

Strategic Action Plan to Reduce Homelessness

for

Fort Smith Arkansas



Final Report

Presented to the

Old Fort Homeless Coalition

by

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Table of Contents

Title Page	1
Table of Contents	2
Project Scope	3
Major Recommendations	4
Initial Observations and Field Notes	9
Exhibit 1 - Program/Agency Site Visits	16
Exhibit 2 - <i>The Seven Guiding Principles of Homeless Transformation</i>	18
Exhibit 3 - Service Map	20
Exhibit 4 - Robert G. Marbut Jr. Biography	21

Project Scope

Inventory: Marbut Consulting will perform an inventory of homeless services in and around Fort Smith and then conduct site-visits to most, if not all, homeless services providers in the Fort Smith area. For the most part, site visits will be 1-2 hours for smaller sized agencies and then 3 or more hours for larger sized agencies. Site visits will be conducted during normal working hours. Additionally, Marbut Consulting will conduct site visits during “off” hours including weekends and nights. All of these activities will be done by Robert Marbut in person.

Needs Assessment & Gap Analysis: Marbut Consulting will conduct a needs assessment and gap analysis of the types of services (qualitative) and capacity of services (quantitative) needed in Fort Smith. This will include street level observations, site visits, agency reports, point-in-time-homeless-counts, HUD-HMIS data (Homeless Management Information System), etc. This will likely require a lot of follow-up with agencies which will be done by Robert Marbut via phone and e-mail.

Strategic Framing: Marbut Consulting will perform strategic framing of an Action Plan for Fort Smith. This process will include meetings with government staff members, elected officials, businesses, faith-based entities, civic groups, educational groups and other agencies.

Drafting and Presentation of the Strategic Action Plan: Marbut Consulting will draft an Action Plan. The Action Plan will recommend strategic and tactical actions based on gap analysis and national best practices. Robert Marbut will then present this Action Plan on January 20, 2011.

Major Recommendations

Creation of “The Hope Campus” (defined nationally as a Human Services Campus):

- National best practices posit that it is best for all the major homeless service providers in Fort Smith to co-locate all their homeless services to a newly created Campus. In Fort Smith, this would mean that Community Rescue Mission, Next Step and the Salvation Army homeless services should all co-locate to the Hope Campus.
- Additionally, as many “specialty service” and “referral service” providers should establish service footprints within the new Hope Campus. These service footprints would vary from part-time to full-time depending on the specific service.
- Mega support service providers such as the River Valley Food Bank should also consider co-locating their operations to the Hope Campus.
- The operating budgets for most relocating agencies would be about the same as they are now. However, there are two notable functional areas that do not exist today that would need new funding streams: the “First Step Center” (see below and defined nationally as a “low-demand shelter”) and the Hope Campus central services (like security and Campus CEO).
- It is best that capital costs for the purchase of land, buildings and improvements be very diverse. Funding should be sought from at least the following:
 - + County Governments (the 6 counties of the continuum-of-care)
 - + City of Fort Smith
 - + CDBG and reprogrammed CDBG
 - + State of Arkansas
 - + Pass through HUD and VA funding
 - + United Way
 - + Foundations
 - + Faith based community
 - + Individual donors
 - + The tourism and downtown business communities
- Because of the historically low levels of services for chronic individuals in the Fort Smith area, and because of the relatively stable local chronic population (eg homegrown and non-mobile), setting up a Campus would create an initial surge of services with an accompanied surge in successes (eg having a holistically focused and coordinated effort would lead to a surge in initial successes).
- After the initial surge is over, a “new normal” would develop at the Hope Campus.

- In terms of homeless, the following services should be included on the Hope Campus:
 - + Outreach
 - + Intake and assessment
 - + Master case management
 - + Low demand shelter
 - + Transitional living
 - + SROs (maybe)
 - + Food and meals
 - + Coordination of meals (delivery and prep from non-profits and churches)
 - + 24/7/168/365 bathrooms
 - + Showers
 - + Hygiene skills training and services
 - + Barber shop and salon
 - + Mental health
 - + Addictive disorders and substance abuse
 - + Social and/or medical detox
 - + Dental
 - + Medical
 - + Vision
 - + Pharmacy
 - + Animal care
 - + Clothing closet
 - + Life skills training
 - + Job skills training
 - + Job placement and coaching
 - + Interview and resume training
 - + Legal and ID recovery
 - + Housing out-placement
 - + Veteran services
 - + Day room activities
 - + Central administrative services
 - + Transportation
 - + Security
 - + Storage
 - + Volunteer coordination
 - + Campus and community work crews and community service

Possible Leadership Models for the Hope Campus (CEO and Board Governance):

- In terms of the Hope Campus CEO, it is critical to hire a full-time CEO who would professionally run the Hope Campus. This person would need to be a great leader/administrator/visionary who has community credibility.
- In terms of organizational board leadership, there are at least 4 possible governance models for the Hope Campus. There are pros and cons to each of these models that should be considered when selecting which model is best for Fort Smith:
 - 1- Government Model . . . board leadership would be by a government agency such as the Sebastian County Sheriff, the Fort Smith Police Department or the Fort Smith Housing Authority (what Pinellas County Florida has done). This would likely be more sustainable, but more bureaucratic and less innovative. It would likely have better ties to the government than with non-profit and faith based agencies.
 - 2- Agency Consortium Model . . . board leadership would be a consortium of “anchor agencies” on the Campus (similar to what Phoenix has done). The board chair could then be rotated annually from each of the agencies. This could lead to more “buy-in” by agencies and Campus cohesiveness, but could become more dysfunctional and watered-down decision making.
 - 3- Old Fort Homeless Coalition (OFHC) Model . . . this would be led by the continuum-of-care coalition (close to how Reno was started). This is a broader derivative of the agency consortium model. If the officers of the OFHC are strong, the governance of the Campus would be strong. If OFHC was able to hire a high quality CEO, this would likely be the best governance model.
 - 4- Creation of a New Non-Profit Model . . . this would be led by a newly created 501(c)3 agency (what San Antonio has done). This model provides better protection of non-profit and faith-based agencies. However, it could lead to duplication of efforts of OFHC. The Campus would also lack ties to government, which is both good and bad.

Creation of the “First Step Center” (defined nationally as a “low-demand shelter”):

- National best practices indicate that communities need to have at least one “low-demand shelter” yet Fort Smith does not have one. Fort Smith critically needs to create and develop a 24/7/168/365 facility that acts as an entry portal and service center for chronic men and women. This center needs to be stood up as fast as possible.
- The “First Step Center” should be located within the Hope Campus.

- The First Step Center should act as the master community intake-portal for chronic and super-chronic men and women. Many of the services listed above in the Hope Campus section would be provided within the First Step Center.

Identification and Expansion of Mental Health Services:

- There is a critical need for more mental health service slots (quantity) and improved sophistication of services (quality) for homeless individuals.
- Without improvements in mental health services, many of the transformation service functionalities will not be optimized.

Key Mile-Stone Sequencing:

- Envisioning, designing, constructing, funding and systems creation of a Campus is multifaceted and quite intricate. There are thousands of good decisions that will need to be made to assure success of the Hope Campus. The good news is many communities around the USA have already created very successful homeless transformational campuses. Fort Smith should learn from other communities, and then scale and customize the Hope Campus to the unique needs for the greater Fort Smith area.
- Below are listing of the “key” mile stones. Some of these are serially sequential and contingent in nature, while others are more independent in terms of sequencing:
 - + Basic envisioning of the Hope Campus
 - + Buy in of a majority of stake holders (note not everyone will “buy-in” at first)
 - + Conceptualizing
 - + Development of functional services grid (types and quantities of services)
 - + Creation of formal governing organization
 - + Selection of CEO or at least an “interim” CEO
 - + Formation of key funding raising group
 - + Development of service provider MOUs
 - + Site selection and due diligence including environmental studies
 - + Purchase of land and improvements
 - + Selection of project manager
 - + Selection of architect
 - + Selection of general contractor and key sub-contractors
 - + Contracting of other key professional services
 - + Outreach to key high and medium level donors
 - + Recruitment of anchor service agencies
 - + Selection of First Step lead agency
 - + Sourcing of mental health and detox services

- + Recruitment of speciality service agencies
- + Signing of MOUs
- + Public awareness campaign (role of the Hope Campus and relocation of street-feeding)
- + Outreach to low level donors and general public
- + Concept design
- + Start hiring of core Hope Campus core staff
- + Construction design documents
- + Pricing
- + Realignment of budget and value engineering
- + Zoning and permitting
- + Start of construction
- + Construction monitoring
- + FF&E selection and installation
- + Construction punch-list
- + Development of Hope Campus software
- + Development of a master case management system
- + Creation of detailed on and off Campus service protocols (this is very extensive)
- + Soft opening
- + Phased move in of anchor service providers
- + Phased move in of speciality service providers
- + Pre move in education of the homeless community
- + Outreach to the homeless community
- + Pre-intake and badging
- + Start of intake and moving in of homeless residents
- + Start Hope Campus operations

Initial Observations and Field Notes

A “Homegrown” Homeless Population That Is Very Stable (eg Non-Transient):

- One of the most surprising and unique characteristics of the Fort Smith homeless population relative to the national population is the very high percentage of homeless individuals that are from the Fort Smith metro area.
- Data indicates that 56-62% of homeless receiving services in Sebastian County come from Sebastian County with an additional 8-13% coming from other counties within the Old Fort Homeless Coalition footprint (eg Crawford, Franklin, Logan, Polk and Scott), for a total of 69-70%. An additional 7-11% come from other Arkansas counties.
- This is one of the highest rates of “homegrown” homeless in the USA. Most homeless individuals seek out moderate weather in the “palm tree and golf course belt.”
- This means the population is very stable and does not turn over as much as it does in other communities. It also means there is a relatively low number of individuals that come to Fort Smith from other communities.
- This will affect and effect the optimal service model in very important ways.
- It is VERY IMPORTANT to note that homelessness does not increase with improved and expanded services. It has been found nationally that homeless are attracted first and foremost by weather, not services. Furthermore, homelessness actually decreases when transformational, holistic and comprehensive services are put in place.

Homeless Services Lack Strategic and Systematic Integration:

- The services in Fort Smith are provided by very dedicated and thoughtful group of staff members and volunteers. However, for the most part these services are not coordinated. The service providers are not formally and strategically integrated, especially at the tactical level. This results in a lack of strategic engagement and does not maximize outcomes.
- Homeless services in Fort Smith are not organized into an “integrated system” but instead operate as a disjointed network of “siloes” services that lack a unified action plan.
- There are very few forms of formal agency-to-agency connectivity and there is no functional accountability between individual service providers and an overall “system” of care. Service

providers need formal, direct and strategic connectivity, both inter-agency and to the overall service system of care.

- Inter-agency relationships need to be strategically created then formalized.
- Currently, funding and service delivery is “agency-centric” and not “outcome-centric” guided by broad strategies.
- All agencies who receive United Way and public funding (eg continuum-of-care, federal, state and local) should be accountable to one integrated unified system that has a unity of leadership structure similar to that of emergency management leadership systems.
- The overall community needs to develop a “common end vision” with an internal bias for action. Additionally, all agencies within the system need to “buy-into” a common culture of transformation.
- A common base level of operations must be developed (eg common nomenclature, policies, protocols, procedures, referral protocols, measurements, etc.).
- In order to maximize success, a central e-intake system needs to be created.
- Fort Smith needs 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.

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

- Homelessness is too big of a challenge for one agency to address. Like great sports teams, individual organizations need to adopt a team winning attitude in that the team is first while the 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 if they continue to compete against each other.
- A system will never be fully functional if everyone within the structure works among their own silos and islands. Agencies need to formally coordinate with other agencies. There are many ships trying to do good things in Fort Smith, but there is no one harbor master to provide a point leadership and accountability.
- Basic good management and governance practices call for the streamlining of this system into one coherent system. There needs to be a realignment of thinking.

- Service providers need to move from being competitors to system partners (eg “we are all members of the same team”).
- The Old Fort Homeless Coalition is more engaged than most continuum-of-care coalitions. However, the OFHC needs to hire a full-time executive director or CEO to provide full-time dedicated leadership for the continuum-of-care and to the creation of a Campus.

Need to Create a Master Case Management System:

- Fort Smith 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.
- Master Case Managers need to be able to follow all individuals and families throughout the transformation process and between all agencies. 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.
- Duties of Master Case Managers should include:
 - initial intakes into the HMIS system,
 - initial and ongoing assessments,
 - development of individual recovery-action-plans,
 - proactive “navigation” of recovery-action-plans throughout the integrated-system.

Fort Smith Does Not Have Homeless Transformational Campus:

- National best practices posit that homeless transformation service campuses are the most effective way for a community to comprehensively address the condition of homelessness, yet Fort Smith does not have a campus, and in fact has highly dis-jointed and uncoordinated services.

Fort Smith Does Not Have a 24/7/168/365 Low-Demand Shelter for Chronic Men and Women:

- Chronic street homelessness in Fort Smith appears to be above the national average and the number of unsheltered chronic homeless individuals is surprisingly high considering the weather. 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.
- The data is inconclusive as to why this percentage is so high in Fort Smith, but an educated guess based on observations is that this is high because of the very few customized services available to address the needs of the chronically homeless.
- Fort Smith does not have any 24/7/168/365 low-demand services anywhere for chronic and super-chronic men and women. The failure to have overnight and weekend services means many of the chronic men and women end up in encampments along the river, under the bridges and dumpster areas behind retail establishments.
- Critical “service magnets” (eg food, bathrooms, showers, shelter and safety) need to be aligned in one part of town and at one site for chronic homeless individuals. Having service magnets throughout the community and spread out within existing neighborhoods is counterproductive, inefficient and wasteful.
- When possible, medical, mental health, dental, vision and podiatry services should be provided at the Campus. When not possible, Campus to service-point transportation should be provided (this could be provided by volunteers).
- Opening a low-demand shelter would be a critical first step toward helping the chronically homeless.

Data Services - HMIS (Homeless Management Information System):

- It is critical that the HMIS system 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.
- HMIS must provide critical connectivity between service providers and the overall system, and should become a cornerstone building block in which to build a truly integrated system.
- As the system becomes more integrated, OFHC may want to deploy scanners with in-and-out tracking functionality to improve accuracy and to provide real-time data.

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

- Street feeding and other street service efforts (eg distribution of clothing, tents, sleeping bags and blankets), 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, in the encampments 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 Services including Prescription Medications:

- Access to medical services through the Good Samaritan Center to the homeless population in Fort Smith is among the best in the USA.
- The prescription medication service at the Good Samaritan Center is one of the best, if not the best, of its kind in the USA.

Mental Health Services and Addictive Disorders:

- There are very little mental health services available to homeless individuals, and what is available is vary narrow in scope.
- The few mental health services that are available are not coordinated and are short-term in nature.
- Without a significant improvement and increase in mental health services, it will be very difficult to increase graduation rates from programs. It will be hard to position individuals as job ready.

Dental Services:

- There is a need for increased dental services both in terms of service quantity and service sophistication.
- The two agencies working in the area need coordinate and/or merge all of their efforts.

- Dental care is critical for quality nutrition and sleep. Additionally, higher-end dental services are vital for job placement later in the transformation process.

Look, Feel and Smell:

- Environmental quality varies widely across service providers and is generally poor. There are some outstanding service providers in the community that are providing top notch services in high quality environments. However, many 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.
- High standards need to be adopted and become part of the culture. Every agency, regardless of where their funding comes from, should strive to meet national best practice 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.
- 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.

Everyone within the Community Needs to Adopt a Culture of Transformation:

- The leadership within the general public, civic, local government, funder, advocate, service provider and homeless communities all need to embrace transformational best practices that have worked throughout the USA.

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, especially for folks currently located within the encampments.
- For a multitude of reasons, a “centralized community kitchen” should be created if possible, maybe through Salvation Army or the Food Bank.

Exhibit 1 - Program/Agency Site Visits

Ad Hoc Homeless Campus Committee Members

Camp Hope for Heroes

City of Fort Smith City Administrator

City of Fort Smith Department Heads of Community Planning and Development, Planning and Zoning, and Development and Construction.

City of Fort Smith Mayor and City Directors

City of Fort Smith Police Chief

Community Rescue Mission

Fort Smith Housing Authority

Fort Smith Public Schools Homeless Education Program

Fort Smith/Sebastian County Office of Arkansas Department of Human Services

Gateway and Harbor Houses

Good Samaritan Clinic

Neighborhood Coalition

Next Step Day Room

Old Fort Homeless Coalition

Salvation Army

River Valley Food Bank

Riverside Furniture

Riverside Homeless Encampments

Sebastian County Judge

Sebastian County Sheriff

Sebastian County Quorum Court Members

Sparks Hospital Emergency Room

St John's Sack Lunch Program

United Way of Fort Smith Area

Variety of other civic leaders

Vista Health

Exhibit 2 - 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.

Exhibit 3 - Service Map

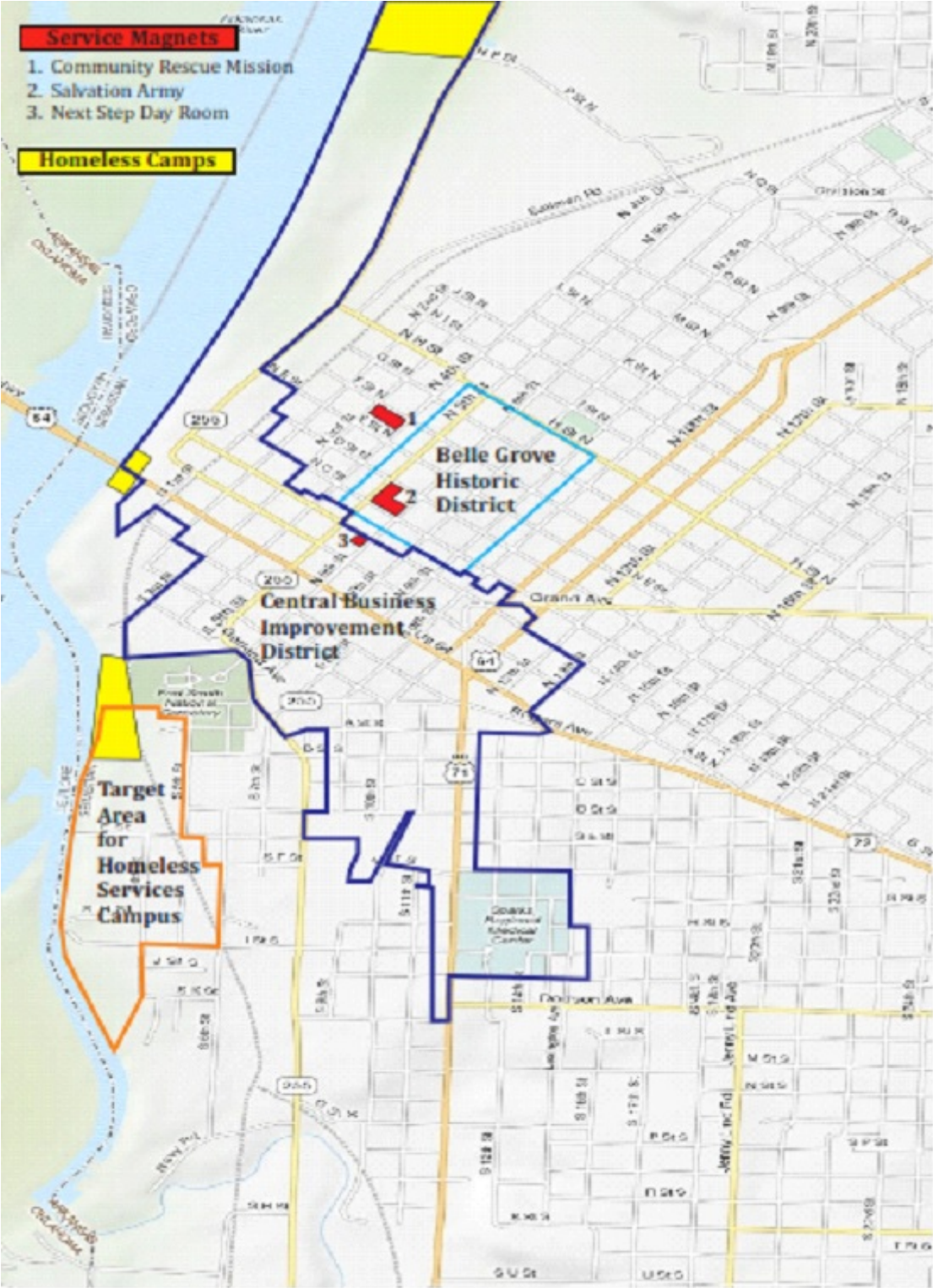


Exhibit 4 - Robert G. Marbut Jr. Biography

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 518 operations in 17 states, plus Washington, DC and Mexico.

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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