

Strategic Action Plan to Reduce Homelessness

for

Pinellas County



Final Report

Presented to

City of St. Petersburg

by

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EXECUTIVE SUMMARY

After a five-day site visit (July 25-29, 2010) and a widely attended community forum (July 29, 2010), Robert G. Marbut Jr., Ph.D. was hired (October 1, 2010) by the City of St. Petersburg to develop a strategic action plan to address the growing homeless challenges in St. Petersburg and Pinellas County. The strategic action planning process was broken into 8 phases lasting from October 2010 through November 2011:

- Phase I was an in-person inventory and review by Dr. Marbut of homeless services throughout Pinellas County. These site visits were performed throughout the 168-hour cycle of service with “formal” site visits conducted between 8a and 5p, Monday to Friday, and “informal” visits conducted at night, during weekends and holidays [see Exhibit 1 for a listing of programs and agencies visited].
- Phases II and III were conducted simultaneously because of the inherent interconnectivity of the underlying issues between needs assessment and gap analysis. Research and assessment was done on “types” of services (qualitative) and “capacity” of services (quantitative) needed in Pinellas County.
- Phase IV was a series of in-person meetings with officials, staffers and volunteers from government, business, faith-based, non-profit, civic and educational agencies that were used to help strategically frame the Strategic Action Plan.
- Phases V to VII were conducted simultaneously because of the technical overlap between the review of national best practices, the identification of action steps and the drafting of the Final Report. During this time period, Dr. Marbut evaluated the current homeless operations within Pinellas County using national best practices and the *Seven Guiding Principles of Homeless Transformation* as the key measuring tools [see Exhibit 2 to review the *Seven Guiding Principles of Homeless Transformation*]. These evaluations informed and guided a plethora of recommended action steps.
- Phase VIII was added as part of a contract extension and included the assisting in the visioning process, development, structuring and initial start-up operations of Pinellas Safe Harbor (a 24/7/168/365 entry-portal and service facility for men and women).
- A status report was presented to the St. Petersburg’s City Council on May 19, 2011 and a formal presentation of the Final Strategic Action Plan to Reduce Homelessness was made to the Council on November 21, 2011.

As part of Robert Marbut’s initial presentation to the St. Petersburg City Council, Dr. Marbut offered to go beyond “study and report” functions and to help catalyze, facilitate and implement action plan opportunities as they arose.

Critical Big Picture Findings and Major Recommendations

- Streamline, Transform and Re-brand the Overall System:

Pinellas County is a service rich community and has more service providers than most communities. These services are provided by very dedicated and thoughtful staff members and volunteers, but for the most part, these services are neither strategically nor formally coordinated within an integrated system, especially at the tactical level. This results in poorly prioritized funding and lacks strategic engagement. The homeless service sector in Pinellas County has lacked “connective tissue” and “unity-of-command-structure,” and has had no clear accountable leadership structure. Furthermore, homelessness is a county-wide challenge that requires a set of coordinated county-wide strategic solutions. As this report goes to print, there is a major effort underway that should successfully address the restructuring issue.

Recommendations:

Because homelessness is a county-wide challenge, all solutions should be county-wide coordinated initiatives.

Need to restructure the “Homeless Leadership Network” (HLN) and the “Pinellas County Coalition for the Homeless Inc.” (Coalition) into ONE streamlined organization that has only one vision/mission, one Board, one Chair and one CEO. All strategic decision making (and some tactical operations) must occur within this one organization. This organization will need a strong chair to lead the way. Additionally, this organization must hire and retain highly competent staff.

Once the restructuring mechanics are complete, the new organization and the overall system need to be “re-branded.”

This organization needs to promote the “culture of transformation” throughout the entire system. Additionally, it will need to develop common culture, nomenclature, systems, policies and procedures throughout the system.

Ordinances should be harmonized and standardized throughout the County.

- Proactively Coordinate Upstream Funding Around Strategic Outcomes:

For the most part, agency funding and service delivery is “agency-centric” and not “outcome-centric.” Furthermore, “upstream-funding” to agencies is neither coordinated nor strategic, and at times has created competing objectives.

Recommendations:

Funding decisions must be made on the merits based on outcomes, and not be based on legacy giving. Resources must align with strategic objectives.

Going forward, “upstream-funding” of all kinds (eg government, continuum-of-care, United Way, JWB, corporations, foundations, high individual donors, etc.) should be pooled, coordinated and allocated based on strategic objective outcomes.

Upstream funders need to help lead the charge in streamlining services into an integrated-system. It should be noted that agency-centric systems seldom realize real change from within. It is an interesting fact that the two largest and most recent improvements to the homeless delivery system (eg Pinellas Hope and Pinellas Safe Harbor) did not come from within HLN-Coalition. In fact major elements within the HLN-Coalition fought against the creation of Pinellas Hope and Pinellas Safe Harbor.

It needs to become politically acceptable and politically expected to de-fund underperforming agencies.

- Embrace National Best Practices of Transformation and *Look, Feel and Smell* Standards:

At the agency level, service levels vary widely across service providers. Many agencies have yet to embrace national best practices of “Transformation” and high environmental quality (eg “*look, feel and smell*”). There are some outstanding service providers in the community that are providing top notch services in high quality environments; however, over half of the agencies visited fall significantly below the national best practice standards of “*look, feel and smell.*”

Recommendations:

The newly streamlined leadership organization must lead the effort to promote a system-wide “Culture of Transformation.” Any agency that retains a “warehousing culture” and/or has low *look, feel and smell* standards should be de-funded. Again, it must become politically expected to de-fund underperforming agencies and to fund high-performing agencies that have not received funding in the past.

Going forward, before any agency receives funding it should be “certified” as being a best practice site within the newly structured system (much like a *United Laboratories* independent product safety certification or a *Good Housekeeping* seal-of-approval). These certifications need to be conducted by an independent reviewer and should be fast and un-bureaucratic. In addition to raising quality standards and improving outcomes, this will help quality agencies to raise additional funding.

- Create Two Master Case Management Systems:

Pinellas County lacks a true master case management system. “Master case management” and “agency level case management” are often wrongly presented as the same functionality. There is a major difference between master case management and agency level case management. The involvement of *Directions for Mental Health* as the lead master case management group at Pinellas Safe Harbor is major and positive step forward in this area.

Recommendations:

Two county-wide master case management systems need to be created: one for men and women and one for families-with-children. These systems need to become the entry-portals into the service system and include centralized intake systems.

Each homeless individual and family needs their own Master Case Manager who creates a customized action plan to recovery. Master Case Managers then need to proactively monitor and manage each recovery-action-plan across service providers. These Master Case Managers need to have the full authority to place and move individuals and families throughout the integrated-system, and to adjust recovery-action-plans as needed.

A seminal “beach-head” master case management system for men and women has been set up at Pinellas Safe Harbor and is led by *Directions for Mental Health*. This is a great start, but it needs to be expanded to other agencies and be fully funded. The master case management system for men and women should seamlessly overlay Pinellas Safe Harbor and Pinellas Hope.

- Create, Enhance and Improve Services for Families-with-Children:

Families-with-children homelessness is at a crisis level. There is a critical lack of housing units and services for families-with-children and single working moms. Additionally, there is no “entry-portal” for families-with-children in Pinellas County.

Recommendations:

A seamless entry-portal with a master case management system needs to be created and funded for families-with-children. Efforts are underway with the YWCA to try to develop and fund such an operation.

Going forward, all Low Income Housing Tax Credit (LIHTC) applications and other housing tax-credit efforts should only be used for families-with-children.

- Build on the Successes of Pinellas Safe Harbor and Relocate Turning Point:

At the start of this action planning process, there was a lack of 24/7/168/365 services for chronic homeless men and women. Additionally, Pinellas County lacked an “entry-portal” for men and women. Thanks to the leadership of the *Pinellas County Sheriff*, Pinellas Safe Harbor has become a great success and a critical step forward toward helping the chronic homeless men and women. It has:

- created 470 new 24/7/168 living placements (largest operation in the County),
- created a county-wide entry-portal for men and women,
- created a beach-head for a county-wide master case management system,
- helped thousands of homeless individuals,
- catalyzed major system savings through jail and emergency room diversions.

Recommendations:

Because of the significant overlap in populations served and because of the need to streamline operations, Turning Point should be moved to Pinellas Safe Harbor. If it is not feasible to move Turning Point proper, then a Turning Point type of operation must be created at or very near Pinellas Safe Harbor as soon as possible.

Pinellas Safe Harbor needs to continue to make important system and physical plant improvements, such as an addition of a scullery operation, creation of a food prep area, improve the drainage system for the outdoor courtyard, bring on-line the new in-and-out card system, add an improved phone system, create murals to soften the environment, add more job training opportunities, add more and larger classrooms, etc.

It is also critical that Pinellas Safe Harbor residents have consistent medical and mental health care. Ideally, this would be at least 40 hours a week. Because Pinellas Safe Harbor has the highest resident census in the County, the federally supported mobile medical units should be regularly positioned at Pinellas Safe Harbor.

Sustainable long-term funding streams for Pinellas Safe Harbor need to be assembled.

- Upgrade Pinellas Hope:

Pinellas Hope is a critical service provider within the overall county-wide system, and in terms of individuals served is the second largest emergency program within the County. By and large, the services provided at Pinellas Hope are excellent. However, Pinellas Hope needs master level case management and needs to upgrade its physical plant. Pinellas Hope needs to be a step above Pinellas Safe Harbor, yet many homeless individuals feel Pinellas Hope is a step below.

Recommendations:

The physical plant at Pinellas Hope needs to be upgraded to meet national best practice standards (eg more permanent structures, better drainage, air conditioning, etc.). An elevated walk way system (like what is found in many Florida State Parks) might be an inexpensive way to address the flooding issues.

Sustainable long-term funding streams for Pinellas Hope need to be assembled and capital improvement funds need to be raised.

Because Pinellas Hope and Pinellas Safe Harbor are so close to each other (just 5 minutes) and because of the significant overlap in individuals served, it makes sense to extend the new master case management system found at Pinellas Safe Harbor to Pinellas Hope (and to Turning Point if it relocates near Pinellas Safe Harbor).

- Redirect Street Feeding to Align with Holistic Service Programs:

At the start of this action planning process, street feeding and other street service efforts, although well intentioned and good hearted, were “enabling” homeless individuals rather than engaging homelessness. Feeding in the parks, at street corners and under bridges was exacerbating homelessness and was actually increasing the number of street homeless. Since October 2010, there have been major improvements in the strategic alignment of street feeding with transformational services. *Metropolitan Ministries* has taken a major leadership position in addressing this situation and has started to provide most of the dinners at Pinellas Safe Harbor

Recommendations:

Street feeding organizations need to be encouraged to relocate their services to Pinellas Safe Harbor, Pinellas Hope and other holistic programs.

Need to procure donated lunches and breakfasts for Pinellas Safe Harbor.

Whole sale food suppliers, caterers, grocery stores, restaurants and hotels need to be encouraged to assist strategic efforts rather than one-off operations that enable homelessness.

- Upgrade/Enhance TBIN and Change the TBIN Business Model:

TBIN is one of the best HMIS (Homeless Management Information System) systems in the USA and has provided a helpful “score-keeper” function. However, the TBIN system needs to move from being a passive score-keeper to being a proactive case management tool within a truly integrated system. Additionally, the TBIN “business model” (eg charging agencies for service) is an impediment to integration and deters participation. Some upgrades, like the new in-and-out card system, will be coming on-line soon.

Recommendations:

TBIN needs sustained staffing resources to enhance the functionality, sophistication and capacity needed to become a proactive case management tool.

The TBIN “business model” needs to be revised. TBIN should be viewed as a central support system that helps the entire system and thus receives stand-alone funding.

- Sustain and Improve on the Successes-to-Date:

There have been many successes and much improvement since October 2010. Street homelessness has dropped functionally to 0 individuals on the street. About 800 individuals are in daily 24/7/168 programing that were not in programing on January 1, 2011, and hundreds more have graduated from programing. The overall “governance” of homeless efforts is on its way to being streamlined and integrated, and dozens of critical tactical initiatives have been implemented. There are also new alliances and partnerships that did not exist a year ago. These successes were strategically planned and tactically implemented with the support of many groups and individuals. Conscious efforts will need to be made to sustain, and improve on, these successes.

Recommendations:

The new alliances and partnerships that have been built need to be nurtured and promoted, and should never be taken for granted. We are all on the same team.

Successful initiatives need on-going support.

Everyone involved needs to be focused on outcomes and vigilant to watch for ways to improve the system.

The Japanese philosophy of *Kaizen* is so important. Processes, operations and systems must continuously be improved. If continued improvement does not occur, major problems will arise. Key folks must continue to bring best practices back into

the systems of Pinellas County and St. Petersburg. Highly successful programs around the USA like the SIP (Serial Inebriate Program) in San Diego and Phoenix's Homeless Police Unit should be visited. National best practices should be integrated into the overall system.

Having the *Veteran, Homeless and Social Services Office* directly report to the Mayor has been a very important improvement. Staffing and continued support of this office is very critical (it should be noted that in most cities, this is a multi-person function).

Successes-to-Date

Since October 2010, many strategic and tactical improvements have been made to the overall homeless delivery system. Some of the major improvements to-date have been:

- A change from an “enabling culture” to a “culture of engagement.” More and more the culture and language have become transformative in nature.
- Started strategically streamlining the homeless services sector “governance structure” which in turn will strengthen the “unity-of-command-structure.” This restructuring process should be completed very soon.
- The opening of Pinellas Safe Harbor on January 6, 2011 created an entry-portal for men and women, most of whom have been in a chronic state of homelessness for years.
- The opening of Pinellas Safe Harbor has provided 24/7/168/365 holistic programming services for 470 individuals on any given day.
- A germinal master case management system has been created for chronic homeless men and women.
- Most street feeding efforts have been redirected toward Pinellas Safe Harbor, Pinellas Hope and other transformative programs.
- A bundle of tactical improvements have come on-line to promote integration and streamlining. These initiatives have led to improvements in overall system operations which have increased functional daily capacity and improved per-unit delivery costs.
- Several efforts have been started that may lead to the creation of an entry-portal for homeless families-with-children.
- Several efforts have been started that may lead to the creation of additional 24/7/168/365 living units for families-with-children.

Measurable-Accomplishments-to-Date

Like different vital signs taken in an emergency room (eg blood pressure, pulse, oxygen, etc.), different measurements were used to assess the overall initial challenge, and then used to measure ongoing process/system improvements:

- Overnight Sleeping at City Hall . . . measured at 12 midnight and counts the number of individuals sleeping within the City Hall interior block . . . on October 27, 2010, 193 individuals were sleeping at City Hall . . . since July 13, 2011, there have been 0 individuals sleeping around City Hall.
- Williams Park and Mirror Lake Hanging Out . . . measured throughout the day and tracks the number of individuals hanging out throughout the day in the public parks . . . during October 2010, there were 85+ individuals in Williams Park and 50+ individuals around Mirror Lake throughout the day . . . since July 2011, the number individuals in the Park or around the Lake has ranged between 3-12.
- Central Business District (CBD) Nighttime Hanging Out . . . measured weekly normally on Wednesdays between 9-11p and counts the number of individuals hanging out in the greater CBD at night . . . the count was 176 on December 22, 2010 . . . since July 2011, the number of individuals has ranged between 8-15.
- There has been an approximate 300 bed decrease in the use of jail beds since Pinellas Safe Harbor opened January 6, 2011.
- There has been an approximate 770 person increase in the number of individuals engaged in 24/7/168 programing on any one day since October 2010 across multiple agencies.

Project Scope Phases

Phase I Scope:

During Phase I (October through December 2010) an inventory and review of homeless services were conducted using in person site visits to homeless service providers throughout Pinellas County.

For the most part, two to four site visits were performed per service agency for the purpose of inventorying services on a 168-hour cycle of service (eg a one week cycle). “Formal” site visits were generally conducted between 8a and 5p, Monday to Friday, while “informal” visits were conducted at night and during weekends.

Phases II and III Scope:

Because of the inherent interconnectivity of the underlying issues between needs assessment and gap analyses, Phases II and III were conducted simultaneously (January through February 2011).

Research and assessment was done on “types” of services (qualitative) and “capacity” of services (quantitative) needed in Pinellas County.

Data sets from TBIN (Tampa Bay Information Network), HMIS (Homeless Management Information System) and Point-in-Time Counts (PITCs) were also analyzed and synthesized with street level observations and agency interviews.

Additionally, because of the lack of wait list data on “families-with-children,” two different month-long data surveys were conducted of families-with-children who were being denied entry into the larger and medium sized family shelters in Pinellas County. The purpose of these two surveys was to determine empirically the gaps in service for families-with-children.

Phase IV Scope:

During Phase IV (March through May 2011) in person meetings were held with officials, staffers and volunteers from government, business, faith-based, civic and educational agencies in order to strategically frame the Strategic Action Plan.

Additionally, Dr. Marbut continued conducting the inventory of homeless services (qualitative) and capacity of homeless services (quantitative) throughout Pinellas County.

Status Report Presentation:

A status report on the Strategic Action Plan to Reduce Homelessness was formally presented to the St. Petersburg's City Council on May 19, 2011.

Phases V to VII Scope:

Because of the overlap between the review of national best practices, the identification of action steps and the drafting of the Final Report, Phases V to VII were conducted simultaneously (June through November 2011).

During this time period, Dr. Marbut evaluated the current homeless operations within Pinellas County using national best practices and the *Seven Guiding Principles of Homeless Transformation* as the key measuring sticks which in turn informed and guided a plethora of recommended action steps. These action steps were then organized into an overall strategic action plan.

Throughout the strategic review process, Dr. Marbut briefed a wide variety of stakeholders about findings and recommendations to-date.

The tactical steps and strategic objectives within this report were vetted with a wide variety of stakeholders. Even though it was expected, it is important to note that some individual agencies did not agree with some of the proposed recommendations contained within this report.

Phase VIII Scope:

Phase VIII was added as part of a contract extension and included assisting in the visioning process, development, structuring, opening and initial start-up operations of Pinellas Safe Harbor (a 24/7/168/365 portal and living facility for men and women).

Final Action Plan Presentation:

The finalized Strategic Action Plan to Reduce Homelessness was formally presented to the St. Petersburg's City Council on November 21, 2011.

Initial Observations and Field Notes

Pinellas County is Service Rich but There is Very Little Formal Strategic and Systematic Integration of Homeless Services:

- Pinellas County has more service providers than most communities, and these services are provided by very dedicated and thoughtful staff members and volunteers, but for the most part these services are not coordinated. There is a wide variety of homeless service providers scattered throughout the County; however, these service providers are not formally and strategically integrated, especially at the tactical level. This results in poorly prioritized funding and lacks strategic engagement.
- There are a significant number of “informal” and “one-off” relationships that help homeless individuals, but the level of help is inconsistent, unsystematic and is often delivered inefficiently. Real solutions will only be found at a county-wide “systems” level.
- Homeless services in Pinellas County are not organized into a “system” but are instead a disjointed network of “siloed” services that lacks a unified action plan.
- Currently, funding and service delivery is “agency-centric” and not “outcome-centric” driven by county-wide strategies.
- The overall community needs to develop a “common end vision” with an internal bias for action.

The Homeless Network in Pinellas County Lacks “Connective Tissue”:

- There are very few forms of formal agency-to-agency connectivity and, with the exception of TBIN, there is no functional accountability between individual service providers and an overall “system” of care.
- TBIN is serving a very positive role that provides at least one level of formal connectivity.
- Service providers need formal, direct and strategic connectivity to an overall service system of care and formal inter-agency connectivity to functionally related agencies.
- It is critical that all agencies “buy into” a common culture of transformation.

- All agencies who receive United Way and public funding (eg federal, state, local and special district) need to be accountable to one integrated unified system which has a unity of command leadership structure similar to that of emergency management leadership systems.
- A common base level of operations must be developed (eg common nomenclature, policies, protocols, procedures, measurements, etc.).
- Inter-agency relationships need to be strategically created then formalized.
- In order to be successful, a central intake system must be created.
- Need to create a master case management system that develops and customizes a recovery-action-plan for each homeless individual receiving services. Master Case Managers will need to hold both homeless individuals and service agencies accountable.
- Need to create transportation loops between major homeless service providers.

Lack of “Unity-of-Command” (eg Unified Leadership) within the Homeless Service Sector:

- After meeting with staff members and volunteers from over 70 service providers, no two agencies have been able to articulate a common view of the homeless service structure and its leadership within Pinellas County.
- A system will never be fully functional if everyone within the structure has a different view of the system and its leadership. There are many ships trying to do good things in Pinellas County, but there is no one harbor master to provide a point of central command leadership and accountability.
- The most accurate diagram of the structure within Pinellas County was presented by the staff director of Homeless Leadership Network [See Exhibit 3]. When reviewing this diagram, there are arguably 11+ entities that have a part of the homeless leadership pie.
- Basic good management and governance practices call for the streamlining of this system into one coherent and integrated chain of command. There needs to be a realignment of thinking.
- The lack of clear and unified leadership within the homeless service community leads to:
 - poor decision making processes,
 - delays in decision making,
 - critical solutions die a death by committees,
 - bold initiatives become “water-downed,”
 - critical decisions often do not get made because they are not politically correct.

Every Service Provider Needs to Adopt a Culture of Transformation:

- With a few notable exceptions, most of the service providers operate with outdated cultures.
- The leadership within the civic, local government, funder, advocate, service provider and homeless communities all need to embrace transformational best practices that have worked throughout the USA.

Look, Feel and Smell:

- Environmental quality varies widely across service providers. There are some outstanding service providers in the community that are providing top notch services in high quality environments; however, over half of the places visited fall significantly below the national best practice standards of “*look, feel and smell.*”
- All service providers need to have a high quality of *look, feel and smell*:
 - all areas need to be organized neatly and uncluttered (look),
 - all areas need to be warm and nurturing (feel),
 - all areas need to smell like a nice home - not smell dirty and soiled nor smell like cleaning solutions (smell).
- Safety, hygiene and communicable diseases are all negatively impacted by dirty, soiled and cluttered environments.
- Having high standards in this area dignifies the folks being helped while fostering higher standards for everyone involved. Individuals respond to their surroundings. Neat, clean and warm feeling environments will lead to more positive responses than dirty, soiled and cluttered environments.
- High quality environments increase resources in four ways:
 - increases volunteers,
 - increases funding,
 - increases staff member and volunteer productivity,
 - extends the useful life of the physical plant and infrastructure.
- Tight funding may explain some of the poor conditions, but most of this can be explained by a culture of low standards.
- Thorough cleansings with bleach, painting and organizing of facilities would go a long way to improve conditions.

- It is recommended that a community wide effort be done as soon as possible to clean up, unclutter and then paint each service provider.
- Every agency, regardless of where their funding comes from, should strive to meet national best practice standards.
- None of these comments should take away from the good hearted efforts of so many organizations, staff members and volunteers. In many cases service providers work tirelessly but feel like there is no help for their organization.

We Are on the Same Team:

- Service providers need to move from being competitors to system partners (eg “we are all members of the same team”).
- Homelessness is too big of a challenge for one agency to address. Like great sport teams, individual organizations need to adopt a team winning attitude that the team is first while individual agencies are second. Agencies have specific roles to play, and collectively agencies can help more individuals and families if they work as an integrated-system rather than continue to compete against each other.
- There are some outstanding service providers and leaders in Pinellas County who can provide peer support and coaching to other agencies.

Create Master Case Managers:

- Pinellas County lacks a true master case management system. Even though master case management and agency level case management are often wrongly presented as the same functionality, there is a major difference between master case management and agency level case management.
- Each homeless individual and family needs their own Master Case Manager who creates a customized action plan to recovery. Master Case Managers then need to proactively monitor and manage each recovery action plan.
- These Master Case Managers need to have the full authority to place and move individuals and families throughout the integrated-system, and to adjust recovery action plans as needed.

- Because of the significant importance of Master Case Managers, caseloads need to be low (about 20-25 for families, 30-45 for individuals and 20-30 for chronic individuals).
- Master Case Managers need to be able to follow all individuals throughout the transformation process and between all agencies.
- Duties of Master Case Managers should include:
 - initial intakes into the TBIN system,
 - initial and ongoing assessments,
 - developer of individual recovery-action-plans,
 - proactive “navigator” of recovery-action-plans throughout the integrated-system.

The Lack of Housing and Services for Families-with-Children is at Crisis Level:

- There is a critical lack of units and services for families-with-children. This is at crisis level.
- Every family service provider visited is turning away 10-20 families per day. Because there is no central case management tracking system and there is no master wait list, it is impossible at this time to accurately ascertain how many families are not getting help.
NOTE: A survey was conducted during Phase IV to estimate the number of families needing emergency housing and services on any given night.
- Dealing with families-with-children is so important since the children are innocent victims, and if not helped now, will create more expensive problems later. The downward cycle needs to be stopped.
- Many, if not most, of the families who need services have a single parent whom has a job or recently lost a job, but due to domestic violence and/or finances have lost their housing.
- The homeless sub-group of families-with-children has been the sub-group most hurt by the recession.
- Entry and service requirements need to be standardized, streamlined and coordinated between agencies. Entry criterion has inconsistently been enforced while some of the entry protocols are still antiquated.
- It is strongly recommended that we create a detailed master list of families who are being denied services so as determine the unduplicated number of families in need and in order to develop a targeted plan of attack to help these families.

Lack of Services for Chronic Homeless Individuals:

- Chronic homelessness as a percentage of the overall homeless population is running around 29% in Pinellas County which is dramatically above the national average which is around 21% of the total homeless population. Chronic homelessness is defined as someone who has been living on the street for the last 365 days or has been in 4 different shelters in the last 365 days.
- Existing data is inconclusive as to why this percentage is so high in Pinellas County, but an educated guess based on the research to date is this is high because there have been very little customized services for the chronic homelessness.
- Pinellas Safe Harbor, which opened in January 6, 2011, is successfully addressing this group.

Pinellas County Lacks Affordable Housing Especially for the Working Poor:

- Over the last 20 years, 12,000-20,000 units of affordable housing have been lost within the County. Some of this has occurred because of urban conversion to higher-end housing and retail establishments; while some has been caused because of new hurricane and flood plain building codes.
- This has hurt families-with-children the most.

Street Feeding and Street Services Are Not Aligned with Other Services:

- Street feeding and other street service efforts (eg clothing and blanket distribution), although well intentioned and good hearted, are very enabling and do not engage homeless individuals. Providing services and feeding in the parks, at street corners and under bridges only acts to exacerbate homelessness and actually increases the number of homeless individuals on the street.
- Groups and individuals feeding homeless individuals need to move from enabling behaviors to engaging efforts by holistically aligning feeding efforts with other engaging services at formal programs sites. This is a critical issue for the faith-based community to address.

Medical Care Needs:

- The Mobile Medical Unit system was set up in 1986 and is no longer adequate to serve the needs of the homeless. Since 1986, the number of homeless seeking medical care has grown exponentially, yet the Mobile Medical Unit has been functioning basically as it did in 1986.
- The Mobile Medical Unit is a very ineffective delivery system for the current needs. For example, in January 2011, the Mobile Medical Unit was “open and operating” only 56.9% of a work week (based on a 40 hour work week). Furthermore, almost ½ the service sites are “closed” sites not open to homeless residents from other agencies. Therefore, the Mobile Medical Unit is only available to an average homeless person 13 to 15 hours a week. This situation is exacerbated by the fact that one of new units, which is significantly larger than the old unit, does not fit at some sites. This in turn means many homeless individuals inappropriately go to Emergency Rooms for minor and primary care needs.
- More patients can be seen if the Mobile Medical Unit was open 8 hours a day and if all service sites were “open” to everyone.
- There is a significant and urgent need for mental health, dental, vision and podiatry services throughout Pinellas County.

Pinellas Hope:

- Pinellas Hope is a critical service provider within the overall county-wide system.
- Pinellas Hope provides critical services to a significant number of individuals (in terms of number of individuals, Pinellas Hope is the second highest emergency residential homeless service provider in the County).
- The physical plant at Pinellas Hope needs to be upgraded to meet national best practice standards (eg more permanent structures, better drainage, air conditioning, etc.).
- The feasibility of increasing the capacity of Pinellas Hope should be studied.

Pinellas Safe Harbor:

- The opening of Pinellas Safe Harbor (PSH) on January 6, 2011 was a critical first step toward helping the chronic homeless. PSH has already helped thousands of homeless individuals while providing major system savings through jail and emergency room diversions.
- This has aligned many of the “service magnets” (eg food, bathrooms, showers, shelter and safety) at one site for chronic homeless individuals.
- Pinellas Safe Harbor is holistically helping individuals while providing major financial savings to the overall community.
- Because of the overlap between populations, Turning Point should be moved to Pinellas Safe Harbor. If not feasible to move, a Turning Point type of operation needs to be created at or very near PSH.
- Medical, mental health, dental, vision and podiatry services are critically needed at PSH.
- Faith-based and civic partners like Metropolitan Ministries have started to provide meals to PSH residents.
- It is important to understand that the chronic homeless segment is about 1/4 of the overall homeless count within the County. Furthermore, it is important to remember that Pinellas Safe Harbor is not appropriate for families-with-children.

Closure of CHIP (Clearwater Homeless Intervention Project):

- CHIP was the largest emergency residential operation in Clearwater.
- The non-strategic closure of CHIP has presented major challenges to the overall service delivery network.

TBIN (Tampa Bay Information Network):

- TBIN is one of the best HMIS (Homeless Management Information System) systems in the USA and has proven to be a helpful “score-keeper” and compliance tool.
- TBIN is providing critical connectivity between service providers and the overall system, and could become the cornerstone building block to build a truly integrated system.

- The implementation of the new scanner system with in-and-out tracking functionality needs to be expedited. Biometric and real-time occupancy capabilities then need to be added as soon as possible to TBIN.
- It is critical that TBIN moves from a passive recording/score-keeping system to a proactive case management tracking system tool that is used by all service providers as the primary master case management technology tool.
- To deal with future needs, TBIN will have to become more robust (eg more sophisticated with increased capacity).
- Service providers should not be charged licensing fees for base services and the underlying business model for licensing needs to be reviewed as soon as possible.

Ordinances:

- Ordinances vary widely throughout the County. These ordinances need to become standardized and uniformed throughout the County.

Re-branding:

- As part of the governance restructuring process (eg streamlining, unity of command, leadership, etc.), the overall system needs to be “re-branded.”
- Re-branding the overall system will act to provide connective tissue to the overall system by internally integrating service partners under one umbrella.
- Also, re-branding will help increase resources (eg value-in-kind donations, funding and volunteers) for many service providers and to the overall system.
- By establishing, measuring and monitoring quality standards across the system, the newly branded system will act like a *UL certification* service providers who meet the standards of the new system.

Palm Trees and Golf Courses:

- Where there are palm trees and golf courses, there will always be homeless individuals because of the nice climate.
- Homelessness does not increase with improved and expanded services. Homelessness actually decreases when holistic and comprehensive services are put in place. Homeless individuals come for the weather not for the services.

Other Issues:

- There is a need for animal care services for homeless individuals who have pets. Not having animal care services acts as a barrier of entry to needed services.
- The overall system needs to embrace a bias-for-action, rather than forming committees to study issues.
- Some family shelters do not allow teen boys and fathers (due to security concerns of mixing genders) to stay with their families which is very bad for the families and the boys/fathers. Every effort possible must be made to keep the family intact.
- There is a lack of a centralized community kitchen. For a multitude of reasons, a “centralized community kitchen” should be created. Efforts are currently underway to explore the feasibility of creating a central kitchen.

Critical Success Issue Areas

1- Need to Create Connective Tissue:

- Improve and streamline “governance” into one coordinating organization
- Develop common culture, nomenclature, systems, policies, procedures, etc.
- Adopt a culture of Transformation system-wide
- Formalize and re-brand a new system
- Increase the sophistication and capacity of TBIN in order for it to be proactive
- Create a centralized intake process
- Create a master case management system
- Create transportation loops between synergistic agencies

2- Need to Increase Housing and Supportive Services for Families-with-Children:

- There is a critical lack of services for families-with-children (at a crisis level)
- Expand housing and supportive services for families-with-children

3- Need to Enhance the Operations of Pinellas Safe Harbor and Pinellas Hope:

- Extend master case management to Pinellas Hope
- Provide mental health and medical services at Pinellas Safe Harbor
- Set-up a sobering and medical detox unit adjacent to Pinellas Safe Harbor
- Improve physical plant and enhance case management at Pinellas Hope
- Continue to make system and physical plant improvements at Pinellas Safe Harbor
- Increase capacity of both operations
- Move street feeders to Pinellas Safe Harbor and Pinellas Hope

4- Need to Improve the Performance of Individual Agencies (before other expansion occurs):

- Adopt a culture of true Transformation
- *Look, Feel and Smell* standards need to be at national best practice levels
- Improve internal efficiencies
- Better integrate each agency within the overall system
- Develop/improve “warm hand-offs” between upstream/downstream agencies
- Use peer support and coaching
- Increase funding for underutilized successful agencies and de-fund bad and poor agencies
- Align street feeding and service groups to major service nodes like Pinellas Safe Harbor
- After improvements are put in place, determine the “new” level of need

Needs Assessment and Gap Analysis by Critical Success Issue Area

Critical Success Issue Area 1- Need to Create Connective Tissue:

- The major gap in this issue area is not having a unified system managed by a single organization (eg one vision/mission, one agency, one Board, one Chair and one CEO). Once there is one organization running the overall system, the system should be re-branded. The leadership can then focus on the gaps in culture and systems throughout the service providers (eg mission of transformation, standards, nomenclature, systems, outcome measurements, policies, procedures, integrated referral system, strategic and integrated budgeting, etc.).
- Upstream funders need to help lead the charge in streamlining services into an integrated-system. It should be noted that agency-centric systems seldom realize real change from within. It is an interesting fact that the two largest and most recent improvements (eg Pinellas Hope and Pinellas Safe Harbor) did not come from within HLN-Coalition. In fact major elements within the HLN-Coalition fought against the creation of Pinellas Hope and Pinellas Safe Harbor.
- TBIN is a very good system, but TBIN needs sustained staffing resources to enhance the functionality, sophistication and capacity needed to become a proactive case management tool.
- Pinellas County has lacked a true master case management system. Even though master case management and agency level case management are often wrongly presented as the same functionality, there is a major difference between master case management and agency level case management. Somewhere between 27-39 new Master Case Managers are needed county-wide. All case managers need to be fully integrated into one management structure that reports to the new leadership coordinating agency CEO (not to individual service agencies).
- Pinellas County lacks a centralized intake system. This can be solved by aligning the intake system with the master case management structure.
- Transportation between critical service providers is very poor or non-existent. Two transportation loops are needed to connect targeted service providers. The first transportation loop should be for chronic men and women. The second transposition loop should be for families and individuals. These should run at least Monday-Friday 7:30a to 6:00p and Saturday mornings. The key is frequency not capacity.

Critical Success Issue Area 2- Need to Increase Housing and Supportive Services for Families-with-Children:

- There is a critical lack of services for families-with-children across the continuum of care within Pinellas County. THIS IS AT A CRISIS LEVEL, especially on the emergency side of the continuum. Based on a study of families-with-children being denied entry into shelters, if we project a 10% system-wide improvement in graduation rates with a 80% entry rate, then 110 emergency family units are needed as soon as possible county-wide. The good news is, based on the family sizes in the survey, 79% of these family units can be one bedroom units with 2 twin beds (or cribs). Based on the survey, 24% of these units will need to allow for a male parent. A second study confirmed the dramatic needs of families-with-children.
- Additionally, beyond the issue of pure capacity, there are three major policy issues that need to be worked on:
 - 1- How do we help families that have parents with criminal backgrounds?
 - 2- How do we help families that have teen boys and dads?
 - 3- How do we help families that have parents with bad credit or eviction history?
- Beyond the need for emergency placement units, there is a need for longer term housing with supportive services for families-with-children. A “housing first” voucher program with true supportive services would be an ideal solution. Because of the poor data integrity relating to families not being served, it is very hard to ascertain a true level of need at this point. As the TBIN system becomes more robust and proactive, this information may become known.

Critical Success Issue Area 3- Need to Enhance the Operations of Pinellas Safe Harbor and Pinellas Hope:

Pinellas Safe Harbor:

- Enhance medical and mental health services to Pinellas Safe Harbor residents.
- A true sobering and detox operation needs be adjacent to and integrated with Pinellas Safe Harbor. This would improve the service level to Pinellas Safe Harbor residents while improving the overall operation of Pinellas Safe Harbor. Based on reviewing data from Pinellas Safe Harbor, 55-85 sobering and detox mats are needed. Placing a sobering and detox unit next to Pinellas Safe Harbor would also act to increase “functional” mat use by 30-45 mats.
- Street feeders need to relocate their program activities to Pinellas Safe Harbor (or other

service nodes) in order to stop the enabling behaviors on the street and to help Pinellas Safe Harbor operations.

- As transfer and graduation rates improve, the capacity of Pinellas Safe Harbor should be re-analyzed to determine if further expansion is needed.
- Civic, business, faith-based, government and medical hospital organizations all need to be engaged in supporting Pinellas Safe Harbor in order to assure Pinellas Safe Harbor's long term sustainability.

Pinellas Hope:

- Pinellas Hope must be an attractive “next-step-up” referral partner from Pinellas Safe Harbor (eg for the system to be successful, Pinellas Hope must receive a steady flow of referrals from Pinellas Safe Harbor). To do this, Pinellas Hope needs to be a clear “step above” Pinellas Safe Harbor. However, many potential residents currently consider Pinellas Hope to be a step below Pinellas Safe Harbor. To fix this, the level of service and infrastructure at Pinellas Hope must be upgraded at least as follows:
 - Install a drainage system that draws the water away from sleeping areas and/or install an elevated walk way system (like what is found in many Florida State Parks)
 - Place all tents on platforms
 - Build at least one more “permanent” multi-purpose building
 - Add 40 SRO housing units
 - Look at expanding residential capacity
 - Add Master Case Managers

Critical Success Issue Area 4- Need to Improve the Performance of Individual Agencies (before other expansion occurs):

- Pinellas County cannot build its way out of the challenges facing the community. There is a need for increased capacities in targeted areas, and there is a need for across the board aggregated agency level improvements in the areas of outcomes, graduation rates and rates of successful referrals.

- Most homeless service agencies in Pinellas County need to improve their cultures within their agencies. Cultures that reflect territorial silos, warehousing and the *status quo* need to move to a culture of transformation and system integration.
- Most service agencies would benefit from an improvement in their “*look, feel and smell*” standards. Improved *look, feel and smell* conditions would better serve agency residents and customers.
- The Mobile Medical Units need to significantly increase their ratio of open-for-service to closed-to-service hours. Ideally, services should be open 40 hours a week.
- All street feeding programs need to move to Pinellas Safe Harbor, Pinellas Hope or another integrated multi-service provider. A central kitchen should be established.

October 27, 2011 (12:42pm)

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Program/Agency Site Visits

Administrative Forum
Health and Human Services Coordinating Council for Pinellas County
Pinellas County

ALPHA House of Pinellas County
St. Petersburg
Transitional Housing and Supportive Services for Homeless Pregnant Women, Mothers with
Infants and Families Experiencing Crisis Pregnancies

ASAP Homeless Services
St. Petersburg
Transitional Housing for Men, Women and Families with Supportive Services

Bayview Park Bridge Encampment
24/7 Outdoor Sleeping Area

Beacon House
St. Petersburg Free Clinic
St. Petersburg
Temporary and Transitional Housing for Men, and Evening Meals for the Community

Boley Apartments
Boley Centers
Pinellas County
Permanent Supportive Housing and Safe Haven

Brookwood Florida
St. Petersburg
Group Home for Adolescent Girls

CASA (Community Action Stops Abuse)
St. Petersburg
Emergency and Transitional Housing for Victims of Domestic Abuse

Celebrate Outreach
St. Petersburg
Feeding and Advocacy

Central Florida Behavioral Health Network, Inc.
Pinellas County
Regional Mental Health Services

“Chicken Man”
Mirror Lake
Street Feeding

CHIP (Clearwater Homeless Intervention Project)
Clearwater
Transitional Housing for Men and Women with Supportive Services

Christ United Methodist Church
St. Petersburg
Nighttime Encampment and Services

Clearwater City Council
City of Clearwater

Daystar Life Center
St. Petersburg
Variety of Services Including ID Recovery, Mail, Food Pantry, Toiletries and Utility Assistance

Directions for Mental Health, Inc.
Pinellas County
Mental Health and Outreach Services

ECHO - Eckerd College
St. Petersburg
Street Feeding Program

Family Emergency Treatment Center (PEMHS)
St. Petersburg
Mental Health Stabilization Services

Food Bank - RCS
Religious Community Services, Inc. (RCS)
Clearwater
Food Bank

Grace House - RCS
Religious Community Services, Inc. (RCS)
Clearwater
Emergency Housing for Families-with-children

HEP Campus (Homeless Emergency Project)
Clearwater
A Full Service Transformational Homeless Campus for Men, Women and Families

Homeless Leadership Network: General Membership and Executive Committee
Pinellas County
Coordination of Services

Johnnie Ruth Clarke Health Center
Community Health Centers of Pinellas, Inc.
St. Petersburg
A Wide Variety of Medical Services for the Uninsured

Juvenile Welfare Board (JWB) Staff
Pinellas County
Funder and Coordinator of a Variety of Services for Children and Families

Metropolitan Ministries
Pinellas and Tampa Bay Counties
Family Campus and a Wide Variety of Services for Homeless and Poor Families

Mid-Pinellas County Cold Night Shelter
Boys and Girls Club of the Suncoast
Pinellas Park
Cold Night Shelter

Mobile Medical Unit 1 and Mobile Medical Unit 3
Pinellas County Health Department for Pinellas County Health and Human Services
Pinellas County
Homeless Medical Services

Mustard Seed Inn
WestCare
St. Petersburg
Transitional Housing with Supportive Services for Men

PAR Village
Operation PAR Inc.
Largo
A Full Continuum of Substance Abuse, Mental Health and Residential Services

Pasco County Homeless Coalition
Pasco County
Continuum of Care for Homeless Services

People that Love
St. Petersburg
Nightly meals, food pantry and residential

PEMHS (Personal Enrichment through Mental Health Services)
A Wide Variety of Emergency Screening, Crisis Intervention and Adult/Child Inpatient Services

Pinellas County Board of County Commissioners (three commissioners)
Pinellas County
Elected Officials

Pinellas County Coalition for the Homeless, Inc.
Pinellas County
Coordination of Services

Pinellas County Health Department
Pinellas County
Medical Services and Coordination

Pinellas County Health and Human Services
Pinellas County
Medical Services and Coordination

Pinellas County Public Defender
Pinellas County
Public Defense and Several Social Service Programs

Pinellas County Sheriff's Office
Pinellas County
Variety of Law Enforcement Services

Pinellas Domiciliary Co-occurring Residential Treatment
ACTS (Agency for Community Treatment Services, Inc.)
Pinellas County
Residential Services Men and Women with Mental Health and Substance Abuse Disorders

Pinellas Hope
Catholic Charities - Diocese of St. Petersburg, Inc
Clearwater
Temporary Emergency Shelter and Supportive Services for Men and Women

Pinellas Park City Council
City of Pinellas Park

Pinellas Safe Harbor
Clearwater
Pinellas County Sheriff's Office
Indoor and Outdoor Safe Sleeping "Courtyard"

Resurrection House
St. Petersburg
Transitional Family Housing and Programing

Safe Place to Be
St. Petersburg
Family Resources
Emergency and Transitional Housing for Teens

"Sandwich Man"
St. Petersburg City Hall
Street Feeding

Saturday Breakfast at Trinity Lutheran Church
St. Petersburg
Feeding

Solid Rock Christian Church
Pinellas County
Sunday meals, pantry and substance abuse treatment

St. Cecelia Catholic Church Cold Night Shelter
Clearwater
Cold Night Shelter

St Peter's Episcopal Cathedral
St. Petersburg
Nighttime Encampment and Services

St. Petersburg Center
Pinellas County Health Department for Pinellas County Health and Human Services
St. Petersburg
Primary Medical Care Services for Uninsured

St. Petersburg City Council
City of St. Petersburg

St. Petersburg City Hall Encampment
St. Petersburg
Nighttime Outdoor Sleeping Area

St. Petersburg Free Clinic
St. Petersburg
Medical and Food Services

St. Petersburg Outreach Team
City of St. Petersburg
St. Petersburg
Intervention Services by a Police Officer and Social Worker Outreach Team

St. Vincent de Paul Conference - Soup Kitchen Clearwater
Clearwater
Meals

St. Vincent de Paul - South Pinellas District
St. Petersburg
Emergency and Transitional Housing for Veterans, Men and women with Supportive Services
and Meals

Suncoast Center, Inc.
Pinellas County
Mental Health and Outreach Services

Suncoast Haven of Rest Rescue Mission
Pinellas Park
Meal at Safe Harbor and Pinellas Hope, dinner meals at the Mission, pantry and day center

TBIN and HMIS
2-1-1 Tampa Bay Cares, Inc.
Clearwater
Tampa Bay Information Network and Homeless Management Information System

TBIN Oversight Group Members
Pinellas County

The Haven of RCS
Religious Community Services, Inc. (RCS)
Clearwater
Domestic Violence Safe Haven

The Princess Martha
St. Petersburg
Active Adult Living

The Salvation Army, Clearwater Citadel Corps
Clearwater
Transitional Housing for Men, Women and Families, Utility Assistance and Food Pantry

The Salvation Army, St. Petersburg Area Command
St. Petersburg
Emergency Residential Services for Men, Women and Families and “One-Stop” Service Center

The Shepherd Center of Tarpon Springs
Tarpon Springs
Thrift Store and a Variety of Emergency Services Including a Food Pantry and Vision Clinic

Thrift Store - RCS
Religious Community Services, Inc. (RCS)
Clearwater
Community Thrift Store

Turning Point
WestCare Inc.
St. Petersburg
Alcohol and Drug Detox Services

Unity Park Encampment
St. Petersburg
Daytime Encampment

Variety of Civic Leaders
Pinellas County

Vincent House (Clubhouse)
Pinellas Park
Mental Illness Recovery Services

Williams Park Daytime Encampment
St. Petersburg
Daytime Encampment

YWCA/USF Family Village and Child Development Center
YWCA of Tampa Bay
St. Petersburg
Short-term and Transitional Housing for Families and Child Care

The Seven Guiding Principles of Homeless Transformation

The Measuring Stick Moving from Enablement to Engagement

After visiting 237 homeless service providers in 12 states and the District of Columbia, the following *Seven Guiding Principles* were commonly found to be the best practices in the USA. These *Seven Guiding Principles of Homeless Transformation* are used as key measuring sticks when reviewing homeless service providers in Pinellas County as well as the overall service network within Pinellas County.

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

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

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

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

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

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

4. Reward Positive Behavior:

Positive behavior of individuals should be rewarded with increased responsibilities and additional privileges. Privileges such as higher quality sleeping arrangements, more privacy and elective learning opportunities should be used as rewards. It is important that these rewards be used as “tools” to approximate the “real world” in order to increase sustainable reintegration into society.

5. Consequences for Negative Behavior:

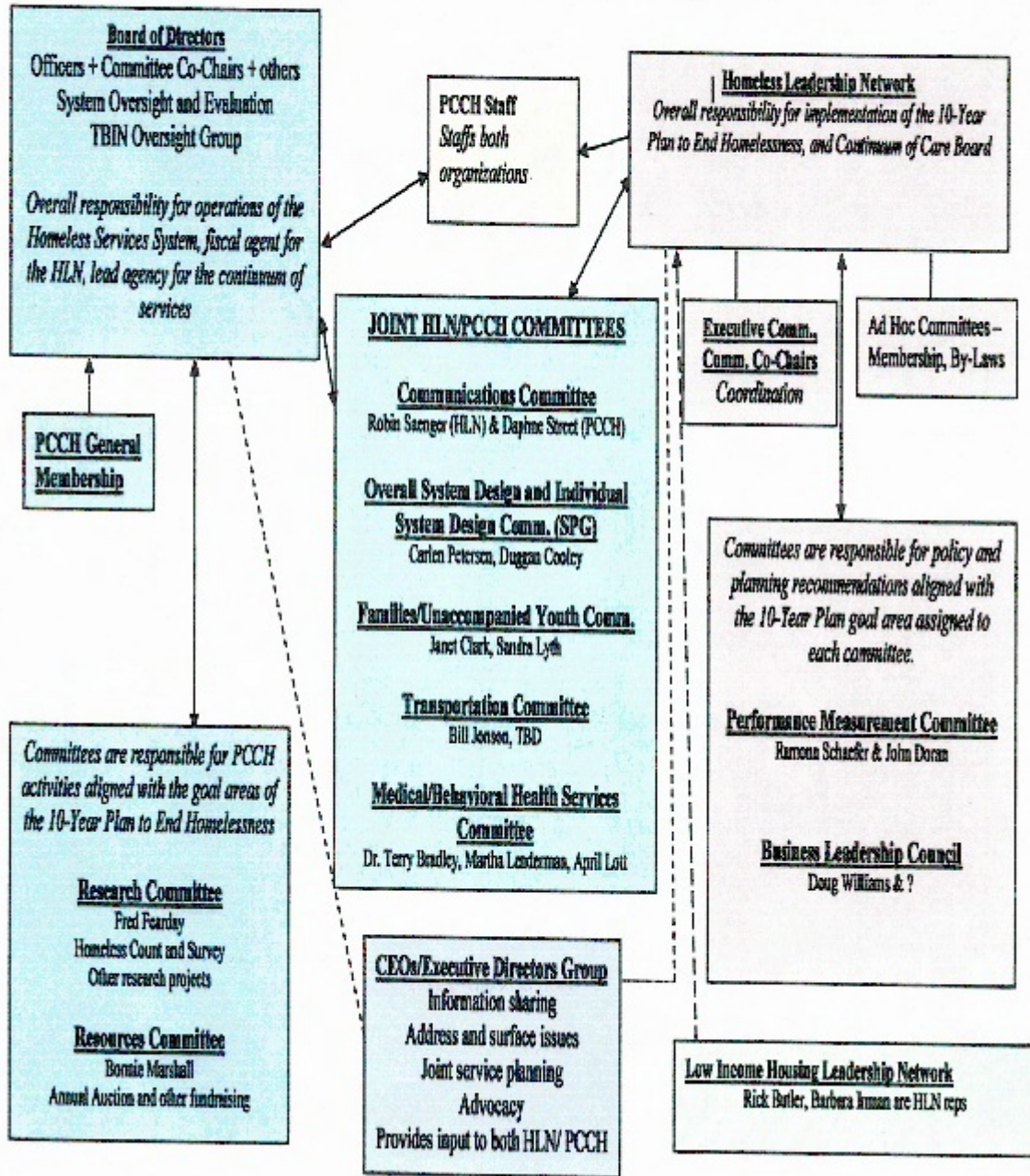
Too often there are no consequences for negative behavior of individuals. Unfortunately, this sends a message that bad behavior is acceptable. Within the transformational process, it is critical to have swift and proportionate consequences.

6. External Activities Must be Redirected or Stopped:

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

7. Panhandling Enables the Homeless and Must Be Stopped:

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



Robert G. Marbut Jr.

First as a volunteer, then later as a San Antonio City Councilperson and a homeless service agency President/CEO, Dr. Robert Marbut has worked on homeless issues for over three decades.

In 2007, frustrated by the lack of real improvement, and as part of the concept development for the Haven for Hope Campus, Dr. Marbut conducted a nationwide best practices study of homeless services. After personally visiting 237 homeless service facilities, in 12 states and the District of Columbia, he developed *The Seven Guiding Principles of Homeless Transformation*. Since then, Dr. Marbut has visited a total of 496 operations in 17 states and Washington, DC.

These Seven Guiding Principles of Transformation are used in all aspects of his work to create holistic, transformative environments in order to reduce homelessness.

Dr. Marbut was a White House Fellow to President George H.W. Bush and a former Chief of Staff to San Antonio Mayor Henry Cisneros.

He earned a Ph. D. from The University of Texas at Austin, Austin, Texas in International Relations (with an emphasis in international terrorism and Wahhabism), Political Behavior and American Political Institutions/Processes from the Department of Government.

He also has two Master of Arts degrees, one in Government from The University of Texas at Austin and one in Criminal Justice from the Claremont Graduate School. His Bachelor of Arts is a Full Triple Major in Economics, Political Science and Psychology (Honors Graduate) from Claremont McKenna (Men's) College. Dr. Marbut also completed two post-grad fellowships, one as a White House Fellow and one as a CORO Fellow of Public and Urban Affairs.

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