

Outreach

Dallas, TX (pages 48-49)

Discussion Outreach / Intake / Assessment

Crisis Response Strategy

Needs Statement

Although various government and private agencies have allocated resources to assist homeless individuals in crisis, a community-wide strategy to coordinate resources and programs has not been developed. Currently, several governmental agencies including Dallas MetroCare, Dallas County Constable, the Dallas Police Department and Parkland Hospital provide services or support related to assisting homeless individuals in mental or physical health crisis situations. However, these services are not coordinated across the community such that response to crisis situations is available on a 24/7 basis. Please note: homeless individuals include single adults, families, youth and victims of domestic violence.

Recommendation

MDHA should assemble a task force to develop a community-wide crisis response strategy. The task force should be composed of representatives for the major agencies that are currently providing services in this arena. A community-wide strategy for responding to homeless individuals in crisis should include the following elements:

- Objectives for crisis response
- Government and private agencies that provide services
- Operating plan for providing and coordinating crisis response resources on a 24/7 basis
- Service expectations and related performance measures to assess strategy performance
- Clear procedures as to when 911 should be contacted to ensure immediate response by the police or emergency medical services
- Service or resource gaps that need to be addressed

Action Step 1

Convene task force of service providers to develop strategy.

Action Step 2

Examine current service levels, resource availability and innovative practices from other communities.

Action Step 3

Develop overall strategy and implementation plan.

Action Step 4

Implement strategy and new coordination, service and communication practices.

Action Step 5

Document the delivery of services in the Homeless Management Information System (HMIS)

Measurable Outcomes

- Development and implementation of community-wide strategy.
- Number of homeless individuals in crisis who receive services within an acceptable milestones (as documented in strategy).

Milestones

- The crisis response strategy should be developed before the end of 2004

Budget and Funding Sources

None required for adults. \$25,000 required for Project Safe Place.

Responsible Party: MDHA

Mobile Outreach / Intake Teams / Assertive Community Treatment

Dallas is home to approximately 6,000 homeless people. Presently, several governmental agencies and non-profit organizations offer a wide variety of social services that attempt to address the general needs of the city's homeless populations. Faith-based organizations primarily provide some feeding programs and operate overnight shelters for homeless families and individuals. However, these services traditionally are inconsistent and are available only during the daytime. Traditional provider services and other outreach initiatives are limited or non-existent during the critical late evening hours, thereby further reducing efforts to target chronic, "hard-to-reach" or "shelter-resistant" homeless individuals who prefer to sleep in places unfit for human habitation. Drug and alcohol addiction and mental illnesses characterize chronic homeless individuals. As a result, they are considered to be most at-risk to succumb to common illnesses or diseases, or become victims of crime and violence. However, it seems that the only interaction encountered by unsheltered homeless individuals during the late evening and early night-time hours involves law enforcement officers who are ill equipped to handle their special needs.

Project Description

It is essential to initiate an assertive community outreach to the chronic homeless populations, particularly during late evening hours when existing social service agencies and organizations are not generally available. Mobile outreach teams, including the City of Dallas Crisis Intervention Unit and Dallas Metrocare, can aggressively target areas where the homeless are known to collect, and can provide professional intervention through physical and mental health assessments, diagnoses, and referrals to appropriate resources.

Recommendation

Four homeless outreach teams, consisting of at least two assigned caseworkers, can be utilized effectively to respond rapidly to any crisis involving chronic homeless people throughout the city during the late evening and nighttime hours. They will also respond to any critical or emergency-related calls from public safety officers involving initial contacts with homeless individuals, families or groups. Assertive Outreach Teams will be able to conduct professional assessments involving mental health, addiction, abuse, or neglect, and make referrals for appropriate services. All caseworkers will be specially trained to work collectively with the police, shelters, and other professional organizations to better understand the demographics of the homeless community, and will be fully equipped to properly respond and to engage chronic homeless individuals on a daily basis to determine needs and to assertively direct them to seek treatment or shelter.

Measurable Outcomes

- Increase the numbers of identified chronic, "hard-to-reach" homeless receiving treatment or other services within the system of care through assertive community outreach initiatives.
- Reduce the number of chronic, "hard-to-reach" homeless individuals as identified through annual homeless counts.

Action Step 1

Develop a detailed resource plan (including funding analysis) for deployment of four additional outreach/intake teams as described above. The plan should examine the possibility of utilizing resources that could be dedicated or "donated" from existing service agencies or governmental entities.

Action Step 2

Secure incremental funding for resource plan. In all likelihood, incremental resources will need to be secured from local, state or federal resources. However, grant funding from private or corporate foundations should also be sought to fund this initiative.

Action Step 3

Deploy mobile outreach/intake teams and assess results on an ongoing basis. Periodically, the level of resources dedicated to this initiative should be assessed to determine the level of services needed, the appropriate resource mix and hours of operation.

Action Step 4

Explore the possibility of utilizing volunteers to staff or augment outreach/intake teams. Although the use of volunteer resources would require the development of training programs and higher levels of coordination, it would also lessen the cost burden of providing these services.

Milestones

- Identify funding sources by targeting corporate communities within twelve (12) months of activation of this initiative
- Identify and train eight (8) Mobile Outreach Caseworkers within six (6) months of activation

Budge and Funding Sources

It is presently estimated that each Outreach Team (2 caseworkers each) will cost approximately \$250,000.00 - \$200,000.00 annually. This will include salaries, benefits, and equipment costs. These estimates will be revised based upon whether to utilize City of Dallas or from other participating service agencies. The total cost of this recommendation is \$600,000 - \$800,000 annually.

Responsible Party: MDHA

Outreach

Colorado (pages 35-39)

Reduce Homeless Stigma

Strategy 5.2 Develop programs and projects that reduce stigmas attached to persons who are homeless, including those with special needs.

Includes both the stigma attached to persons who are homeless and the stigma attached to persons with special needs.

Action 5.2.1

Increase grass roots client outreach and education – Tie with peer outreach model.

Expand Peer support programs for engaging persons in treatment (mental health and sa)
(New Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Andy Johnson

Other persons assigned:

Steve Gould, Formerly homeless consumer with special needs, current S+C participants

Expected Outcome:

- Increased success in treatment programs for the chronically homeless with special needs.
- Increased engagement in services for the chronically homeless with special needs.
- Decrease in number of chronically homeless persons as measured by the annual homeless survey and CHIRP data.
- Decrease in chronic homelessness as measured by annual homeless survey.
- Jail Diversion Grant Received
- Evidence Based Practice Grant approved.

Recommended strategies for meeting stated outcome:

- Strategies developed by work group

Timeline:

September 2004

Action 5.2.2

Educate mainstream providers regarding the necessary adaptations to service delivery for homeless persons.

(e.g. medication issues, keeping appointments, documentation and id) (culturally appropriate)

Risk reduction model -different concept for many existing programs. (e.g. TANF, Self-sufficiency, SA & abstinence)

(New Activity)

Persons assigned from the Colorado Department of Human Services:

Marva Livingston Hammons, Tracy D'Alanno

Other persons assigned:

Expected Outcome:

- Education of state and local mainstream providers will result in greater access to services through changes in intake and assessment procedures, flexibility in regulations.
- Distribution of a clearly defined plan with recommendations to each local provider for changes in intake and assessment procedures for Medicaid, SSDI, AND, Mental Health, Substance Abuse, TANF, and Food Stamps.

Recommended strategies for meeting stated outcome:

- Develop plan with recommendations to each local provider for changes in intake and assessment procedures.
- Look at risk reduction models and concepts.

Timeline:

March 2003

Action 5.2.3

Investigate how to develop non-traditional ways of offering mental health and substance abuse services.

(New Action)

Persons assigned from the Colorado Department of Human Services:

Tom Barrett, Janet Wood, Bridget Barron, Mary McCann

Expected Outcome:

- Development of pilot projects with non-traditional treatment approaches.
- Increased number of non-traditional treatment programs.
- Increased access to homeless persons to these programs.

Recommended strategies for meeting stated outcome:

- Develop pilot projects with non-traditional treatment approaches.

Timeline:

June 2004

Action 5.2.4

Provide stigma reduction training to public and private service providers.

(New Initiative)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Office of Performance and Improvement

Other persons assigned:

Expected Outcome:

- Number of people trained.

Recommended strategies for meeting stated outcome:

- Development of a training program for both public and private providers on reducing the stigma associated with homeless persons with special needs.