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SHAL Monthly Report

January 2017 SHAL News

SHAL 2016 STATISTICS

We took a few minutes to examine our 2016 final numbers, and thought it might be a good time to share with everyone. Between **SHAL Shelter** and **SHAL Outreach**, SHAL provided service to **1,461** homeless individuals (unduplicated) during the calendar year.

SHAL OUTREACH worked with **685** homeless persons, who were about a third in the SHAL Shelter (234) and two-thirds *unsheltered* (451). These clients were 21% female, and 87% white, from 19 to 82 years old, with an average age of about 49: About a fourth were under 40 and a third over 55.

SHAL Outreach Director **Elicia Pintabona** and her hard working staff of **Amy Yancich** and **Channing Lamar** provided almost **8,600** services in the twelve months. These services included obtaining IDs for **256** clients, food stamps for **151**, birth certificates for **113** (at a cost of about \$4,600). The Outreach staff referred **229** clients for healthcare (including mental health) and worked to provide cell phones for **137**. **54** clients got assistance **122** times with their Social Security benefits. The staff delivered outreach mail almost **1,500** times to over **300** clients.

Prior to our funding being surprisingly eliminated on October 1st, **106** clients were

relocated to the mainland—back to family, friends, and local support, oftentimes including jobs and healthcare—at a cost of almost \$22,000.

SHAL SHELTER Director **Mike Tolbert** and his staff gave a good night's rest to **1,227** *different* homeless persons during the year (that's over 36,000 times!). The SHAL Shelter averaged about 100 clients per night, with 86% male residents, about 88% white, ranging from 18 to 84 years old, and an average age of about 51. About 20% of these clients were under 40 and over half were over 55 years old.

Using the SHAL Shelter as a temporary springboard back to self-sufficiency, over half of the Shelter residents stayed for less than 7 nights total for the year, and almost 90% averaged less than a week in each month.

Other highlights at the Shelter during 2016 include starting up breakfast and dinner food service, gathering numerous donations from many sources for extra food, clothing, bedding and other needs. SHAL's incredible volunteers continue to "schlep" dinner each night from the wonderful folks at **St. Mary's Soup Kitchen** which helps prepare clients for another day in their progress toward permanent housing.

SHAL January Success Stories

Among the SHAL successes this month...

- SHAL helped a local minister obtain a new bike for a client after getting out the hospital and his previous bike was stolen. We also arranged for a bike shop to get that same bike repaired after an accident
- SHAL helped a male client obtain materials not covered by book voucher for his classes.
- Assisted a client with a bus pass to help him get around to all of his medical appointments.
- Worked with the staff at Project Lighthouse (Florida Keys Children's Shelter) to get a client get relocated.
- The Shelter staff helped two more clients move into housing, one back on the mainland.
- At the Shelter we also found and facilitated 7 clients finding and starting new jobs thru our Employment Program. Twelve more are ready to begin jobs with a government sub-contractor who is working with SHAL.
- 2 separate caterers dropped off amazing food to supplement our two nutrition programs.
- A donor brought by over 100 newer DVDs.

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Seven Myths about Homelessness

from Florida Housing Coalition

#1 "Something caused them to be homeless. If we don't address the cause it's just a waste of money."

We must remember that while "something" may have caused every person to be homeless, most times that is not an "internal" or integral part of the person, but more likely it is something that happened to the person, including health problems, employment problems, violence (especially domestic), and other problems that members of our society have encountered that caused their homelessness.

Being homeless makes overcoming those external factors more difficult, not easier.

#2 "Long-term homeless have mental health, socialization and substance abuse issues that must be addressed first."

Addressing your own mental health, socialization and substance abuse problems is much more difficult when living in a homeless shelter, an institutional setting or unsheltered situation. Having diminished self-worth, lack of rest, secure place for belongings, physical challenges of living or days on the street leaves little personal resources to address personal demons.

And while this may be true about "long-term" or chronic homeless, the majority of homeless people are not long-term, in any sense. Stable permanent housing for the chronic homeless is still more difficult to achieve from a shelter or institutional setting.

#3 "They just fall back into homelessness."

The Housing First model, as an alternative to the more traditional "services first" approach, has a documented success rates of 90% or even higher for chronic homeless persons after one year¹. This is a testament to the fact that almost no one desires to be homeless, and will partner with service providers to improve their chances of success.

#4 "It's too expensive. We just can't give everyone a home."

The Housing First model for addressing homelessness has been proven to cost taxpayers a fraction of the amount for the law enforcement-medical-shelter-transitional housing "services first" approach. Transitional housing programs, which keep persons homeless during the entire process and have a lower success rate, cost much more. Housing First, which is followed immediately by appropriate needed service and regular case management, is the most efficient and effective way to address homelessness.

Some studies report that as much as \$10,000 per person per year *is saved* through a Housing First approach to homelessness².

#5 "If they have a choice to get services, they will choose not to. Why wouldn't they?"

Experience has shown that very, very few people would choose to be homeless over having permanent housing. And while some may not voluntarily choose to use services to address medical, behavioral or other issues immediately, experience has also shown that formerly homeless individuals do avail themselves of needed services promptly.

#6 "They don't have the daily living skills to have an apartment."

Even chronic homeless individuals have the living skills and experiences to quickly resume a regular lifestyle in permanent housing. Some skills, habits and coping mechanisms learned during longer periods of homelessness may take a short time to fall away, but the advantages of permanent housing vastly outweigh the difficulty of life on the street.

It is important to remember that most homeless persons were permanently housed in the recent past.

And our favorite:

#7 "It's just wrong. It goes against my values of hard work and earning your way."

The vast majority of homeless persons are victims of events beyond their control. It is an important duty and measure of society to care for our neediest members. Food, housing, medical care are no longer privileges, but the minimum aspects of a life that we can be assured of receiving at times when we cannot provide for ourselves.

And who among us has not needed a "hand up" from time to time?

1 Pathways to Housing National (pathwaystohousing.org)

2 US Interagency Council on Homelessness