



COMMUNITY INNOVATIONS SUMMIT

October 29, 2014 | 1 - 5 PM | Babcock Theatre 2812 2nd Ave. N.



FOR MORE INFORMATION:



City Administrator's Office
406-657-8430
www.ci.billings.mt.us/homeless



Billings Downtown
Starts here.

Downtown Billings Alliance
406-294-5060
www.4realchange.org



COMMUNITY INNOVATIONS SUMMIT

October 29, 2014 | 1 - 5 PM | Babcock Theatre 2812 2nd Ave. N.

Agenda

12:30pm Registration

1:00pm Welcoming Address

1:30pm San Diego's Serial Inebriate Program
Officer John Liening & Deni McLagan

3:15pm San Antonio's Haven for Hope
Mark Carmona, CEO

5:00pm Panel Discussion
Question & Answer Session

6:00pm Reception
Community members are welcome to attend the reception without registering for the Summit.

Program Contents

Overview.....3

Serial Inebriate Program.....4

Haven for Hope.....5

Business Perspective.....6

Law Enforcement Perspective.....8

Service Provider Perspective.....10

According to the Law.....12

The **Downtown Billings Association and the City of Billings** are hosting this Summit to showcase national best practices to assist people experiencing life in the streets who may also have mental health / addiction issues and / or frequent interactions with law enforcement and emergency services. The Summit features presentations from both *enforcement and social services* perspectives.

The City of Billings is a community experiencing transiency, panhandling and homelessness. Activity is primarily centralized in the downtown business district as evidenced by a high number of citations for open container, trespass, and disorderly conduct. Other street disorder issues include, but are not limited to, littering, sleeping in public places, and public urination.

Social service providers have seen an overall increase in the number of people needing assistance and have prioritized efforts to maximize effectiveness with very limited resources. Despite best efforts, the Billings community is not meeting the diverse needs of vulnerable citizens.

Overview

Intention

To showcase projects successfully assisting vulnerable individuals through collaborative efforts involving enforcement / government, businesses and social service providers.

Homelessness

The overall homeless population includes easily visible people and other cohorts that are less visible, including unaccompanied youth, families, single adults, veterans, and the working poor. Homelessness is not a lifestyle choice for the majority of those experiencing it.

- There are 711 people experiencing homelessness at any one point in time in Billings; a significant increase over previous averages of 600*.
- Approximately 15% of the overall homeless population is considered **chronic**; *Unaccompanied individual with a disabling condition who been continually homeless for at least a year or who have at least four episodes of homelessness over the past three years.*

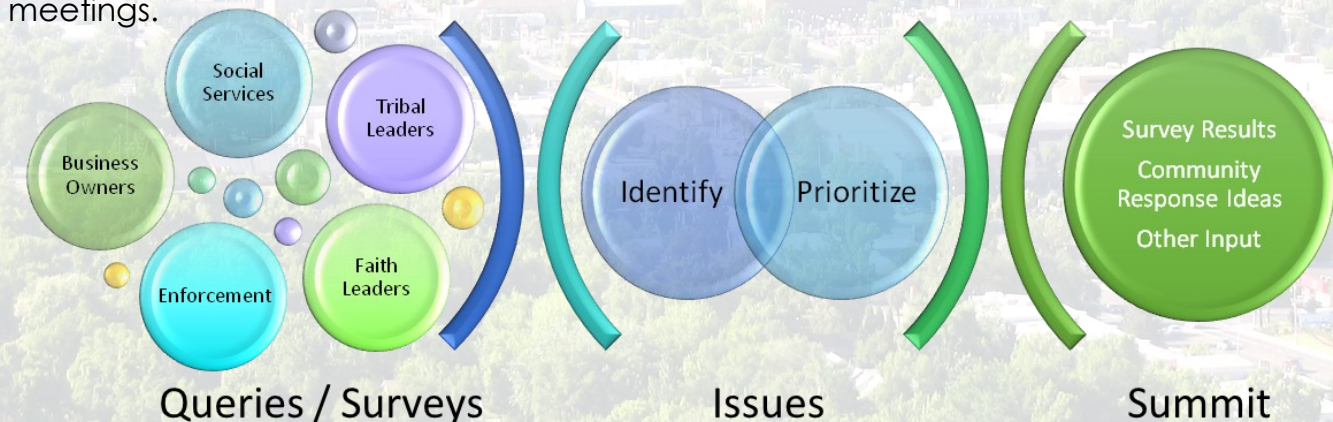
Target Population

Individuals experiencing life in the streets who may also have mental health / addiction issues and / or frequent interactions with law enforcement / emergency services. Some of these individuals may have access to housing and may not meet the City's definition of *homeless*.

The Community Crisis Center conducted data analysis on several individuals identified as chronically homeless; similar to the identified target population criteria. It costs taxpayers an estimated \$115,690 to serve one chronically homeless individual for a year in emergency services, hospitalizations, and corrections. **A total of 74 individuals have been identified in the target population, resulting in \$8,561,060 in public services each year**.**

Pre-Summit Work

Efforts have been made to seek, identify and prioritize issues from various perspectives: business owners, social service providers, law enforcement, garner public opinion, tribal and faith leaders. Methods utilized to garner information have included online survey tools and forums, surveys reviewed in scheduled meetings, focus groups, and general discussion meetings.



*The Montana Housing Status Survey is conducted each January as part of a national U.S. Department of Housing and Urban Development protocol to quantify homeless across the nation.

**Welcome Home Billings, accessible via web at www.ci.billings.mt.us/homeless.

Serial Inebriate Program

San Diego's **Serial Inebriate Program** serves to reduce the number of chronic, homeless alcoholics revolving through emergency rooms, detoxification centers and detention systems. Individuals who have been sent to four-hour sobering services more than four times in a twelve month period are arrested for public intoxication and offered six months of addiction and mental health treatment as an alternative to incarceration.

The City of San Diego also partnered with Psychiatric Emergency Response Team to create the *Homeless Outreach Team (HOT)* to provide outreach and engagement as initial points of contact with both the chronically homeless and serial inebriates living in the streets. HOT is comprised of police officers, psychiatric clinicians and County mental health eligibility technicians to assist with access to housing and social services.

Officer John Liening is the Liaison Officer for the Serial Inebriate Program. Officer Liening has been a Patrol Officer for the San Diego Police Department since 1995. In 1998 he began researching community and emergency services issues created by chronic inebriates. In September of 2000 he was permanently assigned to the Serial Inebriate Project and is recognized as one of the pioneers of this program. His keen insight into the impact of chronically homeless populations resulted in paradigm shifts that included exemplary strategies that had not yet been integrated into efforts to reduce chronic homelessness.



Deni McLagan, CATC is Program Manager for Mental Health Systems, Inc. Mid-Coast Regional Recovery Center and the Serial Inebriate Program. Ms. McLagan is a Certified Addiction Treatment Specialist with the California Association of Alcohol and Drug Educators and Duluth Domestic Violence facilitator. She also served as the Head-Of-Service for the Mental Health System's Correction Division and was in charge of post-release treatment programs under sub-contract with the California Department of Corrections. Ms. McLagan is currently a member of the San Diego Committee for the Plan to End Chronic Homelessness.

Sergeant Richard T. Schnell Graduated from St. John's University with a Bachelor of Arts Degree in Criminal Justice and was hired by the San Diego Police Department in 1980. Officer Schnell's research into community policing problems laid the groundwork for the Serial Inebriate Program and in 2003 he began his work with the San Diego Police Department's *Homeless Outreach Team (HOT)*. Sergeant Schnell is also a member of the San Diego Plan to End Chronic Homelessness Committee. Upon his retirement in 2014, Rick began work through Mental Health Systems as a liaison for the Serial Inebriate Program and is serving on the Board of Directors for the Regional Taskforce on Homelessness.



Haven for Hope

San Antonio's **Haven for Hope** is the largest, most comprehensive development created to impact homelessness in the nation. The service continuum involves over 91 partnerships to solve the root causes of homelessness. Located adjacent to the Central Business District, the campus has revitalized 22 acres in a formerly distressed and underutilized industrial zone where a large homeless population was located.

The project has resulted in the creation of 190 new permanent jobs in addition to existing jobs provided by partnering agencies. Tax contributions from construction costs total over \$6 million in local, state and federal taxes and ongoing tax revenues will net \$16.5 million over 20 years. The campus has saved over \$50 million in jail, emergency room and court diversion expenses.

The *Courtyard* provides safe sleeping areas for those with immediate and critical needs to get them off the streets while providing access to:

- Meals, showers, storage and laundry facilities
- Legal services, including identification recovery
- Basic medical, mental health / addiction services

Full living amenities are only available to individuals committing to transformation and other program requirements. Access to detoxification and extensive treatment services are available as part of a transformational process.

The *Transformational Campus* is a 323,000 square foot multi-building complex containing key services including medical, vision and dental clinics, kitchen and cafeteria, education, vocational training, mental health and addiction services, spiritual resources, and a pet kennel. The campus also houses men, women, and families with children. Since opening, over 1,850 individuals have successfully exited into permanent housing; 92% of those have retained their housing one year later. More than 1,050 people have been assisted with job placements and six months later, 71% have remained employed.

Mark Carmona has worked for over 25 years in the human & behavioral health services fields and is currently the President and CEO at Haven for Hope of Bexar County. Prior to working at Haven for Hope, he worked as the Deputy CEO of The Center for Health Care Services, the Executive Director at ChildSafe, and as Grants Manager at the Kronkosky Charitable Foundation. Mark Carmona received his Executive MBA in 2007 from the University of Texas-San Antonio.

Mark is an effective leader with a combination of interpersonal, community-based, and organizational skills and experience. He regularly operates in multidisciplinary settings that translate into team success and quality services to clients. He is a proven fundraiser with significant experience in management and community mobilization techniques.



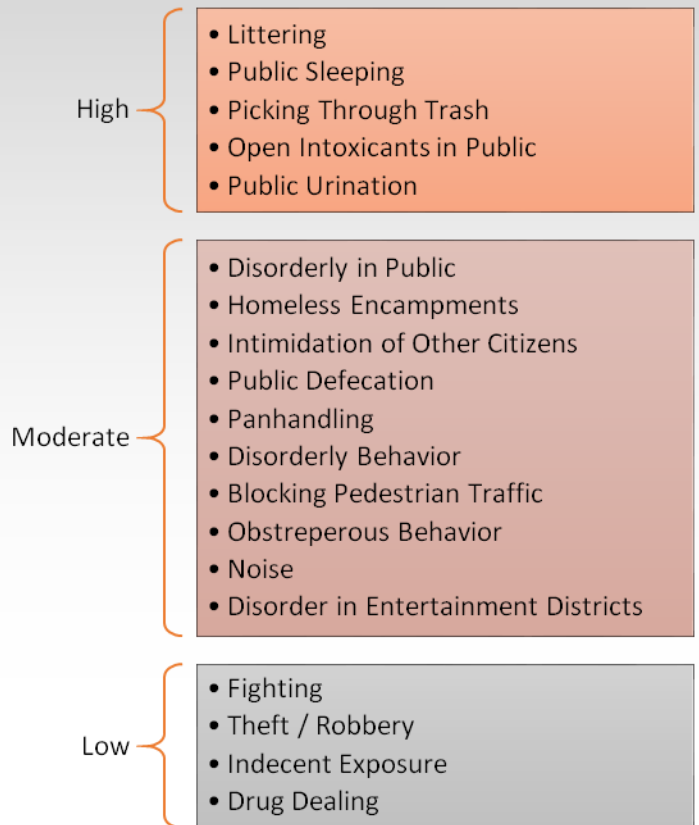
Business Perspective

Business owners across the city were asked to participate in a survey to determine the level of street disorder directly experienced by personnel.

The majority of street disorder issues are handled by law enforcement. However, nearly 70% of respondents noted **Littering** as experienced either *frequently* or *very frequently*. This puts an inordinate burden for remedy on both business owners and the Business Improvement District.

Public Sleeping has been directly witnessed by nearly 60% of respondents either *frequently* or *very frequently*. Individuals who are sleeping in public places are not able to defend themselves and are considered highly vulnerable.

Open Intoxicants in Public was noted as the fourth most prevalent street disorder issue by nearly 50% of respondent business owners, mirroring the experience of law enforcement officers.



The **Downtown Billings Alliance** is committed to the economic, social, and cultural vitality of downtown Billings. The Alliance is comprised of three non-profit organizations: the Downtown Billings Association; the Downtown Billings Partnership; and, the Business Improvement District.

The **Downtown Billings Business Improvement (BID)**, created in 2005, is dedicated to the cleanliness, appearance, and perception of safety in Downtown Billings. The BID outreach program, *Spare Change for Real Change*, was formed to raise awareness to the issues of poverty, panhandling, and homelessness, and to offer the public an alternative when giving to at-risk individuals. The program has granted over \$35,000 to area social service providers caring for at-risk and vulnerable populations in Billings.



In 2008 the BID introduced a cooperative community policing program with the addition of two Billings Police Department Downtown Resource Officers and a Crime Watch for Business program for the downtown district. With a primary focus on enforcement, crime prevention, and public relations, the program has been successful and supported by the downtown merchant and property owner base.

"Public Drunkenness has increased, as well as belligerent behavior from the intoxicated. They are much more brazen than in years past.

In all our years downtown, we have not ever felt physically threatened until lately, which is untenable."

Survey Respondent Quote

Recent Issues

Over the last year, the street dynamic has changed with a marked increase in transiency, public intoxication and related issues as evidenced in an increase in calls to service to the Downtown Resource Officers and the BID Clean Team. This increase in incidents has negatively impacted the business sector, as well as the hospitality and tourism industries. It has alarmed the public and put a tremendous demand on the Downtown Resource Officers and the BID Clean Team.

Daily calls for service include aggressive solicitation, public intoxication, and disorderly conduct. An

escalation in litter and public urination / defecation in the public right-of-way and on private properties has impeded business, raised safety and public health issues, and has increased BID labor and capital equipment costs such as pressure washers, trash receptacles, and cleaning products.

The Downtown Resource Officers have worked with local and state agencies for data and statistical information to substantiate and address business and public sector concerns.

Catalyst for Change

The Downtown Billings Alliance Board of Directors held a forum in early May of 2014 to discuss the issues of transiency, public intoxication and panhandling. The meeting was attended by over 100 private and non-profit business members, city leaders and public officials. Attendees had the opportunity to share their thoughts and experiences. Business members shared the nature of the behaviors and crimes threatening their employees, clientele, and livelihoods; non-profit members shared their strategies and struggles in caring for the transient and homeless populations in Billings.

The meeting would serve as a catalyst for research of national best practices, data collection, and the Community Innovations Summit.



"More public intoxication and associated problems. no real consequences for that behavior..."

"The issue creates an image challenge for the community as we work to retain and attract businesses."

"There has been an increase in the frequency of activity and the threatening, filthy, violent, or illegal nature of the activity."

"Word has gotten around I believe, that it is allowed or that nothing is being done to the perpetrators."

Various Survey Respondent Quotes

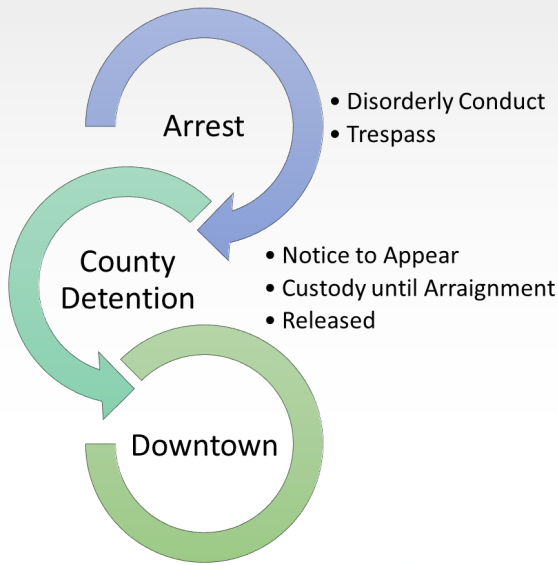
Law Enforcement Perspective

Billings Police Department officers issued nearly 1,200 open container citations to 389 individuals city-wide from January 1 through September 30, 2014. Just under 20% of the individuals (74) receiving these citations have been identified as living in the streets, having frequent interactions with law enforcement and emergency personnel, and having mental health and / or addiction issues.

74 Repeat Offenders

Average Local Incidents Per Person:

- 45 Arrests / 34 Warrants for Arrest
- 37 Open Container Citations
- 14 Trespass Citations
- 6 Loitering Citations
- 2 Public Urination / Defecation Citations

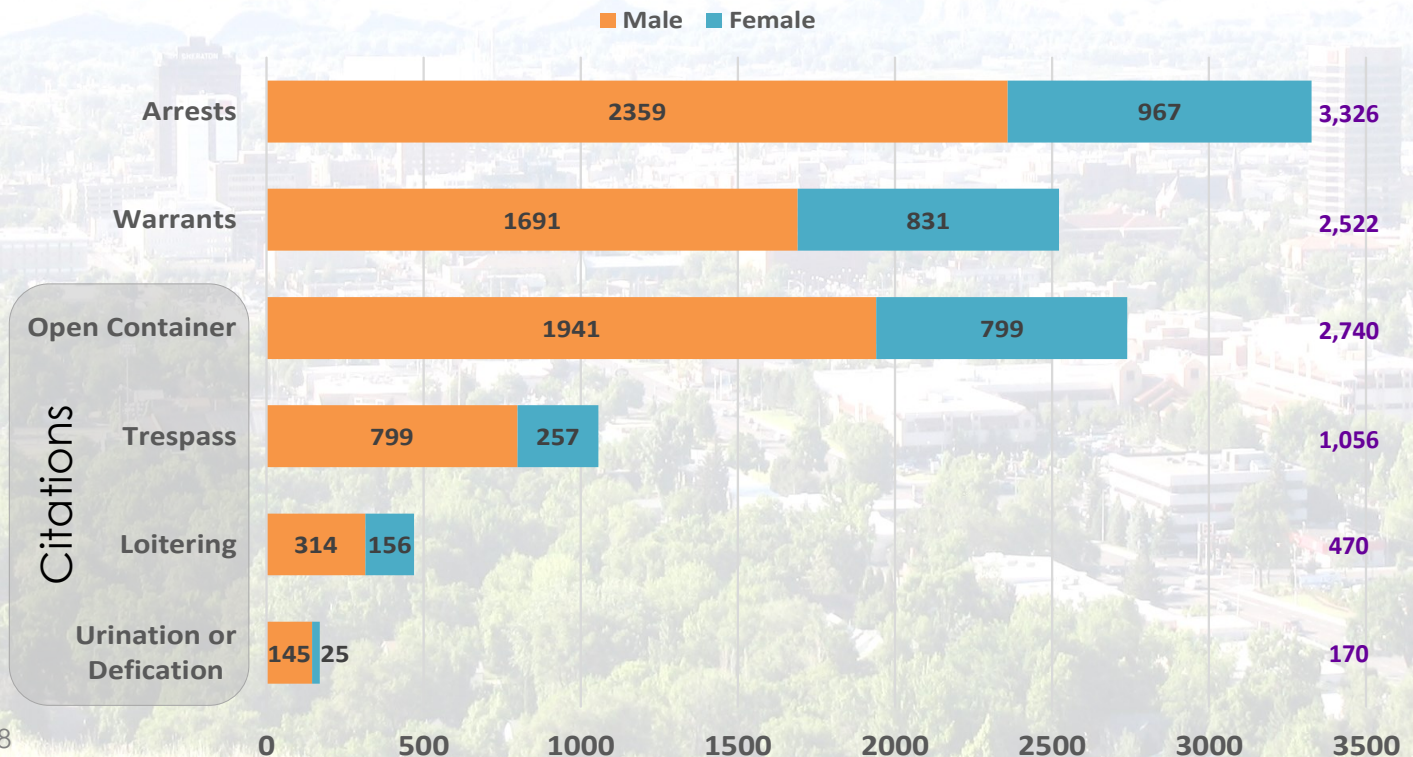


Those with more severe offences are arrested and transported to the Yellowstone County Detention Facility. Consequences for arrests are often limited and ineffectual due to severe overcrowding.

Females are often issued a Notice to Appear then released. While some males are also released following Notice, some are remanded into custody and held until arraignment (generally 24 to 48 hours).

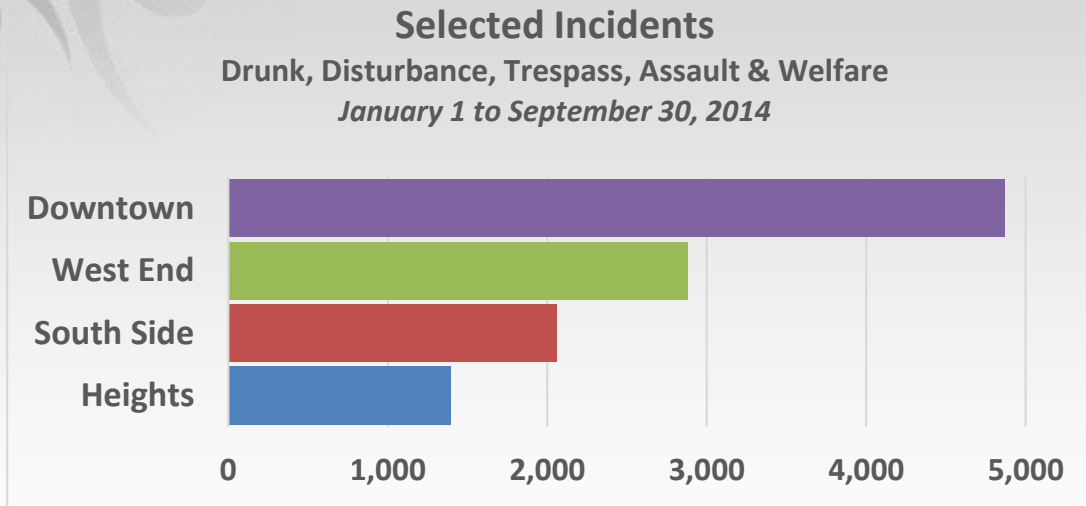
Many choose to be transported back to downtown Billings and often start the cycle again.

Total Number of Local Incidents for 74 Repeat Offenders



Location of Selected Incidents

The Billings Police Department has identified the following selected incident types for data analysis: Drunk; Disturbance; Trespass; Assault; and Welfare. From January 1 through September 30, 2014, over 11,000 incidents were located city-wide. However, the majority of incidences occurred in downtown Billings.

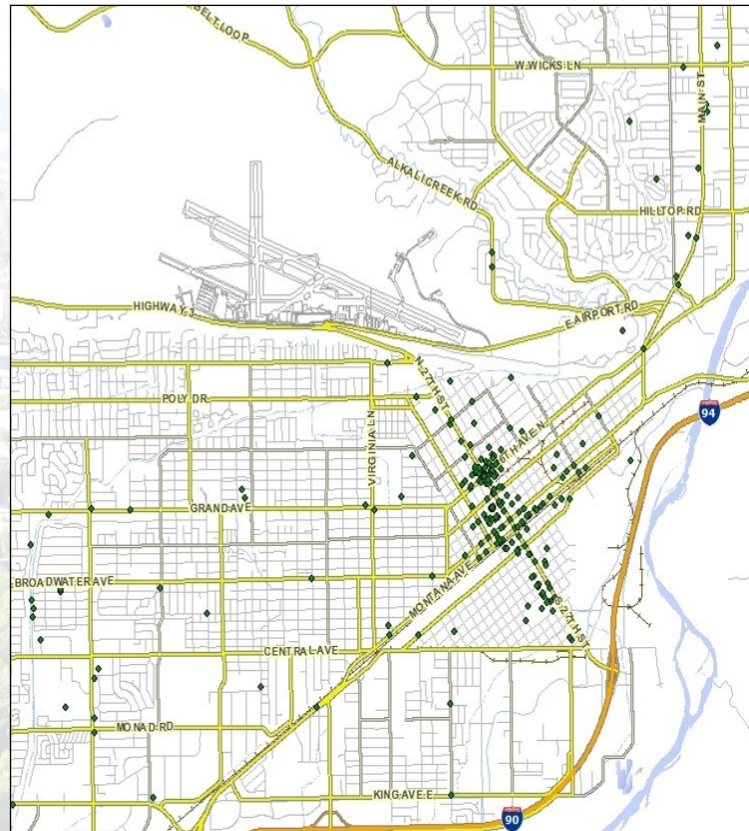
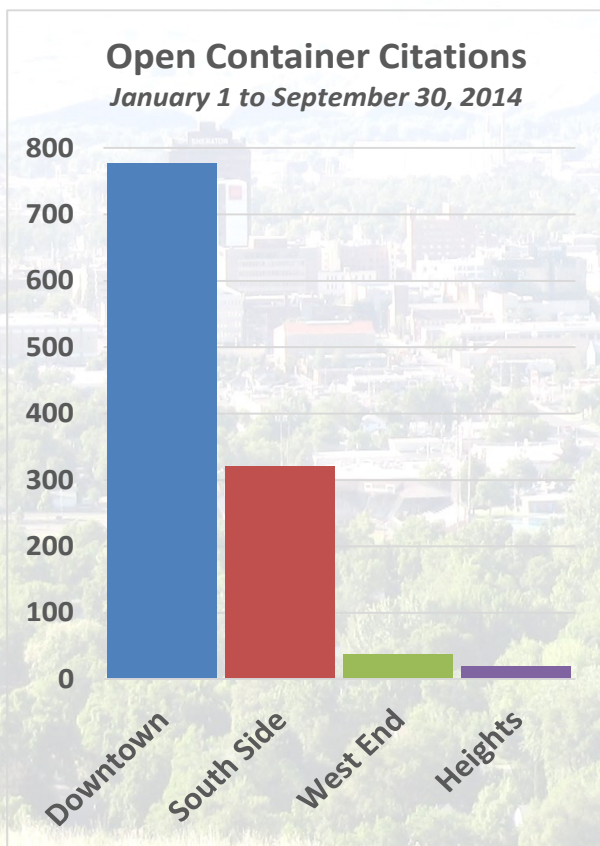


Location of Open Container Citations

An overwhelming majority of all open container citations were written in downtown Billings; a total of 777 citations, 67% of the total citations issued in the City. The increased number of citations may be due, in part, to the Resource Officers dedicated to the downtown area. Officers patrolling other parts of the City may not be able to prioritize the selected incident types.

City-Wide Open Container Citations

January through September 2014



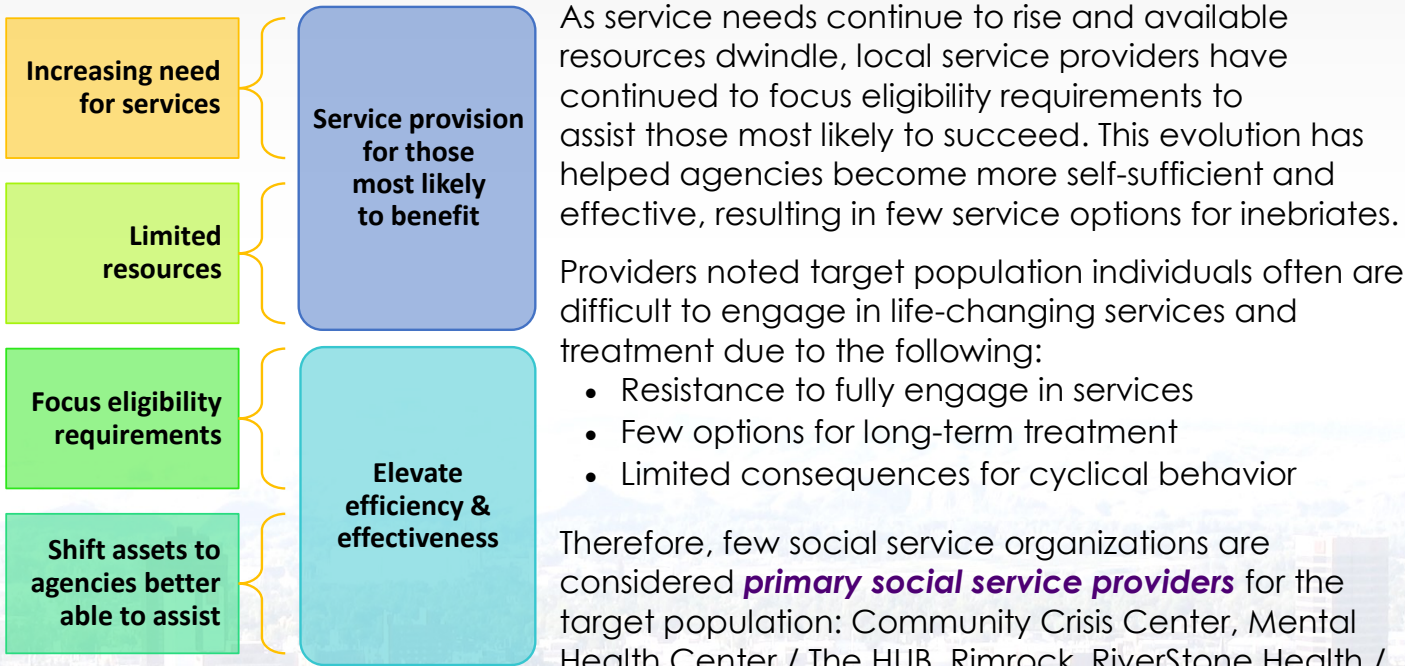
Service Provider Perspective

Social service providers across the city were asked to participate in a survey to determine the level of street disorder directly experienced by personnel. Results indicate providers are not experiencing a high level of exposure to street disorder issues.

Nearly 30% of respondents indicated *frequent* or *very frequent* problems with **Open Intoxicants in Public**, followed by **Disorderly Behavior** and **Littering** as indicated by nearly 20% of respondents.



Public Sleeping, Urination, Defecation and **Homeless Encampments** have been directly witnessed by approximately 10% of respondents either *frequently* or *very frequently*. Individuals who are sleeping in public places are not able to defend themselves and are considered highly vulnerable.



Therefore, few social service organizations are considered **primary social service providers** for the target population: Community Crisis Center, Mental Health Center / The HUB, Rimrock, RiverStone Health / Healthcare for the Homeless, and St. Vincent de Paul. Clothing may be provided by Family Service, Inc. on a case-by-case basis.

Several organizations responding to the pre-summit survey noted a substantial increase in both the demand and delivery of services to those in need, including three primary target population providers.



On the Front Lines

While many organizations assist those the homeless and those experiencing poverty, the following are considered **primary social service providers** for the target population. Data noted herein illustrates services provided by each organization to all eligible citizens, including the homeless, near-homeless, and those identified as the target population.

- The **Community Crisis Center** provides intervention services to over 200 unique individuals per month who are in crisis due to mental health, substance abuse or social service needs. Over 9,000 services are provided per year; on average over 770 to 900 per month. Individuals who engage in a mental health assessment and qualify for extended care may utilize stabilization services for up to 24 hours per visit.
- The **HUB Drop-In Center** is a resource site for the homeless / near-homeless that served 1,279 unique individuals last year; 170 people per day. This figure has recently decreased to 100 per day due to funding limitations and changes in eligibility; people must be engaged in mental health services to utilize The HUB.
- **Rimrock** is the largest addiction treatment center in the region serving adults and adolescents with substance use and co-occurring disorders. Rimrock maintains 10 detoxification beds which can be utilized for target population individuals if they are residents of Yellowstone County. Two additional beds are available for mental health crisis intervention.
- **RiverStone Healthcare for the Homeless** provides medical, mental health and addiction services for nearly 2,000 people experiencing homelessness on-site and at several locations where the homeless access services: Montana Rescue Mission, St. Vincent de Paul, and The HUB. Assistance hours vary by site and are offered Monday through Friday, 7:00am to 5:00pm.
- **St. Vincent de Paul** currently provides assistance to those experiencing poverty, homelessness or hunger. Nearly 2,500 services were provided to guests in August 2014, including: rent and utility assistance; gas cards and transportation; clothing and household items; laundry facilities; education and employment linkage; and food. Services are available Monday through Friday, 8:30am to 4:00pm.

Assisting the Target Population

All service providers engaged in pre-summit community meetings agree a low-barrier warming shelter / sobering center would most assist the identified target population. Providers noted the necessity for medical monitoring for any model developed. Smooth transition to detoxification was noted in addition to the need for heightened consequences for cyclical negative behaviors to encourage engagement in long-term treatment. Expansion of treatment options was also identified along with the continued need for affordable housing.



According to the Law

Public intoxication is not a criminal offense.

A person who appears to be intoxicated in public does not commit a criminal offense solely by reason of being in an intoxicated condition but may be detained by a peace officer for the person's own protection (MCA 53-24-107).

Alcoholism is an illness not subject to prosecution.

It is the policy of the state of Montana to recognize alcoholism as an illness and that alcoholics and intoxicated persons may not be subjected to criminal prosecution because of their consumption of alcoholic beverages but rather should be afforded a continuum of treatment in order that they may lead normal lives as productive members of society (MCA 53-24-102).

The City of Billings cannot adopt law to criminalize intoxication.

A county, municipality, or other political subdivision may not adopt or enforce a local law, ordinance, resolution, or rule having the force of law that includes drinking, being a common drunkard, or being found in an intoxicated condition as one of the elements of the offense giving rise to a criminal or civil penalty or sanction (MCA 53-24-106).

The City cannot enact ordinances prohibiting or penalizing vagrancy (MCA 7-1-111).

Vagrancy may be defined as moving from place to place as a manner of living.

