# 3 OUTREACH AND CASE MANAGEMENT

Outreach and engagement of people experiencing homelessness plays a vital role in homeless service systems. Street outreach identifies and engages people living in unsheltered locations like cars, abandoned buildings or encampments who might not seek help on their own. Street outreach provides people experiencing homelessness with basic necessities while helping to link the person with housing and other services to support their exit out of homelessness.

Outreach should be systematic, coordinated and comprehensive across a variety of organizations including law enforcement and other first responders, hospitals, health and behavioral healthcare providers, child welfare agencies, homeless education liaisons, workforce systems, faith-based organizations and other community-based providers. All outreach efforts should be connected to coordinated entry system and HMIS, as well as focused on connecting the person experiencing homelessness to stable housing resources using the Housing First model. Street outreach should be person-centered and provide warm handoffs to emergency shelter, housing and service providers.[18]

Case management can be defined in many ways, but according to the Case Management Society of America (CMSA), case management is "a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes."[19]

Numerous service providers in OKC engage in outreach and case management services. The CoC seeks to build upon the current outreach and case management efforts through the following actions:

- 3.A Enhance Access and Use of HMIS
- 3.B Case Manager Training and Professional Development
- 3.C Expand Use of Peer Support Mentors
- 3.D Intensive Case Management and Outreach
- 3.E Mobile Services Team

[18] https://www.usich.gov/resources/uploads/asset_library/Core-Components-of-Outreach-2019.pdf

[19] http://www.cmsa.org/who-we-are/what-is-a-case-manager/

# 3.A) ENHANCE ACCESS AND USE OF HMIS

The Homeless Management Information System (HMIS) is an information technology system used to collect client-level data and data related to housing and homeless services at the local level. Continuum of Care's (CoC's) are responsible for selecting an HMIS software solution that is compliant with HUD's data collection, management and reporting standards.

Servicepoint is OKC's HMIS networked database and is maintained by the Homeless Alliance. It currently connects more than 42 agencies with over 164 programs serving people experiencing homelessness. Servicepoint allows these agencies to share data on shared clients, measure outcomes and report to funders.

## Strategy Description

The CoC seeks to enhance access to and use of the HMIS database by providing training, addressing security and privacy concerns, and increasing the number of available licenses. The creation of a HMIS Data Manager position would allow for an individual to manage these responsibilities.

Additionally, the CoC currently funds HMIS licenses for all local programs as well as programs in the Norman and Balance of State (BOS) Continuum service areas out of a single HMIS specific grant that is allocated by HUD to the Oklahoma City CoC. During the next CoC application cycle, the OKC Continuum should require all projects in the OKC, Norman and BOS Continuums to add an HMIS line item to their project budgets so they may begin to pay for their own HMIS licenses. This will allow a significant number of new licenses to be added for local ESG, shelter and non-federally funded projects at no cost to the agencies and without adding new funding.

## Recommended Actions

1. The CoC should work with the Homeless Alliance to secure an HMIS Data Manager. Since the Homeless Alliance currently administers HMIS for the local community, we assume this position will be housed there. It is possible that at least part of this position could be funded out of a Continuum grant.
2. Inform local, Norman and BOS Continuum programs to add an HMIS line item in next CoC application so licenses can be purchased for OKC projects using funds from the OKC Continuum's HMIS dedicated grant.
3. Track outcomes.

## Implementation Group

- The Homeless Alliance
- CoC Lead Agency (Oklahoma City Homeless Services)

## Possible Performance Measures

1. Number of HMIS training sessions
2. Number of new agencies connected to HMIS
3. Number of programs connected to HMIS
4. Accuracy of data entered into HMIS

# 3.B) CASE MANAGER TRAINING AND PROFESSIONAL DEVELOPMENT

Case managers play a vital and at times life-saving role for individuals experiencing homelessness. The goal of case management is "to ensure timely access to and coordination of fragmented medical and psychosocial services for an individual while considering costs, preventing duplication of services and improving health outcomes."

Case manager roles include intake, assessment of needs, service planning and coordination, ongoing monitoring, and client advocacy. Case managers may also engage in crisis intervention, discharge planning and direct services to increase the psychosocial wellbeing of the client.

In the last few decades, five major models of case management have emerged: (1) General or standard case management (SCM); (2) Intensive case management (ICM); (3) Clinical case management (CCM); (4) Assertive community treatment (ACT); and (5) Critical time intervention (CTI).

All models emphasize the importance of care coordination. Care coordination activities may include identifying client health needs and prioritizing appropriate actions, developing a plan that is both cost effective and feasible to implement, promoting the client's understanding of health information and providing ongoing monitoring and evaluation, among many others.

## The Benefits of Case Management

A recent systematic review examining case management interventions between 1994 and 2008 revealed several benefits for individuals experiencing homelessness. Positive effects included increased housing stability, increased engagement in both medical and nonmedical services, reduced utilization of high-cost health system services, improved mental health, reduced drug and alcohol use, and improved quality of life. Outcomes varied across different studies and case management models, as well as the individual program design.

All five models of case management have been shown to be beneficial for individuals experiencing homelessness, especially intensive case management (ICM). A 2012 study revealed that ICM reduced substance use and psychiatric illness symptoms over a year. ICM also reduces the number of days homeless, as well as use of the emergency department and hospitalizations.

Case management intervention reduces homelessness by connecting clients to rent subsidies, permanent supportive housing, rapid rehousing and housing first programs. These outcomes can help to offset costs associated with emergency shelters and hospital stays, as well as reduce the use of over-utilized health services and increase the use of under-utilized health services. Various studies conducted by communities across the United States document the costs of homelessness. In general, a person experiencing chronic homelessness costs taxpayers about $35,578 per year in over- utilized services.

## The Onboarding Process for New Case Managers

The onboarding process is extremely important to ensuring successful client outcomes as well as employee retention. The onboarding process should start as soon as an offer is accepted, typically with a welcome packet of helpful information about the company. Orientation comes next and is typically one of the first steps in the onboarding process. This usually includes the collection of necessary human

resources, payroll and other benefit forms. The onboarding process should not end here; this is a common mistake for many. The onboarding process should continue, allowing the employee to assimilate to the culture of the organization, while developing the appropriate skills and tools to do so.

The onboarding process sets the tone of the relationship with the case manager and is imperative for professional development. A 2015 Forbes article titled "How to Get Employee Onboarding Right" cited a study published in 2013 by the Academy of Management Journal, which found that the 90 days of employment, often called the probationary period, is "pivotal to building rapport with the company, management and coworkers." In this case, not only the organization, but also the entire homeless service delivery system.

Agencies need to create a culture where great case managers want to work. A strong culture includes a positive work environment that fosters respect, engaged case managers and, ideally, competitive compensation. An engaged workforce expands recruitment opportunities for the company. Furthermore, a strong culture encourages and supports ongoing education through continuous trainings, allowing case managers to support diverse patient populations with complex needs more effectively.

The curriculum may include topics such as motivational interviewing, relationship building and working with interdisciplinary teams, trauma-informed care, processes and procedures for assessment, intake, and obtaining required documents as well as care planning and coordination, the importance of accurate data collection and entry, completing effective home visits, and working with special populations and their needs. Additionally, the curriculum may include knowledge of the overall CoC system as homeless delivery systems are complex and unique to each community. Newly hired case managers need to understand the overall homeless delivery system and the roles and responsibilities of all participating organizations so client referral and access to supportive services is streamlined and effective in ending the person's homelessness. Effective client service should not be impacted by a case manager's employment tenure.

## Strategy Description

Key stakeholders and planning participants acknowledged the challenges of recruiting and retaining effective case managers. Many agreed that case managers need enhanced training and professional development to best meet the needs of people experiencing homelessness in the community. Planning participants said it is important for the training to be centralized, standardized and ongoing, trauma-informed and include multiple positions including intake specialist, case managers, and peer support specialists.

Planning participants also said it is important to provide support to existing case management staff. Many noted that organizations need to focus on retaining good staff by providing pathways to certification and other means, if possible.

The CoC should seek to enhance training and professional development by establishing an onboarding curriculum for case managers and developing standardized, ongoing training.

## Recommended Actions

1. Develop the onboarding curriculum and establish agreements with community organizations to participate.

2. Explore ways to help organizations provide pathways to certification, as well as other benefits.
3. Establish onboarding curriculum, which may include:
    a. Developing a welcome packet for new hires of participating organizations with valuable information about the CoC and their organization's role, as well as the CoC's mission, vision and case manager expectations.
    b. Preparing an orientation program for new case managers which might include training on such topics as motivational interviewing, relationship building and working with interdisciplinary teams, trauma-informed care, processes and procedures for assessment and intake, as well as care planning and coordination, the importance of accurate data collection and entry and other relevant topics.
    c. Building a team from local service providers or developing partnerships with organizations or a local university to provide the trainings, most of which could be offered through an online training portal.
    d. Ensuring a shared understanding with new hires on their role and expectations. Communicate regularly to ensure continued understanding.
    e. Providing and developing an ongoing training curriculum for professional development.
    f. Standard packets or videos from each provider in OKC to educate a new case manager on services, requirements, and expectations.
4. Launch the onboarding program and meet at least quarterly to discuss the process and how it can be improved for both satisfaction of the case managers and outcomes for the individuals being served.
5. Once the onboarding program and trainings are established shift to working with organizations to explore pay for performance models and providing pathways to certification.
6. Track outcomes.

## Implementation Group

- Hope Community Services
- The Homeless Alliance
- Oklahoma Department of Mental Health and Substance Abuse
- CoC Lead Agency (Oklahoma City Homeless Services)

## Possible Performance Measures

1. Number of organizations participating in the onboarding curriculum
2. Number of case managers who participate in the onboarding curriculum
3. Number of trainings completed
4. Number/percent of case managers retained after one year

# 3.C) EXPAND USE OF PEER SUPPORT MENTORS

Peer support mentors have successfully completed a recovery process and help others experiencing similar situations. Mentors help people suffering from substance use disorder engage in the recovery process and reduce their chances of relapse.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides core competencies for peer workers in behavioral health that guide service delivery and promote best practices in peer support. These core competencies can help organizations establish peer training programs, develop certification standards, and inform job descriptions. The fundamental principles of peer support core competencies include:

- **Recovery-oriented**: Peer workers help their peers to identify their strengths and empower them to make their own choices and decisions on their path to recovery.
- **Person-centered**: Peer recovery support services are always directed by the person participating in services. Peer support is customized to the specific needs and goals of the peer.
- **Voluntary**: Participation in peer recovery support services is always contingent on peer choice.
- **Relationship-focused**: The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative and mutual.
- **Trauma-informed**: Peer recovery support uses a strength-based framework that emphasizes physical, psychological and emotional safety.

## Strategy Description

There are several organizations that provide mental and behavioral healthcare services and resources in OKC that utilize peer support. Mental Health Association Oklahoma and NorthCare are just two such organizations. The CoC should consider expanding peer support services at these organizations and others in conjunction with the expanded number of positions for intensive case management as described in the following strategy. Additionally, the CoC should consider developing ongoing standardized training for peer support mentors as part of the Case Manager trainings discussed in the previous strategy.

## Recommended Actions

1. Determine organizations that will utilize peer support and the target number of peer support mentors.
2. For organizations without current peer support programs, define responsibilities and duties of the positions, as well as the salary and benefits.
3. Determine the referral process for CoC providers and others, as well as eligibility requirements for peers to participate in the mentor program and training protocols for peer mentors.
4. Begin securing funding for peer support expansion.
5. Educate CoC providers and others about peer support mentors, referrals, eligibility requirements, and other elements of the program.
6. Expand peer support mentors and track outcomes.

## Implementation Group

- Inasmuch Foundation
- Mental Health Association Oklahoma
- Northcare
- CoC Lead Agency (Oklahoma City Homeless Services)
- Hope Community Services

## Possible Performance Measures

1. Number of peers hired
2. Number of clients served

# 3.D) INTENSIVE CASE MANAGEMENT AND OUTREACH

The primary goal of outreach workers is to connect people experiencing homelessness with case management and other services and eventually help them attain housing. Case managers seek to coordinate resources for individuals and families, as well as help them access services in a timely fashion. The basic components of case management include intake, needs assessment, service planning, connecting to services, ongoing monitoring and client advocacy.

Studies show that people experiencing homelessness who receive case management have improved outcomes including increased housing stability, increased engagement in medical and nonmedical services, reduced use of high-cost health system services, improved mental health status, reduced use of drug and alcohol, and improved quality of life. Clearly, case management is a crucial element to helping people who are homeless access and maintain housing and outreach can be an extremely effective approach to connecting people with case management services.

## Strategy Description

The Program of Assertive Community Treatment (PACT) is an effective, evidenced-based, outreach-oriented, service delivery model using a 24-hour-a-day, seven-day-a-week approach to community-based mental health services. PACT delivers comprehensive treatment and rehabilitation services to consumers in their homes, at work and in community settings. PACT seeks to reduce the need for inpatient care by assisting patients with their basic needs, ensure patients take their medication on schedule, keeping their family together and securing employment. PACT teams use an integrated service approach to combine clinical and rehabilitation staff expertise, such as psychiatric, substance abuse, and employment, into one service delivery team.

The National Alliance on Mental Illness (NAMI) recognizes PACT as the leading treatment model of choice for people with severe mental illness. Over 40 states across the country have adopted the PACT model, including Oklahoma.

However, due to strict eligibility criteria, not all people experiencing homelessness are eligible for the PACT program. This being the case, the PACT program model of outreach coupled with intensive case management services should be expanded to those who are not eligible for PACT team services. Outreach workers and intensive case managers would include similar job duties as PACT teams and would work in conjunction with homeless prevention services such as the Eviction Diversion and Mediation Program housing navigators and the Discharge Planning Liaison Program as described above under Preventing Homelessness. Outreach and Intensive case managers may also work in conjunction with other strategies outlined in this Action Plan such as the mobile services team.

Part of the criteria for this Intensive Case Management and Outreach model should be to use a data driven approach to targeting the most vulnerable clients for housing and services. In order to accomplish this, similar programs like FUSE in Ft. Collins, Colorado have worked with health care providers, law enforcement, mental health services, and other sectors to identify the highest utilizers of crisis response services and target them for assistance. While this is difficult, it can also be effective and other communities have begun to develop and utilize this model as well, including Tulsa, OK with a program known as Bridge.

Additionally, to facilitate a more rapid expansion of outreach and intensive case management resources, the City could consider partnering with district organizations (Ex. Stockyards City Main

Street) and non-profit service providers that use this model. One possibility is that half the cost of an outreach worker/case manager is funded with City resources while a district organization covers the other half. In return, the organization gets a service worker dedicated to their district for a year or other designated period of time. This both allows more funds to be used on other services and removes a piece of the City's geography from the rest of Coordinated Outreach's workload. The program could be applied for by both the non-profit provider and the district organization at an interval determined by the CoC or City.

## Recommended Actions

1. Develop the model, including establishing target populations, staffing ratio recommendations, operating procedures, eligibility requirements, vision and goals.
2. Determine target number of intensive outreach and case management staff to secure funding for and begin securing funding.
3. Establish points of contact with local hospitals, correctional facilities/organizations, fire department and other organizations to begin building list of high service users. Develop and MOU for all organizations involved.
4. Hire outreach and intensive case management candidates and educate and train CoC providers on referral process to the outreach and intensive case management program.
5. Explore partnering with district organizations for partial funding of outreach and case management workers specifically assigned to that district. Develop a one pager to share with the district organizations explaining possible benefits.
    a. Hire additional staff for districts if proceed with district organization program.
6. Track outcomes.

## Implementation Group

- Mental Health Association Oklahoma
- Homeless Alliance
- CoC Lead Agency (Oklahoma City Homeless Services)

## Possible Performance Measures

1. Number of weekly/monthly contacts
2. Number of individuals or families enrolled in the program
3. Number/percent of individuals or families placed into housing
4. Demographics of individual or family housed
5. Length of time the person or family stays housed
6. Number/percent of individuals employed
7. Number/percent of individuals who maintain employment
8. Number/percent of individuals connected to other benefits such as Social Security
9. Number/percent of individuals connected to other community resources

# 3.E) MOBILE SERVICES TEAM

To identify people experiencing homelessness and link them to appropriate medical resources, planning session participants discussed providing mobile services via a van, RV or bus. Mobile services can provide a way to reach people experiencing homelessness where they congregate across OKC. People experiencing homelessness could access healthcare as well as enter centralized intake and coordinated care.

People experiencing homelessness encounter many barriers including accessing and receiving appropriate healthcare. Many people experiencing homelessness distrust the health care system, which can be exacerbated by a history of abuse, mental illness or a substance use disorder. Some feel stigmatized and segregated due to these conditions. Most lack health insurance and do not know of clinic locations that serve uninsured individuals. Other issues to accessing healthcare may include the lack of proper identification, lack of medical records and limited knowledge about navigating the health care system.

## SEATTLE, WASHINGTON
## MOBILE MEDICAL PROGRAM

**Implementation:** In July 2016, Seattle unveiled the Mobile Medical program, which entails a "one-stop-shop" RV bringing primary care, dental care and mental health services, free of charge, to people experiencing homelessness. The mission of the Mobile Medical program is "to build relationships with people experiencing homelessness by providing patient-led health and social services, meeting people where they are, and fostering health and well-being."

**Program:** This program gives homeless residents access to a physician, nurse, mental health case manager and chemical dependency professional. To address continuum of care, these professionals also direct people experiencing homelessness to other support services and treatment (i.e., doctor's office, mental health/substance abuse counseling services, enrollment into health insurance, enrollment into ORCA LIFT, and referrals to shelters, food banks, etc.), allowing for longer-term and follow up care.

**Location:** The medical services RV meets people experiencing homelessness at prime locations such as tent cities, food banks, and other encampments throughout Seattle and South King County.

**Funding:** The medical services van costs the city approximately $700,000 a year and is funded by the city's emergency funds to address homelessness, as well as federal funding.

**Results:** Since its implementation, the mobile medical van served over 1,200 patients and recorded over 3,800 visits for medical, behavioral health and dental services in 2016. In 2017, the medical team engaged with over 1,400 patients. The program has since introduced new sites and strategies to introduce the growing local homelessness crisis. In Seattle, this now includes the 24-hour Navigation Center as well as several sanctioned encampments. In South King County, new sites include the new Day Centers in Auburn and Federal Way.

## Strategy Description

The Task Force seeks to establish a mobile services team to improve access to healthcare and other needed services to people experiencing homelessness. These mobile units should ideally contain integrated services provided by multidisciplinary clinical teams where a holistic approach is used to address both medical and psychosocial needs in a non-judgmental therapeutic setting. Mobile services can improve access by providing care in a way that welcomes people experiencing homelessness who may otherwise not go to fixed-site clinics. Mobile services can provide compassionate and culturally competent outreach.

Mobile health units vary, typically based on the environment and cost, and may include remodeled RV's, trucks, passenger vans and/or buses, as well as custom-designed vans that generally include at least one exam room in addition to other features. Agencies that provide a mobile outreach program most frequently partner with emergency shelters, social services, and community health centers. Other partners may include public health departments, police departments, churches, and schools.

Mobile health outreach and services reduce costs for the community overall. Some people experiencing homelessness can present with complex health problems that differ from the general population, such as a higher risk for chronic and uncontrolled medical conditions, as well as communicable diseases like tuberculosis and HIV/AIDS. People experiencing homelessness have trouble adhering to a medical regimen, increasing their likelihood of going back to the emergency room for a preventative problem.

### Possible Return on Investment (ROI)

A 2008 study in Boston that assessed the ROI associated with healthcare mobile units. The study found that the saved cost from diverted emergency visits was estimated at more than $3 million per year and the value of providing preventive services was approximately $20 million a year. The cost to run the program was $567,700. The ROI was thus estimated to be $36 for every $1 spent.87

Another program, a group of mobile asthma clinics called the Breathmobile, provides free care to underserved children in different cities across the nation. A study of Breathmobile use in Baltimore found that after a year in the program, $79.43 was saved for patients each day they were symptom free. A study of Breathmobile in California found an ROI of $6.73 per $1 invested. They added the emergency room costs avoided and the value of quality-adjusted life years saved and divided it by the cost of the program, which was approximately $500,000 a year.

## Recommended Actions

1. Evaluate the long-term actions necessary to establish a mobile services team in OKC. The implementation team may conduct the following activities:
    a. Determine the organization to manage the mobile services, as well as the mission and goals of the team.
    b. Determine the primary services that will be offered on the mobile services vehicle and establish primary partnerships.
    c. Secure the necessary funding to launch the mobile services program, including start-up and maintenance costs. This may need to be accomplished through several avenues such

as private fundraising events, federal or local foundation grant opportunities, or City and County funds.

d. Buy vehicle to serve as mobile services unit, renovate based on service being offered.

e. Promote and educate the public, CoC providers and others on the mobile services program as part of the public education and community engagement initiative (addressed in Advocacy strategies).

f. Establish a mobile services schedule.

2. Launch the mobile services program.
3. Maintain mobile services program and track outcomes.

## Implementation Group

- Community Health Services Inc. (Healing Hands)
- Mental Health Association Oklahoma
- OU Health Sciences Center (Halley Reeves)
- CoC Lead Agency (Oklahoma City Homeless Services)
- Oklahoma City County Health Department

## Possible Performance Measures

1. Number/percent of people to receive services and which services received
2. Number of people connected to coordinated entry through mobile services team