Development of an EMS-Based Homeless Outreach Team for the Oceanside Fire Department

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CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed: Timothy L. Scott

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Abstract

The problem was the increasingly high incidence of homelessness in the City of Oceanside exposed the community to risks. The purpose of the research was to develop an EMS-based homeless outreach team to reduce the risks to the community. The project used action research to address and answer the following questions: (a) What are the core components of an EMS-based homeless outreach program? (b) Who are the primary stakeholders needed to implement a fire department EMS-based homeless outreach program? (c) What data analysis tools should be implemented by an EMS-based homeless outreach team? (d) What elements from established fire department homeless outreach programs can be implemented in the City of Oceanside? The procedures used to conduct the research consisted of a review of current literature identifying components of homelessness and associated outreach. Interviews were conducted to gain insight from a diverse set of stakeholders involved in homeless outreach, public safety and the emergency services industry. In addition, a regional survey was conducted to examine outreach efforts by North Zone fire departments. The results of this research identified the core components of a homeless outreach team, identified standards other fire department outreach teams were using, identified necessary community partnerships and specific analysis tools available for homeless outreach data collection. The recommendation was to increase education and training of internal personnel regarding homelessness and behavioral health assessment, implement use of data analysis software and to establish an EMS-based homeless outreach team program to be adopted by the city council.

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Introduction

According to the 2018 U.S Department of Housing and Urban Development report, San Diego County ranks as the fourth highest in population of those experiencing homelessness among 3000 cities and counties across the country. Due to numerous political and legal factors, emergency calls involving serving the homeless continues to increase over the past several years. State law changes, including multiple assembly bills and propositions, have resulted in more people living with mental illness, criminal histories, and substance abuse disorders in the community without organized plans for housing and medical care. With an annual call volume of over 20,000 calls per year, data collection indicates the Oceanside Fire Department ran 2,574 calls, over 10% of the department's total call volume, providing services to the homeless population within the City of Oceanside. The problem is the increasingly high number of people experiencing homelessness in the City of Oceanside exposes the community to risks. The purpose of the research is to develop an EMS-based Homeless Outreach Team to reduce the risks to the community. This is an action research project to answer the following questions:

1. What are the core components of an EMS-based homeless outreach program?
2. Who are the primary stakeholders needed to implement a fire department EMS-based homeless outreach program?
3. What data analysis tools should be implemented by an EMS-based homeless outreach team?
4. What elements from established fire department homeless outreach programs can be implemented in the City of Oceanside?

Background and Significance

The Oceanside Fire Department (OFD) was established in 1888 as a volunteer company housed out of one station to protect the community's basic emergency needs. Today, the department has eight fire stations staffed by over 100 professional firefighters and 30 single role emergency medical technicians. The OFD provides the City of Oceanside with an all hazard response model to include fire suppression, rescue and emergency medical services, lifeguard services, hazardous material mitigation, fire inspection and investigation, fire prevention and public education.

The City of Oceanside is a coastal city located on California's southern coastline and is the third largest city in San Diego County. According to the U.S. Census Bureau (2010), the City of Oceanside has an area of 41.2 square miles located just south of Marine Corps Base, Camp Pendleton. The 2017 population within the city increased by five percent from the 2010 census and was estimated at 176,193 residents with significant population increases during the day for visitors to the beaches, harbor and other recreational areas. Interstate 5, Highway 78, Highway 76 and two railroads also provide an increase in mobile population as people commute through the city limits.

The City of Oceanside contains approximately 62,000 housing units, 13,372 businesses and has an average of 4,052 persons per square mile. According to the city's Planning Department, the city is approximately 80% built out with the ability to still develop 7,000 housing units. With these estimates, the Oceanside Fire Department is responsible for the mitigation of emergency calls for nearly 200,000 people at all times of the day.

Oceanside's climate and beaches, along with the San Luis Rey River flood control channel and being North San Diego County's major transit center, all contribute to an attractive environment for persons experiencing homelessness. Two large service centers, homeless shelters and proximity to a recently closed behavioral health unit make Oceanside more susceptible to larger homeless numbers. Due to political, legal and infrastructure changes, Oceanside has experienced increased community risk associated with homelessness and homeless encampments in open space and habitat preserve areas, under building overhangs and in adjacent areas to residential and commercial structures. An influx in urban encampments pose a public health and safety risk due to lack of sanitation and fire danger to the surrounding community and those residing within the encampments. There has been an increase in cooking and warming fires, petty theft, illegal use of electrical sources, discarded trash and debris, fecal matter and other pollutants left behind for city crews to clean up. State law changes including multiple assembly bills and propositions have resulted in more people living with mental illness, criminal histories, and substance abuse disorders in the community without plans for housing. Specifically affecting San Diego County, to include Oceanside, the cost of rental housing has increased dramatically since 2012 while the median household income has remained relatively stagnant. Low vacancy rates for housing in Oceanside results in low income housing voucher holders' inability to find affordable rental units that accept their vouchers. San Diego county jail booking requirements and lack of court filings has also impacted the population due to the inability to book many homeless-related crime suspects and causing many cases to be dropped.

There are many identified reasons for the visible increase of persons experiencing homelessness in Oceanside. As a result of an increased vulnerable population, emergency calls servicing people experiencing homelessness also continues to increase. With an annual call

volume of over 20,000 calls per year, data collection by FireRMS record management indicated 2,574 calls, over 10% of the department's total call volume, were for providing services to individuals experiencing homelessness within the City of Oceanside. Of these calls, 891 were medical transports. As a result, more than 1500 calls were analyzed as non-emergent utilizing the 911 system priority response of one engine and one ambulance.

Due to a declared homelessness crisis in the City of Oceanside, city officials have developed a Comprehensive Homeless Strategy in accordance with the California League of Cities to report on status updates, impact on current efforts and as a framework for integrated and coordinated approaches to help the homeless situation. According to the City of Oceanside's published Comprehensive Homeless Strategy (2019), the projected budget to minimize the impact on city services from the homeless community has been estimated at greater than two million dollars. Risks analyzed by the city, including damaged infrastructure, threat to tourism, health epidemics and environmental damage are all considered in the plan. In the most recent year, encampment removals have surged to almost 700 encampments. An increase to 268 misdemeanor arrests, 70 felony arrests, over 1000 citations, as well as, removal of 1,728 yards of trash are results of enforcement efforts in concert with the mitigation plan.

With nation-wide public safety homeless outreach teams rapidly forming to mitigate municipal risk and costs associated with homelessness, law enforcement is the majority public safety stakeholder. Minimal preventative involvement from fire departments or EMS-based agencies are in effect. Most services are reactionary providing only emergency assessment and medical transport or fire suppression activity. In 2015, the Oceanside Police Department established a homeless outreach team staffed by two police officers to coordinate outreach

efforts. In 2019 additional funding was established by a sales tax initiative, Measure X, and city officials increased police staffing on the team.

While a homeless outreach team has been established in the City of Oceanside, there are no emergency medically trained personnel on the team. The additional of medically trained personnel with experience in dealing with a broad spectrum of medical assessments, including behavioral health, may have a great impact on the success of a public safety oriented or EMS-based homeless outreach. Comorbid factors effecting the homeless population including addiction, communicable diseases such as Hepatitis A, psychiatric problems and suicidal tendencies are all challenges that can be fulfilled by the Oceanside Fire Department modeling such programs as the Long Beach Fire Department Homeless Education and Response Team, the San Diego Fire Department Resource Access Program and the Tucson Fire department Community Collaborative Care program.

From an organizational perspective there is sufficient evidence to justify this study. In the past, there was no formal public safety homeless outreach establish in Oceanside until 2015. Currently, the Oceanside Police Department has a Homeless Outreach Team (HOT) established, however there is no fire department involvement in the role of preventative services. In the future, community risk reduction focused upon reducing homelessness and the emergency calls involving servicing those experiencing homelessness is the major goal in establishing EMS based homeless outreach. By providing preventative education and emergency care to the homeless population, a reduction in service calls will keep apparatus available with faster response times. This will assist in reducing the community's risk and provide for their emergency needs. In addition, by providing an EMS based homeless outreach program, risks of life and safety toward those experiencing homelessness will decrease.

This project is related to the United States Fire Administration (USFA) Operational Objectives Goal #1: To build a culture of preparedness in the fire and Emergency Medical Services. The project fulfills the objectives of enhancing the fire department's and EMS' ability to identify, prevent and prepare for mitigating the community's risks by identifying the risks imposed by and to those experiencing homelessness. By utilizing data driven research and analysis aimed towards the reduction of 911 use by vulnerable populations, risk is reduced not only to the vulnerable, but to those in future need of emergency resources. It also helps fire and EMS increase organizational resiliency by establishing goals to be proactive in reducing non-emergent call volume. Finally, it enhances the development of partnership among the organization and the community stake holders involved in homeless outreach therefore strengthening fire and EMS.

This project is related to the National Fire Academy's Executive Analysis of Community Risk Reduction course goal to create a strategic community risk reduction plan in the community. The design and implementation of an EMS-based homeless outreach program by the Oceanside Fire Department will provide a program with the capability to reduce emergency 911 call volume allowing units to remain in service and available to respond to more acute level calls. In addition, outreach efforts to the community of those experiencing homelessness allows for the opportunity to provide services to reduce communicable disease, reduce the risk of cooking and warming fires and the ability to connect community partner service providers to those who need specific non-emergent medical and psychological needs. All of these abilities reduce the risk to the City of Oceanside, the citizens in the community and the community of people experiencing homelessness. Specific to the Community Risk Reduction coursework, this research utilized the course framework for developing a strategic community risk reduction plan

for presentation to decision makers in an organization. The priority risk area for the community, increased incidence of homelessness, was identified and the implementation plan for addressing the risk was established with measurable goals. A marketing strategy identifying community partnerships with Continuum of Care organization was presented and the cost and benefit plan was addressed. Potential change issues that may arise, such as union and personnel issues, were addressed and an achievable and ethical political strategy for creating positive influence for the community risk-reduction plan was identified. Finally, key points were summarized and formatted in a logical and informative manner that recapped the program and support needed.

Literature Review

A review was conducted to identify current literature available for the necessity and development of an EMS-based homeless outreach program. In the review, a historical overview of the United States' homelessness incidence was examined to include an analysis of the present conditions and future expectations in the United States and more specifically California. Also examined were the imposed community risks associated with the nature of homelessness including health risks, the impact on the emergency medical system and impacts on municipal services. Finally, current public safety homeless outreach program literature was researched to identify program best practices, core components and results of implementation.

Homelessness in the United States can be traced back to the colonial times and first documented in the 1640s (Kusmer, 2002). In early history, homelessness was seen as a moral deficiency related to character flaws. It was generally believed a good person would naturally have their needs met (Fischer, 2011). If an individual found themselves without a home, they would travel from town to town to prove their worth to the community's leader for acceptance into the community (DePastino, 2003). Significant influences followed that would greatly

increase the incidence of homelessness in America including industrialization, war, natural disasters, widowhood and abandonment of children, medical problems and racial inequalities.

Fewer than seven percent of Americans lived in cities prior to the 1820s. Growing industrialization in the 19th century brought a steady migration to urban centers such as Boston, New York and Philadelphia. Vagrancy records suggest a rise in the numbers of those in search of work in these cities (Margo, 2003). In addition, poor safety regulation lead to death and disabilities among the working class also leading to widows and dependent children with no means to support themselves (Kusmer, 2002.)

The Civil War proved to be another significant historical origin of increased homelessness due to the effects of opiate addiction and post-traumatic stress disorder (PTSD). As a treatment for battlefield injuries, newly discovered medicinal Morphine was used. Subsequently opiate addiction became rampant as war veterans and civilians alike could purchase the drug from department store catalogues (Courtwright, 1978). Post-Civil War era healthcare documents report widespread symptoms that indicate PTSD was on the rise after the war. The postwar North and South saw spikes in suicides and divorce rates and cases of PTSD made it difficult for veterans to function in their daily lives and sustain homes. As a result, asylums and soldiers' homes were overwhelmed with surging admissions resulting in increased homelessness (Jones, 2016).

Natural disasters such as the Great Chicago Fire, the San Francisco earthquake, the massive flooding of the Mississippi in the 1920s, droughts in Oklahoma and Texas and most recently Hurricane Katrina have also affected millions of people causing homelessness throughout American history (Olivet, 2010).

Today, homelessness is not associated with an individual's intrinsic worth. Homelessness is a complex issue stemming from a multitude of variables. According to the most recent annual survey by the U.S. Conference of Mayors, major cities across the country report top causes of homelessness among families were lack of affordable housing, unemployment, poverty, low wages and the lack of needed services (Hopper, 2008).

According to the Public Health Service Act, Section 330 (2018), defining homelessness in its simplest terms is an individual who lacks housing, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing. The Homeless Emergency Assistance and Rapid Transition to Housing Act (2009) which affects eligibility for various Department of Housing and Urban Development funded assistance program defines four broad categories of homelessness adding more detail to individuals living in hotels and motels, families with children or unaccompanied youth in unstable households and people who are fleeing or attempting to flee domestic violence.

Henry, Meghan et al., (2018) identify on any given night more than 550,00 people are experiencing homelessness in America. The 2018 Annual Homeless Assessment Report (AHAR) to Congress, Point-in-Time estimates of homelessness are obtained by conducting one-night counts during the last 10 days of January each year. Key findings from the AHAR indicate roughly 65% of the 550,000 homeless were staying in sheltered locations while 35% were in unsheltered locations such as on the street, in abandoned buildings or in other places not suitable for human habitation. In addition, homelessness has increased for the second year in a row by 0.3 percent with an increase in the number of individuals experiencing unsheltered homelessness as the sole cause for the national increase.

According to the 2018 U.S Department of Housing and Urban Development report, San Diego County ranks as the fourth highest, rising from 12th in 2006, in homeless population among 3000 cities and counties across the country behind only New York City, Los Angeles and Seattle. Data collected from San Diego County identified 7,063 homeless individuals. In a 2019, WeAllCount data collection led by the San Diego Regional Task Force, updated data resulted in an increase to 8,102 homeless with 3,626 sheltered and 4,476 unsheltered individuals. There are many political and legal factors influencing the increase of homelessness in San Diego County over the past several years. At the state level, law changes such as AB 109 (2011), Proposition 47 (2014) and 57 (2016) have resulted in more people living with mental illnesses, criminal histories and substance abuse disorders in the community without plans for housing.

The U.S. Interagency Council on Homelessness (USICH) is the organization who drives action towards leading national efforts to prevent and end homelessness in America. The council is comprised of members from 19 federal member agencies including the Department of Health and Human Services (HHS) and Department of Housing and Urban Development (HUD). Collectively, the council is responsible for utilizing resources in support of best practices at every level of government and private sector. The 2018 USICH publication, Home, Together: The Federal Strategic Plan to Prevent and End Homelessness identifies the only true end to homelessness is a safe and stable place to call home. The plan covering fiscal years 2018-2022 establishes eight objectives built into the four main goals of ensuring homelessness is a rare experience, ensuring homelessness is a brief experience, ensuring homelessness is a one-time experience and sustaining an end to homelessness.

Specific to addressing homelessness in California, local governments are coming together to find solutions for their communities. The League of California Cities and the California State

Association of Counties (CSAC) formed the Joint Homelessness Task Force (2016) to examine these issues and discuss collaborative local solutions to address homelessness. As a result of a declared homelessness crisis in the City of Oceanside, city officials have developed a Comprehensive Homeless Strategy in accordance with the California League of Cities to report on status updates, impact on current efforts already in place and as a framework for integrated and coordinated approaches to help the homelessness situation. According to the City of Oceanside's published Comprehensive Homeless Strategy (2019), the projected budget to minimize the impact on city services from homelessness has been estimated at greater than two million dollars. Risks analyzed by the city, include damaged infrastructure, threat to tourism, health epidemics and environmental damage are all considered in the plan. In the most recent year, encampment removals have surged to almost 700 encampments. An increase to 268 misdemeanor arrests, 70 felony arrests, over 1000 citations, as well as, removal of 1,728 yards of trash are results of enforcements efforts in concert with the mitigation plan.

Specific to the Oceanside Fire Department, data collection by FireRMS record management indicated 2,574 calls, over 10% of the department's total call volume, were for providing services to those experiencing homelessness. Of these calls 891 were medical transports leaving over 1500 calls as non-emergent that still utilized the 911 system with a priority response of one engine and one ambulance (RMS, 2018).

While the majority of service calls originate as medical in nature, homeless encampments in the wildland urban interface and in wooded areas of the city also pose a signification risk for wildfire. FireRMS (2018) indicates nearly 90% of all smoke checks and confirmed brush fires within the Oceanside city limits are attributed to warming and cooking fires within the homeless encampments. While a significant event resulting in loss of life has yet to occur, numerous other

municipalities have seen the results of such a risk. In December 2017, a cooking fire at a homeless encampment in a brushy area near where Sepulveda Boulevard crosses under the 405 ignited a blaze that torched 422 acres, destroying a half dozen homes. The Los Angeles Fire Department estimates there are 47 homeless encampments in the high fire-risk zones. Data is based on a windshield survey it conducts in January and August when firefighters drive around the zone and count the number of encampments they spot (Chandler,2019).

Recently there have been several outbreaks of hepatitis A viral (HAV) infection among those experiencing homelessness. Most coverage has focused on a group in the San Diego area, however, there have also been outbreaks in other cities in California, including Santa Cruz and Los Angeles. As of November 2017, there had been a total of 644 cases reported, with 360 hospitalized and 21 deaths (West, 2018). In addition to HAV, compared to the general population, homeless persons had an approximately 10-fold increase in TB incidence, were less likely to complete treatment and more likely to abuse substances (Haddad, 2010). Another health factor greatly affecting the homeless population is the opioid epidemic nationally recognized at crisis level. The Center for Disease Control and Prevention (CDC) cites that 142 Americans die from opioid overdose every day (CDC, 2016)

The National Health Care for Homeless Council (HCH) (2019) stated being without a home is a dangerous health condition. People who are homeless have a higher rate of illness and die on average 12 years soon than the general U.S. population. Data trends published by the HCH also indicate the suicide rates in the homeless to be 10 times higher than the general population and more than half of people experiencing homelessness have had thoughts of or attempted suicide (Coohey, 2015). Homeless individuals are known to experience poor access to

health care and, as a result, may experience deterioration in health status, prolonged homelessness, and increased mortality (Hwang, 2001).

The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and supporting the delivery of essential human services, especially to those who are least able to help themselves (Leavitt, 2007). However, many homeless individuals lack health insurance, have difficulty accessing transportation, must attend to immediate survival demands like food and shelter, and struggle to keep track of healthcare appointments (Gelbert,1987). Homeless individuals are also more likely than housed individuals to present for ED care via emergency medical service (EMS) transport. Thus, while EMS does not necessarily transport all patients to hospitals, EMS is often homeless individuals' first point of contact with the healthcare system. One study found that 308 homeless individuals in San Diego, California incurred 2,335 EMS transports over a 4-year period (Dunford, 2006).

One of the most visibly impacted facilities are local hospital emergency departments. A study conducted by Feldman (2017) indicated samplings of emergency department patients resulting in an approximate 10% of total patients being homeless. Individuals experiencing homelessness have higher rates of hospital and emergency use than the general population and often suffer from serious conditions upon admittance, resulting in high medical costs and potentially long stays (Feldman, 2017). Homeless individuals from all age groups made 550,000 emergency department (ED) visits annually or 72 visits per 100 homeless people in the U.S. per year. Homeless who seek care in urban EDs come by ambulance, lack medical insurance, and have psychiatric and substance abuse diagnoses more often than non-homeless people (Ku,

2010). Emergency department visits by persons experiencing homelessness increased by nearly 44% between 2005 and 2010, compared with a 7.4% increase for non-homeless (Tadros, 2016). In addition, in a comparison of homeless patients versus non-homeless patients, results indicated homeless patients spent more time in the ED per visit, were less likely to be admitted to the hospital and were more likely to use ambulance services. In addition, homeless patients received a similar level of estimated benefit of emergency treatment compared with non-homeless patients, and a substantial proportion of their visits were directly related to excessive alcohol use (Pearson, 2005). According to the 2016 policy brief released by the HCH on medication-assisted treatment, persons experiencing homelessness have even higher rates of substance abuse disorders and higher mortality rates by opioid overdose than national averages (National HCH Council, 2016). However, individuals experiencing homelessness rarely have substance use disorders alone. The association of mental illness with substance-related disorders is well established. In a national sample, 75% of patients experiencing homelessness with a past-year substance use disorder also had a comorbid nonsubstance-related mental illness (Kasprow, 2013). The prevalence of a medical problem, mental health problem, and substance abuse among the homeless is significant. Homeless patients may be at high risk of two or more comorbid conditions if they live in an emergency shelter or on the street.

Homeless ED patients have distinct care needs and patterns of ED utilization unmet by current disease-oriented models of emergency medicine. In a study by O'Carroll (2019), Homeless individuals tended to present late in their illness, default early from treatment, have low usage of primary-care, preventative and outpatient services, have high usage of emergency and inpatient services and poor compliance with medication. In addition, they tended to avoid psychiatric services. Strategies to improve access to primary care and reduce barriers to

accessing care in these populations are needed. A study published by Argintaru (2013), found homeless persons experience a high burden of health problems, yet they face significant barriers in accessing health care. Results indicated 37% of homeless people sampled reported unmet health needs. Targeted clinical services and preventive medicine programs would be beneficial to these patients (Lundy,1999). More research is needed to determine the prevalence and characteristics of homelessness in the ED and to develop evidence-based treatment strategies in caring for this vulnerable population (Salhi, 2017).

The United States Interagency Council on Homelessness (USICH) (2016) published 10 Strategies to End Chronic Homelessness. Included in the goals is to get public leaders to publicly commit to coordinating efforts, being accountable to all people experiencing chronic homelessness and utilizing a Housing-First System. In addition, the USICH (2019) also published core components communities and outreach teams can use to assess their street outreach efforts. Providing the ability to identify opportunities to strengthen a systematic approach to end homelessness, the core components start with having street outreach efforts that are systematic, coordinated and comprehensive. The goals established must be housing focused. Street outreach efforts need to be person-centered, trauma-informed and culturally responsive. Finally, street efforts must emphasize safety and reduce harm.

The San Francisco Fire Department established the Homeless Outreach and Medical Emergency Team (HOME) developed by paramedic captain Niels Tangherlini. The Home Team program was in service from 2004 to 2009. Data results from the program indicated 80% of the city's high frequency 911 users stopped using ambulances for at least six months within the first year of the program (Tangherlini et al., 2016). The program was highly successful, however was

terminated during mandated budget cuts during the recession. As the economy recovered, the program was reinitiated, however under a different structure. An article in the San Francisco Chronicle (2016) highlighted the use of the new EMS-based homeless outreach teams utilized in the city. Dr. Clement Yeh, medical director for the fire department and 911 dispatch center recognized a systematic problem with the city's 911 frequent users, many of whom are homeless. Estimated costs to taxpayers averaged over $87,480 per user with medical emergency costs. This rate was over double the cost of renting a one-bedroom apartment in the most expensive parts of the city for an entire year. Due to these results, Dr. Yeh established the EMS-6 team comprised of a fire department paramedic captain and members of the Public Health Department's Homeless Outreach team. When an ambulance responds to a 911 call for one of the frequent users of the city's services or emergency room, the EMS-6 team will also respond (Knight, 2016). The goal is to establish the need for emergency transport. If there is not a need for emergency transport, the EMS-6 team addresses the problem and utilizes other services to stabilize the individual.

Similar teams have recently been established in the Southern California region. The San Diego Fire Department's Resource Access Program (RAP) was implemented in 2008 within the EMS division of the fire department. RAP uses analytics in real-time to identify vulnerable 911 callers, many of which are homeless. The department's data shows that one percent of the population generates approximately 20% of the EMS call volume. The program seeks to reduce the dependence on EMS and acute care services by prevention and partnership with community partners to help the population before it needs the 911 resources (Clark, 2019). The success of the RAP team received recognition in 2014 as a best practice by the United States Health and Human Services Agency and serves as a model program across the United States.

City officials in Modesto California cite their public safety Homeless Engagement and Response Team, established in July 2018, has been successful in the reduction of complaints and emergency services surrounding the homeless population (Valine, 2018). Their team is comprised of one police officer and one firefighter paramedic. Modeled after the Long Beach HEART program, Modesto's team is a pilot program with an evaluation every three months and funding for the program is temporary.

In the City of Oceanside, an Oceanside Police Department Homeless Outreach Team (HOT) was the first team of its type established in the North County (San Diego). The team provides real-time services and engagement for individuals and families living on the street or in places not meant for habitation. Modeling the San Diego Police Department's Homeless Outreach Team, Oceanside adjusted its practices to fit a smaller city size, and its homeless population size of about 420, who chiefly live in rural encampments (Yee, 2015).

In summary, the findings from the conducted literature review influenced the research project by providing basic core components for the systematic process to create a homeless outreach team. In addition, information regarding community risk associated with the state of homelessness was identified including medical conditions, behavioral health, addiction, fire risk and risks associated with encampments. Numerous scholarly articles and research on the history and state of homelessness in the United States are published and provide thorough results beneficial to this research. In addition, numerous sources and statistics were identified regarding the utilization and of emergency departments by those experiencing homelessness. As indicated by Salhi (2017), more research is needed to determine the prevalence and characteristics of homelessness in the ED and to develop evidence-based treatment strategies in caring for this vulnerable population. Specific to literature published regarding fire department EMS-based

homeless outreach, minimal literature was published. Further research through interviews and correspondence will be needed to obtain such information.

Procedures

The purpose of this applied research project is to create an EMS-based homeless outreach program for the City of Oceanside Fire Department to reduce community risks. An action research methodology was used to examine four questions related to the Oceanside Fire Department and the development of an EMS-based homeless outreach team for adoption. Procedures for each of the questions, to include how data was collected, analyzed and limitations are detailed below. 11 individual interviews were conducted for this research to gain insight and information from a diverse set of stakeholders all involved in homeless outreach, public safety and emergency services. In addition, a regional survey was conducted to gather outreach efforts by North Zone fire departments. Specific to the survey tool, the process for selecting the sample and the definition of the total population is provided. The time frame for conducting the research was from June 2019 to November 2019. Data collected was used to form the recommendations of the applied research project and to develop an EMS-based homeless outreach team model.

Question 1: What are the core components of an EMS-based homeless outreach team?

Data was first collected during the Executive Analysis of Community Risk Reduction course on campus at the National Fire Academy in the Learning Resource Center in May 2019. A literature review was initiated to research current and past information regarding the history and trends of homelessness in the United States and to identify the governing agencies associated with collecting data, analyzing statics and rendering aid to those experiencing homelessness. In addition, information was collected regarding the use of public safety homeless outreach and

chronic 911 user outreach teams. The NETC library catalog produced multiple journal articles, government reports, books and documents. Previous Executive Fire Officer research papers on the subject of public safety based homeless outreach were not found adding value to the specific research as original with the opportunity to contribute to the fire service. Utilizing the EBSCO and Google Scholar databases with keywords such as, “public safety homeless outreach programs”, “United States homelessness” and “homelessness impact on fire departments” provided the results leading to current materials related to statistical data and reviews including reports by the USICH, HHS, HUD, CDC and VA regarding homelessness data.

Information regarding homeless outreach core components and best practices were found, however, specific core components to establish an EMS-based homeless outreach team were not found on any data bases. This data was analyzed by obtaining copies of the available current manuals providing the framework for creating public safety homeless outreach teams by contacting known agencies with current programs in place or past programs that had been retired. Data was highlighted, reviewed and presented with the most relevant finding pertaining to the applied research presented in the literature review.

Specific to research question one, three interviews were conducted with members of current fire department-based community outreach teams regarding the establishment and core component of their teams. In addition, two interviews were conducted with the Oceanside Police Department’s homeless outreach team regarding the establishment and core components of their teams.

The first interview relevant to this research question was conducted on October 23, 2019 with Josh Ferry of the Oceanside Police Departments Homeless Outreach Team (Appendix D). The interview was conducted in person at the Oceanside Police Department Homeless Outreach

offices. Josh is a sworn police officer in the position of outreach worker and has been with the team since its origination in 2014. He helped develop the program from scratch and is well informed regarding the development of core components, policies and best practices established for the team. The interview consisted of 15 questions covering subjects to include origination and implementation of the Oceanside Police Department Homeless Outreach Team program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The second interview relevant to this research question was conducted on October 23, 2019 with Anna Mades of Interfaith Community Services (Appendix E). The interview was conducted in person at the Oceanside Police Department Homeless Outreach offices. Anna has her Master's degree in social work with a background in inpatient mental health, offender re-entry and homeless in community court. The interview consisted of 11 questions covering subjects to include her role on the outreach team, core components and best practices from a social worker standpoint as well as challenges faced in working on the HOT.

The third interview relevant to this research question was conducted on October 29, 2019 with Anne Jensen of the San Diego Fire Department EMS Division. The interview was conducted over the phone. Anne is a paramedic with the City of San Diego Fire Rescue assigned to the Resource Access Program (RAP) as well as the program manager and developer. Anne helped develop the program from scratch and is well informed regarding the development of core components, policies and best practices established for the team. The interview consisted of 12 questions covering subjects to include origination and implementation of the RAP program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The fourth interview relevant to this research question was conducted on November 15, 2019 with Justin Verga of the Long Beach Fire Department Homeless Education and Response Team (HEART). The interview was conducted over the phone. Justin is a paramedic with HEART as well as the program manager and developer. Justin helped develop the program from scratch and is well informed regarding the development of core components, policies and best practices established for the team. The interview consisted of 12 questions covering subjects to include origination and implementation of the HEART program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The fifth interview relevant to this research question was conducted on November 18, 2019 with Natalie Becker of Tucson Fire Department Tucson Community Collaborative Care program (3C-T) (Appendix H). The interview was conducted over the phone. Natalie is the community services outreach coordinator with the Tucson Fire Department assigned to the TC-3 program. Natalie continues to develop the program and is well informed regarding the development of core components, policies and best practices established for the team. The interview consisted of 12 questions covering subjects to include origination and implementation of the TC-3 program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The limitations to this data collection include documents only available through the Learning Resource Center which may not be available to other individuals replicating the study. In addition, obtaining current government reports and manuals may be difficult or costly to obtain. Access to agencies with current programs in place or past programs that have been retired may be limited by ability to access a representative. Access to their materials is a limiting factor.

Question 2: Who are the primary stakeholders needed to implement a fire department EMS-based homeless outreach program?

Primary stakeholders will vary from organization to organization depending on the availability of the resource in each geographical area, available funding and willingness of participation by an agency. To establish a general outlook on primary stakeholders in the area, a survey of the regional fire departments in San Diego County was conducted. The purpose of the survey was to identify department demographics, utilization of programs to reduce risks due to homelessness, identify which standards were followed in the development of the program, identify which community partnerships had been developed, deployment results and identification of limitations in reaching desired results. The 10 question survey instrument (Appendix B) was produced on Survey Monkey in September 2019 and distributed via email along with an attached memo (Appendix A) to one designated chief officer or representative with knowledge of their organizational data and program development from each of the fire departments. The definition of the total population is all fire departments operating in the San Diego County North Zone to include; Carlsbad, Del Mar, Encinitas, Escondido, Oceanside, North County Fire Protection District, San Marcos, Solana Beach, Oceanside and Vista Fire Departments. One response from a chief officer or representative from each of the individual fire departments operating in the county was required to maintain accountability of data. There were a total of 10 departments in the county who received the survey. The process for selecting the sample described in detail included the desire to obtain data from the specific organizations working most closely in the geographic area to the Oceanside Fire Department. The majority of the surrounding departments are similar in size and deployment structure, especially the departments operating in the North Zone. Chief officers from each of the departments were

identified due to their knowledge of current operating standards and their department's data results in relation to homelessness and its impact on their organization's services. Those officers were identified by their department's email address and the electronic survey was distributed. If the survey was not returned via electronic response, a phone interview was conducted with a chief officer or representative to gather the data. A response from each of the 10 departments was received for 100% accountability (Appendix C).

The limitations noted from conducting a survey with this sample population is the difficulty, even after the complete list is made, in ensuring the data collected is complete and accurate. In the case of this survey, non-response can significantly skew results because of the limited number of requested responses. Another limitation is the constrained geographic area the survey covers. If the desired outcome was information on a broader spectrum, distribution methods would need to be wider reaching hindered by the difficulties in having a personal contact at each specific department.

In addition to the survey, five interviews were conducted with the Fire Chief or his designee from the agencies immediately surrounding the City of Oceanside. Due to a boundary drop in place with these organization, many of the same resources including homeless outreach primary stakeholders may be shared. Interviews were also conducted with the City of Oceanside Housing Commissioner, the Tri-City Medical Center's Emergency Department Chief Physician and the administrative director at Brother Benno's Homeless Shelter in Oceanside. Finally, the interviews conducted with members from the active homeless outreach teams also apply to this research question. Interview questions focused on the risk analysis and community risk assessment components, data collection options including computer aided dispatching (CAD) information, fire records management software, identification of impact on services related to

calls servicing the homeless population, plans for implications of alternate deployment and indications of needs.

The first interview relevant to this research question was conducted on September 17, 2019 with Chief Tommy Thompson of Camp Pendleton Fire Department (Appendix I). The interview was conducted in person at the officer's conference hall on Camp Pendleton. Thompson is the Fire Chief for Camp Pendleton Fire Department who shares boundaries and participates in mutual aid responses with the City of Oceanside. The interview consisted of 10 questions covering subjects to include call volume and response, data collection analysis, current outreach efforts to the homeless population, organizational need for fire department-based outreach and alternate deployment models.

The second interview relevant to this research question was conducted on September 18, 2019 with Chief Mike Calderwood of the Carlsbad Fire Department (Appendix J). The interview was conducted in person at a conference location in the City of Oceanside. Calderwood is the Fire Chief for the Carlsbad Fire Department who shares boundaries and participates in mutual aid responses with the City of Oceanside. The interview consisted of 10 questions covering subjects to include call volume and response, data collection analysis, current outreach efforts to the homeless population, organizational need for fire department-based outreach and alternate deployment models.

The third interview relevant to this research question was conducted on October 19, 2019 with Chief Kevin Mahr of North County Fire Protection District (Appendix K). The interview was conducted over the phone. Mahr is a Division Chief for North County Fire Protection District who shares boundaries and participates in mutual aid responses with the City of

Oceanside. The interview consisted of 10 questions covering subjects to include call volume and response, data collection analysis, current outreach efforts to the homeless population, organizational need for fire department-based outreach and alternate deployment models.

The fourth interview relevant to this research question was conducted on October 22, 2019 with Michelle Gomez, the Housing Commissioner for the City of Oceanside (Appendix L). The interview was conducted in person in the City of Oceanside. Gomez is the Housing Commissioner and chairs the ad hoc committee on homelessness in Oceanside. The interview consisted of 10 questions and covered subjects to include the responsibilities of the Housing Commission, visible trends in homelessness in the City of Oceanside, current risks to the city, community partnerships, mitigation efforts and the feasibility of an EMS-based homeless outreach program.

The fifth interview relevant to this research question was conducted on November 16, 2019 with Darryn Harris of the Brother Benno's Homeless Center (Appendix M). The interview was conducted in person at Brother Benno's in the City of Oceanside. The interview consisted of six questions and covered subjects to include services provided at Brother Benno's Homeless Center, attributes causing homelessness in Oceanside, community partnerships established by the center and trends encountered involving those experiencing homelessness.

The sixth interview relevant to this research question was conducted on November 21, 2019 with Gene Ma M.D., Chief Physician of the Tri Center Medical Center Emergency Department (Appendix N). Dr. Ma has extensive knowledge and experience in the emergency department providing medical services to vulnerable populations. He is also able to access statistical data from hospital resources. The interview was conducted through email and phone correspondence. The interview consisted of 12 questions and covered subjects to include trends

of persons experiencing homelessness and their utilization of emergency room services, disease processes specific to the homeless, prevalence of homeless in the ED, data tracking and analysis, patient outcomes and unfulfilled service needs.

The limitation analyzed from the interviews is the ability to collect data specific to call volume servicing the homeless population. Limitations of the data collection and analysis include the fire records management software and data results may not be available to outside research due to fiscal constraints of purchasing the software and ownership of the data. Access to additional statistic programs such as GIS, FireStats and Tableau required paid subscriptions and may be challenging to operate.

QUESTION 3: What data analytic tools should be implemented by an EMS-based homeless outreach team?

The Long Beach Fire Department HEART, City of San Diego Fire Recue RAP and the Tucson Fire Department 3C-T are three model outreach teams established in the United States. Three interviews were conducted with current members on these fire department homeless outreach teams. Components of the interviews focused on the specific aspects of their ability to collect data for analysis and what programs were being utilized to secure this data.

The first interview relevant to this research question was conducted on October 29, 2019 with Anne Jensen of the San Diego Fire Department EMS Division (Appendix F). The interview was conducted over the phone. Anne is a paramedic with the City of San Diego Fire Rescue assigned to the Resource Access Program as well as the program manager and developer. Anne helped develop the program from scratch and is well informed in the data capture elements of the Street Sense software program and utilizing the program to track interaction, outcomes and needs

based off of the data collected. The interview consisted of 12 questions covering subjects to include origination and implementation of the RAP program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The second interview relevant to this research question was conducted on November 15, 2019 with Justin Verga of the Long Beach Fire Department HEART (Appendix G). The interview was conducted over the phone. Justin is a paramedic with the City of Long Beach Fire assigned to the HEART as well as the program manager and developer. Justin helped develop the program from scratch and is well informed in the data capture elements of the Medic Clipboard software program and utilizing the program to track interaction, outcomes and needs based off of the data collected. The interview consisted of 12 questions covering subjects to include origination and implementation of the HEART program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The third interview relevant to this research question was conducted on November 18, 2019 with Natalie Becker of Tucson Fire Department's 3C-T (Appendix H). The interview was conducted over the phone. Natalie is the community services outreach coordinator with the Tucson Fire Department assigned to the TC-3 program. Natalie continues to develop the program and is well informed in the data capture elements of the Smart Sheets software program and utilizing the program to track interaction, outcomes and needs based off of the data collected. The interview consisted of 12 questions covering subjects to include origination and implementation of the TC-3 program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The limitation of the data collection and analysis from specific interviews conducted from this research is the ability to contact the individuals representing the agencies involved in homeless outreach. In addition, as the programs progress, adapt or retire, the responses indicated in the current interview may change. Access to specific data collection programs such as Street Sense and Medic Clipboard may be available as trial versions, but access to the full programs require paid subscriptions and may not be a viable option for other replicating the research. Data entry and results may vary from organization to organization based on development of their software components.

Question 4: What elements from established fire department homeless outreach programs can be implemented in the City of Oceanside?

Outreach services are currently being provided throughout the nation by numerous community partners. Specific to the City of Oceanside, there are many well established organizations who contribute to provide a solution to homelessness. However, we still see the issue of homelessness rising in our community. Specific to homeless outreach program services delivered by public safety agencies, law enforcement agencies provide the majority of programs with minimal fire department involvement throughout the country. A priority research parameter was to identify what service challenges exist other agencies have difficulties providing. By establishing an ability to overcome these challenges with fire department services, a bridge for better service and an increased ability to reduce community risk can be fulfilled.

To identify gaps in current homeless outreach services, five interviews were conducted with personnel involved in currently providing outreach or emergency services to the homeless population. Interview questions focused on the specific services provided by the particular

outreach organization, challenging areas where they have service limitations and suggestions on where fire department services may be applicable to outreach efforts.

The first interview relevant to this research question was conducted on October 23, 2019 with Josh Ferry of the Oceanside Police Departments Homeless Outreach Team (Appendix D). The interview was conducted in person at the Oceanside Police Department Homeless Outreach offices. Josh is sworn police officer in the position of outreach worker and has been with the team since its origination in 2014. He has helped develop the program from scratch and is well informed regarding the development of core components, policies and best practices established for the team. The interview consisted of 15 questions covering subjects to include origination and implementation of the Oceanside Police Department Homeless Outreach Team program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The second interview relevant to this research question was conducted on October 23, 2019 with Anna Mades of Interfaith Community Services (Appendix E). The interview was conducted in person at the Oceanside Police Department Homeless Outreach offices. Anna has her Master's degree in social work with a background in inpatient mental health, offender re-entry and homeless in community court. The interview consisted of 11 questions covering subjects to include her role on the outreach team, core components and best practices from a social worker standpoint as well as challenges faced in working on the HOT.

The third interview relevant to this research question was conducted on October 29, 2019 with Anne Jensen of the San Diego Fire Department EMS Division (Appendix F). The interview was conducted over the phone. Anne is a paramedic with the City of San Diego Fire Rescue assigned to the RAP as well as the program manager and developer. Anne helped develop the

program from scratch and is well informed regarding the development of core components, policies and best practices established for the team. The interview consisted of 12 questions covering subjects to include origination and implementation of the RAP program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The fourth interview relevant to this research question was conducted on November 15, 2019 with Justin Verga of the Long Beach Fire Department HEART (Appendix G). The interview was conducted over the phone. Justin is a paramedic with the City of Long Beach Fire assigned to HEART as well as the program manager and developer. Justin helped develop the program from scratch and is well informed regarding the development of core components, policies and best practices established for the team. The interview consisted of 12 questions covering subjects to include origination and implementation of the HEART program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

The fifth interview relevant to this research question was conducted on November 18, 2019 with Natalie Becker of Tucson Fire Department 3C-T (Appendix H). The interview was conducted over the phone. Natalie is the community services outreach coordinator with the Tucson Fire Department assigned to the TC-3 program. Natalie continues to develop the program and is well informed regarding the development of core components, policies and best practices established for the team. The interview consisted of 12 questions covering subjects to include origination and implementation of the TC-3 program, responsibilities of the team members, development of policies and best practice, funding and challenges faced with running the outreach program.

Limitations of the data collection and analysis from specific interviews conducted from this research is the ability to contact the individuals representing the agencies involved in homeless outreach. In addition, as the programs progress, adapt or retire, the responses indicated in the current interview may change.

Results

Utilizing action research, four research questions were investigated relating to establishing an EMS-based homeless outreach team for the City of Oceanside. The data gathered between June 2019 to November 2019 provided the author with the appropriate information needed for specific answers to the original research questions. The research provided a comprehensive framework for the development of an EMS-based homeless outreach team model for the Oceanside Fire Department.

Question 1: What are the core components of an EMS-based homeless outreach program?

The answer to research question one was answered by results from the conducted literature review as well as personal interviews with members from established homeless outreach teams.

The answer to research question one is the Core Elements of Effective Street Outreach to People Experiencing Homelessness published by the USICH (2019) established core components communities and outreach teams can use to assess their street outreach efforts. The core components start with having street outreach efforts that are systematic, coordinated and comprehensive. The goals established must be housing focused. Street outreach efforts need to be person-centered, trauma-informed and culturally responsive. Finally, street efforts must emphasize safety and reduce harm. In addition, the USICH (2016) also published 10 Strategies to

End Chronic Homelessness. Included in the goals is to get public leaders to publicly commit to coordinating efforts, being accountable to all people experiencing chronic homelessness and to ramp up outreach, in-reach and engagement efforts.

In concert with the USICH's recommended core elements, the Police Executive Research Forum (2018) indicate public safety and social service workers must work together to help each other accomplish goals, of which the primary goal is housing first. The presence of social service outreach workers increases the credibility of the team as not a predominately enforcement-based team, but as a compassionate team to provide a service and help the individuals in need. In addition, a priority is finding the right people to serve on the outreach teams. Individuals must be dedicated, engaging, personable and have the ability to problem solve and possess team-building skills. Finally, there must be a data analytic tool in place to track efforts in working with the homeless community.

The San Diego County Health and Human Services Agency published the San Diego Homeless Outreach Worker (HOW) best practices (2018) which addresses principles of outreach, roles of outreach teams, team sizes and strategies for initial approach and building engagement. Critical best practices in providing homeless outreach and engagement include the best practices established by the USICH and also add the concepts of harm reduction, building consistent and trusting relationships, honest communication and a persistent approach to homeless outreach.

Results from the conducted interviews revealed each team began without established policies, protocols or best practices. At their conception, no model teams had been established to provide the framework for such a program. Of the teams interviewed, each started with three or less personnel assigned to the program with the objectives to establish their own method for

outreach. Through day-to-day interactions with their target audience and establishing partnerships with internal and external community partners, each team slowly established what works respectively for them. The Oceanside Police Department HOT formed relationships with city partners, established homeless resource meetings and relied on guidance from the housing commission. From the resource meetings, the team established their mission, vision and goals. Overall, the mission established was to get homeless individuals and families into secure housing while developing a positive relationship based on trust and staying away from the enforcement aspect of law enforcement. The team established business hours and a location where those in need could find them. They utilized a transport van and drove around the city engaging persons experiencing homelessness and also responded to referrals and calls by their dispatch.

Core components from the San Diego RAP teams vary slightly than those from the law enforcement example. Although no set best practices were in place for the program, RAP was established as a pilot community paramedicine program and therefore was under state statues as far as policies and protocols relating to patient contact and medical scope of practice. The members of the team had to attend training for advanced scope of practice and confidentiality components. The RAP team's core stems around securing and utilizing real-time data analysis obtained from their Street Sense ePCR program. In accordance to their mission, vision and goals, RAP utilizes the real-time data to identify the most vulnerable population of frequent use callers and finds ways to engage them specifically to connect them to the correct resources to reduce their risk. Similar to RAP, Tucson's TC-3 utilizes referrals from fire department personnel as tracking data to engage their system's high utilizers. TC-3's core outlook is to engage the program as EMS-prevention, similar to fire prevention. Long Beach HEART utilizes a slightly difference model to engage in their outreach efforts. They have established similar core

components to the other outreach teams, however they utilize a two-person team to attach and respond to 911 call for service, cancel the original response units and assist the individuals with referrals to appropriate resources as needed.

Question 2: Who are the primary stakeholders needed to implement a fire department EMS-based homeless outreach program?

The answer to research question two was answered from the conducted literature review, interviews with members of current homeless outreach teams, interviews with chief officers from jurisdictions bordering the City of Oceanside and data results from the North Zone fire department survey.

The answer to research question two is for an EMS-based homeless outreach program to be implemented with success, support from a wide network of both internal and external stakeholders is required. In the USICH 10 Strategies to End Chronic Homelessness (2016), one of the primary goals is to get public leaders to publicly commit to coordinating efforts, being accountable to all people experiencing chronic homelessness and to ramp up outreach, in-reach and engagement efforts. As indicated in the core components of a homeless outreach program, first and foremost, without the backing of the political and fire department administration leaders, a program will not succeed. San Diego City's RAP went through a challenging time in 2017 when staffing shortages, and a primary focus on firefighting efforts in lieu of outreach efforts, forced a hiatus in the program. A new fire chief, with a greater appreciation in outreach efforts, and many vocal political leaders analyzed the results the program had on the community and successfully insisted on reinstated funding and staffing for the program. Interviews conducted with all of the outreach teams indicated internal support from both the fire administration and city leaders were necessary to maintain their success.

Data results from the North Zone fire department survey indicated the incidence of homelessness was not impacting other municipalities as significantly as the City of Oceanside's resources, however, every organization surveyed experienced an increase in the call volume associated with serving the population of those experiencing homelessness. Of the departments surveyed, only half of them had any type of homeless outreach programs in place. Only one municipality had fire department involvement in homeless outreach, while the others had all outreach efforts provided by their law enforcement agencies. Results from the interviews conducted with the fire chiefs from Oceanside's adjoining jurisdictions indicated the chiefs recognized the increased incidence of homelessness as a risk to their municipalities, the citizens they serve, especially the population of those experiencing homelessness. Responses from the chiefs indicated a majority of their leadership was concerned with the increasing risk and had started the process of forming city mitigation plans. Results from the interviews also indicated they were interested in reviewing the results from this study to determine the possibility of sharing resources and forming partnerships to reduce the associated risk.

Regarding external stakeholders, interview results from all the homeless outreach teams also indicated very similar data surrounding which entities were needed to establish a successful outreach program. A positive partnership with a law enforcement agency was the primary response given in each interview. While the majority of homeless outreach programs across the country are the responsibility of law enforcement agencies, the fire-department based programs all had a direct relationship with their police departments. Responses indicated the fire department agencies believed they had an advantage of non-enforcement, trust-based relationships allowing them to obtain better access to target populations. However, a high percentage of contacts were with individuals suffering from behavioral health conditions

requiring the support of law enforcement agencies to ensure safety to their outreach workers. Law enforcement agencies also run specialized programs such as psychiatric emergency response teams and chronic inebriate teams. In addition, they were able to provide useful information gathered by numerous contacts with the same target populations. Relationships established with medical facilities was also a critical relationship indicated by the interview responses. All three fire department outreach teams indicated a partnership with specific clinics, hospitals and behavioral health units in their service area. The ability to coordinate and establish a relationship with employees at the medical facilities creates a team bond, helps to fulfill the goals of the program and creates a sense of ownership to obtain positive results. Finally, establishment of the outreach program in the Continuum of Care network is a priority. According to the National Alliance to End Homelessness, the Continuum of Care is the regional or local planning body that coordinates housing and services for homeless families and individuals. The San Diego County Regional Task Force on the Homeless is the lead agency who establishes a Homeless Management Information System (HMIS). The HMIS is a locally-administered data system used to record and analyze client, service and housing data. Through the Continuum of Care, partnerships with long term health care facilities, shelters, social workers psychiatric facilities and case managers can be established. Specific to the City of Oceanside, the Oceanside Police Department is vested in the Continuum of Care and has created outstanding working relationships with organization such as Interfaith Community Services, Brother Benno's Homeless Center, In Home Outreach, San Diego County Behavioral Health and Exodus.

Question 3: What data analysis tools should be implemented by an EMS-based homeless outreach team?

The answer to question number three was answered through conducting interviews with current members of three model outreach programs. Interviews with program designers and outreach workers from the City of San Diego RAP, the Long Beach HEART and the Tucson TC-3 provided insight to the computer software programs they are using for data analysis. One program in particular was designed in San Diego and is being utilized by San Diego City RAP. The researcher had the ability to utilize a lite version of the software integrated with Oceanside Fire's data to analyze the results using the program.

The answer to research question three is the Oceanside Fire Department should utilize Street Sense as a data analytic tool. Street Sense automatically creates patient profiles that aggregate data patterns in 911 calls, including calling location, time of day, and hospital destinations. Using the patient encounter-based data, analysis can be performed on the effectiveness of the social intervention efforts. The street sense technology has been shown to significantly improve patient outcomes while reducing their future reliance on emergency services. This reduces unnecessary EMS transports and makes them available to the individuals who need EMS care. Street Sense utilizes custom alerts to notify the proper care providers such as physicians, social workers, police officers, case managers and housing providers. Street Sense also has Street Case Management which creates a Continuum of Care databank to allow outreach efforts to coordinate intervention efforts.

Street sense is available in a lite or full version. Utilizing a trial of the lite version interconnected with Oceanside Fire Department's ePCRs, results were able to identify significant key findings. The program identified frequent callers, most frequented call location, frequent homeless users and frequent behavioral/psychiatric users. With the option to select a specific number in each category, a selection of the top 10 utilizers was used. Specific data referencing

the exact individual, what location they frequent, as well as their medical history and call patterns was identified in time segments over the last year. Utilizing this information, an EMS based homeless outreach team has a data driven, preset list of target individuals with the opportunity to provide outreach and reduce use of the emergency 911 system.

Question 4: What elements from established fire department homeless outreach programs can be implemented in the City of Oceanside?

The answer to question number four was answered through conducting interviews with current members of three model outreach programs. Interviews with program designers and outreach workers from the City of San Diego RAP, the Long Beach HEART and the Tucson TC-3 provided elements from their established programs that can be directly implemented in the City of Oceanside.

The answer to question four is the Oceanside Fire Department has an unique opportunity to build a program utilizing components of each of the interviewed model teams. The core components, mission and vision established by each team are very similar. The overall primary goal of each team is to reduce use of the 911 emergency dispatch system by high utilizers and vulnerable populations of the system, including those experiencing homelessness. Each program established the need to identify the vulnerable population, identify how they can connect and educate these individuals, and how they can establish coordinated outreach efforts to link the individuals in need with the correct services to mitigate their risk. Specific to the Long Beach HEART program is their deployment and education model. HEART was the first model of its kind put into operation in the country with a specific focus on homelessness. The program wanted to utilize a system that allowed them to balance outreach casework and still be an operational fire department unit. As a deployment model, the unit attaches to a 911 call for

service and cancels the original responding units, as appropriate, to keep them available to respond to higher acuity calls. Once on scene, they are able to assist with referrals to resources or provide a full advanced life support (ALS) medical assessment and treatment. The unit carries a full ALS compliment as well as structural firefighting gear and can attach to any call in the city as an additional unit. While not attached to a call, the unit provides coordinated efforts with all partner members of the Continuum of Care. In addition, the unit has the responsibility of educating those experiencing homelessness as to the resources available and how to utilize them. They are also responsible for providing the departmental training regarding how to utilize the unit. Specific to the San Diego RAP team is their ability to utilize real time data analysis through Street Sense to strategically identify the high utilizers of their system, connect them with proper pre-emergency care therefore reducing emergency call volume. Access and analysis of such specific data is a strategic advantage in outreach efforts to specifically identify who is posing a risk to the organization, tracks what the risk is and allow for accountability in providing a solution to the risk. Specific to Tucson's TC-3 program is their success is developing long term outstanding cooperative partnerships with large organizations that help them with resources, equipment and funding. Their established partnerships with the Tucson Medical Center Foundation, Pima Council on Aging in Tucson and other 501c3 charitable organizations has laid the foundation for their success. By utilizing the established contacts and relationships already made by the Oceanside Police Department's homeless outreach team, a foundation is already set regarding the necessary external stakeholder participation and cooperation. By blending components of each of the model teams, the OFD has the opportunity to create a model that can incorporate a strategically data driven deployable unit able to provide outreach efforts, have the

capability to respond to priority one calls including fire suppression efforts, and provide education and training internally and externally.

Discussion

The purpose of this research was to develop an effective model to provide outreach to people experiencing homelessness in the City of Oceanside to reduce risk to the city, its residents and those experiencing homelessness. The relationship between the study results and specific findings of others discussed implies the Oceanside Fire Department finds itself in a similar situation as numerous departments across the country and specifically the other departments in San Diego's North County. In line with numerous publications, including the 2018 Annual Homeless Assessment Report to Congress and the 2018 U.S. Department of Housing and Urban Development report, the Oceanside Fire Department is faced with an increasing call volume providing services to individuals experiencing homelessness. According to data collected from the North Zone Fire Department survey, this trend has spread throughout all of San Diego County including the San Diego North Zone response areas. Consistent with the literature, homelessness in Oceanside is caused by a variety of reasons, many of them compounding on each other. In line with Hopper's (2008) report form the U.S. Conference of Mayors, Oceanside's population of those experiencing homelessness is stemming from lack of affordable housing, employment, mental illness, substance abuse and greatly attributed to the lack of ability to access needed services. As described by Gelbert (1987), many homeless individuals lack health insurance, have difficulty accessing transportation to obtain services and medical care and struggle to keep track of their healthcare appointment. As a result, services and transportation needs fall on the shoulders of emergency providers. Data provided by Tadros (2016) indicate emergency department visits by homeless persons has increased by nearly 44% in a five-year time span and Ku (2010) adds the

predominate mode of transportation for these visits is by ambulance. OFD's FireRMS record management indicated 2,574 calls, over 10% of the department's total call volume, were for providing services to those experiencing homelessness within the City of Oceanside. Of these calls, 891 were medical transports leaving over 1500 calls as non-emergent that still utilized the 911system with a priority response of one engine and one ambulance. Tri City Medical Center Emergency Department data provided by Gene Ma M.D. attributed, of the roughly 50,000 annual emergency department visits of those identifying as homeless, only 12% are admitted and a 30-day revisit rate of 27% was seen. Of these patients over 19% were transported by the Oceanside Fire Department's paramedic ambulances. With the high number of transports, extended wait times of emergency ambulances at the hospital, supported by the admittance and revisit statistics, there is a significant opportunity to reduce the risk to the community by alternate methods of servicing vulnerable populations. As indicated by Salhi, (2017), Homeless ED patients have distinct care needs and patterns of ED utilization that are unmet by the current disease-oriented and episodic models of emergency medicine. More research is needed to determine the prevalence and characteristics of homelessness in the ED and to develop evidence-based treatment strategies in caring for this vulnerable population.

While utilization of medical services and emergency transport are the most impacted, additional risks have also been imposed on not only the city from a liability standpoint, but also to the residents including those who are experiencing homelessness. As West (2018) indicated, outbreaks of Hepatitis A resulted in the death of more than 20 individuals with more than 600 other cases reported in California in 2017. Haddad (2010) adds, in addition to Hepatitis A, homeless persons had an approximate 10-fold increase in tuberculosis. The shared use of public transportation and restrooms adds the incidence of spread of communicable diseases and places

the entire community at risk. Increasing numbers of nuisance fire ignitions stemming from cooking and warming fires in homeless encampments have also been on the rise. In Oceanside, nearly 90% of all smoke checks have been attributed to this cause. As reported by Chandler (2019) homeless encampment fires have proven to have grave consequences as exemplified in the fires in Los Angeles and other areas in California. While no loss of life or significant loss of property in the City of Oceanside has been attributed to this origin, it is only a matter of time unless this risk is eliminated. Destruction of environmental habitat in the San Luis Rey river basin and other areas of the city, countless bags of trash and debris along with the destruction and defamation of city property are all additional risks imposed. As explained by Oceanside Housing Commissioner, Michelle Gomez, a reduction of the incidence of homelessness in the City of Oceanside is at the forefront of each city council meeting, public forum and community group meeting. It has been officially recognized as a crisis in Oceanside due to impact to city services and the risks the community is exposed to. In response to the crisis, the city developed a homeless mitigation plan to mitigate the imposed risk which included increased public safety outreach to service those experiencing homelessness.

The formation of an EMS-based homeless outreach team for the Oceanside Fire Department is an opportunity for the organization to take a strategic proactive approach instead of simply using reactionary assessment and transportation services. Data responses from three model fire department outreach teams provided useful insight into the impact the services can have on the organization and the community. In addition, interviews with outreach workers from each of the organizations provided insight into the formation and priorities is establishing best practices, policies and developing relationships with internal and external stakeholders. In order to incorporate an EMS-based homeless outreach team, core components and best practices have to

be developed and implemented. In the development of this research, a mission, vision and goals has been established specifically for an outreach team. Policies and best practices established by all three of the model outreach teams, as well as the core components from USICH, Police Executive Research Forum and San Diego County Health and Human Services Agency have been identified and will be implemented. Internal and external community partners must be identified and relationships established. As the data suggests from interviews with all of the listed outreach teams, support from the political and administrative leaders in the organization must exist prior to the development of any program. Once this is accomplished, developed relationships with the police department, social workers, medical clinics and behavioral health partners is needed. From the research data it appears the majority of the outreach teams began with a blank slate and were forced to go out and establish these relationships on their own through trial and error. It is fortunate for the Oceanside Fire Department a Continuum of Care with numerous agencies from many professional backgrounds servicing vulnerable populations already exists. The task at hand will be to reach out to each of these agencies to establish a relationship.

Utilization of components from the preestablished outreach teams to include Long Beach HEART's deployment model, San Diego RAP's data collection and analysis, and Tucson TC-3's stakeholder partnership model are instrumental in creating a successful program in Oceanside.

The author's interpretation of the research results indicate there is a lack of proactive approach to managing vulnerable populations by fire departments across the country, to include the City of Oceanside. A reactionary approach has led to highly impacted call volumes, however there is an opportunity to implement an EMS-based homeless outreach program to provide prevention and risk reduction. While homeless outreach is predominately handled by law enforcement agencies throughout the country, fire department based homeless outreach,

specifically in Oceanside, has an advantage through preexisting patient demographic and medical data collected by Street Sense software programs. Utilizing this software, following program models established by pre-existing successful outreach teams, utilizing the San Diego County Homeless Outreach Task Force's Continuum of Care and partnering with stakeholders throughout San Diego County will provide a framework for successful implementation of this program. Evidence suggests appropriate public safety interventions can be effective in preventing and controlling risks associated with homelessness. Coordinated outreach efforts utilizing the core components and best practices established by numerous government agency reports establishes a framework for success. Specific actions, such as reducing the spread of numerous transmitted diseases among homeless persons, providing alternate deployment models to link those experiencing homelessness with the appropriate services and education regarding the use of these services are all strategies to be implemented. These interventions should be tailored to the targeted populations and focused on areas where the homeless are more likely to reside.

Organizational implications of implementing an EMS-based homeless outreach team provide a system to reduce a significant risk to the community while reducing call volume and assist in providing essential services to vulnerable populations. Challenges associated with the implications include increased staffing, apparatus and equipment. Associated with these increases is a need for an increased budget. While other outreach teams have had the opportunity to utilize tax initiative dollars, grant funding and donations from partnerships, there is no guarantee these opportunities are available for this application. Additional challenges include obtaining buy in from local political leaders as well as union leadership. Without support from these groups, the program will be challenged to succeed.

Recommendations

As a result of this project, the following recommendations are identified founded by the data and information accumulated regarding EMS-based homeless outreach for the Oceanside Fire Department and future readers of this research. It is recommended:

- The OFD should establish a committee and complete the framework for an official fire department EMS-based homeless outreach team proposal to be presented to city council for adoption.
- The City should adopt the proposal and implement a 2-paramedic homeless outreach team as a pilot program for a one-year trial period.
- Personnel should be educated annually on partnerships within the homeless Continuum of Care, on behavioral health recognition and assessment, as well as, best practices for safety and risk management when engaged with customers experiencing homelessness.
- The OFD should subscribe to the full version of Water Street Sense to use as the platform to document and track vulnerable and high frequency users.
- Performance measurement data should be analyzed and documented monthly to ensure compliance with adopted standards utilizing the Water Street Sense data tracking program.
- Consideration and projection for expansion of personnel after the first pilot year pending results from data collection should be examined.
- Consider expansion of the program to include all vulnerable at risk and high utilizers of the 911 system.

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APPENDIX A

Chief Officer or Representative,

As a requirement of the National Fire Academy's Executive Fire Officer Program, I am completing an applied research project regarding EMS-based homeless outreach options in the Southern California region, specifically the Fire Departments in the San Diego County Zones. I have chosen this topic as part of an effort to establish a model for Oceanside Fire Department's homeless outreach team for adoption for the City. As part of this project, I am contacting each of the fire departments within San Diego County's North Zone to complete a short survey. The completion of the attached survey will assist in our program development. The survey does ask for agency identification for accountability only, specific agency results will remain confidential.

I would appreciate your assistance if you or a representative from your organization could complete the survey. I am trying to have the data collected by November 1st. Thank you in advance for your participation. If you may need additional information or would like to complete the survey via phone, please contact me anytime at 760-908-1353 or by email at tscott@oceansideca.org

Please follow the link below to complete the survey. The estimated time for completion is 3-4 minutes.

https://www.surveymonkey.com/r/5SJXMLR

Timothy L. Scott | **Battalion Chief: C Shift**
City of Oceanside| 300 North Coast Highway
T: (760) 435-4262 | **C:** (760) 908-1353
tscott@oceansideca.org | **www.ci.oceanside.ca.us**

APPENDIX B

EMS-BASED HOMELESS OUTREACH

1. What is your department's annual call volume?

- Less than 1000 calls per year
- 1001-5000 calls per year
- 5001-10,000 calls per year
- 10,001-15,000 calls per year
- 15,001-20,000 calls per year
- More than 20,000 per year

2. Does your organization have a measuring device in place to track data on call volume related to the homeless population? (ex. a drop-down box on RMS or other NFIRS collection.)

- Yes
- No

3. What percentage of your organization's total call volume involves service to a homeless individual?

- Less than 1%
- 1% to 5%
- 5% to 10%

- Greater than 10%
- Unknown

4. In the past five years, the amount of calls involving the homeless population in our response area has:

- Increased
- Decreased
- Stayed the same

5. Does your organization have a public safety homeless outreach team?

- Yes, predominately run by law enforcement
- Yes, predominately run by the fire department (EMS-based)
- Yes, a combination of both law and fire
- No homeless outreach is provided by public safety

6. If your organization has a fire department homeless outreach team, how long has it been in place?

- Less than one year
- 1-2 years
- 3-4 years
- 5 years or greater
- We do not provide this service

7. If you utilize a fire department homeless outreach team, the results of the program have decreased call volume related to the homeless population by:

- 1-2%

- 3-5%
- 6-9%
- 10% or higher
- We do not measure this

8. Does your municipality have a plan in place for the mitigation of homelessness? (ex. a city mitigation plan)

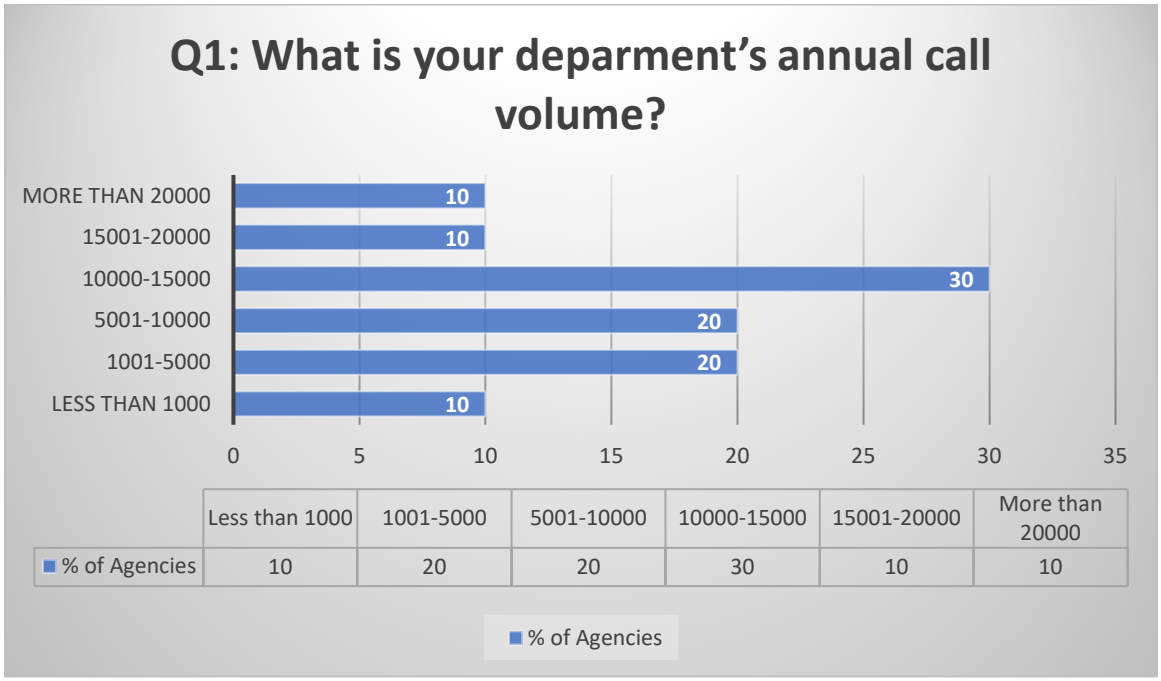
- Yes
- No

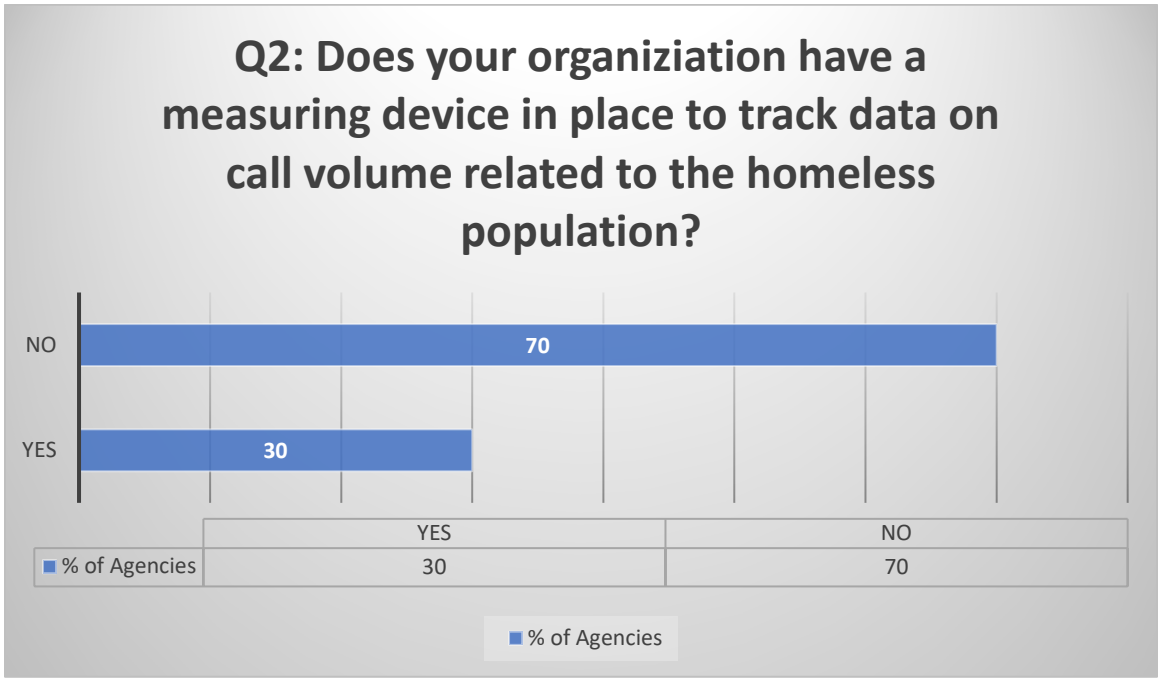
9. Has your organization explored alternate deployment options for servicing the homeless population?

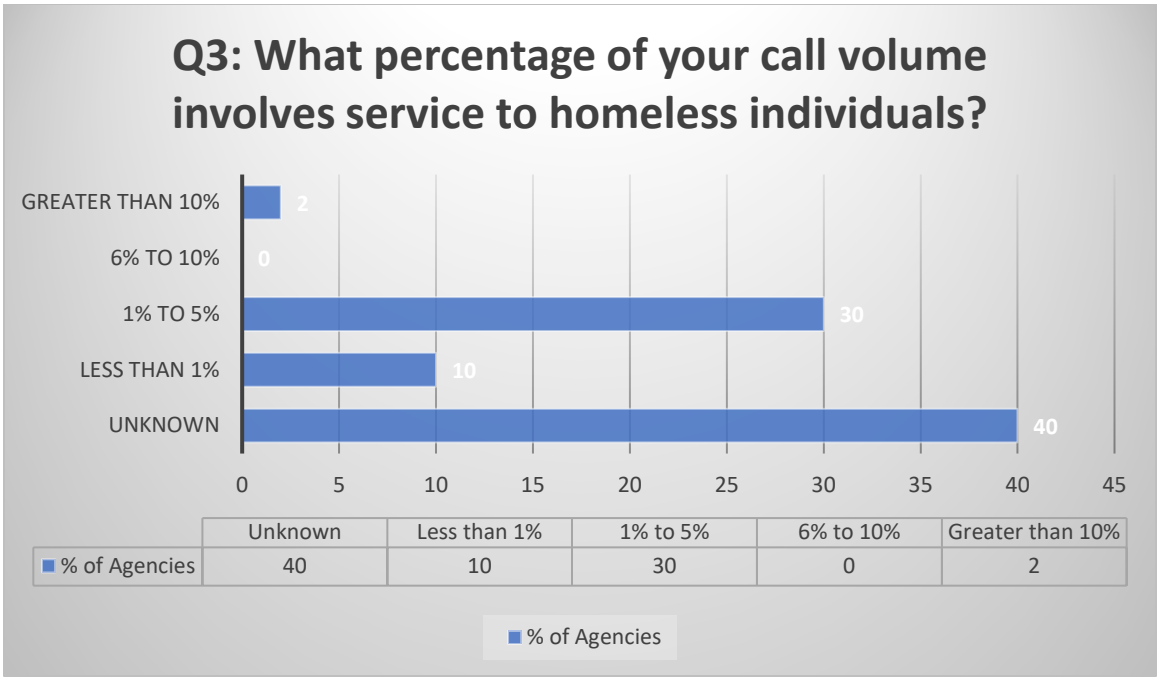
- Yes
- No

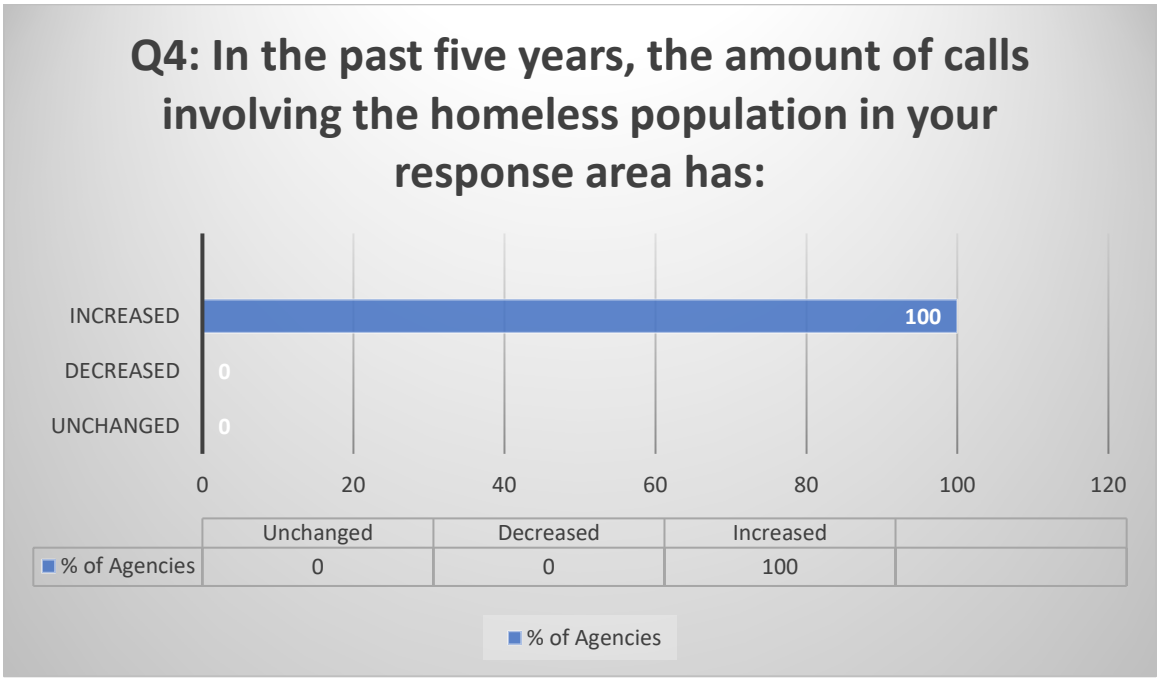
10. Please list the name of your organization for tracking purposes related to this applied research project.

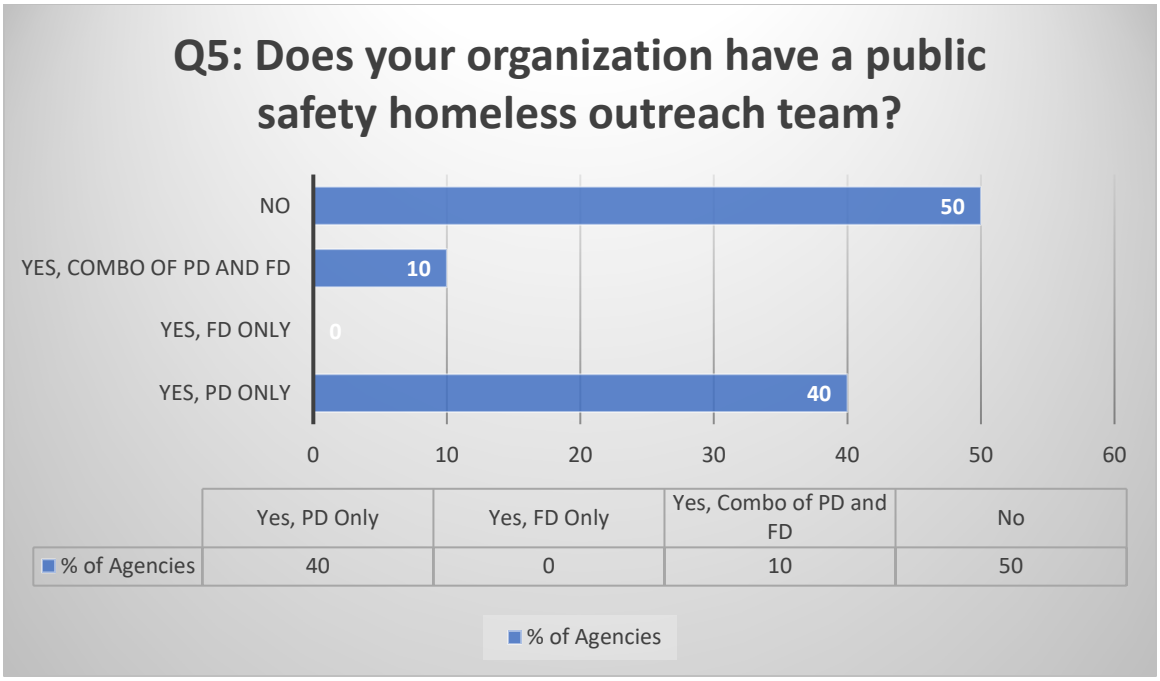
APPENDIX C: SURVEY RESULTS

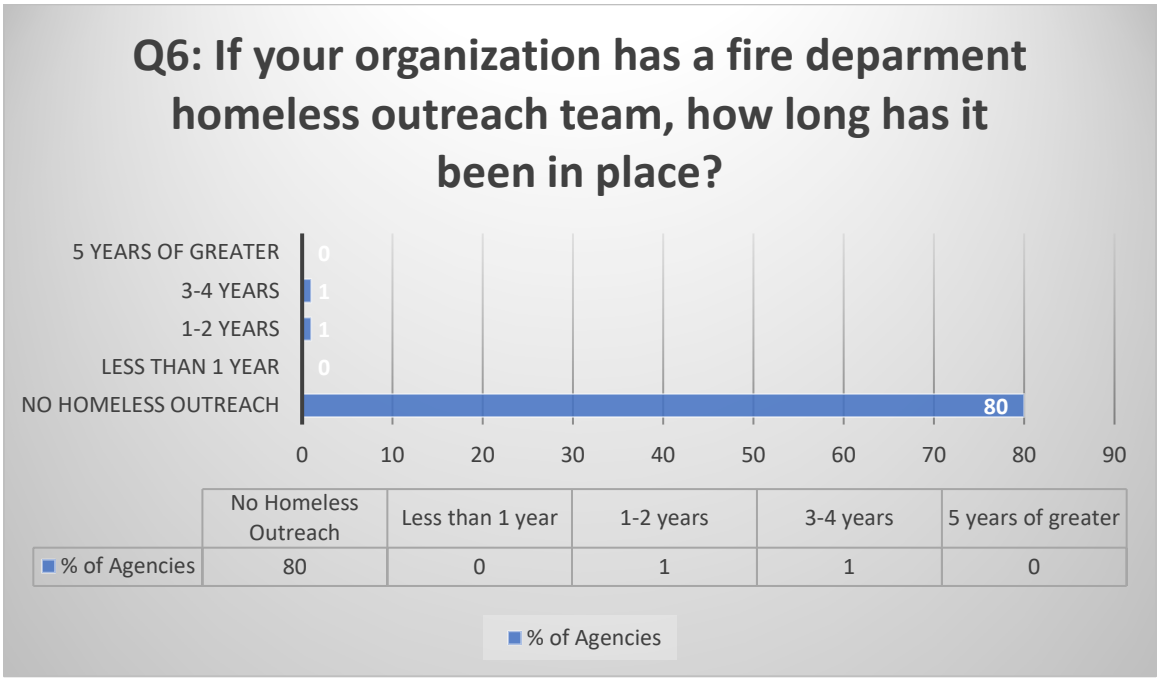


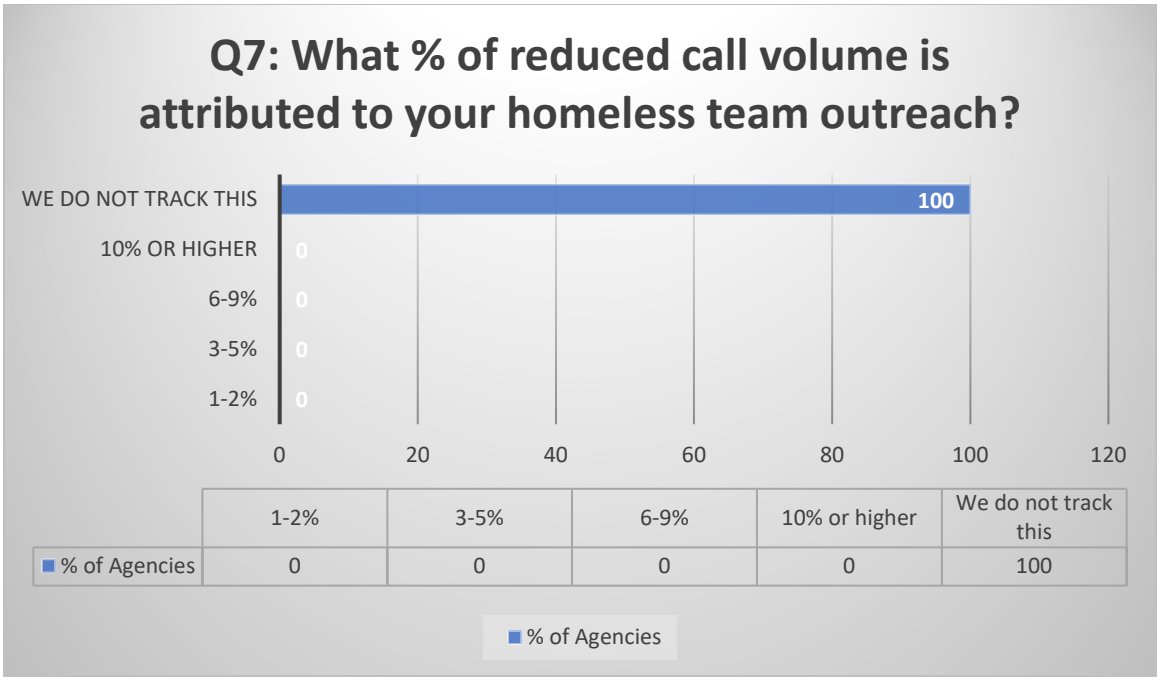


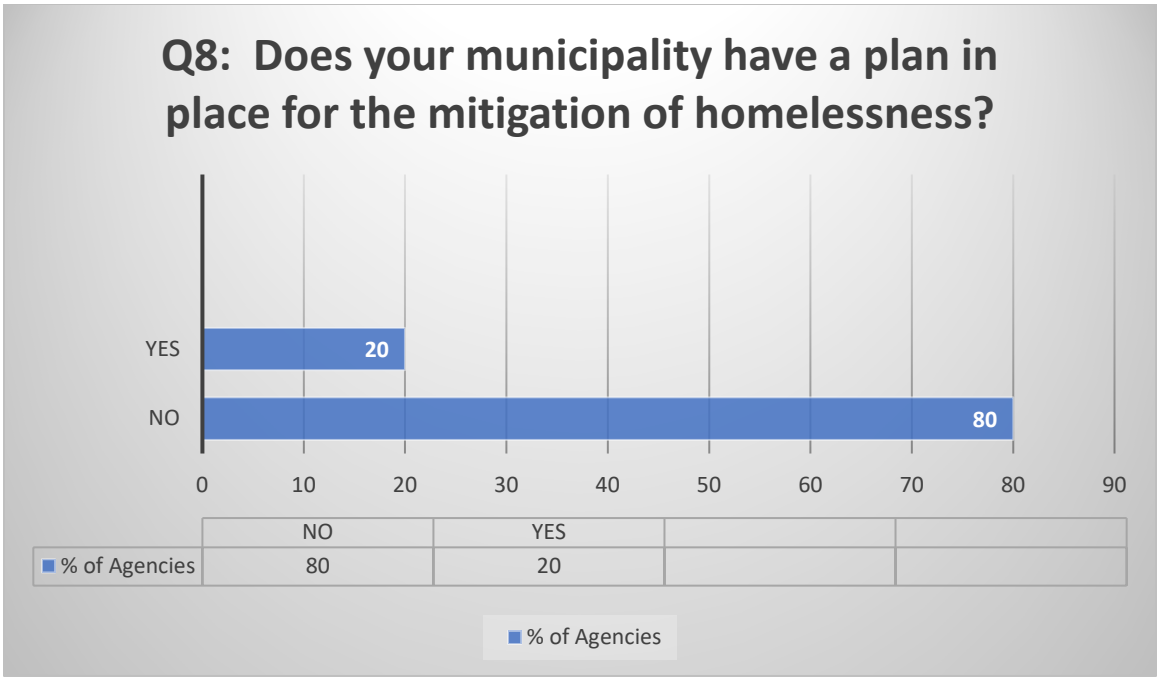

Q3: What percentage of your call volume involves service to homeless individuals?
GREATER THAN 10%
6% TO 10%
1% TO 5%
LESS THAN 1%
UNKNOWN
2
0
30
10
40
0 5 10 15 20 25 30 35 40 45
Unknown
Less than 1%
1% to 5%
6% to 10%
Greater than 10%
% of Agencies
40
10
30
0
2
% of Agencies

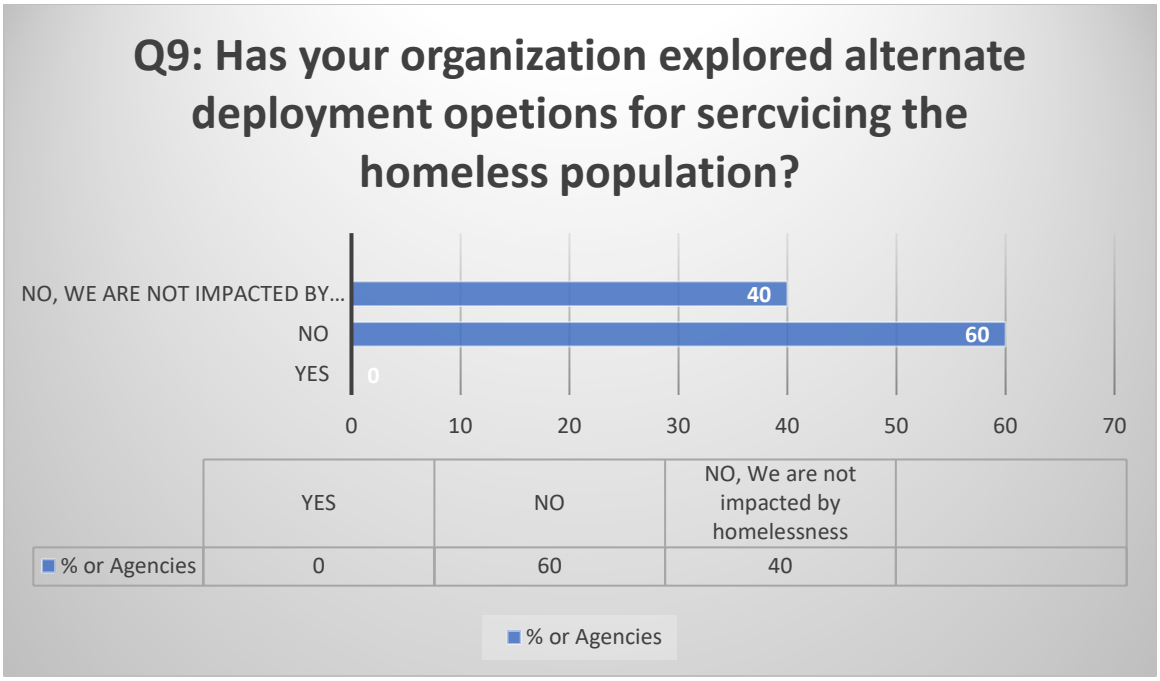

Q4: In the past five years, the amount of calls involving the homeless population in your response area has:
INCREASED
DECREASED
UNCHANGED
100
0
0
0 20 40 60 80 100 120
Unchanged
Decreased
Increased
% of Agencies
0
0
100
% of Agencies


Q5: Does your organization have a public safety homeless outreach team?
NO
YES, COMBO OF PD AND FD
YES, FD ONLY
YES, PD ONLY
50
10
0
40
0
10
20
30
40
50
60
Yes, PD Only
Yes, FD Only
Yes, Combo of PD and FD
No
% of Agencies
40
0
10
50
% of Agencies


Q6: If your organization has a fire deparment homeless outreach team, how long has it been in place?
5 YEARS OF GREATER
3-4 YEARS
1-2 YEARS
LESS THAN 1 YEAR
NO HOMELESS OUTREACH
0
1
1
0
80
0
10
20
30
40
50
60
70
80
90
No Homeless Outreach
Less than 1 year
1-2 years
3-4 years
5 years of greater
% of Agencies
80
0
1
1
0
% of Agencies


Q7: What % of reduced call volume is attributed to your homeless team outreach?
WE DO NOT TRACK THIS
10% OR HIGHER
6-9%
3-5%
1-2%
100
0
0
0
0
0
20
40
60
80
100
120
1-2%
3-5%
6-9%
10% or higher
We do not track this
% of Agencies
0
0
0
0
100
% of Agencies


Q8: Does your municipality have a plan in place for the mitigation of homelessness?
YES
NO
20
80
0
10
20
30
40
50
60
70
80
90
NO
YES
% of Agencies
80
20
% of Agencies


Q9: Has your organization explored alternate deployment opetions for sercvicing the homeless population?
NO, WE ARE NOT IMPACTED BY...
NO
YES
40
60
0
0
10
20
30
40
50
60
70
YES
NO
NO, We are not impacted by homelessness
% or Agencies
0
60
40
% or Agencies

APPENDIX D

Interview: Josh Ferry. Oceanside Police Department Homeless Outreach Team

Interview conducted on October 23, 2019 at the OPD HOT HQ offices in Oceanside, CA

1. What is your position on the Oceanside Police Department Homeless Outreach Team (HOT) and how long have you been in the position?
    a. My current title is Outreach Worker for the Oceanside Police Department
    b. I have been in this position since 2014 when we established the Homeless Outreach Team.

2. How did the Oceanside Police Department HOT originate?
    a. In 2014 the City viewed a need for outreach work from the public safety sector to help alleviate the homelessness problem that was growing. At that point, enforcement was the only tool available to utilize. There were no resources in place and no other entities available. The program started from scratch with little or no model in place, so it was a steep learning curve to establish a well- rounded program that could be effective.

3. What are the main responsibilities of the Police Department HOT? Specific to homelessness in Oceanside?
    a. The overarching goal and responsibility of the PD HOT is to connect the homeless with the specific program they need to get them healthy and off the streets. It is purely a non-enforcement outreach effort. There is nothing in house we provide as a service. We connect to people living on the streets with our community partners to aid them in the programs that are available such as veterans, elderly, mental health and addiction programs.

4. What is your background that led you to become involved on the HOT team and your involvement with the homeless population?
    a. I spent years working in the harbor and on the beach patrol teams and developed a connection with the homeless community. I recognized a need for better service recognition and an ability to provide specific needs for specific individuals. I had compassion for the population and was able to relate to their situation and understand their needs. I wanted to make a difference in this community and when two positions were established to work on the homeless outreach, I volunteered and was accepted for a spot.

5. After surveying the surrounding public safety agencies and analyzing the Point in Time accountability data, it appears the population of homeless in Oceanside is one of the greatest in the region outside of San Diego City. What do you see as the attributes to these statistics?
    a. I see our geographical location as the primary draw for an increase in population of homelessness. With the proximity to the beach, freeways, rail

system and as a border to the military base, Oceanside is the end of the road in many senses. Homeless persons can't access the base, so they have a difficult time transiting north of the city. Oceanside is also the terminal station for both the Coaster and links from San Diego trains, so naturally there is in an influx from transient commuters who never leave once they arrive. Oceanside also has the largest general population in the county, outside of San Diego City, so it is natural that the number of homeless in the city is far greater than the other communities in the area. I would say the percentages are consistent across the board. I would estimate a typical 10% homeless to general population count and we are seeing that. Our Point In Time count indicates between 480 to 600 unsheltered on the by name list. I would estimate a more realistic number to be in the thousands, possible three to five thousand homeless individuals in Oceanside.

6. What trends do you see with homelessness in the City of Oceanside?
    a. I think public attention to the situation is at an all-time high and that is due to the visibility of homeless increasing. They are no longer hiding in the brush systems or underpasses of the freeway and trains. Law changes at the state and local level have allowed for this visibility. We are no longer enforcing fines for vagrancy and not serving warrants for vagrancy associated crimes. We are seeing increased criminal activity, but have a much more difficult time enforcing. We are seeing more travelling homeless and more elderly homeless, but not much in the sense of homeless youth.

7. How did the Oceanside Police Department HOT establish policies, protocols or best practices to implement?
    a. When the program started, there was minimal best practices in place. It was a trial and error system to develop what would work for us in this capacity. We implemented research with other departments and requested their best practices. City partners began to establish homeless resource meetings and there was guidance from the housing commission.
    b. In the end, the primary best practice was developing a positive relationship based on trust with each of these individuals and staying away from the enforcement aspect of law enforcement. If there was any doubt as far as trust, there would be no way to help.
    c. From there we established our goals and our mission. Overall, it is to get homeless individuals and families into secure housing.

8. What community partnerships has the police department HOT established, or provide oversight to, regarding providing services to the homeless community?
    a. Over time, we have established a multitude of relationships with community partners. It was a journey to get there, to establish contacts and see what services were available. Interfaith Community services became one of our main partners, in fact we brought in some of their social workers to serve on our outreach team.

   b. The county Continuum of Care (COC)outlines a very good detailed document of community partners in the region who are available to assist as resources.
   c. Specific relationships with In Home Outreach, the housing authority, SD Co. Behavioral Health and Exodus are just a few of the main resources we utilize and partner with.

9. What do you see as the biggest risks imposed to the City by the amount of homeless evident in Oceanside? To the City's liability, the citizens and the also the homeless population?
   a. The biggest risk to the City and the residents in the City are the fires in heavily wooded areas, the communicable diseases and damage to the habitat and property.

10. Does the Oceanside Police Department track HOT team interactions and the outcomes of the interaction? What successes and what challenges has the team encountered?
   a. If a call in generated in CAD and a report is completed, there are boxes that can get checked in RMS to indicate an interaction took place. In the report would be more detail about the situation and the outcome. If no report was completed, then the interaction is undocumented.
   b. Some challenges with the program exist. Volunteers who assist with outreach activities are put in some tough places. There is no consistent standard on how each interaction will go. Many times, we are dealing with individuals with mental health and addiction issues and that can be unpredictable.
   c. In addition, with the Point in Time counts, there is no consistent standard. I think the counts miss a lot of people and each year they are conducted in a different manner.

11. It appears throughout the nation, the majority of public safety homeless outreach programs are established by municipal police department alone? Can you provide any background on this information? Can you identify why fire departments are not typically utilized as much as law enforcement agencies?
   a. This stems from the enforcement side of the service. The fire department excels at incident command and running live incidents. Most of the fire department action is time sensitive. There is an emergency and it needs to be mitigated. From the police side, we have to ability to take our time and do some investigative work. The fire department can't refuse services, but the police department is able to make some judgement calls and not be held under the same standards the fire department is.

12. Can you identify any service gaps that could be fulfilled by services provided by paramedics or members of the fire department as an addition to the HOT?
   a. Possibly more action with prevention an early intervention. It is a challenging task and it takes a long time for results. There are opportunities to contribute with medication access, but our teams are able to transport individuals to

clinics, help them with medicines and get them to the resources they need. Typical we are in service when access to the resources are open.

13. At this time, do you think an EMS-based Fire Department HOT, or partnership with OPD as a public safety outreach team would be an attribute to the City?
    a. I think there is an opportunity to share resources. I'm not really sure what role could be completed in a direct partnership. We are typically dealing with non-emergent issues, while the fire department typically gets involved when it becomes a medical or fire emergency. I recognize there is an overwhelming call volume for the fire department associated with servicing the homeless community. Utilization of shared resources may be a possible solution to reduce this impact.
    b. I think the real need is for more social workers to be linked to the program.

14. Can you identify any challenges in establishing a Fire Department Homeless Outreach Team, or a unified Public Safety Hot Team (Police and Fire)?
    a. It is a definite change in mindset. Typically, the knee jerk reaction is for pro arrest and get rid of the problem that way. It is a slow-moving process, there are staffing shortages and budgetary issues are always a challenge.

15. Is there anything you would like to add to benefit the research being conducted?
    a. I think a concept we also need to embrace is diversion. We really need to focus on reconnecting this population with their families and finding internal support systems for them. There are so many examples where their families don't even know where they are and have been looking for them for years.

APPENDIX E

Interview: Anna Mades Interfaith Community Services

Interview conducted on October 23, 2019 at the OPD HOT HQ offices in Oceanside, CA

1. What is your position on the Oceanside Police Department Homeless Outreach Team (HOT) and how long have you been in the position?
    c. My current title is Social Worker for the Oceanside Police Department HOT team. I am employed by a local non-profit organization, Interfaith Community Services, which is contracted by the City of Oceanside to participate on the HOT.

2. What is your background that led you to become involved on the HOT team and your involvement with the homeless population?
    a. I have a Master's degree in social work. My background is in inpatient mental health, offender re-entry and homeless in community court.

3. After surveying the surrounding public safety agencies and analyzing the Point in Time accountability data, it appears the population of homeless in Oceanside is one of the greatest in the region outside of San Diego City. What do you see as the attributes to these statistics?
    a. We have soup kitchens and multiple overnight accommodations in shelters in this community. Many of the surrounding communities don't have these services. Tri-City hospital is the local hospital and used to be one of the large behavioral health units until it closed that service. Oceanside is easy to get to by ways of transit and is one of the larger communities in the county.

4. What trends do you see with homelessness in the City of Oceanside?
    a. I see the homeless population getting older. We are now seeing elderly patients on a regular basis.

5. How did the Oceanside Police Department HOT establish policies, protocols or best practices to implement?
    a. The practices we use from the social services side were modeled after San Diego City's Police Department's hot team.

6. What community partnerships has the police department HOT established, or provide oversight to, regarding providing services to the homeless community?
    a. The most established relationships we rely on are with Interfaith Community Services, the County Mental Health System, Oceanside's Housing Authority and the County of San Diego.

7. What do you see as the biggest risks imposed to the City by the amount of homeless evident in Oceanside? To the City's liability, the citizens and the also the homeless population?
    a. The largest liability is to the community. Most of them don't know what services are available and more importantly where to turn to access them. I think the education aspect in the outreach profile can really improve their lives.

8. Does the Oceanside Police Department track HOT team interactions and the outcomes of the interaction? What successes and what challenges has the team encountered?
    a. This is handled through the completed reports.

9. Can you identify any service gaps that could be fulfilled by services provided by paramedics or members of the fire department as an addition to the HOT?
    a. The HOT only has limited hours for operation. Typically, we are open during business hours because the service centers we work with are also available during these hours. With the fire department using 24-hour shifts, after hours services and recognition for need is definitely something than can contribute. Just as simple as a developed ability to track the person requesting help would be great.

10. At this time, do you think an EMS-based Fire Department HOT, or partnership with OPD as a public safety outreach team would be an attribute to the City?
    a. I think any collaboration to provide the available service is a win and can be productive and beneficial for the city and the homeless population.

11. Is there anything you would like to add to benefit the research being conducted?
    a. Please reach out to me if I can answer any more questions or if I can be a guide to the services available.

APPENDIX F

Interview: Anne Jensen. San Diego Resource Access Program (RAP)

Interview was conducted by phone on October 30, 2019.

1. What is your position within the San Diego Fire/EMS Resource Access Program (RAP) and how long have you been in the position?
    a. I am a paramedic for the City of San Diego Fire Rescue Department and am the RAP program manager and developer.
    b. I was recruited into the position with RAP in 2011 and have been with the program since the inception.

2. How did the RAP originate? What model programs, if any, were analyzed? What challenges were faced with implementation?
    a. The program began as a pilot program in 2011 as an answer to the increasing call volumes related to high utilizers in the 911 system. It was actually formed under the concept of a community paramedicine platform. Outside of the state level community paramedic curriculum, the program began as a blank slate and was developed internally. At that point, there was no model program publicized to model after.
    b. What really established the program was buy in from a Fire Chief who was invested in EMS as well as fire suppression and rescue.
    c. Once the program was able to begin running, data analysis showed positive results for the organization and the city.
    d. Advocate groups in the city such as the ACLU and other political lobbyist got behind the program and helped secure funding for a continued budget.

3. Please provide an overview of the RAP and the main responsibilities of the members of RAP team? Target audience? Specific to homelessness in San Diego?
    a. The RAP consists of a small group of paramedics from both San Diego Fire Rescue and American Medical Response (AMR). There are three full-time paramedics 2 from AMR and one from SDFD.
    b. The main responsibility is to identify, through our data analysis, who what and where the need for outreach exists. Utilizing the Street Sense software, we are able to identify the frequent users of the system and find alternate needs to get them the care they need to reduce the impact on emergency services.

4. What is your background that led you to become involved on the RAP team and your involvement with the at risk or homeless population?
    a. I started as a paramedic in the system and saw the frequency of use some of the customers had. It was taxing on the system as a whole and a paramedicine pilot program was introduced and I was able to help develop the program to what it is today.

5. How did RAP establish policies, protocols or best practices to implement?
    a. As mentioned before, the program pretty much started as a blank slate and was developed internally. There was a community paramedicine component developed as pilot programs through the state, but best policies and practices were organized as the program developed.
    b. HIPPA privacy policies are different in social services compared to traditional 911 services and confidentiality is held to a higher standard.
    c. Through numerous meeting with City officials, risk management and employee management, we were able to work through the correct legal and ethical concepts to produce a working model

6. What trends do you see with homelessness in the City of San Diego? How has the RAP implementation impacted homelessness use of 9-1-1 emergency services?
    a. The largest trend I see is the inability to sustain the health care system if it continues to operate as it is now. There needs to be a systematic healthcare change especially with deployable healthcare concepts. The top 10% of troubled people in our community, which are 90% homeless, attribute to over 1% of the total call volume. In an organization like ours, that is very substantial. The system as whole needs to establish a trend that is more progressive and prevention based with crisis intervention and social services tied into it.

7. What data collection devices are in place to measure the outcomes directly tied to the RAP program.
    a. We utilize an ePCR system to provide our data. The developer Water created Street Sense which we use to be able to conduct data analysis and surveillance on the high frequency users to our 911 system. When demographic information is entered, the patient is tagged and the system is able to track the frequency of calls made by the specific individual over time. Data collection as to whether the individual falls into the housed or homeless is also collected. Approximately 90% of the high frequency users are part of the homeless population with only about 10% of them being temporarily housed.

8. What community partnerships has RAP established, or provide oversight to, regarding providing services to the community? Specific to homeless population?
    a. When the program started, these community partnerships had to be established. The majority of the ones we use were through personal networking and research. It was by going out into the community, to the hospitals and to the clinics to develop the relationships.
    b. One of the most important community partnerships will be with law enforcement, especially with the chronic inebriate police officers. Developing the law relationship really keeps you involved in moving the program forward.
    c. Another great access point to information is developing a solid relationship with the psychiatric emergency response team (PERT).

   d. Finally, you need a medical clinic that is motivated to help you resolve the problems you bring to them, point you in the right direction and have empathy for the customers.
   e. As an outreach provider, you can't be afraid to ask for help from organizations. You will need a spectrum of personalities on the team to be able to form all the relationships you need. Some people can connect to particular people better than others.

9. What funding mechanism is in place to keep the RAP program running?
   a. The program started as a pilot program in community paramedicine and therefore it was grant funded. The City extended grant funded dollars to continue the program. Keep in mind, the County needs to invest money. At this point we have an RPF with AMR as a contract ambulance who has been benevolent at funding positions and pay for the program.

10. What do you see as the biggest risks imposed to the City by the amount of frequent use callers and homeless evident in San Diego? To the City's liability, the citizens and the also the homeless population?
   a. The foremost risk imposed to the City is the collapse of the health care system. If we continue to be reactive, transport and crowd hospitals with no real fix to the problem, the system won't be there for everyone in need.
   b. Along with that is the long-term viability of the EMS structure and the consequence of lack of funding.
   c. The 911 system is charged with managing risk and removing liability, when mental health services shut down, the 911 system has to carry the burden.
   d. Lawsuits charged to the City, QA issues, communicable disease as well as burnout of city personnel are all also risks associated with the frequent use problem.

11. It appears throughout the nation, the majority of public safety homeless outreach programs are established by municipal police department alone? Can you provide any background on this information? Can you identify why the San Diego Fire Department/ EMS was able to establish a fire department led team?
   a. Police departments began homeless outreach in the late 1800's as the brought homeless into the police stations to house them when there was nowhere else for placement. In addition, the enforcement side of vagrancy and crime associated with homelessness has always fallen under the umbrella of law enforcement. Statistically, the volume of calls the police respond to compared to EMS or the fire department is significantly higher. With these statistics, it makes sense for law enforcement to develop these programs.
   b. San Diego was able to develop their own homeless outreach as a pilot program in community paramedicine that evolved into what the RAP team is today. Because of the ePCR data information, we are much more informed and strategically able to track past interactions, medical histories and the location where the frequent users of the system typically stay. By tracking

strategically data driven patient analytics, we are able to support a positive strategy for our EMS service.

c. Finally, our ability to establish relationships without the fear of enforcement typically attached to police personnel has allowed us a greater influence from the fire department side. The ability to prove to the public the City is still a compassionate provider compared to policing tactics is invaluable.

12. Is there anything you would like to add to benefit the research being conducted?
    a. When considering budgeting for a program like this, keep in mind how difficult it is to run a program with grant dollars. Federal funding has stricter rules on privacy and makes it difficult to operate.
    b. You will need significant buy in from internal stakeholders within your system. You politicians as well as administrative staff will have to behind you to make the program last.

APPENDIX G

Interview: Justin Verga. Long Beach HEART

Interview was conducted by phone on November 15, 2019.

1. What is your position within the Long Beach Fire Department HEART and how long have you been in the position?
    a. I'm a Firefighter Paramedic with ten years as a medic and 17 years as a sworn employee. Three years in my current assignment on the Homelessness Education and Response Team (HEART)

2. How did HEART originate? What model programs, if any, were analyzed? What challenges were faced with implementation?
    a. The program was the brainchild of our Deputy Chief of Operations after a request from City management for the Fire Department to come up with a response to the homelessness crisis. There were no other models being utilized by fire departments at the time of implementation. Our biggest challenge in implementation was the unit team members learning what resources are available, how to access said resources, and exactly how much casework we could take on and still be an operational fire department unit and not a homeless caseworker.

3. Please provide an overview of HEART and the main responsibilities of the members of HEART team? Target audience? Specific to homelessness in Long Beach?
    a. Our main mission is to alleviate the impact of those experiencing homelessness on the 911 system. We attach our unit to 911 calls for service (not dispatched), cancel the original responding units as appropriate to keep them available for other calls. Once on scene we can assist with referrals to resources and or medical assessments and treatment. We carry a full ALS compliment as well as structure firefighter gear / tools and can attach to any call in the city and act as force multiplier. We educate the person experiencing homelessness as to resources available and our Fire Department personnel as to resources available and how to utilize our unit for assistance with high frequency utilizers in their area for focused engagement. We coordinate with all 17 continuum of care partners here to assist those experiencing homelessness with resources from housing to rehabilitation services to medical assisted detox.

4. What is your background that led you to become involved on the HEART team and your involvement with the at risk or homeless population?
    a. After working as a paramedic in our downtown area for a number of years and witnessed firsthand the impact on our resources and the emergency departments that our current approach of transportation of all persons to the ED only was not a sustainable model. Typically, as a paramedic your only option to take a person to the emergency room, even if that is not the most appropriate resource for

their needs. I saw this unit as an opportunity to change this approach by directing those without medical complaints to resources that are more appropriate based upon their needs and situation.

5. How did HEART establish policies, protocols or best practices to implement?
    a. Over the first year of the program we wrote our policies and procedures as we worked through growing pains of implementing program like ours. We began with a basic mission statement and vision statements and built out the program from there. These documents were written by our operations deputy chief and were the basis of which we developed the program. I can send you these documents if you desire.

6. What trends do you see with homelessness in the City of Long Beach? How has HEART implementation impacted homelessness use of 9-1-1 emergency services?
    a. The biggest trend that we've documented are that of mental illness and substance use disorders prevalence in the homeless population. Typically, the homeless are not the ones calling 911. Most calls for services related to those experiencing homelessness are by third parties calling 911. But by educating our fire department employees as to the resources available, we've in essence made them outreach workers referring individuals to resources other than the emergency room. In our first year of service we managed to take approximately 1200 calls for service and cancel responding units in 90% of those runs.

7. What data collection devices are in place to measure the outcomes directly tied to the HEART program.
    a. We utilize our ePCR software from Medic Clipboard to create case files on individuals we proactively approach as well as tracking those contacted by 911 calls for service. We imbedded the ability for all fire department resources to verify persons homelessness status and whether they accepted outreach into the software as well as a mental health and substance abuse referrals. We can easily run reports on high frequency utilizers, number of calls for services, specific individuals, number of referrals given (accepted and refused), as well as locations of individuals and they're movements.

8. What community partnerships has RAP established, or provide oversight to, regarding providing services to the community? Specific to homeless population?
    a. We are e an active member of our city's continuum of care with regards to our homeless population. We sit on various committees within the continuum of care as to provide input to the needs from the fire department and our capabilities.

9. What funding mechanism is in place to keep the HEART program running?
    a. We are currently structurally funded by the city by direct funding to the fire department. The first year was one-time funds by the city.

10. What do you see as the biggest risks imposed to the City by the amount of frequent use callers and homeless evident in Long Beach? To the City's liability, the citizens and the also the homeless population?
    a. The city mitigation of risk is achieved by a robust partnership between our city attorney's active role in what legal precedents and rulings are relevant to our mission and the coordination between our Health Department Homelessness Services, police department and public works departments. The coordination keeps all entities on the same page as it relates to cleanups, outreach and enforcement and when each is appropriate and legal
11. It appears throughout the nation, the majority of public safety homeless outreach programs are established by municipal police department alone? Can you provide any background on this information? Can you identify why the Long Beach Fire Department/ EMS was able to establish a fire department led team?
    a. Our Police Department has had Quality of Life Teams and Mental Evaluation teams for over ten years. We rode along with these units as well as the city street outreach teams during our initial training in order to find where our unit could plug into the existing system. There were not any fire departments we could find that had anything like we were trying to implement so we felt a model that reduced run loads on our resources, kept us operationally capable, and integrated with the existing various departments units was the best option. We've found that a good number of persons experiencing homelessness are more receptive to a firefighter interaction versus a police department interaction when doing outreach and we leverage that report when possible. We made a conscious effort to avoid any perceived community paramedicine relationship so as to remain autonomous in our funding and mission.

12. Is there anything you would like to add to benefit the research being conducted?
    a. Feel free to contact me if you have further questions or would like to schedule a ride along.

APPENDIX H

Interview: Natalie Becker. Tucson Collaborative Community Care (TC-3)

Interview was conducted by phone on November 18, 2019

1. What is your position within the Tucson Fire Department Collaborative Community Care (TC-3) program and how long have you been in the position?
    a. I am the community services outreach coordinator and act on the team as a social worker.
    b. I have been with the Tucson Fire Department for three years and in social work for 11 years.

2. How did the Tucson Fire TC-3 originate? What model programs, if any, were analyzed? What challenges were faced with implementation?
    a. TC-3 originated when data was analyzed roughly ten years ago resulting in a call volume with 92% medical calls. Of those calls, around 50% of the volume was determined as non-emergent. With the risks involved in sending responding crews with lights and sirens, there was a need to investigate an alternative for the non-emergent calls.
    b. It was proposed that social work could possibly alleviate a number of the responses.
    c. There were ideas from many different directions, but overall, we wanted to give a tool to our personnel to improve safety, especially during the late-night calls.
    d. Finally, we got great support from the Deputy Chief with the advice to be persistent in finding a solution.

3. Please provide an overview of the TC-3 program and the main responsibilities of the members of TC-3 team? Target audience? Specific to homelessness in Tucson?
    a. TC-3's main goal is to reduce emergent call volume by identifying the vulnerable risk population that are high frequency users and find alternative treatment solutions for them.
    b. We view the program as EMS-prevention, similar to fire prevention.
    c. The target audience is focused on highly vulnerable populations in Tucson including our high frequency use patients.
    d. Specific to the homeless, we see about 17% of the resource use for individuals experiencing homelessness.

4. What is your background that led you to become involved on the TC-3 team and your involvement with the at risk or homeless population?

   a. I have my undergrad in public health and then got a job as a social worker working with the Somali refugee camps in Tucson. From there I went to work with DCS, Hospice and then with Pima Council on Aging in Tucson.
   b. I went back and got my Master's degree in Homeland Security Public Health.
   c. Through Pima, I was able to start working with the Tucson Fire Department and then ended up getting an offer to work directly for Tucson Fire as a social worker on TC-3.

5. How did TC-3 establish policies, protocols or best practices to implement?
   a. The program started from scratch with just a captain, paramedic and a firefighter. They were sent out to develop the program on their own. Through trial and error, they were able to develop specific best practicing in line with the administrative guidelines of the department. Right now, we are finalizing the actual policies and procedures. It is a working fluid document.
   b. I would suggest you contact your local adult protective services and ask them how they establish their triage protocols in your area.

6. What trends do you see with homelessness in the City of Tucson? How has the TC-3 implementation impacted homelessness use of 9-1-1 emergency services?
   a. We are seeing trends in an increased volume of vulnerable population.
   b. I also attribute that to the success of our program. As our outreach efforts become more refined, I think we are finding more people in this category where we may have missed them in the past.

7. What data collection devices are in place to measure the outcomes directly tied to the TC-3 program.
   a. We had been using just a basic excel spreadsheet. It was very time consuming and took a lot of effort to keep current and enter all of the data.
   b. We current use Smart Sheets which help us build fillable spread sheets. It has created a more user-friendly platform. The benefit of this program is that it is very cost efficient, only $400 a year.
   c. We are looking at other programs. Right now, we are exploring Unite Us. It is a program that will be able to tie in our other reports and integrate different software programs. The challenge is the cost. It is a $70k start-up cost and a $40k on going fee each year.
   d. I would suggest going to the Community Information Exchange conference hosted in San Diego. They have numerous vendors who showcase all the new information and data collection platforms.

8. What community partnerships has TC-3 established, or provide oversight to, regarding providing services to the community? Specific to homeless population?
   a. Our most successful partnership has been with the Tucson Medical Center Foundation (TMC). They are an organization dedicated to helping vulnerable populations. The Vice President of their organization had a soft spot for other

organization who service vulnerable populations and was generous in helping our program.
   b. Partnerships with the police department are a necessity as well due to their ability for outreach and the gaining information on the clients they see as well.
   c. Our area aging services agency is Prima and we have developed outstanding cooperative partnerships with them.
   d. I would suggest when you are building an outline for your program, you need to have all of these in place. I would also look to make partnerships with long term health care facilities, psychiatric facilities and case managers.

9. What funding mechanism is in place to keep the TC-3 program running?
   a. Our budget is funded directly from of the fire suppression budget.
   b. In addition, we work towards applying for community grants to help fund incidental costs.
   c. If you are able to team up with your union and utilize a 501C3 account, you will be able to reach out to other charitable organizations to help you get equipment and supplies.

10. What do you see as the biggest risks imposed to the City by the amount of frequent use callers and homeless evident in Tucson? To the City's liability, the citizens and the also the homeless population
   a. The biggest risk we are seeing the whole community right now is Hepatitis A and C.
   b. As the weather gets colder, one of the greatest risks to the homeless population is death outdoors in the cold.
   c. Another health risk we are also seeing is the lack of dental care and medical problems stemming from that.

11. It appears throughout the nation, the majority of public safety homeless outreach programs are established by municipal police department alone? Can you provide any background on this information? Can you identify why the Tucson fire department was able to establish a fire department led team (IF PD isn't part of the program, need more information)?
   a. I believe this all stems from the stigma that vulnerable patients have a lot of behavioral problems. When behavior is involved, typically the police are involved.
   b. I think a lot of this is from a mindset and culture that needs to be changed both internally and externally.

12. Is there anything you would like to add to benefit the research being conducted?
   a.

APPENDIX I

Interview: Tommy Thompson- Camp Pendleton Fire Department

Interview conducted September 18, 2019 on Camp Pendleton at the Officers Conference Hall.

1. What is your position within your agency and how long have you been in the position?
    a. I am the Fire Chief for the Camp Pendleton Marine Installation Fire Dept.
    b. I have been the Fire Chief for 12 years and also have 36 years in the fire service in multiple different ranks.

2. What is the annual call volume of your fire department?
    a. We average around 4500 calls per year.

3. What percentage of your total annual call volume is providing services to the homeless population?
    a. Homeless isn't permitted within the base. I recognize this is as an issue many municipalities are faced with across the nation. We are fortunate, this doesn't impact us a great deal. I would say our response is close to 0%, however we do participate in mutual aid with Oceanside and North County Fire Protection District. With those statistics included, we are at less than 1%.

4. Does your organization collect data referencing the amount of calls per year are directly tied to providing services to the homeless population? If so, what programs are you using to collect this data?
    a. We don't have a data collection in place to track homeless service calls.

5. Does your municipality have a plan in place for reducing the community's risk associated with homelessness?
    a. No, we do have a transfer protocol in place. If someone that is not supposed to be on the base is found, they will be removed.

6. Does your agency provide any public safety homeless outreach programs?
    a. No, we do not have a billing process in place for any of our services, so programs like this are congressionally funded. We don't have a need, so there is no such program in our organization.

7. Are your public safety outreach services provided predominately by law enforcement, or a mix of law and fire?
    a. No, we don't offer any social services the way a municipal organization would.

8. Can you identify any service gaps that could be fulfilled by services provided by paramedics or members of the fire department as an addition to the current homeless outreach programs?

   a. I can recognize many options for the fire service in general, but there isn't a need for our organization.

9. At this time, do you think an EMS-based Fire Department Homeless Outreach Team, or a partnership with law enforcement as a public safety outreach team, would be an attribute to the City?
   a. Not in our organization, there just isn't a need.

10. Have you considered any potential alternate deployment models to help reduce the number of emergency responses generated from the homeless population?
   a. No

11. Is there anything you would like to add to benefit the research being conducted?
   a. No, good luck with your research.

APPENDIX J

Interview: Mike Calderwood- Carlsbad Fire Department.

Interview was conducted in Person with Chief Calderwood on September 18, 2019 at a conference location in the City of Oceanside.

1. What is your position within your agency and how long have you been in the position?
    c. My position is the Fire Chief for the Carlsbad Fire Department in Carlsbad, California. I have been in the position for two years.
    d. I joined the Carlsbad Fire Department in 2003 and have been with the organization in multiple positions since then

2. What is the annual call volume of your fire department?
    a. We run approximately 12,000 calls per year

3. What percentage of your total annual call volume is providing services to the homeless population?
    a. I'm unsure of the total volume, but I would roughly estimate it to be around 3% of our total calls.

4. Does your organization collect data referencing the amount of calls per year are directly tied to providing services to the homeless population? If so, what programs are you using to collect this data?
    a. We have the ability to track the calls with our ePCRs the paramedics complete on our medical aid calls. We don't utilize drop downs or data collection in RMS or other NFIRS tracking platforms.

5. Does your municipality have a plan in place for reducing the community's risk associated with homelessness?
    a. The City of Carlsbad is currently working on developing a collective plan utilizing a police department homeless outreach team, neighborhood services, PERT and volunteers and moving toward a City Mitigation Plan.

6. Does your agency provide any public safety homeless outreach programs?
    a. No, but we have had volunteers within our organization help with the annual Point in Time counts for our city.

7. Are your public safety outreach services provided predominately by law enforcement, or a mix of law and fire?
    a. At this point, the police department handles all of the outreach opportunities in the city.

8. Can you identify any service gaps that could be fulfilled by services provided by paramedics or members of the fire department as an addition to the current homeless outreach programs?
    a. I think there is lack of education and training dealing with mental health and its effects on the community. I think a focus on developing a mental assist team would be a great benefit to our organization.

9. At this time, do you think an EMS-based Fire Department Homeless Outreach Team, or a partnership with law enforcement as a public safety outreach team, would be an attribute to the City?
    a. Yes, especially with the ability to focus on mental health and the promotion of mental health services.

10. Have you considered any potential alternate deployment models to help reduce the number of emergency responses generated from the homeless population?
    a. We trialed community medicine when the pilot programs were established by the state, but we are not currently built to move forward with the program. We have considered being more focused on mental health aid.

11. Is there anything you would like to add to benefit the research being conducted?
    a. I would like to see more of a community partnership to address the issues around homelessness and mental health. I don't think the smaller municipalities are set up with staffing and financing to be able to handle such a large problem without a collaborative effort, especially with backing from the County of San Diego.

APPENDIX K

Interview: Kevin Mahr- North County Fire Protection District-

Interview was conducted by phone on October 18, 2019.

1. What is your position within your agency and how long have you been in the position?
    e. Division Chief of Operations for the last two years
    f. 28 total years in the fire service in all ranks

2. What is the annual call volume of your fire department?
    a. Approximately 6000 call per year

3. What percentage of your total annual call volume is providing services to the homeless population?
    a. Less than 1% of the total call volume. We are exposed to calls servicing the homeless population at times when we run mutual aid calls into the City of Oceanside.

4. Does your organization collect data referencing the amount of calls per year are directly tied to providing services to the homeless population? If so, what programs are you using to collect this data?
    a. No. We are not as impacted with homelessness in our protection district as much as some of the larger cities in the North County such as Oceanside or Escondido. We are more of a rural community for the most part, with limited forms of public transportation to our district. It is more difficult for homeless individuals to reach our area as well as limited services to provide for their needs.

5. Does your municipality have a plan in place for reducing the community's risk associated with homelessness?
    a. No, just as in the previous question, we are not experiencing the volume of homeless call so it has not been on our radar as much of a community risk at this point.

6. Does your agency provide any public safety homeless outreach programs?
    a. The fire department is concerned, we have no programs in place for outreach at this time. Our role is to provide emergency transport if needed.

7. Are your public safety outreach services provided predominately by law enforcement, or a mix of law and fire?
    a. Our district is supported by the Sheriff's Department and they have a detective assigned who will conduct outreach or provide services to homeless as they are encountered in our area. As far as

8. Can you identify any service gaps that could be fulfilled by services provided by paramedics or members of the fire department as an addition to the current homeless outreach programs?
    a. I can imagine there are many opportunities with providing pre-emergency medical services or education to the homeless community. It hasn't been a topic of interest for our district, so we haven't contemplated service gaps.

9. At this time, do you think an EMS-based Fire Department Homeless Outreach Team, or a partnership with law enforcement as a public safety outreach team, would be an attribute to the City?
    a. With budget limitations and our interest in growing our emergency services, a fire department outreach team is not an attribute to our services.

10. Have you considered any potential alternate deployment models to help reduce the number of emergency responses generated from the homeless population?
    a. We have initiated and look to expand and EMT component in our service. In the light of an insurgence in homeless related calls that are non-acute. EMTs can be utilized in place of paramedic units, however, that is not a current strategy for our organization.

11. Is there anything you would like to add to benefit the research being conducted?
    a. Please keep me informed of your research findings and your organization of a homeless outreach team provided by the fire department in Oceanside. In the future, if impacted, it would be a good model to review.

APPENDIX L

Interview: Michelle Gomez. Oceanside Housing Commission

Interview was conducted on October 30, 2019 in person in the City of Oceanside, CA

1. What is your position on Oceanside's Housing Commission and how long have you been in the position?
    a. I am a housing commissioner and I chair the ad hoc committee on homelessness. I've been serving on the commission since February 2018. I also serve as a member of the Housing and Homelessness District76 Advisory Council.

2. What are the main responsibilities of the Housing Commission? Specific to homelessness in the County and Oceanside?
    a. The Oceanside Housing Commission was established on March 27, 1991 and is advisory to the city council. As commissioners, we are responsible for reviewing, considering and making recommendations to the city council on policies pertaining to programs for low and moderate income housing and homelessness.

       The commission also serves as the Community Development Advisory Committee (CDAC), in accordance with city ordinance No. 95-001. The commission considers and makes recommendations to the City Council on programs and policies to promote diversity in the community (e.g. senior citizens, youth, minority groups, LGBTQ, disables persons, etc.).

    b. On October 17, 2018, the Oceanside City Council voted unanimously to declare a Shelter Crisis. This declaration was necessary to establish eligibility to seek an allocation of funds through the State of California's Homeless Emergency Aid Program. In response to the City Council's declaration, and consistent with its mission and bylaws, on November 27, 2018, the Oceanside Housing Commission created an ad-hoc committee to examine the causes of homelessness and develop and recommend sustainable solutions to address homelessness in our community.

       The ad hoc committee is comprised of four housing commissioners, a commissioner from the Economic Development Commission, a representative from the Oceanside Unified School District, representatives from Behavioral Health Services in the north coast region and the County of San Diego.

       The committee is focusing on identifying and examining the causes of, and possible solutions for homelessness, including economic distress, substance

abuse and mental illness, physical and sexual abuse and human trafficking, inadequate services for veterans, and dislocation related to sexual and gender identity.

It is the hope of the committee that its recommendations to the Housing Commission will be adopted and sent forward to the City Council for review and implementation.

3. What is your background that led you to become involved on the Commission and your involvement with the homeless population?
    a. I have held a California Real Estate License since 2006 and was previously employed as a Project Manager for Chelsea Investment Corporation, a real estate development company that specializes in affordable housing. As a project manager, I assisted in the application process for the financing of affordable housing developments through the use of low-income housing tax credits, tax exempt bonds, and other subsidies as available in subject markets, including 9% tax credits, MHSA, and HOME funds. I assisted with managing significant affordable housing development projects, including coordination of initial due diligence, preparation of federal and state subsidy applications, market research, acquisition, evidence of support for projects, including site control, statements of work and service agreements. In my role, I worked closely with general contractors, architects, property managers, local officials, lenders, and attorneys to ensure projects moved forward on time and within budget.

    b. My professional life and career path have been quite diverse. Since leaving Chelsea, I am a forward thinking and result oriented Legislative Analyst, County and City Commissioner, Certified Ethics and Compliance Professional (CCEP), Certified Information Privacy Professional, United States (CIPP/US), and California certificated Paralegal with broad and extensive legal experience in highly regulated and fast paced corporate environments. I have strong leadership and organizational skills and specialized experience in corporate compliance, federal and state regulatory affairs, policy development, training programs, and compliance and workplace investigations, while maximizing efficiency and ensuring ethical and legal business conduct. This experience has made me attuned to the number of challenges faced by various members of our community and has instilled in me a deep-seated respect for the institutions which exist to create better harmony between individuals.

    c. To the commission, I bring my relevant professional experience, but also my passion and a sense of pride in helping hard working families, transitioning veterans, our youth, and the elderly find proper housing options within their means, near to where they work, that also provided quality of life amenities such as parks, educational opportunities, and access to transportation and services.

4. After surveying the surrounding public safety agencies and analyzing the Point in Time accountability data, it appears the population of homeless in Oceanside is one of the greatest in the region outside of San Diego City. What do you see as the attributes to these statistics?
    a. I believe Oceanside's population size is one of many factors that plays a role in the number of homeless individuals. Oceanside is the third largest city in San Diego County, followed by the City of San Diego and Chula Vista.

    b. Other contributing factors include our transit hub with trains running north, south, east and west and the beach and pier. It is thought that some get on trains coming from San Diego and end up in Oceanside as this is the last stop for some train services. It is also probable that many that are homeless come to the beach thinking they will be warm, when in actuality the weather can be quite chilly in the evenings.

    c. Some believe that the services provided in Oceanside attract the homeless population. I don't believe this is the case. The homeless population was prevalent before services were here, and other surrounding cities have services, but don't see the same volume. It would be interesting however to look at the number of homeless based on each cities population to ascertain a percentage.

5. What trends do you see with homelessness in the City of Oceanside?
    a. Oceanside as a whole has low vacancy rates and high rents. I believe the biggest trend we are going to see is an increase in the number for homeless senior citizens. Seniors are struggling with fixed incomes and the high costs of rent, with many having no retirement or pension to fall back on.

    b. Vintage Point is a 300-unit senior apartment complex in Oceanside. They offer affordable units, but rents have gone up. The complex wants to rent to seniors on Section 8 housing so they can receive greater revenue. The bonds for some of our low-income housing are set to expire in the near future as well. If we don't increase the terms of these bonds, we will lose some low-income housing in the city.

6. What do you see as the biggest risks imposed to the City by the amount of homeless evident in Oceanside; to the City's liability, the citizens and the also the homeless population?
    a. Risk factors are going to depend greatly on the demographic you are speaking with. Business owners will likely say the biggest liability is homeless individuals near their businesses are causing a decrease in patrons. Residents near the river bed will likely say the biggest liability is fear of fire, theft and decreasing property values.

b. One of the biggest issues I see as a resident is people giving into panhandling. This is problematic in that it adds to our problems and issues. There is an educational opportunity for us to educated those that want to give. It is much more beneficial for the city if donations are provided through one of our known success driven entities.

7. What community partnerships has the Commission established, or provides oversight to, regarding providing services to the homeless community?
    a. The commission is advisory only and does not directly establish relationships. Relationships are formed by the Neighborhood Services Department and the commission receives regular reports from housing staff.

    b. Neighborhood Services representatives have served on the Alliance for Regional Solutions for the past 12 years. The Alliance is a collaboration of individuals from 9 different cities and approximately 60 different nonprofits. The Alliance focuses on emerging issues related to homelessness and low-income individuals. Some of the nonprofits focus on issues such as food insecurity and North County Works. NCW is an advisory group required by HUD to address family self-sufficiency.

8. Oceanside has published a Homelessness Mitigation strategy. Within the strategy is the use of the Homeless Outreach Team by the Oceanside Police Department. Can you identify any service gaps that could be fulfilled by services provided by paramedics or members of the fire department?
    a. The Oceanside Police Department Homeless Outreach Team only operate Monday – Friday. This is problematic for those that want or need services the other 2 days of the week. An example of this is, let's assume a homeless individual has a substance abuse problem. This person wakes up Saturday morning and decides they have had enough and want to enter rehab. There isn't anyone available to help them get to a facility on Saturday. By Monday morning, they have had a long weekend and a change of heart.

    b. Additionally, I believe it would be beneficial for paramedics and fire personnel to become part of the HOT team. There are many instances where a homeless person may be under the influence and a danger to themselves and to others. In addition, many are in very poor health due to their living conditions. Without proper care we could be faced with ongoing public health issues, as we saw with the recent Hepatitis A outbreak that went unchecked and spanned all the way to San Jose.

9. At this time, do you think an EMS-based Fire Department HOT, or partnership with OPD as a public safety outreach team would be an attribute to the City?
    a. I would like to see an EMS-based Fire Department HOT partner with OPD for the reasons outlined above. It is imperative that our homeless population receive care from both entities.

10. Can you identify any challenges in establishing a Fire Department Homeless Outreach Team, or a unified Public Safety Hot Team (Police and Fire)?
    a. I don't foresee any challenges and I would very much like to see a partnership with fire and police in the very near future.

11. Is there anything you would like to add to benefit the research being conducted?
    a. It's increasingly difficult for working families, military veterans, retirees and young adults to afford to live in San Diego County. This is caused by a variety of factors including the high price of land, high fees and taxes on construction, and often overbearing red tape that impedes the development needed to increase affordable and attainable housing stock.

    b. This lack of housing options is causing a growing homelessness crisis which is negatively impacting community safety and hindering economic development. We must ensure that our most vulnerable are lifted out of homelessness and provided with supportive housing and wrap around services to get them back on their feet. It's time we move beyond temporary solutions and focus our energy and resources toward result oriented programs that address the root causes of homelessness within our communities.

APPENDIX M

Interview: Darryn Harris- Brother Benno's Homeless Center

Interview conducted on November 16, 2019 in person at Brother Benno's.

1. What is your position at Brother Benno's and how long have you been in the position?
    a. I am the operation manager here at the center. I handle to day to day operations and coordinate all of the programs and volunteers.
    b. I have been working at the center for 16 years

2. What services are provided at Brother Benno's Homeless Center?
    a. Brother Benno's provides numerous services to those in need. We provide food six days a week including hot meals and boxed meals.
    b. We have donation collection centers which allow us to provide clothing free of charge.
    c. A very important service we provide are hygiene opportunities such as showers, towels, soap, shampoo, and other toiletry items. We also have a barbershop for our guests.
    d. Laundry facilities are available and guests can wash their clothes if they are willing to donate their own time to help with other services.
    e. We also offer mail, telephone and identification replacement services.
    f. Other areas we assist with services are transportation, rent and utility assistance. Prescription assistance, scholarships and education assistance.

3. What community partnerships does Brother Benno's rely on to provide outreach services to the homeless community?
    a. Brother Benno's partners with numerous entities in the Continuum of Care.
    b. Some of the partners we utilize the most are: Exodus, I-Hot, The McCallister institute, North County Serenity, Vista Community Clinic and San Diego County Health Services.
    c. The Oceanside Police Department HOT is also a partner we have a mutual relationship with. We both rely on each other for our different needs.

4. Over the course of your career, what trends have you seen with the homeless in the City of Oceanside?
    a. The most current trend which is most concerning is the increase in mentally ill guests. Many of the behavioral health units have been closing, most importantly for us Tri City's closure.
    b. There is nowhere to send the mentally-ill and it is overwhelmingly difficult to get them to appointments, get them their medications and provide services for them.
    c. In general, we just see an increasing number of homeless in the community.

5. Does Brother Benno's have and data tracking programs in place to collect accountability and trending data?
    a. Yes, we have an outdated system in place right now. When a guest visits the center for the first time, they have to fill out an application and register for our services.
    b. We, don't have a daily tracking in place to check in who comes into the center. Guests show their cards and are allowed entry.
    c. We are looking to transition into a cloud-based system instead of using our service. We hope to be able to collect demographics and have better tracking.

6. Do you recognize any gaps in service being proved by current outreach efforts the fire department may help fulfill?
    a. It is such a large problem, to pinpoint specific gaps the fire department can fulfill is difficult.
    b. As I said before, we are having such an increase in mental illness in our guests. Having medically trained personnel with a greater ability to assess mental health needs would be a benefit.

APPENDIX N

Interview: Gene Ma M.D. - Tri City Medical Center Emergency Department

Interview answers received on November 21, 2019 via email response.

1. What is your position at Tri City Medical Center (TCMC) and how long have you been in the position?
    a. Currently, Chief Medical Officer. I have been in this position now since July 1. Prior to that, I have served as Chief of Staff (2015-2017) and also Medical Director of the ED from 2008-2010.

2. Over the course of your career, what trends have you seen with the homeless population utilizing the emergency department?
    a. My observation is that there is a greater percentage of patients with both polysubstance abuse issues and psychiatric illnesses that are poorly managed on a chronic basis, along with overall greater numbers of people that are both shelter and food challenged.

3. What reasons do you believe cause such a prevalence of homeless in the emergency department?
    a. Lack of social infrastructure. There are limited resources as it comes to shelters, outpatient psychiatric care particularly for the under/unfunded patients, increase substance abuse, now with many people who were previously suffering from prescription drug abuse now turning to heroin and other street drugs to manage their chronic pain. No respite care programs. Limited job retraining programs exist to help the homeless get another opportunity. Cost of housing and lack of low-cost housing is particularly problematic in North County San Diego. We severely lack low income housing projects in this region. Many college students are homeless, as are others who many would not suspect are living out of their cars or have no reliable shelter. Minimum wage does not provide enough income to be able to rent an apartment in North County. So, when they have no resources, the ED is known respite for all things both medical and non-medical. Overall, lack of funding to support these patients both from a shelter, infrastructure, medical and psychiatric care, and case management standpoint. It's just too fractured, with no consistency in the system for these patients, along with challenges accessing resources. Again, the easiest place is often the ER, which is also often the place for respite. There's not transitional housing, and no transitional care for patients discharged from the ED or hospital, so the likelihood of bounce back to the hospital is higher.

4. Does TCMC Emergency Department (ED) have procedures in place to identify patients as being homeless? If not, what challenges exist in capturing this data?

   a. It's part of the registration process, but it relies on the patient. We can identify them if they put a known homeless shelter in as their address or if they identify as homeless, we put their zip code as zzzzz. That said, many give their prior addresses so it's not accurate.

5. Does TCMC ED collect data analytics on the percentage of total patients who are treated that are classified as homeless? If so, what is the typical annual percentage?
   a. Yes, we track these percentages.
   b. This is what I got from our data analyst: For CY19 Jan-Oct, there have been 48,228 visits to the ED and 2,012 (4.2%) were from patients identified as homeless.

6. Does TCMC ED have data on whether the patient arrived by ambulance or on their own? If so, what is the percentage transported by ambulance (EMS)? For reference, the Oceanside Fire Department transported 872 homeless patients in 2018.
   a. The most frequent mode of arrival is walk in, 56 %
   b. Oceanside Fire Dept. brings in 19% of the homeless visits and Vista Fire Dept brings in 11%

7. Does the ED have data on the percentage of homeless population treated and released versus admitted?
   a. Of the homeless ED visits, 12% are admitted as inpatients, 2% as observation, and 86% are discharged from the ED
   b. I also asked for our data on our readmission rate, specifically, if it's higher for the homeless and here's what he was able to get for me:
   c. The 30-day readmission rate for homeless inpatient is not statistically higher than other inpatients. (6.6% compared to 6.3%)
   d. The 30-day revisit rate for homeless emergency patients is statistically higher than other emergency patients. (26.9% compared to 13.4%)

8. Do you tend to see specific injuries, illnesses or disease processes in the homeless population receiving care in the emergency room?
   a. Here are the top 3 Dx classes for homeless ED patients
   b. Mental and behavioral disorders due to psychoactive substance use was 12%.
   c. Infections of the skin and subcutaneous tissue was 7.0%
   d. Symptoms and signs involving the circulatory and respiratory systems was 6.9%

9. What community partnerships has TCMC established, or provide oversight to, regarding providing services to the homeless community outside of the hospital?
   a. Tri City actively engages with various shelters, food banks, and nonprofits providing services to the homeless community in our region via a variety of efforts. Some are via active participation of our staff on boards and committees, others via donations and grants provided to such foundations,

and others via sponsorships. We are very strong supporters of programs such as La Posada. Our Chief of External Affairs Aaron Byzak supports many such programs through his department, as does our case management department.

10. What do you see as the biggest risks imposed to the TCMC regional area by the amount of homeless evident in TCMC regional area? To the citizens and the also the homeless population?
    a. The recent Hep A outbreak highlights the public health risk. There are many communicable diseases that are more prevalent and poorly controlled in this population due to lack of access to care. Of course, there is the public safety risk, particularly with the high percentage of mental health disorders in this subsegment, many that are lacking chronic care management and therefore, unstable. Overall, the risk to the overall health of this population is also significant. They often have no means to access care, keep appointments, have contact with people to follow up, buy medicines, or even store medicines that either get stolen/lost or require refrigeration. When they are shelter insecure, or food insecure, blood pressure management is not a top priority. As we continue to see gentrification of Vista and Oceanside, I suspect this problem will only worsen because of the lack of funding and resources.

11. Can you identify any service gaps or mitigation opportunities in the prehospital setting, that could be fulfilled by services provided by paramedics or members of the fire department, outside of the traditional emergency services delivery model?
    a. Case management. Otherwise we're all just treating the emergency on an episodic basis. There's not intervention to break the cycle. It's just a band aid until the next encounter.

12. Is there anything you would like to add to benefit the research being conducted?
    a.

APPENDIX O

EMS-Based Homeless Outreach Plan 2019-2020.

Strategic Community Risk Reduction

Vision

The residents and visitors of Oceanside will enjoy a community that is safe, resilient and provides a high quality of life.

Problem

The problem is the increased homelessness in the City of Oceanside exposes the community to risks.

Goal

The goal is to improve homelessness in Oceanside.

HOMELESS OUTREACH TEAM

POSITION: HOMELESS OUTREACH TEAM MEMBER:

The term of service is two years, with annual extension periods at the discretion of the Deputy Chief of Operations. Days and hours will be determined based on the operational needs of the department. The expectation will be a 9/80 work schedule. There will be two openings for the position of Homeless Outreach Team member. One position will be for a company officer and one position for a firefighter paramedic.

DUTIES & RESPONSIBILITIES:

The homeless outreach team will proactively and positively locate and contact individuals experiencing homelessness. Utilizing various resources, the team members will attempt to offer and assist individuals obtaining resources, services and/or documents in an attempt to help each individual break the cycle of homelessness. Part of the team members' responsibilities will be to provide evaluation and assessment of individuals medical condition and necessity for medical transport. Once determined, priority medical transport is unnecessary, the HOT team will coordinate to correct services the individual may need.

Water Street Sense data reports will be utilized to identify, track and locate high frequency utilizers of the 911 system. HOT members will take a proactive approach to locate and

communicate with these utilizers in an attempt to prevent them from using the 911 system. The goal is to provide them with services in an EMS-prevention strategy.

The Homeless Outreach Team Officer will liaison with the City Attorney's Office, PERT Clinicians, San Diego County Health and Human Services, Tri City Medical Center and other Continuum of Care members associated with Homeless Outreach

ORGANIZATIONAL DEPLOYMENT:

The homeless outreach team will be assigned as a two-person team identified as "HOT 1" and operate out of a F250 light vehicle. The unit will be responsible for carrying ALS medical gear to include a Zoll monitor and all San Diego County ALS drugs. In addition, the unit will carry all firefighting PPE for use on all-risk hazard mitigation.

The unit will patrol during scheduled hours with the objectives to monitor the MCT and attach to incidents involving persons experiencing homelessness. A responding engine company may also attach HOT 1 to an incident upon determining the nature of the call. Upon arrival to an incident, the HOT team may reduce the engine company from the response if applicable. Once it is determined the individual will not need an ambulance transport, the HOT 1 unit will then reduce the ambulance response to keep them available for redispatch. The HOT 1 unit will then provide an assessment of specialized needs and coordinate access to specific services for the individual.

In the event the unit is available from at the time of dispatch, the unit will attach to higher level acuity calls, as well as, calls for fire suppression.

TEAM MEMBER REQUIREMENTS:

- Have (2) years of experience as a firefighter/paramedic with the Oceanside Fire Department, have successfully completed probation and free from any personal improvement plans.
- Have a genuine desire to work with the homeless population to assist them in attempting to break their cycle of homelessness through innovative means and resources.
- Be a creative thinker and have superior communication skills
- Have the ability to function in a team environment and promote professional relationships with department peers and outside agencies
- Have the ability to work and speak in public forums
- Be willing to work a flexible schedule.
- Have demonstrated a history of self-initiative.
- Ability to work productively with minimal supervision.
- Possess excellent communication, planning and time management skills.

Outcome Objectives

- By July 1, 2021, as compared to baseline data, there will be a 10 percent decrease in the amount of homelessness in the City of Oceanside.

Impact Objectives

- By June 2020, the city leadership will have adopted initiation of the Oceanside Fire Department's EMS-based homeless outreach team (H.O.T.).
- By December 2020, the Oceanside Fire Department H.O.T. partnership with the Oceanside Police Department H.O.T. will be in place.
- By June 2021, when compared to baseline data, there will be a 20 percent increase in the number of homeless who know the resources available to them to help get them off of the streets.

Process Objectives

- By June 2020, the CRR Committee will begin implementing a social media campaign to raise public awareness about homelessness mitigation efforts throughout the City of Oceanside
- By September 2020, the Oceanside Fire Department will distribute 2500 information pamphlets to the homeless.

Formative Objectives

- By March 31, 2020, the CCR Committee will have identified stakeholders in the City of Oceanside specific to the mission of EMS-based homeless outreach.
- By Sept. 1, 2019, the CCR Committee will have conducted a community risk assessment of the City of Oceanside specific to homelessness.
- By Jan. 1, 2020, the CCR Committee will have selected a homelessness-specific risk issue and target population to address in the City of Oceanside.

Leadership Role in CCR and Potential

- Line Battalion Chief
- Ability to research and assign training
- Ability to coordinate exercises
- Ability to design implementation into future academics
- Knowledge and attitude influence peers
- Strategist, Coach, Mentor and Leader
- Ability to acquire support from decision-makers

Champions/Stakeholders

- Internal (Department): Members, Staff, Local Union
- Internal (City): Attorney, City Managers, Finance, other City Departments
- Community Groups: Auxiliary groups, Chamber of Commerce, HOAs
- Political: City Councilmembers, other appointed or elected officials

Partnerships:

- Local hospitals, homeless community advocates, Social Services, transportation services, VA programs, Continuum of Care partners members.

Political Action Impact:

- Report outcomes and outputs to internal and external political
- INTERNAL:
- Partnership with Union
- Policy changes through Fire Administration
- EXTERNAL:
- Partnerships with Community Associations
- Home owners' associations
- Local Business Owners
- Communications with elected officials

Cost /Benefit

- Expenses
- Staffing costs
- Possible printed materials
- Equipment needs
- Investments
- Reduction in service calls cost by up to 10%
- Reduction in crime
- Reduction in clean-up/maintenance
- Majority of Major benefit costs incurred by community partners

Marketing Strategy:

- Program: Public Safety Homeless Outreach Team
- Audience: homeless population and community partners
- Barriers: trust, lack of knowledge, indifference
- Remove Barriers: communicate and educate
- Product- outreach service to the homeless
- Price- direct impact on live and decreased emergency operating costs
- Placement- in areas highly impacted by homeless populations
- Promotions-hand out flyers, job fair, home fair,