City of Seattle

Human Services Department

DATE: March 29, 2013

TO: Councilmember Nick Licata, Chair
Seattle City Council Housing, Human Services, Health & Culture Committee
Councilmember Tim Burgess, Chair,
Seattle City Council Budget Committee
Sally Bagshaw, Councilmember
Bruce Harrell, Councilmember
Sally Clark, Council President

FROM: Dannette R. Smith, Director
Human Services Department

RE: Seattle Human Services Department Response to City Council Green Sheet 70-1-A-2, a proviso on funding for HSD to implement the Center City Initiative (CCI)

This memorandum outlines the Seattle Human Services Department (HSD) response to the Seattle City Council approved Green Sheet 70-1-A-2, which imposes a proviso on funding for HSD to implement the Center City Initiative (CCI).

Introduction

Seattle City Council imposed a proviso on the 2013 Adopted Budget for the outreach effort to be carried out as part of the CCI:

"No more than $35,000 of the appropriation in the 2013 budget for the Human Services Department's (HSD's) Transitional Living and Support BCL may be spent on outreach, engagement or case management services to implement the Center City Initiative until HSD submits, and the Chair of the Budget Committee and the Chair of the Housing, Human Services, and Health Committee file with the City Clerk certification that HSD has submitted the following information:

- The number of individuals and the types of challenges faced by the individuals to be served by the CCI;
- Whether and how these individuals are already receiving services, such as outreach & engagement, case management, behavioral health, chemical dependency, and housing; and
- A recommendation on whether additional funding is needed for outreach, engagement and case management, and/or whether further investment in direct services (including housing, identification cards, medication, and substance abuse treatment) would be a better use of limited resources.

The Council requests HSD to provide this information no later than March 29, 2013."

To develop this response, HSD and Council Central Staff interviewed law enforcement and direct service providers to further define the scope necessary to effectively implement the Center City Initiative Outreach Project. Interviews were conducted with Seattle Police Department (SPD) West Precinct bike and community police teams, Department of Corrections (DOC) Neighborhood Corrections Initiative (NCI) officers, the American Civil Liberties Union of Washington, Downtown Seattle Association Metropolitan Improvement District (MID), YWCA Angeline's Day Center, Downtown Emergency Services Center's HOST outreach team, and Evergreen Treatment Services' REACH outreach team.

The CCI is designed to address issues along the 3rd Avenue Corridor, as well as in Belltown, Pioneer Square and the Chinatown/International District. A key focus is addressing street disorder in recognition that it significantly affects the health and vitality of the downtown neighborhoods. In acknowledgment that these issues are complex, HSD is proposing to create a CCI Outreach and Engagement Team, consisting of a case manager, one peer-to-peer outreach liaison, and a small flexible fund (funding for this item is not secured at this time and is separate from the Green Sheet). The Outreach and Engagement Team will facilitate a multi-disciplinary approach that will improve the ability to make contact with and address the specific needs of individuals who are either engaging in behaviors that create an environment in which many people feel unsafe or are in apparent need of services. The budget proposal for CCI augments and leverages existing resources, and will be implemented through the Seattle Police Department (SPD) and the Human Services Department (HSD).

Findings

(1) The number of individuals and the types of challenges faced by the individuals to be served by the CCI

Interviews conducted with the stakeholders listed above were critical to defining the scope of the challenges present in the CCI target area. Common behaviors identified by all parties include: loitering, drug use and resulting behavior, and persons dealing with severe mental and physical health issues. Current outreach providers have spent immense staff time working to engage many of these individuals. It is critical to acknowledge that outreach efforts with this population take a great deal of time and multiple interactions before an individual may respond to any offer of assistance. *See Table 1 below.*

Interviewed agencies identified a number of persons who create disorder and are costly in terms of first responder costs in the CCI service area:

- Metropolitan Improvement District (MID): The MID identified at least **65** people who have consistent interactions with MID Ambassadors, SPD officers, emergency medical staff and outreach workers in the CCI area of focus. The behaviors most frequently cited are drug use, issues stemming from untreated mental health issues, panhandling and loitering. The sheer volume of interactions recorded in the MID service area (identified in *Table 1*) demonstrate a need for a targeted effort toward intensive outreach and service delivery in this area.
- Seattle Police Department (SPD): SPD identified a top **20** list of individuals arrested in the CCI area for crimes such as trespassing, sit/lie violations and other disorderly behavior.

- Neighborhood Corrections Initiative (NCI): The West Precinct DOC NCI team identified roughly **150** people that fall under their jurisdiction for supervision in the CCI area (including the International District).

A challenge exists in assessing the scope of need and development of a finite number of individuals who will be assisted through CCI outreach. However, it is anticipated that the program will serve roughly 100 individuals in the first year. Currently, there is no coordinated system of record available to all first responders and services providers. Despite this challenge, upon implementation of CCI outreach, providers and first responders will be able to generate a concise list of unique individuals using specific criteria, which is to be determined, that will address the nature of challenges faced in the CCI services area.

Table 1

DSA-Metropolitan Improvement District data gathered by MID staff during daily interaction and/or observations in the 255 block service area.			**Data does not represent an unduplicated count of persons encountered.**	
Activity Observed	11/01/10-11/01/11	11/01/11 - 11/01/12	**2-year TOTAL**	**Notes**
Drug Activity observed	1,833	1,518	**3,351**	
Alcohol activity observed	1,177	1,518	**2,695**	
Public Urination Observed	261	207	**468**	
Pedestrian interference- Sit/Lie	10,414	8,193	**18,607**	includes multiple interaction per day with same individual
Move along	2,897	1,973	**4,870**	recorded specifically by off duty police officers working with MID
Narcotic shake	350	165	**515**	
Narcotic arrest	25	24	**49**	
Human welfare check	157	94	**251**	
Approach sleeper	943	1,031	**1,974**	
HS contact and referral	4,600	4,500	**9,100**	
HS referral provided	2	0	**2**	
911 called sobering	104	98	**202**	
911 called medical asst.	63	68	**131**	
Sheltered	8	13	**21**	
Connected with CM	20	7	**27**	
Provided care bag/hygiene	59	12	**71**	
Relationship building	0	130	**130**	
Wake up	2,061	7,138	**9,199**	occurs only until 9:30am daily
Hypodermic needles	0	1,560	**1,560**	Just started capturing this data

Best Practices

In other communities across the country, the use of multi-disciplinary outreach and engagement teams to connect individuals to housing and other resources has proven effective. These multi-disciplinary teams support the development of appropriate strategies depending on the situation and client need. These approaches include: the San Diego Homeless Outreach Teams (HOT), L.A. Project 50 and the New York Times Square Consortium for the Homeless. These best practice approaches demonstrate that a targeted and concerted effort to provide outreach and engagement connected to housing resources has been successful in helping individuals transition from the street into housing. Additionally, locally emerging promising proactive approaches such as the Law Enforcement Assisted Diversion (LEAD) program and the Crisis Solutions Center offer additional opportunities to leverage and support the CCI outreach efforts.

Current Street Based Outreach Efforts

The CCI service model is a street-based relationship-building model, developed by Rev. Craig Rennebohm, founder of the Mental Health Chaplaincy in Pioneer Square in 1987. It is important to discern between street-based outreach and place-based outreach. The CCI Outreach and Engagement Team will provide street-based outreach. Building a rapport and moving people toward acceptance of service must occur on the terms of the individual, meeting the individual where they are at; therefore this begins on the street.

At present, there are approximately 17 programs and more than 30 staff providing both street- and place-based outreach services in a variety of program models (*see Attachment A*). A limited number of street-based outreach staff work only daylight hours, typically 8 a.m. to 4 p.m., and they work with specific target populations across all of King County. Other outreach staff primarily perform place-based outreach, meaning they are located in existing service provider facility locations and can be accessed through referral or walk-in appointments. Place-based outreach models present a challenge for individuals who are service resistant, as they require the individual to seek assistance rather than being approached.

(2) Understanding how these individuals are currently connected to the social service system

A CCI Outreach Steering Committee was established and completed the following on Feb 26, 2013, which summarizes how these individuals are currently connected to the social service system (*see Attachment A*):

- Developed a systematic understanding of the street population and the current outreach resources that are working with this population(*see Attachment A*);
- Developed a day center matrix (*see Attachment B*);
- Identified common strategies, gaps and persons served by SPD, MID, DOC and other providers.

The City Center Outreach Steering Committee roster (*see Attachment C*) included broad stakeholder membership and met three times over the course of one month to address the implementation of this new outreach effort. The Outreach Steering Committee will continue to meet as this program is implemented.

(3) Provide a recommendation on whether additional funding is needed for outreach, engagement and case management, and/or whether further investment in direct services (including housing, identification cards, medication, and substance abuse treatment) would be a better use of limited resources

Although HSD currently dedicates resources to the target CCI populations, use of data and community conversations with providers and Seattle Police Department officers has confirmed that additional funding is needed for coordinated outreach, engagement, and case management. The 2013 Adopted Budget included an increase of $133,000 to address this need. In order to best deploy this funding, HSD believes that increased coordination is critical.

The CCI Outreach and Engagement Team will use a multi-disciplinary team approach to address and "triage" the multiple needs of presenting individuals in the targeted downtown neighborhoods of Belltown, Pioneer Square, Waterfront, Chinatown/International District and the central business district. The multi-disciplinary team will consist of the CCI Outreach and Engagement Team (case manager and

peer-to-peer liaison); SPD's Community Policing Team, Crisis Intervention Team (CIT) and Mountain Bike Patrol officers; Park Rangers and concierge staff from Seattle Parks; Department of Correction officers from the NCI; MID Safety Ambassadors; the Union Gospel Mission Mental Health Professional; LEAD Team; REACH team from Evergreen Treatment Services; HOST outreach and Crisis Solutions Center from Downtown Emergency Services Center; and King County's Mobile Outreach Crisis Solution team. The multi-disciplinary team will provide assistance through a comprehensive, flexible approach by meeting people where they are. Additional resources will be included as they are identified. The multi-disciplinary team will ensure that all parties are coordinating efforts and holistically addressing service gaps and service planning for the target population through intensive coordination and communication. This team will support and facilitate the critical need to identify linkages and opportunities to expedite connections to services, while working to maintain engagement with the individual.

Once the multi-disciplinary team members, including the CCI outreach and engagement staff, are identified, the partners will begin to develop a client list and identify key barriers for each individual. One important component of the multi-disciplinary team's scope of work is to manage a flexible fund source designated to assist with basic services. Flexible funding will allow the multi-disciplinary team to facilitate connections to these necessary services. The flexible funding source is separate from this green sheet and has not been secured at this time.

The CCI outreach and engagement initiative will help inform the needs of the community through collection of data which is not currently or readily available. Through outreach and authentic engagement, the system will be better positioned to understand the needs of the target population as well as what intervention(s) best addresses their needs. Data and lessons learned from the CCI outreach and engagement effort will inform future investment in public policy. The outreach case manager will play a lead role with data collection and tracking outputs and outcomes with the support of the peer-to-peer liaison and the multi-disciplinary team. Noted below are the outputs and outcomes that will be tracked for this initiative; the initial tracking will include establishing a baseline with future targets to be monitored, reviewed and adjusted as needed.

The key program elements are:

- Addressing Human Services Needs: The case manager will be a licensed social work professional with responsibility for providing clinical consultation and service delivery to the target population, directly supervise the work of the peer-to peer liaison, convening and facilitating the multi-disciplinary team, and ensure continuity of care for a variety of domains (e.g., mental health, substance abuse, housing, physical health). The peer-to-peer liaison will be an individual with personal history of being homeless and will be responsible for directly outreaching to and engaging the target population, and working with the case manager and team to ensure access to services.

- Coordination of Efforts: The case manager and peer-to-peer liaison will meet daily to review client interactions, outcomes and barriers to success. The multi-disciplinary team will be convened by the outreach case manager weekly to track current target areas and individuals, coordinate appropriate responses and troubleshoot issues. Regular weekly reports will be completed outlining efforts and engagements, linkages to services and success in meeting established individualized client centered goals.

- Addressing Civility and Criminal Issues: For SPD, the additional funding will help build upon what the CIT unit is doing citywide but with additional focus on the downtown core area. Civility issues are a primary concern expressed by stakeholders in downtown neighborhoods. Some of this funding will be used to fund early morning extra-duty overtime shifts for CIT unit officers to address civility problems during this time of day. Coverage for early morning hours is an identified gap for the CIT unit due to current mission and caseload. Additional MID-funded shifts for officers and DOC/NCI will focus on civility issues in the MID area at various times of the day. They will work in a collaborative effort with the outreach team to connect offenders with services. The funding will increase coverage downtown without affecting on-duty resources.

- Flexible Funding: Flexible funding will allow the outreach team, as well as members of the multi-disciplinary team to assist the target population with individual needs that are not being met by the current service system due to strict and often prohibitive funding streams. Examples include: assistance with medication costs, accessing complex psychological/chemical treatment, obtaining a state ID (required for shelter access and transportation assistance), paying off minor debt, transportation and basic household items. *Funding for this item is not secured at this time.*

Key data collection, reporting, and outcome requirements to be implemented are identified in the chart below:

Outputs	Data Elements	Data Collection Method
Number of outreach contacts made	Unduplicated count of individuals engaged Unduplicated number of Clients referred	Safe Harbors
Population Demographics	gender, age, race/ethnicity, last home address, barriers	Safe Harbors
Number of referrals made; by type of referral	shelter, mental health, substance abuse, job training	Safe Harbors
Number of engagement plans established	service plan, identified goals, specific actionable next steps, timelines, achievement	Safe Harbors

Outcomes	Methodology	Data Collection Method
Increase number of individuals that access services	Establish baseline number served over first 6 months.	Safe Harbors
Increase number of individuals that apply for and receive benefits	Establish baseline number served over 6 months.	Safe Harbors
Increase number of individuals entering transition/permanent housing and remain for	Establish baseline number served over 6 months. Data element-residence prior to program	Safe Harbors

six months post placement	entry, exit date.	
Increase number of individuals entering transitional/permanent housing and remain for 12 months post placement	Establish baseline number served over 6 months. Compare to HMIS numbers of persons served. Data element-residence prior to program entry, exit date.	Safe Harbors
Decrease number of individuals visibly residing on the street in the downtown core	Establish baseline number served over first 6 months.	Safe Harbors MID One Night Count
Decreased criminal activity and street disorder in the downtown core	Establish baseline number served over first 6 months.	Safe Harbors SPD
Decrease number of people returning to the streets and/or shelter	Establish baseline number served over first 6 months.	Safe Harbors

Center City Initiative Staffing Plan:

The CCI requires an increased presence of key outreach and engagement personnel to support the complex non-criminal needs of individuals who have a significant street presence in the downtown core. The proposed CCI Outreach and Engagement Team will provide a new and unique focus on the CCI coverage area, outside of current street-based outreach efforts, focus and hours. It is anticipated that the CCI Outreach and Engagement Team will work nights and weekends to engage with people on the street.

Current outreach staffing levels and geographic distribution of providers make it difficult to support a concerted and directed effort in the downtown core. The CCI Outreach and Engagement Team will facilitate regular, weekly meetings among current providers, increase outreach presence on the street thereby increasing opportunities for engagement and relationship building, which is a crucial component of effective outreach. It is evident that while outreach efforts in Seattle are strong, they are also spread quite thin over a broad geographic area. The CCI Outreach and Engagement Team will provide an intense, concentrated effort that will enhance current outreach work across the city, while bringing opportunities to enhance the current system through coordination and communication.

The staffing plan for the HSD component of CCI will include a two person outreach team consisting of one case manager and one peer-to-peer liaison. The team will work closely with SPD, members of the multi-disciplinary team, as well as other services providers. The peer-to-peer model is an outreach innovation stemming from proven practices in service fields relating to people on the streets. For decades both the mental health, chemical dependence, HIV/AIDS and youth/young adult systems have used the peer-to-peer models to effectively engage people with harm reduction practices, connect them with services and help people maintain better health, sobriety, and safety.

In an effort to ensure adequate capacity for this work, training will be provided to the CCI Outreach and Engagement Team, as well as to SPD, the multi-disciplinary team and other service providers as appropriate by HSD staff. Below are the key elements of the training plan for this initiative; a draft training curriculum has been developed based on these elements:

- Working definition of outreach
- Understanding the target population
- Strategies for effective outreach
- Establishing rapport
- Safety planning for the field
- Managing barriers to effective outreach

Proposed 2013 Budget

Program Components	Cost
Case Manager	$76,000
Peer-to-Peer Liaison	$56,000
Total	**$133,000**

Cc:

Catherine Lester, Deputy Director, Seattle Human Services Department
Beth Goldberg, Seattle City Budget Office
Becky Guerra, Seattle City Budget Office
Jeanette Blankenship, Seattle City Budget Office
Ben Noble, Council Central Staff
Susana Serna, Council Staff
Traci Ratzliff, Council Central Staff
Peter Harris, Council Central Staff
Jaline Quinto, Mayor's Office

Attachment A: Outreach and Engagement

Focus Population: Homeless Adults with Mental Health, Substance Abuse Issues, Living In Encampments				
Program/Goals	**Population**	**Service Area**	**# Served in 2012**	**Staff/Budget (Sources and Amounts)**
Downtown Emergency Service Center – HOST Outreach Team Goal: Interrupt the cycle of homelessness and psychiatric hospitalizations, transition to mainstream mental health provider, establish entitlement benefits, connect to medical services and food resources, and find permanent supportive housing.	Homeless adult men and women, severely mentally ill, not accessing services	**Capitol Hill/First Hill**; **Downtown core**, including Belltown, waterfront, and Pioneer Square, International District; **Rainier Valley** as needed; **North Seattle,** including Queen Anne, Ballard, Fremont, Wallingford, Green Lake Univ. District, Lake City	**Engaged in 2012: 415 individuals** Referred: 54 individual transitioned into mainstream clinical programs. 44 individuals moved into permanent housing programs.	Total staff of 14 FTEs, with 5FTEs devoted **exclusively to street based outreach**. Hours: 8am - 5pm, Monday through Friday. Some evening outreach for women in shelter. No nights or weekends because services aren't available Total program budget: $804,147 HOST - County (State Funds): $648,756 PATH - Federal: $137,079 **HSD Apprx. $46,000**
Evergreen Treatment Services – REACH Outreach Team Goal: Intensive, harm reduction, case management program for individuals who are homeless and addicted to drugs/alcohol. Provide links to primary care, entitlements, treatment, and housing. Uses proven motivational interviewing techniques; special expertise working with homeless veterans.	Vulnerable homeless adults with long term addictions and chronic health issues, not accessing services Homeless adults in encampments	City of Seattle limits, with a focus on individuals moved out of the down town core into Ballard and Georgetown areas.	Outreach in 2012: 145 visits to encampments Outreach in 2012: 197 contacts with homeless individuals sleeping on the Waterfront and Pioneer Square since 8/1/12	Total staff of 17.75 FTEs, with 3.7 FTEs devoted **exclusively to street based outreach**. Hours: 8am - 5pm, Monday through Friday. Flexibility for early morning / evening. No nights or weekends because services aren't available **Encampment Outreach, HSD: $77,250**
Downtown Emergency Service Center - MIST (Multidisciplinary intensive Support and Treatment) Team	Individuals experiencing chronic homelessness with the highest crisis system usage and/or the highest vulnerability assessment tool (VAT) scores			Program staff of 6 FTEs who provide **engagement to referred clients**. Hours: 8:00 am to 4:00 pm seven days a week

Focus Population: Homeless Adults with Mental Health, Substance Abuse Issues, Living In Encampments, CONTINUED				
Program/Goals	**Population**	**Service Area**	**# Served in 2012**	**Staff/Budget (Sources and Amounts)**
SPD Crisis Intervention Team (CIT)	Persons in behavioral crisis, those requiring emergency psychiatric care, and criminal suspects in which mental illness is a primary contributing factor	City wide coverage		1 Sergeant, 2 officers, 1 FTE Mental Health Professional
MID/UGM Mental Health Professional	Individuals displaying mental health issues observed either through direct outreach or by referral from MID safety ambassadors, SPD, UGM and others	MID coverage area	Outreach: 289 individuals (contacted at least once) Referred: 119 individuals placed into housing	Program Staff: 1 FTE; 2 persons working 10 hours per week (both work Wednesdays from 8:00 a.m. – 6:00 p.m.) Hours: Currently 9:00 am – 5:00 pm, Monday - Friday Total program budget: $15,600; Funded by MID Ratepayers through Clean and Safe annual budget
DESC - Mobile Crisis Team (connected to Crisis Diversion Center); Transport to Crisis Diversion Center, as needed.	Individuals in behavioral health crisis (mental health and/or substance abuse issues)	County wide		Program Staff: 4 or 5 FTEs – available 24/7
Veteran's Administration	Veteran's	Renton walk in; military and guard sites; St. Martins, Compass Hygiene; DESC, Millionaires Club, KC Veterans, Tent Cities	Referred: 950 individuals, via crisis line	Program Staff: 5 FTEs

Focus Population: Families				
Program/Goals	**Population**	**Service Area**	**# Served in 2012**	**Staff/Budget (Sources and Amounts)**
Health Care for the Homeless (Public Health – Seattle & King County) – Kids Plus Program Goal: Provide screening, assessment and referral to appropriate services; including nursing care, behavioral health services, and housing. Comprehensive case management services provided wherever families live: shelter, transitional, or permanent housing.	Homeless children and their complex, multi-problem families with physical and mental health problems; living on the streets, in cars, in encampments, and in emergency shelters.	Countywide	Revised program now beginning implementation	Program Staff: 3 FTE Social Workers, 1 FTE Nurse Flexible hours Total Program budget: $514,884 (McKinney Funds)

Focus Population: Youth / Young Adults				
Program/Goals	**Population**	**Service Area**	**# Served in 2012**	**Staff/Budget (Sources and Amounts)**
Youth Care - Orion Center Goal: Provide for basic needs (food, clothing, hygiene, medical, etc), employment, case management, alternatives to school, and create a safe and respectful community	Homeless and at-risk youth and young adults ages 13-22 with unmet needs. Experiences of trauma, drug/alcohol issues, mental health needs	U District, Capitol Hill, Downtown	**Engaged: 692 unduplicated**	Program Staff: 11 FTEs - 5 outreach workers and 6 case managers **HSD: $78,286**
University Street Ministry Goal: Meet youth on the streets, build trust, and help them gain access to services. Teen Feed provides meals in a safe environment, and case management supports to help youth meet their identified goals.	Homeless and street-involved youth/young adults ages 13-25	Based in U District. Youth come from downtown, Georgetown, South Seattle, Eastside	**Engaged: 258 unduplicated**	Program Staff: 1.36 FTE for outreach. Assisted by two other staff and 5-10 volunteers Total program budget: $470,801 **HSD: $78,544**
Peace for the Streets by Kids from the Street (PSKS)	Homeless and at-risk youth and young adults ages 18-26, who are looking to work on education, housing, employment or legal status	Broadway stretch of Capitol Hill, Cal Anderson Park, Westlake Center	Outreach: 425	Program Staff: 1.25 FTE for outreach. Assisted by interns and volunteers Total program budget: $370,919 **HSD: $34,028**
45th Street Clinic Goal: Meet basic needs while building relationships, to provide youth with a place to come for next steps on medical care. Operate using a harm reduction approach.	Homeless or homeless in the last year, 12-23 years of age	Countywide; focus on U District, Capitol Hill, Downtown. Expanding to Ballard, Northgate, Georgetown and possibly Lake City	**Engaged: 100 unduplicated**	Program Staff: .78 FTE **HSD (federal pass through): $14,026**
Lifelong AIDS Alliance MPowerment Goal: Increase access to safer sex materials, hygiene supplies, and referrals to social service/medical care.	LGBTQ homeless or at-risk of homelessness, 16-22 years of age	Citywide; focus on Westlake Mall, Freeway Park, Capitol Hill, U District	**Engaged: 742** duplicated Goal in 2009*: 1,200 Referred in 2009*: 275	Program Staff: 1.28 FTE; (0.64 Prevention & Ed. Manager; 0.15 Outreach Coordinator; 0.49 Peer Outreach Worker) **HSD: $26,400**

Updated numbers for 2012 unless otherwise noted. 2012 information may not have been available at this time, however the program is still in operation with the same level of staff and outreach provided.

Focus Population: Varies; Grassroots Volunteers Based Outreach Providing Basic Needs Assistance; Not City Funded				
Program/Goals	**Population**	**Service Area**	**# Served in 2012**	**Staff/Budget (Sources and Amounts)**
Mental Health Chaplaincy	Homeless, mentally ill, profoundly isolated, fragile, and without current services	Downtown from Pioneer Square to Denny, Capitol Hill. Has worked with local faith groups to provide limited services in Ballard, Central District, Lake City	Approached in 2009*: 107 Companioned: 48 Referred in 2009*: 34 Worked with while settling into home and community: 25	In 2009 1 full-time chaplain Up to 5 masters level students Total program budget in 2009: $75,000 Funded by faith groups and individual donations
Seattle Mennonite Church Community Ministry	Adult homeless, many with challenges that make it difficult to find housing and employment such as disability, mental illness, addiction, PTSD, experience of abuse	Lake City	**Engaged in 2009*: 70** Referred in 2009*: 50 9 people placed into housing at McDermott Place	In 2009: 1 FTE (2 part-time positions) 180 volunteers Total program budget in 2009: $240, 809 Funded through private donations
New Horizons Through a continuum of care, bring youth to a sustainable position: housing, employment, mental health and chemical dependency counseling.	Homeless and street-involved youth 22 and under; youth 25 and under involved in sex trafficking.	Based in Belltown-Capitol Hill, Westlake, U District	Outreach: 1,100 Referred: 350	6 FTE Outreach & Case managers Total Budget not available at this time. Agency is currently revamping program & finances.
Heroes for the Homeless Stabilize individuals in their chosen environment, integrate them into the community, and provide referrals for further assistance.	Vulnerable homeless adults including those with limited access to services due to physical, mental, language, and transportation limitations.	Countywide; Seattle neighborhoods include SoDo, Georgetown, Westlake, Seattle Center, Ballard, Capitol Hill, U District, Magnolia, Wallingford, Queen Ann, Lake City, Greenlake, West Seattle	Outreach: 6,000 Referred: Hundreds to food banks and other meal programs.	All-volunteer staff, 25-30 active members Budget varies because they rely solely on in-kind and private donations

Updated numbers for 2012 unless otherwise noted. 2012 information may not have been available at this time, however the program is still in operation with the same level of staff and outreach provided.

Attachment B: Day Center and Hygiene Programs

Focus Population and Service Models Vary		
Casa Latina	Day Worker Center	Serves low-wage, Spanish speaking Latino immigrant workers. 4 primary programs, 2 of which are funded by HSD: employment services and education programs. Job skills, computer literacy, ESL classes offered. Connects clients w/employment opportunities. Expanding financial empowerment program.
Connections	DESC	Serves homeless adults. Offers hygiene services, case management. Help negotiating housing system, job readiness program, meals offered.
Catholic Community Services	Women's Wellness Center	Hygiene services offered to women, w/ expertise working w/ clients w/ severe mental illness and chemical dependency. Recently added case management aimed broadly at housing placement. Onsite support services offered through partnerships: benefits case management and health care.
Compass Housing Alliance	Adult Day Service Program	Serves homeless/formerly homeless adults, 5% over 60. Offers hygiene services, primary and behavioral healthcare, Proposed programs: program for seniors to remove barriers to housing, create stability and health and economic empowerment group that offers life skills curriculum and employment opportunities to clients ready to enter workforce.
Pike Market Senior Center	Senior Homeless Intervention & Placement	Serves adults 55 and older. Offers a range of services to reduce barriers to housing, increase income/financial stability, obtain and/or retain housing. All services offered in Spanish and English.
Catholic Community Services	Lazarus Day Center	Provides hygiene/daytime shelter services for homeless/marginally housed men and women ages 50 years and older. Provides lunch and snacks + hygiene services. Computer access, referrals, case management focused on obtaining/retaining housing. Health care provided by SU nursing students. Veterans support from State of WA and VA.
Compass Housing Alliance	Compass Hygiene Center	Provides hygiene services to homeless and low-income men and women 18 years and older. Staff of 3. Serves over 200 people daily. Partnership with Healthcare for the Homeless-nursing services offered 3 times a week. Weekly access to Veterans services.
Seattle Indian Center	Seattle Indian Center Community Drop-In Center	Primarily serves American Indians and Alaska Natives, including ex-offenders. Program focuses on adults over the age of 26 and families, and connecting them with services, provide limited hygiene services, case management, food bank, clothing bank, financial empowerment one on one and group classes, GED classes. Partnership with Indian Health board to offer services onsite.
YWCA	Angeline's Hygiene & Day Shelter	Serves homeless women 18 and over, priority population is women of color. Lockers for day storage, meals, hygiene services, computers w/internet, referrals to needed services, on-site nurse, case management, mental health counseling, domestic violence counseling, financial empowerment
LIHI	Urban Rest Stop	Hygiene services for individuals and families. Health room w/volunteer nurses providing basic health care and first aid 2x a week. Provides referrals and information.
Mary's Place	Mary's Place Day Center	Offers hygiene services and day services for women, inc. women w/children from all over Puget Sound, including Seattle, Bellevue, Everett, Snohomish and Pierce Counties. Has extended hours (5:30am-9:00pm M-F and 8:00am-5:00pm weekends.). Provides assistance w/housing search, employment, help accessing other services as needed. Offers Health and Wellness program, referrals to health services.

Attachment C: Center City Initiative Outreach Steering Committee Roster

Ron Jackson-REACH

Leslie Smith- Alliance for Pioneer Square

Leslie Mills- NW CRU DOC

Kate Joncas- Downtown Seattle Association

David Willard- Downtown Seattle Association

Don Blakeney- Chinatown/International District Business Association

Dave Mitchell- Seattle's Union Gospel Mission

Mike Johnson- Seattle's Union Gospel Mission

Dean McColgan- Belltown Community Council

Andrew Lofton- Seattle Housing Authority

Paul Lambros- Plymouth Housing Group

Lynn Beck- Pacific Place

Gary Johnson- City of Seattle DPD

Jim Dermody- City of Seattle SPD

Graydon Andrus- Downtown Emergency Services Center

Tara Connor- Plymouth Housing Group

Elizabeth Campbell- Belltown Community Council

Jeff Lilley- Seattle's Union Gospel Mission

James Danielson- City of Seattle SPD

Christina Clayton- Downtown Emergency Services Center

Rene Franzen- King County DCHS

2013 - 2014 Seattle City Council Green Sheet

Approved

Tab	Action	Option	Version
70	1	A	2

Budget Action Title: Impose proviso on funding for HSD to implement the Center City Initiative (CCI)

Councilmembers: Bagshaw; Burgess; Clark; Licata; Rasmussen

Staff Analyst: Traci Ratzliff

Council Bill or Resolution:

Budget Committee Vote:

Date	Result	SB	BH	TR	RC	TB	NL	JG	SC	MO
11/09/2012	**Pass 9-**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**

Budget Action description:

The Mayor's Proposed Budget includes $133,000 in 2013 and $136,059 in 2014 for HSD to fund outreach and engagement and case management services as part of the "Center City Initiative" (CCI). The Proposed Budget also includes $150,000 in 2013 and 2014 for the Seattle Police Department to pay for additional police overtime in the Metropolitan Improvement District in downtown Seattle.

CCI is intended to address both crime and "street disorder" issues in the downtown core that have generated community and business concerns. The Executive is proposing to use the additional resources to increase enforcement and outreach activities, focusing on a limited group of individuals thought to be causing a disproportionate share of the problems. However, many agencies currently provide outreach, engagement and case management services to individuals in downtown neighborhoods, including the mentally ill, chemically dependent, chronically homeless, youth, and families. Thus, Council would like to understand how the proposed new efforts will be integrated with existing work; what particular individuals will be served by the CCI; and whether these individuals could be served by existing outreach, engagement and/or case management efforts, or if new outreach, engagement and/or case management efforts are needed.

To address these questions, Council requests the Executive provide specific information regarding CCI's Target population:

- The number of individuals and particular types of challenges they face
- Whether and how these individuals are already receiving services, such as outreach & engagement; case management; behavioral health; chemical dependency, and housing.

In light of the information gathered, Council requests the Executive to further evaluate whether funding is needed for such services, and/or whether further investment in direct services (including

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housing, identification cards, medication, or substance abuse treatment) would be a better use of limited resources.

Finally, it is Council's intent that Council staff and the Executive work together over the next several months to clarify the overall program strategy, including goals and outcomes , and how these will be measured; specific types of interventions to be employed; specific geographic boundaries; and how and when the initiative will be monitored, reviewed, and adjusted. It is expected this work will be completed in the first quarter of 2013.

This Green Sheet imposes the following proviso:

"No more than $35,000 of the appropriation in the 2013 budget for the Human Services Department's (HSD's) Transitional Living and Support BCL may be spent on outreach, engagement or case management services to implement the Center City Initiative until HSD submits, and the Chair of the Budget Committee and the Chair of the Housing, Human Services, and Health Committee file with the City Clerk certification that HSD has submitted the following information:

- The number of individuals and the types of challenges faced by the individuals to be served by the CCI;
- Whether and how these individuals are already receiving services, such as outreach & engagement, case management, behavioral health, chemical dependency, and housing; and
- A recommendation on whether additional funding is needed for outreach, engagement and case management, and/or whether further investment in direct services (including housing, identification cards, medication, and substance abuse treatment) would be a better use of limited resources.

The Council requests HSD to provide this information no later than March 29, 2013."