



Social Service Outreach Report January 2016

Our Social Service Outreach Worker, Suzanne, experienced a very different atmosphere in the month of January regarding the homeless population of Union Square. The continued presence of the police, combined with Super Bowl preparations resulted in many of the regulars relocating to different parts of the city. It was reported to her, by a few clients, that they were told to leave the area, and even the presence of the homeless in the early hours of the morning was significantly less. This was a change as many homeless choose to sleep in the district until the ambassadors wake them up because our district area feels safer to them. Then, they generally move out of the district by 9:00 am.

What continues to be a constant, is the presence of homeless with significant mental health issues. Suzanne's engagement with individuals who display signs of being in active psychosis - hearing voices, manic behavior, and paranoia - is challenging as their thought processes are not linear or reality based. Additionally, San Francisco does not have the resources to provide the services needed for a positive outcome. Other areas of difficulty are maintaining personal hygiene, understanding boundaries, and aggressive behavior are also a result of untreated mental health.

Although there was a significant decrease, she noticed that people would come to the area later in the afternoon to panhandle. It's important not to forget that we may perceive someone panhandling as being homeless, but many are really housed. Paying fifty percent of their income toward rent, while living on a limited fixed income (typically \$750) is challenging. Panhandling is a means of generating extra money they need to for the basics of living. For some, they receive this full amount while living on the street which goes a lot further than if they were in subsidized housing. This is one of the challenges "services" faces when trying to get people off of the street.

In the month of January, Suzanne also had a meeting with the senior case manager at Larkin Street Services to develop a way of networking in order to provide homeless youth with case management services. Larkin Street provides a continuum of services to homeless youth up to, and including, housing. During her outreach, Suzanne has connected six homeless youth to Larkin Street, who are all now receiving case management services. Additionally, two young women were both placed in temporary housing which includes on site case management and support groups to fully enhance the continuum of care.

Our outreach worker has been able to assist those who are wanting detox services to get support services directly from the street. With the combined support of SFHOT, the outreach "team" has been able to transport people directly to the Sobering Center to get blood work completed allowing access to the medical detox facility, as well as having a safe place to get sober.

SUCCESS STORY

One of our top ten clients, an 86 year old Caucasian male, who has an extensive history of homelessness, has been particularly resistant to accessing services. He is repeatedly targeted by the aggressive street population, as he is seen as easy prey due to his age and small physical frame. Suzanne has engaged him approximately two to three times weekly, over the last nine months, and the process of building rapport and trust has been very slow. At times he appears to be open to receiving services, and at other times he presents as aggressive and resistant to any support. Over the last several months, he has deteriorated both mentally and physically, and she has been concerned that he may die on the streets.

One morning Suzanne saw him sitting on a bench along Powell Street, he was shivering and having great difficulty keeping his eyes open. He had been on the radar of SFHOT, as members of the outreach team had been engaging him to try and get him into services. He continually declined any request for services, despite his deterioration. The SFHOT support staff, including a nurse practitioner, was contacted to do an assessment. Due to his presentation, the client was provided with a stabilization room through SFHOT. The client was still resistant to services, but as a result of the recent ongoing rain, and his frail physical state, he did agree to access the room. With a full team effort, the SFHOT staff was able to provide him with food, hygiene products, and get him settled comfortably in his new room. He had a nurse practitioner visiting him daily to assess him medically, while a treatment plan was being developed to address his needs. He was placed in the room on a Thursday and remained throughout the weekend. Unfortunately, on Monday evening he chose to leave the room with all of his belongings and not return. Suzanne saw him on the street a few days later and spoke with him. He was asked why he left the room, looked up and said that he wanted to be on the street, and did not want services. Even with her desire to see him safe in a room getting the support he needs, Suzanne had to respect his wishes as to how he wants to live the remainder of his life.

There are a few other regulars in the district who have made a decision to remain on the street and not pursue housing options or support services. Suzanne's role as an outreach worker is to continue to engage clients and let them know that she is available to assist them with services. If a client makes a decision to remain on the street, she will continue to engage and check in, but the approach of an SFHOT person will always be client centered. Although at times Suzanne struggles to understand why someone chooses to remain on the street, she cannot judge, but only continue to be supportive and respect people's individual choices.

Union Square Outreach Metrics		
Total Homeless Encounters	95	
New Persons	15	
	Through 1/31/16	
Race (new)		
African American	3	20%
Caucasian	11	73%
Asian	1	7%
Latino		0%
Age (new)		
20-29	4	27%
30-39	5	33%
40-49	2	13%
50-59	4	27%
60+	0	0%
Services Offered (encounters)		
311 List/shelter	10	11%
Homeward Bound	4	4%
Case Management	31	33%
<i>Denied Services**</i>	52	55%
Detox	20	21%
Information	28	29%
Medical Referral	0	0%
Unable to Respond	0	0%
Housing referral	1	1%
Moved into shelters		0%

** outcomes of services offered to encountered

