MEETING DATE: **07.23.12**

AGENDA ITEM: **Approval of an Amendment to the Existing Professional Services Agreement with St. Joseph Center for the Provision of Homeless Outreach, Supportive Service and Data Collection for the Period of July 1, 2012 through June 30, 2013.**

ATTACHMENTS

City of Culver City
Proposal Plan for Outreach Services
FY 2012-2013

St. Joseph Center ('the Center') proposes providing field outreach, assessment, case management, linkage and ongoing supportive services to homeless individuals encountered within the limits of Culver City four days per week. When available, the Center will provide the City with demographic data and activity reports on all homeless individuals engaged by outreach workers. The Center will track the provision of all services to those homeless individuals who enroll in services and provide information regarding outcomes associated with these services.

The Center has provided outreach and supportive services to homeless persons in the Culver City area for more than ten years. Over the past seven years, the Center has formally contracted with the City to provide homeless outreach, assessment and case management and has engaged more than 60 individuals, placing 32 homeless individuals in permanent housing. While implementing this project, the Center has worked closely with City Council, the Homeless Committee, business owners, city residents, and other city personnel including the Police and housing departments.

The main concentration of homeless activity found by outreach staff includes Veteran's Park (during the Cold/Wet Weather Shelter period, the number of homeless around Veteran's Park tends to slightly increase), the area around the 99 Cent Store, Tellefson and Media Parks, in various parking structures in the downtown area and, Watseka Avenue and at or near the high school.

The Center's encounters with homeless individuals in Culver City indicate that up to 95% struggle with mental illness or mental illness coexisting with substance use. In addition, an estimated 80% of homeless individuals in Culver City meet HUD definitions for chronic homelessness. Given this information, the Center believes that the most appropriate approach to engage and support program participants is assertive outreach based on harm reduction as its underlying principle, and intervention-focused case management with, wherever possible, application of the Housing First model. Since 80% of the homeless encountered in Culver City are chronically homeless with medical, mental health and substance abuse histories, many of these individuals meet the risk criteria for being most likely to die on the streets without assertive housing interventions.

Proposed services to be provided:

- Outreach and Engagement: Staff will continue to provide homeless street outreach in Culver City four days per week, including responses to requests by the City or by the Culver City Police Department.

  At the initial client contact, staff will obtain basic data regarding the physical, mental status of the individual and their demographics. If a homeless individual is unable or unwilling to engage on the first encounter, staff will repeat visits and continue to

encourage engagement. Simultaneously, individuals will be encouraged to visit the Center's Homeless Service Center in Venice where they can access emergency services such as showers, laundry and meals through Bread and Roses Café, and additional outreach and engagement may take place. In cases where the outreach team receives a referral regarding an individual posing a serious public health or safety risk, the Center will cooperate with the Culver City Police, the Department of Public Health and Adult Protective Services to provide the best outcome possible.

Staff will continue to keep a by name list of those individuals who are high utilizers of police and paramedic services. This by name list will enable staff to begin focusing efforts more intensely on those most likely to die on the streets.

This protocol will be based on research conducted by Jim McConnell, MD a Boston physician and expert in homeless healthcare who created a vulnerability instrument that was used in Skid Row's project 50, the City of Santa Monica, and now in Venice. The goal of all three projects is to focus intensive services on those most likely to die on the streets. Common Ground, New York, first to implement this vulnerability model in 2005, reduced homelessness in Times Square by 87%.

Adopting the Common Ground New York protocols, St. Joseph Center 10-11, St. Joseph Center has begun the creation of an intensive case management intervention team to assist those individuals, identified as most vulnerable, secure and maintain permanent housing through the provision of comprehensive case management and integrated supportive services. Ten participants were identified and area receiving intensive services with the end goal of permanent, supportive housing.

These proposed changes have resulted in a cost savings to the City of Culver City and County of Los Angeles by reducing emergency medical care, public safety and incarceration/court costs. Overall, this approach has enhanced the quality of life both for program participants and for the community at large.

- Vehicle Outreach: St. Joseph Center will provide intensive outreach services in the City of Culver City to homeless clients residing in their vehicles with the intent to house 5. These services will target areas where 'live aboards' often park, such as the area of the 99 cent store, and the Smiley-Blackwelder areas.

- Intake and Assessment: Once engaged, clients will be given a comprehensive assessment to determine the client's medical, physical, mental, psychosocial, and substance abuse history. This assessment will be the basis for determining appropriate service linkage. Readiness for various housing options, including legal and financial strengths and needs will be determined. The housing plan will include how the client will obtain a sustainable source of income, apply for an appropriate housing subsidy, save money for housing costs, and conduct a housing search. When indicated, the Center's clinical staff, such as the Outreach Specialist or the Director of Programs, will provide a more in depth mental health assessment.

- Case Management: At the Center, we describe the type of case management services delivered to long-term homeless clients eligible as *intervention-focused case management*. These activities are client-centered that maximize the client's physical, social, and economic well-being and assist with independent living. Intervention-focused case management is an approach by which the case manager actively works with an individual to move them out of a crisis situation. Cognitive-behavioral techniques are utilized throughout this approach. It is a pro-active approach and the case manager does not always wait until the individual is ready to accept an intervention. At times, interventions are put into place without the individual's acceptance or knowledge. The case manager recognizes that because of underlying issues or symptoms, homeless individuals are not always capable of making good decisions regarding their well-being. Therefore, the case manager directs the case management in two ways. The first is to identify barriers and work with the individual to eliminate those barriers by engaging other service providers as part of the intervention plan. The second component is to develop a relationship with the individual quickly by providing him/her with immediate resolutions to those goals that are easily obtainable, and only subsequently focusing on the more complicated goals. The intervention-focused case management practice includes a harm reduction philosophy. To the greatest extent possible, the Housing First model is also part of this approach. This approach is intensive, time consuming, and requires that the case manager to be in constant contact with the individual to ensure that he/she, whenever possible, is focused on the goal of transitioning to stable, long-term housing.

- Referrals and Program Coordination: When the Center is unable to directly meet the needs of clients, SJC provides assertive, wrap-around services in collaboration with other community-based service providers including mental health, substance abuse and health care services. If the Center's clinical staff suspects that an individual may be gravely disabled or at risk to harm self or others, SJC staff will request follow up by the Psychiatric Emergency Team of the Department of Mental Health or the Culver City Police Department. If the individual's status does not indicate a need for psychiatric hospitalization, the Outreach Team may ask the individual to consider transport Edelman Mental Health Center. Minimally, the team will continue to be in contact with the individual. Our experience has shown us that, in many instances, acceptance of an appropriate medication regimen must come before the willingness to move inside. In these cases, education, the building of trust and the introduction of the individual to mental health services (by assisting with scheduling and transporting) are essential. Another option for crisis intervention is the Exodus Urgent Care Center. When individuals are hospitalized (voluntarily or involuntarily) the Center's staff will work closely with DMH and hospital staff to ensure that discharge occurs only after effective treatment and with an appropriate discharge plan. Without this plan, individuals will likely reappear as homeless in the community. When indicated, staff will be involved in systems coordination that may result in conservatorship. In other cases, staff will identify appropriate residential treatment or living situation such as a Board and Care or Sober Living Center.

- Emergency Shelter and Transitional and Permanent Housing Placement: The Center's Outreach Worker/ Case Manager will assist clients to consider moving into shelter and with placement in a shelter and/or transitional housing and/or directly into permanent housing (when vouchers are available). Client needs will always determine the type of shelter or other housing option. Large, group shelter is sometimes inappropriate for individuals who may be paranoid and find it difficult to accept a crowded and/or highly structured environment. Zero tolerance environments may not work for some individuals who are continuing to self-medicate and require harm-reduction approaches. Placement in high-tolerance shelters such as Safe Havens, the use of short and longer term motel vouchers or the identification of independent housing units supported by intensive case management (Housing First) may provide better housing options for some.. This project also utilizes Culver City RAP vouchers as an option for providing permanent housing to program participants and enjoys a very positive relationship with the Culver City Housing Department. Once an individual obtains a housing voucher, the Case Manager helps the individual identify a unit and lease up. The Center's staff has assisted clients to lease up by developing positive relationships with landlords and property managers and by educating clients on how to best present themselves to landlords.

- Post Placement/Retention Services: Once a permanent housing placement occurs, the Center's case manager maintains contact with the client to ensure continued housing stability. At least one initial home visit will be conducted with additional visits as needed. This regular contact provides the case manager the opportunity to check-in with clients, identify and address any problems before they become threats to their housing security.

2011-12 Program Objectives:

- Continue cooperative relationships with Culver City Police, City personnel, business owners and residents. Attend Culver City Homeless Task Force on quarterly basis to update community on progress of project.

- Through a field outreach team, provide ongoing outreach to a ***no less than 30*** homeless persons within the city of Culver City. This number will include persons living in their vehicles in those designated areas mentioned previous.

- Collect base line data on **at least 75%** of these homeless individuals. Data will include identifying information (coded for confidentiality) gender and perceived racial/ethnic information and may (when individuals are willing to report) include age, family status, time homeless, veteran status, income source and amount and disability(s). The team will also collect information about a person's medical health, mental health and substance abuse history as well as prior hospitalizations and emergency room stays.

- Provide intervention focused case management to 10 homeless Culver City residents who are considered the most vulnerable and/or highest utilizers of services.

- Provide mental health and/or substance abuse assessments, treatment referrals and ongoing support to all 10 chronically homeless vulnerable clients.

- Assist 10 to obtain and/or maintain permanent housing.

- Provide monthly program reports that include program statistics, complaint descriptions and summary of outreach activities.

- Provide quarterly reports to the Homeless Committee, City Council and/or other organizations as requested by city staff.

ST. JOSEPH CENTER / CULVER CITY OUTREACH AND CASE MANAGEMENT PROGRAM
2012-13 PROGRAM BUDGET - July 1, 2012- June 30, 2013

4 day proposed

SECTION 1: BUDGET SUMMARY

	July 1, 2012 - June 30, 2013: Total Program Budget		
	1	2	3
	Total Program Budget	Culver City Grant	Culver City Program Costs funded by other sources
1A. Staff Salaries	$ 57,600	$ 57,600	$ -
1B. Staff Fringe Benefits	$ 11,682	$ 11,682	$ -
2. Space/Facilities	$ 8,431	$ 8,431	$ -
3. Staff Travel	$ -	$ -	$ -
4. Insurance	$ 3,996	$ 3,996	$ -
5. Operating Expenses	$ 36,583	$ 36,583	$ -
6. TOTAL PROGRAM COSTS	**$ 118,291**	**$ 118,291**	**$ -**
7. OTHER REIMBURSABLES			
Direct Client Aid	**$ 5,150**	**$ 5,150**	**$ -**

SECTION 1B: BUDGET SUMMARY BY PROGRAM FUNCTION

1. OUTREACH 20 clients				
Staff @ 45%	0.45	$ 25,920	$ 25,920	$ -
Fringe Benefits @ 45%	0.45	$ 5,257	$ 5,257	$ -
Space/Facilities @ 50%	0.50	$ 4,215	$ 4,215	$ -
Staff Travel @ 50%	0.50	$ -	$ -	$ -
Insurance @ 50%	0.50	$ 1,998	$ 1,998	$ -
Operating Expenses @ 50%	0.50	$ 18,291	$ 18,291	$ -
TOTAL OUTREACH		**$ 55,681**	**$ 55,681**	**$ -**
2. CASE MANAGEMENT 25 clients				$ -
Staff @ 45%	0.45	$ 25,920	$ 25,920	$ -
Fringe Benefits @ 45%	0.45	$ 5,257	$ 5,257	$ -
Space/Facilities @ 50%	0.50	$ 4,215	$ 4,215	$ -
Staff Travel @ 50%	0.50	$ -	$ -	$ -
Insurance @ 50%	0.50	$ 1,998	$ 1,998	$ -
Operating Expenses @ 50%	0.50	$ 18,291	$ 18,291	$ -
TOTAL CASE MANAGEMENT		**$ 55,681**	**$ 55,681**	**$ -**
3. DATA COLLECTION 25-40 clients				$ -
Staff @ 10%	0.10	$ 5,760	$ 5,760	$ -
Fringe Benefits @ 10%	0.10	$ 1,168	$ 1,168	$ -
TOTAL DATA COLLECTION		**$ 6,928**	**$ 6,928**	**$ -**

SECTION 11: LINE ITEM DETAIL

			July 1, 2012 - June 30, 2013: Total Program Budget		
			1	2	3
1A. Staff Salaries	FTE	Salary	Total Program Budget	Culver City Grant	Culver City Program Costs funded by other sources
Program Manager Homeless Service Center	0.15	$48,000	$ 7,200	$ 7,200	
Outreach Specialist/MSW	1.00	$44,000	$ 44,000	$ 44,000	
Outreach Coordinator	0.20	$32,000	$ 6,400	$ 6,400	
Total 1A	1.35		$ 57,600	$ 57,600	
1B. Staff Fringe Benefits					
FICA (0.0765)		0.0765	$ 4,406	$ 4,406	$ -
SUI per FTE (0.09 to $7,000)		0.0900	$ 851	$ 851	$ -
Medical/Dental Insurance ($4,125)		$4,125	$ 5,569	$ 5,569	$ -
Workers Comp Ins & Employers Liab		0.0125	$ 720	$ 720	$ -
Pension for eligible employees		0.0100	$ 136	$ 136	
Total 1B			$ 11,682	$ 11,682	$ -

			1	2	3
			Total Program Budget	Culver City Grant	Culver City Program Costs funded by other sources
2. Space/Facilities					
Note: Allocation of facilities costs based on number of CC program staff as a percentage of total HSC staff. CC FTE HSC staff 1.35/HSC staff 18.5 = 7.3%					
Lease & Parking - Homeless Service Center					
$6788 per month x 12 months x 7.3%	7.3%	$81,450	$ 5,946	$ 5,946	$ -
Janitorial Homeless Service Center				$ -	$ -
$1,200 per /mo x 12 months x 7.3%	7.3%	$14,400	$ 1,051	$ 1,051	$ -
Utilities - Homeless Service Center				$ -	$ -
$917 per month x 12 /months x 7.3%	7.3%	$11,000	$ 803	$ 803	$ -
Maintenance & Repairs/Building					
$361 per month x 12 /months x 7.3%	7.3%	$4,340	$ 317	$ 317	$ -
Maintenance & Repairs/Equipment					
$358 per month x 12 /months x 7.3%	7.3%	$4,300	$ 314	$ 314	$ -
Total 2			**$ 8,431**	**$ 8,431**	**$ -**
3. Staff Travel					
Staff Travel				$ -	$ -
Total 3			**$ -**	**$ -**	**$ -**
4. Insurance					
Note: Allocation of insurance based on number of CC program staff as percentage of total SJC staff: 1.35 FTE/103 = 1.3%					
Comprehensive $2M Commercial General Liability					
Agency annual premium			$ 2,478	$ 2,478	$ -
Insurance Agency Vehicles			$ 1,518	$ 1,518	$ -
Total 4			**$ 3,996**	**$ 3,996**	**$ -**

	Total Program Budget	Culver City Grant	Culver City Program Costs funded by other sources
5. Operating Expenses			
Operating Supplies	$ 616	$ 616	$ -
Outside Services Security	$ 2,761	$ 2,761	$ -
LCSW Consultant $90 per hour x 72 hours annually	$ 6,480	$ 6,480	$ -
Lease Expense - Equipment	$ 132	$ 132	$ -
Outside Services IT	$ 635	$ 635	$ -
Postage	$ 147	$ 147	$ -
Printing & Copying	$ 189	$ 189	$ -
Staff Development/Training	$ 667	$ 667	$ -
Automobile-agency vehicles/staff mileage	$ 2,280	$ 2,280	$ -
Telephone Land Line/Cell Phone	$ 574	$ 574	$ -
Annual St. Joseph Center audit/ ADP Staff Payroll	$ 653	$ 653	$ -
Other Operating Expenses	$ 2,253	$ 2,253	$ -
Allocation of Agency Admin,HR,Finance,Operations that Administrative Overhead is equal to 20% of our direct program costs.	$ 19,196	$ 19,196	$ -
Total 5	$ 36,583	$ 36,583	$ -
6. TOTAL PROGRAM COSTS	$ 118,291	$ 118,291	$ -
	100%	100%	0%
7. ADDITIONAL REIMBURSABLE COSTS			
Direct Client Aid			
Motel Vouchers 70 nights @ $70 per night	$ 4,900	$ 4,900	$ -
Bus Tokens	$ 250	$ 250	$ -
Total 7	$ 5,150	$ 5,150	
	$ 123,441	$ 123,441	
	$ 123,441		
Surplus/(Deficit)	$ (0)		

P:\AGENCY AND COUNCIL STAFF REPORTS\2012 City Council Staff Reports\12-07-23\[Copy of St Joseph Center - CC Outreach budget 12-13 proposed budget 6-22-12.xlsx]Budget