



Work Group Recommendations

Safe Harbor Work Group

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Presented to:

Safe Harbor Executive Group

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Executive Summary:

A working group made up of individuals from the City of Largo Homeless Advisory Team, Homeless Leadership Alliance, Pinellas Park and the Pinellas County Sheriff's Office was tasked to evaluate the current conditions, services, outcomes and impacts to the community and emergency services of the Pinellas Safe Harbor emergency shelter. The purpose of this group was to provide recommendations to the Safe Harbor Executive Work Group (Largo, Pinellas County, Pinellas County Sheriff's Office and Homeless Leadership Alliance) to reduce impacts on emergency services and surrounding neighborhoods through proactive engagement with clients of Safe Harbor and connection to permanent housing solutions.

Key Findings:

- Safe Harbor is Pinellas County's only emergency shelter that allows access 24 hours per day/7 days per week for law enforcement/homeless street outreach teams to bring people needing/wanting shelter. The Work Group recommends using methods to better engage clients in housing and wrap-around services rather than raising barriers or restricting intake days/times that may result in the adverse effect of increasing the street homeless population.
- Although there is a base population of chronically homeless individuals that use the shelter, a large portion of the population stay for only one-few nights, even if they may return a few times during the year. Addressing these two population groups will need different solutions.
- Utilizing guiding principles of "[Built for Zero](#)", a one-sized fits all approach will not work to address the housing and support service needs of all clients. "Built for Zero" is a national movement and methodology being used in communities across the nation to reach functional zero with certain homeless population groups.
- Permanently housing the clients from Safe Harbor will take investment and commitment from multiple agencies/sources to ensure services and housing units are available.
- Peak emergency medical service calls occur during evening check-in times which often occur around closing time for Bayside Clinic. Additionally, non-emergency calls to emergency services could be better redirected through improved ease of access of other transit services.
- Events such as Safe Harbor's annual neighborhood clean-up which draws more than 100 client volunteers demonstrates that giving clients a sense of purpose to be part of something can be an effective method to engage clients to work toward improving their housing, lifestyle habits and financial situations.

Recommendations:

The recommendations detailed in this report were identified for significant change in outcomes to Safe Harbor; however, the Work Group recognizes that implementation would likely be scaled to fit available resources or additional resources that come available.

The Work Group recommends performing a re-assessment of Safe Harbor in three years, which provides time for implementation and to measure outcomes from implementation. Safe Harbor outcome data is also reported quarterly on the Homeless Management Information System (HMIS) Data Dashboard operated by the Homeless Leadership Alliance of Pinellas.

A full description of recommendations is detailed starting on [Page 20](#) of this report.

Purpose:

Provide recommendations to the Safe Harbor Executive Work Group (Largo, Pinellas County, Pinellas Sheriff's Office and Homeless Leadership Alliance) to reduce impacts on emergency services and surrounding neighborhoods through proactive engagement with clients of Safe Harbor and connection to permanent housing solutions.

Background:

- Safe Harbor opened by the Pinellas County Sheriff's Office in January 2011 as a jail diversion emergency homeless shelter.
- The shelter provides an alternative to jail for law enforcement for persons committing nuisance-type violations that are often associated with homelessness (ex. public intoxication, open container, etc.).
- The shelter also serves people exiting jail that do not otherwise have a home upon jail exit.
- Safe Harbor is the only shelter in Pinellas County that provides client intake 24 hours per day, 7 days per week.
- The nightly census at Safe Harbor has declined from 393 in 2016 to 315 in 2019. The census further declined in 2020 to 260, however, the shelter also had limited intake capacity during the COVID-19 Pandemic that started in March 2020 (Pinellas County Homeless Point-in-Time Count).
- Safe Harbor is considered a low-barrier shelter with few restrictions to entry.
- Although Safe Harbor provides a cost-effective alternative to jail and improved connections to resources for homeless individuals than the jail system can provide, adverse impacts to the surrounding neighborhood and low permanent housing placement have continued to be issues with the population served at Safe Harbor since its inception.
- In 2020, the Largo City Commission requested to the Pinellas County Board of County Commissioners the formation of a multi-agency work group to identify recommendations for reducing adverse impacts on the surrounding neighborhoods, reducing calls for emergency services, and increasing outcomes to permanent housing for clients utilizing Safe Harbor. A meeting was held with representatives from Pinellas County Board of County Commission, Pinellas County Sheriff's Office, Largo City Commission, and Homeless Leadership Alliance of Pinellas County. The meeting resulted in formulation of the Safe Harbor Work Group to make recommendations to address the issues outlined above.

SWOT Analysis

To begin the process of evaluating potential improvements for outcomes to Safe Harbor, the Safe Harbor Task Team performed an analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) of the facility and its operations.

<p>STRENGTHS</p> <ul style="list-style-type: none"> • Accessible 24/7 • No questions asked – takes everyone in • During pandemic – many times were the only alternative to get off the street • 25-30% of population is employed (not necessarily livable wage) • Some onsite employment services, Public Defender, case management, substance abuse case manager, mental health counselor, Diversion Specialist • Bayside clinic next door • Better connection to Coordinated Entry • More people resolving their homelessness than getting credit, but hard to track that data. • Proactive visits to Bayside Clinic – more attention to their health. 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> • Under-staffed – case management ratio is 1/85 • No “incentive” to stay and meet with a case manager – open door. (currently have a policy to meet within a case manager w/in 72 hours but not able to provide with client/case manager ratio) • Lack of staffing to be able to follow up on the clients to report higher success rate.
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Ability to intervene with people who are chronically homeless - Opportunities for intensive intervention • Infusion of RRH \$ through CARES. Some will be serving individuals. • St. Pete is funding a component of RRH for individuals in St. Pete area (since has been cut) • Individual Development Accounts* (maybe for higher functioning clients) • Better coordination between Largo/Pinellas Park Street Outreach and 5 Deputies that work in Community Policing in that area. • Module for info sharing with community policing • Expand workforce training – maybe a reason to stay and get training • Scattered permanent supportive housing. • Mental Health “Coordinated Entry System” – in progress at County • Align hours for onsite medical services to correlate with high peak EMS times 	<p>THREATS</p> <ul style="list-style-type: none"> • Due to case load, clients grow impatient waiting and leave • Individuals are more difficult to divert than families. • Get SSI/SSDI checks and leave for a few days and then come back when money is gone. • Lack of permanent supportive housing. Cannot build our way out of PSH needs. • Sex Offenders – limited access to housing, jobs and shelters.

*Individual Development Account (IDA): A type of savings account designed to help low-income individuals build assets and achieve financial stability and long-term self-sufficiency. The federal program was designed to help save for three initiatives: start a business, pay for education, or buy a home. However, a local program could be designed with other initiatives as appropriate for the population served. Accounts are typically set up with a matching funds incentive for each dollar saved by the client.

Research & Data

Table 1: Safe Harbor Client Census & Placements in Housing

Safe Harbor Clients	2016	2017	2018	2019	2020
PIT Census	393	407	379	315	260
Nightly Avg	358	356	354	289	275*
Unique Clients	4,705	4,970	5,179	4,585	2,310*
Total Intakes	13,444	14,040	15,260	11,911	5,407*
Intakes from Outside Pinellas	1,465	1,360	1,213	737	284*
Placements Coordinated w/Case Managers**	740	590	598	463	201*
Placements into Permanent Supportive Housing	N/A	20	11	19	9*
Placements into Rapid Re-Housing	N/A	17	14	2	1*

PIT = Point-in-Time (annual one-day homeless census)

Source: Homeless Point-in-Time Count, Pinellas HMIS

*COVID-19 limitations on space available

**Includes placements in treatment centers, or temporarily staying with friend/family, or permanent housing directly through on-site case managers.

Table 1a: Comparative Data – Emergency Shelters for Individuals

Shelter	2018/2019			2019/2020		
	Avg. Acuity Score	Median Days at Facility	Placed in Perm. Housing	Avg. Acuity Score	Median Days at Facility	Placed in Perm. Housing
Safe Harbor	6.65	2.0	3.82%	6.91	2.0	2.71%
Westcare- A	6.81	4.0	4.97%	6.77	5.0	6.86%
Turning Point						
Salvation Army Residential Ctr	5.82	8.0	12.93%	5.35	13.0	18.41%
Catholic Charities Hope I	6.33	22.0	22.13%	6.68	26.0	30.07%
Homeless Empowerment Program	6.81	6.0	25.21%	8.20	9.0	39.13%

Based on Fiscal years October 1 – September 30 for each time period – HMIS CoC Data Dashboard

Average Acuity Score: VI-SPDAT score: A score of 3 or less can typically self-resolve homelessness; 4-9 is in the eligibility range for Rapid Re-Housing; and a score above 9 is in the eligibility range for Permanent Supportive Housing. This scoring is based on responses from individuals interviewed for the VI-SPDAT - not on verified clinical conditions.

Analysis:

- Annual Point-in-Time Census and Average Nightly Census both show a decrease in clients at Safe Harbor from 2016-2019 and appears to continue in 2020 although COVID-19 Pandemic restrictions impact 2020 data.
- Reduction in barriers at other shelters through wider-spread implementation of Housing First, improvements in the countywide Coordinate Entry System, and expansion of rapid re-housing and diversion programs has likely contributed to the decline in the number of unique clients served at Safe Harbor starting in 2019. 2020 was further impacted by COVID-19 shelter capacity limitations.
- 90-94% of annual client intakes are for people who last stayed in Pinellas County prior to entry into Safe Harbor (local residents rather than non-County residents).
- On average, a client returns 2-3 times to Safe Harbor each year.
- Documented permanent housing placement rate is below that of other emergency shelters in Pinellas County that serve individuals. The caveat with this data is that often people who self-resolve do not

come back or contact Safe Harbor to confirm they are now in permanent housing. The data only reflects cases where either the connection to Permanent Supportive Housing or Rapid Re-Housing were made. Due to the volume of clients served, it is difficult for case managers to follow up to determine housing outcomes of clients who have left Safe Harbor.

- Median days for clients to stay at the facility indicates a highly transient population at Safe Harbor. An opportunity exists to structure services at Safe Harbor in a manner that encourages a long enough length of stay at the facility to assist the individual with re-housing.

Table 2: Safe Harbor Jail Diversion Statistics

Jail Diversion Statistics	2016	2017	2018	2019	2020
NTA transfer to Safe Harbor	137	29	2	14	3*
Ordinance Arrests Booked at PCJ	1,646	1,415	1,236	968	206*
Ord. Arrests Appearing Eligible for Safe Harbor	486	716	807	685	125*
FTA Ordinance Arrests at PCJ	143	95	13	5	0*
Trespassing, Disorderly Conduct, Intoxication Arrests at PCJ	1,120	1,018	986	1,053	398*
Law Enforcement Referrals to Safe Harbor	1,519	1,109	1,075	1,175	742*
Intakes to Safe Harbor from PCJ	1,497	1,076	1,102	836	415*

NTA = Notice to Appear; PCJ = Pinellas County Jail; FTA = Failure to Appear Sources: PHMIS, Jail Information Management System
*COVID-19 limitations on space available

Analysis:

- Approximately 1,100 law enforcement referrals are received at Safe Harbor each year.

Table 3: Safe Harbor Chronic vs. Non-Chronic Homeless Population

Month	2019	2019	2020	2020	2021 YTD	2021 YTD
	Chronic	Non-Chronic	Chronic	Non-Chronic	Chronic	Non-Chronic
January	174	897	140	803	108	531
February	147	787	158	853	104	549
March	142	775	173	893	122	575
April	123	755	149	682	94	521
May	133	798	92	465	86	429
June	134	801	61	332	107	455
July	152	846	51	268	122	464
August	168	849	59	273	140	476
September	138	785	59	279	121	380
October	136	743	115	452	138	453
November	130	713	120	525	118	498
December	135	770	117	583	TBD	TBD
Average	143	793	108	534	115	485
Percent	15.3%	84.7%	16.8%	83.2%	19.1%	80.9%

Source: PHMIS

- Approx. 19% of clients in 2021 are considered chronically homeless and 81% are not considered chronically homeless.
- While the percent of chronic homeless compared to total Safe Harbor clients has increased in the past few years, this is mainly due to a decrease in the average number of non-chronic homeless individuals using the shelter (an overall decline in the annual clients served at the shelter).
- The two populations need different strategies and interventions to improve outcomes:

- Although the chronic population is smaller, there are typically more barriers to re-housing these individuals and typically incur a higher cost to public services (emergency services, medical services, shelter services, etc.).
- While the chronic population will likely need longer term support systems to remain stably housed (ex. unearned income, permanent supportive housing, etc.), the non-chronic homeless population may have greater opportunity for self-sufficiency with increased earned income and tiered support systems (ex. Less intensive case management services).
- Due to the impacts of homelessness on individuals, both the chronic and non-chronic populations are likely to need improved access to:
 - Case Management
 - Mental Health and/or substance abuse services
 - Life skills/job skills training
 - Improved access to health care

Table 4: Impacts on Emergency Services: Emergency Medical Services (EMS) Service Calls
(EMS Grids along the 49th St Corridor at/near Safe Harbor)

Year	Grid 363B	Grid 378B*	Grid 393B	Grid 378C (Safe Harbor Address)	Total	% Change
2010	54	443	27	N/A	524	
2011*	38	511	77	N/A	626	19.5%
2012	48	610	69	650	1,377	120.0%
2013	56	700	26	502	1,284	(6.8%)
2014	87	782	36	641	1,546	20.4%
2015	100	621	34	669	1,424	7.9%
2016	71	761	31	623	1,486	4.4%
2017	95	855	36	662	1,648	10.9%
2018	98	900	45	726	1,769	7.3%
2019	96	803	34	535	1,468	(17.0%)
2020***	62	948	31	465	1,506	2.6%

*Safe Harbor opened in January 2011

Source: Pinellas County Regional 911 Center

**Grid 378C was defined on 10/1/13 from part of Grid 378B

***COVID-19 Pandemic

Analysis:

- The table above reflects a 187% increase in EMS calls from 2010-2020.
- While Safe Harbor address was separated into its own grid in 2012, emergency calls in Grid 378B continued to increase by 55% from 2012 to 2020.
- Bayside Clinic opened in 2016.
 - From 2016-2019 (pre-Pandemic), Grid 378C declined by 14% while the adjacent Grid 378B declined by 5% during the same period of time.
 - In 2020, during the Pandemic, calls for services continued to decline at Safe Harbor (-13% from 2019 to 2020; however, calls in the roadway corridor along Safe Harbor (Grid) 378B increased by 18% from 2019 to 2020.
 - 2020 data from EMS Grid 378B indicated 110 “Pandemic” coded calls attributable to potential COVID-19 cases at Pinellas County Jail.
- 2019 had a 17% decrease in calls from the prior year. Due to the COVID-19 Pandemic, capacity was limited at Safe Harbor; however, there was a slight uptick in EMS calls during 2020 to this location.

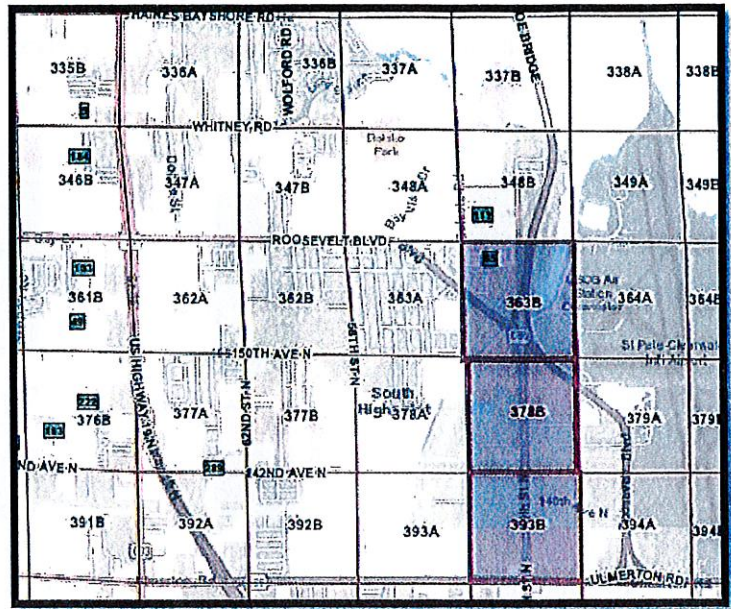
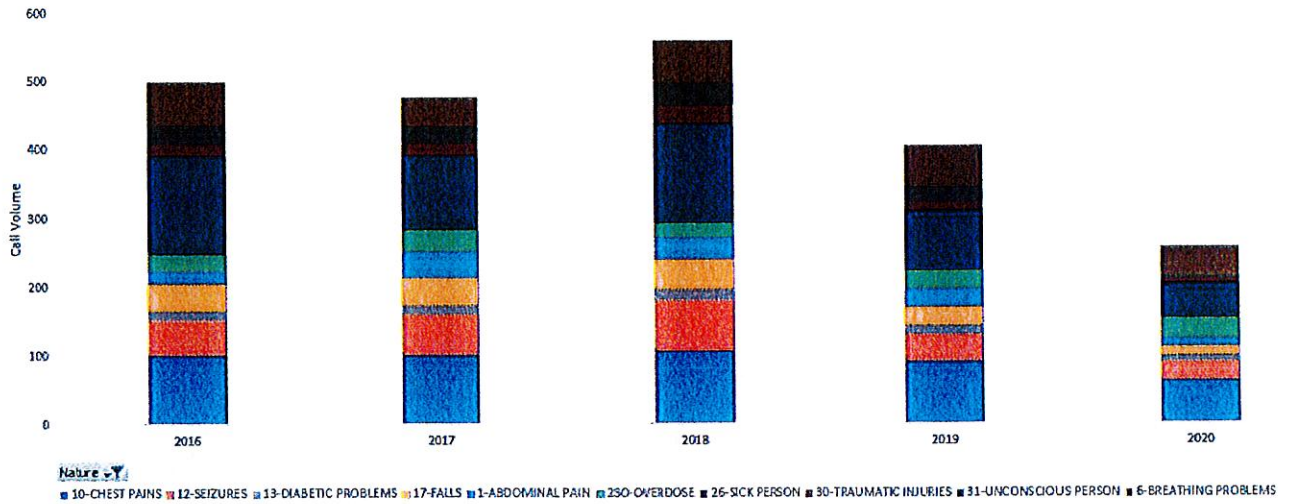


Figure 1: EMS Grids – Shaded areas are EMS Grids along the 49th St Corridor at/near Safe Harbor

Table 5: Nature of EMS Calls

Pinellas Safe Harbor EMS Top -10 Call Nature Breakdown by Year 2016-2020



Analysis:

- 2018 had the peak number of calls with a significant decline in calls in 2019 and 2020.
- The primary nature of calls have the potential to be high priority depending on the severity. The highest calls were for: sick person, chest pain and breathing problems. However, this data is coded based on how the call comes into EMS from the caller’s description and does not reflect medical diagnosis of the calls. Anecdotally, EMS has indicated that although many of the calls are for true or potentially medical emergencies, there are cases where clients are using EMS services as a means of transport to other areas in the County.

Table 6: Pinellas Safe Harbor EMS Call Volume by Time of Day – 2016 to 2020

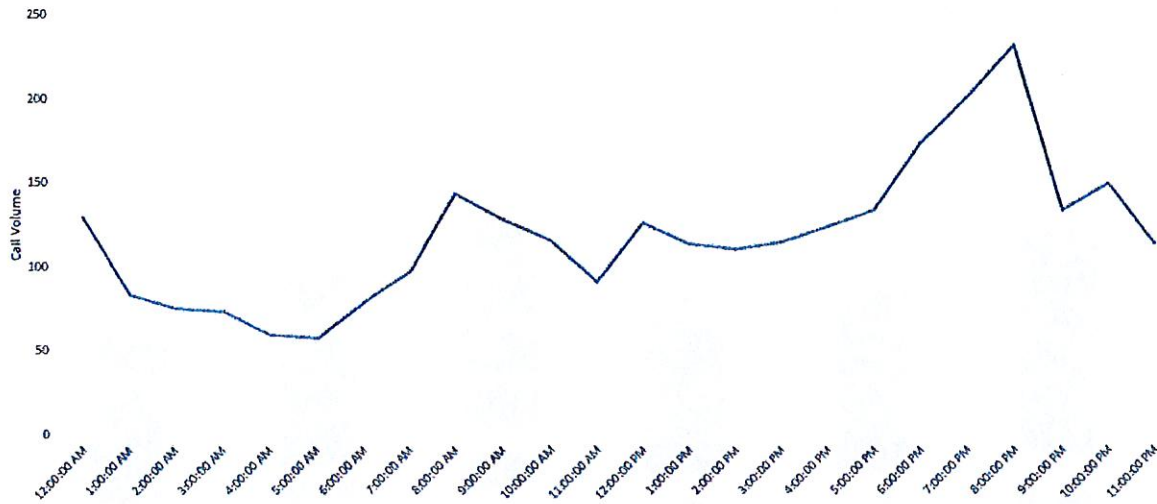


Table 6a: Pinellas Safe Harbor EMS Call Data by Day of the Week – 2016 to 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1.6 calls	1.6 calls	1.5 calls	1.6 calls	1.5 calls	1.6 calls	1.5 calls

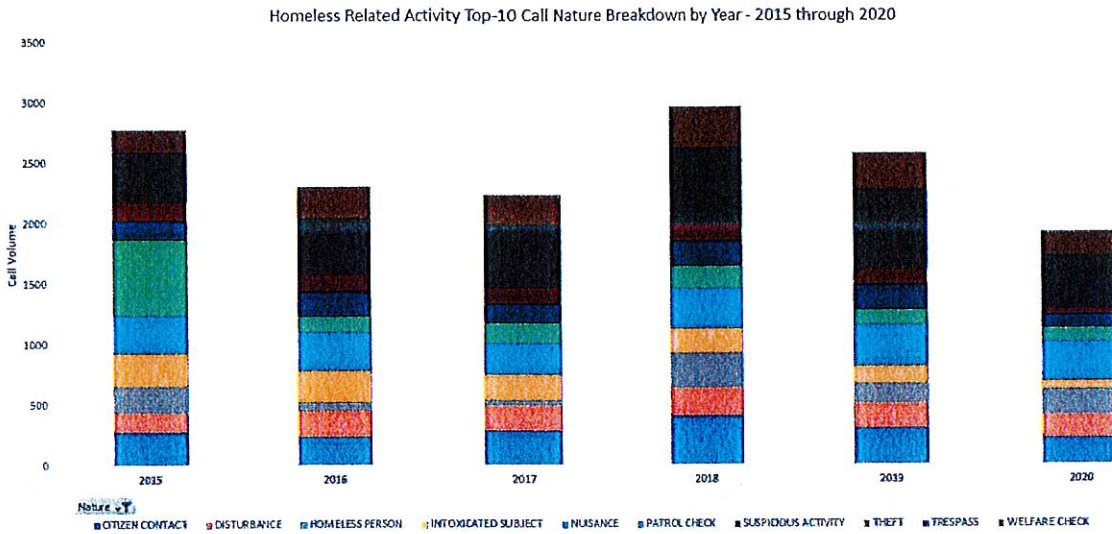
*2,847 calls in total over 5 years

Analysis:

- Peak time of day for EMS calls in Table 6 is between 5:00 PM-9:00 PM, which correlates to when the majority of clients check into Safe Harbor for the evening.
 - Bayside Clinic Current operates on weekdays during and overlaps some these peak hours; however, when services wind down toward Bayside Clinic closing at 8 PM on weekdays is generally around the highest peak time for emergency service needs.
 - Operating Hours:
 - Monday – Thursday from 8:00 – 20:00 (8 AM – 8 PM)
 - Friday from 8:00 – 17:00 (8 AM – 5 PM)
 - Saturday from 8:00 – 12:00 PM
 - Sunday – closed
- Data in Table 6a shows that the average calls per day remains fairly consistent regardless of day of week, often resulting in more than one trip per day to the facility for emergency services.
- There is potential to explore shifting Bayside Clinic hours by one hour later on opening and stay open one hour later. Most of the calls at the peak time could not be treated just by an on-site nursing staff at Safe Harbor – they would need more access to a more substantial medical facility for treatment.
- Opportunities also exist for diversion from 911 calls for Sunday operating hours at Bayside Clinic.

Law Enforcement Data:

Table 7: Largo Police Dept – Homeless Related Activity
Top 10 Call Nature Breakdown by Year 2015 to 2020



Analysis:

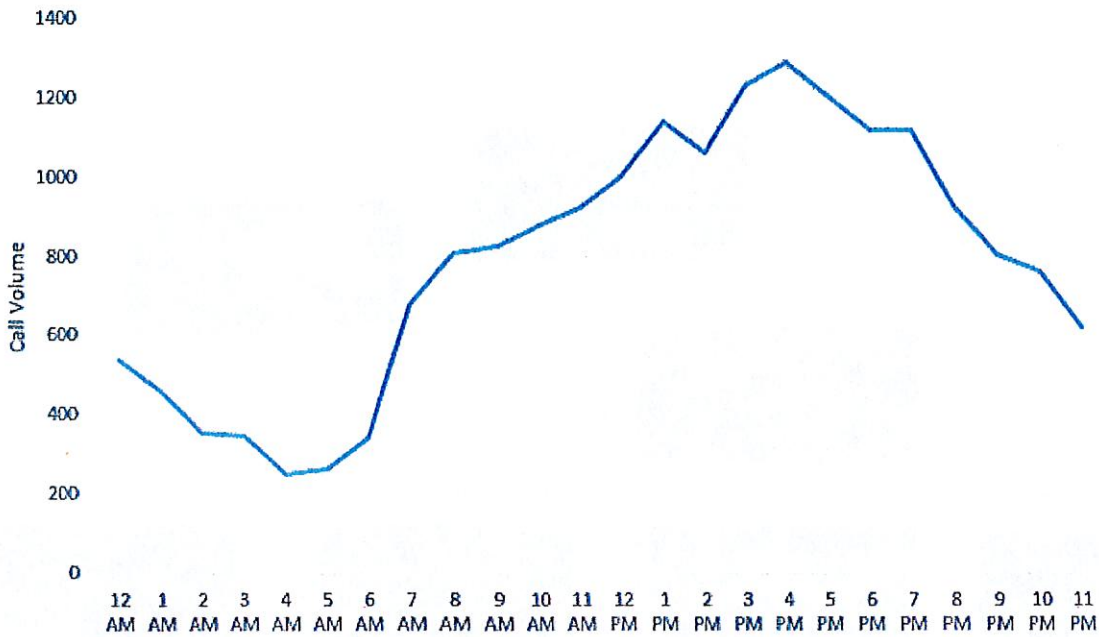
- Each year, over half of the homeless-related calls that the City of Largo Police Department has responded to are for non-violent homeless activities including: trespassing, nuisances, citizen contact, and welfare/patrol checks. These are the types of activities that can be addressed through Homeless Street Outreach and access to shelter/services rather than addressed through the jail system.
- Other data provided by Largo Police Department for homeless-related calls from 2015-2020 indicated:

Table 7a: Largo Police Average Homeless Related Calls per Day of the Week –
2015 to 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9.2 calls	10.2 calls	11.4 calls	10.8 calls	11.1 calls	10.5 calls	9.7 calls

The data above relates to citywide homeless related calls to Largo Police Department and are not specific to the Safe Harbor location.

7b: Largo Police Call Volume by Time of Day – 2015 to 2020

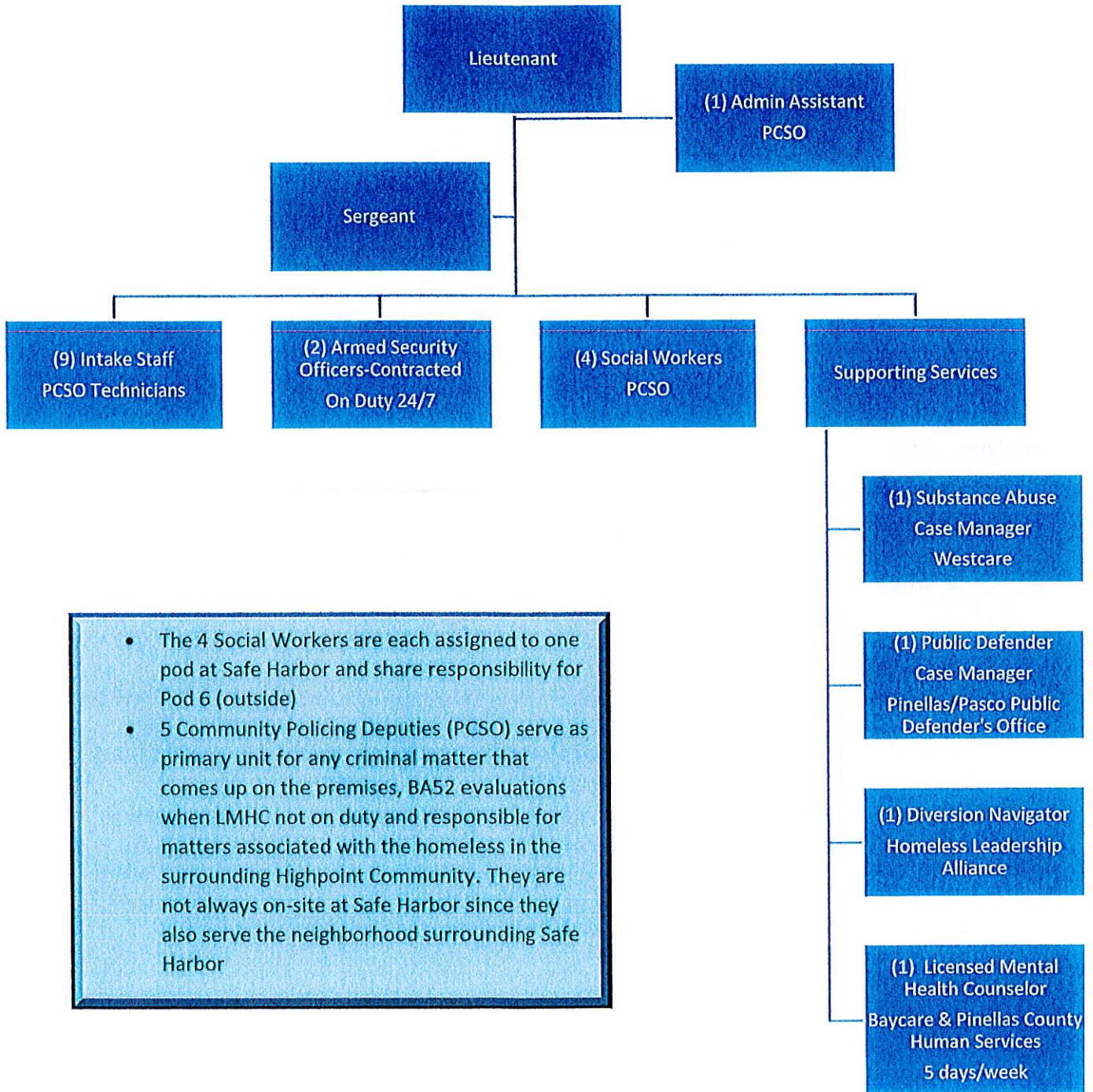


Analysis:

- Police data indicates a sharp increase in trespass warnings given starting at 6 AM and ramping up between 9-11 AM, which likely coincides with businesses opening. This provides opportunities to align street outreach hours with the peak hours for homeless related calls/trespass warnings to law enforcement.
- Anecdotally, Largo Police Officers have received the following feedback from street homeless individuals regarding Safe Harbor:
 - Positive aspect is that it is open for check-in 24 hours per day, 7 days per week, which is very important to support Street Outreach Teams’ ability to get people into shelters.
 - Another positive has been that the shelter does not turn away people brought by law enforcement unless the person had a prior incident at Safe Harbor.
 - The main negative complaint is that Safe Harbor has gone back to everyone starting in the outside sleeping area during the COVID-19 Pandemic. This complaint has come from both men and women who have complained about susceptibility to the elements and bugs if they have to sleep in the outside area. This policy has reverted back at this time to only requiring clients who are very intoxicated and/or disruptive to sleep outside.

Staffing Model & Existing Programs

Safe Harbor Organizational Chart



- The 4 Social Workers are each assigned to one pod at Safe Harbor and share responsibility for Pod 6 (outside)
- 5 Community Policing Deputies (PCSO) serve as primary unit for any criminal matter that comes up on the premises, BA52 evaluations when LMHC not on duty and responsible for matters associated with the homeless in the surrounding Highpoint Community. They are not always on-site at Safe Harbor since they also serve the neighborhood surrounding Safe Harbor

Staffing Levels at Safe Harbor and Other Emergency Shelters in Pinellas County:

- Safe Harbor: Average ratio is 1 case manager per 72 clients (using 2019 pre-COVID nightly average clients).
- St. Vincent De Paul CARES – Shelter: Average between these facilities is 1 case manager per 28 clients
 - Care Center (Capacity is 70): staffing a minimum of 2 Full-Time Equivalent (FTE):
 - Daytime: Case Manager and or Navigator per shift plus 1 Mental Health Counselor Monday-Friday
 - Overnight: 1 Navigator on the Care Center side)
 - Center Of Hope Grant Per Diem Transitional Housing and Veteran’s Affairs (VA) Shelter (Capacity 70): 3 FTE Case Managers (when fully staffed)
- Westcare (current ratios with existing staffing vacancies):
- Turning Point (Intervention & Detox Shelter): 1 Case Manager / 15 clients
 - Mustard Seed Inn (Transitional Housing): 1 Case Manager / 60 clients
 - Davis Bradley Residential (Transitional Housing): 1 Case Manager / 60 clients
 - Rapid Re-Housing: 1 Case Manager / 14 families
- Salvation Army: At full capacity is 1 Case Manager to 45 clients
- Catholic Charities – Pinellas Hope: Ratio is 1 Case Manager per 40 clients

Industry standard for standard case management case load is 35 clients for standard case management and 15 per intensive case management.¹

Programs at Safe Harbor

The following classes and programs are available from time to time, based upon grants, community social service providers and Safe Harbor social worker availability to teach:

Table 8: Supportive Services at Safe Harbor

Service	Provider	Comments
Offender Re-Entry (Job Placement, SOAR, Housing, Sex Offender Housing at Continental Inn)	Pinellas Ex-Offender Re-Entry Coalition (PERC)	People released from Florida Dept. of Corrections or with significant criminal issues from Pinellas County Jail
Social Security Advocacy (Non-Urgent)/SOAR (urgent)	Public Defender's Office/Pinellas County/ Directions for Living	
Ready to Rent Classes	Learning Empowered	Have not provided classes since COVID. Sent to online classes only
Veteran Services-Housing and Employment	Veteran's Affairs, CareerSource & Boley Center	
Life Skills	Various Community Social Service Providers	Not consistently provided / no staff capacity to teach classes
Parenting	Various Community Social Service Providers	Not consistently provided / no staff capacity to teach classes
Jobs for Life (offsite faith-based job readiness prep classes)	Various faith based social service providers	Has not been offered since COVID
HIV/AIDS Awareness & Testing	Metro Wellness	
Walkwise Pedestrian Safety	University of South Florida	Has not been offered since COVID
Milieu Therapy Listening Groups	Administered by Bachelor's Level student interns through Public Defender's Office	
Alcoholics Anonymous & Narcotics Anonymous	Community groups	Has not been offered in-person since COVID - Online only available
Recovery Together - Substance Abuse Recovery	Westcare	Case manager provides classes 4 times/week
Rapid Re-Housing	Gulf Coast Jewish Family and Community Services	Significant Barriers to Entry: Must have sustained income, must have had several mental illness or substance abuse and have 3-6 month sober/stable, engaged in treatment supports, have independent living skills

SOAR: Social Security Insurance/Social Security Disability Insurance Outreach Access and Recovery

Other Support Services:

- Bayside Clinic: Provides basic medical care to homeless individuals. The facility opened in 2016 and is located adjacent to Safe Harbor.
- Mobile Medical Unit: Medical office on wheels that has been serving the street homeless population in remote locations for more than 20 years. The medical unit provides services on a weekly basis at locations throughout the county, and provides extra support on Tuesdays at Bayside Clinic.
- Street Outreach Teams and Pinellas County Sheriff's Office Community Policing Unit (east area in High Point).
- Cooperative Agreements to Benefit Homeless Individuals (CABHI) Program – CABHI is up and running, but this is specifically for individuals who have recently been housed who need wrap around behavioral health services. We are currently working with our providers as we are seeing some staffing shortages, but we are still actively accepting referrals for those who meet criteria.



Potential New Services Expected to Come Online:

- Street Medical Teams – Pinellas County was awarded this funding and are in the early stages of hiring the clinical team to start this work. The County is not ready for implementation yet. Once the team is hired, the County plans to obtain input from local jurisdictions to plan out areas to provide these services.
- Adding Substance Abuse and Mental Health Counseling Services at Bayside - Pinellas County is currently working with two providers (Directions for Living and Operation PAR) as referrals for the Health Care for the Homeless program. The County is in the early stages of setting up Telehealth from Bayside Clinic to Operation PAR for screening and assessment. The County is also working with Directions for Living to bring the psychiatric provider back in house at the Bayside Clinic.
- Piloting Telehealth for Doctor Follow-Up Appointments – Pinellas County had turnover in its provider that was involved in the Telehealth pilot. The Pinellas County Department of Health is actively recruiting for this position and the County is in the early stages of hiring a technology consultant who can help drive Telehealth initiative throughout the community.
- Re-Employment Criminal Justice Grant - Pinellas County received reconsideration for this grant as they were originally informed they were not awarded; however, the official award has not yet been announced. This service would partner with PERC and Westcare to provide complex case management to those at Safe Harbor, justice involved or exiting the jail.

Surrounding Community

Safe Harbor is located along the eastern perimeter of the High Point Community. This area, generally located along the 49th Street corridor, also contains the Pinellas County Jail, Pinellas County Courthouse, Bayside High School (alternative school for students identified as habitually truant), and the Largo Environmental Services Complex (wastewater treatment facility). Also in close proximity is a bail bonds location, used car business and airport. 49th Street is a four-lane County roadway with sidewalks on both sides, but very few pedestrian crossing points. The High Point community has felt the impact of Safe Harbor and the jail in close proximity as well when people leave these facilities, with a large volume leaving daily at Safe Harbor.

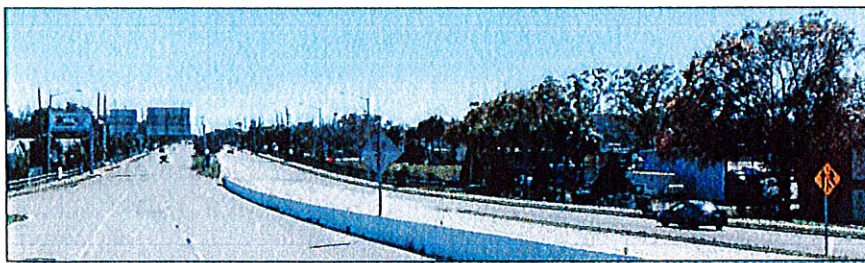
Figure 2: 49th Street Corridor adjacent to Safe Harbor



Using a similar approach to the Harlem Children's Zone² in New York City, there is opportunity to provide community investment in this corridor that improves safety and inspires hope.

The Harlem Children's Zone started as a charter school and has branched out to making investments in the community so so that children at the school were surrounded by positive messages in their neighborhood, and proper support systems to help them succeed.

Forward Pinellas' Long Range Transportation Plan does not currently include pedestrian improvements to this corridor. Some options to consider are: adding pedestrian crossings to improve access to bus stops, street lighting and adding community art that provides a positive message to the people exiting the facilities along the 49th Street Corridor.



Safe Harbor's annual neighborhood clean-ups have also proven successful in the past years to make connections with Safe Harbor clients, providing clients with a sense of community pride/purpose, and removing trash from the area.

Recommendations

The recommendations provided below were developed to address the Safe Harbor Work Groups purpose to reduce impacts on emergency services and surrounding neighborhoods through proactive engagement with clients of Safe Harbor and connection to permanent housing solutions.

The following recommendations are based on the three key areas identified through the SWOT and Data Analysis:

1. Improve Interventions/Access to Interventions for Chronic and Non-Chronic Homeless Populations at Safe Harbor to Increase Exits to Permanent Housing
2. Improve Coordination between Largo, Clearwater, Pinellas Park Street Outreach Units and Sheriff's Dept. Community Policing Unit to Improve Effectiveness of Assisting Street Homeless Residents that Cross Jurisdictional Boundaries
3. Reduce Calls to Safe Harbor for Emergency Services through Improving Access to Other Resources

Built for Zeroⁱⁱ:

The Pinellas County Continuum of Care joined the national Built for Zero movement in November 2021. This community movement commits to measurably ending homelessness one population at a time. The key components of Built for Zero can be applied to Safe Harbor as well. The Continuum of Care has selected chronic homeless individuals as the first population to address. These key components are:

- Real-Time Data: Create a real-time by-name list of clients.
- Identify key agencies that work together on a weekly basis to work toward the shared definition of "zero".
- Reduce to Zero: There is not a one-size fits all solution – use tailored approach for each individual.
- Community Level Measurement: Measure success by the total number of people experiencing homelessness, not by program outcomes.
- Strategic Data-Driven Investments: Use real-time data to secure housing resources and target them toward the greatest possible reductions in homelessness.

Considerations:

The recommendations were developed consistent with Housing First practices following the Pinellas Continuum of Care's mission to make homelessness rare, brief and non-recurring. The Housing First approach prioritizes providing permanent housing to people experiencing homelessness. Housing First does not require people to resolve behavioral health issues or mandate certain classes before being housed. Rather, the Housing First approach focuses first and foremost on getting people housed and then providing them access to wrap around support services that will help them remain successfully housed.

Safe Harbor is low-barrier, which supports street outreach and law enforcement initiatives to get street homeless individuals off the streets and into shelter. Any increases in rules or restrictions (ex. restricted check-in/check-out hours, requirements to regularly meet with case management staff) may, at least in the short term, have an increased impact on the number of street homeless individuals countywide who do not want to abide by additional rules. With this consideration, the Safe Harbor Work Group

recommends using approaches that will entice clients to stay long enough to get the help they need to get re-housed rather than using the facility as a revolving door. A main facet of this approach is to ensure that services are readily available from case management to wrap around services after being housed.

Safe Harbor serves as the largest homeless shelter for individuals in Pinellas County. As such, the Safe Harbor Work Group recommends receiving additional input and feedback on this report from other members of the Continuum of Care, including the Funder's Council as well as gaining input from clients served at Safe Harbor. Due to the COVID-19 Pandemic, face to face input sessions with Safe Harbor clients was not carried out at this time.

Implementation of these recommendations will necessitate partnerships for funding. Federal and state grant funding may also be available to aide in implementation.

Recommendations:

- Continue using a "Housing First" approach to all current and new services at Safe Harbor where the main focus in all activities is working toward stabilization and permanent housing.
- Increase the ratio of case managers to align with other similar emergency shelters in Pinellas County.
- Continue/expand trauma-informed care training for on-site staff including staff at entry points and evaluate building improvements for trauma-informed design to overcome unwillingness of street homeless individuals to use the shelter.
- Invest in permanent supportive housing for chronic homeless individuals, and continue to increase affordable housing stock/access to existing housing accessible to lower income individuals.
- Add a Rapid Re-Housing Team and establish a consistent pool of wrap-around supportive services that can be utilized by clients when placed in permanent housing.
- Improve communication and information sharing between street outreach teams that may have interactions with the same clients.
- Invest in corridor improvements for pedestrian safety and visual symbols of hope around the complex.
- Invest/improve connections to workforce training both to bolster income and sense of purpose.
- Improve connections to current/planned wrap around services (mental health/substance abuse/health/transportation disadvantaged programs, etc.).

Table 9: Safe Harbor Recommendations

Goal: Improve Interventions/Access to Interventions for Chronic and Non-Chronic Homeless Populations at Safe Harbor to Increase Exits to Permanent Housing			
Base Data: 2,310 annual unique clients (2020); 2.71% exits to permanent housing (2019/20 HMIS data)			
Performance Measure: Increase percent of exits to permanent housing by 60% annually for 5-year period to reach 30% CoC Benchmark			
Strategy	Current Conditions	Expected Conditions	Estimated Cost
<p>Add Long-Term Case Management Staffing w/ competitive pay to fill and retain positions and maintain consistency for clients</p>	<p>2019 (Pre-Pandemic) Manager/Client Ratio: 1/72</p>	<p>Intensive Case Management – Chronic Homeless Pop. (1/15 ratio)</p> <p>Case Managers for non-Chronic population (1/35 ratio)</p> <p>Improved follow-up reporting to more accurately measure outcomes</p>	<p>Annual Cost: No New Cost - Existing Case Managers: 1 Case Manager – Chronic Pop; 2 Case Managers – Non-Chronic; 1 Case Manager (follow-up w/clients who no longer at shelter.</p> <p>3 case managers – Non-Chronic Pop. (new) $3 \times \\$67,450 = \\$202,350/\text{yr}$ Plus: 1 Working Leader Stipends of \$1,950/yr</p> <p>New Office Space/computers Costs: \$2,275/new position x 8 = \$6,825 one-time</p>
<p>Rapid Re-Housing Services (including Housing Navigators) and weekly bi-name review of clients with case management team to develop housing strategies</p>	<p>RRH Provided by Gulf Coast Jewish Family & Community Services</p>	<p>Add low-barrier RRH services for individuals that is connected to Safe Harbor. Provide rent deposit, short term rent assistance, damage fund</p>	<p>(1) Housing Navigator and (1) Fiscal Admin. Support for Rapid-Re-Housing; (1) Case Manager (Wrap-Around Svcs): \$197,450/year</p> <p>Housing & Incidentals funding: \$525,000 (est. \$3500/housed client)</p>

<p>Communitywide Increase of Affordable Housing – Expanded PSH & RRH Options</p>	<p>In process and ongoing</p>	<p>Increase the number of Permanent Supportive Housing units (scattered site or concentrated); increase availability of units for Rapid Re-Housing clients</p>	<p>Ongoing investment – Penny IV, ARPA, CDBG, HOME, Housing Choice Vouchers – Housing Authority</p>
<p>Life Skills/Job Skills Training</p>	<p>Inconsistent – provided on volunteer basis through non-profits/faith-based groups</p>	<p>Establish a pool of reliable supportive services that are accessible/available to Safe Harbor clients once they are re-housed.</p>	<p>Tentative Pinellas County Dept. of Justice Grant to expand assistance to people existing jail for employment and housing services. Estimated \$100,000 annual toward supportive services (seek grant funding) People Empowering and Restoring Communities (PERC) & AmSkills</p>
<p>“Housing First” Focus on Stabilized Permanent Housing Solutions</p>	<p>Services – Some regular and some intermittent</p>	<p>Retain access to income and immediate needs support services on-site and convert remaining programs to wrap-around services once housed.</p>	<p>See costs above for Life Skills/Job Training</p>
<p>Trauma-Informed Care Training</p>	<p>Staff are trained at hiring</p>	<p>Ongoing training for all client-facing staff at the facility</p>	<p>Homeless Leadership already planning expanded training for all homeless agencies – no extra cost</p>
<p>Trauma Informed Design Facility Assessment and Improvements</p>	<p>Obtain input from clients to determine types of improvements</p>	<p>Decrease rapid turn-over in clients that do not exit to permanent housing – provides opportunity for meaningful work with case managers for getting permanently housed.</p>	<p>TBD based on client input</p>

<p>Improved Access to mental health and substance abuse services</p>	<p>1 Substance Abuse Case Manager (Westcare) (1) Licensed Mental Health Counselor 5 days/week (Baycare & Pinellas County Human Services)</p>	<p>Access to mental health and/or substance abuse counseling at Safe Harbor and access to monthly mental health counseling once re-housed.</p>	<p>Tentative Pinellas County CARES Act investment in Bayside Clinic expanded services for mental health/substance abuse.</p> <p>1 Mental Health Clinician (on-site) – w/certification to provide clinical supervision (\$69,500 annually + \$2,275 one-time office setup)</p> <p>1 Mental Health Clinician for remote/or Telehealth services (\$69,500 annually plus travel/remote costs \$2000/year)</p>
<p>Enrolling site as an institutional organization under PSTA's new "Flamingo Fares" program</p>	<p>Single-use bus passes are purchased in bulk and provided on an individual basis.</p>	<p>Creating an institutional account will allow case workers to have more control over access and distribution of the new "Flamingo Fares" cards, which are tied to the institution's account database, and further incentivize participation in support services.</p>	

Goal: Improve Coordination between Largo, Clearwater, Pinellas Park Street Outreach Units and Sheriff's Office Community Policing Unit to Improve Effectiveness of Assisting Street Homeless Residents that Cross Jurisdictional Boundaries

Base Data: No regularly scheduled/ongoing coordination established.

Performance Measure:

- Improve Cross-Jurisdictional Information and Coordination to reduce duplication of services to street homeless population Reduce # of days from Street Homeless to placement in Shelter/Housing/Rehab

Strategy	Current Conditions	Expected Conditions	Estimated Cost
Routine Coordination between Street Outreach and East Sector Sheriff's Dept. Community Policing Unit	Before Work Group – No regular contact between these teams	Monthly meetings with Street Outreach/Community Policing Teams; Ensure teams that currently do not have access to data/data entry in HMIS have a point of access (non-sworn staff); Cross-jurisdictional strategies developed to work with difficult to serve street homeless clients.	\$0 – Strategy has been implemented

Goal: Reduce Calls to Safe Harbor for Emergency Services through Improved Access to Other Resources			
Base Data: 465 annual EMS calls to Safe Harbor – Grid 378C (2020)			
Performance Measure:			
*Proposed recommendations are focused on improving access to health services and providing alternatives for non-emergency transports. However, how a client presents symptoms will still be the trigger on determining the type of calls/service to respond.			
Strategy	Current Conditions	Expected Conditions	Estimated Cost
Use Largo's HEART App to Identify Locations for new County Street Medical Team	Mobile Medical Unit operates throughout the County – only location in Largo Planning Service Area is at Bayside Clinic	Increase access to medical services for the street homeless population	Planned implementation by Pinellas County through grant funding.
Evaluate Pinellas County Pilot Program with Telehealth for follow-up/well visits for potential applicability at Safe Harbor to prevent calls for EMS services for non-emergency transport	Telehealth not currently available at Safe Harbor.	Reduced calls to EMS for items such as medicine refills	TBD (potential grant funding)
Improve Transit Options	Anecdotal feedback from EMS indicates some misuse of EMS by clients calling for EMS for transport to other County areas for that would not require emergency services.	Educate clients on options available for non-emergency medical services and improve access to other non-emergency transit services.	Transit Information Kiosk: get feedback from clients first on what would work best for them. Flamingo Bus Pass Incentive Program

<p>Corridor Enhancements – 49th St, Crime Prevention through Environmental Design (CPTED), pedestrian safety</p>	<p>6 lane-divided roadway</p>	<p>Provide a bus pass incentive program linked to Case Management/ Milestones (incentivizes to stay long enough for connection to case managers as well)</p>	<p>Safe access points for riding buses in both directions.</p>
			<p>Estimated \$50,000 per mid-block crossing up to \$1 million for overall pedestrian improvements on the corridor.</p>

Sources:

Pinellas Continuum of Care Benchmarks

Continuum of Care Homeless Management Information System (HMIS)

Annual Homeless Point-in-Time Count (annual one-day homeless census)

Largo Police Dept. Data

ⁱ [Effectiveness of Case Management for Homeless Persons: A Systematic Review, AM J Public Health, 2013 October, 103\(1\): e13-e26](#)

ⁱⁱ [The Approach - Built For Zero \(joinbuiltforzero.org\)](#)

² [Harlem Community Pride | Harlem Children's Zone \(hcz.org\)](#)

