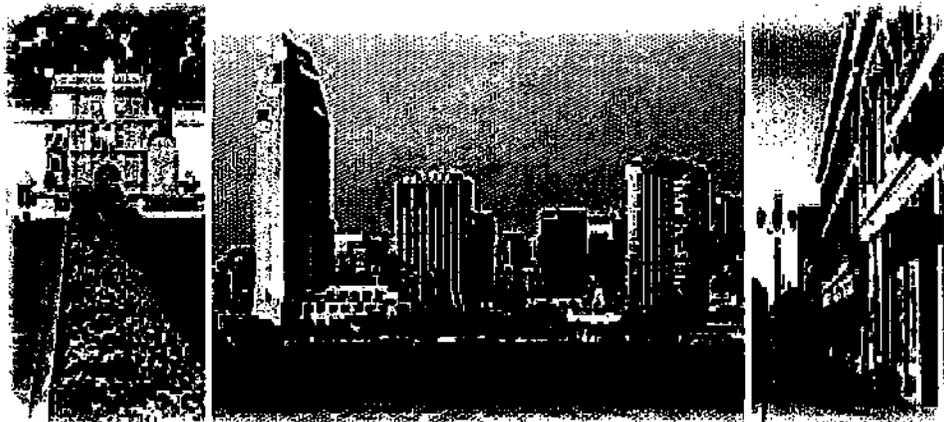


# **Homeless Outreach Team (H.O.T. Team)**



**Prepared by:  
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San Diego Police Department**

# PROJECT SUMMARY

## **SCANNING:**

In the summer of 1998 a group of approximately 25 homeless and homeless advocates occupied the plaza and outlying areas of the City Community Concourse. Those gathered did so in protest of what they believed to be the City's inadequate provision of basic needs such as food, clothing, and shelter for the homeless population of San Diego. The number of protesters swelled to upwards of 200. The City Administration called upon the Police Department to end the protest and occupation of the Concourse. The Police Department's concern was how to address criminal activity associated with the protest while recognizing and respecting the civil rights of those lawfully involved.

## **ANALYSIS:**

It became apparent that there were a multitude of reasons why people were drawn to the Concourse. The core group of approximately 25 protesters were gathered to seek an audience with the Mayor and City Council for the purpose of presenting their agenda. Their members included homeless individuals, homeless advocates, and a criminal element who recognized a potential "safe ground" for illegal activity. A significant portion of those on site were struggling with mental health issues; over half according to current demographics of the downtown homeless population. As a group, those gathered had varying degrees of commitment to the original cause. Some were willing to go to jail to draw attention to the plight of the homeless and some had no commitment at all to that cause. The protest lost momentum fairly quickly. Those remaining at the concourse were there simply because they had nowhere else to go.

## **RESPONSE:**

The City's response, which seemed to be most appropriate for the homeless and their advocates, was the creation of the Homeless Outreach Team. The Police Departments initial response was to monitor the crowd 24 hours a day and use a "pro arrest" reaction to all criminal activity not related to homelessness, i.e. illegal lodging and trespassing, etc. Until the Team was formed discussions continued and open lines of communication were maintained between police leaders and leaders of the protesters.

## **ASSESSMENT:**

The end result was all those taking up residence in the concourse left due to their satisfaction with the City's response or due to their arrest. There have been no further demonstrations. The concourse has been safely returned to local government, its employees, and those visiting the concourse to enjoy its cultural offerings. The homeless population in San Diego was able to exercise their civil rights and ultimately bring about the creation of an innovative and effective resource designed to deal with issues regarding homelessness, namely the Homeless Outreach Team, or HOT Team.

# PROJECT DESCRIPTION

## **SCANNING:**

In the summer of 1998, Larry Milligan, a homeless advocate, organized a sit-in at the City Concourse involving approximately 25 homeless individuals and those sympathetic to the plight of the homeless. Their plan was to remain at the Concourse around the clock for however long it took in order to gain an audience with the Mayor and City Council for the purpose of discussing their agenda items. They chose the Concourse based on a number of factors. The Concourse is the center for local entertainment and arts as well as the location of the City Administration Building. They felt the high visibility of the Concourse would add to the pressure upon the City to meet their demands. Upon occupying the Concourse, the numbers of homeless swelled to approximately 200.

The crime problems associated with the protesters included urinating in public, public drunkenness, drug dealing and usage, litter problems, and disturbances. These problems were identified by employees of the surrounding buildings, on-site security, those protesting there legitimately, and by police officers. They were brought to the attention of the police by surveying the employees of surrounding buildings regarding what they actually observed, telephone complaints, and personal observations of the officers.

A primary cause of many of the problems created at the concourse related to the mental health of some of the protesters. It is widely accepted that over half of the

homeless population in San Diego have mental health issues. This fact was evident by the bizarre behavior of some of the protesting individuals. Many of the officers assigned to monitor the protest had prior knowledge of the majority of the protesters and had in fact transported several of them to the County Mental Health facility. The officers and Command staff of Central Division were the primary resources called upon to manage the homeless protest at the concourse.

### **ANALYSIS:**

The presence of a significant problem was obvious: the concourse was brimming with homeless people who had set up camp in the concourse and surrounding areas including sidewalks, doorways, alcoves, and bushes. Leaders of the protest soon lost control over the actions of the group. Officers and citizens reported regular sightings of fights, urination, littering, drinking of alcohol, and other nuisance crimes. Arrests were made on a steady basis for these offenses. A number of people were taken to County Mental Health (CMH) or identified as having mental health issues not rising to the level of emergency commitment. Many of the latter remained at the concourse and continued their disruptive behavior because officers had no options other than jail or CMH.

Stakeholders included the protestors who had gathered in an attempt to improve the quality of life for the homeless in San Diego, employees of the surrounding buildings who were subjected to the actions of the demonstrators, local vendors and businesses who were losing revenue due to people staying away from the area, and members of the public who were less inclined to take in the cultural events the Concourse had to

offer due to their fear of the protestors.

The Police Department's initial response was to assign officers to monitor the protest 24 hours a day. Their instructions were to take reactive "pro-arrest" measures against anyone committing criminal acts not related to their homeless status. Examples of crimes related to homelessness included illegal lodging and trespass. The police response was limited pending ongoing discussions with the City Attorney's Office and other City agencies regarding enforceable laws and other alternatives to ending the protest and occupation of the concourse.

The Police Department's initial response was not intended to force the protestors out of the concourse and in fact did not have that effect. The actions of the City and of the protestors did nothing to address the underlying issue: improving the quality of life for the homeless population. Both sides agreed that an affirmative response from the City would not only be beneficial to the homeless, but beneficial to all stakeholders. Pending further analysis and response, the protestors remained and the Police Department continued its monitoring of the group.

### **RESPONSE:**

Possible responses from the City were varied. The protest could have been declared an unlawful assembly and those remaining could have been arrested. The City recognized that this was not a viable alternative. The concourse is land open to the public and those gathered were exercising their Constitutional rights. The protestors could have been allowed to stay until they decided to leave. Unfortunately most of the protestors

had nowhere else to go and no reason to leave. Many of those remaining had mental health problems and did not have the ability to make rational decisions. The Police Department could have maintained its presence and continued to make arrests in response to criminal activity. However many of the protesters were not breaking the law and many of those arrested returned upon their release from jail. Officers could continue to transport individuals meeting emergency commitment criteria to CMH. The overwhelming majority of those taken to CMH were released after 72 hours. Most or all returned to the Downtown area because it is their home. No follow-up or resources were offered to them to help solve whatever issues they were dealing with that led to their homelessness.

The City and the Police Department agreed that the protest could not be allowed to continue. Ultimately a two-pronged response was decided upon. The more significant response was the creation of the Homeless Outreach Team, or HOT Team. The HOT Team is comprised of two City Police Officers, a County Health and Human Services representative and a Psychiatric Clinician provided by Psychiatric Emergency Response Team Inc. (PERT Inc.). The City's Homeless Coordinator is the Program Manager. Since the Program Manager does not work for any of the agencies providing the Team members, his perspective adds to the objectivity of the Team.

As the result of discussions between City representatives and representatives for the homeless, several factors were identified as significantly contributing to chronic homelessness. They include mental illness, substance abuse, lack of a support network

{family and friends), chronic unemployment, and poverty. The HOT Team provides the "link" between the homeless and the vast amount of resources that are available to help them break the cycle of homelessness.

Each member of the HOT Team brings their own unique skills to the partnership . The police officers enforce the law when criminal activity occurs. They identify and become familiar with the hundreds of homeless persons within Central Division. They also provide security for their civilian partners. The County Health and Human Services representative connects homeless individuals with programs and services the County can provide. These resources include drug and alcohol treatment, job training, medical health screening, placement, and access to shelter. The PERT clinician brings expertise in diagnosing mental illness and the capability to place subjects into mental health facilities. The Program Manager handles negotiations when several agencies with different policies and practices are involved. Together, the Team provides follow-up and continued case management on an individual basis. This has proven critical for sustained recovery and successful treatment.

A partnership between Psychological Emergency Response Team Inc. and the Police Department is already in existence at Central Division. The "PERT Unit" consists of a police officer and a PERT clinician who are partnered together as a full duty police unit. The officers<sup>1</sup> primary responsibility remains that of providing public safety. The PERT clinician does not act as a police officer under any circumstances. The PERT clinician accompanies the officer for the duration of the work shift regardless of the type of call. The PERT clinician's area of expertise is responding to and evaluating calls involving

mentally ill persons. The addition of a PERT clinician relieves officers of some of the responsibility of making difficult decisions regarding a persons mental condition. The partnership also provides streamlined access to County Mental Health facilities which significantly reduces out of service time for the officers. The partnership has been extremely successful and popular with officers and clinicians alike.

The approach of the HOT Team is to contact homeless individuals and assist them in resolving the issues that led to their homelessness. During their initial survey of hundreds of homeless individuals in the downtown area, the Team identified a number of issues shared by all those interviewed. These issues were substance abuse, mental illness, chronic unemployment, and poverty due mainly to failure to access or loss of financial benefits to which they were entitled. The Team provides both short term solutions and continued case management. People who are homeless can avail themselves of the vast resources the Team proactively brings to them to resolve their issues. The goal of the HOT Team is to return the person to a productive life. Each individual whose issues are resolved by the Team reduces by one the number of people on the streets.

The second but more immediate response was the enforcement of municipal and state laws upon those found violating existing laws. The City Attorney's Office provided guidance on the laws that were enforceable and were designed to remove those protesters that remained in the Concourse.

## **ASSESSMENT:**

During the first three months of operation, the Team's activities have focused on five areas:

1. Developing an inventory of available resources and tools necessary to function efficiently. Results included:

- educating social service agencies and community groups within the downtown area about the HOT Team and their resources;
- developing a social service agency inventory;
- creating a computerized filing system; and
- creating a computerized filing system of property owner letters seeking enforcement of various trespass laws.

2. Working on the streets to identify individuals who have critical needs. Results included:

- making contact with hundreds of homeless individuals in order to begin building recognition and trust; and
- conducting surveys of the downtown homeless to identify demographics and trends.

3. Working with individual homeless to resolve their issues. Results have included:

- developing histories and case studies of homeless individuals;
- working on solutions for 126 people identified as being chronically homeless;
- maintaining an active PERT caseload of approximately 70 people.

4. Funding development and awareness for the HOT Team's pilot program. Results included:

- applying for a law enforcement grant to provide greater computer capability;
- documenting needs for specific resources to ensure future success;
- networking with other outreach programs in order to better coordinate the efforts of all organizations involved;
- working with the County Health and Human Services Agency to create a half-hour video about the Team and their work that will air on cable television; and
- production of a power point computer presentation to share with similar agencies nation-wide.

5. Making efforts to find long term placement solutions for public inebriants. This is an effort to decrease the financial liabilities involved with managing chronic inebriates who continually refuse services. Results have included:

- documenting financial statistics; and
- reviewing current and developing relevant legislation.

Comparing the financial costs of police activities with and without a HOT Team is difficult. Success with the chronic homeless population must be measured over time in small increments. However it is known that homeless people have more contacts with police and other emergency services than do other segments of the population. It is not uncommon for individuals in the downtown area to have a significantly disproportionate number of contacts with emergency services; in one case over 60 in one year.

Thousands of dollars, many hours of work, and resources were spent on one person

without breaking the cycle of homelessness. That same individual, along with the community and its resources, would have been much better served at a significantly lower cost by successful intervention into his homelessness.

The San Diego Police Department provided two police officers, office space, utilities, and the patrol vehicle used by the Team. The County Health and Human Services Agency provided a Social Service Representative. The Centre City Development Corporation returned to the City \$55,000 as a repayment of previously loaned funds which the San Diego City Council re-appropriated to fund the Psychiatric Clinician, a cellular phone, client identifications, food script, and other necessities. The Team concept could be expanded into other areas of the City where homelessness is an issue. A number of models directed at addressing funding have been developed and others are being explored. One such model is for business districts to assess their needs for HOT Team services and to fund these positions.

Since its inception, the HOT Team has demonstrated that its unique partnership has been effective in developing individually tailored solutions for the complex issues facing the chronic homeless. Approximately 79% of the clients offered services by the Team have accepted them. This is a staggering percentage in light of the fact that 63% of all clients admit to having substance abuse problems and over half have psychological issues as well. Specific numbers of long-term placements include the following: 12 placements into rehabilitation; 4 placements into permanent board and care; 8 into permanent housing; 9 into medical treatment; 10 into long-term psychiatric care; 12 reconnected to social service benefits; 4 with employment; and 4 into state

prison (see chart). Their success is due to improved accessibility of resources and in providing follow-up and case management. No other jurisdiction in the San Diego region operates a program similar to the City's HOT Team. Many area jurisdictions, and other jurisdictions nation-wide, are studying the HOT Team model as a means of addressing their homeless concerns.

The success of the HOT Team has been felt primarily within the downtown area. The Team has formed partnerships critical to their current and future success with a wide variety of prominent business and community groups. Accolades have come from all of them including the Downtown Partnership, Centre City Development Corporation, St. Vincent DePaul Village, Rachel Women's Center, and from a number of homeless activists in San Diego. The impact for them has been fewer reported incidents of panhandlers bothering customers and employees, fewer incidents of sleepers in the doorways of their businesses and homes, less trash, and fewer incidents of finding urine and feces on their properties. Service providers are satisfied that their clients are being properly and expediently placed into the proper facilities. The Team also works with the medical directors at University of California San Diego Hospital and Mercy Hospital. These hospitals are each critically effected by homeless patients with medical and mental problems. Each has reported an improved working relationship with City and County agencies represented by the Team and early reports of better management of the burden placed on them by patients who rely on social service agencies to pay for their treatment.

Another attribute of the Team, and a reflection of each of the public and private agencies involved, has been the demonstration of their commitment to maximizing the delivery of services and programs to the community using innovative methods. Each of the Team members has worked to successfully eliminate preconceptions about each other as people and about each others occupation which have been barriers to teamwork in the past. By cultivating personal and professional relationships among members of public and private entities, they have made a success of this program. By coming together and developing a solution that proactively addressed "street level" global issues such as homelessness, substance abuse, mental illness, and criminality, each agency has taken affirmative steps towards improving the quality of life for all citizens in the City of San Diego.

The HOT Team is:

Officer Victor Saldamando, San Diego Police Department

Officer John Smith, San Diego Police Department

Jeff Harlow, Psychological Emergency Response Team Inc.

Lynne McRae, Psychological Emergency Response Team Inc.

Miwa Pumpelly, County Health and Human Services

The following people and agencies have contributed significantly to the formation and success of the HOT Team:

Captain Bill Maheu, San Diego Police Department

Captain Mike McCulloch, San Diego Police Department

Lieutenant Bill Edwards, San Diego Police Department

Maria Kincaid, Administrator, Psychological Emergency Response Team Inc.

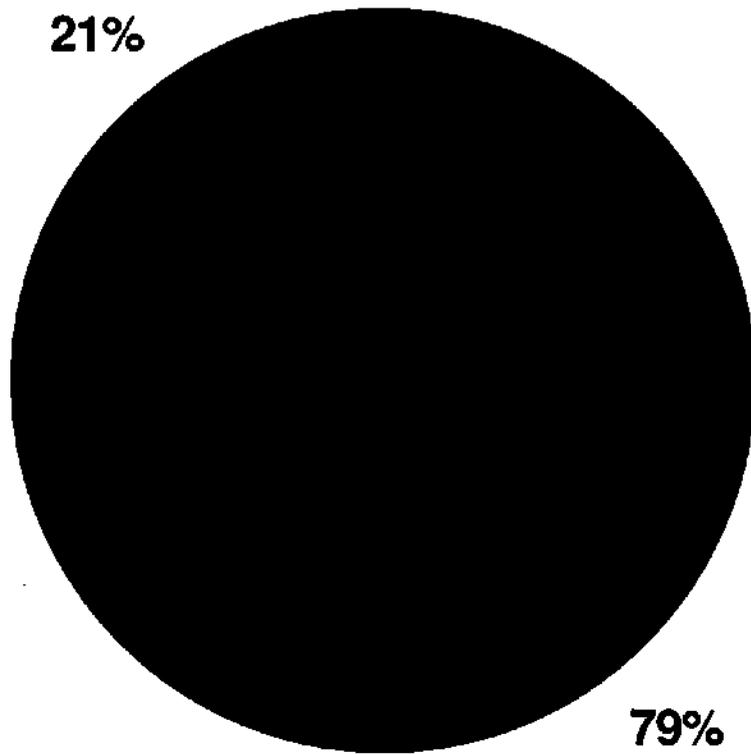
Harold Tuck, Central Region Director, County Health and Human Services

Ross McCollum, City of San Diego Homeless Coordinator

# Services Offered

**Refused**

**21%**



**79%**

**Accepted**

# Health and Human Service Agency



- ***Organization***

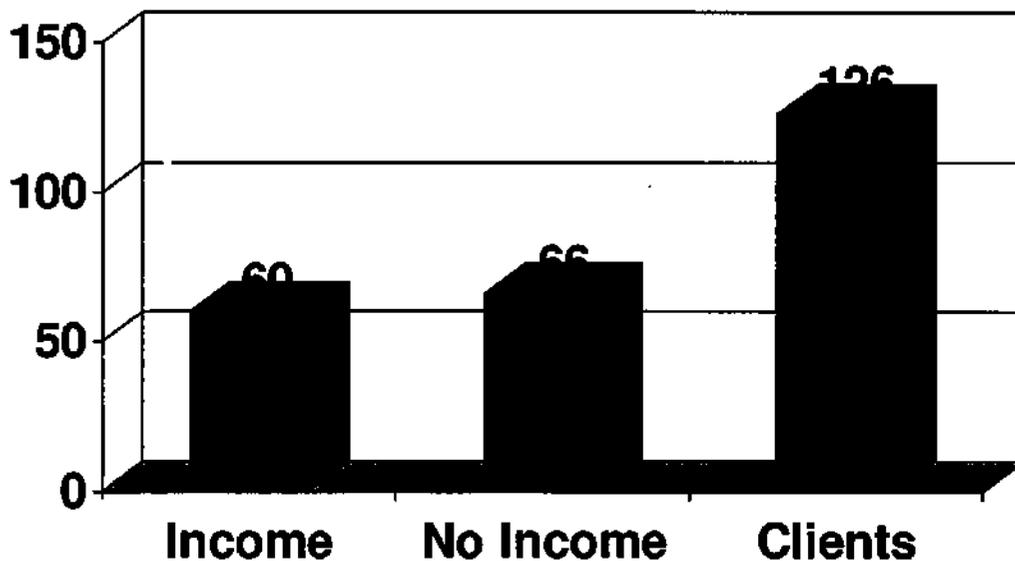
- **County Employees**
- **Support Equipment**
- **Access to Social Services Records**

- ***Member***

- **Evaluate Clients for potential eligibility to Assistance**
- **Case Management**
- **Connect Clients with Community Resources**

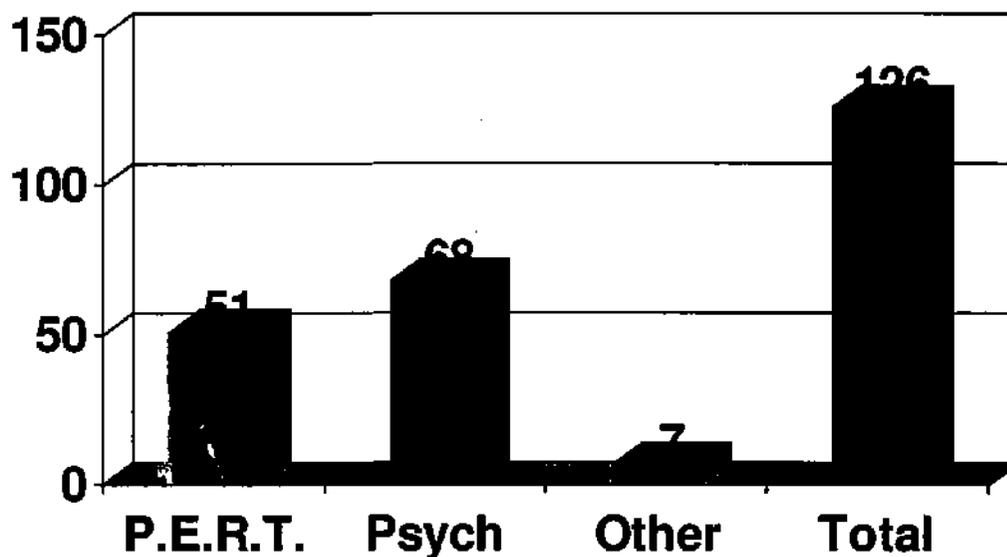
# Income Report

- **Out of 126 clients:**
  - **52% of them had no income**
  - **48% have some type of income**
- **Income includes Social Benefits or Employment**



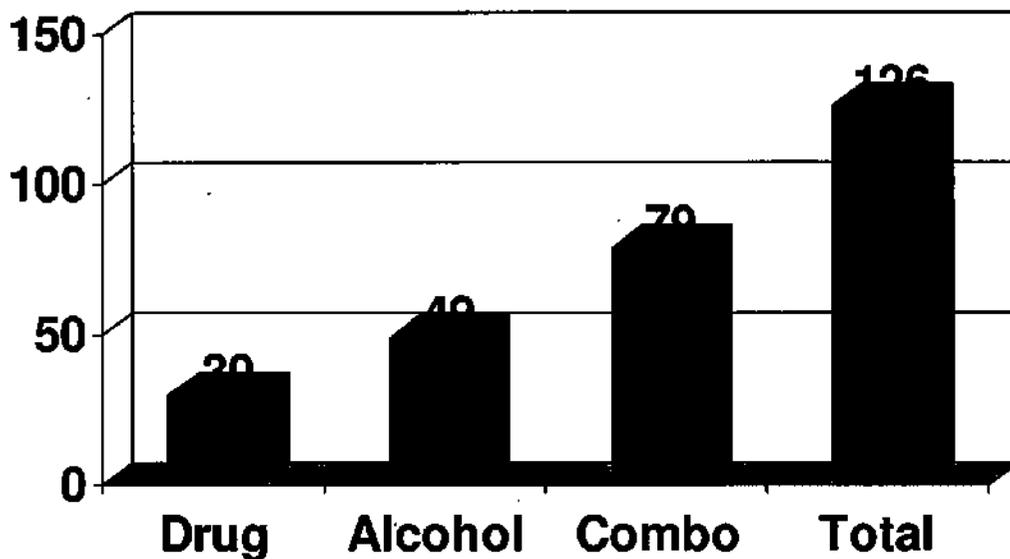
# Psychiatric Contact

- **126 Clients:**
  - **54% Psychiatric Issues**
  - **41% Open P.E.R.T. Case**
- **75% of all contacts who have psychiatric issues result in an open P.E.R.T. case**



# Drug/Alcohol Addiction

- **126 Clients:**
  - **39% Alcohol Problems**
  - **24% Drug Problems**
- **63% have Drug or Alcohol Problems**



# Services Provided

