

Measure H Funding Recommendations Process- FYs 2020-23

Homeless Initiative Policy Summit #3 Outreach

Tuesday, October 8, 2019

Key Points:

1. **A collaborative and far-reaching Countywide Outreach System has successfully been created.** Strategy E6 has created a highly collaborative system that has vastly expanded the reach of street outreach and greatly enhanced the capacity of outreach teams.
2. **Enhance resources for outreach workers to serve the most vulnerable clients.** There is a need for resources to help outreach workers serve the sickest and most vulnerable clients, including clients with special needs. This includes clients who are medically unstable, have serious mental illness, are experiencing addiction, and clients with intellectual or developmental disabilities. Outreach workers can stabilize these clients but struggle to keep them stable because there is nowhere to send them.
3. **Provide support and tools to mediate the unrealistic expectations often placed on Outreach Workers.** The expectations placed upon outreach teams are often unrealistic; they are called upon to provide every resource and meet every need, including playing a “public relations” role when they interact with members of the public who express frustration. Additional tools and resources, as well as greater involvement from other systems, are needed to help outreach workers navigate the many demands they face.
4. **Build and enhance communication channels between outreach system and cities.** Routine and effective communications with city officials and staff are critical to ensuring cities are informed and are in a position to collaborate with outreach teams.

Outreach Policy Summit Notes
(Discussion questions/themes in bold)

Following a presentation by the strategy evaluation team on its interim findings for the E6 strategy evaluation, participants offered their input:

- Public perception is that those receiving outreach aren't actually getting housed, and that outreach is therefore not effective. However, permanent housing isn't directly within the scope of outreach workers' (OWs') job and they cannot control the supply of affordable/subsidized housing.
- OWs are essentially first responders and ought to be seen and treated as such.
- Landlords need to be given more incentives, such as a tax break, for accepting clients with rental subsidies. They could also be given funds to help improve their housing.
- Evaluators should ask people experiencing homelessness what it has been like for them to be on the other side of outreach.
- Important to consider cultural competency of providers. Evaluators noted that they are looking at the demography of the providers vs. the participants they serve.
- LEAB should be part of collecting data from people currently experiencing homelessness who have contact with OWs.

What have been the most noticeable impacts of the major increase in outreach funding and teams? What unintended consequences have resulted from this increase?

Increase in scale and scope

- An obvious impact is that there simply is much more outreach, whereas previously there were about 50 people covering the entire County. We also now have the Los Angeles Homeless Outreach Portal (LA-HOP).
- Clinical supports are now embedded in outreach teams.
- Many non-Measure H outreach and crisis intervention teams (such as those funded by DMH) are not represented in the room but are part of the system. Many of these teams are more specialized. E6 teams are connected to them through relationships and can call them for rapid assistance.
- Some E6 teams do have special training. (Some are trained to help put clients on psychiatric hold if need be.)
- MET and PMRT teams have been very helpful in doing mental health evaluations in the field.

Collaborative system

- Coordination and collaboration for outreach across the County exceeds the original expectations and hopes. There is no longer an attitude of "this person is mine, that person is yours."

Unrealistic expectations for outreach system

- There is a perception that OWs can do everything. OWs are being treated as though they are first responders, even though they are not trained to work in fires, major safety hazards, etc.

- Increasingly there is a view of OWs as being capable of doing everything, which is problematic.
- Many different entities want their own outreach teams, but resources are still limited.
- Different pace of outreach vs. the rest of the system: Outreach runs with urgency, but the rest of the system works much more slowly. This impacts system flow.
- Misunderstanding about what LA-HOP really does; it is designed to make long-term connections, not to solve crises immediately.
- Outreach teams must interact not only with people experiencing homelessness, but also with the general public; they are now expected to be public relations specialists, without such training. Members of the public approach them frequently and often direct their concerns with the system/homelessness at these front-line workers.
 - Suggestions – OWs to receive some training or be equipped with brochures with some information that they can give to the public.

Given the limited numbers of both interim and permanent housing slots for people experiencing homelessness, with what tools can we equip OWs to ensure that they are able to provide clients with meaningful resources and connections?

Connections to ancillary services

- Increase connections to wellness, community integration, and behavioral health resources.
- Transportation is an issue: OWs are spending a lot of time in transport. Is there a way to centralize transportation for people experiencing homelessness?
 - Bus tokens have been suspended, and the use of TAP cards is much more expensive.
- Need more places to take showers and get clean clothes before going to different offices, like DPSS.
- Create more options for people with pets (including basic veterinary care).

Coordination with housing and other system components

- Improve coordination between outreach, housing navigation, and other stages of the process. Increasingly OWs are following clients all the way through the process.
- OWs themselves really are our best tool, but there are not enough backdoor resources available after outreach.
- Improve connection to employment resources for lower acuity clients who won't qualify for housing resources so they must increase their income in order to exit homelessness.
- Make hand-offs in the system smoother.
- OWs need to lay out expectations for clients and be honest with them about where they will need to go, what they will need to do, etc. so clients can make informed choices. Encourage truth-telling: Outreach teams need to be upfront with clients about housing shortage, etc.
- Encourage County departments and other resources in the community to provide info to outreach teams or directly offer their resources, rather than expecting OWs to be experts on all resources.

Training

- Some OWs are being trained to administer Naloxone/Narcan to combat opioid overdose. Philadelphia has won the right to legally operate a supervised injection site; LA should explore.
- Increase problem-solving (especially prevention and diversion); Outreach should be trained not just in providing homeless services, but in connecting people experiencing homelessness back to somewhere they came from if/when possible.
- Outreach teams need to be trained/permitted to use Next Step tool (rather than sending clients to case managers at an agency) because they are the ones who have built rapport with the clients.

Resources for most acute clients/clients with special needs

- Interim housing is insufficient for some high acuity clients, particularly those with serious mental health issues, who may struggle to follow rules/meet expectations at these sites.
- OWs can help to stabilize mentally ill clients, ensure they get on their medication, but there is no place to put them. They ultimately often go back to the street and off their medications. We need beds for the most acute individuals.
- Some OWs struggle to connect clients to mental health services.
 - DMH's Homeless Full Service Partnership (FSP) is a specialized team that only accepts referrals from street outreach teams.
- People who are somewhere between stable and needing to be hospitalized fall into a gap that has few resources.
- Consider a "4th level" of morbidity (persons with intellectual/cognitive disabilities) in both outreach approaches and housing options. We need to do outreach to regional centers to ensure coordination and referrals.
- Consider how to reach people struggling with addiction, including:
 - Creating a safe space for them to use
 - Having a bed for them immediately when they are ready to go into detox.
- Public health concerns: for both OWs and those they are serving.

Empower clients and build their capacity

- Focus on empowering the clients and asking them what they can do for themselves.
- Acknowledge what outreach is doing well; that human connection does make a difference for people on the street.
- Enhance capacity building (clients may be able to return to prior living situations with some assistance and support).
- Create position of a "hand-holder": Someone who can come out on weekends, evenings, and not be too stuck in professional boundaries; this would help keep clients from feeling abandoned by their OWs.
- Is there a better way that outreach could better connect these clients to DPSS (for GR, CalWORKs, CalFresh, Medi-Cal,)? (Response – this is one of the first things that outreach teams do.)

Staffing challenges and suggestions

- Suggestion that there be a monthly meeting of outreach teams (so OWs can share experiences and communicate what they need).

- Outreach worker retention is a challenge, particularly for HET. They are well-trained, so they are constantly being promoted to higher positions. Difficult to fill vacancies.
- Better to utilize people with lived experience, who actually know how to navigate the system.

How can relationships with cities be bolstered so that they are aware of outreach efforts in their respective city? What is the best way to communicate with cities to make them aware that proactive outreach is going to be conducted in their area?

Promoting city engagement

- Some cities are taking pro-active steps. In City of Norwalk, there is an active homelessness taskforce.
- Cities should be more involved in the homeless count and homeless coalitions, etc.
- The County should continuously engage cities.
- Increase flex funding for cities.

Sharing information with city staff and officials

- Elected officials don't always know what's happening with outreach teams/how coordinated they really are. Need to do a better job sharing information about who to call, key contacts, etc.
- Outreach teams/coordinators sitting down for one-on-ones with elected officials/cities helps diffuse the sense that "nothing is going on." Useful for Outreach coordinators to identify champions in each city.
- Is it possible to take a systematic approach to outreach presentations to cities, perhaps using COG meetings?
 - Some cities are less engaged with COGs, so individual city meetings may be needed.
- Challenge of service providers not being able to provide information about clients to law enforcement teams.
- Cities often get frustrated with high users of police departments, ambulances, etc. Useful to meet with law enforcement/public safety staff.
- Create a master layer of maps that shows outreach efforts clearly for public consumption.
- Important to explain to cities what provokes additional outreach in their jurisdictions. For example, the opening of additional shelter beds in a city could lead to more outreach.
- Encourage more transparency. City officials should have access to data re: number of:
 - People in their city served by outreach
 - Empty beds
 - People looking for landlords
 - People looking for shelters
 - LA-HOP requests
- Break down stats by city, showing number of people currently at risk of homelessness in each city; once people actually become homeless, cities tend to wash their hands of them.
- LAHSA recently released data with outcomes by city for the first time; this will be available on a quarterly basis.

- Cities are now creating their own outreach teams, so coordination and collaboration are needed.

Concerns regarding encampment clean ups

- Cities are receiving notices from Department of Public Health (DPH) indicating that they have an encampment in their jurisdiction that is a health hazard and must be cleaned up. More conversation and context around these notices is needed.
- Cities say they have to pay for clean ups even when they occur on Metro or Union Pacific properties.

Economic security of OWs

- Concern that OWs are close to becoming homeless themselves; need to pay them a living wage.

The following three questions were discussed together:

How can the system find an appropriate balance between reactive outreach – which is responsive to the needs and concerns of various constituents and stakeholders – and proactive outreach – which expands the reach of outreach teams and may enable them to connect with harder to serve clients?

Are there ways in which the current outreach system could be improved?

Are there ways to incorporate non-traditional access points like faith communities, community colleges, barber shops, etc. to expand the service network for outreach services?

Specialized outreach to serve clients with special needs/specific populations

- Need funding for Transition Age Youth (TAY)-specific outreach. Adult providers are not going to encampments where the youth are, so they may not get served. No TAY providers at table today.
- Community colleges should have access points (many have resources for scholarships, free textbooks, etc.).
 - By next month, LAHSA will have established peer navigators on all community college campuses.
- Need to accommodate people experiencing homelessness who are critically ill and may need hospice care, so they do not die on the street.
 - OWs need more support when working with these clients.
- Provide assistance for low-level drug offenders so they do not end up in jail/prison – engage with diversion efforts for drugs, sex work.
- Every OW who finds a client ready for detox should be able to get them a bed, but this is not currently the case.
 - Consider a pilot program within hospitals so clients can go through detox there until there are more beds. We have funding from Medi-Cal, but no beds.
 - Need to treat people with addiction the same way as others who are suffering from a disease.
- Increase sobering facilities (need more beyond the one in Skid Row).

Inflow and those who are being newly engaged

- Data observation: It appears that most people being engaged are new to outreach (“newly engaged” in the data). What is happening to people who have been engaged previously?
 - Could be because E6 teams have not been around very long and they are reaching areas that were previously not receiving outreach.
- Concern about general inflow: 25% of people currently experiencing homelessness have been on the street for less than a year.

Other coordination, engagement, and process improvement opportunities

- Bridge gap between volunteer OWs and professional OWs.
- Better utilize Homeless Count as an opportunity to educate cities and intentionally engage them.
 - Some jurisdictions allow for volunteers to conduct surveys as a part of the Homeless Count; could look at this option in LA County.
- Increase funding for cities to assist people before they become homeless.
- Need OWs on weekends and through the night.
- Improve technology used in data collection and sharing. Clarity/HMIS are outdated; as a result, services may be underreported. A more user-friendly app would make data collection easier and more effective.

Public Comment

- The Social dynamics in black faith communities are unique. Need to better involve faith communities and understand the unique approach to engaging them. Could some funding be allocated to churches? How can we better utilize their space?
- OWs have clients ready to come inside, but no beds. Need to conduct CES assessments in the field; otherwise, if clients must go to offices to do this, they may get lost in the system or “drop out.” Would it be possible for one person to stay with clients throughout their entire time moving through system?
- Biggest obstacle has been trying to compile a list of resources in SPAs 5 and 8.
- Even people housed in Skid Row (especially women) are overlooked and discarded. Need for OWs in evenings, need outreach to parks and libraries. Typically, in Skid Row or other areas, one person “runs the block”; OWs should know this to make effective connections.
- Need for comprehensive outreach for black, female, disabled persons experiencing homelessness (whose only reason for being homeless is their age and declining health). Individuals in this position may get lost in the system because they are not using substances, escaping domestic violence, etc., but are still very vulnerable.
- Concern that there are no extra points on the CES assessment (VI-SPDAT) for being HIV positive.
- Need to find a way to separate White from Latinx in the race data.
- Work with grocery stores to give away food that they are about to throw away.
- Be aware of top-heaviness and too much administration. Need to pay OWs better.