

FY2022 Clark County CoC Unsheltered Homelessness Set Aside Project: SSO-Outreach or SSO-Other

1. Agency Name
Council for the Homeless
2. Your Name
Sunny Wonder
3. Email
swonder@councilforthehomeless.org
4. Project Name
Coordinated Outreach Expansion
5. Specify the Type of Project: Is your agency applying for SSO-Street Outreach (to fund street outreach activities or is your agency applying for SSO-Other (to fund stand-alone support services to those experiencing homelessness or who have been homeless in the prior 6-months but are now residing in permanent housing (that is not PSH or RRH). Specify SSO-Street Outreach or SSO-Other in the box.

SSO-Street Outreach

Project Description:

1. Please give an overview of the proposed project design. (10 points)
Council for the Homeless currently collaborates with seven partner agencies to conduct Coordinated Outreach efforts. These teams of outreach coordinators work in the field seven days a week from 8am-7pm. The Coordinated Outreach Program operates in the Clark County area, which includes the cities of Vancouver, Camas, Battleground, LaCenter, Ridgefield, Washougal and parts of Woodland. The Coordinated Outreach Systems Manager maintains a list of known encampments in Clark County. In cooperation with the City of Vancouver's Homeless Action Response Team (HART), Council for the Homeless works to identify other encampments in the community that are not known and those that homeless but not in encampments.

When an encampment has been identified, the program manager dispatches teams to the encampments to begin engagement with individuals. Community members are also able to contact the Council for through our coordinated outreach email and phone number. These are a designated email and phone number specifically for community members to contact the Council for the Homeless and notify us of locations in the community of possible growing encampments and homeless individuals. The Council for the Homeless, Coordinated Outreach Program also has a collaborative relationship with the local police departments and we are called when there are individuals needing

assessments and engagements. Outreach coordinators are on hand for emotional support during clean ups and sweeps.

2. Please describe the programmatic strategies that will be used to reduce rates of households returning to homelessness and increase permanent housing placement. (5 points)

Once outreach coordinators have identified someone that is homeless, engagement begins immediately. Coordinators first access for the client's safety. After accessing for safety, coordinators will check shelter and motel availability. Coordinators then conduct a housing assessment and begin identifying barriers to housing. If there are shelter beds or hotel space available, coordinators begin working on those on those referral placements. If there are no shelter beds or motel rooms available, coordinators make sure that individuals have some basic needs items, such as tents, tarps, sleeping bags, hygiene kits, laundry cards, bus passes and food.

Coordinators continue engaging with clients to work on barrier reduction, while also keeping update on shelter and motel room availability. Barrier reduction includes helping clients with IDs, birth certificates, connecting to resources and services such as mental health and substance use treatment, help locating primary care or employment services. Other types of barrier reduction includes paying off past property debt and utilities that are keeping a client from being approved for housing. Coordinators continue to work with clients until the client is housed, either in their own place or in shelter. Once a client is housed, coordinators work with them for up to 2 months to ensure that the client is well connected to resources, services and are setup to have the means to maintain housing. This collaborative approach has proved successful in moving individuals and families from homelessness into housing and has been effective in assisting program participants in retaining their housing.

3. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. How will you ensure that program participants will be assisted to obtain all benefits for which they may be eligible? (10 points)

The Council for the Homeless Coordinated Outreach Program is currently working with Legacy Health's local emergency department social workers to develop a process for notifying the Coordinated Outreach teams when a patient is being discharged into homelessness. The process will involve dedicating space to Outreach Coordinators so that they can meet with the patient being discharged to conduct a housing assessment, work to get them placed in a shelter or motel and provide some essential needs items. This process is already in place with Peace Health Hospital.

The CFTH's Coordinated Outreach Program now includes a collaboration with Lifeline Connections, who were recently awarded the Homeless Outreach and Stabilization Team contract. This program is designed to serve people who are living with serious substance use disorders or co-occurring substance use and mental health conditions are experiencing homelessness, and whose severity of behavioral health symptom acuity level creates a barrier to accessing and receiving conventional behavioral health services and outreach models. HOST teams work throughout the county to outreach and engage the most vulnerable individuals into services with the ultimate goals of addressing their behavioral and physical health needs, increasing stability, obtaining housing, and transitioning them into long-term services for their substance use disorders or co-occurring substance use disorders and mental health conditions.

As a part of barrier reduction, Outreach Coordinators work with social services, such as the Department of Social and Health Services to assist program participants with completing applications for food, medical and cash benefits. Outreach Coordinators are able to connect program participants to SSI/SSDI Outreach, Access and Recovery (SOAR) coordinators to provide program participants with additional supports to increase their access to SSI/SSDI income supports. Columbia River Mental Health is an agency partner for the Coordinated Outreach Program. Their mobile health crisis teams are able to provide basic medical services, peer support and mental health/substance use support. They are also able to do referrals to other mental health and substance use agencies as well as work with program participants to connect them to continuous primary care.

Outreach coordinators have also developed relationships with local agencies such as Partners in Careers, which is an agency that works with families and individuals to help them become economically self-sufficient. Their programs provide employment readiness services to in Clark County through job training, work experience, and individualized assistance. Their Community Jobs program serves parents with dependent children on public assistance. PIC staff work with parents in a four to six-month program to provide job training, job search, work experience and to address challenges such as health and legal issues. Staff work with parents to create a plan for success and an outcome of employment and independence. Career Academy is another PIC program that provides one on one support for job seekers. In the program, participants learn job search strategies and skills such as finding jobs to apply for, applications, resumes, cover letters, and interview practice. Career Academy participants have access to transportation support and PIC technology lab to support their job search process. Outreach coordinators are able to track the work that program participants are completing to remove barriers and this allows for successful tracking to ensure that program participants are getting the resources and services that they need to maintain and/or become healthier and housed.

4. What type of internal agency support services will be offered to program participants that will ensure successful retention in or help to obtain permanent housing? (5 points)
The Council for Homeless' Coordinated Outreach Program is unique in that we have collaborated with seven other agencies to provide support services to program participants. Internally we have our Pathways program whose focus is on seniors 62 and older. On our team, we have individuals skilled in working with veterans and are able to provide navigational supports working with the Veteran's Administration. Because of our collaborative work with our partner agencies in the Coordinated Outreach Program, we can easily refer to a partner agency that provides more client-faced services than the CFTH provides.

For instance, we have coordinated outreach teams from Seamar/Community Services Northwest. This agency is able to provide medical, dental, mental health and substance use services, as well as housing navigation. Recovery Café has peer support teams and can provide program participants with peer support as they navigate their recovery. SHARE has employment training, transportation assistance, housing and benefits assistance, tenant education as well as the Syringe Services Program and their Talking Trash employment-training program. These are just a few of the ways that Coordinated Outreach works to ensure that program participants are successfully housed and able to maintain housing. We are also participating in the Built for Zero initiative. Through BFZ, we have monthly case conferencing for our veteran's by name list and our chronically homeless by name list. The case conferencing is attending by the coordinated outreach workgroup teams and members from various community agencies that work together to ensure that individuals are being reached, engaged and successfully housed.

5. How does the agency receive and incorporate feedback from persons with lived experience of homelessness? How will this project incorporate the feedback from persons with lived experience of homelessness? (5 points)

How will this project incorporate the feedback from persons with lived experience of homelessness? (5 points). One of the ways that the Council for the Homeless receives and incorporates feedback from persons with lived experience of homelessness is by sending out surveys by text. This provides a quick way for clients to provide the agency with feedback. The agency also receives feedback from face to face engagement with clients. Coordinated Outreach teams are in the community daily can receive direct feedback from program participants. It depends on the feedback that we receive. If it is feedback that requires policy changes, this is discussed with the leadership team of directors to review and make recommendations on how to best incorporate the feedback and/or make changes to existing policy and procedures to address the feedback. Some feedback can be responded to more quickly, for instance those

experiencing homelessness expressed a need for supplies such as tents, backpacks and sleeping bags. Coordinated Outreach has been able to provide these supplies to program participants.

6. What strategies will this program use to ensure the needs of historically underserved populations are met? (5 points)

Currently the Council for the Homeless is gathering data to begin examining the disproportionality of our historically underserved population. The Coordinated Outreach and Equity and Advocacy Director will review this data and reach out to members of the BIPOC that have lived experience of homelessness within the last 2 years to form a BIPOC homelessness advisory committee. This committee will receive intensive advocacy training and will become the subject matter experts on ways to make changes to the coordinated entry system to have better serve the needs of historically underserved populations in our community. We also recognize that this will involve time and commitment, therefore we will be applying for a grant from Community Solutions/Built for Zero that will allow the CFTH to pay the members of the homelessness advisory committee to be paid for their time during training and when they are giving presentations in the community.

7. How has the agency reviewed disaggregated data, what did it learn and what is the current plan to create more equitable programs? (5 points)

8. The CFTH uses data gathered from HMIS reporting and Point in Time (PIT) Counts, to identify where the gaps in services are. We also utilize information gathered from the agency's Equity Reports. One of the gaps Coordinated Outreach has identified is centered on a lack of access for some of our most vulnerable populations outside. Our PIT count showed a significant increase in young adults and youth. This grant would help the Coordinated Outreach Program continue to work towards creating more equitable programming to reach and serve our unhoused community members.

9. Describe how the applicant is an active participant in the local Continuum of Care meetings. (5 points)

The CFTH facilitates the meetings and regularly discusses community issues related to homelessness, best practices and opportunities for collaboration. The CFTH also arranges for members to receive trainings, work in task groups to progress homeless plan initiatives, discuss advocacy and work to increase the trauma informed nature of services. Meetings are open to the public and new members may join any time. CoC meetings are held the second Wednesday of "odd numbered months", from 10am-noon and currently being held virtually.

I agree that the information herein is true and correct.

Sunny Wonder