Engagement Center Proposal

Developed by

The Homeless Outreach Coordinating Committee

of the Allegheny County Homeless Alliance

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INTRODUCTION

This paper has been developed by the Homeless Outreach Coordinating Committee (HOCC) of the Allegheny County Homeless Alliance to suggest strategic approaches, goals, and outcomes for a proposed Engagement Center that is designed to serve the increasing numbers of homeless people that live on the streets of Pittsburgh and Allegheny County.

The purpose of the Engagement Center is to produce a safe and supportive urban center where homeless individuals living on the streets can connect to immediate assistance, short-term emergency shelter, and permanent housing. These services are designed to be provided on-site by homeless service organizations that offer medical, mental health, career development, housing, case management and other services. It is the committee's belief that by establishing easy access to service along with an approach that focuses on building trusting and long term relationships, the Engagement Center will lead to decreased numbers of homeless people living on the streets of Pittsburgh.

Specifically, this will impact those homeless people who are living on the streets. Local statistics show that most of these individuals are recognized as being chronically homeless because they have a chronic disability (i.e. a long term mental health, drug or alcohol related disability). Often, their disabilities, along with the experience of permanent homelessness, have created complex barriers that make it difficult for the individual to succeed in traditional homeless support programs.

Nationally, research shows that persons experiencing chronic homelessness represent about 10% of the overall homeless population but consume 50% or more of all emergency shelter homeless resources *(Philip Mangano, United States Interagency on Council on Homelessness – July 1, 2004).* For this reason, the HOCC Committee is proposing that the Engagement Center will result in cost saving strategies, by reducing the need for emergency medical care, hospitalizations, and jail stays among this portion of the homeless population. Likewise, the Engagement Center will improve access for chronically homeless persons to housing, primary medical care, substance abuse treatment and mental health services, ultimately leading to increased housing stability, recovery, and self sufficiency.

Most importantly, the Engagement Center looks to improve the quality of life for all people in the Pittsburgh business districts who affected by this social problem, including the mentally ill homeless person who is struggling daily to survive on the streets, and the downtown business owner who is working to create a comfortable shopping experience for his customers.

In the process of developing this proposal, three urban city sites (Philadelphia, Cleveland, and Columbus, Ohio) were visited by HOCC members who spoke with community leaders about the strategies they had used to create successful "engagement" policies that were used in and supported by their communities. This proposal includes the advice, suggestions, and recommendations that were gathered during these visits. It also includes discussion and analysis from HOCC members related to their own experiences in serving homeless individuals living in the street.

To conclude, the primary intent of this proposal is to create a descriptive and explanatory statement that can be widely distributed among homeless service providers, interested business owners, the foundation community, law enforcement officers, the media, and community leaders so as to begin a public dialogue that will create a wider collaborative effort to accomplish the goals of the Engagement Center.

Why are there more homeless people living on the streets?

In Pittsburgh, and across the nation, the numbers of homeless people living on the streets has been steadily increasing. Locally, encampments can be found under bridges, in the parks, on hillsides, beside expressways, in abandoned houses, on city sidewalks and along riverbanks.

On a daily basis, visitors to Pittsburgh, business owners, downtown workers, and city residents see vulnerable homeless people struggling to survive and are confronted with the stark reality that the City of Pittsburgh and Allegheny County has no real or visible solution to helping them.

The reasons why people are living on the streets can be quite complex. Research suggests that the problem originates in: the closing of mental health institutions, the growing number of uninsured disabled individuals, the lack of affordable housing for people living on a fixed income, rising utility rates, increasing poverty in inner city neighborhoods, and the lack of a livable minimum wage. In essence, these societal conditions have forced our most vulnerable citizens, many who are chronically disabled, into living on the streets. The fact that Allegheny County has a large elderly population, who are caregivers for disabled family members, plays a contributing role in this crisis. Current Allegheny County Department of Human Services homeless population counts suggest that there are several hundred (approximately 150 to 200) chronically homeless individuals living outside in Pittsburgh.

Why is the Issue Not Being Addressed?

Local statistics indicate that more than half of the people living on the streets have a disabling mental health and/or drug related condition. These individuals often lack basic support networks (i.e. family, friends and church communities) and the life skills needed to cope with their stressful environment. Some of the reasons why the chronically homeless are not receiving help include:

- Increase in homeless population which is taxing the capacity of the system
- Lack of affordable housing and rent for those living on a fixed income
- Inability to follow rules, regulations and requirements to access the system
- Very few programs which address the complex needs of the chronically homeless
- Homeless programs that maintain status quo rather then empowering the homeless
- Lack of city, business, and community participation in the solution
- Lack of strategic leadership to address the problem and create change

- A belief that the homeless are lazy and/or criminals
- Acceptance of short-term temporary fixes – i.e., homeless sweeps
- Easier to aid and meet the needs of short-term homeless than the street homeless
- Prerequisite behavior required for homeless to enter into many programs
- Entry into the homeless system is facility-based rather then individually-based
- Lack of coordinated approach to solving the problem
- Lack of accountability and outcomes aimed at decreasing numbers of homeless
- Inability to accurately measure the numbers of people living on the streets

What is the Solution?

To decrease the numbers of chronically homeless people living on the streets in Pittsburgh, the Homeless Outreach Coordinating Committee (HOCC) is recommending the establishment of an Engagement Center. The primary purpose of the Engagement Center is to place chronically homeless individuals in permanent housing by providing on-site coordinated services that engage them in permanent treatment and intervention services.

What is An Engagement Center?

People living on the streets (about 5% of all homeless individuals) are often the most visible to the public, because they are living outside in public places. People passing them often notice their disheveled appearance and are concerned for their safety because of their irregular behavior.

Through research, and by observing strategies undertaken in other cities, HOCC believes that this vulnerable chronically homeless population can be assisted through an "engaging" and integrated approach that delivers multiple on-site services and housing options. By creating an Engagement Center that targets this highly visible population (which is currently estimated to comprise about 150 to 200 individuals) HOCC believes that they can achieve a reduction in the number of chronically homeless people living on the streets in Pittsburgh.

Specifically, the Engagement Center will provide 1) on-site support services, 2) emergency shelter and 3) links to permanent housing.

> **Columbus & Philadelphia Recommendation:** Specifically targets the chronically homeless population by requiring referrals from other homeless outreach providers or the police in order to gain entrance into the Engagement Center.

Who will be served?

An Engagement Center addresses the specific needs of a homeless person who is living on the streets and has chronic mental illness and/or drug addiction. The federal

Department of Housing and Urban Development (HUD) defines chronic homelessness as:

A person who is "chronically homeless" is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter." A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." A disabling condition limits an individual's ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.

Source document: A Supplement to the 2005 Continuum of Care Homeless Assistance NOFA Application. This document can be found on-line at: http://www.hud.gov/offices/cpd/homeless/apply/2005QandA.pdf.

What kind of services will be provided?

A. Supportive Services

The Engagement Center will be open 24 hours a day/7 days a week, and 365 days a year. The Center will address the basic and immediate needs of chronically homeless; including:

- *Bathroom & Showers*
- *Behavioral Health*
- *Case Management*
- *Clothing*
- *Counseling*
- *Drug & Alcohol Support*
- *Food*
- *Internet Access*
- *Job Listings*
- *Laundry Facilities*
- *Lockers & Storage*
- *Mailing Address*
- *Medical & Dental*
- *Payee Services*
- *Phone & Message Center*
- *Public Assistance*
- *Public Transit Access*
- *Social Security*
- *Support Groups*
- *Van for Transportation*

The Engagement Center will also provide a location where other homeless providers can work on-site with people that need individualized support. The Engagement Center staff and homeless outreach providers will work to build trust with the homeless individual during the initial "engagement" period when basic needs are being met. The permanent goal is to build enduring relationships that support the more complex goals with the chronically homeless, i.e. finding housing arrangements and/or stabilizing mental health conditions.

B. Emergency Shelter

In addition to the above listed supportive services, the Engagement Center will also provide 25 to 50 emergency shelter beds for chronically homeless men and women, allowing extended stays over the traditional 60-day county-mandated emergency shelter stay as dictated by state regulations which are set by the Pennsylvania Department of Public Welfare. During an emergency shelter stay, Engagement Center staff will work with clients to meet short-term needs and long-term housing goals.

The Engagement Center emergency shelter will be designed to provide single bed accommodations in a congregate living space. The shelter will operate on a "low-demand, high-expectation" model, which de-emphasizes rules and regulations, instead focusing on building trusting relationships among clients and staff so that permanent housing goals can be achieved.

C. Permanent Housing

The primary purpose of the Engagement Center is to locate permanent housing through supportive services for chronically homeless individuals so that decreased numbers of homeless people will be living on the streets. Housing will be made available through several options at the Engagement Center.

- Safe Haven – Funded primarily by the federal government, Safe Havens are permanent housing programs that target frequently homeless persons that suffer from severe mental disabilities and who cannot maintain their housing, mental and physical health, and be responsible on their own. Specifically, the Safe Haven at the Engagement Center looks to provide permanent housing for 25 chronically homeless men and women.

- Shelter Plus Care – Another federally-funded permanent housing program for the homeless. It is a program designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities, who are living in places that are not intended for human habitation (e.g. streets). The program allows for a variety of housing choices, and a range of supportive services funded by other sources.

- Housing First – The goal of "housing first" is to immediately house people who are homeless. The housing comes first, before addressing any other needs of the homeless person, but after a thorough screening process. The housing is followed up with intensive case management to solve any problems that may arise, along with connecting them to community agencies for long-term support**.** The Engagement Center will be designed to connect directly to the Housing First apartments, which are currently being developed through Allegheny County's 10-year-plan to end homelessness in Pittsburgh.

- HMIS linkages to available housing for the homeless –The Homeless Management Information System (HMIS) is designed by HUD and used locally, to track data on homeless individuals and the services that are available for them to use. Using this system, Allegheny County's Department of Human Service (DHS) tracks the number of permanent/transitional/safe haven apartments that are currently available throughout the county. Engagement Center staff will have direct access to this database to determine where there are open housing spaces available for this targeted population.

Philadelphia Recommendation: Housing First units are permanent housing slots. The city is looking to decrease street homeless by paying for Housing First units. To qualify, residents must agree to two visits from outreach staff per month. They must also agree on a fixed budget before they move into a unit. Each resident is assigned a payee who is responsible for paying all utility and rent bills for the client.

What are the Goals of the Engagement Center?

The Engagement Center will accomplish the following goals:

- Provide a **seamless flow of services** and **case management**, utilizing **Assertive Community Treatment (ACT) principles** at the Engagement Center. ACT principles include: 24 hour around the clock service, providing services in a team approach with other providers, small staff to consumer ratio, services are comprehensive and flexible, individuals are actively engaged in the service plan, and intervention is carried out in community settings rather a hospital or clinic setting. *(Attachment One – offers more detail about ACT principles.)*

- Develop an **coordinated homeless outreach center** that would be responsible for the **coordination of all outreach services** to the chronically homeless individuals who are at-risk on the street and who are unable to access housing and other services without assistance, **operates a 24-hour hotline** for the community, business, and police to call when concerned about an homeless individual, **dispatches outreach teams** in response to calls in a timely fashion, **conducts emergency weather outreach** in the winter, and **maintain a census** of the street homeless population. Dispatches an outreach team in response to calls

- Provide **25-50 emergency shelter beds** with flexible time constraints. Provide additional permanent housing for **25 chronically homeless individuals in Safe Haven** apartment sites located either on-site at the Engagement Center or off-site in the community-at-large.

- Create **operating policies and procedures based on** principles found in **Harm Reduction Theory**. This strategy accepts that harmful behavior exists, focusing on reducing the negative effects of the behavior rather than ignoring or passing judgment on the person or their behavior. In this approach, the Engagement Center staff will attempt to reach clients "where they are" to assist them in making choices toward better health while being attentive to the health and well-being of the entire person. *(Attachment Two- Offers more information on Harm Reduction Theory)*

- **Secure 100 units of permanent housing** in the community-at-large with housing-first principals to achieve long-term placement for the homeless individual as soon as possible. *(Attachment Three- Housing First)*

- Incorporate **consumer input as much as possible in development and staffing.** Research shows that services supervised by past homeless individuals allows for mentoring and networking among a population that has it's own recognizable codes of conduct and street level networks. If a former homeless consumer is acting in a supervisory role, his success more often then not will inspire others to reach out for hard sought after success and mobility.

- **Engage and build relationships** with chronically homeless individuals through street outreach, case management, and attention to their immediate needs. The engagement process builds trusting relationships and eventual movement toward success and stability for the homeless individual.

- To **develop outcomes**, based on the goals of the Center, and **monthly progress reports** to the Advisory Committee (see below) and DHS. The Engagement Center staff will use recommendations and advice gathered through analysis of the outcomes and progress reports, along with periodic visits to other engagement centers to determine what strategies and approaches are working successfully and what changes need to be made.

Where will the Engagement Center be located?

The Engagement Center should be located in or near downtown Pittsburgh, where the facility will be easily accessible to police, street homeless outreach workers, and the chronically homeless living on the streets.

Prior to selecting possible locations, HOCC will invite key stakeholders from community, business, and government councils to help facilitate the process. In doing so, HOCC recognizes that broader community investment in the Engagement Center must occur for the strategy to be successful. Invited stakeholders will form an Advisory Committee that will inform HOCC and other community leaders about the intent of the program. The Advisory Committee will also participate in the fund procurement process along with on-going monitoring of activities of the Engagement Center.

Locations will be reviewed by the Advisory Committee, who will present the Engagement Center plans to neighboring businesses and organizations to elicit their investment in the project. Special considerations will be given to addressing NIMBY (Not In My Back Yard) concerns and support for the project will be broadly built among various interest groups and stakeholders as well as with the collaboration of homeless service providers that comprise the Engagement Center.

Stakeholders will include business, community, religious and civic organizational leaders who are invested in the purpose and goals of the project. Investment in the project will be strengthened through stakeholders' active participation in planning, marketing, design, and monitoring of the program.

The Engagement Center location will have enough space available to accommodate an on-site emergency shelter with the capacity to serve 25-50 people at one time and possible Safe Haven housing (25 beds available in apartment units) which will provide permanent housing options at the Center. Shelter stays should not exceed 90 days, but there will most probably be exceptions. Safe Haven housing will have no time restrictions and will provide on-going intensive supportive services to the chronically homeless with the goal of helping clients recognize their skills, and build upon them, for the purpose of achieving long-term sustainability.

Columbus Recommendation: NIMBY issues can be diminished if business and political supporters are part of the planning phase of the Engagement Center. Business partners share a similar goal of wanting to decrease the number of street homeless.

What is the Organizational Structure of the Engagement Center?

To begin the process, HOCC recognizes that a lead agency must step forward to help coordinate and facilitate the goals of the project, along with finding a site location. A second agency needs to be select to operate the outreach coordination center. The lead agency will be fiscally and legally responsible for coordinating the day-to-day operations of the Engagement Center. The Advisory Committee (see above) will be selected by HOCC members to spearhead publicity, provide ongoing monitoring, and assist with finding the site location of the project.

How will Outcomes be Tracked?

The Engagement Center will utilize a centralized tracking system that will track data input from other homeless provider agencies, and the police department. This data will detail basic demographics, all contacts made, services offered/received, goals, and housing options available. The Engagement Center staff will also be responsible for overseeing yearly (or more frequent) counts of chronically homeless individuals living on the streets in Pittsburgh and Allegheny County. The tracking system will document the increasing or decreasing numbers of chronically homeless people and regularly report these numbers back to Allegheny County DHS and the Advisory Committee. There is currently no centralized tracking system specifically focusing on counting the numbers of chronically homeless people living on the streets in Pittsburgh.

As well, the Engagement Center data will be linked to Allegheny County's Homeless Management Information System (HMIS). Using this system, information will be tracked related to homeless population demographics, individual goal plans and their outcomes, known case management links with other agencies, and housing history.

Using information from the HMIS data-collection system, Engagement Center staff will be able to gauge progress towards achieving desired results, identify gaps in services, and focus program efforts toward helping the chronically homeless become self-sufficient.

The Engagement Center will be unique in that local colleges and universities will be invited to join in the strategic planning and implementation process in order to gather research, leading to the creation of program recommendations for the Engagement Center. They will also assist with finding appropriate outcome measurements, assessment and intake forms, ways to build advocacy and public support, and finally by assisting with project evaluation.

Philadelphia and Columbus Recommendations: Both cities have centralized tracking systems coordinated by a lead homeless provider agency. Since implementing new strategies to house the chronically homeless, both cities have noted a substantial decrease in the numbers of individuals living on the streets.

Engagement Center Budget

The program budget is presently being developed. HOCC is determined to have a budget by the end of November 2005 for the following components of the Engagement Center:

- **Outreach Coordination Center**
- **Emergency Shelter (Housing)**
- **Safe Haven (Housing)**
- **Supportive Services**
- **Shelter Plus Care (Scattered Site Housing)** (maybe in another proposal)

Additional costs will be incurred based on the location of the Engagement Center. Those costs will include whether the building is leased or owned, whether the building is new or rehabbed, what will the maintenance costs be, what party is responsible for the cost of the utilities (gas, electric, water, and sewage), and how much room is available for furnishings. HOCC found the Columbus Engagement Center to be 9,000 square feet in size. The committee believes that this amount of space would only be able to include the shelter, outreach coordination center, and the supportive services area. It is estimated that the Engagement Center will require approximately 15,000 square feet of space to facilitate all four components of the center. (Shelter Plus Care Housing would be located off-site from the center.)

Engagement Center Timeline

STAGE ONE (4 to 8 months)

The Homeless Outreach Coordinating Committee (HOCC) will identify a lead homeless provider agency to spearhead the plan and move the process forward.

HOCC will launch the effort by working with the lead agency to form the Advisory Committee of stakeholders, which will include: business, religious and political leaders,

along with homeless persons and homeless outreach providers; to discuss and establish the need for the engagement center in Pittsburgh. The Advisory Committee, supported by HOCC and the lead agency, will market the engagement center strategy, advocate for its need in the community, help locate a site, and develop a plan to procure start-up funds for the first three years of the project. Issues related to fiscal and legal responsibilities will fall under the auspices of the lead agency.

STAGE TWO (6 months to 12 months)

Working collaboratively together: HOCC, the Advisory Committee and the lead agency will enter into dialogues with local foundations, corporations, businesses and governments, along with state and federal entities to secure funds for the start up of the Engagement Center. Strategic consideration for on-going funding sources will be considered in this process, to ensure the permanent sustainability of the Center.

STAGE THREE (After first year the following will be an on-going process)

The Engagement Center will open, along with the emergency shelter and Safe Haven, and serve the chronically homeless of Pittsburgh.

The chronically homeless will be individually be engaged. Supportive services will be provided by a number of homeless service providers on site at the Engagement Center. Emergency Shelter beds and Safe Haven rooms will be located at the Engagement Center. Evaluation and follow-up will be on going and accessed through the centralized data-entry system. The numbers of chronically street homeless in Pittsburgh will substantially decrease during the first three years of the Engagement Center.

Attachment One

What is Assertive Community Treatment (ACT) and its principals?

Assertive community treatment is for people who experience the most severe symptoms of mental illness. Due to the severity of symptoms, individuals who receive assertive community treatment services often have problems taking care of even their most basic needs. Substance abuse, homelessness, and problems with the legal system are not uncommon.

The goals of assertive community treatment is to help people stay out of the hospital and develop skills for living in the community so that their lives are not driven by having a mental illness.

Assertive community treatment offers services customized the consumer. These services address needs related to managing symptoms, housing, finances, employment, medical care, substance abuse, family life, and activities of daily living.

Some important features of assertive community treatment programs are:

- Services are provided by a team of practitioners so consumers can get a variety of services from the same group of people.
- Services are available whenever and where ever they are needed. Teams work with people in community settings and are available 24-hours a day.
- There are no time limits on how long someone can receive services. Services are provided for as long as they are wanted and needed.

http://www.mentalhealthpractices.org/act_about.html

PRINCIPLES OF ACT

Assertive Community Treatment services adhere to certain essential standards and the following basic principles:

- **PRIMARY PROVIDER OF SERVICES:** The multidisciplinary make-up of each team (psychiatrist, nurses, social workers, rehabilitation, etc.) and the small client to staff ratio, helps the team provide most services with minimal referrals to other mental health programs or providers. The ACT team members share offices and their roles are interchangeable when

providing services to ensure that services are not disrupted due to staff absence or turnover.

- **SERVICES ARE PROVIDED OUT OF OFFICE:** Services are provided within community settings, such as a person's own home and neighborhood, local restaurants, parks and nearby stores.
- **HIGHLY INDIVIDUALIZED SERVICES:** Treatment plans, developed with the client, are based on individual strengths and needs, hopes and desires. The plans are modified as needed through an ongoing assessment and goal setting process.
- **ASSERTIVE APPROACH:** ACT team members are pro-active with clients, assisting them to participate in and continue treatment, live independently, and recover from disability.
- **LONG-TERM SERVICES:** ACT services are intended to be long-term due to the severe impairments often associated with serious and persistent mental illness. The process of recovery often takes many years.
- **EMPHASIS ON VOCATIONAL EXPECTATIONS:** The team encourages all clients to participate in community employment and provides many vocational rehabilitation services directly.
- **SUBSTANCE ABUSE SERVICES:** The team coordinates and provides substance abuse services.
- **PSYCHOEDUCATIONAL SERVICES:** Staff work with clients and their family members to become collaborative partners in the treatment process. Clients are taught about mental illness and the skills needed to better manage their illnesses and their lives.
- **FAMILY SUPPORT AND EDUCATION:** With the active involvement of the client, ACT staff work to include the client's natural support systems (family, significant others) in treatment, educating them and including them as part of the ACT services. It is often necessary to help improve family relationships in order to reduce conflicts and increase client autonomy.
- **COMMUNITY INTEGRATION:** ACT staff help clients become less socially isolated and more integrated into the community by encouraging participation in community activities and membership in organizations of their choice.
- **ATTENTION TO HEALTH CARE NEEDS:** The ACT team provides health education, access, and coordination of health care services.

http://www.actassociation.org/actModel/

Attachment Two

Harm Reduction Theory

What is Harm Reduction?

Harm reduction is a set of practical strategies that help people reduce the negative consequences of drug use, alcoholism and mental illness by addressing the *conditions* of use and treatment. Rather than focusing solely and immediately on cessation of drug use or acceptance of mental health treatment, harm reduction makes improving the quality of the individual's life, health and wellbeing the primary criteria for success.

Practitioners often say that harm reduction strategies "meet people where they're at." They mean that harm reduction does not impose one treatment goal (total abstinence or a psychotropic medication regimen) on every individual. Instead, the course and pace of treatment is determined by the individual; the practitioner's role is to educate that person on available treatment options and the consequences of his or her choices. In this way, the practitioner provides support and guidance to help individuals determine themselves how to improve their health and wellbeing, whether through medication, behavioral therapies, safer use of drugs, managed drug use or abstinence. Ambivalence and relapse are not unexpected, and are not reasons to cut off services or take away housing. Services are always voluntary, flexible and readily accessible.

Some mainstream substance abuse providers view harm reduction strategies as controversial or ineffective. Many subscribe to the more common "therapeutic community" model of drug treatment. The therapeutic community surrounds the individual with a highly-structured environment isolated from his or her normal surroundings. This environment reinforces abstinence with intensive counseling, peer pressure and medical treatment of the disease of addiction. This method has helped many motivated individuals achieve sobriety. However, therapeutic community providers have had considerably less success treating chronically homeless people, people with dual diagnoses and other persons facing extensive barriers to independence and self-sufficiency. The nonjudgmental and graduated nature of harm reduction services offers a viable treatment alternative for these more vulnerable groups.

Defining Principles of Harm Reduction

Harm reduction is practiced in a variety of ways by different providers. HOCC follows an interpretation of harm reduction modified specifically to address treatment issues facing people with mental illness or dual diagnoses of mental illness and substance abuse:

- Mental illness and addiction are public health concerns, not criminal justice or moral issues. Rather than respond with condemnation or enforcement, harm

reduction focuses on minimizing the harmful effects of mental illness and addiction, both on the individual and on society.

- Improving quality of life – of the individual, the community *and* society at large – is the primary criteria for measuring the success of interventions and policies. While abstinence is undoubtedly a positive outcome of treatment, for some addicted persons, managed and safer use of drugs may be a more realistic (and still beneficial) goal. Similarly, psychotropic medications can work wonders for many people, but can be ineffective for others. For some, the side effects of medication may outweigh the benefits. Rather than imposing a predetermined goal, all interventions are measured by the simple question, "Does it improve the health and wellbeing of the individual and those around him or her?"

- Harm reduction also acknowledges the many severe and lasting harms and dangers associated with untreated mental illness and drug use. Some ways of treating mental illness and using drugs are clearly safer than others. Harm reduction offers a range of treatment options and levels of sobriety to increase the chances of successful treatment, *not* to devalue abstinence.

- Choice is essential for recovery. Individuals with mental illness or addiction are capable of making competent, informed decisions about the goals and consequences of their treatment and behavior. With education, guidance and support, they are the persons best situated to determine the course and pace of their treatment.

- Socio-economic and biological factors influence people's vulnerability to mental illness and addiction. Poverty, class, racism, social isolation, past trauma, gender discrimination and other social inequalities all affect both people's susceptibility to mental illness and drug-related harms, as well as their capacity for effectively dealing with these problems.

The Community Model for Homeless People with Mental Illness

http://www.communitymodella.org/downloads/Part1.pdf

Attachment Three

Housing First

What is a housing first approach?

A housing first approach rests on two central premises:

- Re-housing should be the central goal of our work with people experiencing homelessness, and
- By providing housing assistance and follow-up case management services after a family or individual is housed, we can significantly reduce the time people spend in homelessness.

A housing first approach consists of three components:

- **Crisis intervention, emergency services, screening and needs assessment:** Individuals and families who have become homeless have immediate, crisis needs that need to be accommodated, including the provision of emergency shelter. There should be an early screening of the challenges and resources that will affect a re-housing plan.
- **Permanent housing services:** The provision of services to help families' access and sustain housing includes working with the client to identify affordable units, access housing subsidies, and negotiate leases. Clients may require assistance to overcome barriers, such as poor tenant history, credit history and discrimination based on ethnicity, gender, family make-up and income source. Providers may need to develop a roster of landlords willing to work with the program and engage in strategies to reduce disincentives to participate.
- **Case management services:** The provision of case management occurs (1) to ensure individuals and families have a source of income through employment and/or public benefits, and to identify service needs *before the move into permanent housing*; and (2) to work with families *after the move into permanent housing* to help solve problems that may arise that threaten the clients' tenancy including difficulties sustaining housing or interacting with the landlord and to connect families with community-based services to meet long term support/service needs.

National Alliance to End Homelessness: Housing First Network
http://www.endhomelessness.org/networks/housingfirst/approach.htm

Attachment Four

Recommendations from Philadelphia and Columbus Trips

Philadelphia - Recommendations

COORDINATING CENTER TO SERVE THE CHRONICALLY HOMELESS

- Designate a lead homeless provider agency:
- Primary goal is to reduce number of chronically homeless living on street.
- Centralize database tracking number of chronically homeless on streets.
- Hold weekly case management meetings to coordinate care.
- Create 24/7 emergency response center – dispatch homeless outreach to scene.
- Homeless Outreach would directly connect to Housing First apartments.
- Assign payee for homeless placed in Housing First.
- Funds for Center come from Behavioral Health; County; City and State.

Columbus – Recommendations

ENGAGEMENT CENTER PHYSICAL SITE

- New building erected as an engagement center coordinated by MaryHaven.
- Good relations established with support from the business & political community.
- Direct link to medical detox hospital for active users.
- 24/7 access to Center includes meals, showers, laundry and shelter beds.
- NIMBY dealt with through public education.
- Political advocacy efforts at city and county government levels
- Outreach van available to pick up homeless on streets – transporting actively drunk individuals. If physically compromised, emergency services transport.
- Police drop off chronically homeless at Engagement Center throughout day.
- Nurse, social worker, two assistants available on site.
- Engagement Center located two miles out of the city – van transport available.

Attachment 5

Post Gazette Article Detailing the Engagement Center

'Engagement center' would provide an oasis for the homeless

Sunday, August 21, 2005

By Joe Fahy, Pittsburgh Post-Gazette

Community leaders concerned about the number of homeless people on Pittsburgh streets are urging the city to establish an "engagement center," a concept that has reduced homelessness in Philadelphia, Columbus, Ohio, and other cities.

Darrell Sapp, Post-Gazette

Rich Jones, 57, rests on a sidewalk on Forbes Avenue, Downtown, after having some milk and a snack.
Click photo for larger image.

The engagement center, where homeless people could be housed and receive medical care, social services and other assistance, is proposed as part of Allegheny County's 10-year plan for ending chronic homelessness.

Homeless shelters already exist, of course, but those shelters don't address all of the needs of street people.

Many homeless people, especially those who have mental illnesses or abuse alcohol or drugs, avoid staying in the shelters, feeling they are unsafe or have too many rules, said Bill McBride, an outreach case manager for Community Human Services, an Oakland social service agency.

Rich Jones, 57, a fixture on the Downtown streets for years, said he found the shelters too crowded.

McBride and others believe that the services offered by an engagement center could help persuade more homeless people to stop living on the streets.

Though they could not use alcohol or drugs on the premises, patrons would not have to abstain from substance use or adhere to other requirements typical of many shelters.

Besides developing the center, advocates hope to move homeless people quickly into housing, with appropriate case management or other services. They also want to improve coordination of outreach teams and compile better data about people living on the street, said Mac McMahon, Community Human Services' outreach coordinator.

Plans to end homelessness have been developed in many communities, in part to adhere to federal requirements.

Efforts to begin implementing Allegheny County's plan come as local officials have proposed additional restrictions on panhandling.

Some panhandlers have incomes and are not homeless. But those who are homeless would be more motivated to stop panhandling through enhanced services rather than punitive action, said Michael Stoops, acting executive director for the National Coalition for the Homeless.

An engagement center "will bring people inside [who] would not normally come in," he said.

Funds and a location have not been identified, and proponents acknowledge that winning community support could be a challenge. An attempt to develop a similar center failed several years ago.

But supporters believe that an engagement center and related services are crucial not only to the well-being of homeless people, but also to a more vibrant Downtown.

If local officials "really want to revitalize Downtown, it's an issue that has to be dealt with," said McMahon, noting that similar efforts to enhance services to homeless people have been effective in other cities.

In Philadelphia, those efforts have helped to reduce the numbers of homeless people living in the Downtown area from about 800 four years ago to about 150, said Rob Hess, the city's deputy managing director for special needs housing.

"We have made enormous progress," said Paul Levy, president of the Center City District, a business improvement district in the Downtown area.

In Pittsburgh, about 150 people live on Downtown streets, said Dr. James Withers, medical director and founder of Operation Safety Net, which provides medical care to homeless people living outdoors.

About 80 percent are adult men, and nearly all the rest are adult women, Withers said. About half of them have significant substance abuse problems, and about 30 percent have major mental illnesses.

The proposed engagement center could help get them into housing, Withers said.

"The needs of street people are so much more intense than current agencies can grapple with," he said. "A lot of people have such complex psychosocial issues, it's very difficult to get them off the street."

Advocates would like the center to include 25 to 50 beds and offer medical and dental care, mental health services, support groups and employment assistance. Food, showers and access to washers and dryers also would be provided.

By meeting basic needs, proponents hope to build trust and encourage homeless people to find stable housing and employment and agree to mental health treatment.

A severe-weather shelter that has relatively few rules has shown promising results in engaging homeless people, according to the county's 10-year plan; but it is open in only the winter months.

Another argument for creating the engagement center, said McMahon, is the fact that the city currently has no procedure for providing treatment for homeless people who are intoxicated.

Pittsburgh police often arrest public intoxicants if they commit other offenses, such as disorderly conduct, said spokeswoman Tammy Ewin. But if public drunkenness is their only offense, she added, "All we can do is cite them."

In Columbus, Ohio, by contrast, people who are intoxicated in public are taken to a $1.7 million engagement center created with funds from a bond issue four years ago and operated by Maryhaven, a behavioral health care agency. Once they are sober, they are offered treatment services.

About one in five agrees, "which we think is pretty remarkable, given these customers are almost all late-stage alcoholics or addicts," said Paul Coleman, Maryhaven's president and chief executive officer.

While the level of commitment varies, other cities also have taken steps to improve their systems of aiding homeless people.

Atlanta, which has raised $17 million for its end-homelessness plan from private sources, opened a 24-hour service center for homeless people last month. But the city council also approved a controversial ban on downtown panhandling last week, prompting sharp criticism from advocates.

Marc Cherna, director of Allegheny County's Department of Human Services, said he strongly supported the local engagement center proposal, but noted that paying for it would be a challenge.

Not-in-my-backyard opposition also could be significant, Cherna said. Advocates would like to see the center in or near Downtown or in the Strip District.

NIMBY sentiment has arisen before over services to homeless people. Three years ago, then-Councilwoman Barbara Burns of the North Side proposed zoning changes affecting homeless shelters and soup kitchens after East Allegheny residents complained about the opening of a drop-in center for homeless people in their neighborhood.

In Philadelphia, a crackdown on homeless people in the late 1990s led to an expansion of services.

A proposed "sidewalk ordinance" to restrict the time homeless people could spend on the street led to an outcry among social service groups. A compromise led the city to commit millions of dollars to strengthen outreach and other services and expand housing options that did not insist on sobriety.

Hess, Philadelphia's special-needs housing chief, said the approach could work in other cities, too.

"The good news in Pittsburgh is that there aren't that many people on the streets," he said. "A focused effort would go a long way toward eliminating homelessness."

Jones, whose only income is from panhandling Downtown, has shown little interest in moving from the streets. He has been attacked by other homeless people, however, and his day's take from panhandling tends to be slim.

"It's only $3 or $4 a day. It's horrible," he said, indicating he might apply for government disability assistance that could help him find a place of his own. "It's really hard to stay on the street."

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