



# **Homelessness Services Needs Assessment and Recommended Strategic Action Steps**

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## **for The City of San Marcos**



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# Executive Summary



## Study Scope:

The City of San Marcos procured the services of Marbut Consulting to conduct a *Homelessness Services Needs Assessment* and to propose a plan of *Recommended Strategic Action Steps* to improve service delivery in order to help reduce homelessness within San Marcos.

In order to develop practical recommendations, Marbut Consulting:

- Studied and inventoried homelessness services throughout the City of San Marcos,
- Conducted a wide range of discovery interviews with stakeholders,
- Conducted a series of site visits and tours of service providing agencies,
- Interviewed individuals experiencing homelessness,
- Analyzed statistics and reports from local agencies,
- Made street-level observations,

- Visited encampments,
- Posed as a person experiencing homelessness in order to understand what it is like to experience homelessness within San Marcos in order to better understand the movement and circulation of the community of homelessness within San Marcos.

Using national best practices and the *Seven Guiding Principles of Homelessness Transformation* as the key measuring tools, Marbut Consulting evaluated the current state of homelessness service operations within San Marcos. Marbut Consulting then conducted a needs assessment and gaps analysis between existing inventory and identified needs, including the types of services (qualitative) and capacity of services (quantitative) needed within San Marcos. Marbut Consulting formally started working in San Marcos on January 5, 2023, and finished this study and written report in May 2023. In many aspects, this proposed plan is an extension of a homelessness report produced by Texas State University dated March 14, 2022.

**Based on the research and analysis, there are three critical issues that need to be addressed by this strategic action plan:**

1. There is a very high level of out-of-towners experiencing homelessness who do not have long-standing ties to San Marcos. Individuals within this cohort have a lower chance of recovery out of homelessness in San Marcos, and the cohort is overwhelming the services available to in-towners experiencing homelessness.
2. There is a significant lack of critical services within San Marcos, both in terms of the types of services (qualitative) and availability of services (quantitative).
3. The services that are available are not systematically coordinated.

### **Summary of Major Recommended Strategic Action Steps:**

#### **Stop the Growth**

- 1** - Create Residency-based Customized Service Tracks for All Services and Clinical Tracks.

#### **Improve the Overall System Through Increased Effectiveness and Efficiencies**

- 2** - Expand the HOTeam, and Centralize Outreach, Intake and Navigation Within the HOTeam:
  - a) Add 4 Case Management Navigators to the HOTeam,
  - b) Dedicate 2 SMPD Officers Full-time to the HOTeam,
  - c) Utilize and Integrate City Marshals on the HOTeam Whenever Possible.
- 3** - Become Martin v. Boise Compliant, and then Have a Zero Tolerance of Encampments.
- 4** - Transform Information Management from a Data Tracking Model to a Case Management Tool.
- 5** - Whenever Possible, Separate Families with Children from Non-family Single Adults.

#### **Expand Capacity**

- 6** - Expand Southside Community Center Housing and Services, and provide funding.
- 7** - Re-activate Salvation Army Assistance Program.
- 8** - Proactively Source New housing of All Types.
- 9** - Provide Targeted Grants to San Marcos and Hays CISDs for McKinney-Vento Students.

#### **For Future Consideration**

- 10** - Possibly Create a Right-sized Homelessness Assistance Center.

## Next Steps

- Assign each adopted strategic action step to one person by name with a targeted timeline of implementation.
- Develop tactical actions to successfully implement the adopted strategic action steps.
- As soon as possible, start implementing the adopted plan - just get started!!
- Establish a checkup system, with a follow-up feedback loop, to check on the progress of implementation, and then to adjust as needed.





# Glossary of Homeless Assistance Terms

**Campuses** - are more robust versions of Transformational Centers and are known for having extensive wrap-around services that are provided by multiple service partners working collaboratively on one site.

**Come-As-You-Are (CAYA) Shelters** - sometimes called “Low Demand Shelters” or “Low Barrier Shelters,” these types of facilities have minimal barriers to entry, and low demands on guests once inside facilities. CAYA can be applied to any of the above types of shelters. A CAYA facility is DIFFERENT from a “wet shelter” in that CAYA facilities do not allow on-site drinking and drug use.

**Cooling or Warming Centers** - short-term intermittent facilities often open during the day, generally for 8-10 hours a day when “triggered” by extremely high or low temperatures.

**Homelessness Assistance Centers, Navigation Centers and Transformational Centers (are not Shelters)** - homelessness assistance, navigation and transformational centers have a wide-range of wrap-around trauma informed services and focus on programs that promote exiting homelessness and are generally open 24/7.

**HOTeam** – A Homelessness Outreach Team is a multi-discipline team of individuals, from a variety of agencies and departments, who directly engage people who are experiencing homelessness in encampments and on the street in order to encourage people to enter treatment and training programs with the goal of existing homelessness forever.

**Inclement Shelters** - short-term intermittent facilities often open overnight, generally open 10-14 hours when “triggered” by extreme weather conditions like really high temperatures (105° or higher), really low temperatures (39° or lower), tornados, floods, hurricanes, etc.

**Intermediate Services** - intermediate services are between short-term emergency services and long-term placement (eg includes graduation out of homelessness into self-sufficiency or placement into long-term supportive care).

**Long Term Supportive Care** - mostly include individuals receiving SSI, SSID, Medicare, and Medicaid that are placed into long term care (eg housing with customized services) by the case management system.

**Martin v Boise** - *Martin v. Boise* is currently the most important federal homelessness court case regarding homelessness as it relates to local governmental powers to address homelessness. Even though this case is in a different regional federal court circuit than San Marcos, the US Supreme Court let stand the Ninth Judicial Circuit opinion in *Martin v. Boise*; therefore, many federal district judges within other circuits will use *Martin v. Boise* to guide their opinions.

**Shelters (are not Homeless Assistance Centers, Navigation Centers and Transformational Centers)** - shelters have minimal services and focus on basic life safety services, are often open part-time and seldom open 24/7.

**Short Term Emergency Services** - in relation to this report and recommendations, short-term emergency services are a variety of customized targeted wrap-around services that start with a coordinated intake and continue for up to 30 days.

**Summer and Winter Shelters** - shelters operating over a finite period of time (usually 3-5 months depending on local weather conditions) . . . these shelters are generally open 10-14 hours a day but are sometimes open 24/7.

**Wet Shelters** - facilities that allow on-site drinking, and sometimes on-site drug use.

# Major Observations and Findings



## The Positives and the Opportunities

There is a tendency in such endeavors to focus on the negative rather than the positive. Therefore, before the challenges and gaps are addressed below, there are a few observations that bode well for San Marcos regarding the state of homelessness that Marbut Consulting would like to share:

- Governments, agencies, and advocates want to work together.
- There is a genuine desire and determination amongst key leaders to bring positive change to the homeless situation.
- Many of the leaders involved with the issues of homelessness understand the connection of homelessness with untreated mental illness and co-presenting substance use disorders.

# The Negatives and the Challenges

**Minimal data was found indicating individuals successfully and systematically exiting homelessness and becoming financially independent as a result of current programs.**

Sadly, anecdotal information indicates that more individuals have experienced homelessness on a chronic level, rather than positively transitioning to self-sufficiency.

**There is no true “Formal System” of coordination among service providers.**

Even though some attempts at coordination have been made, there has been very little strategic coordination and collaboration of services among homelessness service providers. What little coordination that exists among service providers is informal, and ad-hoc and is generally based on personal relationships.

**The City of San Marcos is not *Martin v. Boise* compliant:**

There is a significant lack of services, especially considering how big the homeless challenges are in San Marcos. It is very important to note that because of the current significant lack of services (both in terms of quantity and types of services), the City of San Marcos is non-compliant in terms of the *Martin v. Boise* case. In order to be compliant, each community would be required to be able to provide a bed for the next head, at an equal or higher quality level. See glossary for more details.

**The San Marcos has lacked adequate funding to cost effectively operate “right-sized” comprehensive programs:**

Agencies within San Marcos have lacked an appropriate level of financial resources necessary to effectively operate comprehensive treatment, recovery and engagement services for individuals and families experiencing homelessness. San Marcos has big-city homelessness challenges but has small-town resources. In order to be successful, public-sector funding will be necessary to fill the gap.

**There has been a lack of substance use disorder and mental health treatment slots/beds in San Marcos:**

The root triggers and causes of street-level homelessness most often are untreated mental illness with co-presenting substance use disorders. To engage in meaningful recovery, the focus must be on the root causes of homelessness, not symptoms. There is a need in San Marcos for affordable mental health and substance abuse treatment slots/beds.

**Dehydration, poor nutrition, and sleep deprivation exacerbate the homeless condition within San Marcos:**

Mental health, behavioral health and substance use disorder issues are all exacerbated by dehydration, poor nutrition, and sleep deprivation. Individuals experiencing “street-level” homelessness often do not drink enough water since it is hard to



find a public restroom and they do not want to be hassled for going to the bathroom in public. Additionally, individuals and families with children experiencing homelessness seldom eat well-balanced meals since it is much cheaper to prepare high-sugar and high-carbohydrate meals. Finally, most individuals and families experiencing homelessness have less than ideal sleeping arrangements which leads to severe sleep deprivation for many individuals. Unfortunately, many individuals experiencing homelessness experience all three of these exacerbating factors at the same time (eg dehydration, poor nutrition, and sleep deprivation) which makes treatment and recovery even more challenging.

### **The number of housing placements is low:**

Due to a low inventory of affordable housing and relatively high occupancy rates, housing placements are very low relative to the need. Like most of the USA, there is a critical need for “transitional” units (eg 6–24-month residential stays) as well as affordable “permanent supportive housing” (eg 2 years or longer time frames). There is also a critical need for short-term emergency beds (1-6 months).

### **San Marcos is located on a high traffic North-South corridor near Austin:**

San Marcos is located on IH-35, a major North-South Corridor that connects San Marcos to major metropolitan areas, which means there is a constant inflow of people experiencing homelessness, especially coming from the North and Austin. Even though San Marcos is a mid-sized community, it deals with the big city challenges of homelessness. It is important to note that because of weather conditions and seasonal changes, North-South corridors generally have significantly higher levels of individuals experiencing homelessness passing through than East-West corridors experience.

### **It is important to understand the major subgroups of homelessness in San Marcos:**

Very seldom is the loss of housing the real root cause of homelessness, likewise, very seldom does securing housing alone reverse the cycle of homelessness. The cycle of homelessness is a multi-faceted process that starts with a trigger, and devolves through the loss of creditworthiness, connections with friends and families, jobs, housing, vehicles, etc. Below is a list of the major demographic sub-groups of homelessness in San Marcos:

- Out-of-town Single Adult Males and Females who may have untreated mental illness, often with co-presenting substance use disorders, who came to San Marcos
- Homegrown Single Adult Males and Females who may have untreated mental illness, often with co-presenting substance use disorders.
- Homegrown Single Adult Females who have experienced domestic violence.
- Families with Children who have experienced domestic violence.
- Families with Children who have experienced economic hardship due to divorce economics.

### **The current state of the Homeless Management Information System (HMIS) is within the Balance of State (BOS):**

San Marcos is currently within the Balance of State (BOS): In Texas, all BOS geographic areas are supported by the Texas Homeless Network (THN). The focus on THN is to ensure that all required Department of Housing & Urban Development (HUD) data elements are being accurately recorded. THN would provide the Coalition with training support when they are ready to begin using HMIS.

Use of HMIS: HMIS is not currently being used by any organizations in San Marcos. In 2021 the City

of San Marcos purchased HMIS licenses, but they were unsuccessful in getting any service providers to adopt it. They are willing to provide future funding to encourage adoption. There is very little data being tracked beyond the PIT and notes from the police department. Police records include hand-written notes and photos, but these notes are not accessible in a way that facilitates coordination of services.

**Software Vendor:** The HMIS vendor for the BOS is ClientTrack. ClientTrack is one of the major platforms used throughout the country. They are about to release a major upgrade at the end of 2023 and THN will be migrating BOS providers to the new version.

The following are the major real and/or perceived barriers to adopting HMIS:

- High costs for licenses and additional staffing costs to enter data.
- The hardware costs are high for smaller providers that have limited budgets to spend on IT equipment.
- Because of the general lack of understanding of how entering data will help their organization or the community at large, there is low motivation to participate.

### **A note on current child research - It is very negative to mix children with single adults:**

Over the last 25 years, a new body of research has emerged that has been studying the long-term neurobiological and physiological impacts of exposure to adverse experiences during childhood. These “toxic stress” experiences are called “Adverse Childhood Experiences” (ACEs). The groundbreaking study in this research area was *Adverse Childhood Experiences Study (ACE Study)* and was led by California researchers Dr. Vincent Felitti and Dr. Robert Anda, and surveyed more than 17,000 adults. What they and others have found is having a high number of Adverse Childhood Experiences (eg traumatic experiences) during the most formative period of a person’s life can have a highly negative impact on a child’s developing brain and body, and this negative impact can last a lifetime.

There are 10 specific formally recognized ACEs that a child can be exposed to during childhood. See the *Data Report - A Hidden Crisis: Findings on Adverse Childhood Experiences in California* by The Center for Youth Wellness for more information.

It is thus highly problematic to mix non-family adult males who are experiencing homelessness with children since these children are exposed on an average to many more ACEs than children in the general population. In terms of the overall general population, 83.3% of the general population had three or less ACEs, and 60.0% of the general population had zero or one ACEs in their childhood. Whereas children that are co-mingled with adult males experiencing homelessness will likely experience at least four ACEs on a daily basis (eg exposure to individuals with mental illness, to individuals with substance abuse, to people who have been incarcerated, etc.). It is important to note that the research has found that having four or more ACEs is the critical tipping point between good outcomes and poor outcomes over a lifetime.

People who were exposed to four or more ACE’s during their childhood had the following increased serious health and behavioral conditions compared to individuals who were exposed to three or less ACEs (partial listing of negative outcomes):

- 12.2 times as likely to attempt suicide,
- 10.3 times as likely to use injectable drugs,
- 7.4 times as likely to be an alcoholic,
- 5.1 times as likely to suffer from depression,
- 2.9 times as likely to smoke,
- 2.4 times as likely to have a stroke,
- 2.2 times as likely to have ischemic heart disease,
- 1.9 times as likely to have cancer,
- 1.6 times as likely to have diabetes,
- 39% more likely to be unemployed.

This issue is very relevant since several cases of co-mingling of families with children experiencing homelessness with adult males and females experiencing homelessness were observed.

# Critical Issues Regarding Street-level Homelessness



**Based on the research and analysis, there are three critical issues that need to be addressed by this strategic action plan:**

1. There is a very high level of out-of-towners experiencing homelessness who do not have long-standing ties to San Marcos. Individuals within this cohort have a lower chance of recovery in San Marcos and overwhelm the services available to in-towners experiencing homelessness.
2. There is a significant lack of critical services within San Marcos, both in terms of the types of services (qualitative) and availability of services (quantitative).
3. The services that are available are not systematically coordinated.

# Major Recommended Strategic Action Steps Summary

## **Stop the Growth**

- 1** - Create Residency-based Customized Service Tracks for All Services and Clinical Tracks.

## **Improve the Overall System Through Increased Effectiveness and Efficiencies**

- 2** - Expand the HOTeam, and Centralize Outreach, Intake and Navigation Within the HOTeam:
  - a. Add 4 Case Management Navigators to the HOTeam,
  - b. Dedicate 2 SMPD Officers Full-time to the HOTeam,
  - c. Utilize and Integrate City Marshals on the HOTeam Whenever Possible.
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## **For Future Consideration**

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# Major Recommended Strategic Action Steps In Detail

## **1 - Create Residency-based Customized Service Tracks for All Services:**

At a clinical level, the City of San Marcos should aim to place individuals in the best environment to achieve the highest chance of recovery from homelessness regardless of place or origin.

It is very important to realize that with the exception of homelessness triggered by domestic family violence, treatment is generally more successful at a clinical level when an individual is located close to one's home support structure of friends and family. It is therefore better for individuals experiencing homelessness to be in a treatment community near where the individual grew up, and in familiar surroundings. Unfortunately for the individuals experiencing homelessness, many out-of-town visitors have been "converted" to "in-towners" through enabling services.

Having active family involvement is a well-known core principle of most counselors and therapists in the field of homelessness (with the very important exception is with domestic violence victims/survivors). Most individuals with mental illness and substance use disorders have a higher chance of recovery when they are in their home environment with family and friends.

*"... all families share a bond that can be used to support one another during trying times. While there is no one-size-fits-all solution for helping a family member who is drinking too much, using drugs, or dealing with a mental illness, research shows that family support can play a major role in helping a loved one with mental and substance use disorders."*

*When a family member is experiencing a mental or substance use disorder, it can affect more than just the person in need of recovery. Evidence has shown that some people have a genetic predisposition for developing mental and substance use disorders and may be at greater risk based on environmental factors such as having grown up in a home affected by a family member's mental health or history of substance use. Families should be open to the options of support groups or family therapy and counseling, which can improve treatment effectiveness by supporting the whole family."*

The quote above is from the Federal SAMHSA (Substance Abuse and Mental Health Services Administration) and sums up their thinking on this issue.



It is recommended that “Direct Connectivity to San Marcos” be defined as individuals:

- a. who attended high school in San Marcos or,
- b. who have living parents in San Marcos or,
- c. who have deceased parents that were living in San Marcos at the time of their passing or,
- d. have been living continuously in San Marcos for more than 24 months.

If an individual does not meet at least one of these four criteria, then the individual would have “no direct connectivity to San Marcos.” Exceptions would be made for individuals who are victims and survivors of family domestic violence.

The above would function as a “residential requirement” for utilization of long-term and intermediate-term services. It is very important to note that this proposal recommends providing short-term emergency services to all individuals for up to 21 days of service in a year regardless of residency requirements.

“Short-term emergency” services would be available for both individuals with long-term direct connectivity with San Marcos and for visitors from out-of-town. For the purpose of this recommendation, short-term emergency services would last no longer than 21 cumulative days of service within any given year. Additionally, short-term services for visitors must include robust family reunification services. Customized services must be provided to help individuals to make it back home successfully.

It is strongly recommended that “long-term” and “intermediate-term” services be exclusively used for and on behalf of individuals with long-term direct connectivity to San Marcos.

Simply put, if an individual is not a long-term resident of San Marcos, then they should only receive short-term emergency services and assistance. **This does not mean out-of-town visitors should not receive services!** Quite the

opposite. **It means that out-of-town guests should receive customized services that produce the highest chance of recovery from homelessness for each individual.**

Additionally, because of the extensive communication channels within the community of homelessness, providing support to out-of-town residents will actually attract more visitors to San Marcos, and these visitors likely will stay for longer periods of time.

Ideally all formal service agencies and informal organizations providing services within San Marcos should adopt and use this same eligibility criterion, especially programs funded by Hays County, the City of San Marcos, and the United Way.

## **2 - Expand the HOTeam, and Centralize Outreach, Intake and Navigation Within the HOTeam:**

**a. Add 4 Case Management Navigators to the HOTeam,**

**b. Dedicate 2 SMPD Officers Full-time to the HOTeam,**

**c. Utilize and Integrate City Marshals Whenever Possible.**

**a) Add 4 Case Management Navigators to the HOTeam:**

San Marcos and the broader Hays County area lack a coordinated intake and master case management system for people experiencing homelessness. The higher the number of individuals and families with children experiencing homelessness, the more important it is to have a highly integrated master case management “system” to coordinate and navigate services for individuals and families.

“Master case management” and “agency level case management” are often wrongly presented as the same functionality. There are major



differences between master case management and agency level case management – the first is holistic case management and navigation across the entire system of all agencies, while the second is only within an individual agency.

Since there is no centralized location for outreach, intake, and navigation, and since HMIS is not currently being used, outreach, intake, and navigation (eg the overall master case management system) for individuals should be embedded within the HOTeam structure, at least at the start.

Four new case management navigator positions should be created and then integrated within the HOTeam structure. These should be non-sworn positions and staffed by individuals with training in, and experience with working with individuals and families experiencing homelessness. At a later date, if a centralized service location is developed and/or if the HMIS system can be highly customized to meet the needs of San Marcos, then this coordination function could be relocated.

Each individual experiencing homelessness needs to have their own case management navigator who creates a customized “recovery-action-plan,” and monitors the progress of each individual’s recovery-action-plan. The case management

navigators then need to proactively monitor and manage each recovery-action-plan across all service providers. These navigators need to have the authority to place and move individuals throughout an integrated-system of care, and to adjust recovery-action-plans as needed. Later, as individuals successfully transition out of homelessness, case management navigators should provide “follow-on” support and care in order to sustain successes.

These four new case management navigators should also lead early intervention and prevention efforts.

For families with children, the master case management system should be led by the San Marcos and Hays CISDs McKinney-Vento liaisons (see Recommendation 9 below).

**b) Dedicate 2 SMPD Officers Full-time to the HOTeam:**

The existing SMPD HOTeam members have had some very important successes (eg getting a few individuals into programs and shrinking some of the encampments), but due to staffing levels, the HOTeam has not been able to maintain enough of a presence in the field to sustain their many successes. To be successful, the HOTeam must include at least 2 full-time SMPD Officers.

### **c) Utilize and Integrate City Marshals on the HOTeam Whenever Possible:**

Based on mission, training and geo-jurisdiction, San Marcos City Marshals would be an ideal unit to support and integrate within the HOTeam. The Marshals would be especially useful during fall, winter, and spring, when they are not as busy as they are during the summer tourist season. The Marshals would become force multiplier.

If the Marshals are able to augment the HOTeam, the two-person SMPD HOTeam members should be adequate. If the Marshals are not available to augment coverage, then more than two SMPD officers would be necessary.

### **Very important notes about HOTeam operating protocols and procedures:**

- » National best practices have found the more “multi-discipline” and the more “customizable” a HOTeam is, the more success it will have. Possible team members include but are not limited to mental health authority case workers, social workers, addiction counselors, navigators, librarians, life-guards, park rangers, EMS/EMTs, LEOs, code compliance staff members and public works employees.
- » The personnel in Recommendations 2a, 2b and 2C above would be added to the existing HOTeam members.
- » A HOTeam can be organized in a lot of different ways. Once the HOTeam make up is known (eg who and how many), the HOTeam should be formally constituted. Currently, the City of San Marcos HOTeam is functioning as a semi-ad-hoc work-group, which is not sustainable. To handle the growing demands and to be successful, the HOTeam must have “formal structure,” with a designated Team Leader and Co-Team Leader. Ideally, the HOTeam would have its own line-item budget and formally report to an assistant city manager or a high-level senior manager.

- » Coordination and proper shifting of HOTeam members is critical to be successful. It will be critical that the HOTeam “regularly-irregularly” deploy shifts at night and during weekends.
- » Once the HOTeam has been constituted, dispatching and response protocols will need to be established.
- » Team training is critical. All HOTeam members must have CIT and homelessness sensitivity training.
- » The condition of homelessness should never be criminalized and trying to “arrest one’s way-out homelessness” has never worked anywhere in the United States over the long term.

### **3 - After becoming compliant with *Martin v. Boise*, have a zero-tolerance approach to encampments:**

After becoming *Martin v. Boise* compliant, the City of San Marcos would be able to take a zero-tolerance approach to encampments. For a variety of safety, health and environmental reasons, encampments are dangerous and should not be tolerated. Becoming *Martin v. Boise* compliant maximizes the tools that the City of San Marcos is able to use to address encampments.

Overall, living on the streets or in encampments is unsafe, unhealthy and is unsuitable habitation for individuals. San Marcos contains encampments that pose serious environmental contamination issues, disease transmission concerns, vector control risks, and potential fire hazards. Therefore, proactive efforts led by the HOTeam need to occur in order to locate individuals living on the street, and to engage these individuals into appropriate living situations.

Encampments often have accompanying trash heaps that function as fuel for fires, promote dangerous disease transmission and create vector control issues. Unfortunately, much of, if not most of the discarded rubbish within the

encampments are items given to the individuals residing in the encampments free of charge by agencies and individuals.

#### **4 - Transform Information Management from a Data Tracking Model to a Case Management Tool:**

The Homeless Management Information System (HMIS) needs to be transformed from a “Data Gathering Model” (eg a score keeping model) to a “Proactive Care Coordination Tool.” In most communities the data collected in HMIS is focused almost entirely on reporting and compliance reasons. The focus is rarely on improving the client experience or care coordination. Additionally, to reduce impediments to universal use, a system-wide-all-agency information release form should be utilized by all agencies. Furthermore, in order to promote adoption and participation, funding to service agencies should become contingent on being active participants in HMIS.

Transforming HMIS to become a proactive care coordination tool is going to take time given that it is not currently being used. The most important first step is just to get started. The focus should be on first getting data in, and then beginning to increase adoption and use.

##### **Defining the System of Care Vital Metrics:**

Start by defining the 5-10 vital metrics that indicate success. Once these are defined, it becomes easier to create the model of care and supporting programs that will result in achieving them. There will likely be vital metrics that are consistent with the existing HUD metrics, but those should be considered just the beginning. Leadership should ask the following questions in defining their vital metrics:

- What measurable impact do our stakeholders care the most about?
- What are the unique problems our community is facing, and how will we empirically know if improvement is occurring?

- How can we measure progress on an ongoing basis?
- What metric would increase excitement and bring in new sources of support?

Defining the few vital metrics that matter most will be key in aligning resources and focused efforts. Most communities track so much information that they then do not know what to review and analyze. They start tracking, but never get to the meaningful review. By focusing on the most important, essential metrics, it will make review and improvement much more possible.

##### **HMIS Recommendations:**

- HMIS provides a helpful “data gathering” function; however, HMIS needs to begin to move from being a passive score-keeper to being a proactive “case management tool” within a truly integrated Master Case Management System. Again, this will take time, so the focus should be on getting started by entering basic information in.
- Using HMIS as a proactive case management tool includes using it for the following activities: tracking recovery action plans, making referrals to providers, tracking bed availability in real-time and using dashboard data to make tactical and strategic decisions about operations. Additionally, the lack of good real-time data prevents the “system” from being integrated and coordinated.
- Make it easy to enter data. Currently, there is no participation in HMIS. Incentives need to be created for agencies to use HMIS, likewise, there needs to be financial consequences for not using it. Funders must incentivize participation in HMIS. Funding should be directly tied to and contingent upon timely and accurate data entry.
- Data should guide all decision making. Unfortunately, because it is not being used, most of the existing data is anecdotal. Furthermore, the lack of good data inhibits good strategic level policy making.

- There should be a goal to enter data as close to “real-time” as possible. Ideally “universal” data will be captured across the primary agencies to facilitate coordination of care across the Continuum of Care.
- A “universal release” should be developed and utilized by ALL homeless service providing agencies participating in the Continuum of Care. Before implementing the universal release, each provider will need HIPAA and data security training to ensure they protect the privacy and best interest of individuals experiencing homelessness. There are templates that exist that can help facilitate real-time data sharing and improved outcomes reporting, which could position the Continuum of Care for new funding opportunities.
- Find the Win/Win. Often when it comes to entering data, the language is focused on compliance with funding standards. If the providers are going to be expected to begin using HMIS, their participation, it has to feel useful to them. Find ways to customize ClientTrack to solve existing problems and improve service delivery coordination.
- Incentivize unfunded providers. Develop incentives that will encourage unfunded orgs to also enter information into HMIS.
- The community needs to create an inclusive HMIS data monitoring team. This team should look at agreed upon outcomes every month. The key is to use the data as a flashlight instead of a hammer. This team should seek to learn and improve from the data they are evaluating. The goal is to create an environment of continuous quality improvement.
- A Master Case Management “system” needs to be developed for individuals and families experiencing homelessness. “Master case management” and “agency level case management” are often wrongly presented as the same functionality. There is a major difference between master case management and agency level case management - the first

is holistic case management across the entire system of all agencies while the second is only within an individual agency.

- Ideally, this master case management system needs to utilize HMIS as its primary coordinating and case management tool. If the BOS provider does not support this, an alternative will need to be explored.

#### **Minimum Level of data to Effectively Coordinate:**

The following represents the minimum amount of information that should be captured to begin to effectively coordinate care. This list should be thought of as a minimum viable product (MVP). the CoC should focus here before expanding to “nice to haves.”

##### **1. Intake Data:**

- a) Required HUD data flow is already in place.
  - b) What else would the local CoC want to add? Customize existing intake flow to add local data priorities. The key is to only add what is essential.
2. Referrals: Starting with intake, and then with follow-up, providers should document both the sending and receiving referrals.
  3. Services: As individuals move throughout the CoC, each service they receive should be documented.
  4. Case Notes: Key notes about the care and services received at each provider.
  5. Exit Data: As a client exits a program for either a positive or a negative reason, this information should be entered, ideally including change in status related to key outcomes.

#### **Coordinated Entry (Intake):**

Ensuring that accurate data is being captured at the point of entry into the system is critical. Because of this, there should be well-thought-out training that ensures a high degree of data quality.



Given the desire to better coordinate care within San Marcos, it is suggested to have one intake operation that can connect to care through the area.

#### **Models to Consider:**

- Virtual: The ability for intakes to be completed in many physical locations, leveraging one common web-based platform.
- Phone: Intakes can be completed over the phone.
- Hybrid: A combination of any of the above options.

#### **Recommended process flow:**

1. Client fills out universal release, allowing coordinated entry teams to share info with other providers in the system of care.
2. Complete screenings and assessment that determine vulnerability and urgency.
3. Gather data for both local care coordination and reporting needs as well as HUD compliance data.
4. Once intake is made, the client should be referred to the appropriate provider.

#### **Additional Needed Information:**

1. Bed availability.
2. Services offered by each provider.
3. Key points of contact within each provider.

#### **Coordinated Case Management:**

For many clients it can be traumatizing to repeatedly share their background and reason for needing care. When key information such as goals, referrals, case notes and assessment data are shared with coordinating providers, it makes for a much more seamless process that is good for both the providers and the clients.

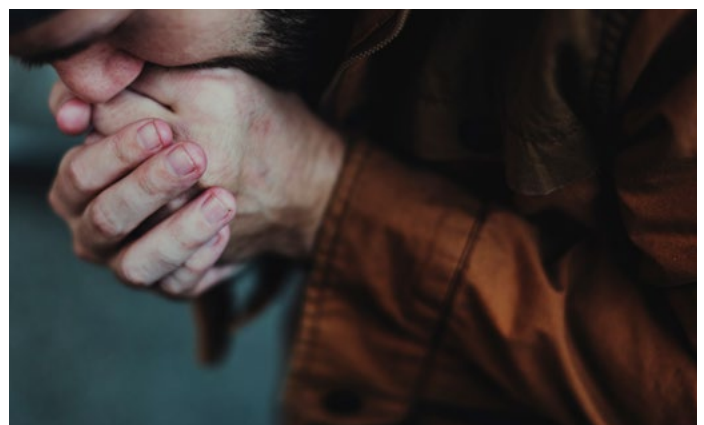
Instead of putting the challenge of navigating the system of care on the client, the system of care should be restructured to assign each person to a case manager that can help them navigate the entire system. The following are recommendations to better coordinate care.

#### **Initial Case Management Meeting:**

Once referred from an agency doing coordinated entry, the first meeting with the case manager should focus on getting to know the individual or family and explaining their role in guiding them through all the services they need to overcome homelessness. The case manager should introduce the idea of creating a “Recovery Plan,” and leave them with a template so they can start mapping out their goals. It is important that each individual or family is driving their own goals, as much as possible. The case manager can help the individuals attain the goals, but the goals must be intrinsic if they are going to be successful in overcoming homelessness.

#### **Making the Plan:**

Every individual or family should have only one plan. Traditionally, clients of social service providers are asked to create a new plan with every service provider they work with since the providers are not coordinating their care. With a master case manager, there is only one plan. Each service provider plays a role in supporting the plan in their niche role.



A Recovery Plan should have the following components:

1. Goals: The goals should be constructed in the individual's or family's own words. There is a higher likelihood of buying in if goals are articulated in their own words.
2. Barriers: What needs to be overcome for the individual or family to reach their goal?
3. Strengths: What assets does an individual or family need to reach their goal?
4. Short-term action steps: What tangible steps does an individual or family need to take to reach the larger goal? The plan needs to be SMART (specific, measurable, attainable, realistic, and time-bound).

Every individual or family should produce at least one goal in the following domains:

1. Engaged in their own recovery and healing: What are they doing to work on their physical, mental, and spiritual well-being?
2. Engaged in a Home Plan: What do they envision home looking like? Where do they want to live? What type of housing will they need? Section 8? Public housing? Supportive? Market rate?
3. Pursuing Sustainable Income: What is the main source of income they will need to support the life they want to live? Employment income, benefit income, or a combo of the two?
4. Community Reintegration: What independent life skills do they need to develop to keep them from becoming homeless again? The focus should be on building life skills, finding a faith home, giving back, and becoming a good neighbor.

## **5 - Whenever Possible, Separate Families with Children from Non-family Single Adults:**

Families with children must be separated away from single adults experiencing homelessness as much as possible, and as soon as possible. This includes all types of contact including queuing in lines for meals or waiting for services at food pantries.

By all measures, the mixing of children with adults who are experiencing chronic homelessness does not meet with national best practices as it is risky, dangerous, and unnecessarily increases legal exposure to agencies. It is very important to note that this type of commingling creates unhealthy and negative developmental issues in children. Furthermore, this mixing can exacerbate the inefficiencies in the placement process and inhibit optimal utilization of service inventory. This is why centers/programs/shelters across the USA have moved to separate families with children from non-family single men (and single women when possible).

Ideally, all families with children should be separated at least from single adult males, and when possible, separated from single adult females. However, the realities of capacities and physical facility layouts may not allow for the ideal setups, at least in the short-term.

Additionally, at a clinical level, it would be good for all single adult females to be separated from the single adult males. Ideally, single adult females would have their own dedicated facilities, but this likely would be cost prohibitive.

See the note above on Page 16 about the tragic results of commingling children with single adults - *A Note on Current Child Research - It is Very Negative to Mix Children with Single Adults.*

## **6 - Expand Southside Community Center Housing and Services, and provide funding:**

The community of San Marcos critically needs additional housing with trauma-informed wrap-around services as fast as they can be developed.

The Southside Community Center is the best suited location to do this effectively (eg centrally located and has critical infrastructure in which to build on). It has the basic support structures and some housing already in place that will help to maximize the efficiency of service expansion at this location.

It is recommended that the City of San Marcos and Board of Southside conduct a study to determine the feasibility of building a companion building on the “east” side of their property. The feasibility study should also include the review of adjacent properties.

Housing at this location should focus on long-term San Marcos residents (as defined in Recommendation 1 above) that have recently started experiencing homelessness.

## **7 - Re-activate Salvation Army Housing Assistance Program:**

In order to increase the housing inventory for the community of homelessness, the City of San Marcos should work with the Salvation Army to “reactivate” their housing assistance program.

This program should focus on providing transitional housing to long-term San Marcos residents (as defined in Recommendation 1 above) who are experiencing homelessness.

This program needs to include robust trauma-informed wrap-around services, including job training, placement, and retention programs.

## **8 - Proactively Source New Housing of All Types:**

There is a critical need to increase the number of attainable housing placements, especially transitional housing placements, across the spectrum for single men, single women, and families with children. To be successful, there needs to be an increase in inventory capacity of all types of housing within the City of San Marcos, and overall in Hays County.

Because of likely upcoming federal budget cuts, the financial burden will be shifting to local governments to fund additional transitional housing units as well as longer-term supportive housing units.

Because there is no one silver bullet that will singularly fix the lack of housing units, the City of San Marcos should proactively pursue multiple initiatives in order to increase the affordable housing stock:

- Explore a wide variety of housing types.
- Awareness campaign to support affordable housing development.
- As challenging it will be, try to obtain more federal vouchers.
- Partner with developers to maximize the use of low-income-housing-tax-credits.
- Develop working relationships with developers and apartment owners.
- Encourage homelessness service organizations to develop their own housing stock.
- Conduct due diligence on the possibility of developing “tiny-houses.”
- Purchase and then remodel vacant and/or abandoned motels.

- Encourage new housing units with all new economic development projects.
- Develop a memorandum of understanding with Hays County Tax Appraisal District and other taxing entities to release houses and properties that are in tax default prior to auction for use in development of affordable housing.

It is critical that all housing placements include robust trauma-informed wrap around services for the residents. Additionally, it is important that service providers develop educational training programs that prepare individuals and families for the challenges they will face in the future once they receive housing placements.

This program should focus on long-term residents of San Marcos (as defined in Recommendation 1 above).

## **9 - Provide Targeted Grants to San Marcos and Hays CISDs for McKinney-Vento Students:**

There is a critical need to help families with children experiencing homelessness.

With limited resources, it is very important not “re-create” a new program to help children. Instead, the most efficient way for the City of San Marcos to help families with children experiencing homelessness would be to support the on-going work of the McKinney-Vento liaisons at San Marcos CISD and Hays CISD.

Specifically, it is recommended to start with a \$15,000-20,000 annual grant to each CISD dedicated to helping “McKinney-Vento” qualified students. In order to “leverage-up” these resources, it would be ideal to match the City of San Marcos grants with matching grants from area foundations and businesses. After a year of support, the exact amount of support could be modified based on outcomes and needs.

## **10 - Possibly Create a Right-sized Homelessness Assistance Center:**

In 18-24 months, after the above recommendations are implemented, San Marcos should re-evaluate the condition of homelessness based on data using a comprehensive survey (and not solely the PITC). Determine if the recommendations above were robust enough to make substantial improvement, or if there is a need for additional initiatives. Because San Marcos is on the IH-35 corridor and so close to Austin, it is likely that additional strategic action steps will need to be taken.

### **Possible Need for Centralized Services and/or a Right-sized Center in San Marcos:**

Unfortunately, most of the current delivered services do not focus on exiting homelessness nor achieving self-sufficiency over the long-term. Instead, most of the delivered current services focus on meeting short-term immediate needs (eg food, clothing, short-term and part-time shelter, etc.). Meeting basic needs is of the upmost importance, but “shelters” do not reduce the level of homelessness.

A “shelter” works to keep a person alive by providing basic support services. Whereas a “transformational center” or a “homelessness assistance center” works to help people exit the condition of homelessness by providing robust, targeted, and customized trauma-informed care services that get to the root causes of their homelessness.

The ergonomic and funding limitations of the existing facilities and systems within San Marcos dramatically limit the provision of robust trauma-informed services. Additionally, the internal layouts of the existing facilities limit the number of homelessness cohorts that can be served at one time. Furthermore, the restricted layout of some facilities create instances of co-mingling children with single adults (see the note above about

the tragic results of co-mingling children with single adults - *A Note on Current Child Research - It is Very Negative to Mix Children with Single Adults*). Finally, when services are provided, they are seldom coordinated, and are not robust nor holistic in nature.

In order to reduce homelessness within San Marcos, it is paramount that the main facilities operate on a 24/7 year-round basis, are right-sized for the needs, and are correctly designed in order to deliver a proper mix of services efficiently and effectively. Right-sized and right-designed facilities can effectively provide the right-mix of trauma-informed care services.

**In the future, San Marcos might want to develop and establish a homelessness assistance center:**

A possible homelessness assistance center should have a wide range of services provided on-site by multiple agencies. Additionally, agencies that provide indirect or part-time services to the community of homelessness should be encouraged to have part-time presences on the West Campus.

The following service functionalities are often included in homelessness assistance centers:

**+ Engagement:**

- Outreach - interface with HOTeams.
- Intake, registration, and assessment.
- Master Case Management.

**+ Medical:**

- Mental health (on-campus and off-campus referrals).
- Substance Use Disorder treatment (on-campus and off-campus referrals).
- Pharmacy services (on-campus).
- Medical (on-campus and off-campus referrals).

- Dental (off-campus referrals).
- Vision (mostly off-campus referrals).

**+ Job Placement Services:**

- Legal services and ID recovery.
- Life skills training.
- Job skills training (includes resume, interview, and retention skills training).
- Job placement, coaching and enlisting business community support for jobs.

**+ Hygiene Services**

(in order to be presentable for job interviews and employment):

- 24/7 bathrooms.
- Showers.
- Hygiene skills training and services.
- Hair cut services.

**+ Overnight Sleeping:**

- Come-As-You-Are sheltering.
- Transitional living.
- Long Term Supportive Care housing.

**+ Feeding:**

- Establishment of a commercial kitchen.
- Food and meals.
- Coordination of meals (delivery and prep from nonprofits and churches).

**+ Other Support Services:**

- Housing out-placement.
- Veteran services.
- Clothing closet.
- Daytime activities.
- Property storage.
- Donation center.



**+ Administration:**

- Administrative services.
- Security.
- Storage.
- Volunteer coordination.
- Community service work crews.

It should be noted that depending on the circumstances and funding availability, creation of homelessness services on campus could be phased in overtime.

**Other Recommendations:**

- Efforts should be made to coordinate activities and initiatives with Hays County and other municipalities within Hays County.
- A lead coordinating agency still needs to be identified.



## Next Steps

- Assign each adopted strategic action step to one person by name with a targeted timeline of implementation.
- Develop tactical actions to successfully implement the adopted strategic action steps.
- As soon as possible, start implementing the adopted plan - just get started!!
- Establish a checkup system, with a follow-up feedback loop, to check on the progress of implementation, and then to adjust as needed.





# Study Scope

## **Key Activities, Work Products and Timeline**

Based on prior work in dozens of other communities, Marbut Consulting performed the following project Phases and Tasks as outlined below.

Some of these tasks ran in sequence, while other tasks overlapped. Throughout these phases and tasks, the current state of homelessness was observed from a variety of vantage points: individuals experiencing homelessness – especially those impacted by the pandemic, families with children experiencing homelessness, agency staffs, volunteers, upstream funders,

government officials, civic community leaders, businesses, the general public, communities of color and other marginalized cohorts.

Throughout the different phases and tasks of this study, Marbut Consulting participated in group and individual meetings with key community stakeholders and partners in order to solicit their input, and to garner their buy-in of the *Homelessness Services Needs Assessment and Recommended Strategic Action Steps* plan for San Marcos. The discussions with the key stakeholders and partners were critical in order to improve the study, promote buy-in and deepen partnership relations.

# Engagement Scope

## Phase 1 Understanding the Challenges Through Research and Data Analysis

### Task 1 - Inventory of Current Services and Articulating Accurate Understanding of the Challenges:

In coordination with the City of San Marcos Homelessness Services Coordinator, Marbut Consulting will inventory and ascertain information about the types (qualitative) and volume (quantitative capacity) of homelessness services being provided throughout the City of San Marcos. This will include in-person site visits of services and service points as well as interviews and focus groups with people experiencing homelessness, service providers and key stakeholders throughout the City of San Marcos in order to inventory the “types” and “volume” of services. Specifically, the Consultant will perform in-person site visits and interviews in order to:

- Analyze the coordinated entry system,
- Inventory shelter services, beds, and mat units,
- Inventory of the types and volume of supportive services (quantity and qualitative),
- Inventory of preventative and intervention services,
- Identify service pinch-points and segue gaps,
- Analyze levels of system integration (and non-integration) between mental health/SUD service providers, homelessness services providers and housing placement service providers.

**Below is a target list of meetings, tours, and site visits for the City of San Marcos:**

- Individuals with lived experiences,
- Site visits to all the large encampments,
- Site visits to major congregating areas (eg community centers, parks, rivers, lakes, CBDs, etc.),
- Elected officials, to include the mayor and key Councilmembers, County Judge, etc.,
- Critical city and county staff members such as the city managers, deputy city managers, homelessness coordinators, housing administrators, county administrators, county mental health officials, direct service managers, etc.,
- Other critical city and county staff members that deal with issues of homelessness (eg legal, community action, parks, and recreation, etc.),
- Librarians and site visits to all downtown libraries (and other highly impacted libraries),
- LEOs, Police chiefs, County Sheriff and all top LEA commanders that are dealing with issues of homelessness,
- Ride-alongs with police departments and county deputies to see gathering points, feeding sites, encampments, jail, etc.,
- Coordinators of EMS/fire/rescue in the most active areas,
- Directors of the most active hospital emergency rooms (ERS/EDs) that receive individuals experiencing homelessness,
- Primary medical care providers that work with people experiencing homelessness,



- Chairs/CEOs/Executive Directors of all the top homelessness service providing agencies including all shelters like Salvation Army sites, Rescue Missions, winter warming shelters, women's day shelters, youth drop-in programs, AIDS/HIV outreach programs, etc.,
- Site visits to all key homelessness service providing agencies,
- Visit all housing programs of all types,
- Site-visits to affordable and attainable housing programs,
- Diversion and intervention programs,
- Homeless Outreach Teams,
- Specialty programs such as enhanced case management programs, shower and laundry programs, emergency rental assistance programs, rapid rehousing placement services, mental health services, etc.,
- Workforce and job training service providers,
- Personal storage programs for people experiencing homelessness,
- Site visits of major feeding initiatives,
- Equity outreach organizations,
- Homelessness and Mental Health Taskforce Steering Committee,
- Heads of all local mental health agencies and organizations,
- Heads of all local SUD agencies and organizations,
- Cross system collaborations,
- Data coordinators who work with HMIS (Homeless Management Information System), PITC (HUD Point-in-Time Counts) and other data reports,
- 211 hotline staff members that coordinate service delivery and public calls,
- Key funders (to include local United Ways and community foundations),
- Key affected merchants and businesses,
- Leaders of business and tourism organizations to include impacted business districts,
- Faith-based service providers, supporters, and funders,
- Any impacted neighborhoods and neighborhood associations,
- Advocates for people experiencing homelessness,
- Any other key stakeholders.



## **Task 2 - Data Analysis of PITCs and HMIS + Field Observations:**

Marbut Consulting will conduct a data analysis of the most recent Point-in-Time-Count (PITC) compared to earlier PITCs. The Consultant will also review Homeless Management Information System (HMIS) data and reports by homelessness service providing agencies. PITC data will then be compared to HMIS data. Additionally, in coordination with the City of San Marcos homelessness program coordinator, Marbut Consulting will conduct a series of targeted field observations analyzing flow and movement patterns which will include Dr. Marbut “experiencing homelessness” by living on the streets of the City of San Marcos. Field observations will be used to better understand the unique local causes and triggers of homelessness, which will inform the *Homelessness Action Plan*.

## **Task 3 - Review, Analyze and Summation of Relevant Studies and Documents:**

Review, analyze and summate the following relevant documents:

1. The City of San Marcos Annual Homelessness Reports (up to the last 10 years),
2. The City of San Marcos Consolidated Plan (if drafted),
3. The City of San Marcos 5- or 10-Year Plans to End Homelessness (if drafted),
4. Any other germane reports,

## **Task 4 - Gaps and Duplication Analysis - Articulating an Accurate Understanding of the Challenges:**

Based on the agency interviews, site visits, street-level observations, Point-in-Time-Count data, Homeless Management Information System reports, and agency reports, Marbut Consulting will conduct a needs assessment of the types

of services (qualitative) and capacity of services (quantitative) needed in the City of San Marcos. This will include conducting a gap and duplication analysis of services between existing inventory and identified needs, which in turn will be analyzed through an equity lens.

## **Task 5 - Master Functionality Assessment Study:**

In conjunction with Task 4 above, Marbut Consulting will then conduct a “strategic-higher-level” master functionality assessment study of the gaps and missing services. A “functionality assessment study” is critical in order to assure cost effective and affective strategic action steps, and to ascertain what is needed to assure long term success. Using national data and best emerging practices, this sub-study will synthesize missing types of services, quantity of service gaps, demand:supply ratios, service proximity data and downstream data (eg traditional HUD data covering housing, rapid rehousing, permanent supportive housing, and housing first), which will in turn “inform” the functional strategic action steps. This will include a study of geographic areas, and where best to locate services. The functionality study will also include how to make it easier for people experiencing homelessness to access services, as well as how to provide treatment and recovery services in light of structural shifts due to the COVID-19 pandemic. Having an accurate understanding of the functional needs is necessary in order to understand the scope, scale, and structure (S<sup>3</sup>) of the overall system. The functionality assessment study will also be analyzed through an equity lens.

Toward the end of Task 5, it is recommended that Dr. Marbut conduct an oral mid-project presentation of the preliminary data analyses and base findings at a public forum with the key stakeholders and partners. This session should be like a “workshop” and include an extensive Q&A session.

NOTE: The failure to conduct a thoughtful “functionality study” before developing strategic action steps is one of the biggest mistakes most communities make. This functionality study must be informed by practical emerging best practices while being customized to the local realities of the City of San Marcos.

## Phase 2 Strategic Framing and Assessment

### Task 6 - Collaborative Strategic Framing of Critical Issues and Initiatives:

With input and guidance from the City of San Marcos officials, and as part of the strategic development process to create a shared vision and to encourage community “buy-in,” Marbut Consulting will “strategically frame” action steps in order to develop a sound *Homelessness Action Plan* for the City of San Marcos. This will include at least two community workshops and feedback sessions, as well as several focus groups that will be assembled based on the data, findings, and observations. The focus will be to develop customized strategic and tactical solutions to significantly reduce homelessness within the City of San Marcos. This will require the Consultant to conduct in person meetings with officials from local government, elected bodies, funders, businesses, faith-based organizations, non-profits, civic groups, service providers and other agencies. This framing process will include the input of key stakeholders and community partners, as well as appropriate interrelated-system partners from the criminal justice system, health care providers, substance use disorders/diseases treatment providers and mental/behavioral health treatment providers.

## Phase 3 Development of Strategic Plan with Action Steps

### Task 7 - Draft a Strategic Action Plan with Action Steps:

Marbut Consulting will then draft the written *Homelessness Strategic Action Plan* with recommendations based on national and emerging best practices that are grounded within identified local needs, gaps, and opportunities. This plan will be informed by input from people experiencing homelessness, key stakeholders, and community partners. This strategic action plan will include real-world strategic positioning of both qualitative (types of services) and quantitative (volume) needs within the overall CoC environment including critical functionalities and operating policies/protocols/procedures. The types of services and volume of services also will be addressed by geographical areas. The *Homelessness Action Plan* will include recommended improvements throughout all aspects of the continuum of care including: outreach, engagement, prevention, coordinated entry, crisis response, staffing, funding, transitional services, rapid rehousing, permanent supportive housing, affordable housing, and other longer term housing issues. The goal is to develop a *Homelessness Strategic Action Plan* for the City of San Marcos that reduces the number of families and individuals who are experiencing homelessness by strengthening the physical health, mental health, and support services for unhoused residents, and to reduce the number of families and individuals experiencing first time homelessness.



### **Task 8 - Key Partner and Stakeholder Comment Period - Development of a Shared Vision:**

As part of the “buy-in” efforts and to improve the overall *Homelessness Action Plan*, Dr. Marbut will present the critical elements of the “Draft” *Homelessness Strategic Action Plan* for comment to the key stakeholders in a variety of one-on-one and group forums. This will include at least two major community feedback sessions. This phase will require Marbut Consulting to conduct numerous briefings of government staff members, elected officials, businesses, faith-based entities, civic groups, service providing agencies and other stakeholders. The Consultant will also share his knowledge of the best emerging practices across the United States.

### **Task 9 - Public Presentations of the FINAL *Homelessness Strategic Action Plan*:**

A written “Final” *Homelessness Services Needs Assessment and Recommended Strategic Action Steps* plan will be delivered to the City of San Marcos. It is critical that this plan has measurable goals and strategies with clear timelines. This plan will provide a comprehensive roadmap to help prevent and reduce homelessness within the City of San Marcos region. Beyond the recommendations in the plan, this document will also include key observations and data findings and will be about 25-30 pages. Additionally, Dr. Marbut will publicly present this final report to the City of San Marcos Commissioners.

# Exhibit 1

## Dr. Robert G. Marbut Jr.

Dr. Robert Marbut has worked on issues of homelessness for more than three decades: first as a volunteer, then as chief of staff to San Antonio Mayor Henry Cisneros, next as a White House Fellow to President H.W. Bush (41, the Father), later as a San Antonio City Councilperson/ Mayor-Pro-Tem and as the Founding President & CEO of *Haven for Hope* for five years (the most comprehensive homeless *transformational center* in the USA). He has also worked in 3 different US Presidential Administrations, including serving as the Executive Director of the US Interagency Council on Homelessness, often called the “Federal Homelessness Czar.”

In 2007, frustrated by the lack of real improvement in reducing homelessness, and as part of the concept development phase for the *Haven for Hope Campus*, Dr. Marbut conducted a nationwide best practices study. After personally visiting 237 homeless service facilities in 12 states and the District of Columbia, he developed *The Seven Guiding Principles of Homeless Transformation which focuses on root causes and recovery, not symptoms nor short term gimmicks*. These *Seven Guiding Principles of Transformation* are used in all aspects of his work to create holistically transformative environments in order to reduce homelessness.

Since his national best practices study, Dr. Marbut has visited a total of 1,387 operations and has worked in all 50 states, plus Washington, DC and Mexico, DF. He has helped hundreds of communities and agencies to dramatically reduce homelessness. **Dr. Marbut has consulted on**

**issues of homelessness with more communities and organizations than anyone else in the USA.** He is the Executive Producer of the *No Address* movie starring Billy Baldwin, Beverly D’Angelo, Xander Berkeley and Ashanti, and *Americans with No Address* documentary.

He earned a Ph.D. from The University of Texas at Austin, Austin, Texas in International Relations (with an emphasis in international terrorism and Wahhabism), Political Behavior and American Political Institutions/Processes from the Department of Government.

He also has two Master of Arts degrees, one in Government from The University of Texas at Austin and one in Criminal Justice from the Claremont Graduate University (affiliated with the Peter Drucker School). His Bachelor of Arts is a Full Triple Major in Economics, Political Science and Psychology (Honors Graduate) from Claremont McKenna (Men’s) College. He also earned an Aviation Technology Level 1 Certificate from Palo Alto College.

Dr. Marbut also has completed three post-graduate fellowships, one as a White House Fellow (USA’s most prestigious program for leadership and public service), one as a CORO Fellow of Public and Urban Affairs in Los Angeles, and one as a TEACH Fellow in the Kingdom of Bahrain and the State of Qatar (1 of 13 USA educators selected). He was also a member of the Secretary of Defense’s Joint Civilian Orientation Conference 2000 class (JCOC-63) which is DOD’s premier civic leadership program and focused on Special Operations.



## Shaun Lee

Shaun Lee currently serves as the Chief Operating Officer at Mission Matters Group (MMG). The mission of MMG is to align people, processes, and technology to help organizations have a greater impact. His work is focused on helping nonprofits develop strategic plans and implementing systems that improve organizational health. He also leads projects centered on building cohesive teams and strong leaders. Connected to this work, Shaun also created *6 Levers*, a framework to help teams intentionally create new, healthier ways of working.

Before joining MMG, Mr. Lee served as Executive Vice President of Operations at Haven for Hope, the largest homelessness services campus in the United States. He was responsible for all the infrastructure support and direct services, including leading Haven for Hope through its annual budgeting. Additionally, he led the effort to build a Homeless Management Information System (HMIS) in San Antonio that has extended well beyond data compliance and government reporting. The system he built is still in operation and facilitates real-time coordination across an entire community, with an outcome reporting model that allows key stakeholders to measure and learn from their collective impact.

Before joining Haven for Hope, Shaun served for five years at the largest homelessness services center in Missouri, the St. Patrick Center (SPC). While at SPC, Mr. Lee led a team that relocated more than 300 families from New Orleans after Hurricane Katrina. He also developed and managed an information system used to connect several organizations with more than 200 users. This client tracking system allowed SPC visibility into their processes and outcomes, with access to their most important data, and the tools to evaluate the data and overall outcomes.

He was the founder and owner of Truckin' Tomato, a social enterprise that was a combination of a food truck and a farmer's market, which created job training for the homelessness community and revenue for non-profits working on food insecurity issues. Truckin' Tomato went on to merge with Farmhouse Delivery, where he became its Chief Executive Officer.

He graduated with his Master of Social Work focusing on Community Organization and Non-Profit Management and Leadership, and received his MBA from UT San Antonio.

He has served on several short-term mission trips to Rwanda and Peru focusing on building local church leaders. He is married to his wife DeeDee, and they have three children, Estella, Elisha and Georgia. Together they live in Austin.





**Homelessness Services Needs  
Assessment and Recommended  
Strategic Action Steps**

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**for The City of San Marcos**

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