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# MEMORANDUM

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Date: January 6, 2016

To: The Honorable Chair and Members  
Pima County Board of Supervisors

From: C.H. Huckelberry  
County Administrator 

Re: **Homeless Encampment Protocol Update information from the Health Department**

As the Board of Supervisors is aware, cooperating County agencies, including the Sheriff's Department, have implemented a number of homeless encampment relocations using the adopted protocol for same.

Attached is an update from the Health Department Director regarding their perspective on these activities, as well as the appropriate mobilization of social services necessary to assist the homeless.

CHH/lab

Attachment

c: The Honorable Chris Nanos, Pima County Sheriff  
Dr. Francisco Garcia, Director, Health Department

Date: 28 December 2015

To: C.H. Huckelberry  
County Administrator

From: Francisco García  
Director, PCHD 

Via: Jan Leshner  
Deputy County Administrator  
Community and Health Services

Re: Implementation of Administrative Procedure 50-02: Pima County Homeless  
Encampment Protocol – updated 1/5/16

Earlier this month you asked for an update with regards to the Health Department's involvement in the implementation of the Pima County Homeless Encampment protocol and what the Department was doing to meet the needs of homeless camp inhabitants that might be displaced through the ongoing enforcement effort in northwest Pima County.

As you know, on November 23 the Pima County Sheriff's Department convened a variety of County Departments in preparation for outreach efforts to the encampments of homeless individuals in northwestern Pima County. The role of the Health Department was to anticipate some of the medical and behavioral needs of encampment residents. The experience and expertise we brought to the table was based on our enforcement related activities associated with the encampments at the Veinte de Agosto Park. It was further supplemented by the findings of a survey of residents of the encampment performed last January 2015 by Primavera and funded in part by the Health Department. This survey found that individuals living in the Park had a high level of unmet behavioral health needs. A full 58% of respondents were identified as having "serious mental health issues". (Attachment 1) Based on these findings, we connected the Sheriff's Department team leading this initiative with Cenpatico, the Regional Behavioral Health Authority (RBHA), to ensure that outreach workers would be available for these efforts.

For the last year, our focus in responding to these issues has been to challenge the new RBHA to develop a comprehensive strategy for homeless residents with behavioral health needs. Cenpatico has been a responsive partner and we have been meeting on this issue since last June. At that time they shared with us the agency's efforts to address the homelessness issue, which included the identification of an internal Housing Team, the selection of a Director of Housing (Karin Uhlich), a simplified centralized housing referral process, and the identification of ten outreach specialists housed within their network of provider agencies to work with individuals experiencing homelessness. (Attachment 2) More recently Cenpatico has updated their plan, increased and enhanced their outreach efforts, and streamlined and prioritized permanent supportive housing for their most vulnerable clients. (Attachment 3)

Of course, all this activity is taking place within the context of a larger conversation about a coordinated response to homelessness that is occurring across this community. Health Department

***Memo to C.H. Huckelberry***

***Re: Implementation of Administrative Procedure 50-02: Pima County Homeless Encampment Protocol***

staff have participated in the ongoing City of Tucson meetings on homelessness with the public and agency partners. On October 6 Health Department representatives attended the City of Tucson's meeting to discuss services available to homeless residents community through the Health Department. These included tuberculosis and HIV/STD testing and treatment, vaccination, Public Health Nursing services, health Insurance enrollment, and animal care related activities. The second City of Tucson meeting held on October 27, focused mainly on the Mayor's challenge to end Veteran homelessness. The third City of Tucson meeting on this topic took place November 19 and focused on reviewing the proposed City of Tucson ordinance, which requires food providers serving these populations to be properly licensed, and also addresses the accommodation of homeless and related infrastructure needs. The proposed ordinance has been reviewed by the Health Department's Consumer Health and Food Safety team. It has been found to be enforceable and may indeed increase food permit compliance by mobile and temporary food vendors. The most recent City of Tucson meeting, December 17, centered around the implementation of the proposed ordinance and Operation Deep Freeze. There were many questions asked about the public restrooms, food kitchens and the health ordinance, which were addressed by the City Attorney and the staff of the Health Department. Throughout this time we have provided periodic updates to the Board of Health on proposed ordinances that impact the homeless population.

I will continue to closely and personally monitor this important and complicated issue that impacts the quality of life throughout Pima County and will keep you informed as new opportunities and challenges emerge.

Cc: Spencer Graves

# Attachment

#1

# INSTITUTE FOR SOCIAL JUSTICE



Michael C. Elsner, Ph.D.  
President

## SURVEY RESULTS OF "SAFE PARK" RESIDENTS

March 25, 2015

Initially, a survey instrument was designed to capture information of Veinte de Agosto Park occupants in downtown Tucson, Arizona. This small park, in the middle of downtown Tucson, was demarcated by 38 adjacent "dream pods," wooden coffin-like structures on wheels in which residents could both sleep and stow their belongings. Painted sky blue, many of these pods contained messages for passersby to read. Christened as "Safe Park" by the organizers of what might be called a community of homeless people, this park has no restroom facilities, no running water, and sleeping within it after sunset is prohibited. Commonly known as Pancho Villa Park, its landmark is a statue of the Mexican revolutionary warrior, who is riding astride his horse. The park is bordered by a sidewalk to the east, on Church Street, and the heavily trafficked thoroughfares of W. Congress Street to the north and W. Broadway Boulevard to the south. The shape of the park is somewhat like a triangle, with the triangular west end sitting among oncoming traffic going in two directions, eastbound on Broadway and westbound on Congress. Pods were located side-by-side on the sidewalk of Church Street, immediately adjacent to the park, and continued south for two blocks to the Tucson Convention Center. Pods were also located across the street from the park on three sides: on the north side of Congress, on the south side of Broadway, and on the east side of Church. Interspersed among the "dream pods," 36 of which were used for sleeping and two for storage, were approximately 20 tents.

Newspaper estimates of the number of people sleeping in tents and "dream pods" ranged from 60-100. On March 10, in a clarification of a previous ruling, a federal judge stated that 50 to 60 people were then housed in structures on the sidewalks adjacent to the park. Following the Judge's ruling, 72-hour eviction notices were posted on all tents and sleeping pods, which resulted in occupants of structures vacating the park by 6 pm on Friday the 13<sup>th</sup>.

Over time, the surveying of park residents evolved into a Participant Observation study, in which conversations would ensue. Almost immediately, the self-appointed "Medical Director" of the park began referring people to me, and asked me to call myself the park's "Director of Social Work," which I declined to do. In asking people about both their problems and needs, I did, however, offer to help them access services. Informal interviews would generally take place before the survey instrument would be administered. Many times, notes were taken in the absence of the survey form, and on a number of occasions, park residents were approached, but in-depth interviews did not take place. The Participant Observation study took place over nine straight days, from March 5- March 13, and voluntary services were provided during the following two weeks. On a voluntary basis, services were provided to park residents, including referrals to social and legal services, advocacy with behavioral health providers, and coordination with the Mental Health Court Division and Warrant Court of Tucson's City Court.

## FINDINGS

Data were gathered on 31 individuals, and surveys were administered to 25 people. 55% (17) of the 31 persons were male and 45% (14) were female. The age range of those surveyed was from 22 to 71 (two persons), with a mode (most frequent age) of 24 (three persons), a median (middle range) age of 37, and a mean (average) age of 41. 61 percent of those surveyed (19 persons) may be categorized as White, Caucasian or of European origins, 19 percent (six persons) may be classified as Mexican-American or Hispanic, 13 percent (four persons) may be classified as African-American, one person (3 percent) identified herself as bi-racial, and one person (3 percent) stated she was of Middle Eastern origins.

19 of the 25 persons surveyed (76%) use 702 S. Sixth Avenue, Primavera's Homeless Intervention and Prevention (HIP) program as their mailing address. Nine of the 25 (36%) have spent their entire lives in Tucson, three (12%) moved here as children, and three (12%) reported that they moved to Tucson to be with family, and have resided here from nearly two to five years. The remaining 10 (40%) can be classified as "transients" who are passing through town. Of these, seven stated that had been in Tucson from one to three months, and three had been in Tucson for a matter of days or weeks. Only two of the 25 (4%) stated they were veterans, but unless their discharge status can be upgraded, both are ineligible for Veterans Administration (VA) services.

Income information was available for 23 persons who were surveyed. Of those:

- 52% had No Income;
- 13% earned money through Day Labor;
- 13% received Social Security; and
- 22% received either SSDI (Social Security Disability Income) or SSI (Supplemental Security Income).
- The reported monthly income of SS, SSDI and SSI recipients ranged from \$564 - \$1080, with an average of \$733.
- One third of those reporting no income stated that their SSDI benefits had been terminated or their SSDI claim had been denied.

The most striking features of the study involved four subgroups of park residents, some of which were overlapping:

- (1) Persons with evident physical disabilities and serious medical problems;
- (2) Persons with self-identified diagnoses and/or apparent Serious Mental Illness (SMI);
- (3) Couples who, due to economic inabilities and/or disabilities, were residing in tents or pods; and
- (4) Persons with service dogs, which served to calm and protect their human companions.

### Physical Health

Of the 25 persons who were surveyed, nine (36%) reported serious physical risks or disabilities:

- Two women were pregnant, one seven months (22 years old) and one eight and a half months (26 years old). Both reported they no longer had custody of previous children. One of these women self-identified as SMI, but was not taking her medications due to her pregnancy.

- The partners of both of the two pregnant women self-identified as SMI, but both were disconnected from their behavioral health providers and were not currently on their medications..
- Two persons, a 71 year old male and 39 year old female, stated they were dying of cancer.
- Two people, a 44 year old female and a 43 year old male, said that they had sustained serious injuries in an accident involving their two bicycles and the trolley tracks.
- One person, a 67 year old male, stated that he had a serious heart condition.
- One person, a 71 year old male, could hardly walk and stated that he was in need of a walker.
- One person, a 54 year old female, had great difficulty walking, stated she had metal rods in an arm, leg and ankle, and was in need of both a walking boot and a knee brace.

### Mental Health

Of the 31 participants included in the study, 17 (58%) may be classified as having serious mental health issues:

- 11 of 25 interviewees (44%) stated they had a diagnosis of Serious Mental Illness (SMI).
- Four of six persons approached, but not interviewed, clearly exhibited signs of SMI.
- Two interviewees did not admit to an SMI diagnosis, but verbalized mental health issues.
- One interviewee had suicidal ideations.

Of the 11 persons who self-identified as SMI:

- Ten of the 11 (91%) were receiving no medications to treat their mental illness, but all expressed a desire to be back on their medications.
- Nine (82%) stated that they had been enrolled with a local behavioral health provider through the Community Partnership for Southern Arizona, the Regional Behavioral Health Authority.
- Eight (89%) of those who had been enrolled in the CPSA system were disconnected from their treatment provider.
- Two (18%) stated they had never been enrolled with a local behavioral health provider.
- Only one person enrolled with CPSA (11%) was actively engaged with a treatment provider.

### Couples Status

15 of the 25 persons interviewed (60%) were couples who were living together. (A sixteenth person was unavailable to be interviewed because he had been arrested and was being held in the Pima County Adult Detention Center.) Two of the couples, both of whom had been in Tucson from two to three months, reported no mental health issues, while all of the remaining six couples (75%) reported serious mental health issues. Couples who expressed a desire to live together were generally not aware of housing options that may be available to them. As none of the persons with a Serious Mental Illness (SMI) were enrolled with the same behavioral health provider as was their partner, residential housing options that may have been available for these couples seemed to be elusive.

The homeless status of the couples involved with the behavioral health system in Pima County, including the two women who were seven and eight and a half months pregnant, appeared to be exacerbated by the fact none of them were receiving medications to treat their SMI conditions. To expect untreated persons with a serious mental illness to be self-actualized, organized and motivated to make and keep appointments with their behavioral health providers is unrealistic. Ideally, in these cases the provider should come to the patient, or at least access to mental health and housing services should be made more readily available by behavioral health providers.

#### Homeless Persons with Service Dogs

Five of the people surveyed (20%) had dogs living with them. In all cases, these canines were considered to be service dogs that provided essential assistance to their human companions. Two of the three were pit bulls or pit bull mixes, and one was a wolf/Alaskan Husky mix. Landlords may not be eager to rent an apartment to a person or a couple with a rather intimidating-looking dog, but it can be done. Perhaps a designated area for homeless persons to camp with their service dogs can be explored by the City of Tucson and Pima County.

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# Attachment

#2



## Efforts to Reduce Homelessness

### Expanded Cenpatico IC Housing Team

- Cenpatico IC has expanded the Cenpatico Housing Team to include four new positions.
- 1 Housing Director - Kulich
- 2 Housing Management Specialists
- 1 Housing Auditor

### Centralized Cenpatico IC Housing Referral Process

- Cenpatico IC's new centralized housing referral process for State Funded Housing Programs ensures that the most vulnerable members are prioritized for housing supports and services utilizing the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT).
- The new centralized process opens up housing vacancies, making them accessible to any member enrolled in services in the eight counties Cenpatico IC serves.
- Cenpatico IC has invested in a HMIS like database to assist in housing members more effectively and timely. The database is in the beginning developmental phases.

### Community Re-Entry Programs

- Cenpatico IC has contracted with several providers for community re-entry programs to assist members released from jail in connecting to support and housing services.
- Old Pueblo, Community Health Associates, Wellness Connections, Transitional Living Center, and PSA Art Awakenings are five programs with a focus on community re-entry programs, supports and services.

### Cenpatico IC Funded Outreach Specialists

- Cenpatico IC has funded twenty (20) Outreach Specialists dedicated to assisting individuals experiencing homelessness to enroll with Cenpatico IC and the Marketplace in order to connect to support and housing services.
- Ten (10) of the twenty (20) Outreach Specialists funded through Cenpatico IC work within Pima County.

Outreach Specialists	
Agencies Contracted to Employ Outreach Specialists and Turn in Their Outreach Efforts Weekly	The Number of Outreach Specialists and the Community(ies) they Serve
Coyote Taskforce	1 in Pima County
Hope Inc.	2 in Pima County 1 in Yuma
PPEP	1 in Pima County
Catholic Community	1 in Pima County
Old Pueblo	1 in Pima County
NAMI	1 in Pima County



Pasadera	1 in Pima County
CHA	1 in Pima County 1 in Cochise/Santa Cruz
CBI	1 in Pima County 1 in Cochise
Wellness Connections	1 in Graham County 1 in Cochise/Santa Cruz
TLC	1 in Yuma County 1 in Pinal County
NazCare	1 in Yuma/LaPaz County
Horizon Health and Wellness	1 in Pinal County
Hope Lives	1 in Pinal County
Pinal Hispanic Council	1 in Cochise/Santa Cruz

**FY16 Housing Allocations for State Funded Programs**

- Seventeen (17) contracted providers, specialty housing providers and Intake and Coordination of Care (ICC) Agencies, were allocated funds to provide housing assistance in the form of rental subsidies, eviction prevention, and move-in costs.
- Ten (10) of the seventeen (17) providers receiving housing funds are located in Pima County.
- Seventy-four percent (74%) of total funds allocated went to contracted providers in Pima County.
- Four Public Housing Authorities (PHAs) received funds for the Bridge Subsidy Program (BSP) to assist members experiencing homelessness in maintaining secure housing through 2017.
- SB1616 Funds were allocated to increase housing stock in Pima County and the community of Bisbee, with 75% of the funds allocated to increasing the housing stock in Pima County.

**Cenpatico Integrated Care Corporate Housing Contribution**

- Cenpatico IC plans to provide funding to increase housing stock in Pinal, Yuma and Pima Counties. Sixty percent (60%) of the units will be dedicated to the Tucson area.

**Attachment**

**#3**



## Coordination and Partnership

Cenpatico Integrated Care's Comprehensive Approach  
to Help Reduce Homelessness in Pima County  
December 18, 2015

Cenpatico only has homelessness information on Pima County residents in an Open Episode of Care with Cenpatico. Approximately 50% of adults experiencing homelessness in Pima County are enrolled in an Open Episode of Care based on demographic data submitted by Cenpatico IC contracted providers. Cenpatico serves 1024 adults experiencing homelessness in Pima County. This represents 4.7% of all Cenpatico members in an Open Episode of Care. Of these 1024 adults, 40% of these adults have a SMI and 31% have a SUD. Assuming C-IC is serving 50% of adults experiencing homelessness in Pima County, it is reasonable to speculate that around 20% of adults experiencing homeless in Pima County have a SMI and around 15.5% have a SUD. In total, this indicates 35.5% of persons in Pima County experiencing homelessness suffer from mental health or substance use disorders. This is consistent with local and national data. Both local and national studies indicate that up to 33% of all homeless people may suffer from either a serious mental illness or substance use disorder. The 2014 Point-in-Time Count indicated that, of the 2,110 persons homeless in Pima County, 568 (27%) had a serious mental illness while 664 (31.5%) had a substance use disorder (dual-diagnoses not recorded).

The following tables illustrate Cenpatico Integrated Care data for Pima County (12/16/15):

### PIMA COUNTY C-IC MEMBERS WITH AN OPEN EPISODE OF CARE WHO ARE EXPERIENCING HOMELESSNESS

C-IC Members	T19 Homeless	nT19 Homeless	% Homeless
SMI	10573	396	4.3%
SA/SUD	3778	307	9.4%
GMH	10264	321	3.3%
ALL Members	24615	1024	4.7%

### PIMA COUNTY C-IC MEMBERS WITH AN OPEN EPISODE OF CARE EXPERIENCING HOMELESSNESS BASED ON BEHAVIORAL HEALTH CATEGORY

	Number of Adults in an Open Episode of Care Experiencing Homelessness by Behavioral Health Category	Percentage of Number of Adults in an Open Episode of Care Experiencing Homelessness by Behavioral Health Category
Number with SMI	453	40%
Number with SUDs	356	31%
Number GMH	336	29%
Total	1145	



Cenpatico Integrated Care has initiated several new, strategic investments to offer better coordination and partnership in order to: 1) enroll homeless individuals eligible for RBHA housing and services, and 2) assist RBHA-enrolled members in securing stable housing to avert homelessness. Cenpatico is also developing partnerships to assist the community more broadly in efforts to reduce homelessness.

## **OUTREACH**

Cenpatico Integrated Care has funded **ten new Outreach Specialist positions** within nine Provider/partner agencies: Coyote Task Force, Hope Inc., PPEP, Catholic Community Services, Old Pueblo Community Services, NAMI of Southern AZ, Pasadera, CHA and CBI. The Outreach Specialists will be active throughout the community at key locations and on the streets to identify RBHA members or RBHA-eligible individuals who are experiencing or at risk of becoming homeless. The partnerships include:

- intensive work (including “in reach”) in the Pima County jail,
- coordinated outreach to encampments identified by local law enforcement agencies, and
- regular presence at service and community locations frequented by homeless people

The Outreach Specialists will be trained to enroll individuals in the RBHA, Medicaid, and the Marketplace Exchange, and to assist them in securing housing and other essential sources of aid (e.g. Social Security Benefits, Veterans Administration, HUD housing, etc.).

Cenpatico Integrated Care will also work closely with the La Frontera **Rapidly Accessible People Program** (RAPP) outreach team (funded by the State of Arizona with federal P.A.T.H. dollars) to improve the progression of homeless individuals from the streets, through RBHA enrollment or to other services, and into available permanent supportive housing.

## **COORDINATED HOUSING ENTRY**

Referrals into the Permanent Supportive Housing that Cenpatico Integrated Care administers are now centrally managed. This approach 1) prioritizes those available openings for those Members who are homeless and/or most medically vulnerable and 2) links other Members in need into the HUD/HMIS housing referral system for access to additional housing options.

Cenpatico Integrated Care is collaborating with the City of Tucson, Pima County, and the regional Continuum of Care to help establish communitywide, coordinated entry for homeless individuals into available housing and support services. This will help to more **swiftly link people experiencing homelessness to Permanent Supportive Housing** (PSH) and ideally reduce incidences of homelessness and the frequent use of other, less appropriate interventions (e.g. hospital emergency rooms, jails, CRC).

Cenpatico Integrated Care has also funded six “bridge/interim” housing units (administered by Old Pueblo Community Services) for individuals with a high degree of vulnerability when no PSH vacancies can be identified. Additional, specialized housing may be developed for referrals directly from the CRC or Crisis Mobile Teams.

## **PRIORITIZED HOUSING REFERRAL SYSTEM**



In the past, the RBHA housing inventory has not necessarily been managed so that RBHA members who are homeless and/or most vulnerable received priority offers of housing units/supports. The new and centralized referral process (both at Cenpatico Integrated Care and in the community through HMIS) will help insure that members who have the resources and ability to sustain more independent housing do so while persons homeless and/or most in need can be put at the top of the waiting list. Over time this could reduce homelessness experienced by RBHA Members with a serious mental illness (and, in time, those with documented substance use disorders).

Cenpatico Integrated Care is already implementing this new, centralized housing referral system for the 150+ state-funded units of housing set aside for its Members with Serious Mental Illness. Like HMIS, Cenpatico Integrated Care utilizes the VI SPDAT assessment tool. This approach will insure that **the most vulnerable people have priority access to permanent supportive housing** and will facilitate cross-referrals between C-IC and HMIS. Our goal will be to extend that system for the scattered-site housing funds allocated by the state (an additional \$1M) and currently administered by a host of RBHA-contracted Provider agencies across the community. We are also working on processes for coordination with the centralized HMIS system for HUD permanent supportive housing so that all homeless people can be offered housing and support services based on their vulnerability (including homeless status).