

HOMELESSNESS 

HEALTH CARE & 

PUBLIC SAFETY 

A VIRTUAL SYMPOSIUM | APRIL 6, 2022

2C: Street Medicine + Law Enforcement Partnerships

MACH 101

Madison Area Care for the Homeless (MACH) OneHealth

Mission and Vision

We are on a mission to bridge gaps in the Madison area healthcare system by connecting with people experiencing homelessness and housing insecurity with compassion and respect.

We envision a community where individuals experiencing housing insecurity have equitable housing and healthcare.

MACH History: How it started

- The Foot Care Clinic and the Community Health Needs Assessment both began in 2016
- MACH's co-founders (Garrett Lee, Ann Catlett, Ruthanne Chun) met at the Homeless Services Consortium
- The Madison Street Medicine Initiative (MSMI) and individualized care connections were started in 2018
- Grew from 1 full-time staff member in April 2020 to 18 full and part-time staff members in April 2022
- From 2020 - 2022, we also added:
 - Men's Shelter Clinic
 - Telemedicine Program/Clinic at the Beacon
 - Housing focused outreach by paid social workers
 - Full-time staff nurse
 - Dairy Drive shelter



Guiding Principles

- “Go to the people”
- Trauma informed care at all times
 - Restoring a sense of safety, power, and self-worth
 - Using compassion and autonomy to enable respect and thus trust
 - Respecting individuality and self-driven goals
 - Continually offering connections and support
- Harm Reduction
 - Safer use, managed use, abstinence
 - Interventions and policies designed to serve people who use drugs must reflect specific individual and community needs, so there is no universal definition of or formula for implementing harm reduction
- Absolute respect for people’s privacy, choices, and how they move in the world
- Non-judgemental
- Housing First

Guiding Principles: Housing First

- Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing.
- People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.
- Everyone is “housing ready.” Sobriety, compliance in treatment, or even resolved criminal histories are not necessary to succeed in housing. Rather, programs and providers who serve those experiencing homelessness must be “consumer ready.”

Homelessness in Dane County

- The 2021 January Point in Time Count of Homelessness (PIT) identified a total of 855 people experiencing homelessness in Madison/Dane County on a specific night in January.
 - 696 people in emergency shelters (including hotel shelters)
 - 87 people in unsheltered locations
 - 72 people in transitional housing
- This does not include individuals or families who are “doubled up” with friends and family in private homes or living in hotels or motels.

Homelessness in Dane County (cont.)

- The total numbers collected through the January PIT count increased two years in a row, similar to the national trend. Between 2020 and 2021 through the COVID-19 pandemic, the number increased sharply - by 36%.

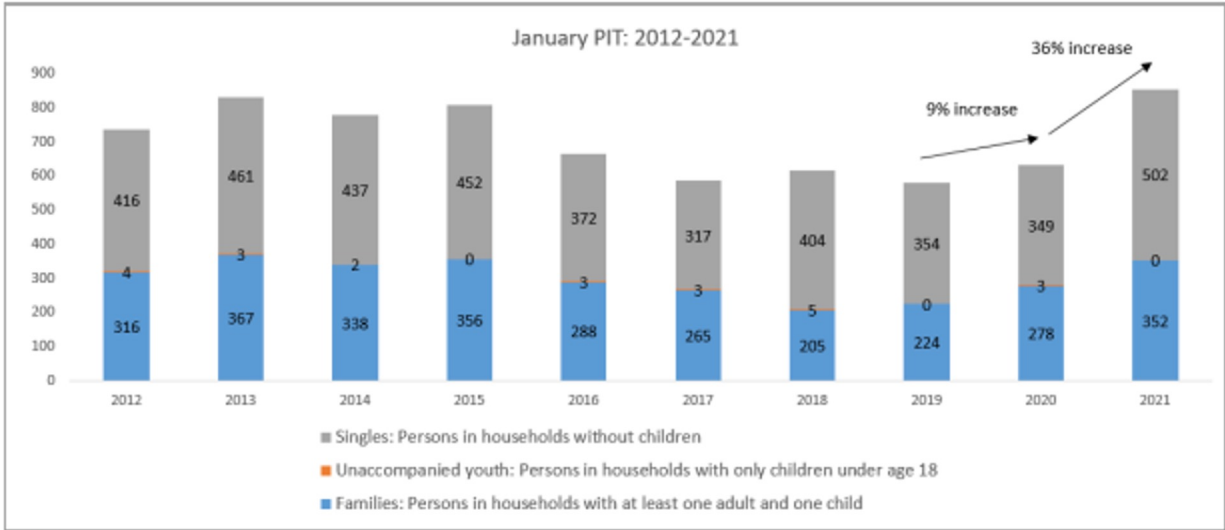


Table A

Homelessness in Dane County (cont.)

- The growing length of time people are remaining homeless appears to be the main contributing factor for the increase in people experiencing homelessness at any given time.
- Between 2018 and 2020, the overall length of time people experience homelessness rose by 30%
 - For singles, it was a 26% increase (62 days to 78 days)
 - For families, it was a 45% increase (95 days to 138 days)

Housing + Healthcare

Our goal is to connect our medical street outreach efforts with our housing case management services so that individuals experiencing homelessness have access to both housing resources and medical care. We connect housing support with healthcare through our outreach social workers who connect people to housing as well as through our sheltered campground at Dairy Drive.

Housing

- **3 full-time social workers as outreach workers**
 - Primarily work with individuals who are experiencing unsheltered homelessness to help them get into housing by:
 - Administering VI-SPDATs and connecting individuals with the Coordinated Entry system
 - VI-SPADTS (Vulnerability Index - Service Prioritization Decision Assistance Tool) determine risk and prioritization when providing assistance to homeless individuals
 - Developing housing plans and helping with housing searches
 - Providing assistance obtaining mainstream benefits
 - Helping with job searches
 - Providing crisis intervention and counseling
- **2 part-time Housing Navigators**
 - Assist social workers with administering VI-SPDATs
 - Help individuals with basic needs, medical follow-ups, and housing related needs
- **3 Community Peer Health Advocates with lived experience of homelessness**
- **Dairy Drive Shelter**
 - 30 tiny shelters as temporary housing until individuals are able to secure permanent housing

Healthcare

- 80+ volunteer physicians, nurses, mental health professionals, other healthcare professionals, and non-medically trained individuals
- One full-time staff nurse who provides follow-up care from both medical and housing outreach
 - Hospital Discharge Program: The nurse will also coordinate with social workers at the UW and VA hospitals to arrange follow-up medical and housing case management services for individuals experiencing homelessness who are being discharged from the hospital
- Weekly clinics at the day and night shelters, street medicine rounds, and outreach to the encampments
- By bringing care to the individuals where they are physically located, we are creating a pathway for increased engagement in care, connections to more traditional clinical settings, and improved health outcomes

Foot Care Clinic

- Take place once a month on Saturday mornings at The Beacon
- Previously held at both FUMC and The Salvation Army
- FCCs address minor, and usually preventative, foot issues that can quickly become major medical problems for clients without regular access to adequate shelter, showers, and clean footwear.



Foot Care Clinic (cont.)

- Guests have their foot-care needs assessed, are provided podiatry services as needed, and are offered a warm foot-bath, new socks and a pair of shoes.



Street Medicine Downtown Rounds

- Began in March 2018
- Take place weekly on Thursday nights from 6-9pm
- Route: State Street Corridor and Capitol Square



- Teams consist of a provider (MD, DO, PA-C, APNP), nurse, mental health professional, and a team manager

Street Medicine Downtown Rounds (cont.)

- The team seeks to build trust by providing direct medical care, including treatment and medication access, on the streets.
- Common conditions/concerns encountered include skin infections, frostbite, asthma, substance use, and musculoskeletal injuries/pain



Encampment Outreach

- Began in July 2020 in response to the COVID-19 pandemic
- Currently, we provide outreach to the Highway 30 and Starkweather Creek encampments on Wednesday mornings
- We provided outreach services at the Reindahl Park encampment from January 2021 up until it closed at the beginning of December 2021
- We also provided outreach at McPike Park until it closed in February 2021



Encampment Outreach (cont.)

- Volunteers are providers, nurses, mental health professionals, CNAs, EMTs and non-medically trained individuals
- The teams check in on people and hand out supplies such as food, water, and hygiene products
- Providers can offer consultations for people with medical needs
 - Volunteers can help set up and arrange transportation for medical appointments

Additionally, staff social workers and housing navigators provide outreach at encampments throughout the week.



Hwy 30



Reindahl



Reindahl

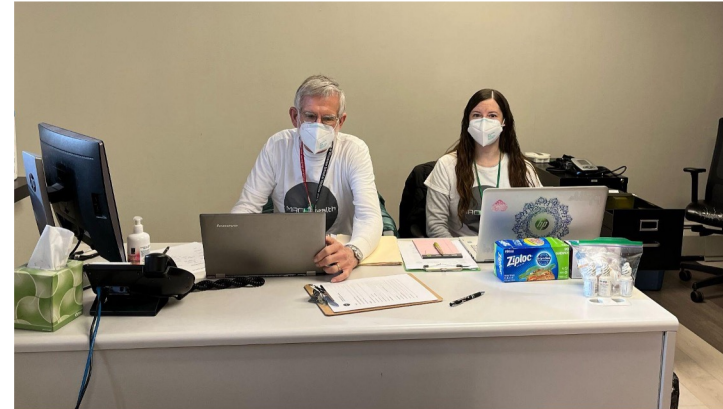
FUMC Community Breakfast

- Takes place every Wednesday morning from 9-9:30am
- Volunteers and staff engage with people and provide outreach services
- Food is picked up for distribution at encampments following the FUMC Community Breakfast
 - Currently the Highway 30 and Starkweather encampments



Medicine at the Beacon

- Clinic takes place every Tuesday morning from 9-11am
- It began as a Telemedicine program in July 2020 in response to the COVID-19 pandemic and became an in-person clinic in August 2021
- Common conditions/concerns seen:
 - Short term renewal of chronic medications
 - Acute conditions of the eyes, ears, nose, teeth or throat
 - Musculoskeletal injuries/pain
 - Help establishing a PCP/making an appointment



Men's Shelter Clinic

- Began in March 2021
- Takes place every other Monday night from 5:30 - 8pm at the Porchlight men's emergency shelter
- A partnership with UWSMPH's student run MEDiC clinic enables its students and clinicians to volunteer with us
- Common conditions/concerns seen (similar to at The Beacon):
 - Short term renewal of chronic medications
 - Acute conditions of the eyes, ears, nose, teeth or throat
 - Acute musculoskeletal injuries/pain
 - Hypertension
 - Upper respiratory infections
 - Foot care issues



Community Health Needs Assessment

- In 2016, we asked people experiencing homelessness what their healthcare needs and barriers were.
 - Compiled and analyzed data of over 120 surveys
- Key findings included:
 1. Most people experiencing homelessness are covered by Medicaid/Badgercare.
 2. On average, the respondents have had 1 visit to the emergency department in the 6 months prior to taking the survey.
 3. 70% of respondents have not had dental care in the last two years.

Community Health Needs Assessment (cont.)

- Survey data suggested that the two main barriers to care for housing insecure individuals are access and security.
- Access includes:
 - Being unable to afford to pay
 - Insufficient transportation
 - Not knowing where to go
 - Challenges getting an appointment
 - Not being able to get time off of work
 - Not being able to get childcare
- Security includes:
 - Not trusting the healthcare system
 - Fear of being judged
 - Not having a safe place to store belongings
 - Fear of legal trouble for drugs/alcohol

Community Health Needs Assessment (cont.)

- We are currently working on our second community health needs assessment
- Between May and August 2021, we administered 250 surveys
- The survey measures various factors including
 - Length of homelessness
 - Factors leading to homelessness
 - Education, income, and employment
 - Diseases/experiences/other factors negatively affecting an individual's health
 - Barriers to accessing health care services
 - ED, PCP, and mental health services utilization
 - Alcohol and drug use
 - Diet and physical activity
- We hired 5 individuals with lived experience of homelessness to administer the surveys at the shelters, encampments, hotels, and to individuals living outside or in their cars
- We are working to analyze the data now and hope to finish the final document in the near future

Dairy Drive Shelter

- A city sanctioned campground that opened in November 2021 as an alternative to the encampment at Reindahl Park
- Managed by MACH OneHealth, in collaboration with Kabba Recovery Services
- 30 individual 8x8 tiny shelters
- Designed as temporary housing until a permanent cure



Dairy Drive Shelter (cont.)

- MACH and Kabba provide a range of services including clinical services, housing services, case management, and basic needs
- Clinical services:
 - Counseling sessions/mental health support
 - Substance use assessments and treatment
 - Coordination to care and other needs
 - Referrals as appropriate
 - Crisis intervention, de-escalation and conflict resolution
- Housing services:
 - Connection to housing resources through Homeless Services Consortium Coordinated Entry (VI-SPDATs)
 - Housing search
 - Application assistance
 - Accompaniment to showings and lease signings
 - Move-in assistance

Dairy Drive Shelter (cont.)

- **Case Management:**

- Scheduling appointments
- Applying for SSI, SSDI
- Obtaining documentation such as ID, proof of income
- Building social and peer supports

- **Basic Needs:**

- Meals (at least one per day)
- Personal Hygiene needs
- Cabin supplies
- Transportation (monthly bus pass/gas cards)
- Van rides to laundry, grocery and other stores



New Programs in 2022

- **VP Hotel Clinic**

- We are starting a new clinic at the Vulnerable Populations Hotel where individuals who are especially susceptible to COVID-19 have been provided with a hotel room by the City of Madison/Dane County

- **Van**

- We recently purchased a van that we are outfitting and preparing to use for outreach

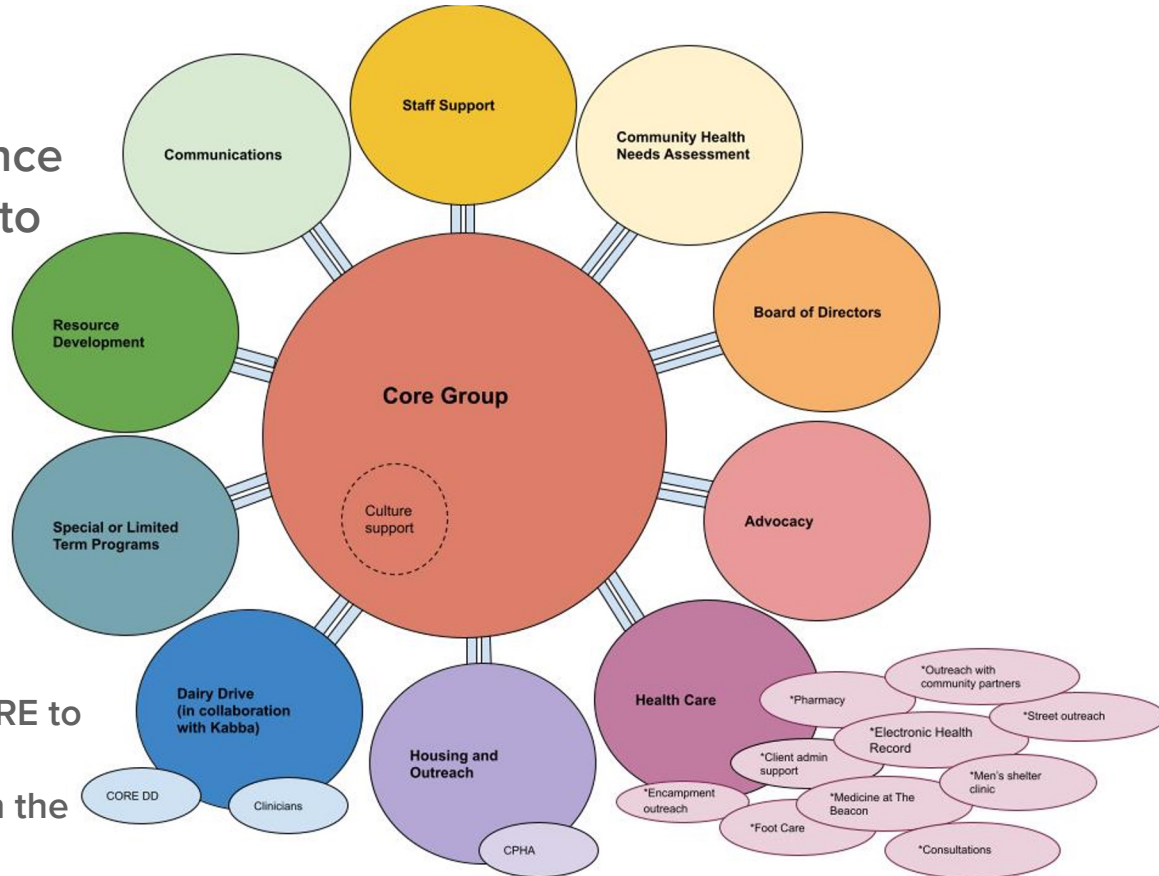
- **Advocacy Group**

- We are in the process of creating an advocacy circle that leads legislative and systems advocacy efforts of the organization. The circle meets every other month to talk about current needs and ongoing situations involving our organization and the greater community
- New volunteers who are interested are welcome and encouraged to join our advocacy circle



Sociocracy

- Sociocracy is the governance structure that MACH uses to operate.
- Sociocratic principles:
 - Organize in circles
 - Consent-based decisions
 - Link-related circles
- Each circle has a lead, delegate, and meeting facilitator
 - The lead is the link from CORE to the specific circle
 - The delegate is the link from the circle back to CORE



Meetings

- Each circle has its own meetings where decisions are made by the group
 - Meetings are typically held once a month, although some circles meet more often and others less often.
 - Everyone will receive an email as well as a google calendar invite for their circle's meetings
- All volunteers are welcome and encouraged to come to the meetings for the circles they are involved in!
 - Coming to the meetings will greatly increase your understanding of what is happening both within your circle and in the organization as a whole
 - We want to hear your input whether you have been volunteering for several years or several days

Learning Opportunities

MACH has limited openings available for student learners.

- Long term learners
 - Opportunity for individual students or cohorts of students to participate in MACH's medical outreach programs for either a whole semester or clinical rotation
 - For current nursing, medical, PA-C, or APNP students
- Short term learners
 - Opportunity for individual students to learn about street medicine and participate in MACH's medical outreach
 - For current nursing, medical, PA-C, or APNP students who are unable to commit to an entire semester or clinical rotation
 - For pre-health students who have been volunteering consistently with MACH for at least four months

For additional information about learning opportunities, please contact volcoord@machonehealth.org.

Guest Observers

- For fully licensed medical personnel and medical residents who are interested in experiencing our different outreach programs and services but who are unable to commit to volunteering on our outreach teams
- Others including members of our board of directors, elected officials, and potential funders
- Guest observers typically observe one or two outreach shifts

How to Get Involved

If you are interested in learning more about volunteer opportunities with MACH OneHealth, please see the volunteer page of the MACH website at <http://machonehealth.org/volunteer/> for:

- Information about our volunteers
- An overview of our onboarding process
- The sign up link for interested volunteers

Additional questions about volunteer opportunities can be directed to the volunteer coordinator at volcoord@machonehealth.org.



City of Madison (WI) Police Department

Symposium presentation: April 6, 2022



Community Outreach: Presenters



Captain Matt Tye



Sergeant Meg Hamilton



Officer Tom Coyne



Overview of Our Agency and City



- Madison is the state capital, situated in Dane County, WI
- City population: 270,000
- Metro area: 680,000
- Second largest city and metro area in the state, after Milwaukee
- Home to UW Madison, Edgewood College, Madison Area Technical College
- 483 commissioned police officers



Diversion and Deflection Efforts

Mental Health Unit



6 police officers and 1 sergeant
3 embedded crisis workers

Goal is to work collaboratively with partner agencies and **improve outcomes** for individuals affected by mental illnesses by connecting them to needed services and diverting away from the criminal justice system, whenever possible.

Community Restorative Court

*Diversion for individuals 17-25 years old
MPD is the agency's largest referral source
49 referrals so far in 2022*

Pathways to Recovery



Pathways to Recovery – grant overview

- MPD was awarded a three year \$1.2M grant from the Bureau of Justice Assistance (BJA)
 - 6 primary stakeholder agencies
 - Vision: implement “pathways” for individuals with substance use disorders to connect with local recovery resources
 - *Person centered* and *voluntary* as guiding principles





Officer Intervention Pathway: MAARI

- Continuation of MARI
 - Criminal diversion pilot program which began in 2017
- Starts in the field with our patrol officers
 - overdose calls
 - crimes driven by substance use disorder
 - qualifying offenses are possession of drugs, paraphernalia, burglary, theft and prostitution

If the referred party enters into our criminal diversion MAARI program, they must stay compliant with recovery coaching and an individualized treatment plan for 6 months to “graduate.”

- Successful completion → criminal charges are never forwarded to the District Attorney



MAARI Stats

- 2020:
 - Total Eligible: 8
 - Total Successful Completions: 3
 - Narcan Doses Distributed: 0
- 2021:
 - Total Eligible: 21
 - Total Successful Completions: 10
 - Still in Program: 7
 - Narcan Doses Distributed: 6
- 2022:
 - Total Eligible: 6
 - Narcan Doses Distributed: 6



Officer Prevention Pathway: Addiction Resource Team

- Deflection effort
 - Seek to contact individuals with substance use disorders
 - Serve as a bridge to recovery resources
 - By utilizing a multi-disciplinary team
- Composition of the Team
 - Full-time officer from Madison Police Department
 - Community Paramedic from Madison Fire Department
 - Certified Peer Specialist from Safe Communities

Supported by data analyst Hannah Marinoff

Supervised by Sgt Meg Hamilton





ART Referral Process

- Madison Police

- data analysis
- officer reports
- people ineligible for MAARI

- Madison Fire Department

- Patient Care Report check-box

- Self referral

- 608-264-9279



Structure of an Addiction Resource Team Visit

- The team goes out with all three members – peer, addiction resource officer, and community paramedic
 - *phone outreach as an alternative mechanism*
- The addiction resource officer drives the team, in an unmarked minivan
- Peer Specialist is the primary communicator because of their lived experience
- The visit is voluntary: no one needs to accept contact from the ART
- Team has Naloxone and Safer Use Kits to hand out on visits
- Team is knowledgeable in access and resources
- Addiction Resource Officer does not do enforcement/arrests. The position is purely diversion and deflection



ART Stats

- Distinct Individuals Referred:
 - 2021: 177
 - 2022: 100
- Total Referrals to ART:
 - 2021: 196
 - 2022: 113
- Total Visits Attempted:
 - 2021: 128
 - 2022: 65
- Active Calls:
 - 2021: 4
 - 2022: 4
- Narcan Doses Distributed:
 - 2021: 66
 - 2022: 44



Why this is a Madison Police Priority

- Promotes recovery and prioritize quality of life for individuals and the communities in which they live
- Reduce overdose deaths
- MPD's core values include **human dignity** and **community partnerships**
- This is not a problem police can “arrest their way out of”
- MPD's commitment to evidence based policing
 - *data analysis from within our team, external analysis from UW-Population Health*



UW-Population Health

- University of Wisconsin – Population Health Institute is the research arm of our Pathways to Recovery grant
- Program evaluator Janae Goodrich has been integral since our grant was awarded
- Process review, monthly data summaries, quarterly reporting





From the Field

[current MAARI participant]

As shared by Addiction Resource Officer Tom Coyne.



Challenges: timing

- Pathways to Recovery kicked off in January 2020
 - interim Chief (“between” administrations)
 - Covid19 shutdowns began in March
 - Public Health of Madison and Dane County
 - Widespread protests, sometimes seguing into civil unrest, began in Madison June 2020 and lasted for months
 - Resource reallocation due to Covid and civil unrest
 - Many large agencies, much communication needed



Challenges: big agencies, big decisions

- 5 big stakeholders tethered together in a visionary grant
 - consistent communication
 - getting the right people in Zoom meetings to make decisions
 - filling positions in the midst of a pandemic / civil unrest
 - balance between sharing enough information to inform, but not sharing too much for context / to “explain”

We are the only team of this structure in Wisconsin.

We had to learn by doing, by trying, by failing.



Looking Ahead

- Madison is resource rich, but connecting resources to meet complex needs remains a challenge.
 - networking and communication
 - Madison Street Medicine, CARES, African American Opioid Coalition, and other partnerships need to be developed and maintained
- Looking to extend our MAARI diversion program to municipalities around Dane County, using our template
- Seeking a community-based site for scheduled ART outreach
 - walk-in approach to seeking recovery resources



Contact and Invitation for Questions

[Captain Matt Tye](#), commander of Community Outreach
(Pathways to Recovery, Community Outreach Team, Mental Health Unit)
Mtye@cityofmadison.com

[Sgt Meg Hamilton](#)
(MPD supervisor of ART and Community Outreach team)
Mhamilton@cityofmadison.com

[Officer Tom Coyne](#)
(MAARI program liaison and Addiction Resource Team member)
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