City of Culver City
Proposal for Outreach Services
FY 2022-23
April 1, 2022 – June 30, 2022

St. Joseph Center ("the Center" or "SJC") proposes to provide street outreach, assessment, case management, linkage and ongoing supportive services to homeless individuals encountered within the borders of Culver City six days per week, between the hours of 7:30 AM and 4:30 PM on Mondays, from 7:30 AM to 10:00 PM Tuesday-Friday, and from 2 PM to 10 PM on Saturdays. The staffing pattern needed to support this coverage will require the creation of two distinct teams consisting of three people each, and this increase in team size will necessitate additional management and oversite. This all represents a significant expansion of the City's commitment to helping its homeless residents access life-changing programs. We are excited to increase the scope of our partnership in a way that expands both the reach and the depth of services available to assist this vulnerable population. Please note that we have used our existing Outreach contracts in other parts of the County (including such teams as SPA 5 E6 and Venice C3) as the basis for our project costs in Culver City, including staffing, direct client aid, and supporting services.

While the vast majority of the Outreach teams' work will be field-based, we will plan to co-locate some team members in City offices (to be identified) on certain days of the week to facilitate increased collaboration and connection with relevant City staff and departments.

When available, SJC will provide the City with demographic data and activity reports on all homeless individuals engaged by outreach workers. The Center will use data garnered from assessments to inform treatment planning and linkages to resources. SJC will also track the provision of services to those homeless individuals who enroll in case management and provide information regarding outcomes associated with these interventions.

REPORT ON CURRENT CONTRACT

For more than 13 years, SJC has formally contracted with the City to provide homeless outreach, assessment and case management. Since April 2021 our Culver City outreach efforts have engaged 68 clients and enrolled 155 clients. In addition, to SJC's Culver City outreach team, the agency has also supported Culver City's efforts around homelessness by matching the City's homeless residents to appropriate housing resources through the SPA 5 Coordinated Entry System (CES), for which SJC serves as the lead agency.

BACKGROUND

The 2020 LA County Homeless Count found 216 homeless individuals in Culver City, 62 of whom were living on the street rather than in a vehicle or a personal makeshift shelter. The 2020 count further indicated that in LA County Service Planning Area 5 (which encompasses Culver City), 25.4% of homeless individuals suffer from mental illness and 23.3% struggle with substance use. An estimated 40% of homeless individuals in LA Service Area 5 meet the HUD definition of chronic homelessness (this figure has increased significantly from 2019). Given these circumstances, SJC believes that the most appropriate approach to engage and support program participants is consistent street outreach that incorporates the principles of harm reduction and operates within the context of the SPA 5 Coordinated Entry System (CES).

Harm reduction is a best practice approach, which attempts to reduce the adverse consequences of drug use among persons struggling with substance abuse. SJC will employ intervention-focused case management with a strong application of the Housing First model when housing vouchers are available through CES. Housing First involves providing people experiencing homelessness with housing as quickly as possible and then once housed providing services as needed. Clients are paired with appropriate housing resources through the CES matching process, which ensures they have access to the most appropriate housing option available, according to their specific circumstances.

Our staff will continue to work collaboratively with City staff and departments to respond to community concerns around "hot spots" that are relatively more impacted by encampments and other concentrations of homeless individuals.

Since 29% of homeless individuals encountered in Culver City are expected to be chronically homeless with medical, mental health and substance abuse histories, it is expected that many of these individuals will meet the criteria for being most likely to die on the streets without appropriate housing interventions. The proposed services take these and other important factors into consideration.

PROPOSED SERVICES

Outreach and Engagement: Staff will begin to provide homeless street outreach in Culver City six days per week, including responses to requests by City departments and Culver City Police Department. We will utilize the LA-HOP online portal to help process and prioritize requests, and we will work with City staff to ensure that stakeholders are aware of this resource and how to access it when making outreach requests. At the initial client contact, staff will obtain basic demographic data as well as information on their physical and mental health status through the administration of a standardized assessment (currently the VI-SPDAT). If a homeless individual is unable or unwilling to engage on the first encounter, staff will visit repeatedly and continue to encourage engagement and build rapport. Once the assessment is completed, individuals will be entered into the SPA 5 Coordinated Entry System (CES), which SJC leads. Entering individuals into the CES will help facilitate the matching of clients with appropriate housing resources that match their needs. In addition to ensuring that clients have access to a wide variety of housing resources and supportive services, the CES will allow St. Joseph Center 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 focus efforts more intensely on those most likely to die on

the streets.

In cases where the outreach team receives a referral regarding an individual posing a serious public health or safety risk, SJC will coordinate with the Culver City Police Department, the Department of Public Health or Adult Protective Services to provide the best outcome possible.

Outreach Team Structure: Proposed personnel include the following:

- Senior Director – 0.07 FTE
- Director – 0.10 FTE
- Program Manager – 1.0 FTE
- Case Manager – 2.0 FTE
- Mental Health Specialist – 1.0 FTE
- Substance Use Specialist – 1.0 FTE
- Peer Advocate – 2.0 FTE

Hotspots/Areas of Focus: At the City's request, initial areas of focus for the team will include:

- The Culver Steps (mixed-use development)
- Culver Blvd, from Overland to National
- Fox Hills Mall environs
- Expo Line Lightrail station on Washington Blvd
- Tellefson Park
- Media Park (technically in City of LA, but Culver City has a long-term leases and manages the park)
- 405 FWY/ Venice
- 405 FWY/ Washington Blvd.

Vehicle Outreach and Freeway Underpasses: 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 five (5). These services will target areas where RVs or "live-aboards" often park.

Intake and Assessment: Once engaged and initially assessed using the VI-SPDAT, clients' information will be entered into CES and they will be further evaluated to determine more about their medical, mental health, psychosocial and substance abuse history. Under the Housing First model noted above, "housing readiness" entails ensuring clients have proof of identity and other core documents to determine which forms of housing they may be eligible for through CES. Once the best-fit housing option is identified, clients will be assisted in their housing search.

Case Management: The Center, provides intervention-focused case management to chronically homeless clients. 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. This client-centered approach maximizes the individual's physical, social, and economic well-being, and assists with independent living. Within this pro-active model case managers do not wait until the person is ready to accept an intervention. At times, interventions are put into place without the client's acceptance or knowledge. The case manager recognizes that because of underlying physical or mental health issues, 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. First, they identify barriers and work with the individual to eliminate those barriers by engaging other service providers as part of the intervention team. The second component focuses on the case manager-client relationship. Attempts are made to establish a connection with the client quickly by providing him/her with immediate resolutions to treatment goals that are easily obtainable. Subsequent meetings focus on more complicated goals. The intervention-focused case management practice adheres to a harm reduction philosophy. To the greatest extent possible, the Housing First model is also part of this approach as previously mentioned. This approach is intensive, time consuming, and requires that the case manager 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 meet the needs of clients directly, SJC staff provide assertive wrap-around support in collaboration with other community-based providers which offer mental health, substance abuse and health care services. If the Center's clinical staff suspects that an individual is gravely disabled or at risk of harm to self or others, SJC staff will request follow up by the County Department of Mental Health's (DMH) Psychiatric Emergency Team or the Culver City Police Department. When individuals are hospitalized (voluntarily or involuntarily) the Center's staff will work closely with DMH and hospital staff to ensure that they are released from the hospital only after effective treatment and discharge planning. Without this, individuals will likely reappear and return to homelessness in the community. When indicated, staff will be involved in systems coordination that may result in conservatorship. In other cases, staff will identify an appropriate residential treatment or living situation such as a Board and Care or Sober Living program.

If the individual's status does not indicate a need for psychiatric hospitalization, the outreach team may ask for the individual to be transported to Edelman Mental Health Center for further evaluation. Minimally, the team will continue to be in contact with the individual with a goal of getting the person to accept services. Our experience has shown that, in many instances, acceptance of an appropriate medication regimen often comes before an individual expresses a willingness to move indoors. 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.

Emergency Shelter, Bridge and Permanent Housing Placement: SJC Outreach Team members will always urge clients to transition off the streets. The team will operate using a Housing First model and connect clients with vouchers, Rapid Rehousing resources, or other permanent housing options available through CES. Clients who agree to participate services will be assigned a Housing Navigator through St. Joseph Center or another service provider; this individual will then help clients move from the street to a permanent housing option. Clients will be strongly encouraged to go into a shelter or to access bridge housing while they are working on their housing plan.

Large group shelters are sometimes inappropriate for individuals who suffer from severe mental illness. They often find the shelter environment overwhelming. Zero tolerance environments may not work for some individuals who are continuing to self-medicate with alcohol or drugs.

Research suggests that low barrier environments which do not require sobriety, acceptance of mental health treatment or medication for housing eligibility are most effective with this population. 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 (Supportive Housing) have been found to be more suitable housing options for many. Staff will also utilize Motel Voucher funding from the City to place clients in temporary housing, focus on motels the City has identified and with which it has made prior agreements.

Once an individual obtains a housing voucher or is linked with Rapid Rehousing funds, a housing case manager helps the individual identify a unit and complete the lease-up process. The Center's staff has been successful in helping hundreds of clients secure housing by developing positive relationships with landlords and property managers, and by educating clients on how to best present themselves to landlords.

Culver City Project Homekey Motel Conversion Project

Often times, unhoused individuals are reluctant to accept shelter beds in communities outside the West Los Angeles area because they don't want to be far from their social and supportive network. Most shelters are located in South Los Angeles and some as far as the San Fernando or Antelope Valleys, displacing the unhoused residents to communities where they are not familiar with.

To address the lack of interim and permanent supportive housing in Culver City, Culver City applied for Project Homekey (PHK) funding and was awarded $26.6M to acquire and convert two local motels into interim housing (IH) and permanent supportive housing (PSH). Combined, the motel repurpose projects will create 39 interim housing units for people experiencing homelessness and 37 permanent supportive housing units for individuals experiencing chronic homelessness.

The tenant selection criteria process for both IH and PSH will focus on the highest users of emergency and outreach services and will be developed in collaboration with the SJC outreach team, CCPD Mental Health Evaluation Team (MHET), Exodus Recovery, Los Angeles Homeless Services Authority (LAHSA), and Los Angeles County Homeless Initiative. The SJC outreach team will also assist by creating a by-name-list, otherwise known as a comprehensive list of every person experiencing homeless in Culver City, updated in real time. Those on the Culver City by-name-list that meet the tenant selection criteria, will be matched to a IH or PSH unit.

Post Placement/Retention Services: Once a client is placed in permanent housing, staff at St. Joseph Center (or another agency assigned through CES) maintains contact with the client to ensure continued housing stability. At least one initial home visit will be conducted with additional visits as needed. Regular contact with the client provides the Case Manager with the opportunity to check-in with clients, as well as identify and address any problems that could threaten their housing stability. To foster further sustainability, the team will also assist the client in linking to resources in the community in which they are placed.

ANNUAL PROGRAM OBJECTIVES (2022-23; 2023-24)

(*Please note that these objectives are based on two teams; changes in final project staffing would impact the figures noted below.)*

- 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 street outreach team, provide ongoing outreach to at least 100 homeless persons within the city of Culver City. This number will include persons living in their vehicles in those designated areas mentioned previously.

- Collect baseline data on at least 75% of homeless individuals encountered. Data (coded for confidentiality) will include general information such as gender and racial/ethnic identity. It may also include age, family status, length of homelessness, veteran status, amount and source of income if any and disability(s). The team will also collect information about physical health, mental health and substance abuse history as well as prior emergency room stays and hospitalizations.

- Assess/Assist 50 of the 100 homeless individuals using a standardized assessment (currently the VI-SPDAT).

- Provide intervention focused case management to homeless Culver City residents.

- Assist 15 to obtain and/or maintain permanent housing. This number could increase based on increased access to Culver City housing opportunities.

- Provide monthly program reports that include program statistics, complaint descriptions and summary of outreach activities.
    - The team will provide informal a weekly update to Culver City Housing Division staff in a mutually agreed-upon format that covers basic operations while respecting client confidentiality and applicable privacy laws.

- Provide quarterly reports to Culver City Advisory Committee on Housing and Homelessness, Council and/or other organizations as requested by City staff.
    - A representative from St. Joseph Center's outreach team will be available to attend monthly meetings of the Culver Committee on Homelessness to dialogue about efforts to address homelessness in the community.