Burns: Really appreciated the report today on mortality – she put an article in the Q&amp;A who died on the streets in San Antonio. She needed to be in a hospital and there were years of willful neglect. She also put in the State Auditor’s report that was released toward the end of the year on the competency restoration waitlist. They missed a lot, but they did get that over 10% on this waitlist have cycled repeatedly in the five years they looked at (1500 people). Austin was second only to Dallas. Dallas had 808 people and Travis County had 676 people that we repeatedly put on this list. Austin now has people they no longer put on the waitlist because it has been determined they will not benefit from treatment. They’re not on the civil waitlist and not on the forensic waitlist and just cycling out there. I think this would be really useful for the work this group is doing. Also, a lot of these people have anosognosia or lack of insight into their mental illness and will not</p>	<p>N/A</p>

	<p>choose treatment. The appropriate placement does not exist for them and they leave every place set-up for them. The state says it is the local community's responsibility and the county is saying this is for the state to take care of, so no one is taking responsibility. We are waiting for the crime to happen and we should not be doing that.</p> <p>Sara Fuetter: When will the Roadmap be published on the ECHO website and when will the co-chairs be met.</p> <p>Helen: will be meeting with co-chairs in the next couple of weeks and meeting with ECHO support staff after that. The Roadmap will be published this week on the website.</p> <p>Tracey Moody: Danica's report was excellent. She's on the AHAC and this is why she is doing what she does, b/c she has known so many people that have died homeless. She's glad she was able to be a participant in this work.</p> <p>This is why people with lived experience are so vital to the work we're doing. It makes a big difference.</p> <p>She also wants to know if there is a way to participate in the PIT count, but she is disabled.</p> <p>Asanti Mackey: It took quite some time to find a way to get involved with ECHO that focus on more systemic issues. How do you typically reach out to people interested in the systemic work of homelessness?</p> <p>Larry Wallace: There are so many folks that are doing the groundwork and all they see is the effort they're putting out, but the system doesn't seem to change until you get involved in the larger systemic efforts. These can take a couple of years to move the needle for policy changes. Find the senior leaders in your organizations you volunteer with that are doing the system/policy work to shadow those individuals.</p> <p>Melissa Shearer: The Director of the Mental Health Public Defender. Thank you to Danica for doing her presentation. She wants to add that 80% of their client population are unhoused and they have serious mental illness or intellectual and developmental disabilities. They have been too ill to access the HRS and Coordinated Assessment. They should be scoring much higher but score much lower. We've got to be able to look a little deeper than the words they say on this</p>	
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<p><b>Next Public Meeting: Monday February 3, 2025 12pm-2pm</b></p>			

<p>Actions taken by Leadership Council during the meeting on 1/6/2025 Public Meeting</p>
<ul style="list-style-type: none"> <li>I. Approve the January 2025 Leadership Council minutes. <b>Approved on consent.</b></li> <li>II. Approve the 2025-2026 Roadmap. <b>Approved via vote, 12/13 members present, Ebonie did not vote, Chase was absent</b></li> </ul>