

## **Task 8: Findings**

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## **Results of Evaluation**

The evaluation of the Norfolk Community Services Board (NCSB) Street Outreach program was conducted in person at the Central Business Park location from July 26th through July 29th, 2022. Surveys were distributed to stakeholders, interviews were conducted with staff, and agency records were obtained for evaluation purposes. All staff members were pleasant and cooperative and willingly gave their time to assist with the evaluation. The findings are contained herein and this evaluator hopes that the process was equally worthwhile to the agency.

### **Interviews**

The first interview was with the interim Division Head of Housing and Homeless Services. The interim Division Head was a wealth of information and was very courteous with her time and attention to the questionnaire. The first question of the questionnaire garnered an interesting response about how the Street Outreach team used to have a map on the wall where they plotted map points of all the locations they had been in Norfolk. Of note, one other Street Outreach team member referenced using Google Maps as a means of plotting where the team had been. In discussing barriers to services, affordable housing is a preeminent need for persons who are homeless. Permanent supportive housing, workforce housing, and Housing First all appear to be options that have the potential to alleviate or at least offset some of the issues surrounding homelessness. Regarding specifics of street outreach efforts, the idea of medical and mental health teams assisting Street Outreach teams was an appealing notion to the interim Division Head. In getting people off the streets and into temporary

shelters, she said that we still have a lot of growing and learning to do in regards to the Housing Center for the Homeless on Tidewater drive. Best practices were mentioned often during the interview and this evaluator genuinely believes she intends to make sure the Street Outreach program can thrive in the future.

The second interview was with the current Director of NCSB. The director has been working in the field for over thirty years. She got her start in the human services field working in homeless services. Homelessness is a topic that is very near and dear to the director's heart and she is the type of person who would genuinely give everything she had if it meant homelessness could end tomorrow. The breadth and depth of her knowledge of the field are impressive, fortunately, a few of the questions asked by this evaluator seemed to hit the mark in determining how to improve Street Outreach and homelessness. During the span of her career, the Director has seen some positive changes as well as things that have not changed. Thirty years ago affordable housing did not exist and the housing system had zero tolerance for people who were "fallen". Psychosocial programs and clubhouses had been beneficial in the past for people with mental illnesses. These programs have essentially ceased to be and permanent supportive housing is in a minute supply. One thing the Director noted that has not changed is people's attitudes toward the homeless. In essence, the way she sees it is that those with means do not want to see or have to put up with those without means. This is the "not in my backyard" attitude that seems prevalent regarding homelessness.

As the questionnaire for the Director was specific to her job title, this evaluator was able to ask questions that were relevant to evoking change directly in the Street

Outreach program. In regards to what the Director would do if money, time, and human effort were unlimited, she had very specific ideas about staffing. She has been a big proponent of Peer Services for a long time running now. Her ideal Street Outreach team would have no less than 10 people, with 5 of them being Peer Recovery Specialists. Her idea is that the team would have constant coverage on the streets, 24 hours a day, 7 days a week. As people on the street move around often, she stressed the need to be able to find them before they start breaking down their encampments daily - services around the clock could assist in this effort. For permanent supportive housing, there are about 200 vouchers currently for permanent supportive housing in Norfolk - the current need is for 6,000 vouchers. In regards to Housing First following contact with a Street Outreach team member, the Director believes that the Housing First model could be a viable option. Kertesz, Austin et. al (2017) state that "Housing First is an evidence-based permanent supportive approach to housing vulnerable individuals that emphasizes immediate, rapid access without requiring preconditions such as treatment success." And while permanent supportive housing may not ultimately save people from themselves as the Director astutely pointed out, the ultimate responsibility of any human service professional is to treat the consumer with unconditional positive regard. In doing so, human services professionals serve people in the hopes that when they die, regardless of the means - they can die with dignity.

While interviewing team members, there was a vast array of knowledge, input, and passion behind the answers of Street Outreach team members. The Street Outreach team is currently made up of 5 positions; 3 case managers, an outreach specialist, and a management analyst. The Street Outreach team is dedicated to their

jobs and the homeless population in the City of Norfolk. It was fortunate for this evaluator that the team had just come back from a conference where ideas for Street Outreach and homelessness solutions were in abundance.

The answers to the questionnaire were many and varied, and while there was consensus on some parts of Street Outreach - there was no unanimous consensus on all topics. When trying to determine where to find homeless persons who may be encamped in the city, one team member noted that they would look on Google Maps for places in the city with “trees and water”, and another mentioned going where there are charging stations for cell phones as well as known “hot spots”. The Street Outreach team will occasionally get tips from park rangers, police officers, and the homeless community itself - as well as calls from the Mayor’s office. In discussing barriers to service, not enough housing, funding, and a lack of resources were key items. When asked about the most frequent service needs, responses ranged from housing to documentation, bus tickets, hotel stays, or simply a place to take a shower or get some food.

One of the questions put to the Street Outreach team members pertained to having a medical and mental health team in the field that could prescribe medications. While overwhelmingly the response was positive, one team member noted that some people with Serious Mental-health Issues (SMI) that are living in the streets do not want help or perhaps they do not want to take their medication. In discussing the Housing Center for the Homeless on Tidewater Drive and whether or not it is effective - the team was split. The Center is effective because without it the people in the 100 available beds would be on the street. However, some team members noted that individuals do not

want to be there because of the problems with drugs and overcrowding. Staffing issues were also noted to be somewhat problematic at the Center.

In discussing Housing First, most agreed that this model seems to fit the notion that having basic needs met is beneficial to homeless persons. One person noted that sometimes mental health and substance use disorder issues can not be addressed without a safe place to stay. However, multiple persons during the interview process mentioned that housing is not necessarily a “one size fits all” approach. Persons who have never had housing would need assistance in how to handle the responsibility. People may also vary in what type of housing best suits their mental health needs, whether it be an apartment in a high rise or a place with a sliding glass door that opens up to nature.

When asked what people would change about the Street Outreach program, and what they would do if time, money, and human effort were no object - the responses were many. There were concerns that the program is becoming too data-driven, which is taking away from the human connection. Though the need to input data was understood, the concern was that it takes away from time better spent developing relationships. One person mentioned having a Recreational Vehicle (RV) that could serve as an “office on wheels”, while another person mentioned a facility where participating partners could all be in one place - a “one-stop shop”. Other answers to note were that getting people into a shelter immediately was a must-have, providing housing is a must-have, and that low barrier shelters with things like a needle-exchange program, extra staffing, and a “pets allowed” policy would go a long way to helping persons who are homeless. One team member mentioned that families are not being

served by the current program. This is one of the barriers that is working against the homeless population. As that person put it, “homeless is homeless, you can’t pick and choose”.

## Surveys

There were several trends in the survey data that had interesting results. The following sample of data lists some of the more pertinent responses to survey questions of note:

When asked if:

Norfolk has a homelessness problem.

80% Strongly Agreed      20% Strongly Disagreed

We are doing all that we can to alleviate homelessness.

20% Strongly Agreed      10% Somewhat Agreed      70% Strongly Disagreed

Street Outreach has led to fewer people on the street.

10% Strongly Agreed      70% Somewhat Agreed      20% Strongly Disagreed

Street Outreach is an important program at Norfolk CSB.

70% Strongly Agreed      30% Somewhat Agreed

Street Outreach helps to save lives.

50% Strongly Agreed      50% Somewhat Agreed

Street Outreach has had a positive impact on interactions between Norfolk Police Department officers and the homeless.

40% Strongly Agreed      40% Somewhat Agreed      20% Somewhat Disagreed

Street Outreach has had a positive impact on interactions between downtown Norfolk businesses and the homeless.

40% Strongly Agreed      50% Somewhat Agreed      10% Strongly Disagreed

Street Outreach has had a positive impact on interactions between the public and the homeless.

40% Strongly Agreed      40% Somewhat Agreed      20% Strongly Disagreed

There were several other questions on the survey with varying responses. The surveys were anonymous and the data collected shows quantifiable results that can be extracted completely if needed by the agency.

### **Agency Records**

Historical records obtained from the agency included Projects for Assistance in Transitional Homelessness (PATH) data from 2018 - the present. According to SAMHSA (2017) "PATH staff outreached to 139,515 individuals in 2017 and enrolled 73,246 PATH-eligible clients" with services like outreach, rehabilitation, community mental health, substance use disorders treatment, etc. Though Norfolk's numbers are a bit more modest, the data was very revealing. Though it is beyond the scope of this report to display all the data here, the numbers showed that the PATH team for Norfolk's Street Outreach project has been very busy since 2018.

Since January 1, 2021, the PATH Street Outreach team has served 89 adult persons, 38 of which qualified as chronically homeless. Of those individuals, 69 identified as male, 39 identified as female, and 1 reported no single gender. Thirty-five



percent of the people served were middle-aged (45-54), thirty-five percent were 55 years of age and older, and twenty-seven percent were 25-44. One person reported their age between 18-24 years. Regarding diversity, almost fifty-four percent of the persons served were African-American, thirty-seven percent were Caucasian, and under one percent reported multiple races. Only 1 of the 89 persons served reported having a Hispanic or Latina/o/x ethnicity. Fifty-eight percent of the people served reported a mental health condition. Seventeen percent reported an alcohol use disorder and six percent reported a drug use disorder. Eleven percent of the persons served had a disability. When it came to healthcare, sixty-one percent of the persons served were on Medicaid. Of the people served by the Street Outreach team - there were eleven veterans contacted, 3 of which were chronically homeless. And finally, of the persons contacted by the NCSB Street Outreach team, 91 percent were contacted in a place not meant for habitation.

## **Conclusions**

The data collected by this evaluator was loaded with valuable information. NCSB's Street Outreach team has been doing the work that they set out to do. The stakeholders appear dedicated to the task at hand and prepared for the road ahead, regardless of challenges. Staff members were knowledgeable, well-trained, and had very significant insight regarding the homeless plight in Norfolk. There are several challenges in regards to better serving the individuals who are on the streets. At this time the findings conclude that the Street Outreach program is a necessary program for

Norfolk CSB and an effective program in reaching and helping homeless individuals in Norfolk, Virginia.

## **Implications**

The main aim of this study was to determine the effectiveness of the Street Outreach team in helping individuals with homelessness, and how they could better serve the individuals in the field. The implications of this evaluation for the Street Outreach team show the need for more resources, such as staffing, housing, and shelters. This is evidenced by the fact that the Housing Center for the Homeless has been overflowing since its inception in the summer of 2021, with numerous stakeholders stating the need for more and better staffing, as well as the affordable housing shortage. While the scope of this study was limited by design, further evaluations of a more thorough nature could benefit the Street Outreach program. Though the parameters of the research were of an exploratory and interpretive nature, this evaluator hopes that future research is deemed appropriate for the Street Outreach program.

## **Findings Impacting Program**

The findings of this evaluation impact the Street Outreach program in several ways. There are more persons needing shelter than there are shelters in Norfolk. This indicates the need for a larger investment in shelter space in Norfolk. Additionally, the number of homeless persons appears to increase annually, while affordable housing is still elusive. As there are only 200 vouchers for people who need permanent supportive housing in Norfolk, and there are 6,000 who need permanent supportive housing in

Norfolk - there is a need for additional funds to be made available. Not having enough people to do any job is, unfortunately, more the norm these days during the Covid-19 pandemic. The human effort needed to make Street Outreach more viable indicates a need for more jobs to open up and a need for more qualified personnel.

## **Findings Impacting Service**

The findings of this evaluation can impact the service of Street Outreach in several ways. Outreach services are considered an eligible service within PATH, along with case management, and services not supported by mainstream mental health programs. SAMHSA's triennial process evaluation report for PATH (2020) states that “‘in-reach’ is defined as contacts with clients who are already connected to their services in some way.” By contacting persons via outreach services, NCSB can better serve them by connecting them to services post-contact. The outreach service can be refined and streamlined to include recommendations in this report that will be of benefit to the persons providing the service. Ultimately, the persons served will be recipients of the value of the findings.

## **Influence**

This evaluator had some difficulty in presenting these findings and a concerted effort had to be made to be as objective as possible. As Norfolk CSB is the evaluator's place of employment, there is a vested interest in being as “vanilla” as possible. However, there is no growth without honesty and this evaluator hopes that in shedding light on both the positives and the negatives - the greater good is served. The influence

of these findings should largely be viewed as positive as no one that was interviewed was truly holding anything back. Every person who contributed to the data of this evaluation has a passion for their job and the Street Outreach program. Every person who contributed to the data of this evaluation wants to see things get better for the Street Outreach program, but mostly for the people that it serves. There is no better way to better serve the people than to take an honest look at the work that is being done.

## **Recommendations**

Based on the findings of the evaluation several recommendations would benefit the Street Outreach program and the homeless population of Norfolk as a whole. Additional shelters seem to be a necessary commodity for the City of Norfolk to acquire. As shelter is a basic human need, this recommendation simply needs no explanation. Permanent supportive housing is a need for the City of Norfolk as well. The limited amount of vouchers currently on hand is barely enough for 3 percent of the population that needs them. Another recommendation is that of staffing. Ensuring quality staff members operate shelters and participate in Street Outreach teams is paramount. Ensuring that persons with lived experience with homelessness (Peer Recovery Specialists) are a part of the Street Outreach team will greatly benefit the homeless population of Norfolk. There is no substitute for meeting someone who has lived experience getting through something and can tell you how they did it. The final recommendation is to continue partnerships with Sentara and/or EVMS to get medical and mental health professionals working with the homeless population. The impact on the well-being of persons at the Healthy Hotel has already been documented, cancers

were found, people received medications that were needed, and lives were saved. In particular, this evaluator recommends that a mental health professional, capable of dispensing medication be considered as a part of the Street Outreach team.

## **Goals and Objectives**

GOAL: Increase the number of Street Outreach team members, and include Peer Recovery Specialists, to twice the current amount by 2024.

Objective 1: Construct job descriptions for new staff members; Peer Recovery Specialists, Case Managers, and Outreach Specialists by the end of January 2023.

Objective 2: Advertise job listings and interview ten potential candidates by the end of July 2023.

## **Research Supporting Recommendations**

In planning this evaluation, a multitude of research articles was reviewed. Many were relevant, some were pertinent, and all of them applied to finding better ways to help the homeless. In Brazil, large street outreach teams are brought together that consists of case managers, counselors, clinicians, peers, and medical and psychiatric care teams. In discussing street outreach, Viegas, Nitschke et. al (2021) state that “In order to promote comprehensive care, it is necessary for the street outreach office teams to know and map the whole support network.” Echoing that sentiment, Doran, and Doede (2021) state that “physician-led street medicine programs resulted in patients reporting: a high level of satisfaction with their encounter”. Evidence-based

practices point to the fact that having medical and mental health teams present during street outreach is beneficial.

Care avoidance is sometimes seen when working with individuals on the streets. Persons in the streets sometimes simply don't want help. Efforts to mitigate care avoidance can be seen in the careful selection of persons involved in street outreach. Klop, Evenblij et. al (2018) found that "a low-barrier method such as that of street pastors, spiritual caregivers and homeless outreach workers, involves building relationships by building trust". Trust can sometimes only be built in inches, having qualified street outreach workers can help to mitigate this. Having persons with lived experience on the team can help to automate that trust.

Finally, having adequate housing is a problem for agencies all across the United States as well as the entire free world. Providing shelter as quickly as humanly possible seems to be the order of the day, every day. Persons needing shelter and housing are in abundance and this resource is, unfortunately, lacking all across the board. It is paramount, however, that agencies continue to advocate for funding for larger projects to house more individuals. As Mackie, Johnsen et. al (2019) point out, it is important to "be housing-led, offer person-centered support and choice, take swift action, employ assertive outreach leading to a suitable accommodation offer, ensure services address wider support needs, and collaborate effectively between agencies".

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