

# **Strengthen & Rejuvenate Your Outreach Methods**

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June 25, 2009**

“The scary part is, every day out here it gets easier. It gets easier because you learn how to survive. You get used to the cold, used to not washing every day, used to not having clean clothes. That’s the scary part.”

# How would you approach Mike?

- On the streets for 14 years
- Active IV drug user
- 23 hospital admissions – mental & physical
- Likely high when you meet him
- Used to work
- Prefers streets to shelters



# How would you approach Isaac?

- Likes to hang at storefronts with friend
- On & off homeless for decade plus
- Obvious hygiene problems
- Talks loudly when alone
- History of police contacts and county jail stays
- Actively panhandles
- Suspected alcohol issues more than other substance use



# Experiencing homelessness brings...

- More exposure to violence & the elements
- Crowded living conditions and greater exposure to infectious & communicable diseases
- Poor nutrition & lack of adequate hygiene
- Greater fatigue, stress, & depression
- Negative impact on the immune system
- Higher rates of mental health & substance use disorders
- Higher death rates (about 3 to 4 times higher)

## And challenges a working life...

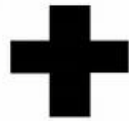


Eddie Nelson, 46, lives in the tent village near 2200 E. Lamar Blvd. in northeast Arlington, Texas. He needs a job, but can't get one because he has no address. He needs proper work attire. He said that whenever he finds work, his employer will fire him after learning he is homeless. He doesn't want to live this way. "I'd like to be working again," he said. "I want to get my apartment back."

“If we are going to make a difference, then we have to realize that drug abuse & mental health is related to housing is related to health care is related to joblessness is related to poverty. You can’t deal with any one of those without dealing with all of them.”

# Are You Good at Math!

A home



A job



Income



A Support  
Network

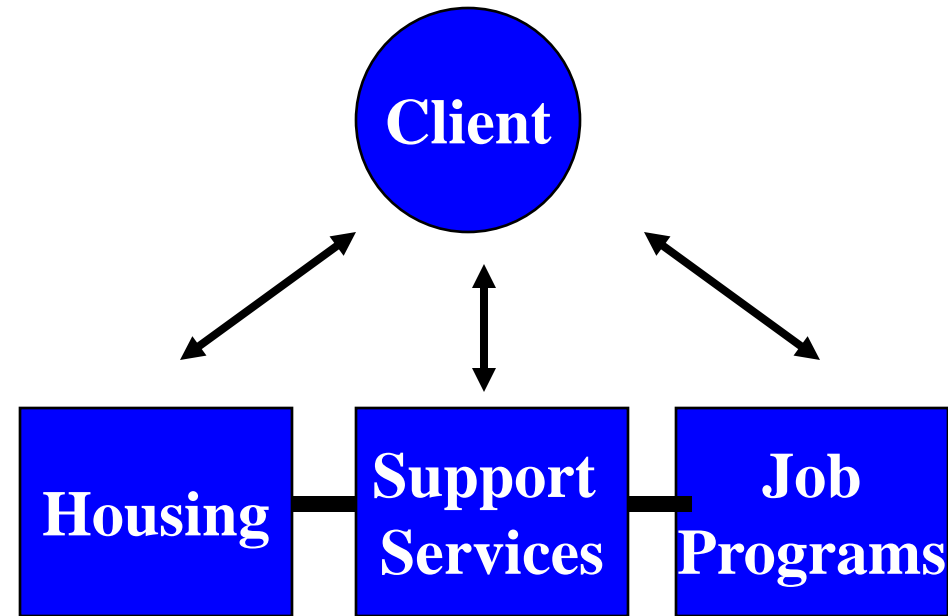
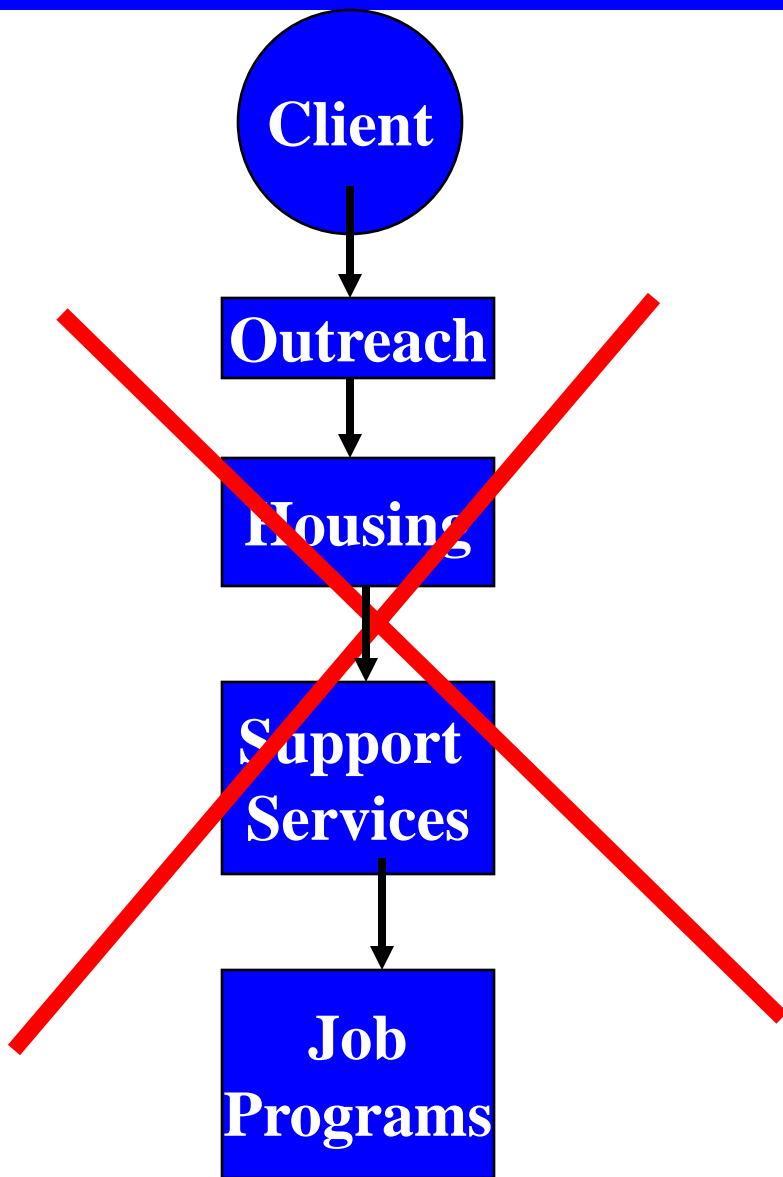


Ends  
Homelessness

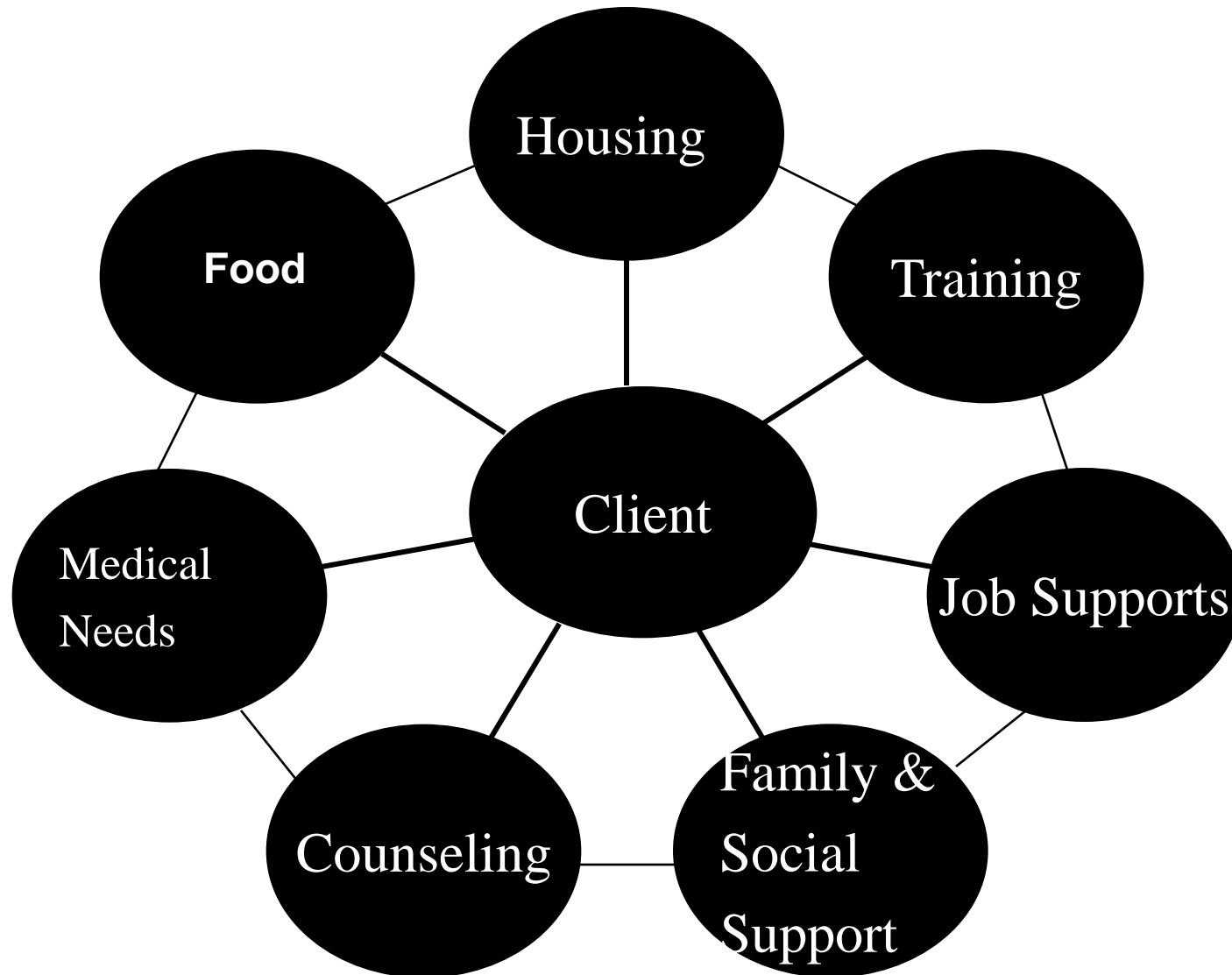
If the housing problems of people with disabilities are primarily problems of **POVERTY** rather than disability, then why aren't we doing more to increase income?

“Shelter neither solves homelessness nor prevents further displacement. Absent an adequate supply of affordable housing – ***and*** the jobs and income supports needed to sustain households once relocated- remedial efforts are doomed to an endless round of musical chairs.”

# Housing, Jobs & Supports: How should they work together?



# Person Centered Approach



# NEW PARADIGM

- Disability - natural part of the human experience
- Shift from traditional approaches to employment and training, MH and SA treatment
- Treat people on the basis of facts, not generalizations and stereotypes.
- Prioritize Chronically Homeless
- Genuine, effective, and meaningful opportunity (provide reasonable accommodations and modifications)
- Inclusion and integration

# FULL PARTICIPATION

- Involvement in decision-making by people consuming services at the individual and systems levels
- Ensure informed choice, self-determination and empowerment
- Individual and agency accountability & responsibility
- Recognize self-advocacy

# Engaging entrenched street dwellers

- Persistent or assertive approach by a worker who has developed a trusting relationship with a client
- Strength-based case management
- Peer to Peer outreach
- Acknowledge past bad experiences
- Overcome client fears about moving indoors
- Swift access to housing with supports
- Working with public safety and police

# Employment-Centered Outreach

- Make work part of the conversation about engaging in services
- Prompt and listen to people's stories about jobs they had and jobs they may want
- Provide information
- Assess the value of an offer of work as a 'hook' to influence positive change
- Understand the 'stages of change'

# Know something about...

- SSI/DI
- Impact of work on cash benefits
- How to work and keep Medicaid
- Food stamp impacts
- Increased income and housing assistance

***Most importantly know who knows more than you!***

# Breaking the “Readiness Model”

- Assume employability
- Staff supports peoples’ desire to work
- Avoiding lengthy prerequisites and rigid sequencing
- Allow multiple options-one ‘best practice’ does not fit all
- Understand peoples’ needs, abilities and values
- Understand what employers want
- Understand how to make a good job fit
- Celebrate all degrees of success

# Housing First/Work First Principles

- Housing is a basic right for all people
  - Full community integration
  - Client-driven
  - Respect people's ability to make an informed choice about what they want, the sequence they want it in, and for how long they want the service
  - Use ACT team structure for services/supports
- Having a job is a basic right for all people
  - Full community integration
  - Client-driven
  - Respect people's ability to make an informed choice about what they want, the sequence they want it in, and for how long they want the service
  - Use integrated services team structure for services/supports

# Practices:

## “Housing First”

- Readiness not required - from streets to permanent housing
- Participation in treatment or sobriety not a condition for housing.
- Harm reduction strategies used.
- Scattered-site, master leased or congregate housing
- Support through integrated services team.
- Protection of a Lease.
- Stability in safe, affordable mainstream housing is the goal

## “Work First”

- Readiness not required- “Standing offer of work”
- Work as a tool for engagement
- Jobs range in skills & wages
- Harm reduction approach
- Supported employment, customized to client situation.
- Access to ongoing integrated treatment and case management
- Consumers meet job standards
- Independent mainstream jobs at a living wage using employment EBP is the goal

# A standing offer of work

- Accessible jobs
- Jobs that we have control over
- Minimum wage or better
- Temporary
- Part-time
- Flexible schedule



# Expected Outcomes

## Housing First

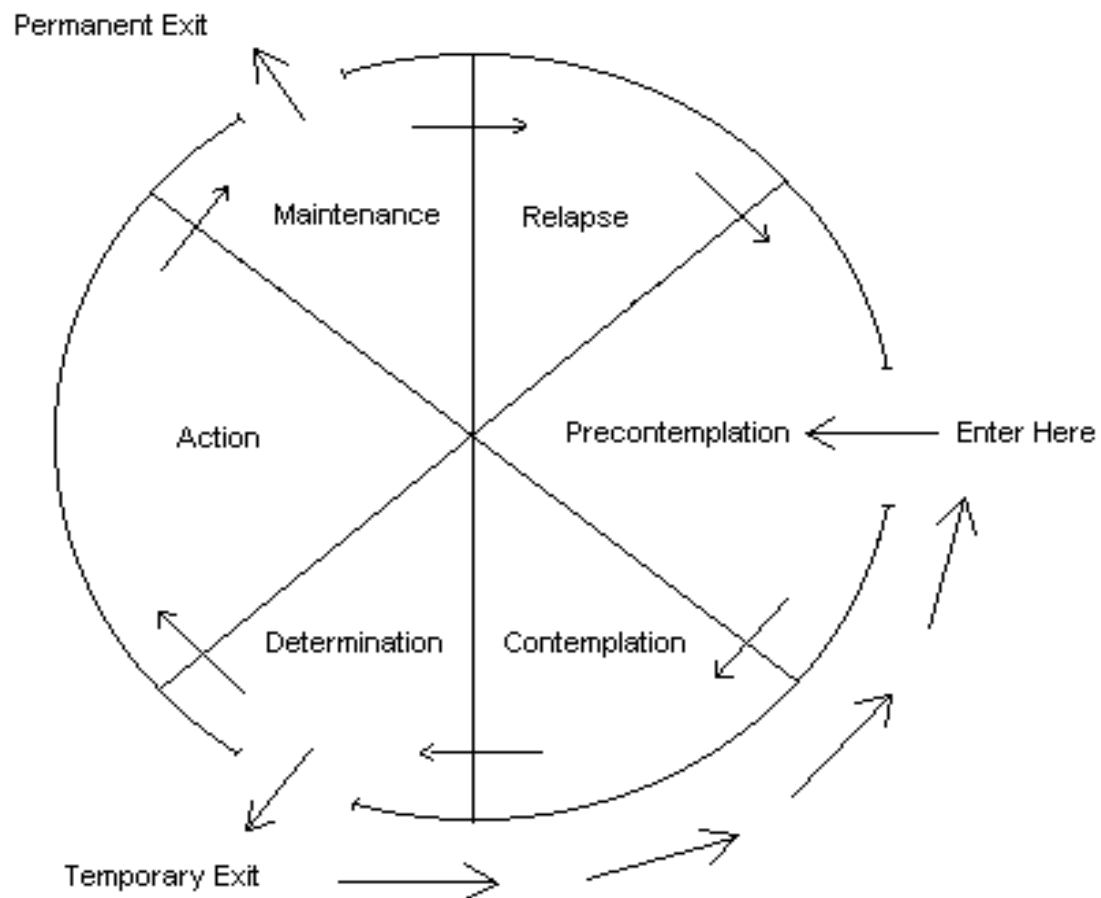
- Improved self-esteem and confidence
- Facilitate motivation to change
- Establish trust in self and others
- Rapid placement in permanent housing
- Reduction in street homelessness
- Increased tenure in housing
- Results not contingent on clean & sober behavior

## Work First

- Make \$\$ - Pay Rent
- Provide hope, improved self-esteem and confidence
- Facilitate motivation to change
- Establish trust in self and others
- Desire to increase hours of work, obtain a better job
- Develop an initial job goal & support services plan
- Improve knowledge of job options, skills and credentials needed
- Practice job skills and aptitudes

# Stages of Change

Figure 1. A Stage Model of the Process of Change  
Prochaska and DiClemente



# Pre-Contemplation

- Resistant to discussions about work; getting a job is not on the radar; anxious about employment; projects unemployment as necessary for working on recovery-does not see benefits of working to improved health; may state they can work whenever they want to.

# Contemplation

- Considers employment as a possibility; will talk with staff about working, may ask about implications of employment. Emerging awareness & ambivalence sets the stage for considering options.

# “If you have had any of the major mental illness...” © Mimi Kravitz

- You have strength
- You can cope
- You have patience
- You possess spirituality and hope
- You have courage
- You have humility
- You have imagination

# “If you have been hospitalized, you...”

© Mimi Kravitz

- You have survival ability
- You can tolerate pain
- You can deal with the unknown
- You have interpersonal skills

# “If you have survived hearings for SSI, Food Stamps, etc...” © *Mimi Kravitz*

- You have anxiety tolerance
- You can organize documentation
- You can negotiate systems
- You can persevere

# Preparation

- Taking stock of oneself to plan for pursuing a job; makes vocational plan; gathers information; expresses concerns; seeks solutions to potential problems; enters training or educational programs to prepare for employment; considers risks of substance use linked to working and develops response plan.

# Action

- Enters job training; Exits training to enter employment; working competitively for an employer.

*30% or more of the unsheltered homeless population work....albeit in limited amounts for short time periods at low pay...but they work...*

# Maintenance

- Remains attached to the workforce; resolves on the job problems; seeks re-employment when there is a job loss; secures new work within 2 months of a job loss.

# Relapse Prevention

- Person uses available supportive services to stay employed; considers next job as career moves; considers additional training needed to get more satisfying work; uses earned income legitimately; learns skills to respond to trigger events or moments.

# Critical interpersonal skills to facilitate change

- Active Listening
- Expressing empathy
- Asking open-ended questions
- Developing discrepancy
- Avoiding argumentation
- Rolling with resistance
- Supporting a sense of ability

# Strengthening Outreach Methods

Some entrenched street dwellers perceive the service system as hostile, demanding, unavailable, not responsive to real needs, and a source of past failure.

# Strengthening Outreach Methods

How can we improve efforts in:

- Engagement
- Assessment
- Information and referral
- Provision of direct services

Successful Engagement includes:

- Reliable persistence
- Absolute integrity
- Having something real to offer

# Strengthening Outreach Methods

**Ineffective** approaches to chronically homeless people are those in which:

- We assume we know what people need and/or are ready for
- We assume that psychosis is driving unrealistic expectations

# Strengthening Outreach Methods

## Individual worker Approach

- develop rapport with clients
- Consistent connection
- Less worker coordination required

## Team Approach

- Continuity
- Broader skills and personalities
- Limits clients dependence on individual workers
- Less burden on individual workers

# Strengthening Outreach Methods

## Assessment includes:

- Sufficient clinical training – know what to look for
- Willingness to ask awkward questions
- Ability to “present” the individual or issues for referral or service purposes

# Understanding and Addressing Work-Related Triggers

- Having \$\$
- New friendships
- New routines
- New lifestyle
- Co-worker, supervisor relationships
- “Threat of success”



# Strengthening Outreach Methods

## Information and Referral includes:

- Assessing willingness to be referred
- Understanding the context from the individual's perspective
- Make a good “fit” between a person's needs and an agency's services and organizational character

# Strengthening Outreach Methods

Information and Referral includes good preparation of the chronically homeless individual about the realities of the system and agency. Such things as:

- These are the kinds of questions you will get
- This is what “they” are looking for
- This is what you need to be able to do to get the benefits they offer

# Strengthening Outreach Methods

Information and Referral offers a good opportunity to advocate for chronically homeless people within the mainstream or Continuum of Care system. Attempting to link “difficult” people to systems is an opportunity for education on both sides! Developing key alliances is a way to advocate from inside the system for more flexible service delivery.

# Strengthening Outreach Methods

To address housing readiness, you have to have access to housing units.



# Strengthening Outreach Methods

## Providing Direct Services includes:

- Ongoing outreach and meaningful contact for people who are not ready for more
- The “bag” of food, coffee, first aid supplies, grooming supplies, meal and service vouchers, blankets, etc.
- Having a direct and immediate link to needed resources, e.g. Housing First

# Addressing Safety Issues

- Safety is a shared responsibility
- Always be observant, alert, and cooperative

# Always Work in Pairs

- No one should ever move outside of their partners visual field
- Everyone must be prepared to leave at any time
- Code Word – “NOW”
- In the event a physical confrontation occurs between clients the team will automatically leave the area

# If the team is going to an area for the first time....

- A quick overview of the area should be made.
- Using a scout
- Using other homeless clients



# Pay attention to ...

- The level of intoxication visible
- The noise level of clients
- The activity of individuals in the area
- Drug paraphernalia and needle track marks on the clients
- Where you walk
- Your body language

# Look for...

- Weapons of all types: such as firearms, knives, axes, machetes, wooden clubs, heavy tools
- Rotting food may be indicative of a high risk for encountering rodents
- Used toilet paper in the area may be indicate the area is used as a restroom or latrine area and should be avoided due to the risk for infectious diseases

# Employment Shelters

- Emergency housing
- Time limited
- Expect and support employment
- Employment specialists on staff or contracted
- Increase income for housing

# LAMP Village

527 S. Crocker, Los Angeles, CA 90013 (213) 488-0031

- Drop-in Center/Crisis Shelter
- Lamp Lodge-50 unit permanent housing

## VILLAGE INDUSTRIES:

- Linen Services
- Public Laundromat
- Public Showers & Toilets
- 1/3 of staff are consumers
- Employs 35 people per day



# The Goodwill Inn, Traverse City, MI

- Provides various levels of employment and job placement services
- Temporary work opportunities
- Assessment of work capabilities and disabilities is provided
- Classes are given in employment basics, job search, job retention, job dependability, and self-presentation

# Transitional Jobs: The Doe Fund, New York City

- Workforce development program – Ready, Willing and Able
- Shelter-based paid transitional employment and training program for homeless men
- Contracts and funding to purchase and renovate their own residential facility

<http://www.doe.org/>



**“ WE KNOW ALL THIS  
STUFF.**

**JUST BECAUSE WE DON'T  
DO IT, DOESN'T MEAN WE  
DON'T KNOW IT !!!”**