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SOUTH BEND WORKING GROUP ON CHRONIC HOMELESSNESS

Final Report and Policy Recommendations
August 2017

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Expanding a Housing First Initiative in South Bend

Chronic homelessness can be a highly traumatic experience, and existing service models in the City of South Bend cannot sufficiently address the needs of individuals experiencing chronic homelessness. Having evaluated assets and resource gaps for chronic homelessness policy in South Bend, the Working Group recommends adopting a coordinated "Housing First" approach, laying the foundation to permanently house all chronically homeless individuals in the city of South Bend. This strategy requires two components that build on existing South Bend service infrastructure: additional units of permanent supportive housing (PSH) assigned to individuals according to vulnerability and severity of need, and an intake center to provide a single, coordinated point of entry into the homeless care systems. This report draws in part upon cost estimates and policy proposals prepared by local service providers.

Working Group Background

Mayor Pete Buttigieg established the Working Group on Chronic Homelessness in February 2017 following the formation of a large tent encampment beneath Main St. Bridge in southeast downtown South Bend and the subsequent provision of city funds to purchase emergency shelter space for Weather Amnesty services.

Mayor Buttigieg charged the group with developing a set of strategic recommendations for addressing chronic homelessness in the City of South Bend, including downtown and neighborhood geographies. He asked that the group:

- Define the problem and prioritize needs
- Evaluate existing assets and explore solutions in areas including, but not limited to:
 - Housing
 - Shelter/Short-term services
 - Mental health services (emergency and long-term)
 - Substance use
 - Public Safety
 - Employment
 - Street outreach
- Develop strategy and implementation guide for COSB and stakeholders, including funding and siting guidelines for any recommended infrastructure

The Working Group membership is composed of business representatives, service providers, community members, public safety officers, officials in the criminal justice system, neighborhood advocates, academics and members of the city staff. For a full list of participant members, please see the appendix.

The group has met regularly, two times a month, between February and July 2017, forming subcommittees as necessary. The group tenders the following analysis and recommendations to Mayor Pete Buttigieg for his evaluation. This report is written to reflect member contributions over the course of the meeting period, and represents a general consensus opinion.

Chronic Homelessness and Existing Resource Gaps in the City of South Bend

Scope of the Problem:

According to the US Department of Health and Human Services, chronic homelessness is defined as affecting individuals who have a disability (including serious mental illness, chronic substance use disorders, or chronic medical issues) and who actively experience street homelessness for much of the year.¹ The Indiana Housing and Community Development Authority specifies that to qualify as chronically homeless, an individual must have a disability, live in a place not meant for human habitation, a safe haven, or in an emergency shelter; and have been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months.²

There are approximately 125 chronically homeless people living in St. Joseph County, based on the annual Point-in-Time Count and data from local service providers. The majority of those individuals are residents of the City of South Bend, and because of substance abuse and/or mental health issues, many do not fit existing service models in the community. Individuals experiencing chronic homelessness are more likely to be victims of crime, including violent crime, as well as to experience physical and mental health concerns, and face a sharply reduced life expectancy relative to non-homeless individuals.³

According to community-gathered local data, there are approximately 92 people experiencing homelessness in South Bend who have scored an 8 or higher in their individual VI-SPDAT assessments (a widely-used vulnerability assessment tool).⁴ While the list may not be complete (as it only includes individuals who have already been assessed), it is also possible that some individuals on this list have since been housed. Per the scoring, the recommendation is that individuals who score an 8 or higher in the VI-SPDAT should be placed in permanent supportive housing. The numbers are consistent with our estimation that 80 units of PSH, along with other kinds of permanent housing for individuals with scores in the 4-8 range, would effectively and significantly reduce the number of chronically homeless individuals in South Bend.

Between November and April of each year, service providers make available additional emergency shelter beds as part of “Weather Amnesty.” In 2016-17, there were 7,780 discrete bed stays through weather amnesty programs distributed across the Center for the Homeless, Life Treatment Center, Project Warm, and the South Bend Venues, Parks and Arts Department/St. Joseph County EMA. Nightly total stays at one emergency center ranged from a low of 8 on

¹ “HUD Definition of Chronic Homelessness.” Accessed July 27, 2017.

<https://www.hudexchange.info/faqs/2755/what-are-the-recordkeeping-requirements-that-were-established-in-the-final/>.

² Indiana Housing and Community Development Authority. “Defining and Documenting Chronic Homelessness.” Accessed July 22, 2017. https://www.in.gov/myihcda/files/CH_Powerpoint_March_2016_ESG.pdf.

³ “National Coalition for the Homeless Fact Sheet.” Accessed July 17, 2017. <http://www.nationalhomeless.org/factsheets/health.html>.

⁴ The Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) assesses factors of current vulnerability and housing stability and helps inform the type of support and housing intervention that may be most suitable for each individual. It complies with the 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act’s regulations that require communities to have an assessment tool for coordinated entry. The VI-SPDAT uses a scoring out of 17 points to determine the vulnerability of individuals experiencing homelessness. It takes into account their family situation, housing history, wellness, and other risk factors.

November 1 to a high of 69 on December 19, 2016. The average emergency shelter total for the most recent weather amnesty period, during a mild winter, was 33 stays per night between November 2016 and May 2017.

Living without shelter is profoundly traumatic and chaotic, and as a result unsheltered individuals do whatever it takes to cope and survive. This may include disregarding laws, property rights, and social norms. The impact of homelessness is felt most keenly by those experiencing life on the streets or in shelters, but street homelessness in particular can have detrimental effects on safety (and perceived safety) and hygiene in public spaces, leading to concern from residents and the business community. In South Bend, this concern is particularly felt by those in south downtown, Monroe Park, and the Southeast neighborhood, although other areas of the community may also face challenges with individuals experiencing homelessness.

City residents have also expressed concerns regarding panhandling and a perceived increase in the number of panhandlers in the downtown area. DTSB, in coordination with the City of South Bend, hires local “Ambassadors” whose responsibilities include discouraging panhandling and promoting public safety, and has retained an ambassador to focus specifically on panhandling-related issues. According to local service providers, while they may experience economic vulnerability, the majority of panhandlers are not members of the homeless population. Research-recognized best practice is for individuals who wish to assist those in need to give directly to social service organizations, rather than to encourage behavior that reinforces vulnerability by giving to panhandlers on the street.⁵

Community Assets:

South Bend is home to a strong nonprofit and service provider community with a record of providing dedicated care to individuals experiencing homelessness. For a list of organizations providing care to those experiencing homelessness, please see the results of the City of South Bend Homeless Service Survey in the appendix.

The city government and community organizations have already taken steps to address chronic homelessness. In November 2016, the City of South Bend provided funds for Hope Ministries to purchase and operate a building adjacent to the main Hope campus for the purpose of winter weather amnesty, which provided services to approximately 30 men each night between December 1, 2016 and April 1, 2017. Also in November, in partnership with the Continuum of Care and the Center for the Homeless Miller Veterans Center, Mayor Pete Buttigieg announced that South Bend would join the nationwide Mayors Challenge to End Veteran Homelessness, which directs resources towards identifying veterans in need and helping them to find housing and necessary support services.⁶ Progress towards this goal has been significant, with veteran homelessness near “functional zero” in the city.

⁵ US Department of Justice, Office of Community Oriented Policing. “Panhandling.” Accessed July 12, 2017. <http://www.popcenter.org/problems/PDFs/Panhandling.pdf>.

⁶ Blasko, Erin. “South Bend Joins Effort to End Veteran Homelessness.” *South Bend Tribune*. Accessed July 27, 2017. http://www.southbendtribune.com/news/local/south-bend-joins-effort-to-end-veteran-homelessness/article_0762baac-46c6-5362-bec2-ad1b9a3967d0.html.

More broadly, city government, homeless service providers, and other representatives of the St. Joseph County Homeless Continuum of Care (CoC) are addressing governance and mandated coordinated entry requirements under the federal HEARTH Act. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) requires certain administrative efficiencies for continuums, enhanced response coordination and effectiveness in addressing the needs of homeless persons by all funded agencies. To that end, the St. Joseph County Homeless Continuum has elected to merge with the Balance of State (BOS) Continuum and has begun the process, in conjunction with the BOS, to implement the coordinated entry process.

“Coordinated entry” describes a process designed to coordinate intake assessments and referral processes for the same set of resources. It works to assure easy access, using a standardized assessment tool, which assists in the making of referrals based on standard criteria and prioritization. Per HUD guidelines, agencies accessing federal funds for the provision of homeless care are required to implement coordinated entry by January 28, 2018, and the St. Joseph County Continuum has begun preparations for centralized data management and entry coordination to take effect prior to that date.

The Frequent Users of Services Engagement (FUSE) Project, a partnership between Oaklawn, South Bend Heritage, Beacon Health System and the City of South Bend, will provide 32 permanent housing units. The project is scheduled to open October 2017. Additionally, 145 scattered-site PSH units are maintained throughout the community by various service providers, including Oaklawn, the Center for the Homeless, YWCA and AIDS Ministries, who either lease directly or provide rental assistance to clients.

Identified Service/Resource Gaps:

Housing:

- Permanent Supportive Housing capacity below demonstrated need.
- Limited funds available for rent deposits, rent guarantee, insurance, utility deposits, etc.
- Limited landlords or neighbors amenable to leasing for PSH.
- Limited high-quality affordable housing for those on the periphery of homelessness.

Shelter and short-term services:

- No low-barrier shelter open to those with active substance use.
- No shelter open to sex offenders.
- No day center open for men.
- Total shelter bed capacity below demonstrated need. Can create perverse incentive for individuals to self-harm, use alcohol or drugs for purposes of accessing detox bed, or commit crime with goal of being arrested for access to jail shelter.
- No stable location, funding, or staffing for Weather Amnesty; current system stresses existing service providers and volunteers and leads to suboptimal service conditions for users (turn-aways, etc.).

Physical and mental health services (emergency and long-term):

- Services typically dependent on insurance or VA status.
- Limited supply of case workers to assist chronically homeless individuals.

- Memorial ER financially stressed by "frequent-flyer" patients: small number of homeless repeat patients account for large expenditures.

Substance Use:

- No medically-assisted detox, and limited public medication-assisted therapy in St. Joseph County. Limited treatment options for individuals with substance use disorders.
- Increasing rate of opioid and heroin abuse and overdose; increasing prevalence of contaminated substances in local drug market, limited ability for users to detect.

Employment:

- Few low-barrier or day employment options for unskilled laborers, particularly those with limited banking access.
- Concern over exploitative day labor opportunities.

Street outreach:

- No general outreach, only targeted street outreach teams (Oaklawn Path team for those with severe mental health diagnoses, Youth Service Bureau for youth). Community efforts to complete VISPIDAT and by-name list. City and Downtown South Bend Social Outreach Ambassador tasked with outreach and relationship-building.
- Limited community social integration for those experiencing homelessness or those who have been placed in permanent supportive housing.

Public Safety:

- Encampments and street homelessness create increased demand for public safety intervention.
- Police and Fire have few options to provide individuals experiencing homelessness other than transit to the ER.

Coordination: In addition to discrete service/resource gaps, our analysis also identified gaps in communication and information sharing among service providers and local governmental institutions.

- Lack of a coordinated entry point into the St. Joseph County system of care;
- Lack of data-sharing across service providers (in part due to the need to customize infrastructure for data collection);
- Lack of alignment between needs and community/volunteer service provision.

Existing Community Costs:

Beyond the human cost of experiencing life on the streets, according to the U.S. Interagency Council on Homelessness, leaving one person to remain chronically homeless can cost taxpayers as much as \$30,000 to \$50,000 per year in emergency room, fire, and police services incurred.⁷ Vulnerable people can get trapped in a cycle that includes emergency rooms, detox centers, jails,

⁷ "Ending Chronic Homelessness in 2017." U.S. Interagency Council for the Homeless. Accessed July 17, 2017. https://www.usich.gov/resources/uploads/asset_library/Ending_Chronic_Homelessness_in_2017.pdf.

shelters, and the streets, driving up costs in all systems and resulting in fragmented and unstable care provision.

While exact costs are difficult to identify, local entities that incur additional expenditures related to chronic homelessness include the City of South Bend Department of Code Enforcement, South Bend Police Department, and Memorial Hospital, which in 2014 reported over \$380,000 in unreimbursed costs for services to just 26 chronically homeless individuals. Additional cost centers include the St. Joseph County Jail, South Bend Fire Department, and Emergency Medical Services, as well as increased burden for agencies that provide emergency weather amnesty shelter. While weather amnesty costs vary according to location, there is an estimated per-bed stay cost of \$24. For the 2016-17 winter, a mild season, the estimated cost of total bed stays was \$189,120. The City of South Bend Code Department reports costs over \$1,500 per week in staff time and materials spent addressing encampments during warm-weather months, not including staff time for public safety officers who assist.

Local business owners have also experienced increased costs related to chronic homelessness. Last fall, South Bend downtown business owners reported having to spend money on additional security for their employees, and some reported profit losses from reduced customer activity.

Proposal: Housing First Approach

This Working Group proposal consists of a strategy to ensure permanent housing for the chronically homeless by funding additional PSH units and establishing an intake center for centralized assessment and case management. “Permanent housing” includes permanent supportive housing units (PSH, scattered site or centralized apartments with no time limits and few demands), life recovery programs (provide intensive, holistic services to families and individuals, require abstinence and community living, 6-18 months long), stable housing with family or friends, or alternative housing arrangements as deemed acceptable by caseworkers and individuals experiencing homelessness.

The Housing First philosophy invests in stability for individuals experiencing homelessness, recognizing that access to a safe, independent living space provides the foundation for re-integration into community life and healthy living practices. Research demonstrates that individuals served in a Housing First model are more likely to remain stably housed than those served through alternative models, and studies demonstrate that clients report an increase in perceived levels of autonomy, choice and control in Housing First programs.⁸

Housing First initiatives have shown this approach to be more cost-effective than shelters and transitional housing systems. In 2013, Indiana’s housing agency conducted its own study and found that the state would save \$1,149 per person, or a saving of 9.7%, under permanent supportive housing.⁹ This spring, Governor Holcomb signed into law S.B. 242, which establishes a fund for the Indiana Housing First Program and directs the Indiana Housing and Community

⁸ “Fact Sheet: Housing First.” National Alliance to End Homelessness. Accessed July 17, 2017. <http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf>

⁹ Bakke, Elise et al. “Impact of Indiana Permanent Supportive Housing Initiative.” University of Southern Indiana, 2013. https://www.in.gov/myihcda/files/IPSHI_Study.pdf.

Development Authority to find and fund partnerships with non-profits and faith-based organizations to provide supportive housing. While the IHCD's plan may not become public for a year, this bill demonstrates the widespread support for Housing First and permanent supportive housing within Indiana.

PSH has been implemented in communities across Indiana. In addition to the local FUSE project developed through the Corporation for Supportive Housing Institute, the 2013 25-unit Crawford Apartments in Bloomington, and the 38-unit Penn Place in Indianapolis are examples of other Indiana PSH sites.¹⁰ While these are examples of concentrated PSH construction, scattered-site PSH housing is widely used in Indiana and across the United States. According to the U.S. Interagency Council on Homelessness, supportive housing initiatives reduced chronic homelessness by 27% between 2010 and 2016.¹¹

Housing First initiatives have also experienced success in diverse cities around the country. In Denver, PSH reduced public costs for shelter, criminal justice, health care, emergency room, and behavioral health costs by \$15,000 per year per person. These savings completely offset the cost of supportive housing and saved taxpayers more than \$2,000 per person.¹² The District of Columbia has also used the Housing First model to reduce chronic homelessness. Its program, Housing Up, uses a mixture of scattered-site PSH and two single-site residential buildings, serving 190 families throughout the city. The single-site units provide on-site case management, mental health support, substance abuse counseling, life skills assistance, employment services, and youth enrichment opportunities. The scattered-site PSH program provides the same services, but case workers meet the families in their homes and in different community locations. As of 2016, 99% of families served maintained stable housing.¹³

A core component of Housing First, and a federal requirement under the 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, is a coordinated entry system. "Coordinated entry" describes a process designed to coordinate intake assessments and referral processes for the same set of resources. It works to assure easy access, using a standardized assessment tool, which assists in the making of referrals based on standard criteria and prioritization. National research has highlighted centralized intake as a key factor in the success of homeless prevention and rapid re-housing programs.¹⁴

While coordinated entry does not require a single physical entry point to the homeless care system, cities across the country have developed centralized intake centers for assessment,

¹⁰ "Crawford Apartments Open in Bloomington, Indiana: CSH." Accessed July 27, 2017. <http://www.csh.org/2013/09/crawford-apartments-open-in-bloomington-indiana/>; "Penn Place Opens in Indy: CSH." Accessed July 27, 2017. <http://www.csh.org/2016/03/penn-place-opens-in-indy/>.

¹¹ "Ending Chronic Homelessness." U.S. Interagency Council for the Homeless. Report accessed July 27, 2017. <https://www.usich.gov/goals/chronic>.

¹² "Study Data Show That Housing Chronically Homeless People Saves Money, Lives." *National Alliance to End Homelessness*, June 30, 2015. <https://endhomelessness.org/study-data-show-that-housing-chronically-homeless-people-saves-money-lives/>.

¹³ "Impact | HOUSING UP." Accessed July 27, 2017. <https://housingup.org/endinghomelessness/impact/>.

¹⁴ US Department of Housing and Urban Development. "Centralized Intake for Helping People Experiencing Homelessness: Overview, Community Profiles, and Resources." Accessed June 28, 2017. https://www.hudexchange.info/resources/documents/HPRP_CentralizedIntake.pdf.

temporary shelter, and referral to resources. Seattle, San Diego, New York, and a number of other communities maintain intake centers that serve as the first point of access to the system of care, typically providing case management and benefits enrollment, as well as temporary shelter while individuals transition to permanent housing.¹⁵

This proposal suggests the formation of an intake center to provide no-demand housing to client in order to integrate the most vulnerable into the system of care. The proposed intake center will provide short-term housing to individuals as they transition to permanent housing, and will not require clients to pass drug screens or breathalyzers, which are often barriers to bringing chronically homeless individuals into shelter. In addition to these Housing First elements, this proposal calls upon community leaders to create the expectation of information-sharing and collaboration across service providers. If additional resources become available, the proposal also mentions the possibility of creating a community ID program to better monitor and improve service uptake and use.

Policy Elements

1. Permanent Supportive Housing:

Over time, approximately 50 additional units of permanent supportive housing, together with the 32 FUSE Project units, would provide the estimated 82 PSH units needed to house all the chronically homeless in South Bend in combination with other forms of permanent housing. PSH does not require clients to pass drug screens or breathalyzers in order to maintain their housing. Holistic supportive services are available to clients, but compliance with these services is not required to maintain housing. Units will be selected according to protocol used by existing scattered-site providers in South Bend, including HUD habitability standards and availability.

- Recommended Specifications:
 - Clients housed in existing rental units. The goal is to minimize the density of PSH units in any one area, utilizing a "scattered site" approach currently in use for a significant portion of homeless housing in South Bend.
 - Given budget constraints, and the significantly increased availability of PSH units in fall 2017 as a result of the FUSE project, additional PSH units may be acquired in phases over several years.
 - Clients will be identified for PSH through the intake center. Priority will be given to the most vulnerable individuals who are determined likely to succeed in the PSH model, as determined by caseworker discretion and/or using the VI-SPDAT method.
 - Each client will have a case manager (each will handle approximately ten clients, for a total of five case managers). The manager will help the client remain stable and housed, and will help the client access an array of services available in the community that may help them move to self-sufficiency over time.

¹⁵ Warth, Gary. "City Proposes Intake Center to House, Help Transition Homeless." *Sandiegouniontribune.com*. Accessed July 27, 2017. <http://www.sandiegouniontribune.com/news/homelessness/sd-me-homeless-center-20170213-story.html>.

- Projected Budget:
 - Projected Capital Costs: \$0
 - Projected Annual Operating Costs: \$647,897 (Note: This is the annual projected cost of the units, services and case manager salaries if all 50 units of PSH are acquired at once.)

2. Intake Center:

The intake center will serve as the single-entry point into the system of care, linking chronically homeless individuals with shelter, case management, and appropriate community services. The intake center will function as a no-demand shelter for clients prior to their transition to permanent housing: clients will not be required to pass drug screens or breathalyzers, nor required to engage in services in order to secure shelter space. The goal of the intake center is to move clients into appropriate permanent housing as quickly as possible, as determined by case managers and their clients. If housing is not immediately available, clients will be allowed to remain in the Intake Center until housing becomes available.

- Recommended Specifications:
 - Approximately 30 separate rooms, 25 for single adults and 5 for couples
 - 24-hour front desk/security staffing
 - Full-time Intake Case Manager
- Projected Budget:
 - Projected Capital Cost: \$1.6 million, excluding site acquisition
 - Projected Annual Operating Cost: \$261,656
 - Intake Center Total, Y1: \$1,861,656, excluding site acquisition

3. Additional Recommendations:

- *Coordination and Data-Sharing:* The Working Group recommends establishing local norms for the communication of client information and service capacity, within appropriate privacy boundaries. Organizations that provide service to the homeless, regardless of funding status, should make efforts to utilize the Homeless Management Information System (HMIS) to record and make available information about client needs in order to more productively collaborate in providing the best possible care for chronically homeless individuals. The local Continuum of Care, a council of agencies providing homeless services, should provide leadership to increase collaboration and efficiency across the care system.
- *Community Identification System:* If additional resources become available, the Working Group proposes a system that will provide a “Community ID Card” to every person seeking to utilize the services of the system of care, and require them to present the card to access these services. The card would be linked to HMIS to allow case managers and other services providers to track services accessed by clients, and could be developed in

coordination with the South Bend City ID card program. Similar systems have been developed in Salt Lake City, Utah, and Fayetteville, North Carolina.¹⁶

Implementation and Governance Recommendations

Implementation of this proposal will require coordinated progress across multiple fronts: fundraising, construction and acquisition of PSH units and the Intake Center; and a community education program to change the local conversation about homelessness and provide information on best practices in homeless policy. These policies present a significant up-front investment, as well as continued operation costs that require sustainable commitment.

We suggest two implementation phases: first, a focus on fundraising and community engagement; second, the PSH expansion and Intake Center construction. If funding is immediately available for all 50 PSH units, then phase two will happen all at once. If funding is to be acquired gradually, the acquisition and leasing of PSH units may be spread over several years.

Strong leadership is critical to the success of these policy proposals. As previously indicated, current oversight and governance of the homeless care system is coordinated through the local Continuum of Care, which is in the process of merging with the Balance of State Continuum. Representatives of the Continuum and Working Group members have noted the unfunded status of Continuum leadership, and a variety of governance recommendations have been made to strengthen the coordination and leadership of the homeless care system. The merger with the BOS will result in the Continuum's status change to a local Planning Council for Region 2a. This body will report to and work in conjunction with the BOS while managing local homeless service coordination, and can continue to provide system-level oversight.

The Community Engagement subcommittee of the Working Group recommends that community engagement and fundraising efforts of this proposal be led by a coordinated point person, who could also potentially oversee intake center operations and liaise with the City and other government bodies. This position could exist within or in parallel to existing Continuum of Care leadership. The subcommittee notes that this individual could work to build consensus and support for the housing first model among all stakeholders affected by homelessness, and stresses that a single point of contact will provide visible leadership, particularly if housed within the City administration. The addition of funded positions to either the CoC, City administration, or other coordinating entity may be necessary to build and sustain capacity across the homeless care system.

Other Working Group members have recommended establishing a council of lead agencies, which could serve as an oversight and coordination board for the homeless care system, or establishing communication protocols between existing positions at the City, Continuum of Care, and local service organizations for the same purpose.

¹⁶ Cortez, Marjorie. "An ID for the Homeless a Step toward Getting Help." *DeseretNews.com*, February 24, 2016. <http://www.deseretnews.com/article/865648544/An-ID-for-the-homeless-a-step-toward-getting-help.html>.

While the majority of homeless service providers are located within the City of South Bend, any governance framework must take into consideration coordination with St. Joseph County and the City of Mishawaka. South Bend agencies currently provide services to individuals from across St. Joseph County, and a coordinated approach to funding, intake, and homeless service policy is necessary to successfully provide solutions to chronic homelessness.

Communities have taken a diverse approach to homeless services systems governance, from establishing permanent working groups to funding positions within City offices devoted in part to homeless service coordination. The City of South Bend currently engages in formal homeless services governance through its position on the Continuum of Care, represented by staff in the Department of Community Investment.

Phase 1: Fundraising, Community Engagement

Community Engagement Recommendations:

- Earned media awareness campaign, or paid advertising/engagement campaign, to highlight experience of chronic homelessness, dispel myths and misunderstandings, and educate community and stakeholders on Housing First, coordinated entry, and other best practice recommendations
- Targeted outreach to service providers for feedback on Working Group recommendations and plan of action

Projected Capital Cost:

- Intake Center: \$1.6 million (new construction)

Projected Operating Cost:

- Intake Center (annual): \$261,656
- 50 PSH Units (annual): \$647,897
- Total (annual): \$909,553

Community Funding Source Recommendations:

- State/Federal Funding: Emergency Solution Grant funds, HUD funds, etc.
- Governing unit contributions (City of South Bend, St. Joseph County, City of Mishawaka)
- Contributions from organizations that will financially benefit from improved homeless care (medical, public safety services)
- Community contributions (anchor institutions, local foundations and philanthropic organizations)
- Private donations
- Additional grant funding
- Fee for service potential
- In-kind: construction, tech, consultancy partnerships
- Financing tools: Social Impact bond, Business Improvement District

Phase 2: Permanent Supportive Housing Expansion, Intake Center Construction and Opening

Permanent Supporting Housing Expansion Recommendations:

- Recommendation is that PSH units be acquired and managed by existing community organization with PSH experience.
- As soon as funding is available, case managers will be hired and will begin leasing and filling additional PSH units.
- If necessary, Working Group members will establish process to communicate with and recruit landlords willing to rent to PSH providers.
- Depending on funding, the acquisition and leasing of units may be spread in phased implementation periods over several years.

Intake Center Development/Rehab Recommendations:

- Identify location and acquire land
- Criteria for site selection in order of importance:
 1. Convenient access to existing homeless services (Hope Ministries, Center for the Homeless, Our Lady of the Road, Project Homecoming, Life Treatment Center, etc.)
 2. Located near public amenities, convenient access to bus services and other transit
 3. If possible, appropriate distance relative to schools and youth programs in order to maintain access for individuals with legal restrictions
 4. Designed to provide a sense of community and connection with City
 5. Flexible space for evolution of services to meet need
 6. Access to nearby public space, if possible green space
 7. Limited proximity to landowners strongly averse to center
 8. Limited alternative development potential
- Complete new construction or rehab if necessary (est. 18-month duration). Desirable criteria for rehab building:
 - Food service capacity
 - Multiple bathrooms, shower capability
 - Fire safety system
 - Existing and operational climate control

Progress Indicators:

Each private organization that provides homeless services as part of the local system of care creates and maintains its own progress metrics, but to support a coordinated housing-first approach, the Working Group recommends a series of system-wide evaluative criteria.

Point-in-Time Count: Homeless service agencies perform an annual point in time count, typically in January, of individuals experiencing homelessness in shelter and on the street.¹⁷ The measure is an imperfect tool for assessing the true incidence of chronic homelessness, but provides a snapshot indicator of the number of people living on the streets and in shelters every year.

Weather Amnesty Utilization: In inclement weather, designated agencies provide emergency shelter. Currently, the Center for Homeless, Life Treatment Center, Project Warm, and the South Bend Venues, Parks and Arts Department/the St Joseph County EMA are designated weather amnesty providers, and operate additional cot-style overnight shelter between approximately November 1 and April 1 of each year. In the 2016-17 winter, there were a total of 7,780 discrete bed stays, with a total of 199 turn aways (for reasons of capacity or instability). An intake center will alleviate the burden of weather amnesty on other service providers, and the numbers of weather amnesty utilizers should steadily decrease as more are placed into permanent housing.

US Interagency Council on Homelessness, Indicators of Success for Ending Chronic Homelessness¹⁸: The US Interagency Council on Homelessness has developed indicators of success for ending chronic homelessness. As the indicators illustrate, “ending” chronic homelessness does not mean no individual will ever experience homelessness in a given city—for a variety of reasons, including resistance to service, national economic trends, and unexpected regional changes, homelessness is a dynamic condition. Communities can, however, establish a complete system of care, with coordinated intake and varied housing options that ensure individuals seeking care can be promptly integrated into the homeless service continuum.

The following is an adapted list of the USICH indicators:

1. The community has identified and provided outreach to all individuals experiencing or at risk for homelessness, and prevents chronic homelessness whenever possible. The community uses HMIS and other data sources to build and maintain an active list of people and to track the homelessness status, engagement attempts, and permanent housing placement for each individual.
2. The community provides access to shelter or other temporary accommodations immediately to any person experiencing unsheltered chronic homelessness who wants it. Access to shelter and other temporary settings is not contingent on sobriety, minimum income requirements, lack of criminal justice system involvement, or other unnecessary conditions.
3. The community has implemented a community-wide Housing First orientation and response that also considers the preferences of the individuals being served.
4. The community assists individuals experiencing chronic homelessness to move swiftly into permanent housing with the appropriate level of supportive services and effectively prioritizes people for permanent supportive housing. The community has capacity and

¹⁷ “Point-in-Time Count.” *CHIP Indy*. Accessed July 27, 2017. <http://www.chipindy.org/what-we-do/capacity-building-training-and-technical-assistance/homeless-count-report/>.

¹⁸ United States Interagency Council on Homelessness. “Criteria and Benchmarks for Achieving the Goal of Ending Family Homelessness,” July 2017. https://www.usich.gov/resources/uploads/asset_library/family-criteria-benchmarks-july-2017-revision.pdf.

resources to connect individuals experiencing chronic homelessness to permanent housing within an average of 90 days.

5. Community has resources, plans, and system capacity in place to prevent chronic homelessness from occurring and to ensure that individuals who experienced chronic homelessness do not fall into homelessness again or, if they do, are quickly reconnected to permanent housing.

Conclusion

The Working Group believes that addressing chronic homelessness in South Bend is feasible, contingent on sustainable funding and community support for expanding the Housing First approach to homeless services. Community service providers must make an effort to communicate more closely and share information, when applicable, to ensure that all chronically homeless individuals are receiving the care they need to get off the streets and into safe homes. Service providers, nonprofits, and government units must operate regionally, understanding that individuals from across St. Joseph County receive homeless services within South Bend. South Bend is a caring and innovative city, and the community is poised to make a long-term investment in smart solutions for chronic homelessness.

Appendix:

I. Working Group Membership List: the following individuals were asked, and accepted offers, to join the Mayor's Working Group. When members were unable to attend, alternate representatives of their organizations attended individual meetings.

Chair: Suzanna Fritzberg, Deputy Chief of Staff, Office of the Mayor
Candace Andresen, Beacon Health System
Jo Broden, 4th District, South Bend Common Council, Chair, Health and Public Safety Committee
Dr. Dé Bryant, Social Action Project, Indiana University South Bend
Mark Buchanan, Clubhouse of St. Joseph County
Steve Camilleri, Center for the Homeless
Dr. Fred Ferlic, community representative
Diana Hess, Neighborhood Resources Connection
Sheryl Hoskins, Oaklawn
Randy Kelly, 3rd District, South Bend Common Council
Ralph Komasinski, business owner
Chuck Lamphier, University of Notre Dame
Captain Tim Lancaster, South Bend Police Department
Assistant Chief Jim Luccki, South Bend Fire Department
Sharon McBride, St. Joseph County Community Corrections
Pam Meyer, Director of Neighborhood Engagement, Department of Community Investment
Deborah Mobley, South Bend Housing Authority
Phil Newbold, Beacon Health System
Sarah Paturalski, Beacon Health System
Cherri Peate, Director of Community Outreach, Office of the Mayor
Charlotte Pfiefer, community representative, 466Works
Leo J Priemer, business owner
Jeff Rea, South Bend Regional Chamber of Commerce
Kevin Smith, business owner
Komonique Thomas, Goodwill Industries
David Vanderveen, Hope Ministries
Lani Vivirito, St. Joseph County Continuum of Care and Center for the Homeless
Willow Wetherall, community representative

II. South Bend Social Service Survey

The following presents a summary of information provided by the service providers listed and is not inclusive of all service providers in the City of South Bend. Only those who responded to the survey are included. Homeless service agencies interested in completing the survey should contact sfritzberg@southbend.in.gov.

Beacon Health System

Services offered: Healthcare

Serving: Healthcare open to all community members.

Homeless population(s) not served: N/A

The Center for the Homeless, Inc.

Services offered: Housing assistance, adult education programs, job readiness programs, support groups, family assistance programs, food assistance, health services, Mental Health services, Substance Abuse, Case Management.

Serving: Adult Females; Adult Males; Children/Youth (17 & under); Families; Married Couples; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Ex-offenders; LGBTQ clients; Transgender or other gender non-conforming clients; Veterans; victims of domestic violence.

Homeless population(s) not served: Clients with pets (excludes service pets).

Goodwill Industries

Average number of individuals served per month: 630

Services offered: adult education programs, job readiness programs, support groups, family assistance programs, Substance Abuse, Transportation assistance, Safe Havens, Tax assistance.

Serving: Adult Females; Adult Males; Children/Youth (17 & under); Families; Married Couples; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Clients with Pets; Ex-offenders; LGBTQ clients; Transgender or other gender non-conforming clients; Veterans.

Homeless population(s) not served: N/A

Hope Ministries

Average number of individuals served per month: 125 residents, 250 more in food services.

Services offered: Housing assistance, adult education programs, job readiness programs, support groups, family assistance programs, food assistance, health services, STD and HIV/AIDS services, Mental Health services, Substance Abuse, Victim Services, Marital/Relationship Counseling, Financial planning assistance, Case Management.

Serving: Adult Females; Adult Males; Children/Youth (17 & under); Families; Married Couples; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Ex-offenders; LGBTQ clients; Transgender or other gender non-conforming clients; Veterans.

Homeless population(s) not served: Clients with pets.

The Housing Authority of the City of South Bend

Average number of individuals served per month: 2,800.

Services offered: Housing assistance, utility or heat assistance.

Serving: Adult Females; Adult Males; Children/Youth (17 & under); Families; Married Couples; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Clients with Pets; LGBQ clients; Transgender or other gender non-conforming clients; Veterans.

Homeless population(s) not served: Children/Youth (17 & under).

Life Treatment Centers

Services offered: Housing assistance, job placement and training help, support groups, health services, STD/HIV Testing, Mental Health services, Substance abuse services, Transportation assistance, Case Management.

Serving: Adult Females; Adult Males; Married Couples; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Ex-offenders; Transgender or other gender non-conforming clients; Veterans.

Homeless population(s) not served: Children/Youth (17&under); Families; Clients with Pets.

Oaklawn Psychiatric Center

Services offered: Housing assistance, support groups, food assistance, health services, Mental Health services, Substance Abuse, Victim Services, Transportation assistance, Emergency cash.

Serving: Adult Females; Adult Males; Married Couples; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Clients with Pets; Ex-offenders; LGBQ clients; Transgender or other gender non-conforming clients; Veterans.

Homeless population(s) not served: Children/Youth (17 & under).

Project Homecoming- Indiana Health Centers, Inc.

Average number of individuals served per month: 200

Services offered: Housing assistance, job readiness programs, health services, STD and HIV/AIDS services, Mental Health services, Marital/Relationship Counseling, Transportation assistance, utility or heat assistance.

Serving: Adult Females; Adult Males; Married Couples; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Clients with Pets; Ex-offenders; LGBQ clients; Transgender or other gender non-conforming clients; Veterans.

Homeless population(s) not served: Children/Youth (17 & under); Families

St. Joseph County Community Corrections

Average number of individuals served per month: 300

Services offered: Transitional housing, adult education programs, job readiness programs, support groups, family assistance programs, STD and HIV/AIDS services, Mental Health services, Substance Abuse, Voter registration, Parole and probation offices, Case Management.

Serving: Adult Females; Adult Males; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Transgender or other gender non-conforming clients; Veterans.

Homeless population(s) not served: Children/Youth (17 & under); Families; Married couples; clients with pets;

Youth Service Bureau

Average number of individuals served per month: 50.

Services offered: Housing assistance, adult tutoring, job readiness and training program, support groups, family assistance programs, food assistance, health services, Mental Health services, Victim Services, Transportation assistance, financial planning, utility or heat assistance.

Serving: Adult Females; Adult Males; Children/Youth (17 & under); Families; Married Couples; Clients with HIV/AIDS; Clients with Disabilities; Clients with Mental Illness; Clients with Substance Abuse Issues; Clients with Dual Diagnosis; Ex-offenders; LGBTQ clients; Transgender or other gender non-conforming clients; Veterans.

Homeless population(s) not served: Clients with pets.

YWCA North Central Indiana

Average number of individuals served per month: 200.

Services offered: Housing assistance, adult education programs, job readiness programs, support groups, family assistance programs, food assistance, health services, Mental Health services, Substance Abuse, Victim Services, Transportation assistance, Safe Havens, Legal assistance, Financial literacy, Case Management.

Serving: Adult Females; Families; Clients with Substance Abuse Issues, Domestic Violence, Sexual Assault.

Homeless population(s) not served: Adult Males; Children/Youth (17 & under); Married Couples