

“22 Questions” from Volusia County

Prologue: The Volusia Safe Harbor (VSH) work group had its first meeting last Friday on February 6, 2015. Many of the questions below are going to be addressed and vetted by this group over the next few months. The work group includes representatives from government, proposed anchor agencies, homeless coordinating agencies, the judiciary, subject matter experts, etc. The County Manager has been invited to be part of this work group (the Manager sent a representative to the first meeting). The answers below are from Dr. Robert Marbut's and not from the VSH work group.

1. *Who is the coordinating board for the proposed shelter?:*

- a. *How is the board structured, appointed and so whom does it report?*
- b. *What is the board's authority and responsibility for operations?*
- c. *Is the board to function as a public body under the sunshine laws?*

A1a- There are several options on how to structure the coordinating board. The board should be established to promote integration between Stewart-Marchman-Act (SMA), Halifax Urban Ministries (HUM), medical service agencies, service partner agencies, referral agencies and the different operational units. It could become a 503(c)3 whose members are appointed by governmental agencies (like some regional tourism agencies) or it could become a governmental inter-agency board established through inter-local agreements (like some airport authorities, law enforcement task forces and fire department mutual aid co-ops). This board should have representatives from anchor agencies, referral service providers, partnering cities, County, judiciary, law enforcement agencies, homeless community and business/civic community.

A1b- The coordinating board would promote and catalyze integration within the Campus and throughout the community, and specifically coordinate activity between the anchor service provider agencies and the different operational units on Campus. This coordinating board would not take away from the internal operating autonomy of each agency, but instead be a catalyst of integration within the Campus and oversee any common-area Campus functions.

A1c- I think it should fall under the sunshine laws.

2. *What are the national best practices reference in the report? Where are the being implemented?*

A2- The national best practices referenced in the report is a codification of the national best practices found at 237 agencies, campuses and communities throughout the USA and is known as the “*The Seven Guiding Principles of Transformation: Moving from Enablement to Engagement.*” The best practices were found at high functioning operations/campuses around the USA such as Father’s Joe Village (San Diego), CASS (Phoenix), Star of Hope (Houston), The Bridge (Dallas), St. Patrick Center (St. Louis), Homeless Assistance Center (Reno), Chapman Partnership (Miami) and several well-run vertical campuses in California.

Many operations throughout the USA have incorporated these best practices like Haven for Hope (San Antonio), the Pinellas county-wide homeless leadership network (Florida), St. Petersburg, Clearwater, Sarasota’s families with children’s system.

Beyond the seven guiding principles listed below, national best practices also include the following core tenants:

- moving from Enabling to Engaging
- moving from Agency-centric to System-centric operations
- moving from an Outputs to an Outcomes measurement matrix

1. Move to a Culture of Transformation (versus the Old Culture of Warehousing):

Homeless individuals must be engaged and no longer enabled. Everybody within the service delivery system (eg general public, media, elected politicians, appointed officials, boards, staffs and volunteers of service agencies and most importantly the homeless themselves) must embrace a culture of transformation. A culture that through the help of others homeless individuals can transform and integrate themselves back into society. For moral and fiscal reasons, homelessness must become an unacceptable condition that is not tolerated in the USA.

2. Co-location and Virtual E-integration of as Many Services as Possible:

In order to increase success, all services within a service area must be e-integrated. Virtual e-integration improves coordination of services, enhances performance, reduces “gaming” of the system, engages individuals on the margin of society and increases cost efficiencies within and between agencies. Furthermore, whenever financially possible, services should be co-located. Co-location goes beyond virtual e-integration by increasing access and availability into a shorter period of time through the reduction of wasted time in transit and minimization of mishandled referrals. Co-location also increases the supportive “human touch.”

3. Must Have a Master Case Management System That is Customized:

Because there are so many different service agencies helping homeless individuals (eg government at multi-levels, non-profits and faith-based), it is critical that ONE person coordinates the services an individual receives and to do so in a customized fashion. The types of service provided is critical, but what is more important is the sequencing and frequency of customized person-centered services.

4. Reward Positive Behavior:

Positive behavior should be rewarded with increased responsibilities and more privileges. Privileges such as higher quality sleeping arrangements, more privacy and elective learning opportunities should be used as rewards. It is important that these rewards be used as “tools” to approximate the “real world” in order to increase sustainable reintegration into society. Every aspect of service delivery should be rooted in preparing the individual or family to have sustained success in permanent housing

5. Consequences for Negative Behavior:

Too often there are no consequences for negative behavior. Unfortunately, this sends a message that bad behavior is acceptable. Within the transformational process, it is critical to have swift and proportionate consequences.

6. External Activities Must Be Redirected or Stopped:

External activities such as “street feeding” must be redirected to support the transformation process. In most cases, these activities are well-intended efforts by good folks, however these activities are very enabling and often do little to engage homeless individuals.

7. Panhandling Enables the Homeless and Must Be Stopped:

Unearned cash is a very enabling and does not engage homeless individuals in job and skills training which is needed to end homelessness. Additionally, more often than not, cash is not used for food and housing but is instead used to buy drugs and alcohol which further perpetuates the homeless cycle. Homeless individuals who are panhandling should be engaged into the transformational process. Furthermore, most panhandlers are not truly homeless but are preying on the good nature of citizens to get tax-free dollars.

3. *Several medical services are listed. Who are the providers on and off site and are these cost estimates in the estimate of services?*

A3- Halifax Health currently provides these services at the current HUM site free of charge. Halifax Health has offered in writing to relocate and continue these services at the VSH Campus free of charge. Additionally, they have offered to increase/expand some of these services. At the VSH work group meeting last Friday, it was suggested that we reach out to the other hospitals for additional value-in-kind support. These are free value-in-kind services that are within the operating program free of charge.

4. *Is the security staffing a private workforce?*

A4- Most if not all of the security staffing would be a private workforce. There is some logic to have a sworn LEO part time during peak activity (maybe 4-8pm).

5. *If an individual is not interested in engagement or program participation, are they free to stay in the shelter?*

A5- Everyone staying at VSH would have an assigned case manager. By dint, if you are staying at VSH you are in a come-as-you-are program.

6. *Does the cost allocation assume that the County general fund is responsible for all land and capital?*

A6- I propose that the land be handled similar to way it was done for Stewart-Marchman and Act agencies. As for capital construction, the answer is yes (but it could come from another County fund other than the general fund).

7. *The recommended shelter facility appears to be 43,000 sq. ft. Please verify that this is the recommended size and that the estimated costs applicable to this scope of construction.*

A7- The amount of square feet for VSH under air control roof has not been finalized. We just finished the functional design meetings with the proposed anchor agencies last week. Bill Chapin (local architect) has been tasked with the conceptual design of VSH and he was the one who developed the estimated construction cost contained in my report. It is likely to be less than 43,000 sq. ft.

8. *Please apply the recommended formula for the cost allocation to each local government of the estimated operational cost of \$2.4 mil per year.*

- a. *How does the population of an area correlate to the homeless population?*
- b. *How does the poverty rate correlate to the homeless population, Specifically the individual street homeless?*
- c. *Is the County contribution for operating costs for the unincorporated are only to avoid double taxation?*
- d. *Are you familiar with any funding methodology that includes user fee to the jurisdiction of origin?*

A8- This question is going to be addressed by the VSH work group in about 90 days. Rates of homelessness correlates with both poverty rates and general population, hence the suggested formula. Because most of the encampments are actually in the unincorporated areas is why it was suggested that the County contribute for the unincorporated areas.

I have never heard of a “jurisdictional user fee” being used anywhere for emergency shelters (there maybe one out there, but I never heard of it). Based on real-world homeless dynamics and national best practices, I think a user fee would actually be very counter productive to the operation of VSH.

Based on operations in other communities, I think the net new operating costs for VSH will be much lower than \$2.4 million. In the next 60 days, I will be presenting an operational budget to the VSH work group. It will separate new operating costs from costs already existing somewhere else (note: it is very important to realize many of these costs already exist in other agency budgets).

9. *The shelter is described as a 24/7 operation. Pinellas Safe Harbor had a curfew for residents. Only the outdoor area was available after hours. Is this consistent with recommendations of Volusia?*

A9- This statement is not exactly true. In general individuals brought to PSH by LEOs could go into the indoor areas of Pinellas Safe Harbor anytime of the day (subject to prior case management history).

It is true that there is a curfew at Pinellas Safe Harbor (as there are curfews at almost all come-as-you-are facilities around the USA). I have always recommended curfews for current residents and walk-ins, but I also recommend that LEOs can bring in anyone 24/7 subject to prior history with the individual.

10. *The Stewart Marchman facility is functioning at maximum capacity. How is the proposed facility to be staffed and operated? Is the proposed counseling staff additional to the shelter?*

A10- Based on operations in San Antonio and on conversations with the SMA staff, it is very likely that VSH will actually relieve the maximum capacity issue and/or create more appropriate customized placement/care for individuals at SMA. For a variety of reasons, many guests at SMA get “released” by SMA just to be readmitted by SMA in minutes/hours. Having VSH strategically located next door to SMA, will allow for a better utilization of programs and improved medically appropriate placement of guests/residents. Based on meetings to date between SMA, HUM and me, there will be net new case managers at VSH who most likely will be under the HUM staffing umbrella. Staffing for the revamped central-intake will be under the SMA staffing umbrella.

11. *Relocation of services is recommend. Does the facility design allocate space to be shared? Is each provider responsible for relocation costs and it service deliver at the new shelter”?*

A11- Yes, the design provides space for relocated services. Yes, service providers will remain responsible for their existing service level budgets.

12. *There are several references to the need to relocate feeding operations to the shelter.*
a. How would feeding service for the poor in the community be handled”?
b. If someone goes to the shelter for food, is there a requirement that they be in residence and be engaged in program activities to receive food?

A12- My recommendation for the relocation of feeding programs applies only to feeding efforts geared to individuals experiencing homelessness. “Working poor” and elderly/senior feeding efforts would not be relocated. I recommend that the meals at VSH only be for residents.

13. *Is CAYA a voluntary or involuntary program?*

- a. There are references to a common public safety portal for entry which indicates that a law enforcement connection is fundamental to the operating concept. Is this accurate?*
- b. Does a “public safety intake portal” mean residents arrive primarily through law enforcement or court action?*

A13- My recommendation is for voluntary. At Pinellas Safe Harbor, even NTAs are given the voluntary option. I have heard of some programs where judges give individuals the voluntary option to go into a CAYA facility. Initial intakes are most often vis-a-

vis LEOs, but not always. As with the current intake portal at SMA, it is critical to coordinate with LEAs, LEOs and the judiciary.

14. *With reference to comments in your report for Sarasota County, “As is true in most public-good site location efforts anywhere in the USA, there is no “ideal location.”*

- a. *How many sites were evaluated in Volusia?*
- b. *Were sites considered closer to our population and service provider concentrations?*
- c. *The Sarasota report cites, “..this Triage and Stabilization Unit ideally should be located within a short walking distance of existing programs, preferably between service agency anchors.” The Stewart Marchman Facility is not in walking distance to populated areas and its existing service are crisis assessment and inpatient treatment. What is the homeless’ need for Stewart Marchman crisis and Stabilization services vs. the treatment services available in the community?*

A14- I first evaluate areas/sectors in a community, once I get the best area/sector, I then drill down to evaluate specific sites (eg the process starts with the macro then moves to the micro). I evaluated areas/sectors throughout County that were easily reachable by the existing public road system, including areas with high populations. Once the SMA area was selected, I then looked at all the land within a ½ mile radius of SMA.

SMA has the exact types of services that were targeted in the Sarasota report and that need to be near the VSH. It is significantly easier and more cost effective to move HUM to SMA, than to move SMA to HUM. Additionally, the SMA site is more centrally located on a county-wide basis (very similar to the logic of the jail location).

15. *The recommended service for the homeless group would require other services to relocate and be supplemented to maintain the level of service to other clients.*

- a. *How does the remote location improve service to the homeless vs. locations that are accessible to pedestrians?*
- b. *What is the anticipated impact to other clients in the community, e.g. elderly or working poor, if services are relocated to a remote site?*

A15- The adult services of HUM would be the only major relocation needed. It is very important to realize that there are homeless service operations scattered throughout the County. Additionally, there are almost an equal number of individuals experiencing homelessness on the western side of the County as there is on the eastside of the County (see my report). The SMA site is not a remote site at all, in fact it is a highly centralized site with better accessibility to more LEOs and communities. For the most part, other populations such as the elderly and working poor will realize improved/better levels of service because co-servicing of populations at the same locations dilutes the service focus.

16. *Who are the members of the outreach teams? Where is their costs captured?*

A16- The best street outreach teams are composed of one LEA with one case manager. There are several different operating models that are successful throughout the USA in regards to street outreach teams. Outreach teams should be the last components added to the overall system. Once there is an agreement on the internal VSH operations, then we can move to the structuring of the outreach teams. The cost to the LEA is embedded within existing LEO operations. Instead of multiple officers servicing the “homeless community,” the homeless service calls would be concentrated within the outreach team. Additionally, proactive LEO outreach teams actually reduce criminal incidents related to homelessness. The location of the cost of the case manager depends on the selected model.

17. *Please provide an example of a model ordinance that supports engagement vs. criminalization.*

A17- Because of state laws, we need to focus on ordinances in other Florida cities. The two best sets of ordinances are in Clearwater and St. Petersburg. Copies of these ordinances are on their web sites. Sarasota County has a conceptually approved set of ordinances that are improved versions of the Clearwater and St. Petersburg ordinances. The Sarasota set has even been validated by the ACLU. You can contact Wayne Applebee (Sarasota County) to get a set of the conceptually approved ordinances that are pending the creation of a CAYA facility in Sarasota.

In order for any ordinances to be utilized, the ordinances would need to be “Pottinger” compliant (see *Pottinger vs. City of Miami*). Per the Federal U.S. Court of Appeals Eleventh Circuit in Atlanta “Pottinger” is the controlling legal interpretation of the Federal law relating to homeless individuals. Pottinger has several compliance aspects, but the critical standard that pertains to Volusia is there is no available alternative capacity within the shelter system. Simply stated, before an ordinance can be enforced there must be existing available capacity within the shelter system.

18. *Pinellas County implemented your recommendations in 2010 and established a Safe Harbor facility. In your update report (June 2014) to the City of St. Petersburg, you note that financial support from several cities and the county was discontinued, the nighttime homeless population in the city is down, but the daytime population is up, and resources have been redirected to homeless families.*

How would you establish a sustainable funding stream given changing conditions and priorities of local governments and private agencies? Please provide formulas from other jurisdictions that been sustained.

A18- Pinellas County implemented most of my recommendations but not all. I recommended to the PSH work group to make multi-year deals with the cities. This recommendation was not taken. The drop in financial support by 5-8 cities was actually the result of the success of PSH. After 2-3 years of major reductions in street level homelessness, some cities did not have a problem any more, so they stopped funding PSH. The answer is to have long term inter-local agreements (at least five years).

The County has not reduced their support of PSH.

The characterization of a day time increase in St. Petersburg is incorrect and out of context. If you read the full report and see the presentations made, you will see this was not caused by PSH, but instead was triggered by a different agency that kicked individuals out at 6am. Furthermore, the daytime numbers in St. Petersburg are still significantly lower and better than they were before PSH opened (about a 64% daytime decrease). In simple terms St. Pete had a huge daytime problem, after PSH opened the numbers dropped dramatically, then because of an unrelated agency the numbers reversed slightly, but compared to the pre-opening of PSH, the daytime numbers are still much lower.

19. Who is responsible for cleaning and maintenance? The resident population at Pinellas Safe Harbor did not provide this workforce. How would you see ti staff in Volusia?

A19- I recommended that the residents of PSH take an active role in operations of PSH. The Sheriff choose instead to use inmate workers from the jail next door to PSH. As for VSH, I have recommended to HUM that residents actively be engaged in the cleaning and maintenance of the facilities. Most well run operations in the USA utilize residential staffing to some degree.

20. What are the transformational consequences for negative behavior?

I do not understand this question? Do you mean what are the consequences of bad behavior? If so, different operations around the USA use different consequences like the loss of privileges, a mat vs. a bed, a simple bed vs. a bunk bed, less storage space, loss of TV privileges, etc.

21. You reference “measures of outcomes and systematic change.” What are these measures and where have they been applied?

- A21- This is a movement that HUD has also adopted. HUD is hoping that all communities are moving this way. For me, I use the following metrics for adult homeless populations:
- reduction of street level homelessness
 - reduction of criminal justice system contacts and jail population
 - reduction of emergency room/department visits
 - graduation rates from the system (not agency level but system level)
 - reduction of the relative percent of “chronic” homelessness (using HUD definition)

22. With reference to the potential jail diversion opportunity, you cite first appearance and arraignments for the period of August 16-22 as 419 cases, 70 were homeless and almost all could be diverted to a shelter.

- a. Please provide the source data and basis for the referenced estimates. We have identified 448 first appearances, 57 homeless and 32 potential diversions
- b. Please clarify who is in the “house separation” category.

- A22- The data was gathered by Judge Belle Schumann and reviewed by me. I think the data differences can be reconciled when understanding three methodological issues:
- 1- Judge Schumann counted a person only once (not twice) if the person appeared before her twice in the same week for the same case.
 - 2- “Homelessness” was determined by the arrest affidavits not by the addresses presented on IDs (since addresses listed on identification cards and driver licences are often incorrect for individuals experiencing homelessness). When the listed address on the arrest affidavit was inconclusive, a determination of “homelessness” was made via direct inquiry by the Judge.
 - 3- Excluded from the data was anyone charged with a felony, even if they were homeless.

House separations are people who are charged with an offense, usually domestic violence battery, where they ordinarily reside with the alleged victim, but were ordered by the court to have no contact with the alleged victim during the pendency of the case as a condition of pretrial release. This order requires the person to leave their domicile, at least temporarily. People in this category were not included in the data, although they could be otherwise qualified to stay at the proposed shelter.