



Pierce County Council

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Select Committee on Human Services

Connie Ladenburg, Chair
Rick Talbert, Vice Chair
Douglas G. Richardson, Member
Dan Roach, Alternate

MEETING AGENDA

August 7, 2018 – 9:30 AM

1. Call to Order
2. Roll Call
3. Approval of Agenda
4. Approval of Minutes: July 17, 2018
5. Public Comment
6. **[Proposal No. R2018-99](#), Task Force Relating to Termination of Civil Patient Placements at Western State Hospital**

A Resolution of the Pierce County Council Establishing a Legislative Task Force to Develop a Financial Plan and Assess the Community Impact of the Closure of Civil Commitment Beds at Western State Hospital.

Sponsored by: Councilmember Connie Ladenburg
Council contact person: Jason Escareno, (253) 798-7761
Date of final Council hearing: August 14, 2018
7. **Homeless Outreach Program**
Presenter: James Pogue, Director of Homeless Outreach Services, Comprehensive Life Resources, (253) 396-5800
8. **Coordinated Entry Access Point for Housing**
Presenter: Valorie Crout, Chief Program Officer, Associated Ministries, (253) 383-2672
9. Other Business
 - Chair's Topics
 - Good of the Order
10. Adjournment

*Regularly scheduled meetings are broadcast live and replayed on channel 22 (Comcast and Click! Network) and on channel 20 (Rainier Connect).
Electronic meeting material can be accessed at www.piercecountywa.org/councilcommittees.
Video archives are available at www.piercecountytv.org.*

**MINUTES
MEETING OF THE
SELECT COMMITTEE ON HUMAN SERVICES
July 17, 2018**

(Note: These minutes are not verbatim. Video recordings are available at <http://wa-piercecountytv.civicplus.com/index.aspx?NID=100>. Audio recordings are available upon request.)

1. **Call to Order:** The Select Committee on Human Services meeting was called to order at 9:44 a.m. by Chair Ladenburg.

2. **Roll Call:** The Clerk called the roll.

Committee Members present: Connie Ladenburg, Chair; Rick Talbert, Vice Chair; Douglas G. Richardson, Member

Council Staff present: Tom Swanson, Legislative Analyst; Jason Escareno, Senior Legislative Analyst; Amy Cruver, Councilmember Assistant

3. **Approval of Agenda:** Talbert moved approval of the Agenda as presented; motion seconded and passed.

4. **Approval of Minutes:** Talbert moved the June 19, 2018 Select Committee on Human Services Committee Meeting Minutes; motion seconded. The question was called; the Minutes were approved as presented.

5. **Public Comment:** The Chair for public comment; there was none.

6. **Proposal No. R2018-91, Homeless Empowerment Labor Program**

A Resolution of the Pierce County Council Related to the Homeless Empowerment Labor Program Finding that the Human Service Department Has Complied with a Proviso in the 2018 Budget; and Authorizing the Expenditure of Funds to Implement the Homeless Empowerment Labor Program.

Escareno introduced the presenter. Tess Colby, Housing, Community Development and Homeless Programs Manager, Human Services Department explained the proposal and the next steps moving forward with the Program.

Talbert moved Proposal R2018-91 with a do pass recommendation; motion seconded and passed. The Chair called for public testimony; there was none. The question was called; the proposal was forwarded with a do pass recommendation.

7. **Pierce County Jobs Programs**

Lauren Lee, Social Service Administrative Manager, Human Services Department provided a powerpoint presentation, "Pierce County Human Services Employment and Job Training Programs." (A copy of the presentation is contained in the meeting file.)

8. **Betsy Ross Report**

Escareno provided opening remarks. Ray Switzer, Regional Vice President, WestCare provided a powerpoint presentation, "Betsy Ross Transitional Housing for Women Veterans." (A copy of the presentation is contained in the meeting file.) Kacy Cross,

Veteran Navigator, WestCare shared her experience with housing and the impact of the organization on her life.

9. Arlington Drive Youth Facility Update

Escareno provided opening remarks. Kathy McCormick, Director of Real Estate Development, Tacoma Housing Authority distributed a handout, "Arlington Drive Youth and Young Adult Campus-Interim Engagement Report and Action Plan." (A copy of the handout is contained in the meeting file.) Colby provided an update on the Beacon Center as it relates to the young adult center.

10. Tacoma-Pierce County Health Department - Family Support Centers Report

Escareno provided opening remarks. Victor Rodriguez, Program Manager, Strengthening Families Division: Family Support Centers, Making Connections, Family Support Partnership, Tacoma-Pierce County Health Department provided a powerpoint presentation, "The Family Support Partnership Advocating for Strong Families." He also referenced the "Violence Prevention Report 2017." (A copy of the handout and report are contained in the meeting file.)

11. Chair's Topics

- Good of the Order

12. Other Business: Escareno stated the next meeting will be August 7, and summarized agenda items.

13. Adjournment: There being no further business, the meeting adjourned at 11:09 a.m.

Attest:

Kate Kennedy, CMC
Senior Committee Clerk

Approved:

Connie Ladenburg, Chair

Date

1 Sponsored by: Councilmember Connie Ladenburg
2 Requested by: Pierce County Council

3
4
5 RESOLUTION NO. R2018-99
6
7

8 **A Resolution of the Pierce County Council Establishing a Legislative Task**
9 **Force to Develop a Financial Plan and Assess the Community**
10 **Impact of the Closure of Civil Commitment Beds at Western**
11 **State Hospital.**
12

13 **Whereas**, on May 11, 2018, the Washington State Governor announced a 5-year
14 plan to modernize and transform the State's mental health system by ending all civil
15 patient placements at the State's two psychiatric hospitals by 2023 in favor of smaller
16 community based facilities; and

17
18 **Whereas**, the aforesaid plan to modernize and transform the State's mental
19 health system will result in the permanent closure of all civil commitment beds at
20 Western State Hospital; and

21
22 **Whereas**, Western State Hospital is in Pierce County, is the largest of the State's
23 two psychiatric hospitals, and houses most of the State's civilly committed patients; and

24
25 **Whereas**, Western State Hospital currently has approximately 560 civilly
26 committed patients, which includes 89 civil commitment beds reserved for Pierce
27 County residents; and

28
29 **Whereas**, Western State Hospital failed to gain recertification from the Centers of
30 Medicare Medicaid Services resulting in the loss of approximately \$53 million in federal
31 funding annually beginning on July 9, 2018; and

32
33 **Whereas**, the Washington state legislature will be forced to reconcile the loss of
34 approximately \$53 million in federal funding by expediting the 5-year plan to modernize
35 and transform the State's mental health system during the 2019 legislative session; and

36
37 **Whereas**, the County Council has determined it is in the best interest of the
38 health, safety, and welfare of the citizens of Pierce County, to establish a legislative task
39 force to develop a financial plan and assess the impact of ending all civil patient
40 placements at Western State Hospital ahead of the convening of Washington State's
41 2019 legislative session; **Now Therefore**,

42
43 **BE IT RESOLVED by the Council of Pierce County:**
44

45 Section 1. The County Council hereby establishes a legislative task force to
46 develop a financial plan and assess the community impact of the closure of civil
47 commitment beds at Western State Hospital. The legislative task force shall include, at



1 minimum, the following representation: Pierce County Council, Pierce County
2 Executive Office, Pierce County Superior Court, mental health providers within Pierce
3 County, the Pierce County Accountable Community of Health, and the National Alliance
4 on Mental Illness.

5
6 Section 2. The County Council hereby requests that the legislative task force
7 present its findings and recommendations to the County Council in advance of
8 Washington State's 2019 legislative session.

9
10 **ADOPTED this _____ day of _____, 2018.**

11
12 ATTEST:

PIERCE COUNTY COUNCIL
Pierce County, Washington

13
14
15
16
17 _____
18 **Denise D. Johnson**
Clerk of the Council

Douglas G. Richardson
Council Chair



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General Meetings Contacts Interested Parties Documents Code & Proposals **Fiscal** Comm

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This Proposal has No or De minimis Fiscal Impact

Summary

ID: 33850 Proposal #: R2018-99 Type: Resolution Status: Department Preparation 07/20/2018
Initiated By: Jason Escareno Initiated Date: 7/20/18 11:27 am Department: County Council Office

A Resolution of the Pierce County Council Establishing a Legislative Task Force to Develop a Financial Plan and Assess the Community Impact of the Closure of Civil Commitment Beds at Western State Hospital.
Task Force relating to termination of civil patient placements at Western State Hospital)

Comprehensive Life Resources:

Homeless Outreach Programs

Recovery Is Possible



Brief History

- Comprehensive Life Resources has been offering behavioral health services in Pierce County for almost 50 years.
- Started PATH team in 1996 with a Federal SAMSHA grant. Outreach directly targeted to connect homeless folks with mental health needs to services.
- Applied for an expansion in 2014 with the City of Tacoma's 0.1% sales tax.
- This expansion gave way to a growth of teams.



Current Team Make Up

- Many grants have grown the team to 16 outreach workers.
- Teams are funded by two Federal grants (PATH & STR), several City of Tacoma funded programs, and the City of Puyallup. For simplicity, one name, CLR Homeless Outreach.
- Team is made up of individuals who are in recovery from mental health or substance use disorder, have lived experience of being homeless, and/or are clinically-trained case managers.
- One number for the entire county, **253-396-5065**.



Referrals

- The teams are divided to cover different geographic areas.
- Partnerships with local law enforcement, hospitals, businesses, community members, etc.
- We work hard to find those are the most vulnerable, with the least amount of resources



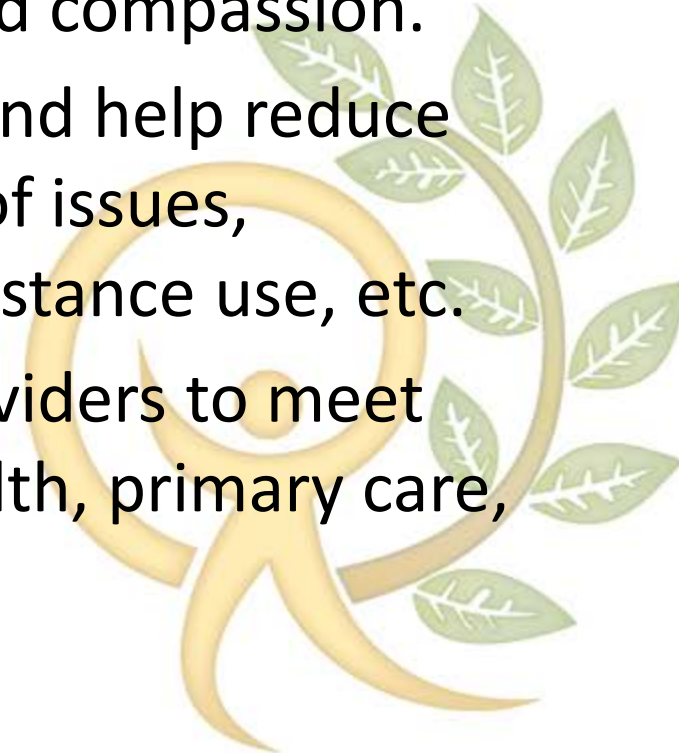
Outreach and Engagement

- Outreach services are designed to be flexible, intensive, and ideally brief (but no time limit).
- Engagement is building trust.
- Services are set up to connect folks to longer term supports for all aspects of care needs.
- CLR transports clients to address needs.
- Quick response with the ability to address folks' immediate needs AND look for long-term solutions.



Committed To Meeting People Where They Are

- **Homeless Outreach** will work with any person who is literally homeless.
- We work to develop a relationship with individuals by using motivational interviewing, trauma-informed care, and compassion.
- We work with the person to understand their story and help reduce barriers. Often this includes addressing a multitude of issues, including financial, legal, medical, mental health, substance use, etc.
- We work to connect individuals with established providers to meet their needs. This may be SUD treatment, mental health, primary care, employment, always housing, etc.



We have extensive knowledge of working with individuals with complex needs, high barriers, and ambivalence toward recovery. We are committed to helping people anyway we can. We know people have a variety of needs including:

- Mental Illness
- Substance Use/MAT
- Hopelessness
- Trauma
- Criminal Record
- Medical Problems
- Not Knowing Who or Where to Start Getting Help.
- Affordable/Available Housing
- Transportation
- Income
- Money to Move In
 - Screening fee, deposit, 1st month's rent, pet deposit.
- Ability to Secure Housing
 - May have evictions, criminal record that prevents.



Our Options

- Coordinated Entry
- HUD Grants
- Housing 1st
- Rapid Rehousing
- Diversion
- Emergency Shelters
- Relocation or Family Reunification
- Small Number Of Crisis Beds
- Home And Community
- Residential/Inpatient Treatment
- Beg, Borrow, Negotiate, Trade, Barter...

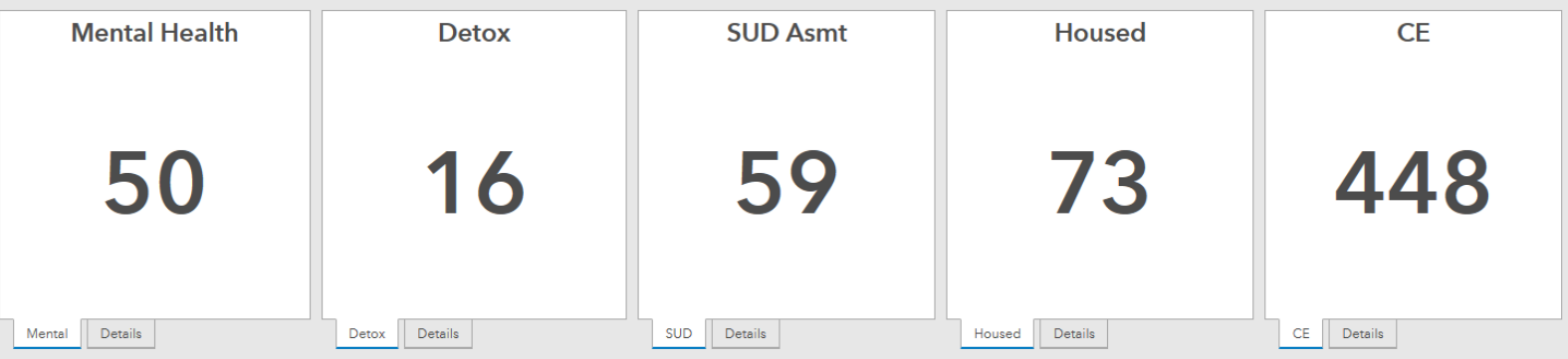
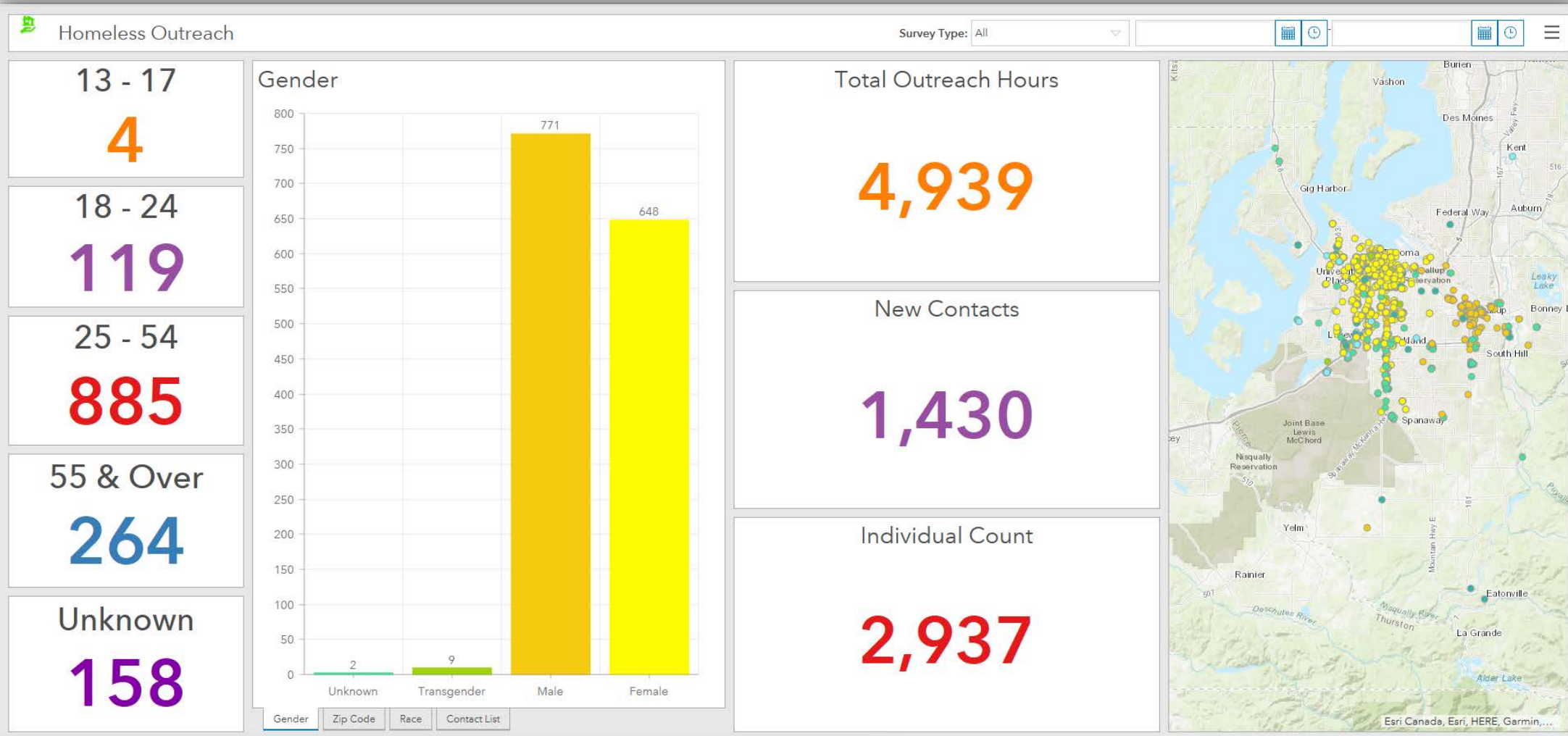


Direct Services We Provide

- Meet Them Where There Are
- Help Them Make Appointments
 - Mental Health
 - DSHS
 - SSI
 - CD Treatment
- Transportation/Bus Passes
- 1st Month and Deposit
- Tickets “Home”
- ID
- Place to Shower or Wash Clothes
- Help Finding Housing
- Filing Out Applications
- Getting to Food Banks
- Clothing
- Hygiene Products
- Linking to Other Services
 - SUD Assessment
 - Mental Health Assessment
 - Inpatient Treatment



Who Have We Helped?



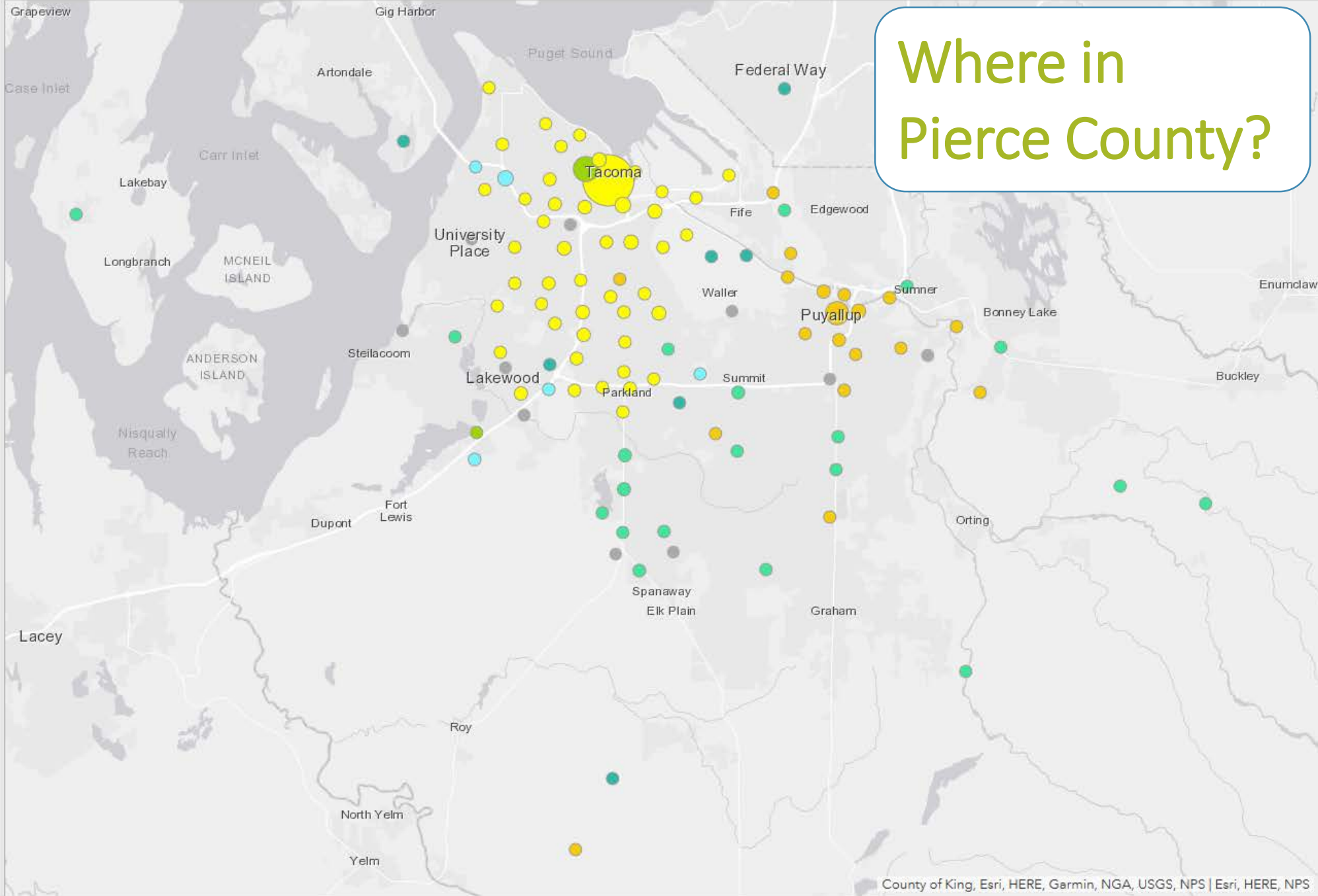
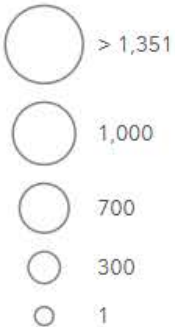
How Have We Helped?

Where in Pierce County?

Homeless Outreach 2018

- PI: Tacoma
- PI: Puyallup
- Salvation Army
- PATH
- STR
- ERHN
- others

Number of features



Final Thoughts. . .

- **Homelessness** is about a lack of affordable housing.
- Those living on the streets are the most visible, most disabled, and the minority of the entire homeless population.
- Outreach teams don't have any housing. When we engage with a person, just because they don't leave, doesn't mean that they refused services.



Feel Free To Contact Us For Anything...

Director

James Pogue

jpogue@cmhshare.org

253-396-5043

We value being a resource for the community and our partners.

We are always open to take calls and case staff challenging situations.

**We Don't Always Say Yes,
But We Never Say NO**

Team Lead

Dawna Bryant

dbryant@cmhshare.org

253-307-9219

Main Referral Line

(Clients can be given this number)

253-396-5065



Select Committee for Human Services

Associated Ministries of Tacoma - Pierce County presentation on the Coordinated Entry System (CES) and Rapid Rehousing Services (RRH)

August 7, 2018

Coordinated Entry (CE) for Pierce County has 3 departments: Screening, Diversion and Referral

Screening: The “front door” to the system is screening department. In this department staff screen for CE eligibility.

Eligible Households: Literal homelessness

- A household that spent last night on the streets.
- A household that stayed in a shelter the night before.
- A household that is staying in a place not meant for human habitation.
- Those who are living with their abuser and actively fleeing or attempting to flee domestic violence.

If the household is determined to be eligible, they are scheduled for an appointment within 5 business days (or they will be directed to call and schedule an appointment at a later date if CES is at full capacity). Every eligible household will meet with a CE specialist for a problem solving conversation called Diversion.

Needs:

- Outreach: Able to reach clients where they are at. The PATH teams are able to go to them at their tents, in the woods, under bridges, and on the streets and have a diversion conversation with them when they meet them. Which helps when we are at capacity.
- Building capacity for walk-ins: We do not have the staffing capacity to be able to take walk-ins.

Diversion: This is a client driven program to divert clients from entering into the homeless system by means of self-resolving their own housing crisis. The client is responsible for housing search with light touch case management. The clients also contribute to their move in costs.

Needs:

- Affordable Housing: With the rental market increasing it has made it difficult for clients to find affordable housing. Even though a client may be working full time at \$12.00 an hour they are unable to afford a 1 bedroom apartment in Pierce County.
- Protected screening Criteria: Even if a client works full time they are often denied at screening due to the Protected screening Criteria which requires 2.5-3 times the rental amount. . So, say a client works full time at \$12.00 an hour that would be gross of \$1920.00, and say the rent for a 1 bedroom is \$850.00 a month even at 2.5 times the rent that would be \$2125.00 to even be considered for that apartment. Even if the client had no barriers they would still be denied by this screening criteria. Please note that income level is one of many hindering criteria which includes criminal background, credit and eviction history).

Presented by: Juanita Contreras, Team Lead for the CE

Referral: The Referral Department is the third phase of CE and gatekeeper of the priority pool which helps with the right sizing of the entire homeless system. Clients enter the pool only after completing a diversion conversation with no divertible options. Once a household enters the pool, they are given a vulnerability score that assigns them placement in the pool for up to 90 days (please note there is no timeline for those who meet the definition of

chronically homeless). Once a Household comes up in the pool for a referral they are matched and referred to Shelter, Transitional Housing, Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH).

Needs:

- Outreach: The inability to find or contact clients is one of our top referral decline reasons. Outreach funds would help alleviate this barrier because many clients do not have phones or they have phones with no remaining minutes. For our clients experiencing chronic homelessness, increased outreach can help them obtain required documents needed for Permanent Supportive Housing such as proof of disability and proof of chronicity.
- RRH/PSH: The amount of households experiencing homelessness in the priority pool is well over 1000+. Every month there are about 60 housing openings that we can send referrals for. That means every month we only meet about 6% of housing needs in our community. There are only five agencies in the county that offer PSH; four of them serve single households, four of them serve families and only one of them will serve couples. Since there is not enough PSH in the county, RRH has become the option for chronic clients who come up on the priority pool for a referral. Often time's clients do not make it through RRH and return to the system because they need a deeper intervention like PSH. Our homeless and housing system as a whole needs more RRH and PSH.

Presented by Maggy Delaney, Team Lead for the CE

Rapid Rehousing: Rapid Rehousing is an intervention with 3 basic service pieces: housing search/placement, rent subsidy and case management. We use creative strategies to engage clients and landlords in hopes of keeping them both healthy. We focus on business partnerships with landlords. Their needs are important and they need tenants that can pay rent, can be good neighbors and who will take good care of their property and their community. We offer our full, timely engagement and as much mediation as needed. We offer Renters Readiness to share with clients all the tips and tricks of approaching, understanding and communicating with landlords, basics of paying rent, budgeting, accessing community resources, landlord tenant rights and avoiding evictions. In partnership with VADIS we offer employment services. We also partner with Building Strong Families to assist families in creating plans to achieve long term goals with a race and equity lens.

Need:

- Flex funds: Flexible funding is needed to allow us to be individualized. We assist with furniture, steel toe boots or a sewing machine, in order to support increase in income and sustainability. Increased flex funds would allow for more effective problem solving to assist prioritized families. With a higher difficulty for access, a bus pass can change the game completely as far as self-sufficiency. Things like avoiding evictions can result in loss of deposits and re-housing before a re-occurrence can be difficult without it. Assisting with utilities when a family is paying their own rent and while we work on the budgeting helps save homes.

Presented by: Ivette Perez-Morales, Team Lead for the RRH Services.