SEARCHING OUT SOLUTIONS

Constructive Alternatives to the Criminalization of Homelessness

United States Interagency
Council on Homelessness

2012

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Executive Summary

In recent years, the United States has seen the proliferation of local measures to criminalize "acts of living" laws that prohibit sleeping, eating, sitting, or panhandling in public spaces. City, town, and county officials are turning to criminalization measures in an effort to broadcast a zero-tolerance approach to street homelessness and to temporarily reduce the visibility of homelessness in their communities. Although individuals experiencing homelessness should be afforded the same dignity, compassion, and support provided to others, criminalization policies further marginalize men and women who are experiencing homelessness, fuel inflammatory attitudes, and may even unduly restrict constitutionally protected liberties. Moreover, there is ample evidence that alternatives to criminalization policies can adequately balance the needs of all parties. Community residents, government agencies, businesses, and men and women who are experiencing homelessness are better served by solutions that do not marginalize people experiencing homelessness, but rather strike at the core factors contributing to homelessness.

Criminalization policies are costly and consume substantial state and local resources. In today's economic climate, it is important for state, county, and local entities to invest in programs that work rather than spend money on activities that are unlikely to achieve the desired result and which may, in some cases, open the jurisdiction to liability. In addition to the increase in public resources used to carry out these criminalization measures, Individuals who are arrested or fined for "act of living" crimes in public spaces now have a criminal record; resulting in barriers to work, and difficulty in receiving mainstream services and housing that often bar individuals with criminal histories. These policies are a temporary solution to street homelessness and create greater barriers for these individuals to exit homelessness successfully, providing neither a permanent or sustainable solution to homelessness.

The federal government has an important responsibility to provide leadership, share best practices, and provide technical support to localities in their efforts to find constructive ways of addressing the needs of individuals experiencing homelessness. Specifically, the 2009 HEARTH Act charged the United States Interagency Council on Homelessness (USICH) with "develop[ing] alternatives to laws and policies that prohibit sleeping, eating, sitting, resting, or lying in public spaces when there are no suitable alternatives, result in the destruction of property belonging to people experiencing homelessness without due process, or are selectively enforced against people experiencing homelessness." One of the strategies of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* is to reduce criminalization of homelessness by defining constructive approaches to address street homelessness and considering incentives to urge cities to adopt these practices.

The alternatives to criminalization policies identified in this report have been effective in reducing and preventing homelessness in several cities around the country. These solutions can be relatively inexpensive to implement, result in overall cost-savings, and have a lasting positive impact on the quality of life for individuals experiencing homelessness and the larger community.

In December 2010, USICH and the Access to Justice Initiative of the U.S Department of Justice (DOJ), with support from the Department of Housing and Urban Development (HUD), held a summit on the development of constructive alternatives to the criminalization of homelessness, titled *Searching for Balance: Civic Engagement in Communities Responding to Homelessness* (hereinafter "Searching for Balance Summit*")*. A list of the December 2010 Summit participants is attached as Appendix III.

The Searching for Balance Summit engaged a variety of community stakeholders, including city and county government officials, police officers, business improvement district leaders, court officials, health providers, Continuum of Care representatives, national advocates, federal partners, and men and women who have experienced homelessness. The day-long forum resulted in several recommended alternatives to criminalization, characterized by three overarching themes:

I. Creation of Comprehensive and Seamless Systems of Care
II. Collaboration among Law Enforcement and Behavioral Health and Social Service Providers
III. Alternative Justice System Strategies

This report explores the themes and solutions that were identified at the Searching for Balance Summit. It also chronicles the experiences of several local communities in their endeavors to develop programs that treat individuals experiencing homelessness with dignity and respect, while simultaneously meeting the needs of community safety and maintaining civic order. Community leaders who are exploring constructive alternatives to criminalization will want to consider the strategies discussed within each of the three solution sections and select the appropriate combination of strategies to craft an approach that best addresses their community's needs. Though presented in three themes, the solutions proposed are interrelated and reinforcing.

Many successful strategies were identified during the Searching for Balance Summit, but communitywide engagement emerged as a common thread among all of them. The needs of all parties must be considered in the development of solutions for individuals experiencing homelessness. The Searching for Balance Summit participants emphasized: (1) collaboration across all sectors including the alignment and sharing of resources; (2) developing and implementing strategic plans to end homelessness (sometimes referred to as Ten Year Plans to End Homelessness); and (3) implementing only proven or promising practices. Success turns on a willingness to consider multiple perspectives and balance competing needs, openness to new partnerships and new approaches, and a readiness to commit and pool resources to fund solutions.

Solution I: The creation of comprehensive and seamless systems of care that combine housing with behavioral health and social service supports have been shown to prevent and end homelessness.

Communities around the country have been working in partnership with the federal government to develop comprehensive systems of care that can effectively prevent and end homelessness. In an effort to address duplication of activities, gaps in service delivery, and costly use of emergency systems as safety nets, many local partners developed a host of combined housing and service programs. [1] These combined housing and service strategies, supported by communitywide involvement in planning and implementation, have proven to achieve long-term reductions in street homelessness and connect individuals with benefits and services that improve stability.[2]

Potential solutions include:

- Develop and implement communitywide plans to end homelessness that bring together a variety of stakeholders such as consumers, businesses, law enforcement, mayors and other city/town officials, schools, philanthropy, and community members to create collaborative and innovative solutions
- Develop "Housing First" permanent supportive housing to provide persons experiencing chronic homelessness immediate options, directly reducing the number of people living in public spaces
- Ensure 24-hour access to shelters and/or services that offer alternatives to living in public spaces and access to services that meet the basic needs of individuals experiencing homelessness in order to reduce visible street homelessness and contribute to reductions in homelessness

[1] Jennifer Perlman and John Parvensky. *Denver Housing First Collaborative Cost Benefit Analysis and Program Outcomes Report.* Denver, CO: Colorado Coalition for the Homeless. (December 2006).
[2] U.S. Department of Housing and Urban Development*, 2010 Annual Homeless Assessment Report (AHAR)*, (July 2011).
Martha Burt et al. *Strategies for Reducing Chronic Street Homelessness: Final Report.* Washington, DC:
U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (January 2004).

- Create street outreach teams and provide safe havens to help chronically homeless individuals exit the streets
- Employ communitywide collaboration through education, volunteerism and donations to provide solutions to homelessness
- Coordinate food sharing activities and set uniform standards for the preparation and distribution of food that promote access to food.
- Improve access to mainstream benefit programs (SNAP, Medicaid, SSI/SSDI) by ensuring all those eligible receive benefits through streamlining application processes for multiple benefit programs and enhanced outreach by service providers

Solution II: Collaboration between law enforcement and behavioral health and social service providers results in tailored interventions that connect people with housing, services, and treatment and meet the community's goal of reducing the number of people inhabiting public spaces.

Local and county governments frequently devote significant resources to deploying law enforcement to disperse people experiencing homelessness from public spaces; however, these interventions do little to stop the cycle of homelessness. Law enforcement engagement not only provides a temporary solution to the problem, it contributes to a culture of distrust, pitting individuals experiencing homelessness against the broader community. Further, police action to move or arrest people experiencing homelessness is rarely effective because those who sleep unsheltered on the streets are often chronically homeless with no access to housing and have underlying mental health issues and other disabilities. It is not a solution to force someone to move when they have nowhere else to go; but in many cities police do not have the tools they need to offer solutions – they can only disperse or arrest.

In some instances, disperse or arrest activities subject police and sheriff departments to civil rights lawsuits brought by parties aggrieved by forcible removal actions.

Potential solutions include the following:

- Outreach and engagement involving police and service provider collaboration to link people with supportive housing and avoid their arrest
- Cross-training of police officers and service providers to facilitate information sharing and promote ongoing coordination
- Crisis Intervention Teams (CIT) with specially trained police officers working with behavioral health professionals to respond to crises involving people with mental illness

Solution III: Implementation of alternative justice system strategies can reduce homeless involvement with the criminal justice system, decrease recidivism, and facilitate connection with other systems of care.

People experiencing homelessness often struggle with a variety of legal problems that interfere with their ability to find employment, access benefits, and obtain housing. Additionally, mental illness, substance abuse disorders, and logistical difficulties, such as lack of transportation and inability to store or retrieve personal records, as well as the daily search to meet basic needs, present substantial barriers to complying with court orders and paying applicable fines. For those incarcerated in prisons or jails, release into homelessness is strongly correlated with recidivism. The cost to public systems is substantial, as a small number of individuals absorb significant amounts of limited resources as they cycle through jails and prisons to shelters, emergency rooms, and mental health crisis centers without ever receiving the level of care and treatment needed to resolve their underlying problems.

Potential solutions include the following:

- Problem-solving courts, including homeless courts, mental health courts, drug courts and Veterans courts, that focus on the underlying causes of illegal activities with the intention of reducing recidivism and encouraging reintegration into society
- Citation dismissal programs that allow individuals who are homeless with low-level infractions to participate in service or diversion programs or link them with appropriate services in lieu of paying a fine
- Create holistic public defender offices, enabling them to provide a range of social services in addition to standard legal services for populations with special needs
- Volunteer legal projects and pro bono attorneys that provide essential legal services for homeless populations and for the agencies serving them
- Reentry or transition planning to prepare people in prison or jails to return to the community by linking them to housing and needed services and treatment
- Reentry housing, specialized housing with support services tailored to the needs of ex-offenders, designed to help them make a successful transition from incarceration back to the community
- Reentry employment, transitional work and supportive employment services to individuals shortly after their release from jail/prison.

USICH will continue to facilitate dialogue and investigate constructive alternatives to criminalization measures at all levels of government. At the Federal level, agencies can provide leadership and technical assistance to encourage communitywide collaboration, partnerships and needed coordination on the ground. Participants at the Summit noted that legislative action could also be taken, recommending that Congress ensure that funding streams that support law enforcement activities are not allowed to support activities that criminalize the basic life activities of people experiencing homelessness.

We are enthusiastic about the promising approaches identified in this report and eager to support the efforts of local communities who are moving beyond marginalization to instead answer the needs of individuals experiencing homelessness.

Introduction

Homelessness in America

Homelessness continues to be a grave national problem, with an estimated 649,917 people without a place to call home on any given night and more than 1.59 million spent at least one night in emergency shelter or transitional housing over the past year. Almost half of individuals counted on a single night experiencing homelessness were chronically homeless and unsheltered—sleeping on the streets, in their cars, in abandoned buildings, or in other places not meant for human habitation.[3]

The current economic recession and foreclosure crisis exacerbate the problem of homelessness, threatening to push these numbers even higher, as they have resulted in federal, state and local budgetary limitations that undercut the ability of communities to provide the adequate housing and services needed to prevent and end homelessness. The 2010 Hunger and Homelessness Survey conducted by the U.S. Conference of Mayors documents increases in need that outpace local resources: [4]

- 52% of cities surveyed reported an increase in the number of people experiencing homelessness over the past year; 64% of cities reported having to turn people away from shelters
- Officials estimate that 27% of persons who are homeless in survey cities who needed assistance in the past year did not receive it
- There continues to be an annual increase in the demand for hunger assistance: in 2010, there was a 24% increase in demand

Notwithstanding the growing need, the nation's fiscal crisis has led to states and localities reducing or eliminating funding for key services that prevent and end homelessness. Most communities today lack adequate shelter and housing, therefore, people experiencing homelessness inhabit public spaces, including parks, transportation underpasses, and city centers.

Individuals experiencing street homelessness in public places fall into different categories regarding access to shelter. Some individuals are entirely unsheltered— or chronically homeless— due to lack of shelter space or inability or unwillingness to access shelter. Many individuals who are currently unsheltered also have mental disorders or serious disabilities that have gone untreated due to lack of access to behavioral and physical health services. Others who inhabit public spaces are experiencing "sheltered homelessness." They reside in night-time only shelters and have nowhere else to go during the day other than public spaces. Finally, there are individuals who are experiencing sheltered homeless who have access to 24-hour shelters but elect to occupy

Street vs. Chronic Homelessness Definitions

- Chronic homelessness
  - Unaccompanied
  - Disabling condition and
  - Homeless continuously one year or more, or four or more episodes in the past three years.

With implementation of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, this definition now includes families with children.

- Street homelessness

People who are unsheltered, who live on the street, camp outdoors, or live in cars or abandoned buildings (not in shelter or transitional housing).

[3] U.S. Department of Housing and Urban Development, *2010 Annual Homeless Assessment Report (AHAR)*, (July 2011).
[4] U.S. Conference of Mayors, *2010 Hunger and Homelessness Survey*, (December 2010).

public space. All men, women, and children who experience homelessness have basic needs including food, clean water, laundry, restroom facilities, and privacy to rest or sleep.

Criminalization Undermines Real Solutions

Reflecting the frustration of business owners, community residents, and civic leaders who feel that street homelessness infringes on the safety, attractiveness and livability of their cities, some communities around the country are using, or considering using, the criminal justice system to minimize the visibility of people experiencing homelessness. In these instances, formal and informal law enforcement policies are adopted to limit where individuals who experience homelessness can congregate, and punish those who engage in life-sustaining or natural human activities in public spaces. Examples of such criminalization strategies include the following:[5]

- Legislation that makes it illegal to sleep, sit, or store personal belongings in public spaces
- Ordinances that punish people for begging or panhandling in order to move people who are poor or homeless out of a city or downtown area
- Local measures which ban or limit food distribution in public places in an attempt to curb the congregation of individuals who are homeless
- Sweeps of areas in which people who are homeless are living in order to drive them out of those areas
- Selective enforcement of neutral laws such as jaywalking, loitering, and open container laws against people who are homeless
- Public health ordinances related to public activities and hygiene (e.g. public urination) regardless of whether public facilities are available

These law enforcement measures do not solve the underlying causes of the problem. These measures punish people who currently live on the street and do nothing to reduce the factors contributing to homelessness. Rather than helping people to regain housing, obtain employment, or access needed treatment and services, criminalization creates a costly revolving door that circulates individuals experiencing homelessness from the street to the criminal justice system and back.[6] Sweeps can also result in the destruction of the personal property of people experiencing homelessness, including identification documents and medication. It can be much more difficult to secure employment, benefits, and housing with a criminal record. Many of these measures include criminal penalties for their violation; therefore, they actually exacerbate the problem by adding additional obstacles to overcoming homelessness.[7] In addition, these measures are costly, using critical public resources for law enforcement activities.

Class actions brought on behalf of individuals experiencing homelessness and service providers have successfully challenged criminalization ordinances and food sharing prohibitions in federal court. For example, ordinances that place restrictions on begging have been in some cases found to violate the individual's First Amendment right of

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[5] The National Law Center on Homelessness and Poverty and the National Coalition for the Homeless, *Homes Not Handcuffs: The Criminalization of Homelessness in U.S. Cities*, (July 2009).

[6] Caterina Roman and Jeremy Travis, *Taking Stock: Housing, Homelessness and Prisoner Reentry,* The Urban Institute, (March 2004).

[7] The National Law Center on Homelessness and Poverty and the National Coalition for the Homeless, *Homes Not Handcuffs: The Criminalization of Homelessness in U.S. Cities*, (July 2009).

expression or speech. Homeless individuals who have been forced to leave an area or whose belongings have been confiscated by law enforcement during sweeps of homeless encampments have successfully brought civil rights challenges on the grounds that law enforcement violated their Fourth Amendment rights to be free from unreasonable search and seizure and their due process rights. The Fourth Amendment also serves as a basis to challenge government actors who confiscate an individuals' property during sweeps and either destroy, or fail to provide meaningful procedures to reclaim seized property.[8] Laws imposing criminal penalties for engaging in necessary life activities when there are no other public options that exist have been found to violate the Eighth Amendment.[9] Certain loitering and vagrancy measures have also been struck down for vagueness. In addition to violating domestic law, criminalization measures may also violate international human rights law, specifically the Convention Against Torture and the International Covenant on Civil and Political Rights.[10] Therefore, enforcement of these laws can open jurisdictions to extended and costly litigation.

Unfortunately, the prevalence of criminalization measures in communities across the nation is growing. The National Law Center on Homelessness and Poverty and the National Coalition for the Homeless document the following increases in these measures from 2006 - 2009: [11]

- 7% increase in laws prohibiting "camping" in particular public places
- 11% increase in laws prohibiting loitering in particular public places
- 6% increase in laws prohibiting begging in particular public places and a 5% increase in laws prohibiting aggressive panhandling

Individuals experiencing homelessness need responses that go beyond criminalization. This report examines long-lasting, community-based solutions to help individuals experiencing homelessness transition to housing and stability.

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[8] See*, e.g.*, *Pottinger v. City of Miami*, 810 F. Supp. 1551 (S.D. Fla. 1992) (holding that sweeps and ensuing property destruction violated homeless individuals due process and Fourth Amendment rights); *Johnson v. Board of Police Comm'rs*, 351 F. Supp. 2d 929 (E.D. Mo. 2004) (enjoining the intimidation, arrest, and relocation of homeless individuals who were lawfully in public areas as part of efforts to "clean up" downtown St. Louis); *Kincaid v. Fresno*, 2006 WL 3542732 (E.D. Cal. Dec. 8, 2006) (holding that seizing and immediately destroying property of homeless individuals arrested in parks violated their due process rights).

[9] J.M. Charles. "America's lost cause: The unconstitutionality of criminalizing our country's homeless population." (Public Interest Law Journal: 2009) 18, 315–346, *available at* http://www.bu.edu/law/central/jd/organizations/journals/pilj/vol18no2/documents/18-2CharlesNote.pdf

[10] The National Law Center on Homelessness and Poverty and the National Coalition for the Homeless, *Homes Not Handcuffs: The Criminalization of Homelessness in U.S. Cities*, (July 2009). p. 26
See International Covenant on Civil and Political Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, *entered into force* Mar. 23, 1976 [hereinafter "ICCPR"]; Universal Declaration of Human Rights, G.A. res. 217A (III), U.N. Doc A/810 at 71 (1948).

[11] The National Law Center on Homelessness and Poverty and the National Coalition for the Homeless, *Homes Not Handcuffs: The Criminalization of Homelessness in U.S. Cities*, (July 2009).

The Search for Constructive Alternatives

Even as local communities are struggling with these issues, recent federal legislation has called for the development of constructive alternatives to criminalization. The 2009 HEARTH Act identified the problem of criminalizing activities required for survival by those living on the streets, and required USICH to "develop constructive alternatives to criminalizing homelessness and laws and policies that prohibit sleeping, feeding, sitting, resting, or lying in public spaces when there are no suitable alternatives, result in the destruction of a homeless person's property without due process, or are selectively enforced against homeless persons."[12]

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, which was released in June of 2010, identifies the need to find solutions to this problem.[13] Objective 9 is to "Advance health and housing stability for people experiencing homelessness that have frequent contact with hospitals and criminal justice." A key strategy to achieve this objective is to "Reduce criminalization of homelessness by defining constructive approaches to street homelessness and considering incentives to urge cities to adopt these practices."

In December 2010, USICH and the Access to Justice Initiative of DOJ, with support from HUD, held a summit on the development of constructive alternatives to the criminalization of homelessness, entitled *Searching for Balance: Civic Engagement in Communities Responding to Homelessness (hereinafter* "Searching for Balance Summit*")*. A list of the Searching for Balance Summit participants is attached as Appendix I.

The Searching for Balance Summit engaged a variety of community stakeholders and perspectives, including city and county government officials, police officers, business improvement district leaders, court officials, health providers, Continuum of Care representatives, national advocates, federal partners, and men and women who have experienced homelessness. The day-long forum resulted in several recommended alternatives to criminalization. The discussions were centered around four overarching themes: Policing and Outreach Strategies; the Justice System; Seamless Systems of Care; and Coordinated Volunteerism.

This report explores the solutions that were identified at the Searching for Balance Summit. It also chronicles the experiences of several local communities in their efforts to develop programs that treat individuals experiencing homelessness with dignity and respect, while meeting the needs of community safety and maintaining civic order. Each chapter lays out background information on the problem, identifies potential strategies, and highlights successful local examples. Key benefits are highlighted along with the challenges to implementation. Each section concludes with an overview of resources related to the solutions proposed. These proposed solutions are interrelated and reinforce each other. Communities looking to develop and implement constructive alternatives to criminalization will want to consider strategies under all three chapters and mix and match as appropriate.[14]

The need to engage broad sectors of the community in policies that provide constructive alternatives to criminalization is a common theme to each of the solutions described in this report. By taking into account multiple viewpoints and gaining the benefit of new ideas and perspectives, several communities have implemented solutions

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[12] *Available at* http://www.hudhre.info/documents/S896HEARTHAct.pdf.

[13] United States Interagency Council on Homelessness. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. (Washington, DC 2010). *available at* http://www.usich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf

[14] Potential solutions, challenges, and priorities were largely taken from the discussion groups at the Summit. See Appendix II for details on participants' discussion points.

that both help people who are homeless and address the concerns of the broader community. Some of these solutions involve partnerships among sectors that have not previously worked together, some involve new programs and services funded all or in part by businesses and community associations, and some involve the donation of volunteer time and expertise by members of the community as leaders of coalitions or providers of needed skills or services. All involve communitywide collaboration, openness to innovation, and a commitment to real solutions to underlying problems rather than to short-term fixes.

This report is intended to be a resource both to inform further federal activity as well as guide local government officials, advocates, practitioners, and individuals who seek to develop constructive alternatives to the criminalization of homelessness.

Solution I: Comprehensive and Seamless Systems of Care

The creation of comprehensive and seamless systems of care that combine housing with behavioral health and social service supports have been shown to prevent and end homelessness.

Background

Individuals who are experiencing homelessness often inhabit public spaces, such as parks, city centers, and underpasses when they are unable to access affordable housing and key behavioral health and support services to help them regain stability. The presence of individuals experiencing homelessness in public spaces can result in friction with other members of the community who may view the circumstances of homelessness as a threat to public safety, business, or the general enjoyment of public areas. Resolving the problem of homelessness requires increasing the availability of affordable housing stock, access to rental and community-based housing, access to food and other mainstream benefits, and providing treatment and services at levels sufficient to meet demand.

The U.S. Department of Agriculture (USDA) reported that more than 48.8 million Americans lived in food-insecure households, relatively unchanged from 2009. The 2010 Hunger and Homelessness Survey conducted by the U.S. Conference of Mayors reported a 24 percent average increase in demand for hunger assistance.[15] In response to this continued need for consistent meals among those experiencing homelessness, many individuals, organizations, and faith-based groups spend time, energy, and other resources collecting and distributing food to those who are hungry; however, these activities have become a point of conflict in some communities where leaders and residents believe that food distribution sites can become a magnet for people experiencing homelessness and can negatively impact the enjoyment of public spaces. As a result, communities have begun to restrict food sharing activities through ordinances, policies, and other measures to penalize those providing food; nevertheless, there are ways to mitigate both the restrictions of food sharing activities and the community tensions surrounding these activities.

Several communities around the country have partnered with the federal government to develop comprehensive responses in an effort to prevent and end homelessness. Many cities have found that systematic approaches targeted at the most vulnerable and at-risk subgroups can provide lasting solutions to homelessness while saving law enforcement, health care, and criminal justice dollars. Comprehensive systems of care are often based upon communitywide strategic planning efforts to coordinate services and target particular populations, and agreements to collect data across agencies and jurisdictions in order to evaluate and refine programs. Full community engagement is central to comprehensive systems of care to address homelessness. Therefore, city and county officials work closely with business groups, faith-based organizations, foundations, community-based organizations, and individual residents to engage their input, financial support, in-kind services, and volunteer capacity.

Potential Strategies

1. Develop and Implement Communitywide Plans to End Homelessness: Many communities have brought together multiple public and private agencies and other key players to develop strategic plans to end homelessness in their areas. To be most effective, strategic planning and implementation of plans requires extending stakeholder involvement beyond the "usual suspects" to include consumers, businesses, law enforcement, schools, mayors and other city/town officials, philanthropy, and community members. Proper planning does not need to be complex, but should include communitywide responses that account for the

[15] U.S. Conference of Mayors. *2010 Hunger and Homelessness Assessment Report.* (December 2010).

concerns of businesses and the community in identifying innovative solutions to effectively meet the needs of people who are experiencing homelessness. Such strategic planning can also highlight and address gaps in housing and mainstream service systems, identify opportunities to enhance service delivery, reduce duplication of services, remove systemic barriers to housing service access by streamlining and coordinating services and systems, and identify new volunteer and funding resources.

Effectively meeting the needs of people experiencing homelessness also requires integration and coordination of data and services between multiple systems, including homeless services, law enforcement, courts, corrections, health care, social services, and behavioral health care. Homeless Management Information Systems (HMIS) are data collection systems that can analyze the characteristics, needs and service utilization of people who are homeless or at-risk on a communitywide basis. System-wide data collection and evaluation is essential to the creation and operation of seamless systems of care. The information compiled through HMIS enables a community to assess which services are most effective, and provides a better picture of the overall need. This information can guide planning and program development, as well as inform decisions about where to invest limited resources. Data collection on program performance can also help make the case for program continuation and expansion by documenting not only positive client outcomes but also cost-savings to other systems.

2. Develop "Housing First" Permanent Supportive Housing: Permanent supportive housing has been proven to provide a long-term solution for those experiencing chronic homelessness. Supportive housing can be provided through three primary strategies: 1) pairing a rental subsidy with committed services; 2) building new or rehabilitate units at a single site and providing a rental subsidy and on-site services; or 3) setting aside units within an affordable housing community and providing a rental subsidy with on-site supportive services. Supportive housing is most cost-effective when it is targeted to people with the most extensive needs, including individuals with mental illness, chemical dependency, HIV/AIDS, and other co-occurring conditions that incur high costs in the public sector.

   The most effective type of supportive housing utilizes the Housing First model which seeks to "screen in" rather than "screen out" individuals with substance abuse and mental illness that may not be eligible to receive housing assistance in other programs. These models move hard to house individuals into permanent housing quickly and can then provide intensive supportive services to help these individuals achieve and maintain housing stability.[16]

Permanent Supportive Housing Diverts Individuals Experiencing Homelessness from the Criminal Justice System

In a study by the Heartland Alliance released in 2009 that followed high-users of public services before and after supportive housing placement, the impact on the criminal justice system was pronounced. In the previous two years before entering supportive housing, overnight stays in prisons ranged from 2 to 328 days for the group sampled. After being placed in permanent supportive housing, there were no overnight prison stays among the sample for two years. This reduction saved roughly $215,000 in two years. Permanent supportive housing interventions saved the county jail system over $27,000.

[16] Heartland Alliance Mid-America Institute on Poverty. *Supportive Housing Means Less Time in Mental Health Hospitals, Nursing Homes, Prisons*, (April 2009). http://www.heartlandalliance.org/whatwedo/advocacy/reports/supportive-housing-illinois.html

3. Ensure 24-hour Access to Emergency Shelter: Providing individuals access to 24-hour shelter with transitional services such as rapid-re-housing, health care, and income support enables individuals to transition from the street and begin the process of gaining stability at any time. This also limits homelessness in public spaces, which occurs when shelters are only open at night. For those experiencing street homelessness, having access to shelter around the clock enables individuals to meet basic needs quickly and to start working with case managers to find solutions to housing instability or acute health or mental health needs. It is also important that among shelter options, some beds should be designated as low-barrier, or not require sobriety or psychiatric compliance to enter. Many of the programs that operate 24-hour shelters also have further transitional services to ensure individuals do not return to the streets. Case managers work within a network of community providers to secure housing units and provide supportive services. This option adds a critical step in a community's crisis response system, as the goal is to prevent homelessness and rapidly return people who experience homelessness to stable housing.

4. Create Street Outreach Teams and Provide Safe Havens: Street outreach paired with transitional services that are focused on rapid re-housing, in permanent housing or supportive housing is often the first way that individuals with high barriers exit the streets. This intervention is especially pertinent for those who have difficulty entering a shelter for a number of reasons, such as untreated mental health issues, substance use disorders, or public inebriation. Street outreach is paired, at times, with "safe havens"– small dormitory-style residences that serve as entry-level housing for those who are too vulnerable or fragile to enter a larger shelter, yet need a safe environment until their housing unit is available. This style of residence also delivers medical care, case management, recovery, and other supportive services for individuals.

5. Communitywide Collaboration through Education, Volunteerism and Donations: Providing solutions to homelessness requires support and assistance from the full community. Public education and awareness campaigns can help to build such support by raising the profile of the factors contributing to homelessness and encouraging community members to invest in targeted solutions. Public awareness campaigns may include community service days, fundraising events, or volunteer and donation clearing houses. Volunteers are recruited to partner with government agencies, nonprofits, and businesses to provide comprehensive health and human services in one location to people experiencing homelessness. Services provided can include haircuts, health and behavioral health screening and treatment, eye exams and eye glasses, mail services, food, hygiene products, benefits advocacy, legal advice, employment services, and dental care. Volunteer staffing provides an opportunity not only to enhance the assistance available through the public and non-profit service providers, but also to catalyze new partnerships and increase community involvement and understanding of solutions to homelessness.

6. Communitywide Coordination of Food Sharing: Communities can work to better organize existing volunteer food distribution efforts by coordinating disjointed programs, setting uniform standards that promote and do not unduly limit access to food for preparation or distribution, and establishing core locations for food distribution. Sometimes led by a public/private task force or by volunteer agencies such as the United Way, these efforts seek to develop win-win solutions that meet the needs of businesses, communities, and individuals by setting expectations and providing access to all in need of food.

7. Improve Access to Mainstream Benefits for Persons Experiencing Homelessness: Connecting those currently experiencing homelessness with a full range of benefits for which they are eligible is one important facet of a system of care. Mainstream benefits play an important role in supplementing household income and provide health care, work supports, and hunger assistance. While a number of individuals experiencing homelessness are eligible for these benefits, many do not access the full range of benefits for which they are eligible. Summit participants perceived that this is due to complicated applications procedures and a fragmented service delivery system. Strategies that streamline the application process and make it easier for individuals to receive these benefits in a timely manner will go a long way to supplement the limited resources for targeted homeless assistance programs.

Examples

Develop and Implement Communitywide Plans to End Homelessness

- The Ten (10) Year Plan to End Homelessness in Denver, Colorado, known as *Denver's Road Home*, is a national model for communitywide partnership and planning to end homelessness. *Denver's Road Home* takes a comprehensive approach to ending homelessness that blends Housing First solutions with responsibility, self-reliance, and accountability. With the participation of hundreds of stakeholders, this regional effort transitions people in need from shelters and into housing, provides rental assistance to prevent individuals and families from falling into homelessness, and includes private sector support to provide employment placement assistance. Expansion of housing stock rather than shelter beds is central to *Denver's Road Home* and the program has created nearly 2,000 new units of housing since 2005. http://www.denversroadhome.org/.

- *The Health, Housing & Integrated Services Network in the San Francisco, California Bay Area* created integrated service teams to coordinate the delivery of health, mental health, substance use, employment, and social services within permanent supportive housing for people who are homeless. Although this initiative no longer operates in this format, the majority of the elements of this network have been incorporated into more than one program in the California Bay area. The network model, as originally conceived, is an excellent example of a homeless-specific system of care that is coordinated at a housing site. This innovation has now evolved to include mobile teams that go to the housing site to provide services, as well as off-site services that housing residents access through transportation teams. Currently, CSH is working with Federally Qualified Health Center partners and case managers in programs to ensure holistic health care services and connection to benefits for those experiencing homelessness. This collaboration enables resources from across the community and funds from federal sources in the FQHC program to serve those least likely to receive consistent care. Critical to the program's success is a sustained effort to demonstrate cost savings to the mainstream health, social service, and criminal justice systems that result from delivering services with those that manage supportive housing. http://documents.csh.org/documents/ca/IntegratingHealthReport_FINAL.pdf

- *The Chicago Housing for Health Partnership* (CHHP) is a hospital-to-housing effort that identifies chronically ill individuals who are homeless at hospitals, places them in permanent supportive housing, and provides intensive case management services so that they can maintain their health and secure long-term housing stability. The program is a response to the reality that too often hospitals discharge patients experiencing homelessness to overnight shelters and that the energies of those that are chronically ill are best focused on healing rather than searching for housing each night. This innovative collaborative of health care, outreach, and housing providers improves the continuity of care and enhances outcomes for this high-risk group of individuals experiencing homelessness. http://www.healthtrust.net/index.php?option=com_content&task=view&id=32&Itemid=64

- *Massachusetts Housing and Shelter Alliance* organizes programs throughout the state that supported the development of a statewide Homeless Management Information System (HMIS). HMIS data enables service providers to help prevent homelessness by tracking discharges of persons from various state systems of care, and supports policy changes by providing quantifiable data to compare the cost of interventions with the cost of emergency services, and to monitor state progress toward the goals in its strategic plan to end homelessness. http://www.mhsa.net/matriarch/default.asp

- The *Continuum of Care in St. Louis, Missouri* uses the Homeless Missourian Information System which is an on-line database that links individuals with needed welfare, health care, mental health care, substance use disorder treatment, and Veteran's assistance. Case managers complete a special assessment tool which the HMIS system analyzes and provides a summary of mainstream benefits for which the household is eligible. The system can also provide a print out of a list of locations where assistance is available and can specify what documents will be required to apply for assistance. http://stlouis-mo.gov/government/departments/human-services/homeless-services/continuum-of-care/

Develop Housing First Permanent Supportive Housing

- *100,000 Homes Campaign*, a project of the nonprofit organization Community Solutions, utilizes a model that quickly identifies those most vulnerable and most costly to public systems, and rapidly houses them using a Housing First approach. The 100,000 Homes Campaign focuses on housing individuals or families who are experiencing chronic homelessness and who are often living in unsheltered situations. The campaign provides tools to help communities develop innovative and specific solutions to the experience of homelessness in their areas. A local registry team of volunteers is created to go into the community and register every individual experiencing homelessness based on a vulnerability index. This vulnerability index determines which individuals have the most acute or life threatening needs, and identifies those with chronic disabilities or mental illness. The registry team works with local government agencies to determine the supply of supportive housing vouchers or units available within the housing pipeline, and creates Memoranda of Understanding to house individuals identified through this program. Once a unit is identified, the team works with other service providers to align services for those residing in supportive housing units, creating coordinated service delivery methods that work to keep individuals stably housed. www.100khomes.org

- *Permanent Supportive Housing Program of Washington, DC* is a government program administered by the District of Columbia Department of Human Services. This program identifies individuals or families experiencing chronic homelessness who have a history of homelessness and who are living on the streets, in shelters, or other institutions and assesses them according to a vulnerability assessment survey. The survey is administered by a community human/social services provider or social worker from the nonprofit sector who then forwards this eligibility document to the homeless services coordinator in the Department of Human Services. Using the local government's supportive housing stock and its network of case managers to provide services, DHS places individuals or families in long-term housing and connects each to a case manager to coordinate supportive service delivery and ensure successful outcomes. http://dhs.dc.gov/dhs/cwp/view,a,3,q,641329.asp

- *Pathways to Housing, NYC* is a nonprofit organization that is credited with having founded the Housing First model. Pathways to Housing NYC works to house individuals who are currently unsheltered, experiencing chronic homelessness, and who often have mental illness or substance use disorders. Assertive Community Treatment (ACT) teams conduct street outreach to identify high-needs individuals in the community experiencing homelessness. Once identified, individuals work with ACT members to then move into long-term permanent supportive housing. Pathways to Housing NYC staff work with housing providers and local government to secure units individuals can move into without preconditions of psychiatric treatment or sobriety. Upon placement in individual apartments, ACT teams coordinate health, mental health and other services for participants to maintain stability and move participants toward self-sufficiency and healthy outcomes. http://www.pathwaystohousing.org/

- *Rebuilding Lives Initiative, Community Shelter Board, Columbus, OH* is the coordinated initiative of the Community Shelter Board to end all types of homelessness in Franklin County. The Community Shelter Board is a nonprofit organization that works with government, nonprofit, and private partners to achieve the four broad goals of the initiative, one of which focuses on the transition from homelessness to stable housing. Their permanent supportive housing program uses a Housing First model and works with local homeless service providers to identify individuals in need of housing and connects them to a unit, at times bypassing emergency shelter or transitional housing. Working with the Columbus Public Housing Agency and supportive housing developers, "Rebuilding Lives Initiative" has developed or secured over 1,300 units of supportive housing for those in need. Each individual living in supportive housing works with a case manager from a partner service provider organization to address their health, mental health, or other needs in the long-term. http://www.csb.org/?id=how.plan.transition

- *Corporation for Supportive Housing* (CSH) is a national nonprofit organization that provides advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. Focused on solutions to homelessness, CSH has offices in eleven states and the District of Columbia: California, Connecticut, Illinois, Indiana, Michigan, Minnesota, New Jersey, New York, Ohio, Rhode Island, and Texas. Working with local community teams of service providers, private developers and local government, CSH assists in the development of permanent supportive housing units and projects across the country with a broad range of financial and expert resources. CSH can be a resource to communities on a variety of issues, from how to create new permanent supportive housing to developing strategies to stably house ex-offenders.
  www.csh.org

Ensure 24-hour Access to Emergency Shelter

- *Higher Ground Development in Minneapolis, MN* is a collaborative effort headed by Catholic Charities of the Twin Cities to replace the current emergency shelter. This seven story structure will encompass under one roof a 24-hour emergency shelter, units of transitional housing, single room occupancy units and other permanent supportive housing. All residents in each of these programs have access to case management, health care, housing placement service (if not already permanently housed) and clinical services through their network of providers and partners. This enables Higher Ground to move from just a shelter to a coordinated effort between the nonprofit and government sectors to permanent and stably house those that need it most. http://cctwincities.org/higherground

- *Downtown Emergency Services Center (DESC) in Seattle, WA is* a nonprofit organization that provides not only a 24-hour emergency shelter but an array of supportive housing solutions, clinical treatment and outreach programs for those in Seattle living on the streets with persistent mental health or substance use disorders. At shelter intake, people are screened using a vulnerability assessment index and are given a bed based on the severity of their needs. DESC also operates over 1,000 units of supportive housing that many shelter residents transition to after living in the shelter until a unit becomes available. DESC's shelter and supportive housing program uses a Housing First approach and deploys its vast network of community housing resources and referral counselors to ensure individuals are placed in units that meet their needs. In the shelter and in supportive housing, individuals at DESC work extensively with case managers and health professionals to help them achieve stability.
  http://www.desc.org/index.html

- *Heartland Alliance in Chicago, IL* is the largest network of nonprofit programs that focus on housing and human welfare in Chicago. The Alliance provides an array of specialized interim housing for those transitioning out of emergency shelter and also oversees permanent supportive housing projects in the community. Specialized interim housing includes housing for individuals with HIV/AIDS, youth aging out of the foster care system or the juvenile justice system, and those with acute cases of tuberculosis, to name a few. The Alliance also provides rapid re-housing assistance to families who become homeless, partners with the Chicago Housing Authority to provide units for individuals who are experiencing homelessness, and also operates a Housing First supportive housing program for those with co-occurring mental health and substance use disorders. http://www.heartlandalliance.org/whatwedo/our-programs/housing/

- *Central City Concern (CCC) in Portland, OR is* a nonprofit organization dedicated to providing housing, recovery services, and medical care to individuals and families experiencing homelessness who also may suffer from mental health or substance use disorders. CCC has a variety of programs designed to address needs of individuals experiencing homelessness with substance use and mental health disorders – including addiction recovery centers, recuperative care centers for those exiting hospital stays, detoxification centers, a recovery residence for pregnant women and young children, and an integrated healthcare network for those who need immediate care. CCC also works to house those who come to its program, and it currently operates over 1,000 units of housing with supportive services for both individuals and families. Notably, CCC partners with the Portland Police Department, Department of Community Justice, Multnomah County, and community treatment providers to respond to people in need on the street and get them a safe place to get sober and enter the CCC program with a 24-hour shelter.
http://www.centralcityconcern.org/

Create Street Outreach Teams and Provide Safe Havens

- *Maryhaven Engagement Center and Critical Access to Housing in Columbus, OH* is a nonprofit organization that administers a broad range of homeless services from the street to a stable home. Using the resources of Maryhaven's street outreach team or public safety officers, individuals who are experiencing homelessness and who are publicly inebriated are transported to the Maryhaven Engagement Center. The Engagement Center provides refuge for those publicly inebriated and provides medical care 24 hours a day, year-round. The Engagement Center also shelters 50 individuals per night. Maryhaven outreach workers who are part of the Critical Access to Housing program go to the streets to find individuals or families living in places not meant for human habitation and work to find a permanent home for those individuals or families using a Housing First approach. Maryhaven engagement center staff work with the Community Shelter Board's Rebuilding Lives Initiative, which provides a system of transitional and permanent housing for individuals and families brought into the Maryhaven program.
http://www.maryhaven.com/homeless_services.asp

- *Project H.O.M.E. in Philadelphia, PA* is a nonprofit organization offering a full continuum of care for individuals experiencing homelessness. Its street outreach program staff works around the clock on the streets to build trusting relationships with individuals who are often chronically homeless and persuades them to accept placement in an appropriate setting within other city or Project H.O.M.E. housing programs. Project H.O.M.E. also runs two gender-specific safe haven residences that provide an alternative to residing in larger shelters for high-need individuals coming directly from the streets or who need further care to maintain stability. These individuals are often old, frail or unwilling to move into a larger shelter environment due to untreated mental illness, sometimes combined with substance use disorders and poor health. Project H.O.M.E. safe havens provide low-barrier entry into safe environments for individuals who suffer from chronic homelessness. http://www.projecthome.org/services/housing/

- *Common Ground in New York City* is a nonprofit organization that uses street outreach to identify the most vulnerable individuals currently living on the streets. The organization uses a vulnerability index to assess individuals experiencing homelessness and then arranges the most appropriate housing placement for them. Common Ground street outreach workers in Manhattan, Brooklyn and Queens place vulnerable individuals into low-barrier transitional or permanent supportive housing developed by Common Ground. All housing developed by Common Ground is supportive housing and includes case management, recovery services, and other services that promote residents' ability to maintain their housing placement. http://www.commonground.org/

- *Safe Haven Program in New York City* is a program administered by the New York City Department of Homeless Services that works with individuals who are chronically homeless in the five boroughs to provide low-barrier, smaller-scale temporary housing for those with acute needs. Street outreach workers from contracted nonprofit organizations connect with individuals living on the streets to engage them to enter safe havens. Safe havens are residences that use a Housing First approach, have 40 beds each, and are tailored to the needs of individuals who are chronically homeless, and who often have severe mental health or substance use disorders. Through intensive case management, individuals are referred to permanent housing solutions within the existing network of resources in New York City.[17] http://www.nyc.gov/html/dhs/html/home/home.shtml

BronxWorks is a homeless service provider contracted by New York City's Department of Homeless Services to provide street outreach to individuals who are unsheltered and chronically homeless in the Bronx borough and engage them to move into safe havens. New York City has seen a 40% decrease in street homelessness since 2005 and the Bronx has had the most marked decrease – down 80%. Working through the team at BronxWorks, the number of individuals experiencing long-term street homelessness has dropped from 587 people in 2005 to 115 people today.

Communitywide Collaboration through Volunteerism and Donations

- *Stand Down* is a grassroots, community-based intervention program, founded by two Veterans, that is designed to provide support to the more than 60,000 Veterans who experience homelessness on any given night. Stand Down events bring Veterans who are homeless together in a single location for one to three days and provide them access to basic services and community resources to begin to address both combat and non-combat related obstacles to rebuilding their lives. Since its inception in 1988, Stand Down has grown into a nationally replicated model serving tens of thousands of Veterans experiencing homelessness per year. In 2010, more than 160 organizations across the country partnered with local businesses, government agencies, and community and faith-based service providers to hold 81 Stand Down events for homeless Veterans and their families. http://www.va.gov/HOMELESS/StandDown.asp

- *Project Homeless Connect* (PHC) was created by the San Francisco Department of Public Health in 2004. Every two months, over 1,000 community volunteers partner with government agencies, nonprofits, and the private sector to provide a single location with comprehensive health and human services for individuals and families experiencing homelessness. Services vary from dental care, to housing assistance, from information about Social Security benefits to needle exchange and more. As of March 2011, 22,290 Project Homeless Connect volunteers have provided services to more than 32,462 homeless and poor San Franciscans. In response to the growing number of children and youth experiencing homelessness because of the foreclosure crisis and economic downturn, Family Connect recently formed out of PHC. Family

[17] Data on BronxWorks and statistics originally published in "Smaller Shelters and Persuasion Coax Homeless Off Bronx Streets," New York Times. October 18, 2011 available at http://www.nytimes.com/2011/10/18/nyregion/nyc-makes-progress-helping-bronxs-chronic-homeless-adults.html?_r=1&scp=1&sq=BronxWorks&st=cse

Connect brings school districts together with project volunteers to conduct outreach to the over 1,600 homeless students in the public schools system and provides service events for their families. With encouragement and support of USICH, PHC has been replicated in over 260 cities across the United States. http://www.projecthomelessconnect.com/about/

- The *Palo Alto Downtown Streets Team* was created in response to a Business Improvement District survey that identified homelessness and cleanliness as the two biggest issues facing local business owners. It was developed as a way to reduce panhandling, clean and beautify the downtown area, and give people who are homeless the opportunity to work. City officials, law enforcement, local businesses and volunteers join together to provide job opportunities and one-on-one assistance to people experiencing homelessness. Participants clean and sweep streets and business walkways in exchange for vouchers for food, shelter and other services to help them secure permanent employment and housing. Since the program began in 2005, more than 164 men and women have graduated into self-sufficiency. http://www.streetsteam.com/

- *Denver's Road Home*, Denver's 10-Year Plan to End Homelessness**,** includes an aggressive public outreach campaign asking the public to get involved, spread the word, and provide support for the 10-Year Plan. The campaign provides opportunities for Denver's citizens to support the 10-Year Plan in a variety of ways. An easy-to-use website provides updated facts and figures about homelessness in the area. The public is notified of local planning meetings and asked to volunteer services to programs in need and for the annual point-in-time count. Bright red donation meters placed throughout the city have raised more than $100,000 to date for Denver's campaign to end homelessness. http://www.denversroadhome.org/.

- The *United Way of King County, Washington, NYC Service, and DC Cares* all provide centralized volunteer recruitment and placement for public and non-profit agencies. They help pair volunteers who have general and professional skills with a wide variety of agencies, including homeless service providers.

Communitywide Coordination of Food Sharing

- The *City of Cleveland, Ohio* contracts with the Northeast Ohio Coalition for the Homeless (NEOCH) to bring together individuals and organizations that serve food to people experiencing homelessness. Food distributors share best practices and address ways to improve services. The original goal of the project was to develop a single telephone outreach number so that concerned citizens could call an outreach worker in lieu of calling law enforcement about any concerns over an individual experiencing homelessness in a public space. The NEOCH ultimately coordinated what was a disjointed food sharing system by eliminating duplication and securing agreements among food providers to adopt uniform standards on the preparation and distribution of food. The program then aimed to move all food distribution indoors, while still supporting the rights of groups to share food with individuals who would like to eat outside. After adopting uniform standards and addressing gaps in the food provision services, providers agreed to relocate food distribution in exchange for improved access to bathrooms as well as an indoor location during bad weather. http://www.neoch.org/solutions.htm

- *Catalyst Kitchens* is a national network of nonprofit service providers that utilize a job-training and social enterprise model in the food service industry. These kitchens tackle the interrelated problems of homelessness, poor distribution of nutritious food, and lack of accessible training for decent work. Catalyst Kitchens, modeled by FareStart in Seattle and DC Central Kitchen, enroll individuals who have recently been released from prison or jail, those living in poverty, and those experiencing homelessness–all populations with barriers to employment–into their culinary training program. Program participants prepare meals to be served in other nonprofit food distribution centers or through a social enterprise catering program.

Programs in the network train and certify all graduates of their programs with culinary skills and provide other case management to get individuals into stable health and living situations. http://www.catalystkitchens.org/

Improve Access to Mainstream Benefits for People who are Homeless

- *Access to Income Supports: Department of Health and Human Services' Supplemental Security Income/Social Security Disability Income (SSI/SSDI) Outreach, Access and Recovery (SOAR) Initiative* is designed to improve access to SSI and/or SSDI benefits for those experiencing homelessness through outreach and training of service providers and technical assistance. The SSI and SSDI programs provide critical income support for those who meet eligibility requirements. For individuals or families who are homeless, receiving SSI or SSDI is often an important step in improving their life circumstances; however, the combination of disabilities that often include mental health and/or substance abuse problems, and the precariousness of the living situations of individuals who are homeless make it difficult for them to complete the SSI/SSDI application process successfully. One main aspect of the SOAR initiative is the provision of technical and strategic planning assistance to help states develop policies and procedures that will aid individuals who are homeless obtain SSI/SSDI. http://www.prainc.com/soar/

- *The Ohio Benefit Bank (OBB)* is a web-based, counselor-assisted tool that connects people with access to free tax preparation and public benefits, including SNAP, health care coverage under Medicaid/Medicare, home energy help, child care assistance, earned income tax credits, and a range of other benefits. Trained counselors guide clients through a series of questions seeking information for tax returns which enable them to predict eligibility for public benefits. Tax returns and Medicaid applications can be filed electronically through OBB. OBB also includes a module and counselors to help navigate the complicated process of applying for SSI/SSDI benefits. This state wide electronic benefits application and eligibility system has been able to connect Ohioans with over $500 million in benefits since its inception. http://www.thebenefitbank.com/tbboh

Benefits

There are multiple benefits for a community that invests in a comprehensive system of care that provides access to housing with behavioral health and social supports instead of criminalization. Comprehensive systems of care create efficiency of service, facilitate long-term diversion from the criminal justice system, and help to move people off the streets.

Benefits include:

- Reduced duplication, greater efficiency, and enhanced cost effectiveness of services addressing the needs of individuals experiencing homelessness

- Prioritized investment in permanent supportive housing options and increases in the number of individuals and families that return to self-sufficiency and stability

- More effective and appropriate use of emergency rooms, jails, shelters, and other emergency systems

- Reduced numbers of discharges to homelessness from state systems of care

- Improved ability to track the effectiveness of services such that they can be tailored to meet changing needs of people experiencing homelessness
- Efficient targeting of resources available to serve individuals experiencing homelessness
- Greater community sensitivity and improved quality of life for people experiencing homelessness

Challenges

Challenges to implementing these strategies will vary by jurisdiction, but some common and expected challenges include:

- Consistent engagement and long-term commitment of partners to implementing strategic plans to prevent and end homelessness
- Funding for the development of new housing and services and to maintain existing capacity
- Lack of uniform data collection by multiple health, housing and service providers
- Public education to debunk the myths of homelessness and involve more than the “usual suspects," such as business, neighborhood associations, and community based organization
- Recruiting and coordinating volunteers at the level needed to create systems change

Resources: Comprehensive and Seamless Systems of Care

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Solution II: Collaboration between Law Enforcement and Behavioral Health and Social Service Providers

Collaboration between law enforcement and behavioral health and social service providers results in tailored interventions that divert individuals experiencing homelessness out of the criminal justice system, and meets the community's goal of reducing the number of people inhabiting public spaces.

Background

People experiencing street homelessness and living in public encampments are often chronically homeless and suffering from serious disabilities. [18] Many literally have nowhere else to go. [19] Police action to arrest people or force movement to other areas is costly, contributes to distrust and conflict, and is a short-term intervention.[20] Those arrested may return again to the streets, only now with criminal records or outstanding fines. Those who move to other neighborhoods in police sweeps remain on the streets but may lose their personal belongings. Such police action may exacerbate the problem as criminal records and loss of key personal documents can make it even harder for people to leave the streets.[21] In addition, it is burdensome and frustrating for the police who see the same individuals cycling repeatedly through the system without any improvement, despite the significant law enforcement and justice system resources expended.

Potential Strategies

Many cities around the country have seen reductions in the number of people experiencing homelessness and service delivery improvements when police departments, behavioral health, and other service providers work in close collaboration. A primary goal of these integrated efforts is to connect people with housing, health care, and services to get individuals experiencing homelessness off the streets immediately and to enable them to exit homelessness permanently. Such collaborations succeed in reducing the number of arrests for life-sustaining activities, panhandling, and other activities. By working together, service providers and safety officials divert people who are unsheltered to programs that both address the issues that caused their homelessness and facilitate access to permanent housing. In some communities, local business improvement districts have initiated and played an active role in leading local efforts to address street homelessness.

1. *Outreach and Engagement:* The deployment of "outreach teams"—units of behavioral health providers and other service providers—to make contact with people on the streets, in encampments, or wherever they happen to be, is a proven strategy for enabling people to move off the streets. Outreach teams engage people experiencing homelessness on their own terms, and then build trust in order to help them access the

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[18] U.S. Department of Housing and Urban Development*, 2010 Annual Homeless Assessment Report (AHAR)*, (July 2011).

[19] C.L.M. Caton, Wilkins, C. and Anderson, J. "People Who Experience Long Term Homelessness: Characteristics and Interventions. *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research.* U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development. (September 2007).

[20] Lewin Group, *Costs of Serving Homeless Individuals in Nine Cities*, (2004) http://documents.csh.org/documents/ke/csh_lewin2004.PDF.

[21] National Law Center on Homelessness and Poverty. *Criminalizing Crisis: The Criminalization of Homelessness in U.S. Cities.* (Washington, DC: 2011) http://www.nlchp.org/content/pubs/11.14.11%20Criminalization%20Report%20&%20Advocacy%20Manual,%20FINAL1.pdf

assistance they need to leave the streets and enter housing. In some communities, police participate as core members of the team, visiting encampments and other places where people experiencing homelessness congregate. In other instances, police call the outreach team for assistance when they encounter people who are homeless and at-risk of arrest. In all cases, close coordination and communication between the outreach team and the police is essential. Outreach team effectiveness is enhanced when the team has a relationship with housing providers and the ability to refer individuals in need directly to immediately available housing.

2. *Cross-Training of Police Officers and Service Providers:* Cross-training of officers and providers who will interact with individuals experiencing homelessness facilitates needed information sharing, enhances population sensitivity, and promotes ongoing coordination of efforts to address homelessness. Law enforcement officers benefit from training on how to engage with people experiencing homelessness, identify and respond to mental health issues, use crisis intervention techniques and involuntary psychiatric holds, and make appropriate referrals to available housing and service providers. Likewise, service providers benefit from a full understanding of law enforcement protocols in order to address concerns before they rise to the level of law enforcement intervention. These programs allow police and service providers to develop a spectrum of responses to both crisis and non-crisis situations through the sharing of resources and knowledge. They also facilitate improved communication and trust between all parties-the basis for any effective collaboration.

3. *Crisis Intervention Teams (CIT):* The CIT model involves specially trained police officers working with behavioral health professionals to respond to crises involving people with mental illness, some of whom are homeless. Police officers learn to recognize the signs of psychiatric distress and how to de-escalate a crisis. They train in crisis intervention techniques and awareness of existing community resources to divert individuals from jail or arrest into treatment. The CIT teams are designed to improve officer safety, prevent tragic outcomes, reduce arrests of people with serious mental illnesses, identify individuals who need psychiatric care, and get those people into treatment as quickly as possible.

Examples

Outreach and Engagement

- The *Police-Homelessness Outreach Program* (P-HOP) *in Ramsey County, Minnesota* brings outreach workers and police officers together to respond to situations involving people experiencing homelessness. The P-HOP worker is staffed by South Metro Human Services–a non-profit agency that primarily serves clients with mental illness and/or chemical dependency in the community. The P-HOP worker is stationed in a local police station, interfaces with law enforcement, and acts as a liaison to the homeless community. The program includes intensive training and enhances police and community dialogue through "police-provider forums" and monthly breakfast meetings. The team also diligently works with landlords to improve housing access.

- The *Denver Police Department District 6 Homeless Outreach Program* designates a team of two full-time trained officers to work consistently on homeless issues. Calls concerning individuals experiencing homelessness in need of assistance are directed to the team, which works closely with the Colorado Coalition for the Homeless, the Business Improvement District and Denver's Road Home. http://www.denvergov.org/Homeless/tabid/382989/Default.aspx

- The *Downtown Homeless Outreach Team in Washington, DC* is a multi-disciplinary team of outreach workers who engage people who are homeless on the streets of Downtown DC in an effort to improve their situation, including placing them into housing. The outreach team is fully funded by downtown property owners through the Downtown Business Improvement District (BID) and managed by the non-profit

Pathways DC. This collaboration has been mutually beneficial, providing an outreach arm to Pathways DC and street stabilization for the Downtown BID. http://www.downtowndc.org/programs/homeless-services

- In the City of Portland, the Police Bureau has adopted an Administrative Rule that requires them to work closely with JOIN–a non-profit organization-outreach workers, that offers services to individuals and families who are homeless—to provide notice before removing an encampment. The policy requires 24-hour notice posting prior to the removal of camps on public property, with exception for camps on streets, sidewalks, or other areas that create immediate health and safety concerns. Portland Police are required to notify JOIN in an effort to transition them to permanent housing. The Police Bureau provides JOIN notice by telephone or email at the time that they post notice of removal of a camp so that JOIN outreach workers may visit established campsites to try to convince the campers to move to shelters or transitional housing. By providing notice, the police give JOIN outreach workers an opportunity to go to the camp, assess individuals' needs and assist them in avoiding the police's enforcement action. The notice policy, which is largely a local adoption of a state statute governing the enforcement of camping prohibitions on public property, also requires the storage of personal property that has any utility. http://www.joinpdx.com/Outreach.html

Cross Training of Police Officers and Service Providers

- *Homelessness 101* is a police sensitivity training project in Broward County, Florida intended to reinforce the Department's policy on homelessness, raise police officers' awareness to the reality and causes of homelessness, address the most effective intervention techniques, and decrease the number of trespassing arrests for individuals experiencing homelessness in the county. As part of the training, officers receive a list of service agencies with phone numbers. The training is the foundation for joint outreach to people who are homeless conducted by a police officer who is coupled with a Broward Coalition for the Homeless volunteer. Since its inception, the total number of trespassing arrests in Ft. Lauderdale dropped 26 percent.

Crisis Intervention Teams

- The *Memphis Crisis Intervention Team (CIT)*, developed by the police in collaboration with the local chapter of the National Alliance on Mental Illness and two local universities, is a specialized unit that responds to crises involving people with mental illnesses. The CIT is made up of volunteer officers from each Uniform Patrol Precinct who are trained by mental health providers, family advocates, and mental health consumer groups through which the officers learn a variety of de-escalation techniques. In addition to their regular patrol duties, CIT officers are available to provide immediate response to crisis events throughout the city at any time. University of Tennessee studies report that the CIT program has contributed to a decrease in arrest rates for people who are mentally ill, an impressive rate of diversion into the health care system, and a resulting low rate of mental illness in the jails. http://www.memphistn.gov/framework.aspx?page=302

- The *Criminal Mental Health Project (CMHP)* was established in 2000 by the 11th District Judicial Circuit, Miami-Dade County, Florida to divert misdemeanor offenders with severe mental illness (SMI), or co-occurring SMI and substance use disorders, from the criminal justice system into community-based treatment and support services. In the pre-booking program, Crisis Intervention Team officers perform regular duty assignment as patrol officers, but are also trained to respond to calls involving mental health crises. Officers receive 40 hours of specialized training in psychiatric diagnoses, suicide intervention, substance abuse issues, behavioral de-escalation techniques, the role of the family in the care of a person with mental illness, mental health and substance abuse laws; and local resources for those in crisis. This effort works in conjunction with a post-booking diversion program serving individuals who are in jail and awaiting adjudication. For many with SMI or other disorders, placement in a treatment program is a better

solution than entering into the criminal justice system in the short term, as most jails released minor offenders without a place to stay and without proper treatment http://www.jud11.flcourts.org/SCSingle.aspx?pid=285

Benefits

Improving collaboration between the police, social service providers, and mental health providers yields returns for the community while improving service delivery for individuals experiencing homelessness. Solution II strategies provide police with valuable tools to identify the needs of people experiencing homelessness, while leveraging their authority to divert individuals from the criminal system and toward social services that can address the causes of homelessness.

Benefits include

- Diversion from the criminal justice system and reduced costs associated with incidents of arrest.
- More appropriate use of jail and prison space and police time
- Increased knowledge and awareness by law enforcement about available services for people who are homeless
- Increased referrals to mental health systems and permanent supportive housing
- Enhanced communication and coordination between law enforcement and service providers to enable more efficient interventions
- Stronger focus on addressing the underlying causes of homelessness
- Improved officer morale and job satisfaction with more effective use of police time

Challenges

Challenges to implementing these solutions will vary by jurisdiction, but some common and expected challenges include:

- History of distrust between police and providers who see each other as antagonists rather than partners
- Negative attitudes from business and community members about providing services to people living on the streets
- Coordination with community behavioral health services and adequate capacity to provide services beyond initial engagement
- Need for structures and procedures to facilitate cross-system and cross-agency coordination necessary to serve people with multiple needs

Resources: Collaboration between Law Enforcement, Behavioral Health and Social Service Providers

Blasi, G. and the UCLA School of Law Fact Investigation Clinic. "Policing our way out of homelessness? The first year of the Safer Cities Initiative on Skid Row." (2007). A*vailable at* http://cdn.law.ucla.edu/SiteCollectionDocuments/missing%20files/skid%20row%20safer%20cities%20one%20year%20report.pdf.

Chamard, S. "Homeless encampments: Problem-oriented guides for police." *Problem-Specific Guides Series: Center for Problem Oriented Policing.* (U.S. Department of Justice, Office of Community Oriented Policing Services: 2010). A*vailable at* http://www.cops.usdoj.gov/files/RIC/Publications/e011013251-HomelessEncampments.pdf.

Charles, J.M. "America's lost cause: The unconstitutionality of criminalizing our country's homeless population." *Public Interest Law Journal*, 18 (2009): 315–346. A*vailable at* http://www.bu.edu/law/central/jd/organizations/journals/pilj/vol18no2/documents/18-2CharlesNote.pdf.

Fields, C. "Award-winning community policing strategies 1999–2006." (Office of Community Oriented Policing, U.S. Department of Justice: 2007). A*vailable at* www.cops.usdoj.gov/files/RIC/Publications/e08071596.pdf.

Health Care for the Homeless Mobilizer. "Civil Rights jeopardized as homelessness grows." (Nashville, TN: National Health Care for the Homeless Council: 2007). A*vailable at* http://www.nhchc.org/mobilizer/Mobilizer092007CRtsREV.pdf.

Homelessness 101. Major Robert Pusens, Commander, Community Support Division, Ft. Lauderdale Police Department. Phone: 954-828-6411; e-mail: BobP@fort-lauderdale.fl.us.

National Alliance on Mental Illness (NAMI). Crisis Intervention Team (CIT) Resource Center. A*vailable at* http://www.nami.org/Template.cfm?Section=CIT2.

National Law Center on Homelessness and Poverty. "Advocacy manual: Constructive alternatives to the criminalization of homelessness." Washington, DC. (2010). A*vailable at* http://wiki.nlchp.org/display/Manual/Constructive+Alternatives+to+the+Criminalization+of+Homelessness.

National Law Center on Homelessness and Poverty and National Coalition for the Homeless. *Homes not handcuffs: The criminalization of homelessness in U.S. Cities*. Washington, DC. (2009). A*vailable at* http://www.nationalhomeless.org/publications/crimreport/CrimzReport_2009.pdf.

National Law Center on Homelessness and Poverty & National Coalition for the Homeless. *A Dream Denied: The criminalization of homelessness in U.S. Cities*. Washington, DC (2006). A*vailable at* http://www.nlchp.org/content/pubs/ADreamDenied1-11-06.pdf.

Solution III: Alternative Justice System Strategies

Implementation of alternative justice system strategies can reduce homeless involvement with the criminal justice system, decrease recidivism, and facilitate connection with other systems of care.

Background

Often people who experience homelessness struggle with a wide array of legal problems that interfere with their ability to stabilize their lives. Outstanding charges and criminal records can hamper their ability to find employment, access benefits, and/or obtain housing. These may include both felony and misdemeanor charges ranging from theft and assault to loitering and panhandling. Some also face other significant legal barriers to community involvement such as outstanding traffic warrants, unpaid child support, lack of identification, or dishonorable discharge from the military.[22]

Individuals experiencing homelessness may face a number of challenges to navigating criminal court proceedings. Logistical difficulties, including lack of transportation, inability to store or retrieve personal records, as well as the daily effort to meet basic needs present substantial barriers to complying with court orders and paying applicable fines. These barriers often interface with individual vulnerabilities like mental illness and substance use disorders that not only place navigation of the court system even further out of reach, but also, when left unaddressed, may precipitate repeat contact with the criminal justice system. These same challenges are also present in the civil system, where the frequent lack of legal representation further exacerbates the inability of individuals experiencing homelessness to make effective use of the courts.

For those incarcerated in prisons or jails, release into homelessness is strongly correlated with recidivism. For example, one New York City based study of people released from state prisons between 1995-1998 found the risk of re-incarceration increased 17 percent for those who stayed in a shelter after release. Individuals with links to the mental health system had considerably higher proportions of shelter stays and re-incarcerations.[23]

Police, corrections officers and homeless service providers will agree that some people cycle between the criminal justice and homeless worlds, seemingly without any means to stabilize their lives. There is a distinct subpopulation of "frequent users" in local jails that are high-demand and low-risk offenders that have a multitude of other health and housing-related problems. As noted by an intensive study in a Florida jail, nearly 80 percent of these individuals were transient or homeless at the time of their arrest, and have high rates of substance abuse and mental illness histories.[24] In addition to the immeasurable human cost to people shuffled from institution to programs without being helped, there is a cost to public systems. Public programs utilize significant amounts of limited resources as people bounce from jails and prisons to shelters to emergency rooms to mental health crisis services, without ever receiving the level of care and treatment needed to resolve their underlying problems. These "frequent users" often

[22] National Law Center on Homelessness and Poverty. "Criminalizing Crisis: The Criminalization of Homelessness in U.S. Cities" (2011). http://www.nlchp.org/content/pubs/11.14.11%20Criminalization%20Report%20&%20Advocacy%20Manual,%20FINAL1.pdf

[23] Stephen Métraux and Dennis P. Culhane, "Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk," Criminology & Public Policy, 3: 2 (2004): 201-222.

[24] Marilyn Chandler Ford, "Frequent Fliers: The High Demand User in Local Corrections," *California Journal of Health Promotion*, 3:2 (2005): 61-71.

move from one system to another and incur much higher costs to the public than they would if they were connected to permanent housing and supportive services.[25]

Alternative justice system strategies help resolve the legal needs of people experiencing homelessness but they also ease court case-processing backlogs and reduce vagrancy. People experiencing homelessness tend to be wary of the criminal justice system and suspicious of attending court, yet an outstanding warrant or similar legal barrier can limit reintegration into society, deter an individual from accessing social services, and impede an individual's ability to obtain housing and employment. Strategies that provide alternatives to prosecution and incarceration and that offer reentry planning for individuals who are returning to the community after interaction with the criminal justice system, have shown an increase in the likelihood that an individual experiencing homelessness will look for permanent housing and seek employment.

Potential Strategies

1. *Problem-Solving Courts:* Also known as "specialty courts" or "therapeutic justice courts," problem-solving courts provide an alternative to the traditional court process by combining a therapeutic model with traditional jurisprudence. These courts focus on the underlying causes of illegal activities with the intention of reducing recidivism and encouraging reintegration into society. Problem-solving courts hear cases for people who meet certain criteria, such as having a mental illness or a substance use disorder, being a Veteran, being homeless, and/or being charged with a minor crime. People who meet the criteria are referred to a special court docket. A team approach, including the judge, other criminal justice system representatives, treatment programs and the client, is used to develop a plan for treatment and supervision in lieu of a jail sentence. Generally, problem-solving courts exert greater supervision over defendants than traditional courts, ensuring review, program compliance, and progress toward treatment goals, including imposing sanctions for non-compliance.[26]

   Homeless courts typically take place in shelters or other community-based locations familiar and accessible to individuals experiencing homelessness. Shelter workers or other service providers help prepare information for the court regarding the consumer's progress and case plan. Mental health and drug courts centralize cases involving defendants with these issues into one court staffed by specially trained teams of lawyers and judges. Some counties will hold these courts as part of Veterans Stand Down or Project Homeless Connect events.

2. *Citation Dismissal Programs:* Several prosecutors' offices have established citation dismissal programs that allow individuals who are homeless with low-level infractions, such as public intoxication, the opportunity to participate in community service, diversion or treatment programs tailored to people who are homeless in lieu of paying a fine. These "citation clinics," often run out of the offices of a homeless service provider, reduce the involvement of individuals experiencing homelessness with the criminal court system.

3. *Holistic Public Defender Offices:* Public defender offices around the country include social workers and other non-lawyer professional staff who can provide services to populations with special needs. Social workers can identify housing and other available resources, assess the need for drug and mental health treatment, and connect individuals experiencing homelessness with those services. These holistic public defender offices recognize that their consumers face a host of challenges beyond the criminal matter itself, and are equipped to help identify and address those challenges. In addition to better life outcomes, this process can lead to better outcomes in the criminal proceeding.

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[25] Sam Hall, Martha Burt, Caterina G. Roman, and Jocelyn Fontaine. "Reducing the Revolving Door of Incarceration Homelessness in the District of Columbia: Cost of Services," (The Urban Institute: March 2009).

[26] Robert Wolf. "Principles of Problem-Solving Justice." (U.S. Department of Justice, Bureau of Justice Assistance. Center for Court Innovation: 2007). http://www.courtinnovation.org/sites/default/files/Principles.pdf

4. *Volunteer Legal Services Projects and Pro Bono Attorneys:* These programs provide vital legal services for people experiencing homelessness and for the agencies serving them. Private attorneys who volunteer through clearinghouses or other public or private projects serve people experiencing homelessness through regular visiting schedules to shelters, or by being on call to assist when an individual has a legal need. These volunteers provide representation to individuals as well as to shelters and service providers, in order to expand and enhance their capacity to serve their consumers and advocate effectively.

5. *Reentry or Transition Planning:* This process helps to prepare people in prison or jails to return to the community by providing links to housing, needed services, and treatment. Effective transition planning requires the involvement of the justice, mental health, substance use, and homeless systems working together toward the shared goals of reducing recidivism and increasing stability in the community. To be most effective, there should be dedicated staff providing these services, which should include linking incarcerated individuals with housing, community-based treatment and services, and assistance in applying for benefits prior to their release. Effective reentry planning often involves "in-reach"' services where community providers begin working with inmates while they are still incarcerated easing the transition to these services upon release.

6. *Reentry Housing:* This is specialized housing designed to help people make the transition from incarceration back to the community. It includes support services tailored to meet the needs of ex-offenders, including case management, health and behavioral health care, benefits advocacy, employment services, family reunification services, and legal advocacy. Reentry housing includes both half-way houses which are under the jurisdiction of the corrections system and other transitional and permanent housing run by non-profits and faith-based organizations with DOJ and other funding.

7. *Reentry Employment*: These targeted programs are designed to facilitate entry into the employment market for individuals with criminal records. Programs promote the employment of people with criminal histories by helping clients build specialized skills, and by providing a structured support system to combat barriers to employment. Services may include occupational training, job readiness and placement assistance, comprehensive social support, legal assistance, educational assistance and computer training, child support services, transitional housing, and meals. Many reentry employment programs contain an evaluation component to assess program effectiveness, typically measured by employment retention rates and desistance from crime.

Examples

Problem Solving Courts

- *The San Diego, California Homeless Court Program (HCP)*, operating since 1989, was the first of its kind in the country. Homeless court sessions take place at participating homeless shelters around the county. The HCP builds on partnerships between the court, the prosecutor, the public defender, local shelters, service agencies, and participants experiencing homelessness. It is designed for citizens experiencing homelessness to resolve outstanding misdemeanor warrants and offenses (principally "quality-of-life" infractions such as unauthorized removal of a shopping cart, disorderly conduct, public drunkenness, and sleeping on a sidewalk or on the beach). Participants voluntarily sign up for the HCP through a participating homeless service provider and participate in a series of program activities before appearing in court. Participants get credit for "time served" in program activities that address the underlying causes of their homelessness, like life-skills, chemical dependency or AA/NA meetings, computer and literacy classes, training or searching for employment, healthcare (physical and mental), and counseling.
  http://sandiegohealth.org/disease/homeless/publicationid_1113_5390.pdf (study)

https://211sandiego.communityos.org/sys/profile.taf?profiletype=service&recordid=6542749 (211 contact information)

San Diego's HCP also includes Homeless Courts *at* Stand Down events. The Stand Down version of the HCP follows the general outlines of the regular HCP, but is expedited to be completed within the three-day timeframe of the event. See discussion on page 8. Between 1989 and 1992, a total of 942 Veterans who were homeless resolved 4,895 cases in San Diego Stand Down Homeless Court sessions.[27]

- The intent of the *San Diego Serial Inebriate Program* is to stop the "revolving door" among detoxification centers, jails, hospitals, and the streets for those who are homeless and struggling with alcohol addiction. The program model offers alcohol abuse rehabilitation as an alternative to jail time. The program also identifies individuals arrested on charges of public intoxication who have been repeatedly sent to "sobering–up" services. Upon conviction, the court offers an option of rehabilitation. If people accept treatment, they receive transportation to medical and psychiatric evaluations. After medical evaluation, they receive case management, city-sponsored housing, and other services to support their treatment and recovery efforts to help obtain self-sufficiency. An extensive evaluation found that graduates attained self-sufficiency, employment, housing, and a renewal of their lives. The treatment of chronic inebriates also reduces community disorder calls for police and reduces the overall costs associated with the condition of chronic inebriate homelessness.[28] http://www.sandiego.gov/sip/

- *Houston Homeless Court* is the only such court in the state of Texas. Established in 2006, the voluntary program provides community service or recovery opportunities for homeless individuals as an alternative means of resolving outstanding misdemeanor offenses and warrants. The Homeless Court is operated within the City of Houston's Municipal Courts with the referral support of the Coalition for the Homeless of Houston and Harris County. http://www.homelesshouston.org/hh/Homeless_Court.asp?SnID=2

- The *Criminal Mental Health Project (CMHP)* was established in 2000 in Miami-Dade County, Florida to divert misdemeanor offenders with serious mental illness (SMI) or co-occurring SMI and substance-use disorders from the criminal justice system into community-based treatment and support services. The program has since expanded to serve defendants that have been arrested for less serious felonies and other charges. The CMHP provides pre-booking diversion from incarceration through a Crisis Intervention Team comprised of law-enforcement officers. Individuals are screened and diagnosed by corrections health services psychiatric staff. Those who suffer from a severe mental illness requiring acute-care are transferred from jail to a community-based crisis-stabilization unit within 24 to 48 hours of booking. The CMHP also provides post-booking jail diversion assistance with community reentry and engagement in continuing-care services, including supportive housing, supported employment, benefits advocacy, assertive community treatment, illness self-management and recovery, trauma services, and integrated treatment for co-occurring mental health and substance use disorders. Upon stabilization, the legal charges against a participant may be dismissed or modified in accordance with treatment engagement. The foundation of the CMHP's success is the unique position of the courts to bring together stakeholders, mental health and other service providers who may not otherwise have opportunities to engage in such collaborative interventions. http://www.jud11.flcourts.org/SCSingle.aspx?pid=285

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[27] National Coalition for Homeless Veterans, "Homeless court: Helping to Remove Veterans' Barriers to Employment", available at http://nchv.org/docs/HCP%20Manual.pdf

[28] Edward Castillo et al. " An Evaluation of San Diego's Serial Inebriate Program," Institute for Public Health, San Diego State University Graduate School of Public Health. (2005) http://www.sandiego.gov/sip/pdf/Institute%20for%20Public%20Health%20-%20Graduate%20School%20of%20Public%20Health%20at%20SDSUUCSD.pdf

Citation Dismissal Programs

- The *Homeless Alternatives to Living on the Streets* (HALO) citation clinic in Los Angeles, California is operated by the City Attorney's Office and offers intervention services to steer individuals experiencing homelessness to supports instead of jail. HALO was created in response to the fact that many people experiencing homelessness are cited for minor offenses like jaywalking and littering but never appear in court, which leads to arrest warrants being issued. As a result of such warrants, people experiencing homelessness were denied basic services like drivers' licenses. Since 2009, the clinic has provided more than 1,000 individuals experiencing homelessness with the opportunity to have low level, nonviolent citations dismissed in exchange for community service or connection to homeless services, including anger management, job training, substance abuse counseling, and case management. The citation clinic sets up in different locations throughout Los Angeles on a monthly basis. They also often provide one-stop legal services for individuals experiencing homelessness, whether or not the individuals have received a citation.

Holistic Public Defender Offices

- *The Travis County Mental Health Public Defender (MHPD) Office in Travis County, Texas* provides holistic services to mentally ill clients facing misdemeanor prosecutions. Lawyers, social workers, and case workers collaborate to address the needs of MHPD's clients by providing more information to the court about the client's mental illness, assisting clients in accessing medical treatment, and assisting clients, many of whom are experiencing homelessness, in their search for housing. The office strives to access community-based resources to help clients manage their illness and break the cycle of arrest and incarceration. As a result of the office's work, 40% of cases that come to the office end in dismissal. The office has also developed a collaborative relationship with the sheriff and others in law enforcement who believe the program promotes public safety. http://www.co.travis.tx.us/criminal_justice/default.asp

Volunteer Legal Projects and Pro Bono Attorneys

- The *Volunteer Legal Services Program (VLSP) in San Francisco, California* is operated through the San Francisco Bar Association and provides free legal services and supports to people experiencing or at risk of homelessness and who have a disability or minor children living with them (prioritizing those who have mental health disabilities). The Homeless Advocacy Project of the VLSP is distinctive in that, in addition to legal services, it also provides supportive social services to address health-related problems, poverty, mental illness, and addiction. The social services staff consists of the Director of Social Services, who is a licensed clinical social worker, a full-time Bachelor's-level social worker and several volunteer staff, including Master of Social Work (MSW) interns, Bachelor of Arts in Social Work (BASW) interns, Jesuit and Lutheran Volunteers, Marriage and Family Therapists, psychiatrists, and psychologists. Through its more than 100 volunteers, the Homeless Advocacy Project serves over 1,500 clients a year. http://www.sfbar.org/volunteer/index.aspx

Reentry or Transition Planning

- *In Portland, Oregon, the Transition Services Unit (TSU) of the Multnomah County Department of Community Justice* provides a comprehensive system of services designed to help formerly incarcerated individuals (particularly those with special needs, including mental illness, developmental and physical disabilities, elderly, repeat/serious offenders, and predatory sex offenders) re-enter the community from prison or jail within the first 90-180 days. While the focus is on housing and housing-related services, participants also receive referrals to non–housing-related programs and services. TSU staff provides pre-release planning, case coordination, and linkage with housing, transportation, medical and mental services, employment services, clothing, and benefits. http://web.multco.us/dcj-adult/tsu

- The *Healthcare for the Homeless – Houston Jail Inreach Program* was developed in 2007 in collaboration with the Mental Health/Mental Retardation Authority of Harris County. The county service providers begin helping Houston's incarcerated population of people who are homeless navigate the public health system while in jail. Prisoners who have a history of homelessness, mental illness, and/or multiple non-violent incarcerations are referred to Healthcare for the Homeless by the Harris County Jail. Case managers visit with the prisoners up to six or seven times to develop a discharge plan and to build trust. Once an individual is released, a case manager meets them at the gate and helps them through the process of finding housing, qualifying for benefits, and securing continued quality mental health and substance abuse care. A more than 50% drop in re-arrest rates occurred in the population of inmates that were a part of the jail In-reach program.[29] http://www.homeless-healthcare.org/jail_project.html

- *The U.S. Department of Veterans Affairs' Health Care for Reentry Veterans (HCRV) program* is designed to reduce medical, psychiatric, and substance abuse problems during the reentry process, decrease the likelihood of recidivism and prevent homelessness among this Veteran population. There is an HCRV Specialist point of contact in each state. In addition, each Veterans Integrated Service Network (VISN) has HCRV specialists who work to connect currently incarcerated Veterans to an array of supportive services upon release through prison outreach and short-term case management. The HCRV program also provides information in state-specific resource guides to incarcerated Veterans so they can take an active part in the reentry planning process. http://www.va.gov/HOMELESS/Reentry.asp *The VA's Veterans Justice Outreach program (*VJO) performs a similar function for Veterans in contact with other elements of the criminal justice system, including jails and courts. Each VA medical center has at least one VJO Specialist. http://www.va.gov/HOMELESS/VJO.asp

Reentry Housing

- *Saint Leonard's Ministries* is a project of the Episcopal Charities of Chicago that provides residential and supportive services for formerly incarcerated individuals as they transition from incarceration back into society. The program consists of 40 beds of emergency housing for men at St. Leonard's House and 18 beds of emergency housing for women at Grace House. Rooms are either single occupancy or shared. Three meals a day are provided and residents have access to laundry, computers, and other important basic services. In addition, St. Andrew's Court, a 42-unit single room occupancy building, provides second-stage permanent housing with support services to males who have completed the St. Leonard's House program. All residents of St. Leonard's receive access to mental health care, counseling, and substance abuse treatment; assistance with accessing benefits, community services, and housing placement; and job training and education through the Michael Barlow Center for Employment Training. The recidivism rate of St. Leonard's residents is 20%, compared to an overall state rate of over 50%. Funding comes from a variety of sources, including the Illinois State Department of Corrections. http://slministries.org/

- The *Ohio Department of Rehabilitation and Correction (ODRC) and the Corporation for Supportive Housing (CSH) Ohio Office* joined forces to develop a pilot program designed to provide permanent supportive housing to individuals returning from selected prisons throughout the state of Ohio. The pilot, funded primarily by ODRC, is also a part of CSH's national Returning Home Initiative. The pilot involves coordination between the corrections system, the Ohio Department of Mental Health (ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), and community permanent supportive housing providers. The program aims to: (1) to reduce recidivism; (2) to reduce homelessness and decrease shelter usage; and

[29] David Buck, Carlie Brown and J. Scott Hickey. "The Jail In-Reach Project: Linking Homeless Inmates who have Mental Illness with Community Health Services." *Psychiatric Services:* Vol.62, 2 (2011). http://www.homeless-healthcare.org/pdfs/Journal%20Article%2002.11.pdf

(3) to decrease the costs associated with multiple service use across the criminal justice, homelessness, and mental health service systems. In general, clients were eligible for enrollment into the pilot if they (a) had a mental illness; (b) were homeless at the time of arrest or at risk of homelessness upon release; and (c) had severe substance abuse disorders. The program includes client enrollment, in-reach services, reentry planning and provision of housing and supportive services in five cities across the State of Ohio. ://documents.csh.org/documents/policy/Reentry/Reentry_OH_2009.

- *Project RIO in Salt Lake City, UT* works with the county jail system and criminal justice staff, the county housing authority and the local mental health provider to house reentering individuals with serious and persistent mental illness. Instead of keeping these individuals in jail because they have no other place to go, staff identify those with severe or persistent mental illness and provide them with supportive housing and coordinated care team upon their release from jail. RIO clients are placed in scattered-site housing and supported by a multi-disciplinary team that includes a team leader who is a licensed social worker, Advanced Practice Registered Nurse (prescriber), registered nurse, Licensed Clinical Social Worker (therapist), case manager, and two National Alliance on Mental Illness mentors. Using this model, jail and psychiatric hospital recidivism is reduced, and individuals see an increase in housing stability, a decrease in substance abuse, and improved quality of life.

Reentry Employment

- *Ready, Willing & Able,* a program of The Doe Fund in New York City and Philadelphia, employs a unique holistic approach to transitional services, with paid work at its core. Individualized service packages include transitional housing, nutritious meals, occupational training, job readiness and placement assistance, comprehensive social support, educational assistance and computer training, child support services, and life-long graduate resources. Through its innovative social enterprises, Ready, Willing & Able offers a tiered work structure that allows for advancement and specialized skill-building. Trainees earn above minimum wage in all placements and are required to save a portion of their earnings. Graduates who completed the program during the past year earned average starting hourly wages of $10.30, many with opportunities for wage growth and advancement. Harvard University studied the impact of Ready, Willing & Able in 2010 and found that the program reduces recidivism by up to 60%, and that the resulting savings in criminal justice expenses outweigh program costs by 21%.[30] http://www.doe.org/programs/?programID=1

Benefits

Alternative justice system strategies provide a balanced approach to the needs of individuals experiencing homelessness without overburdening the criminal justice and emergency health system. Solution III approaches are tailored to address the root causes of homelessness and provide restorative interventions that halt the harmful cycling of people from criminal justice systems to the street.

Benefits include

- Promotes more cost-effective use of court system resources
- Removes barriers to housing and employment

[30] Catherine Sirois and Bruce Western. "An Evaluation of 'Ready, Willing and Able'" Harvard University: (2010). http://prisonstudiesproject.org/wp-content/uploads/2011/07/RWA_evaluation.pdf

- Helps courts clear backlog of cases
- Builds partnerships among criminal justice, shelters, mental health, and substance use service systems
- Intervenes in the reentry process before a return to homelessness occurs
- Reduces recidivism that is correlated to homelessness
- Dispels negative stereotypes about the willingness of able people who are homeless and individuals who were formerly incarcerated to work and support themselves
- Allows individuals to earn money while working toward self-sufficiency, thereby lessening their dependence on public assistance
- Gives individuals experience and skills required to gain full-time employment

Challenges

Some of the challenges to implementing alternative justice system strategies include:

- Availability of affordable housing with supportive services
- Availability of behavioral health services for individuals who were formerly incarcerated once released
- Creating protocols for cross-system coordination and communication needed between criminal justice, health, behavioral health, and homeless systems
- Garnering adequate resources for the development and operation of these programs
- Potential lack of appropriate and/or available paid work opportunities for program participants
- Some alternative courts impose longer sentences than traditional courts

Resources: Alternative Justice System Strategies

Problem-solving courts

Carey, S. and Munsterman, J. "Challenges and solutions to implementing problem-solving courts from the traditional court management perspective. (Washington, DC: Bureau of Justice Assistance 2008). A*vailable at* http://www.sji.gov/PDF/Problem_Solving_Courts-BJA3-31-08.pdf

Center for Court Innovation. New York State Unified Court System and Fund for the City of New York. http://www.courtinnovation.org/who-we-are

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Conclusion

Homelessness is an issue faced by communities across the nation. The people who are experiencing homelessness—the men, women, and families who reside on the street or in public spaces – are not the problem, nor are their behaviors criminal. The rights of individuals experiencing homelessness must be balanced with the needs of the community and unrestricted access to clean, safe, and unencumbered public spaces; notwithstanding, stakeholders at the meeting in December 2010 consistently communicated that the criminalization of homelessness is a costly, overly punitive, and ineffective approach to addressing the core factors that contribute to homelessness and therefore, criminalization policies are an inadequate solution to the problem of homelessness.

This report proposes a series of solutions that have shown promise in effectively addressing the core factors contributing to street homelessness. The examples provided in this report outline communities' efforts to implement innovative alternatives to criminalization around the nation. We hope that the solutions highlighted in this report will serve as a guide for other local leaders who seek effective policy alternatives to criminalization as a means of improving the quality of living for people experiencing homelessness and for their surrounding community members.

Each solution outlined in this report has community engagement as a centerpiece of the effort to impact homelessness. Whether engaged as outreach workers, volunteers, funders, or professional support, when the larger community is informed, and working together with mainstream and justice providers alternatives to criminalization have shown positive results.

The USICH is grateful for the participation of the many community leaders who shared their experiences, insights, challenges, and achievements with us. We will work diligently to foster continued dialogue, document federal-local and cross-sector partnerships, and lift up best practices that are achieving results and helping to prevent and end homelessness across this country.

Sponsoring Agencies and Partners

The United States Interagency Council on Homelessness

The United States Interagency Council on Homelessness (USICH) is dedicated to working with state and local communities who are implementing best practices in alternatives to criminalization for those experiencing homelessness. Criminalizing acts of survival is not a solution to homelessness and results in unnecessary public costs for police, courts, and jails. Development of alternative approaches should meet both the public's need for access to public streets, parks, and recreation areas and the ability of people experiencing homelessness to meet basic needs. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* identifies the need to find solutions to this problem. One of the ten objectives of the Plan is to "advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice."

USICH has a number of resources that address this issue and the cost effectiveness of alternative strategies. In March 2010, USICH highlighted the relationship in its electronic newsletter between the criminal justice system and spoke with leaders who are dedicated to implementing long-term, cost-effective solutions to homelessness rather than unnecessary arrest or jail. The newsletter also highlighted federal and national partners who are implementing practices. On its website, through its Research and Evaluation Library portal, USICH offers resources on access to justice for those experiencing homelessness and the costs incurred on public systems such as jails and courts when long-term solutions are not implemented. These resources and links to USICH's federal partners working on this issue may be accessed at www.usich.gov

U.S. Department of Justice

Access to Justice Initiative

In March 2010, DOJ launched their Access to Justice initiative, which is focused on improving the availability and quality of legal representation for those who otherwise are unable to afford proper legal representation including people who are homeless. Increasing the ability of public defenders to work with clients in specialty courts and instituting less lawyer-intensive solutions to legal problems such as "quality of life" infractions are some of the ways the Access to Justice initiative is helping to improve the outcomes of the nation's most vulnerable citizens. Closing this "justice gap" is an important element in decreasing the costs associated with incarceration for this population and ensuring that all Americans regardless of wealth or housing status receive proper representation when faced with incarceration or fines.

The Access to Justice website, http://www.justice.gov/atj/index.html, details projects of the initiative already underway, publications, and technical assistance and training grants available to defender agencies and courts to implement programs that help to close the justice gap for those most vulnerable.

U.S. Department of Housing and Urban Development, Office of Community Planning and Development, Office of Special Needs Assistance Programs (SNAPS)

The Office of Community Planning and Development (CPD) seeks to develop viable communities by promoting integrated approaches that provide decent housing, a suitable living environment, and expanded economic opportunities for people who are homeless, or have low and moderate incomes. http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning

The National Center on Family Homelessness and HomeBase are HUD Technical Assistance providers and were involved in the convening of The Summit and prior drafts of this report. National Center on Family Homelessness: www.familyhomelessness.org, HomeBase: www.homebaseccc.org

USICH Federal Agency Partners: homeless resources

Agency	Homeless Resource Webpage
Department of Labor	http://www.dol.gov/dol/audience/aud-homeless.htm
Department of Health and Human Services	http://www.hhs.gov/homeless/
Department of Housing and Urban Development	http://portal.hud.gov/hudportal/HUD?src=/topics/homelessness
Department of Veterans Affairs	http://www.va.gov/homeless/
Department of Agriculture	http://www.fns.usda.gov/fns/fbco/homeless.htm
Department of Education	http://www2.ed.gov/programs/homeless/index.html
Department of Justice	http://www.ojp.usdoj.gov/
Social Security Administration	http://www.socialsecurity.gov/homelessness/index.htm
Corporation for National and Community Service	http://www.nationalservice.gov/
White House Office of Faith-based and Neighborhood Partnerships	http://www.whitehouse.gov/administration/eop/ofbnp

Appendix I: Meeting Agenda

Searching for Balance:
Civic Engagement in Communities Responding to Homelessness

National Press Club
529 14th St NW, 13th floor, Washington, DC
December 1, 2010
10:00 a.m. to 4:00 p.m.

10:00 a.m. **Welcome, Overview, and Introductions**

10:30 a.m. **Policing and Outreach Strategies**
Collaborations among police departments, community leaders, the business community, and service providers can help divert individuals experiencing homelessness to programs that will lead to permanent housing with appropriate supports.

11:30 a.m. **Justice System**
Innovative court models for individuals experiencing homelessness, those with behavioral health needs, and Veterans.

12:30 p.m. **Peer Networking Lunch (tables assigned)**

1:30 p.m. **Seamless Systems of Care**
Weaving the mainstream response to homelessness with components of the law enforcement and justice system develop real alternatives.

Coordinated Volunteerism
Developing a framework to harness volunteer efforts can resolve local conflicts with anti-feeding ordinances and other local policies that limit what can be done by religious and other institutions.

2:45 p.m. **Break**

3:00 p.m. **Report Back, Next Steps, and Wrap-up**

Appendix II: Discussion Points

The following content represents strategies, challenges, and solutions to the criminalization of homelessness within various sectors at the Summit. This content is a recounting of the discussion, and is not necessarily supported by research and does not constitute federal policy.

Policing and Outreach Strategies: Identifying Challenges and Solutions

"Collaborations among police departments, community leaders, the business community, and service providers can help divert individuals experiencing homelessness to programs that will lead to permanent housing with appropriate supports."[31]

The eight discussion groups identified key challenges facing local communities in implementing policing and outreach strategies for dealing with people who are homeless inhabiting or congregating in city centers, parks, and other public spaces. These challenges include:

- Lack of Housing Options: Most communities do not have adequate supplies of the range of housing needed to prevent and end homelessness, including affordable housing, transitional housing, permanent supportive housing, and interim housing and safe haven programs. This lack of housing is a cause of homelessness, a barrier to ending it, and a problem for police who have nowhere to take people who are homeless.

- Lack of Mental Health and Substance Abuse Treatment: Significant numbers of people who are homeless, particularly those who are chronically homeless, are struggling with mental health, substance abuse, and co-occurring disorders. However, most communities do not have adequate treatment services available for people with low and no incomes.

- Distrust between Police and Providers: Some communities commented that the police and providers too often see each other as antagonists rather than partners. Police officers, especially new officers, need training on dealing with people who are homeless, including on how to approach them other than punitively.

- Existing Laws and Ordinances: Some communities have already put in place anti-loitering and other measures which criminalize homelessness.

- Lack of Coordination and Collaboration in the Service System: There is a lack of service integration and data sharing that is necessary to serve people with multiple needs and in contact with different parts of the service system effectively. In addition, there is a need for centralized locations to access services. In some cases, there is a need to train and inform other systems to show them that they should be involved in the effort to address homelessness as well. Sometimes, there is competition for resources between providers which further limits service system collaboration and effectiveness. Too often there is a lack of coordination between jurisdictional levels, such as across local VA offices and between the state and local levels. Some communities also felt that the resources they do have are not allocated and targeted for maximum effectiveness.

[31] *See* Appendix 1: Meeting Agenda

- Large Numbers of People In Need: The numbers of people in need are large and growing, taxing local capacity to help them.

- Negative Community Attitudes: In some downtown areas, there is opposition to providing services despite the fact that this is an area where those in need are congregating. Additionally, there are complaints that the business improvement districts are acting like police departments.

- Lack of Adequate Funding: It is often difficult for localities to make a decision to invest up-front in services that can save money down the line. Public safety and investment in services are often seen as mutually exclusive propositions. In addition, local communities do not have the capacity to respond to homelessness on their own; federal level action and resources are also needed. Other non-public sources of funding must be identified as well.

- Complicated Cases: There are people who do not want services and other assistance; they just want to be left alone and need much more intense outreach. Others have complicated needs that require significant time and resources to address. Many lack identification and other paperwork. Additionally, there are questions about how to transport potential consumers to sobering stations, shelters, and other services.

The eight discussion groups also identified and prioritized solutions relating to policing and outreach strategies, based on what they are already doing in their communities and/or what they would like to see done. The following were the solutions given highest priority by the gathering:

- Outreach with access to housing, services, mental health—engage before arrest: There was significant support for the development of outreach teams to engage people and divert them to housing and services before arrest. Outreach teams may include police members or may be entirely composed of non-profit/ community-based agency staff, but in all cases, close coordination and communication between the outreach team and the police is essential. Some communities suggested that police officers carry contact cards with names of outreach workers or case managers who can be called when they encounter someone who is homeless. There was consensus that mental health workers should be part of outreach teams. Assertive Community Treatment teams were cited as an effective model as were outreach programs in New Orleans, New York City, and St. Petersburg.

- Training on police, corrections issues, and substance use issues with service providers: Cross-training for police and service providers was identified as important to creating effective policing and outreach programs. Cross-training can facilitate needed information sharing and facilitate ongoing coordination between law enforcement officials and service providers in getting people off the street permanently. Law enforcement officers need training in how to engage with people who are homeless, mental health issues, crisis intervention techniques, use of the 5150 involuntary psychiatric hold, and what housing and services are available in order to do appropriate referrals. Likewise, service providers also need more information on law enforcement perspectives and issues.

- Housing with services: In order to be effective, policing and outreach strategies require an adequate supply of housing that people can be referred. For many people experiencing homelessness, housing linked with services is essential to help them regain health and achieve ongoing residential stability. A range of housing models were suggested, including permanent supportive housing, “wet” shelters, Housing First models such as Pathways to Housing, low-threshold housing with services, and long-term residential treatment programs like the Triangle Residential Options for Substance Users (TROSA). Some also thought there should be a structured way for encampments to exist as has been done in Seattle, WA. Some suggested that housing be targeted to people who are frequent users of the mental health, corrections and/or homeless systems.

- Reentry services before release with jail, parole, mental health: Participants identified the importance of reentry services to preventing homelessness upon release. This included development of transitional facilities for people after discharge.

Other solutions identified by the discussion groups included:

- Strategies to build community support for policing and outreach strategies, including public education and outreach to policy makers and soliciting funding from Business Improvement Districts for the outreach teams.
- Making provisions for persons experiencing homelessness during periods of cold/hot weather.

Justice System: Identifying Challenges and Solutions

"Innovative court models for individuals experiencing homelessness, those with behavioral health needs, and Veterans."[32]

The eight discussion groups identified key challenges facing local communities in implementing strategies to facilitate more constructive interaction with criminal and civil courts by people who are homeless. These challenges include:

- Wide Array of Legal Problems: People experiencing homelessness often struggle with a variety of legal and bureaucratic problems that interfere with their ability to stabilize their lives, including traffic warrants, unpaid child support, lack of identification, dishonorable discharge from the military, and other misdemeanor and sometimes felony charges. Involvement with the criminal justice system often results in stigma that creates additional barriers to people finding housing and jobs.
- Difficulties in Getting Institutions and Systems to Recognize the Benefits of Specialty Courts: More federal leadership is needed to promote specialty courts. Work needs to be done to educate judges, lawyers, and law enforcement officers about homelessness and mental illness and to build buy-in for the development of specialty courts. It is important that the legal system and judges understand that they have options in how they deal with these problems.
- More Resources for Justice System Programs are Needed: Additional funding from the Department of Justice is needed to get good programs off the ground. In big cities with large homeless populations, it is especially hard to develop the capacity necessary to meet the volume of need.
- Lack of Shelter and Housing Options: Lack of access to shelter and housing produces circumstances that result in repeated arrests for panhandling, loitering, and other quality of life crimes by people who are homeless. It is difficult to remedy this situation without an increase in the supply of shelter and affordable housing for those who are homeless.
- Difficulties in Accessing Income Streams: People need jobs when they exit jail or prison, and too often are not able to find them. This makes it more likely that they will end up homeless and/or involved with the criminal justice system again. In addition, for those eligible for SSI/SSDI benefits, it is often complicated initiating applications or reactivating benefits so that they are available upon discharge.

[32] *See* Appendix 1: Meeting Agenda

- Lack of Treatment Programs: For those mandated to undergo substance abuse treatment, there is too often a lack of program availability for people who are homeless and have low or no incomes. This creates barriers to people complying with program requirements.

- Difficulties of Assisting Sex Offenders: Housing options for this population are limited or non-existent.

- Lack of Effective Discharge Planning: Prisons and especially jails lack effective discharge planning to help people avoid homelessness.

- Need for Community Education about Specialty Court Options: Even in communities with specialty courts in operation, many people who could make use of them do not know about them. In addition, there is a need for provider training and education so that they are aware of the options for their clients.

- Improved Cross-System Communication is Needed: Strategies are needed to improve communication and data sharing between police, medical personnel and other service providers assisting people who are homeless and involved with the criminal justice system.

Priorities

The eight discussion groups also identified and prioritized solutions relating to interaction by people experiencing homelessness with the justice system, based on what they are already doing in their communities and/or what they would like to see done. The following were the solutions given highest priority by the gathering:

- Specialty courts—partnerships with social services, public defenders, district attorneys; onsite help where individuals experiencing homelessness are: There was significant support for the development of specialty homeless and Veterans courts. Participants cited the importance of educating judges and court staff about the client population and about restorative justice and alternative sentencing options. Additionally, it was suggested that judges should let people's participation in treatment or services count toward paying down fines or other sentencing requirements. Law school pro bono projects were identified as a potential source of support for specialty court programs. Key aspects of these programs include: court advocates for clients to help them navigate the system; putting information on citations letting people know about specialty court options; and building in links to services and mental health and substance abuse treatment by locating courts at service agencies and/or having service providers on-site at courts to facilitate access to services and supports. Additionally, the use of web-conferencing at libraries (telecourts) was suggested as a way to make it easier for people to get to their court proceedings. Finally, data collection was stressed as essential in order to track success in reduced recidivism and cost-savings resulting from use of specialty courts.

- Reentry: need "reentry vouchers" for housing—dedicated reentry housing with case management; jails should identify if individual is homeless at intake; allow pre-release services: Participants stressed the importance of providing reentry planning to people who are homeless and being discharged from the criminal justice system in order to help them make a successful transition to the community and reduce recidivism. To be most effective, there must be dedicated staff providing these services, which should include linkage with housing, connection to community-based treatment and services, and assistance in applying for benefits for those who are eligible. Important components of reentry programming include identification of people who are homeless or at-risk at intake into facilities; in-reach services to link people with community-based providers before their discharge; and coordination with probation and parole. Effective models cited include Ohio and San Francisco, CA, which have reentry centers that co-locate services, and Haven for Hope in San Antonio, Texas, which has a housing facility set up close to the county jail.

- Provide "ID cards" that get police to call service agency if arrested**:** In this way, people are immediately linked with service providers who can help to address the underlying reasons for the crime and facilitate access to legal and other resources to help resolve the problem. Common Ground in New York City was cited as an example of this type of program. They provide people who are chronically homeless with "ID" cards that instruct police to call Common Ground if these individuals are arrested.

Other solutions identified by the discussion groups included:

- "Justice Mapping" to identify "sending communities" for jail and prison inmates, as has been done in New York.
- Creation of volunteer legal projects to provide pro bono lawyers to work with people experiencing homelessness to resolve legal problems.

Comprehensive and Seamless Systems of Care: Identifying Challenges and Solutions

"Weaving the mainstream response to homelessness with components of the law enforcement and justice system develop real alternatives."[33]

The eight discussion groups identified key challenges facing local communities in creating seamless systems of care to prevent and end homelessness. These challenges include:

- Lack of capacity: Communities struggle with a serious lack of capacity in which the housing, treatment and services that are available fall significantly below the growing levels of need. Particular areas of need that were cited by communities around the country include: affordable housing, housing and service options for families with children, mental health services, substance abuse treatment, detox beds, and medications.
- Need for Central Intake Facilities: Many communities do not have central intake facilities that assess and refer clients to appropriate housing and services. Nor do they have standard intake and assessment forms and capacity for interagency data sharing to streamline referrals and facilitate interagency coordination. Examples of effective multi-service center programs that were cited include: Haven for Hope in San Antonio, TX which has a close relationship with law enforcement and participates in their trainings and the Path Program in Los Angeles, CA which was initiated with support of the Business Improvement District.
- Lack of Effective Strategic Planning: It can be difficult to build community consensus to take action on homelessness. Sometimes it is hard to get all of the different agencies and interests to come to the table in the first place and once there it can be difficult to reach agreement. It is crucial that business and redevelopment interests are included, though sometimes they see homeless housing and service sites as a hindrance to their economic interests. In addition, it is difficult to prioritize where limited resources should be targeted: either to those with the most extreme needs or to those most likely to get back on their feet with a little help; to affordable housing or to permanent supportive housing. Finally, once plans are developed, too often they are ignored and never get off the ground.

[33] *See* Appendix 1: Meeting Agenda

- Need to Better Target Public Dollars for Maximum Impact: Communities need to look at all of their funding streams, Community Development Block Grants, Community Services Block Grants, etc. and evaluate if funds are being targeted in the best way to support efforts to prevent and end homelessness.

- Need for Low Threshold Program Options: Some people choose the street because they cannot or will not comply with program requirements and demands. Systems of care should have low threshold program options, such as safe havens that allow people to leave the street without having to comply with numerous program requirements.

- Need for Better Data on Needs: More and better data is needed to guide planning, program development, and resource allocation. Communities need to know how many people are homeless and their demographics, characteristics, and needs. They also need to know which programs are effective in helping them to regain and maintain housing and to address other needs.

- Local Technical Assistance and Capacity Building Needed: In order to implement best practice programming and work towards more integrated systems, many localities and programs need capacity building assistance in order to get new programs off the ground and improve existing ones. The federal government needs to provide more support to local communities to help them achieve its objectives.

The eight discussion groups also identified and prioritized solutions relating to the development of seamless systems of care, based on what they are already doing in their communities and/or what they would like to see done. The following were the solutions given highest priority by the gathering:

- Strengthen federal agency partnerships: There was significant support for improving coordination between federal and local levels. Federal technical assistance can help to build local capacity. Federal requirements can push localities to improve their systems and programs.

- "One stops shopping" collaboration of services, mainstream benefits access in one place: Co-location of services in a single location was identified as an important way to coordinate and integrate service provision for clients. The PATH Program in Los Angeles, CA was cited as a model of one-stop shopping for individuals who are homeless, offering a range of services and treatment as well transitional housing.

- Communitywide Collaboration: A seamless system of care requires extensive and sophisticated collaboration among agencies. It is vital that mainstream agencies participate in the system, especially those serving people who are homeless or at risk. The goal is not just coordination but rather integration across systems resulting in more coordinated and effective services for clients. This requires making best use of technology to facilitate information sharing and data collection. In addition, the business community should be part of communitywide efforts to end homelessness; in many areas, they have played an important role in supporting development of new services and programs to help people on the streets.

- Communitywide data collection and evaluation: An important aspect of the creation and operation of seamless systems of care is comprehensive data collection and evaluation that allows communities to have a better understanding of overall need and information about which services and programs are most effective. This information can guide planning and program development and decisions about where to invest limited resources. Homeless Management Information Systems (HMIS) are essential to this type of data collection. Data collection on program performance can also help make the case for program continuation and expansion by documenting not only positive client outcomes but also cost savings to other systems. For instance, the San Diego Housing Commission has initiated Project 25, in which 25 vouchers were provided to the United Way to use for 25 individuals who were chronically homeless. The

Housing Commission, with assistance of researchers, will measure the money saved by providing housing for this hard-hit population, looking at emergency room costs, shelter use etc. Another example is Los Angeles where the Economic Roundtable did a cost effectiveness study of supported housing.

Coordinated Volunteerism: Identifying Challenges and Solutions

"Developing a framework to harness volunteer efforts can resolve local conflicts with anti-feeding ordinances and other local policies that limit what can be done by religious and other institutions."[34]

The eight discussion groups identified key challenges facing local communities in implementing strategies to coordinate volunteerism efforts to address homelessness more effectively. These challenges include:

- Coordinating with Faith-Based Groups can be challenging: Some participants felt that there can be difficulties in working with faith-based groups, in part because faith-based groups sometimes have particular motivations and methods that are different from those of other community-based agencies.

- Organizing and Coordinating Volunteers takes Significant Time and Effort: Recruiting training, managing and supporting volunteers requires a commitment of staff time and effort that many community-based agencies do not have. Sometimes volunteers are not reliable and cannot be counted on. In addition, it can be difficult to identify suitable work for volunteers as there are many functions that require trained staff with skills that volunteers do not have. For instance, it can be challenging to use volunteers in street outreach efforts. Though some volunteers bring professional skills, legal, medical etc., they still must be trained and managed so that the work they do meets agency standards and is coordinated with the work of other staff.

- Need to Link Charity with Justice: Too many volunteer efforts are simply short-term charity that make the giver feel good but do not result in meaningful or lasting changes for those who are homeless. It is important to find ways to link these efforts with the larger picture of the societal and policy changes needed to create a more fair and equitable society.

- Understand the Limits of Volunteerism: It is important to be mindful that volunteerism should not replace the role of public officials and programs. Instead, volunteer efforts should be part of public/private partnerships.

- Hard to Identify Appropriates Spaces for Volunteer Activities: Especially for large scale activities, such as feeding programs, it can be difficult to find locations to carry out these efforts.

- Well-Coordinated Public Education Campaigns are Needed: Effective volunteer recruitment at a scale to make a difference in the effort to address homelessness requires investment of significant resources in a communitywide public education campaign. Such campaigns are also an important way to address negative stereotypes that the public has about persons experiencing homelessness.

The eight discussion groups also identified and prioritized solutions related to developing and enhancing effective volunteerism, based on what they are already doing in their communities and/or what they would like to see done. The following were the solutions given highest priority by the gathering:

[34] *See* Appendix 1: Meeting Agenda

- Educate and train volunteers in the social justice aspects of homelessness: There was significant support for using volunteerism as an opportunity to educate people about homelessness and build awareness of social justice issues. It can also lead to other types of involvement, including providing financial support and engaging in advocacy. Names and contact information should be collected from all volunteers and used for future efforts to build support for efforts to prevent and end homelessness. In addition, participants stressed the importance of training to equip volunteers with an understanding that all interactions with people who are homeless should be based on respect and acknowledgement of their dignity. Examples of good volunteer programs cited by participants include: United Way, King County, which organizes days of service and afterwards connects participates to other opportunities to assist, including making donations and activism; the Mayor's Office in New York City which implemented a major volunteer initiative to recruit and match volunteers with local nonprofits; Greater DC Cares in Washington, DC, which also works to provide volunteers with deeper opportunities for involvement.

- Faith-based organizations involved with coordination with others and full assessments: Participants felt that faith-based organizations and their networks were important allies in the effort to prevent and end homelessness. However, in order to be most effective, it is important that their efforts are coordinated and aligned with overall community efforts to address homelessness. Faith-based organizations can be both valuable sources of volunteers for other programs and they can operate their own programs. In some communities, faith-based facilities are used as shelters, soup kitchens, or one-stop service centers. Faith-based organizations can also play a role in overall volunteer recruitment, management, and supervision for communities. With adequate training and supervision, volunteers can take on more meaningful roles and add more to the overall effort to address homelessness. In addition, it was noted that chaplaincy programs provide needed support and services in many communities. An important resource cited by participants is the toolkit being developed by the Veterans Affairs faith-based office that will help identify needs and resources for people experiencing homelessness (computer access, transportation, babysitting, etc.) to help promote faith-based volunteer projects. Programs that were cited include: Bread of Life in Houston, TX, and Haven for Hope in San Antonio, TX, which coordinates the food and clothing distribution of faith-based groups on their campus.

- Connect street outreach with volunteers: With appropriate training and supervision, volunteers can be important in street outreach efforts and in coordinated days of services such as Project Homeless Connect events. This is true both for volunteers with general skills and those with professional skills to offer.

- Provide communitywide coordination of volunteer efforts: This can include a communitywide public education and outreach effort to recruit volunteers and then match them with appropriate community-based service providers. Skilled positions, including lawyers, nurses, doctors, psychologists, etc., should be recruited as well as general volunteers. It can also include coordination of volunteer activities, such as feeding programs.

Appendix III: Summit Participants

Rhonda Abbott, Manager of Veteran, Social and Homeless Services, City of St. Petersburg, St. Petersburg, FL
Scott Ackerson, Vice President of Transformational Services, Haven for Hope, San Antonio, TX
Barbara Adler, Executive Director, Columbus Avenue Business Improvement District, New York, NY
Susan Angell, Executive Director, Veterans Homelessness Initiatives, U.S. Department of Veterans Affairs, Washington, DC
Peggy Bailey, Senior Policy Advisor, Corporation for Supportive Housing, Washington, DC
Madeline Beal, Communications Specialist, USICH, Washington, DC
Peter Beard, Senior Vice President, Impact Priorities, United Way Worldwide, Alexandria, VA
Steve Berg, Vice President for Programs and Policy, National Alliance to End Homelessness, Washington, DC
Josephine Bias-Robinson, Vice President, Income-Community Impact Leadership, United Way Worldwide, Alexandria, VA
Steve Binder, Deputy Public Defender, Office of the Primary Public Defender, San Diego County, San Diego, CA
Paul Boden, Director, Western Regional Advocacy Project, San Francisco, CA
Heather Bradley-Geary, Community Initiatives Manager, Missouri Housing Development Commission, Kansas City, MO
Justin Brock, Special Assistant to Deputy Assistant Secretary Mark Johnston, U.S. Department of Housing and Urban Development, Washington, DC
Melanca Clark, Senior Counsel, Access to Justice, U.S. Department of Justice, Washington, DC
Jim Cloar, Interim President, International Downtown Association, Washington, DC
Michael Cowan, Professor, Institute for Ministry, New Orleans, LA
James Crawford, Director, B'More Housing for All, Baltimore, MD
Katherine Cunningham, Policy Director, National Law Center on Homelessness and Poverty, Washington, DC
Seth Diamond, Commissioner, New York City Department of Homeless Services, New York, NY
Stephen Dillard, Deputy Director, Center for Faith-based and Neighborhood Partnerships, U.S. Department of Veterans Affairs, Washington, DC
Barbara DiPietro, Director of Policy, National Health Care for the Homeless Council, Baltimore, MD
Amanda Dodge, Policy Intern, USICH, Washington, DC
Neil Donovan, Executive Director, National Coalition for the Homeless, Washington, DC
Lyndia Downie, President & Executive Director, Pine Street Inn, Boston, MA
John Downing, President & CEO, Soldier On, Leeds, MA
Sherri Downing, Consultant and President, Sherri Downing Consulting and Montana Coalition for the Homeless, Helena, MT
Elizabeth Doyle, Assistant Director for Supportive Housing, City of Baltimore, Baltimore, MD
Scott Dreher, Lawyer, Dreher Law Firm, San Diego, CA
John Driscoll, President and CEO, National Coalition for Homeless Veterans, Washington, DC
Bob Erlenbusch, Senior Program Manager, Sacramento Steps Forward, Sacramento, CA
Joseph Finn, Executive Director, Massachusetts Housing and Shelter Alliance, Boston, MA
Marty Fleetwood, Executive Director, HomeBase, San Francisco, CA
Lanea Foster, CoC Coordinator, 10 Year Plan to End Homelessness in Durham, Durham, NC
Sarah Paige Fuller, Director, City of Norfolk Office to End Homelessness, Norfolk, VA
Gina Gavan, CEO, Tribal Minds, Las Vegas, NV
Richard Gentry, President and CEO, San Diego Housing Commission, San Diego, CA
Matt Gornick, Program and Policy Analyst, National Coalition for Homeless Veterans, Washington, DC
Kristy Greenwalt, Research Director, USICH, Washington, DC
Chet Grey, Director, Homeless Services, Downtown DC Business Improvement District, Washington, DC
Gary Grier, Vice President Community Initiatives, Coalition for the Homeless of Houston/Harris County, Houston, TX
Stacy Horn-Koch, Director of Neighborhood Services, City of New Orleans, New Orleans, LA

Brenda Howerton, County Commissioner, Durham County, NC
Yolanda Jenkins, Police Officer/Community Sergeant, New Orleans Police Department, New Orleans, LA
Raine Johns, Staff Attorney Lead on Homelessness Issues, Public Defenders Office – Pinellas and Pasco Counties, Clearwater, FL
Mark Johnston, Deputy Assistant Secretary for Special Needs, U.S, Department of Housing and Urban Development, Washington, DC
Erika Jones-Haskins, Director of Program Initiatives, Homeward, Richmond, VA
Maha Jweied, Senior Counsel, U.S. Department of Justice, Washington, DC
Linda Kaufman, Chief Operating Officer, Pathways to Housing DC, Washington, DC
Martha Kegel, Executive Director, UNITY of Greater New Orleans, New Orleans, LA
Jamila Keita, Program Manager, Homeless Services Program, Mayor's Office of Human Services, Baltimore, MD
Laura Kunkel, Special Assistant to the Deputy Assistant Secretary, U.S. Department of Housing and Urban Development, Washington, DC
Karen Lash, Senior Counsel, U.S. Department of Justice, Washington, DC
E.Terri LaVelle, Director, Center for Faith-based and Neighborhood Partnerships, U.S. Department of Veterans Affairs, Washington, DC
Deborah Leff, Deputy Counselor, Access to Justice, U.S. Department of Justice, Washington, DC
Anthony Love, Deputy Director, USICH, Washington, DC
Robert Marbut, Homeless Consultant, St. Petersburg, San Antonio, TX
Carmen Massimiano, Sheriff, Office of the Sheriff of Berkshire County, Pittsfield, MA
Michele May, Adult Systems of Care Manager, DC Department of Mental Health, Washington, DC
Kelsey McCoy, Social Science Analyst, U.S. Department of Health and Human Services, Washington, DC
George McDonald, President and Founder, The Doe Fund, New York, NY
Barney Melekian, Director, COPS Office, U.S. Department of Justice, Washington, DC
John Mendez, Outreach, Bethesda Cares, Inc. Bethesda, MD
Cynthia Miller, Project Manager, USICH, Washington, DC
Asim Mishra, Deputy Chief of Staff, Corporation for National and Community Service, Washington, DC
John O'Brien, Regional Coordinator, USICH, Boston, MA
Maureen O'Connell, Director, Metropolitan Police Department, Washington, DC
Kelly O'Meara, Director – Strategic Change, Metropolitan Police Department, Washington, DC
Lynn Overmann, Senior Counsel, Access to Justice, U.S. Department of Justice, Washington, DC
Tulin Ozdeger, Civil Rights Director, National Law Center on Homelessness and Poverty, Washington, DC
Amie Pospisil, Associate Director, Housing Operations and Programs, Common Ground, New York, NY
Sharon Price, Deputy Director, USICH, Washington, DC
Sarah Ray, Special Assistant, U.S. Department of Housing and Urban Development, Washington, DC
Michael Reese, Inspector, Metropolitan Police Department, Washington, DC
Mike Roanhouse, Manager, U.S. Department of Housing and Urban Development, Washington, DC
Michele Salters, Chief of Programs, The Community Partnership, Washington, DC
Richard Schnell, Sergeant, San Diego Police Department, San Diego, CA
Amy Shapiro, Special Assistant, COPS Office, U.S. Department of Justice, Washington, DC
Susie Sinclair-Smith, Expert Consultant, Homelessness Initiatives, U.S. Department of Health and Human Services, Washington, DC
Sarah Snyder, Executive Director, Pinellas County Coalition for the Homeless, Pinellas Park, FL
Rene Spellman, Special Assistant, Corporation for National and Community Service, Washington, DC
Ann Marie Staudenmaier, Staff Attorney, Washington Legal Clinic for the Homeless, Washington, DC
Arturo Vela, Director of Security, Haven for Hope, San Antonio, TX
Jessica Venegas, Director- Partnerships, Common Ground, Washington, DC
Marlon Williams, Director of Income, United Way, New York, NY
Annie Wilson, Homeless Liaison, Las Vegas Metropolitan Police Department, Las Vegas, NV
Laura Zeilinger, Deputy Director of Programs, DC Department of Human Services, Washington, DC

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