



# Lookout Emergency Aid Society

## Community Services Programs 2008-2009

### OUTREACH PROGRAMS

*Lookout's Outreach Programs cover intensive short-term (3 to 6 months) support, case management and planning services for chronically homeless people as they require additional intervention and support to successfully attain housing and maintain them within the community. Staff provide services through the Cliff Block in New Westminster, the LivingRoom Drop In and the Downtown Shelter within the Downtown Eastside. Outreach collaborates with other service/treatment providers in the community to improve the quality and stability of individuals' lives. This includes special support to clientele of hotels and rooming houses that provide accommodation to Lookout. We have been very successful in partnering with a few building owners/managers such as the Avalon Hotel and Cordova's Residence to provide on-site staffing where a block of rooms have been provided for Lookout clientele. Reports on these latter programs can be found under our Permanent Housing Program.*

The broad objective of Lookout's Outreach Program is prevent homelessness. In practical terms this means : to get homeless individuals off the streets and out of shelters, to reduce the recidivism rates to shelters and to get people into permanent accommodation. It also means preventing people from losing their housing. The narrower version would be serving the immediate needs of people who are homeless or at risk of homelessness where services are not available elsewhere: addressing needs such as health, mental health, medications, nutrition, clothing, hygiene issues, warmth, a bed and some food, developing a case plan and linking the individual with the appropriate community services. Where that service doesn't exist, Outreach tries to create the needed service.

All told, our Outreach teams served **1,877** unique individuals between four programs, two located in the Downtown Eastside, one in New Westminster and another on the North Shore. Overall **30%** of all individuals were women. This year, **65** individuals (down from **93** last year) confirmed their HIV status, **802** others may be infected but they themselves either don't know, or don't inform. We hope this is an indication that the HIV education strategy is becoming effective.

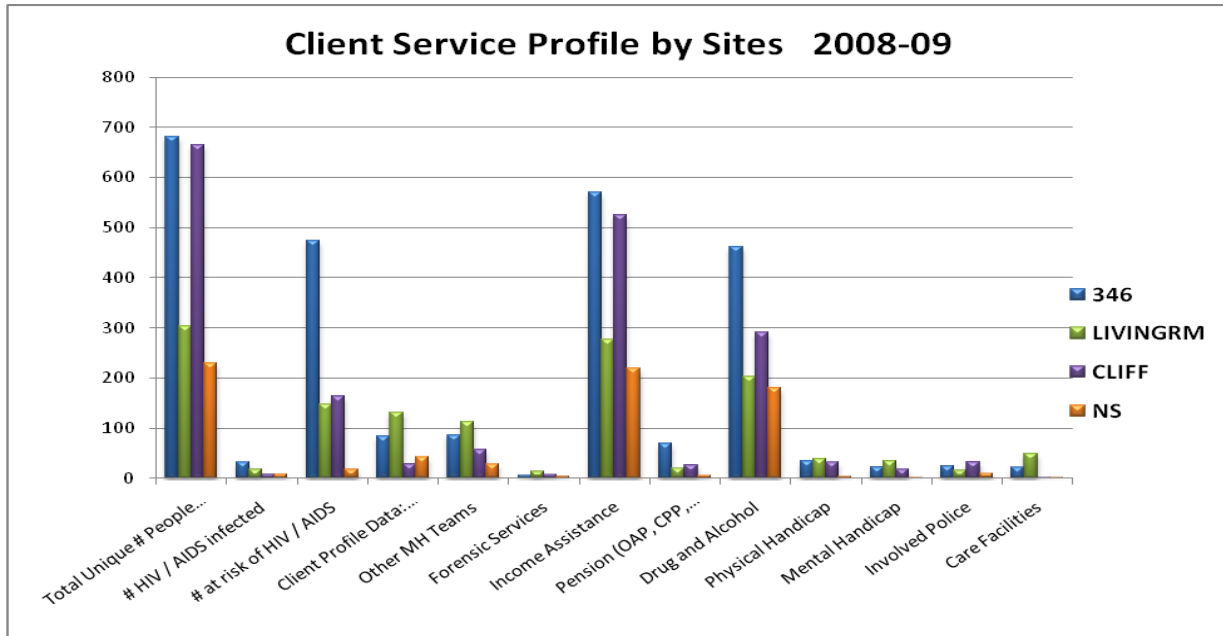
Overall, our staff provided **12,888** hours in direct service, and made **33,683** contacts (defined as sessions over 15 minutes duration) to connect people with required services. Each program responds to the unique needs of their clientele and area, and although services are similar, the programs are varied in how they spent their time. The following statistics are based on the cumulative data of all four programs to give an overall sense of pressures. Individual program data is reflected below.

	346	LivingRm	Cliff	NS		346	LivingRm	Cliff	NS	
<b>Total Unique # People Served</b>	<b>681</b>	<b>303</b>	<b>664</b>	<b>229</b>		<b>Men</b>	<b>63%</b>	<b>78%</b>	<b>70%</b>	<b>80%</b>
<b>New/Reopened Files in Year</b>	<b>32</b>	<b>17</b>	<b>8</b>	<b>8</b>		<b>Women</b>	<b>37%</b>	<b>22%</b>	<b>30%</b>	<b>20%</b>
<b># HIV / AIDS infected</b>	<b>65</b>	<b>17</b>	<b>8</b>	<b>8</b>	<b># at risk of HIV / AIDS</b>	<b>474</b>	<b>148</b>	<b>55</b>	<b>17</b>	
<b># Referrals/Contacts Made:</b>	<b>15,848</b>	<b>7,835</b>	<b>7,146</b>	<b>2,854</b>	<b>Total # Hours in direct service:</b>	<b>6,553</b>	<b>2,765</b>	<b>1,971</b>	<b>1,599</b>	
<b>To:</b>					<b>Hours spent in:</b>					
Local MH Team	84	131	29	42	Housing Search	7%	9%	10%	12%	
Other MH Teams	85	113	57	28	Service Search	4%	5%	7%	13%	
Forensic Services	6	13	7	4	Lifeskills	7%	17%	3%	1%	
Income Assistance	571	276	524	220	Liaison	13%	8%	16%	10%	
Pension (OAP, CPP, Union, etc.)	70	20	27	5	Escort	16%	8%	9%	11%	
Drug and Alcohol	462	202	292	181	Advocacy	4%	10%	3%	4%	
Physical Handicap	35	39	32	3	Move	4%	2%	7%	2%	
Mental Handicap	23	35	18	2	Counsel and direct	12%	21%	5%	11%	
Involved Police	25	15	33	9	Crisis intervention	3%	4%	2%	6%	
Care Facilities	22	49	2	1	Support	23%	6%	22%	6%	
					Case planning	3%	6%	8%	11%	
					Paper work	4%	3%	7%	15%	

*Note: principal contacts only listed*

**Contacts:** 42% of contacts were with income assistance, and an additional 3% dealt with pensions demonstrating accessing finances remains one of the major issues for Outreach clientele. 30% of contacts were with addiction treatment resources. 7% were to connect people with mental health professionals and 5% addressed issues around physical or mental disabilities.

**Service Hours:** Not surprising given the above figures, Outreach staff spent 28% of their time escorting/liaisoning people with various services and they expressed frustration that it wasn't more time, but the access to required services wasn't there. They spent 16% of their time searching for services and housing. Another 15% of their time was spent counselling and directing people to the appropriate resources, and 24% supporting people with 4% being crisis intervention. This is the support that allows us to develop the relationships with clients and service providers and that becomes so critical in addressing their issues, or getting their agreement with plan development.



The following are the individual program reports, submitted by the various programs.

## CLIFF BLOCK – OUTREACH

We are very proud of our **Outreach Program** which provides services to the homeless population, local service providers and citizens. Outreach is there for the most vulnerable people who are experiencing homelessness or are at risk of becoming homeless. There is a strong emphasis on early intervention strategies. For the most part we have found that by fostering a relationship that keys in on self-worth, respect, and understanding we encourage the building of groundwork for a positive working relationship. Calls for assistance continue to increase as people become familiar with who we are and what we do.

This year we served **664** unique individuals, double the number of people (**335**) served in the prior year, thanks to sustaining funding of another Outreach position by BC Housing. Our team was extremely busy, making **7,146** referrals/contacts on behalf of our clients. Our biggest challenge remains finding housing that is affordable and has the appropriate supports. The numbers of individuals who are HIV positive remained steady, with **8** individuals having HIV diagnoses this year, compared with **7** in 2007/08. There is a significant decrease however, in the numbers of people who are HIV at-risk – last year **108**, and this year it has reduced to **55** individuals, almost 50% decrease. We do not understand why this is, and can only hope that it is a trend vs. an abnormal blip in our statistics!

This year BC Housing created new responsibilities for Outreach Workers, including that Outreach Workers are to check at both the 3 and 6 month interval on each person who has been housed through Outreach. This is to ascertain whether the Outreach intervention has been beneficial and that the person remains housed. Lookout is pleased to have this option available as it means that if people are struggling, we will be able to provide them with additional supports.

There has been a steady transition of clients heading to and staying in long term treatment/recovery. Although more and more people are coming to our doors seeking help in many areas, there has been a steady increase in the number of people being helped with housing and related challenges.

Here in New Westminster we are lacking the following services for street entrenched/homeless citizens: Phone access, Showers, Laundry, and a resource center for folks to connect up with services. Many of the folks we serve do a lot of binning and sleep on the street. They would require a shower and laundry facilities before they could even approach a landlord. Calls for assistance continue to increase as people become familiar with us and what we do.

One of many success stories that come to mind is a couple (**David and Tammy**) who were street entrenched for many years. About 6 months ago Outreach staff were able to place them together in a good recovery house program. Recently, they paid us a visit and the difference in them was inspiring. They looked healthy and happy and said that they were looking forward to going back to school for training. This little story along with many other success stories, let us know that we are making a difference in the lives of the people we are helping.

## LIVINGROOM DROP-IN CENTRE – OUTREACH

The two person Outreach team at the LivingRoom Drop In work with individuals living in poverty who have serious ongoing mental health issues including those living with other health issues such as HIV/AIDS and/or hepatitis or concurrent disorders (mental illness plus addictions). Outreach delivers services including housing searches, advocacy, counseling and directing, case planning, life skills training, transportation to/from medical appointments, financial management, housing set up, furnishings and other services to primarily members of the LivingRoom seven days a week.

In 2008/09 Outreach assisted **303** unique individuals of whom **77% (234)** were men and **23% (69)** were women. This gender ratio has been consistent over the last 3 years. Overall, our staff to client ratio has decreased over 3 years because of an increase in case load of **210** in 06/07 to the current case load of **303** (45% increase) in 08/09. A portion of this client increase has been attributed to a temporary part-time Outreach position augmenting our regular staffing. This was possible for several months funded by monies left over from the previous year (due to staff shortages/absenteeism). We thank Vancouver Coastal Health for allowing us to carry-over.

During the past 3 years Outreach has seen an increase of **33%** of homeless people on the Outreach case load, currently averaging **37** homeless clients per month. Placing individuals in housing continues to be more difficult because vacancy rates in SRO's (hotels) are way down. The availability of affordable, market rental units was virtually non-existent and the wait time on subsidized lists is prohibitive to assisting clients who are experiencing immediate housing crisis. Lengthy wait lists tend to discourage clients from applying and when they do apply, clients can be difficult to locate a year to 4 years later when their name arrives at the top of the list because the applicants are in shelter with a different agency or living on the street unable to be reached.

The number of mentally ill people presenting to Outreach with addictions (concurrent disorders) remains consistent over the past 3 years and is 1/3 of the Outreach caseload averaging **100** clients during the year and underlines the need for more centers like the Burnaby Center for Addictions and more detox services that do not have wait lists. The number of individuals with HIV grew from **5%** to **6%** over a 3 year period (**17** people this year) and those with Hepatitis averaged **27%** of this year's caseload (**81** people) which is slightly down from 3 years ago.

The breakdown of services that were in most demand the past 3 years has remained consistent. Counseling and directing clients dominated (as per usual), this year as **21%** of all interactions, life skills interventions as **17%**, followed by liaising with other service providers and escorting clients to appointments (both at **8%**). Outreach provided **2,765** direct client service

hours spread out over **7,835** contacts that ranged from 15 minutes to several hours each. The average length of a contact was 33 minutes and is consistent with averages over the past 3 years.

The complex range of challenges that our clientele face requires a multifaceted and creative approach to address their needs. One important strategy the Outreach team employs is to be continually liaising with various hotels and rooming houses. Outreach endeavors to develop trusting relationships with landlords that ensure ongoing communication, enabling Outreach to place and sustain clients who would otherwise be homeless, couch surfing and/or shelter hopping. This method allows Outreach to maximize its abilities to house as many people as possible given the low vacancy rate and high rents. It has been noted that if a client remains on the Outreach caseload the odds are extremely good they will be housed. Addictions issues and its impact on the client's overall health continue to be challenging given the current resources that are available. In accordance with Lookout's best practices, Outreach employs harm reduction techniques to assist substance users to maintain their health and assure they have access to services and supports as best possible, given available resources that keep clients out of hospital and lowering involvement in the justice system.

This year saw an increase in statistical recording due to BC Housing's reporting requirements for Outreach. Although the additional tracking will hopefully provide some useful information regarding outcomes, it has been noted that the increase in paperwork reduces Outreach available to directly assist clients. Some examples of the additional BC Housing paperwork taking away from direct client service hours include (but are not limited to) that Outreach has less time to pick up and deliver donated furnishings to newly housed clients as well as time to seek out and develop relationships with perspective landlords. It is important that Outreach can house clients in a timely fashion so clients do not lose hope, discontinue their relationship with Outreach and remain on the street and/or continue to be a statistic in shelter recidivism reports.

Outreach strategies to increase the efficiency of client service delivery include a concerted effort to improve communications with other local agencies. For example Outreach attends the Strathcona Mental Health Outreach meetings which bring together various agencies to identify problems, to strategize and reduce service duplication where clients are receiving identical services from 2 different agencies.

Outreach strives to ameliorate the negative circumstances that face clients on a daily basis by encouraging client independence through life skills training and presenting options through a client centered process. This strategy ultimately improves the client's coping skills, overall health, well being and provides direct fiscal benefit to taxpayers where hospitalizations, justice system involvement, and extensive systemic costs are significantly reduced.

## **DOWNTOWN SHELTER – 346 OUTREACH**

346 Outreach has had a very interesting year, particularly when former VPD DTES Liaison officer Dave Dickson, after leaving the police, joined our team, working in partnership with other community agencies. This permits him to continue his work in the DTES of support to people on the streets and in SRO's. With Dave, and utilizing some shared hours with New Westminster and NS Outreach Workers available to take shifts with us, 346 Outreach topped **801** cases opened this year, with **681** being unique individuals. **79%** were people in the critical categories of 'at-risk' or 'HIV', so we continue to focus on people whose needs are often coupled with great vulnerability to the conditions of living in the DTES. A continuing focus has been people who are sleeping out, and last summer in the height of much concern over the visible numbers on Alexander Street or in Oppenheimer Park, our Outreach had a steady stream of successes of individual we assisted into shelter, housing or returned home to other communities.

During the fiscal year 2008-09, our Outreach Team spent more hours (**6,553** this year vs. **6,209** last year) and tracked **15,848** contacts (a little less than the **16,559** made last year). The decrease (**711**) in contacts actually reflects less service to more unique individuals, slightly decreasing the contacts-per-individual ratio to **23.3** from **24.8** last year. Simply put, it is becoming harder for our clientele to achieve their goals.

As building condition issues came up with SRO's bought by the Provincial Government, the agencies operating the hotels (not just Lookout) began renovation processes. Our Outreach Team had a fair bit of work in assisting people with placements,

applications, helping their clients manage their lives while placed on waitlists or awaiting return into the SRO's. We work closely with private landlords who will accept people contingent on our continuing to support them 'in place'. This remains a key element of assisting clients to achieve and maintain stability, and our workers continue to often be amazing at the skill of finding resources when there is yet so little available in perspective of so many who have need of affordable and supportive housing.

The Outreach team as well has been a key element in our support to 1st United Church opening their sanctuary to people off the street since December. 2008 - 2009 was indeed a busy year - with its pace and work continuing unabated into this one.

## NORTH SHORE – OUTREACH

The last 12 months have seen much transpire and has ended with a very positive set of outcomes. The Outreach Program and Lookout has become an integral member of the North Shore continuum of care for the homeless and those at risk.

We have seen our Outreach Program expand this year because of increased funding from BC Housing. This is a significant aid to our clients as they bridge out of the shelter into housing. It also has been incredible as our Outreach and CLW team reach out to the absolute homeless on the streets on the North Shore. They bring resource information and offer to assist with the location of shelter, housing and services. The Outreach workers have ensured the continuity of service that benefits both our clients and partners within this community. A new project this year is for Outreach and the Shelter to do 3 and 6 month follow up on any client housed, that is, if they agree. The intent is to find out how effective we are at housing people, as well as to provide additional support, should that be needed.

Most notable is the addition of Dr. Anthony Ocana to the N.S. team and his demonstrated willingness to work with the hard-to-serve clients. In addition, the ongoing building of a local network of agencies is openly communicating and sharing info for the benefit and unification of seamless service provision. The Outreach program recently had a meeting with local MHSD staff to give an overview of our services and exchange info for better understanding of the role each plays in the clients' care.

Outreach continues to actively support the client's participation in health activities through the fitness program for their benefit that takes place at the NS Neighborhood House and recently was videoed by the Douglas College media relations program with homeless clients playing hockey and discussing homelessness issues.

Statistically speaking the client base continues to grow and the client needs are diversifying to include more day to day support and advocacy – particularly for those at risk but not yet homeless. In the month of February, **3** clients were housed and **1** was placed in a long term care facility. The relationships with Turning Point Recovery Society, Together We Can Recovery House and Innervision's Support Recovery proves to be beneficial as each facility accepted our clients in February.

The Outreach team provided service to **229** unique individuals last fiscal year: **183** men and **46** women. Of these, **10** were not on government assistance of any kind, **180** experienced alcohol or drug addictions, **3** were physically handicapped and **30** self-reported to be HIV+ or Hepatitis C+. **2,854** contacts were made (90% increase over previous year) and **1,599** service hours (60% increase over the previous year) were spent with individuals throughout the year.

The NS Outreach team is recognized within the community of service organizations as the frontline providers of immediate care to the growing homeless population. The forthcoming year will see the Lookout team grow with additional Outreach workers. Joint events such as "Connect Days" will broaden awareness of NS agencies within their community. The goal is to assist clients in connecting with health, mental health, nutrition, activity, training and flexible employment.

Our most immediate need is to locate additional housing resources and we will be initiating more conversations with local property managers and owners. Another goal is to stabilize a MH team for the North Shore.