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**TO:** Commissioners Court Member

**FROM:** Harris County Public Health

**DATE:** January 4<sup>th</sup>, 2022

**RE:** Transmittal by Harris County Public Health of a six-month update on the status of developing the Division of Community Health and Violence Prevention Services (CHVPS) and the implementation and administration of its public health Community Violence Interruption Programs and the Holistic Assistance Response Teams (HART) program that provides an alternative response model to non-violent 911 calls.

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## BACKGROUND AND INTRODUCTION

On **June 9<sup>th</sup>, 2020**, Harris County Commissioner’s Court earmarked \$25 million for the criminal justice system while also directing county departments to explore developing violence prevention and alternative responder programs, such as the HART program. At the same time, the Harris County Commissioners Court voted unanimously to direct the Justice Administration Department (JAD), Commissioners Court Analyst's Office (CAO), and Harris County Public Health (HCPH) to analyze the feasibility and cost of creating a new county level agency or program to administer violence interruption programs based on proven public health techniques to end cycles of violence in the community. To further examine the most effective strategies, the JAD with the Health Alliance for Violence intervention (HAVI) and Tillmon Consulting to advise on the feasibility assessment of instituting a gun violence interruption program.

On **August 10<sup>th</sup>, 2021**, the JAD presented two memos produced by prominent, nationally experts on the needs, opportunities, and best practices for the implementation of these programs in Harris County. HAVI and Tillmon Consulting collaborated with the JAD to analyze violent crime, including geospatial analysis and a ten-year assessment of violent crime data (homicides, shootings, and violent assaults). They also assessed data from the trauma registries of the two adult Level-1 Trauma Centers in Harris County, located at Harris Health System’s Ben Taub Hospital and Memorial Hermann-Texas Medical Center Campus, to analyze trends in violent injury hospitalizations. Technical Assistance providers and County staff also engaged and consulted with community-based leaders and medical providers, holding in-depth interviews with almost 20 subject matter experts and leaders in the local community with direct experience supporting communities with high rates of gun violence. HCPH, which is committed to providing comprehensive health services and programs to the community, was directed to provide oversight and continued infrastructure for a Hospital-Based Violence Interruption program and to create efficiencies between community violence strategies (hospital-based violence intervention and street outreach/violence interruption).

The Commissioner’s Court also approved a \$2.9M allocation and directed Harris County Public Health to establish a new division to implement new and innovative, public health approaches that addresses the root causes of violence in order to prevent community violence.

In Harris County, the zip codes with the highest rates of gun violence also correlate with the poorest rates of community health indicators such as generational poverty, having insufficient or no health insurance, lacking healthy food access, pervasive underemployment, and economic insecurity. Seeing violence as a health issue means we understand that violent behavior arises from contextual, environmental, systemic, and social stressors. The “public health approach” to addressing violence focuses on prevention through addressing the known factors that increase

or decrease the likelihood of violence. These approaches will complement existing strategies, including the efforts of our law enforcement partners, to improve the health and safety of all communities in Harris County. These programs are being developed within Public Health under a new Community Health and Violence Prevention Services Division (CHVPS).

Following the directive from Harris County Commissioners Court in August 2021, Harris County Public Health has made significant progress in developing these programs, including the creation of the divisional structure, programming, staffing, neighborhood selections for the community violence interruption programs, selection of the hospital for the hospital-based violence prevention programming, the selection of a vendor to administer the HART program, collaboration and partnerships, and the overall outreach, education, and communication strategies for the programming.

This memo is intended to provide the Court with key information regarding the status of the implementation of these programs and the key actions to be taken to launch the programs in Spring 2022. This update will provide the Court with an opportunity to ask questions and provide additional direction to the Department as it moves forward with program implementation.

## *The Prevalence of Violence in Harris County and Texas*

There has been a rise in violent crimes, specifically gun violence in Houston and Harris County. To achieve safer neighborhood. There has been an increase in violence in the County, State and nationally. The following data on violent crime in Texas and Harris County illustrates the need for greater investments in public health approaches that address the root causes of violence.

- **In Texas:**
  - According to CDC Wonder, Texas ranks 28<sup>th</sup> nationally in the gun death rate<sup>1</sup>
  - From 2013 to 2017, 9,737 people in Texas died by gun-related suicide. That's one every 5 hours. Gun crimes claim the lives of 3,139 Texans each year and wounding even more
  - Black and Latinx men comprise less than 25% of Texas' population, but account for nearly 63% of the state's gun homicide victims<sup>2</sup>
  - Texas ranks 35<sup>th</sup> nationally for violent crimes rate (murders, rapes, robberies, and aggravated assault per 100,000) Texas ranks about the national average (US Dept of Justice, FBI 2020).
- **In Harris County:**
  - Harris County homicides comprise approximately 7% of all Texas murders. Between 2019 and 2020, homicides increased 13.4% in Precinct 1 of Harris County.
  - 4,123 aggravated assaults were reported in 2019 in Harris County, which accounted for 15.1% of all aggravated assaults in Texas<sup>3</sup>

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<sup>1</sup><https://wonder.cdc.gov>

<sup>2</sup><https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-State-of-Gun-Violence-in-Texas-2020.pdf>  
Published January 2020. Sources: CDC WONDER, FBI Supplementary Homicide Reports.

<sup>3</sup><https://www.dps.texas.gov/sites/default/files/documents/crimereports/20/2020cit.pdf>

- Harris County Sheriff's Office received over 960,000 calls for service from their 911 line in 2020 and dispatched almost 80% of those calls to the Sheriff's Office. The Sheriff's Office estimates 3-7% of calls they answer have a behavioral health component (as identified by the responding officer), and a local EMS agency reported that 11% of their calls involve mental health or substance use.

## STATUS OF PROGRAM DEVELOPMENT AND IMPLEMENTATION

For the past 6 months, the department has been diligently working to establish the new division of Community Health and Violence Prevention Services in anticipation of launching the programs in the spring of 2022. HCPH has made tremendous progress from finalizing the program design to hiring of staff and building partnerships. The following details the progress made to date to stand up the division and implement the programming.

### Programming

The division will initially house two programs: Holistic Assistance Responder Teams (HART) and the Violence Interruption Program (community-based and hospital-based). Both programs will be piloted in communities that have a high-risk of violence. Once evaluated, the programs will be expanded throughout the county.

The success of these programs will be based on the outcomes and metrics that reduce the incidence of violence and that improves the health, well-being and self-sufficiency of individuals participating in the program. These key performance indicators can be achieved because the programming focuses on root cause interventions that are designed and directed at changing interpersonal, organizational, community, and public policy factors that create disparities in health outcomes. Intended program outcomes include:

- Reduced hospitalizations with violent injury in large Harris County Hospital systems
- Reduce rehospitalizations for violent injuries
- Increase community members feeling of neighborhood safety
- Increased participation in needed medical services
- Increased enrollment in physical and mental health treatment plans
- Increased compliance with physical and mental health treatment plans
- Reduced role of law enforcement in behavioral health and social service response calls

Key performance Indicators include:

- #/% completed individual and family assessments
- #/% established medical homes and appropriate care plans
- #/% completion of violence prevention programming
- #/% individuals reached, enrolled, referred to services

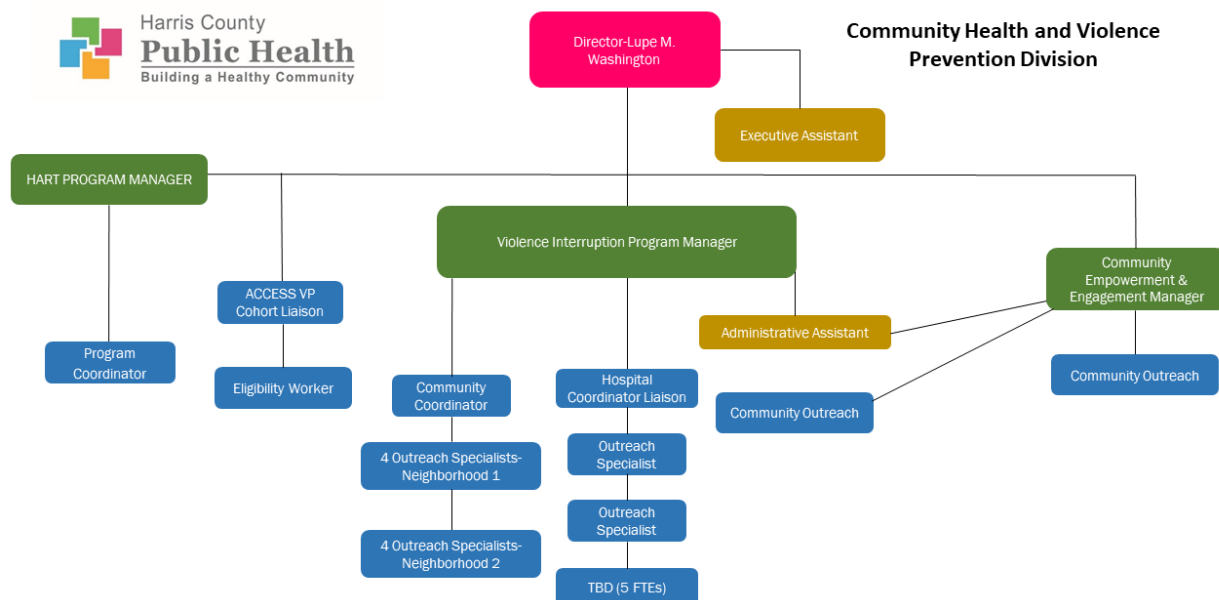
- #/% enrolled in Medicaid or other health insurance
- #/% complied with physical health treatment plans
- #/% enrolled in mental health services
- #/% participants with treatment plans
- #/% participants enrolled in behavioral health programs
- Service satisfaction rate
- #/% of response calls diverted to Holistic Alternative Response Teams (HART)

## Creation of Community Health and Violence Prevention Division

The goal of the Community Health and Violence Prevention Services Division is to provide strategic direction, oversight, and administration of interventions designed to address the root causes of pressing public safety challenges through a public health approach. While gun violence is a critical issue, the division will also look to implement future programs that target other forms of violence like domestic violence and self-harm.

The Division's first two initiatives will focus on reducing gun violence and dispatching health/social service-based first responders to 911 calls arising from non-emergency medical, behavioral health, and social welfare concerns. The Division will work in partnership with local agencies and community-based partners for a coordinated, holistic response to reduce unnecessary law enforcement responses to non-emergency 911 calls, improve community health and welfare, and reduce violence.

The Division consists of 3 units: (1) The Violence Interruption Program (2) Community Empowerment and Engagement, and (3) the Holistic Assistance Response Team (HART). The division consists of approximately 23 employees. The organizational chart below further describes the division structure and position types.



## Staffing

HCPH has hired the Division Director for the CHVPS. Through a competitive, national recruitment process, Lupe Washington was selected as the new Division Director and began working with the department on December 16<sup>th</sup>, 2021. Over twenty positions were posted at the end of Calendar Year 2021 with interviews to be completed by the end of January 2022.

In addition to the Division Director and Executive Assistant, the HART Program Unit will have a HART Program Manager and a HART Program Coordinator. These positions will be responsible for overseeing the work of the HART vendor including project management and monitoring, evaluation of operations in order to ensure the effectiveness of the program.

The Division will have an ACCESS Harris County Violence Prevention Cohort Liaison along with an Eligibility Worker that will be assigned to the ACCESS Care Coordination team for the Violence Prevention Cohort.

The Violence Interruption Program Unit will consist of a Violence Interruption Program Manager, a Community Coordinator, a Hospital Coordinator Liaison, and ten Outreach Specialists. An additional five full time staff will be under this program and those roles are being developed in partnership with Harris Health System to support the administration of the Hospital-based Violence Interruption program.

Lastly, the Community Empowerment and Engagement Program Unit consists of a manager that is responsible for overseeing two Community Outreach Coordinators. This unit will be responsible for engaging with the pilot community stakeholders to support community resiliency and capacity-building in order to support the overall health and wellbeing of the neighborhoods participating in the violence prevention programming. An Administrative Assistant will be shared between the Violence Interruption Program Manager and the Community Empowerment and Engagement Manager.

## Holistic Assistance Response Team (HART) Progress Update

The HART program will work to reduce unnecessary law enforcement response to non-emergency 911 calls. HART consists of teams of behavioral health and social workers, and emergency medical personnel who respond to 911 calls requiring face-to-face intervention, low-acuity pre-hospital care attention, and other social welfare concerns. Prior to efforts to establish the HART program, there was no mechanism currently in place to flag and dispatch calls to more appropriate resources. Harris County first responders and community providers alike have highlighted the need for a different toolkit to address these types of calls. Upon launch, the types of the 911 calls that will be potentially diverted to HART include Mental Health calls, Welfare Check, Drug OD/Possession, Indecent Exposure, Truancy, Criminal Mischief, Solicitors, Suspicious Person, Disturbance. The Harris County Commissioners Court previously approved funding for the Holistic Assistance Response Team (HART) program in the FY21-22 budget cycle.

HART staff will respond to non-violent call codes within the highest call volumes in the Cypress Station area. Some of the call codes involve welfare checks, truancy, criminal mischief, suspicious persons, and family disturbances. If a situation becomes violent or dangerous, the call will be turned over to law enforcement. Harris County Sheriff's Office has conducted analysis of its 911 calls and coded those calls that warrant the dispatching of non-law enforcement responders.

The HART program will start in the Cypress Station areas (beats) which have the highest volume of call codes for non-violent, low risk level offenses such as criminal mischief, truancy, suspicious persons, and mental health. Information received by the Sheriff's Department indicates Beats N60, N50 and E20 experienced the highest call volumes in the Cypress Station area over the last three years. Beat N50 has also been identified as the beat with the highest number of violent crimes. The Sheriff's Department will provide Harris County Public Health with the details of the calls for the approximately thirteen call codes broken down by year, breakdown by nature code, self-initiated versus citizen-initiated, and calls where a report was generated. Harris County Public Health will analyze the data to refine the service delivery area and identify community resources. The statistics will also be used to conduct ongoing program analysis and evaluations.

### HART RFP Vendor

On August 6<sup>th</sup>, 2021, HCPH issued a Request for Proposal (RFP) to contract with community service provider(s) to co-design, staff, train, and supervise the Holistic Assistance Response Team (HART). The deadline to submit RFP responses was October 4<sup>th</sup>, 2021. Community service providers who applied were evaluated on the following criteria:

- show commitment to the future of community response in the County and are excited to co-design HART program protocols with a designated County HART Program Manager, Harris County Sheriff's Office (HCSO), and other County and community stakeholders,
- can provide HART behavioral health and/or on-scene medical assistance responder staff and train them to respond to calls for service when dispatched by HCSO,
- can provide a Trauma-informed response to 911 calls, and
- can consistently and effectively collect program data to support an external program evaluation

Proposals were evaluated and the top three vendors were invited to provide presentations to further detail how they would implement community-oriented, non-law enforcement programming to meet the goals of the program. The process was competitive. DEMA Consulting & Management was selected based on their track record of providing holistic and individualized services utilizing trauma-informed, culturally competent, and multidisciplinary approaches.

It is estimated that the vendor will enter a contract by the end of January and begin providing services by March 2022.

# Violence Interruption Programs Progress Update

## Community Violence Interruption Program

Street outreach programs such as the Cure Violence Model have demonstrated successful outcomes in reducing community violence. These programs use credible messengers to detect and interrupt violent conflicts; intervene to stop cycles of violence by working with individuals at the highest risk of becoming victimized or perpetrating community violence. These interventions will meet people where they are and intervene. – either on the street in areas most heavily impacted by violence before situations escalate or in the hospital following a violent injury due to community violence.

### Neighborhood selection

The **Sunnyside** neighborhood (ZIP codes 77021, 77051, 77033) and **Cypress Station** (ZIP code 77090) have been selected as pilot communities for the *Community Violence* Intervention programs. These communities were selected based on their high social-vulnerability index, high levels of violent crime, and existing partnerships within the community.

## Hospital-based Violence Interruption Program (HVIP)

Following a series of data-driven discussions between the Harris Health System and Harris County Public Health, Ben Taub was selected as the hospital to implement the hospital-based violence interruption program. Ben Taub is a part of the County safety net system and responsible for the broader health needs of the population to be served through this programming. Ben Taub has rendered medical care for the highest number of injuries due to violent crime. This program will be implemented in coordination and with technical assistance from the Hospital Alliance for Violence Intervention (HAVI) to implement the hospital-based violence prevention programming at Ben Taub. Contract request with the HAVI will be placed on January 25<sup>th</sup> Commissioners Court session for approval to receive training and technical assistance services that will be instrumental to Hospital Violence Intervention Program (HVIP) planning, launch and sustainability. One of the main goals is to establish efficient coordination between HAVI and the Coordinated Care Team of the ACCESS Harris County Initiative. Harris County Public Health and the Harris Health in partnership with HAVI will play a critical role in reaching individuals who have been the victims of violence to provide critical interventions to reduce and prevent individuals from becoming reoccurring victims of violence and/or perpetrators of it.

## Integration of CHVPS Programming with ACCESS HARRIS Implementation

On November 9<sup>th</sup>, 2021, Commissioners Court approved the initial implementation of the ACCESS Harris coordinated care service delivery model, including the hiring of staff for the first ACCESS cohort focused on safety net programming focused on minors who have been in the juvenile justice system and/or are in the violence prevention program. The ACCESS Harris violence

prevention cohort aligns with the goals and services of the community-based violence prevention program within the newly established division. The cohort will be the first in the ACCESS Harris planned staggered launch, aligning with the establishment of this division and associated goals. HCPH has initiated the hiring process for new positions from the ACCESS violence prevention cohort care coordination team, expected to onboard by March 2022. Community-based violence prevention team will work in collaboration with the ACCESS violence prevention cohort to provide care holistically. It is critical to establish a multidisciplinary approach and ensure wrap-around care/services for vulnerable population, which will also reduce the reoccurrence of these violent incidents through the ACCESS Harris County Initiative.

## Coordination and Partnerships Progress Update

### Harris County Sheriff's Office:

Harris County Public Health is actively working in partnership with the Harris County Sheriff's Office to build the HART program. HCPH is working with HCSO to hire staff to support the identification of those 911 calls that are appropriate for transfer to the HART program. This includes a HCSO HART Project Manager who will act as a liaison between law enforcement, medical emergency services, and public health. The Project Manager will also coordinate with HCSO emergency communications to develop dispatch policy and procedure, collect, and disseminate outcomes data, and coordinate the program within the HCSO and across local law enforcement and emergency medical services.

### Emergency Medical Services:

Harris County Public Health is partnering with the Harris County Emergency Medical Service (EMS) providers to coordinate services for the HART program. Harris County Public Health in collaboration with Harris County Sheriff's office contacted Harris County Fire Marshal's Office (HCFMO) and met with the 911 EMS directors to inform them of the program and educate them on the HART program to ensure support. Bi-weekly meetings with law enforcement and emergency medical services has been established between HCPH, HCSO, HCESD #48, HCESD #11, HCESD #1 and CyFair Fire Department. These agencies are specific to the areas where HART will be launched, and all agree that this program has significant value for the public and will produce better outcomes.

### City of Houston – Houston Health Department:

Harris County Public Health is partnering with City of Houston - Houston Health Department (HHD) on this programming and coordination throughout Harris County, focusing on replicating the best practices and effective strategies for the community-based and hospital-based intervention programs. In addition, HHD will be contributing staff resources to the ACCESS Care

Coordination teams to support access to and receipt of services that provide holistic strategies to address the social determinants and root causes of violence.

### **Criminal Justice Coordinating Council (CJCC) Racial and Ethnic (REE) Committee:**

HCPH is working with the Criminal Justice Coordinating Council (CJCC) Racial and Ethnic (REE) Committee to gather community feedback from a group of community members. This committee will act as a community sounding board, providing critical feedback on CHVPS programs to inform the planning, implementation, and expansion of the HART program and service delivery.

## **Program Development Support and Technical Assistance Progress Update**

Harris County Public Health is working with other communities of practice and national experts to develop and implement best practices and evidence-based programming for the three programs to be administered in the Division of Community Health and Violence Prevention Services. These resources are providing technical assistance and guidance. These resources include the Harvard Government Performance Lab (GPL), The Hospital Alliance for Violence Intervention (HAVI), and Dr. Chico Tillmon Consulting.

### **Harvard Government Performance Lab (GPL)**

Harris County, TX has been selected as one of five jurisdictions to participate in the Harvard Kennedy School Government Performance Lab's (GPL) Alternative 911 Emergency Response Cohort. The cohort selection process was highly competitive, and recognized Harris County's vision and commitment to improving community safety and wellbeing through this initiative.

GPL is helping Harris County Public Health with the development and implementation of HART (alternative 911 emergency response team) tailored to local needs by providing support on the program rollout and facilitated learning. As a part of this engagement, Harris County will continue to receive:

- Advising on mapping program development milestones to support implementation, such as tracking call volume and creating training curricula for responder teams.
- Access to adaptable implementation template materials including call decision trees and service provider request for proposals.
- Real-time support from GPL staff and facilitated jurisdiction to jurisdiction troubleshooting through monthly cohort calls.

The GPL has connected HCPH with a national cohort of departments working on 911 divergence programs like HART. On monthly calls, HCPH exchanges resources and advice with peer organizations across the U.S. During one-on-one meetings, the GPL project leader has assisted

in the drafting of job descriptions for key positions, the creation of interview questions for potential HART vendors, and resource coordination. They also connect HCPH with local stakeholders and national planners.

### Hospital Alliance for Violence Intervention (HAVI)

The Health Alliance for Violence Intervention (HAVI) was previously contracted by JAD to explore the feasibility of implementing a violence interruption program in Harris County. The HAVI fosters hospital and community collaborations to advance equitable, trauma-informed care and violence intervention and prevention programs. It is a membership organization that includes the American Hospital Association and 39 hospital-based violence prevention and intervention programs in 18 states and D.C. A sole source agreement is being established with Health Alliance for Violence Intervention (HAVI) to now assist in identifying partners for HVIP (Hospital-based Violence Intervention Program) implementation and to assess interest, readiness, and resource needs of local hospitals to launch a HVIP. Along with Tillmon Consulting, HAVI previously performed a county-wide analysis on violent crime and trauma registries of two Level-1 trauma centers in Harris County, and also to support in the feasibility assessment of instituting a gun violence interruption program and learning from other cities who are also launching community responder programs.

### Tillmon Consulting

Dr. Chico Tillmon is a leading national expert in violence prevention, with over a decade of experience in the field supporting Cure Violence and street outreach approaches across the country, mental health supports for youth, and reentry programs. A personal service 5-month agreement was established with Dr. Chico Tillmon to help the Department establish the Community Violence Interruption Program. This engagement will involve providing evaluation, training, consulting, and technical assistance to implement pilot violence reduction program in multiple neighborhoods in Harris County through successful planning and implementation, as well as monitoring and evaluation of the design. Dr. Tillmon provided his expertise in the development of the Outreach Specialist job description for the Violence Interruption Program. In addition to participating in planning meetings, Dr. Tillmon has shared the most recent information on possible forthcoming federal funding opportunities.

## Outreach, Education, and Communication Strategies Progress Update

Beginning the second week of January 2022, HCPH will begin robust community outreach and engagement to share information about these programs, answer questions and solicit feedback from community members and stakeholders. HCPH will be conducting multiple community outreach meetings in pilot communities for CVIP and HART. Engaging and gaining support from leaders and residents of the pilot communities is crucial for developing and implementing a successful and sustainable VPP. Harris County will hold separate meetings with different levels of

stakeholders specific to each of the pilots for CVIP and separately for HART, though there are communities with some overlapping of both pilots.

These meetings will include elected leaders, HCPH and other County agencies interfacing with these programs, local leaders, community-based service providers, business owners and community residents. It will also include public safety, medical and mental health providers, community-wide leaders and organizations, and subject matter experts as needed. The meetings will consist of a brief presentation about the programs, and then will be opened to participants to ask questions and make comments.

Additionally, to better understand stakeholder's priorities and concerns for their communities before meeting with them, meeting invites will include several questions designed to illicit feedback regarding these programs. Stakeholders' answers will be shared at the beginning of each meeting for that specific pilot community. The meeting format will be via web-conference on account of COVID-19 and meetings will include evening hours, so community residents can attend. HCPH is planning to have completed its preliminary community engagement meetings by the beginning of February 2022.

Along with community-engagement, HCPH is also planning a communications campaign to share information about these new programs. On the anticipated program launch date in March 2022, HCPH plans to hold a press conference to introduce the HART program and the CVIP to the public. Key spokespersons will be on hand to share information about the progress up to date and what it means for the community.

Targeted advertising for the programs will be done in the pilot communities, so residents or those working in the area will be aware and can either call HART or get connected to the CVIP if needed. Print, social media/Web ads can be targeted in the pilot areas.

The plans for communication, outreach and engagement were developed using public health community engagement efforts along with best practices from the Tillmon Consulting Group. The Los Angeles County Office of Violence Prevention was also consulted for its community engagement best practices.

When developing its list of stakeholders, in selected areas HCPH reached out to other public safety agencies and stakeholder network to add appropriate groups to its existing lists.

Community Engagement will also be a continuous and ongoing process after the programs launch. The success of the VPP is contingent upon community input, collaboration and partnership. The Community Empowerment and Engagement Manager and two Community Outreach Coordinators will oversee the planning and implementation of community strategies and are responsible for connecting people in the broader community and cultivating relationships with faith-based institutions, businesses, individuals, and other relevant stakeholders. The relationships will ensure links to resources for residents, such as employment opportunities, educational opportunities, substance abuse treatment, and housing, mental

health, and social services. The collection of performance data will be utilized to lead and manage continuous quality improvement in community engagement activities.

## **Next Steps**

Following the onboarding of the CHVPS Division Director and selection of the HART vendor, and approval of the HART vendor contract in Commissioners Court on January 4<sup>th</sup>, 2022, Harris County Public Health will continue hiring process for the remainder of the violence prevention program, develop protocols and procedures for HART, and draft agreements with hospitals for the hospital-based violence prevention program for a successful launch in March 2022.

Harris County Public health will also continue developing actionable goals and strengthening objectives and intervention strategies that will prioritize the responsibilities of the Division and provide immediate and long-term benefits to the community.

Harris County Public health will continue to collaborate with consultants identified here, staff from the Commissioners Precincts, Harris County Resources for Children and Adults, Harris County Sheriff's office, and City of Houston Health Department to identify and implement pioneering policies that reduce violence.

Lastly, Harris County Public Health and Justice Administration Department are exploring a future collaboration to conduct evaluation of Community Health and Violence Prevention Services programming. These evaluation efforts are critical to measure and demonstrate long-lasting impact of this programming.