

HOMELESS TRIANGLE MEDIATION

Greenville, South Carolina

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Table of Contents

INTRODUCTION	2
HISTORY	3
MEDIATION PROCESS	4
STAKEHOLDER PERSPECTIVES	4
ACTION ITEMS AND EXISTING SERVICES	6
GOALS AND IDEAS.....	7

First and foremost, we want to thank everyone who participated in this process. We have gained better understanding from your knowledge, we have benefited from your willingness to take the time and make the effort to participate, and we have been inspired by your willingness to listen and to understand as well as to speak. *Thank you.*

INTRODUCTION

Homelessness, in Greenville and in General.

Homelessness, in Greenville, South Carolina as in many places, is an ongoing and complex issue. Housing insecurity and homelessness can result from economic issues like unemployment, lack of affordable housing, or insufficient income from low-wage jobs, among other things; in many cases, mental health problems or substance abuse play a role, especially with the chronically homeless.

In 2016, there were around 1,000 people experiencing homelessness in Greenville County¹ — this number includes only people who are in emergency shelters or transitional housing or are unsheltered. (A broader definition of homelessness could include people living in motels, with family or friends, in jail or a treatment facility, etc.)

The Chronically Homeless.

Within the population of people who are experiencing homelessness, around 15% are chronically, rather than temporarily, without a home.² According to the Substance Abuse and Mental Health Services Administration:³

A person is considered to be experiencing chronic homelessness when he or she has a disability and has been continuously homeless for 1 year or more or has experienced at least four episodes of homelessness in the last 3 years where the combined length of time homeless in those occasions is at least 12 months. . . . Although chronic homelessness represents a small percentage (16%) of the overall homeless population, . . . this population consumes more than half of services.

According to the Office of National Drug Control Policy, approximately 30% of people experiencing chronic homelessness have a serious mental illness, and around two-thirds have a primary substance use disorder or other chronic health condition. These health problems may create difficulties in accessing and maintaining stable, affordable, and appropriate housing.

The needs of the chronically homeless are costly not only in human but also in financial terms — one homeless service provider in Washington, D.C., found that 828 chronically homeless individuals cost a minimum of \$19 million in emergency services like ambulance rides, police interactions and hospitalizations in one year.⁴ Even within the chronically homeless, a minority of people can account for a majority of costs: A study focusing on Philadelphia found that twenty percent of the chronically homeless population there accounted for 60% of the service costs (\$12

million out of \$20 million).⁵ (The people accounting for the most costs were also especially likely to have a diagnosis of a serious mental illness.) There is every reason to think that this is also true in Greenville, South Carolina.

This subset of the population who are experiencing homelessness – the chronically homeless – accounts not only for the bulk of societal financial costs but also other societal costs, like nuisance behavior and petty crimes.

Consequently, approaches that reduce chronic homelessness, especially of the mentally ill chronically homeless, are likely to achieve the most substantial results in reducing financial, societal and human costs.

HISTORY

There has been a history of issues associated with the “homeless triangle” area in downtown Greenville. There are a number of service providers for those who are experiencing homelessness in that area, including:

- the Salvation Army, which operates an emergency shelter program for men, women and children and also a substance-abuse rehabilitation program for men, with a total of 143 beds. The Salvation Army has operated in its current location for 100 years.
- Triune Mercy Center, which is a church that offers services (including meals at designated days and times) for homeless people, operating in this same location for over 90 years.
- Miracle Hill Rescue Mission, which has a 21-day-stay emergency shelter program and also a 90-day-plus “new life” program. The total shelter capacity is 143 beds (with the ability to take more in extreme cold weather).

In addition to “brick and mortar” service providers, there are also “pop-up” providers who travel to the area and hand out food and sometimes other supplies, and also providers of other services (like the Street Ministries Church, which has had outdoor services in the area every Sunday evening for years). Some of the “pop-up” providers follow a set schedule, but some are more spontaneous and unpredictable.

The area tends to serve as a magnet for people who are experiencing homelessness, including the chronically homeless. Local residents and businesses interviewed were predominantly understanding of the nature of the neighborhood, but there have been conflicts and complaints. In recent years, frustration and resentment with the problems associated with the presence and actions of people who are experiencing homelessness built up.

In 2016, the Salvation Army sought a zoning variance for a half-acre of its nearly 4-acre property necessary in order to effect plans to renovate and update its facilities. It encountered substantial and unexpected opposition to this zoning variance by neighbors, and it withdrew the zoning variance request and embarked on a project of communicating with neighbors about the functions of the facility and the proposed changes in an attempt to allay their concerns.

In 2017, the Salvation Army resubmitted its zoning variance request. Although opposition was significantly reduced, there remained some opposition to the effort, and it was suggested that a way to resolve the neighborhood issues was to submit them to mediation. During the course of mediation, the Salvation Army's rezoning was approved by the Planning Commission, Board of Zoning Appeals and Greenville City Council.

MEDIATION PROCESS

Mediation is a process in which parties voluntarily participate with the goal of resolving their conflicts, with the mediators facilitating discussion and helping the parties work towards self-generated, voluntary solutions.

When the issues are about matters of public policy, involving many different stakeholders from different parts of the community, it is a "public policy" mediation.

When approached about this potential public policy mediation, the Upstate Mediation Center offered to have two of its mediators participate as co-mediators, developing, facilitating and guiding the process without having the authority to bind the parties in any way.

The goal has been to assess what the issues and conflicts are from the perspectives of different stakeholders and to help the stakeholders gain understanding of each other's perspectives and work together to find solutions.

The process has principally consisted of a series of meetings with different stakeholder groups:

- Service providers for people experiencing homelessness;
- Individual and business neighbors in the "homeless triangle" area;
- City and county service providers (law enforcement, transportation, community development, library);
- People who are currently experiencing or previously experienced homelessness;
- Representatives of city and county government

In addition to stakeholder group meetings, we have met with a variety of other people, including representatives of United Ministries Place of Hope day shelter, Gateway House, Street Church Ministries and more and also including follow-up meetings with certain stakeholders.

STAKEHOLDER PERSPECTIVES

Meetings with the stakeholders were encouraging. While there are real conflicts, all the parties expressed many common assumptions and goals, like the value of providing services for people who are experiencing homelessness and the importance of minimizing the impact of nuisance behavior and other concerns related to the presence of people who are experiencing homelessness and services provided to them in the area.

The **Greenville Homeless Alliance (GHA)**, is a coalition of forty stakeholders which includes non-profit organizations, the City of Greenville, the County of Greenville, churches, local foundations, health care providers, and the United Way working to make homelessness brief and rare. A current goal of the coalition is to increase local housing options which were addressed in

a 2015 White Paper that resulted after individuals were drawn to an area of Greenville that became known as “Tent City.” GHA has participated in this process throughout, using its contact base to help identify and contact stakeholders and participating in various meetings and as an overall (and invaluable) resource.

Service providers for those who are experiencing homelessness generally expressed their desire to be good neighbors and to hear what the concerns of neighbors and others were so that they could address them. They provided summaries of their policies aimed at “good neighbor” behavior.⁶

Neighbors (businesses and home owners) expressed their understanding that they live and/or work in an area with homeless services and homeless people, as well as their support for those services. Their primary concerns were about trash about nuisance-type behavior like theft and public urination. Concerns expressed by various neighbors included not wanting existing service providers to expand their services and a worry that crime has risen in the area – in subsequent meetings, service providers confirmed that they (notably including the Salvation Army) do not plan to expand services (and the Salvation Army is not permitted to increase its beds count), and law enforcement confirmed that crime rates have not risen in the area.

City/county service providers provided information indicating that crime rates have not risen. They expressed frustration with the pop-up service providers, who tend to leave a mess. (This was a concern shared by many stakeholders, notably including neighbors). When asked about enforcing violations like no-trespass rules, law enforcement expressed skepticism about the point of it – in their view, this kind of enforcement just shifts the problem around (with the people who are experiencing homelessness moving to another location or, if arrested, to jail) rather than accomplishing anything substantive.

People who are experiencing or have experienced homelessness expressed the desire to have more day-shelter-type services, like the ability to shower, do laundry or charge phones. They described transportation as being a real barrier – that it is hard to get to a job or a doctor’s visit. They were the only group who expressed enthusiasm about pop-up service providers, expressing appreciation for the availability of food and, in many cases, ministry. The lack of public bathrooms is also a problem.

City/county representatives discussed the role that local government can play in this, including enforcing actions that are existing violations (like “pop-up” actions in the City of Greenville without a permit), addressing trash, and the broader issues of housing (and, of course, funding). We discussed the costs that are currently associated with homelessness, like emergency room visits and presence in jail.

Based on the discussions with various stakeholders, there are action items that the stakeholders have voluntarily committed to do (in many cases, these are actions that they are already taking) and services currently provided by civic authorities. There are also some broader, longer-term goals and ideas.

ACTION ITEMS AND EXISTING SERVICES

- Salvation Army, Triune Mercy Center and Miracle Hill Rescue Mission will continue to follow the policies they have in place to be good neighbors. In addition, the Salvation Army Greenville Area Command:
 - will increase patrol and trash pickup at the following Salvation Army owned properties: 417 Rutherford Street (Social Ministries Campus), 501 Rutherford Street (Area Command Offices) and 203 Rutherford Street (Greenville Family Store);
 - will not increase its number of beds beyond the current 143 beds; and
 - will limit its community lunch feeding to 2 days per week.
- The service providers and neighbors will endeavor to forge and maintain connections by, for instance, trying to include neighbors on service provider boards and including service providers as participants in neighborhood organizations.
- Greenville Homeless Alliance will coordinate an educational plan with the goal of providing events for neighbors in the homeless triangle area to learn more about homelessness, poverty and associated issues.
- The Greenville Homeless Alliance will continue to monitor the situation and the commitments made and will serve as a communications point for concerns and messages going forward. To that end, a representative of the Greenville Homeless Alliance will make available a phone number and email address to whom communications can be made; the initial representative will be Susan McLarty (phone: 864-325-8505 and email: GHACoordinator@United-Ministries.org). The representative will maintain a contact list and will contact everyone on the contact list at least once per quarter for the following two years to check on the status of action items and to see if concerns have arisen.
- The Upstate Mediation Center will make itself available on an ongoing basis to convene discussions or take other actions as needed.
- Within Greenville city limits, people with non-police issues can contact Greenville Cares (phone number 864-232-2273, email cares@greenvillesc.gov and website <http://www.greenvillesc.gov/176/Greenville-Cares>). The Greenville City Police non-emergency phone number is 864-271-5333.
- In Greenville County, there is a “litter tracker” app (website: <http://www.greenvillecounty.org/litterprevention/>) for trash issues. For non-emergency police matters in Greenville County, the phone number is 864-271-5210.
- Greenville law enforcement is putting together videos to educate the community about panhandling and how to deal with it.

GOALS AND IDEAS

The ultimate long-term goal for Greenville as a community is not to serve the homeless in Greenville in order to minimize day to day conflicts but rather to develop programs to reduce existing homelessness and prevent it. Ending homelessness takes political will, leadership, collaboration, and coordination among multiple state and local programs to align resources for housing and supportive services. Many cities have initiated innovative programs that have drastically reduced homelessness. These approaches involved collaboration between state and local government, police, non-profits, for-profit companies, public-private partnerships and local advocates for the homeless. Cities have targeted philanthropies, non-profits, federal grant programs, Medicaid and HUD funding, among others, to implement these programs.

- The single most recommended course of action from experts in homelessness, especially chronic homelessness, is permanent supportive housing – an “evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness.”⁷

Greenville currently has one housing complex on the permanent supportive housing model, Reedy Place, which has been in operation for over ten years. Available data for Reedy Place supports the premise that permanent supportive housing reduces societal costs (in addition to humanitarian costs): for Reedy Place occupants, after moving into Reedy Place there was a 90% decrease in emergency room visits, an 87% decrease in emergency room charges, a 93% decrease in inpatient behavioral health rehab stays (both in length of stay and in charges), an 89% decrease in EMS transports, and a 92% decrease in days and charges for detention centers.⁸ Creating more housing along these lines would likely require public-private partnerships.

- The Greenville Homeless Alliance can work with city authorities to help put together educational plans relating to panhandling and best practices with respect to how to interact with people who are experiencing homelessness.
- Greenville is currently evaluating its public transportation system. Improving this system will be of great benefit to people who are experiencing homelessness (among others) and to service providers, because with better transportation, service providers will have more flexibility in location.
- There is a need for more public bathroom facilities. Some are underway (for example, in public parks under development), but city and county authorities could explore public/private partnerships (for example, with convenience stores), among other options.
- Affordable housing is a substantial and growing issue, especially for the working poor. Many people who are experiencing homelessness in Greenville are employed, especially in the restaurant and hotel industries. The gap between affordable housing costs for a worker at minimum wage and median rents in Greenville is about \$250 per month (or \$3,000 per year). Currently, there are 2,500 fewer affordable housing units than needed for Greenville families who earn \$20,000 or less annually.⁹ Without sufficient quality,

affordable housing options, these households are either living in sub-standard housing or are severely cost-burdened, and in many cases will eventually be homeless.

- Other cities have developed programs in which people who are experiencing homelessness are hired as day labor on civic projects like picking up trash.
- To the extent there are design issues that enable homelessness, like walls that make it easy for people to hide and sleep, civic authorities could consider addressing that.

ENDNOTES

¹ South Carolina Coalition for the Homeless 2016 Point-in-Time Report (June 2016)

² “The State of Homelessness in America” by the National Alliance to End Homelessness, accessed at <http://endhomelessness.org/wp-content/uploads/2016/10/2016-soh.pdf>

³ Accessed at <https://www.samhsa.gov/homelessness-housing>

⁴ “The high cost of chronic homelessness in Washington, D.C.” by Miriam’s Kitchen, accessed at <http://www.fcba.org/wp-content/uploads/2016/05/Costs-of-Chronic-Homelessness-Related-to-the-Healthcare-Sector.pdf>

⁵ “Service Use and Costs for Persons Experiencing Chronic Homelessness in Philadelphia: A Population-Based Study”, by Poulin et al. *Psychiatric Services*, November 2010 (Vol. 61 No. 11, pp. 1093-1098).

⁶ Documentation of “good neighbor” policies was provided by each of the Salvation Army, Triune Mercy Center and the Greenville Rescue Mission.

⁷ “Supportive Housing” by United States Interagency Council on Homelessness, accessed at <https://www.usich.gov/solutions/housing/supportive-housing>

⁸ Data provided to authors via email from Susan Bender, who obtained data from the SC Office of Revenue and Fiscal Affairs and other sources and compared 11 Reedy Place residents’ data 2 years pre-placement to 2 years post-placement.

⁹ “Balancing Prosperity and Housing Affordability in Greenville: Findings and Recommendations from the Affordable Housing Steering Committee”, by czb for the City of Greenville (September 2016), accessed at <http://greenvillesc.gov/DocumentCenter/View/9304>