Community Proposal:
The Bristol Day Center
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Executive Summary

Homelessness is a multifaceted problem that creates a complex set of social and economic challenges and opportunities for society in general and the Bristol community in particular. The homeless population is sometimes stigmatized and denigrated most often by those who are uninformed. Today, many people know a family member or family members of friends who are homeless for a variety of reasons.

The Bristol Day Center Working Group’s goal with this whitepaper is two-fold: to help our civic and business leaders become better informed about the problem of homelessness in the City of Bristol and to offer a plan to address the need for daytime services for the homeless and less fortunate.

The Working Group has endeavored to address the hard questions in a fair and balanced manner and attempted to consider the perspectives of both the homeless and a wide range of community stakeholders. This proposal will not only offer positive suggestions for improving the quality of life for those experiencing homelessness but also have positive implications for our civic and economic common life together here in Bristol VA/TN.
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The contents of this report do not necessarily represent the expressed viewpoints of all working group members. This report is rather a compilation of varying observations, opinions and professional perspectives that have been captured and synthesized in discussions over a sixteen-month period. Therefore, the report in its entirety and the range of opinions and recommendations therein reflect a broad, general consensus. The report has also been augmented by interviews with select business, law enforcement and social service leaders.
The Business Case for the Bristol Day Center

This is a proposal to establish a daytime shelter in the Bristol VA/TN area, called The Bristol Day Center, to serve the homeless, those persons experiencing housing insecurity and those persons living in subsidized housing. The Day Center will ultimately serve as a connecting point for many “wrap around” services including mental-health, available housing options, transportation, individual case management, health services, basic needs, resource education and job training/workforce development. It will also be the first step to starting a new and improved life for many.

How does a day center support local business and Economic Development efforts one might ask? As Bristol tries to put its best face forward to entice visitors and shoppers to this region, it is important to make a great first impression. Bristol is a giving and loving community. Many of the downtown restaurants and eateries feed those in need. Though some of our citizens experience food insecurity, few in Bristol go hungry. However, having a caring community does not change the cycle of homelessness. Yes, it does help for a short period of time but caring alone will not address the root causes of homelessness.

Many community leaders have been asked to find a solution. The Bristol Day Center will serve as an integral community resource for those experiencing homelessness, housing insecurity or loneliness. Public Parks, downtown streets and the Bristol Public Library have become the default “day center” for those being served by the Salvation Army, Haven of Rest and low-income housing in our community. The Day Center will bring together various service providers to offer integrated, holistic services that will help people get off the streets and into a structured environment that more appropriately serves their unique circumstances.

The Bristol Public Library is a major gathering place for homeless persons. The Bristol Public Library is used by the homeless population because there are bathrooms, HVAC, access to the internet and charging stations. The Library needs to be able to refer these patrons to a Day Center. The Library is not equipped nor is the staff trained to provide proper services for this population. Moreover, many homeless patrons are not using traditional library services and are consuming data and internet services for entertainment that is otherwise designated for patron computer-based learning and research. There are those who choose not to patronize our library because of either real or perceived safety concerns associated with homeless persons. The library board and our public officials do not feel like the library is the most suitable or effective place to serve the homeless population.

The Day Center will give homeless citizens a preferred alternative place to go where they can receive proper services that are most useful for them. Establishing a Day Center will also help downtown be even more appealing to hotels, loft residences and business offices, which will positively impact property values and tax revenues.

Establishing a Day Center will reduce the distraction to downtown businesses, visitors and shoppers. The use of restaurant and in-store restrooms by homeless persons is an issue for downtown merchants, who offer their restrooms as a customer convenience. This is an especially acute problem for the Bristol Public Library, where homeless citizens assemble to use the restrooms as soon as the library opens every morning. Downtown public bathrooms have had to be closed because homeless persons and transients were staying in the bathrooms during the day and overnight, as well as using them for bathing. A key downtown leader made the following observations:

“Bristol’s homeless population is comparable to other cities in our region, but I do believe our homeless population appears larger due to our community’s size. Currently, downtown Bristol is the catalyst for homeless activity.”
There are venues available to the homeless such as the Salvation Army and Haven of Rest; but these are only open for very limited hours during the day; thus, some of the homeless population spend much of their day downtown. Between these facilities, the homeless population is concentrated within a small section of Bristol. Further, the downtown leader states:

“They are places where we all come to gather and celebrate, but the homeless problem is making it very difficult to continue to revitalize downtown. Customers to our small businesses are being harassed with aggressive panhandling on a daily basis.”

Bristol’s Main Street program, stakeholders and merchants continue to identify ways to improve our town’s economic vitality with a considerable amount of time and effort; but it stands to reason that some of these efforts are hampered by the continued presence of the chronically unemployed, homeless and transient populations.

It is important to note that this report is not suggesting that a Day Center be opened simply to get homeless persons off of the streets and out of downtown. One of the working group members who is chronically homeless themselves noted that many in the homeless population have money and spend it downtown. If they had a place to go during the day, they would appreciate it and still spend their money downtown. Additionally, Day Center case management would assist patrons to sign up for Medicare and TennCare, to help them access higher quality healthcare services and reduce non-reimbursed emergency department and urgent care visits thereby benefiting both the homeless population and the local medical community.

Bristol Tennessee has had to place two additional police officers downtown during Sharing Christ Ministries serving hours. Sharing Christ has the capacity for 50-75 people and often 150 people may show up, which creates a problem with people lining up on the streets. It should be noted that the majority of those attending Sharing Christ are not homeless and disturbances are not always due to homeless citizens; however, anecdotal evidence suggests that homeless persons have less access to behavioral and mental health care and consequently are at a higher risk of exhibiting disruptive behavior. For example, there are homeless mothers with children who are dealing drugs out of the back end of strollers. They do this because they are desperate, and they need intervention rather than incarceration. A Day Center would provide a place where relationships and trust can be cultivated so that these mothers can get into treatment and become responsible parents who will help their children flourish. This reduces the cost to society by reducing exorbitantly expensive incarceration and welfare rates.

There is a portion of Bristol’s homeless population that is transient. Bristol can reduce the use of local resources by having a place where homeless persons can be transitioned back to their home communities and families. Case management needs to happen on the front end rather than on the back end when the problems are more complicated and costlier. For example, a Day Center with case management will ensure that persons are placed in transitional housing based on their unique circumstances and abilities, so that there will be fewer people incurring unmanageable obligations with private landlords and subsidized public housing thereby benefiting both property owners and renters by reducing delinquencies.

Finally, not all persons utilizing the Bristol Day Center will be homeless or transient. Many low-income individuals and families will be welcomed and encouraged to utilize the services offered.
The Social Case for a Bristol Homeless Day Center

The Bristol Day Center will fulfill many important social objectives in our community.

Poor health (illness, injury and/or disability) can cause homelessness when people have insufficient income to afford housing. This may be the result of being unable to work or becoming bankrupted by medical bills. Living on the street can exacerbate existing health problems and cause new ones. Chronic diseases, such as hypertension, asthma, diabetes, mental health problems and other ongoing conditions, are difficult to manage under the stress of homelessness and may worsen. Acute problems such as infections, injuries, and pneumonia are difficult to treat when there is no place to rest and recuperate. Living on the street or in shelters also brings the risk for spreading communicable diseases (such as STDs, Hep C or TB) and violence (physical, sexual, and mental) because of crowded living conditions and the lack of privacy or security. Medications to manage health conditions are often stolen, lost, or compromised due to rain, heat, or other factors.

When people have stable housing, they no longer need to prioritize finding a place to sleep each night and can spend more time managing their health, making time for doctors’ appointments, and adhering to medical advice and directions. Housing also decreases the risk associated with further disease and violence. In many ways, housing itself can be considered a form of health care because it prevents new conditions from developing and existing conditions from worsening.

There are also short-term risks to not having a place to go during the day. Even though Bristol has a low crime rate, physical safety can be a problem. Mothers are pushing their children in strollers around downtown when the weather is severe. The children need shelter, food and hydration. These families also need case management and the children need to be in school. The cycle of intergenerational poverty must be broken whenever possible to reduce both the human and economic cost.

There are many initiatives in place or being developed that have the potential to make a significant impact towards reducing homelessness. There are people in Bristol who are owning the problem and taking action to bring about positive change. Existing agencies are working to improve and refine their programs and scope of services, such as United Way, Haven of Rest, Salvation Army, Family Promise, Abuse Alternatives, YMCA, YWCA, Boys and Girls Clubs, Jobs for Life and others. Progress is being made in terms of homeless prevention, and Bristol has begun implementing a collective impact model to address homelessness issues and to adopt more efficient social service practices. Case management services provided through the proposed Day Center will offer a centralized location for these services.

1. National Healthcare for the Homeless Council, “What is the relationship between health, housing, and homelessness?” Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. While Housing First is an important strategy, it may not solve the problem until underlying social and behavioral issues begin to be resolved. In those cases, the Day Center will provide services through partner agencies to provide the medical and behavioral care needed to stabilize those persons so that they become housing ready.

https://endhomelessness.org/resource/housing-first/
Profiles of the Chronic Homeless in Our Community

Like the population at large, the homeless population is neither homogenous nor monolithic. There are veterans, doctors, lawyers and college professors who make up a portion of the homeless population in our region. Contrary to popular belief, many persons who are homeless are incapable of "pulling themselves up by their own bootstraps". Some of Bristol's homeless citizens are intellectually low functioning persons. Some homeless citizens have behavioral health disorders that are biological in nature while others are suffering from trauma related disorders from military service or childhood abuse. Many homeless citizens have substance use disorders primarily from alcohol and, less frequently, opioids and methamphetamines. The Johnson City Day Center director reported that the older homeless population is more stable while the younger homeless tend to be transient and experience a higher incidence of opioid addiction.

The most important point to keep in mind is that the homeless are people and not objects. The homeless are human beings who are valued children of God and should be treated as such. This means that homeless persons should not be judged, or treated with disregard or derision, but neither should they be served to make us feel better about ourselves. Engaging with our homeless population gives us important insights into our human condition and should cultivate an attitude of humility because, but by the grace of God, a set of unanticipated circumstances or series of unusual events could propel many of us and our loved ones into homelessness.

Types of Homelessness

There are several types of homelessness, for example:

- **Chronic Homelessness**: Those who are homeless for a longer amount of time, usually older, injured and/or disabled. This is the least common type of homelessness but can be the most difficult to serve due to a lack of resources designed specifically for this type of homelessness.

- **Transitional Homelessness**: These are people who stay at the shelter for only a short period of time due to a catastrophic event, usually younger people, who are forced to go to a homeless shelter for a short time. This is the most common type of homelessness.

- **Episodic Homelessness**: Those who are frequently going in and out of homelessness; they are often younger persons who are homeless due to abuse, unemployment, addiction, mental illness or medical problems. As one downtown leader stated:

  "We tend to see more episodic homeless downtown, mainly younger in age and single. The majority appear to be struggling due to substance abuse issues. There are a few chronic homeless individuals who have been in downtown for several years."

- **Lifestyle Homelessness**: Some people choose to be homeless. Some people don’t want to live within structured family life or community. There are also those who simply do not want to accept responsibility. Some are simply explorers who enjoy travelling around the country visiting different communities. One of our working group members had an educated, intelligent friend who was a responsible drifter in the Northwest US and pacific rim for over a decade before returning to the region to settle down in family life and start a holistic health practice.
Challenges Facing the Homeless

- There are plenty of jobs available, but these tend to be part-time and at, or near, minimum wage. Persons who are homeless, with limited or no work history, have a tough time affording housing on their own, and obtaining subsidized housing typically requires a considerable wait time. The time people spend being homeless and needing help from a shelter is longer than it used to be, as they work to find and transition to full-time employment. Specific challenges that can be faced by the homeless include the following:

- Lack of jobs at competitive living wages
- Few employers that are willing to hire individuals with felony records
- Lack of personal identification such as birth certificates, driver’s licenses, social security cards and personal mailing addresses
- Disparity between housing costs and income
- Lack of affordable transportation
- Lack of affordable housing and inadequate housing assistance
- Lack of affordable health care
- Inadequate support for mental health and substance use challenges
- Life occurrences: loss of a loved one, job loss and divorce
Bristol’s Homeless Population

The annual Homeless Point in Time (PIT) count administered by the Appalachian Regional Coalition on Homelessness (ARCH) in Bristol, Tennessee has shown a mild decline over the past four years: 106 (2015), 80 (2016), 89 (2017) and 90 (2018). Of those homeless persons reported this year, 7 (7.8%) were in an emergency shelter with children, 57 (63.3%) were in an emergency shelter without children, 15 (16.7%) were in transitional housing without children, and 11 (12.2%) were unsheltered without children. In the same count, Bristol, Virginia reported 15 homeless persons. Of those, 2 were chronically homeless, 6 were situational homeless, and 7 were transient homeless. Five reported Health issues and six reported being in active addiction. By contrast, Kingsport had 112 homeless persons of which 38 (33.4%) were in transitional housing with children. Bristol reported no one in transitional housing with children.

For the region, 51 out of 360 (14.2%) were chronically homeless; 9 out of the 51 chronically homeless persons (17.6%) were veterans. There were 22 homeless households reported in our region that comprised 69 persons. Forty (58%) of those persons were under the age of eighteen years old. Females were much more likely to be in transitional housing than males (61.5% vs. 46.7%). Males were much more likely to be in emergency shelters than females (53.3% vs. 38.5%). 92.8% of the persons in homelessness with their households were White or Caucasian; 7.2% of the persons in homelessness with their household were Black or African-American. There were no Hispanic or Latinos persons reported in homelessness with their households.

It was noted by several social service professionals that the PIT count understates the actual number of homeless in our region since the count is taken in January, one of the coldest months of the year. During that time of the year, many homeless people seek shelter by, for example, couch surfing.

Local law enforcement professionals offered the following anecdotal observations and estimates regarding the homeless population in our community. They believe that mental illness and addiction are the primary factors in homelessness. They point to a lack of resources and services that has required police officers to be trained in mental health first aid and naloxone administration. A law enforcement officer observed that the homeless “have no other place to go due to their mental health.” Another law enforcement leader noted that homeless persons are incarcerated in the winter if the shelters are not able to take them because of intoxication or disorderly conduct, etc. That same leader observed that the homeless population has increased because people have become afraid to help their neighbors; therefore, “there needs to be a mechanism in place for these folks to receive resources and financial assistance, i.e., DSS benefits.” These responses confirm how many of us genuinely struggle, despite our best intentions, to assist our family, friends and neighbors who are afflicted with behavioral health and addiction disorders.

Downtown leaders also believe that mental illness and addiction are the number one causes of homeless:

“Mental illness is the most prevalent issue with Bristol’s homeless population. Our entire country has issues with properly treating/helping those with mental illness and Bristol is no different. The majority of homeless individuals that I have come in contact with in downtown have noticeable mental illness. Substance abuse has (also) increased significantly in our region over the past decade at an alarming rate. I do not think necessary action is being taken to help homeless individuals with addiction. Based on what I’m hearing primarily from downtown businesses, a lot of the homeless individuals who have been around for several years are actually not the biggest problem; the biggest problems tend to come from the younger individuals who are still struggling with substance abuse issues. They are aggressive with panhandling and obstruction downtown and it is creating serious issues with our businesses.”
Strikingly, all of these community leaders agreed that, while economics remains a major factor in homelessness, mental illness and addiction are the most common factors. Interestingly, downtown and law enforcement noted that most of the homeless are not perpetrators or victims of domestic violence. While there are reports of aggressive panhandling, public intoxication, harassment, distrubtive and obnoxious behavior, most concur that violence is not a prominent issue.

There are widespread estimates as to the number of homeless in our community who are transient. A downtown leader and the Haven of Rest estimated that it was low, while law enforcement professionals projected it fell in the range of 50–80%. This may suggest that the transient homeless are more likely to have encounters with law enforcement than the resident homeless population.

The takeaway is the homeless population is not monolithic. The homeless in their 40’s on up are often from our community. The younger homeless tend to be transient and more frequently appear to suffer from addiction. The youngest homeless are often victims of economic hardship or intergenerational poverty.
Are Services the Problem or the Solution?

Community leader interviews highlighted a tension between the need to provide services and a fear that adding services will attract more homeless persons to our community.

The overall consensus of the working group is that the addition of a Day Center will not significantly increase the numbers of homeless individuals coming in from out of the area. However, the Day Center will likely reveal some of the invisible homeless that already exist in Bristol that are not currently seeking assistance. People from outside of the area are already coming here for the services and housing that are currently offered.

The majority of our homeless population have roots in this area. Veterans will continue to come to areas that meet the needs they have such as Veterans Affairs offices. The Bristol community does have people relocate here due to the support services and housing vouchers that are offered. However, the City will not experience a marked increase in our homeless population by providing a Day Center. This Day Center, as proposed, is not intended to create an environment that will draw people to our area. Resources and services offered will remain very basic. The Day Center will be careful with its scope of services and stay focused on its original purpose, to provide a safe and comfortable place for this vulnerable population during the day time.

The Day Center will help to keep people off the streets during the day and also help those that are able to “break the cycle” to get the help they need to improve their situations. Showers and laundry will help raise the self-esteem of the homeless and facilitate them moving to more stable housing, jobs, and hopefully mental health counseling. We believe that the potential generational impact of the Day Center will outweigh the risks of drawing more homeless persons into our region. What we are trying to do is begin a process of addressing an existing problem that left to its own devices will only get worse. This is not a quick fix, but one that will bear fruit over time.

Beyond fulling the obvious Christian and humanitarian obligation to care for the poor and downtrodden, we acknowledge that this Day Center is also a social experiment and many important questions remain unanswered. What is the impact on the community that can be realized by turning around one life from homelessness into being a productive citizen? What is the economic impact to Bristol at 1, 5, and 10 years? What is the generational impact? What is the potential cost to Bristol, and in human capital if we do not have a Day Center? What results are other cities seeing that have similar facilities in place, and how can we emulate or improve upon their models?
Services Provided by the Bristol Day Center

“There needs to be increased resources; with access to resources, some of these folks will be helped to lived more independently.”

“There is also an apparent lack of structured time use during daytime hours for the homeless population. Many of the homeless hang around areas for numerous hours [and] tend to annoy others that come into contact with them.”

– Quotes from Bristol Law Enforcement Leaders

The Bristol Day Center will provide the following essential services and only add services as reliable funding is identified and developed to sustain those services. It will not be in the best interest of our patrons or our community to provide services that will later have to be retracted because of budgetary limitations.

Mental health issues have always and will always be an issue with the homeless population. They cannot be forced to receive counseling or take medication. They can, however, be encouraged to seek help. The purpose of this project is to provide a place that is safe where homeless individuals can have shelter from the elements during the day, where they can wash their clothes, and take a shower.

Essentially, the Day Center will be a place for them to “be”! This is really valuable. When folks get comfortable in that setting and are coming on a regular basis, services will be added that will enhance their lives and help move them toward self-sufficiency. It is acknowledged, however, that if additional services are added too quickly, we run the risk of sabotaging our efforts. The folks we want to help will not come if they think we only want to “fix” them. They have to want to be there. If a safe place is provided for them in a thoughtful and efficient manner, it will benefit the people served, and business owners and city leaders will benefit as well.

Essential services as listed below are based on the premise that the majority of the participants have access to shelter at night.

2. Most day centers or “drop in” centers are qualified by ages: some are 18 and over, some are for youths, some are for just men, some women and children. It does not appear to be a best practice to commingle all ages in one center. The Johnson City Day Center is for adults 18 + only. In an interview with the day center in Arlington, VA, they reiterated that it is not a good idea to allow all ages and suggested we could make certain hours for adults and certain hours for families with children. This is an issue that will require further investigation and deliberation.
These are the essential services that are planned for day one:

- Shelter from the weather during the day with A/C and heat
- Address and phone number for shared use
- Shower and Laundry availability
- Safety and Security
- Lockers and Bathrooms
- Wi-Fi
- Entertainment
- Food and water — both between meals and to go for the evenings
- Transportation — to job interviews, jobs and court
- Case management — someone to help, listen and not judge
- Medical care in the mornings two or three days a week.
- Behavioral health services including medication administration and compliance as well as referral to addiction treatment services
- Office areas with computers for job searches, resume writing, etc.
- Assistance with filling out paperwork for benefits, services, jobs, etc.
- Clothing
- Referrals to transitional housing
- Referrals to resources provided by local public service agencies

The Day Center needs to be prepared to serve homeless persons with different needs:

- Those who are homeless because of disability
- Those who are homeless because of behavioral health and substance use disorders
- Those who are homeless and trying to find work
- Those who wish to remain homeless

Additional Services

Additional services that this working group believes should be offered as reliable funding becomes available include the following. Appalachian Regional Coalition on Homelessness Appalachian Regional Coalition on Homelessness (ARCH) can help patrons qualify for $750/month SSI/SSDI if they have not applied previously, EBTs and TennCare eligibility. ARCH can also help veterans access their DD214 discharge papers.

Additional wrap around services can also be provided by community partners. Those include mental health treatment, addiction treatment and recovery services.
Day Center Health

Best practices for promoting homeless shelter health and well-being are provided by the CDC and TennCare. Seventy percent of homeless persons have adverse experiences that have resulted in trauma which has led to anxiety and, in some cases, behavioral health disorders and addiction. Because of stigma, shame, fear and/or inexpressible feelings of low self-worth, many homeless persons are reluctant to seek care. Lack of social support systems is often the main contributing factor to becoming homeless.

To promote Day Center health, there will be numerous and easily accessible hand washing stations. Patrons may need assistance with personal hygiene. The shelter will schedule regular routine cleaning of items including furniture, toys, computer workstations, media devices, etc. Recommended practice includes providing a place for personal items that are separated from the personal items of others. The public health exposures common in day shelters are scabies, lice, bed bugs, tuberculosis and influenza. Policies and procedures must be developed and strictly followed to prevent transmission of these health risks. Policies and procedures will be established that follow best practices for improving the health of the homeless populations, including the ability to refer people efficiently to medical and dental services, coordination of information with Homeless Management Information System (HMIS), the provision of community health screenings and smoking cessation classes. Day Center policies and procedures will include but not be limited to:

- Implementing staff, volunteer and patron procedures for keeping things clean and sanitized
- Maintaining HVAC, filter changes, etc.
- Providing access to over-the-counter remedies as needed
- Providing transportation to healthcare appointments
- Providing means for getting prescription medicines when needed
- Partnering with Crossroads Medical Mission and ETSU Medical School
- Providing masks during flu and cold outbreaks, especially to those who may have greater risk potential
- High standards in food storage and food prep areas, along with careful screening and education of food service employees and volunteers

The Day Center working group has done its research. The mental health exposures that are most common in day shelters are panic attacks and psychosis. Panic attacks can occur when a patron experiences an overwhelming feeling of relief, like they are finally in a safe place. It is important for staff and volunteers to model calm when someone is experiencing a panic attack. It is important to be reassuring without being belittling. Sometimes these attacks are so severe that it can affect the other patrons. In other words, a panic attack experienced by one person can define everyone else’s entire day. Psychosis manifests itself in delusions, hallucinations and disorganized thinking. Persons experiencing a psychotic break are rarely a threat to others but are more likely to be a threat to themselves. Day Center staff and volunteers should never agree to the hallucinations or argue with the victim but should stay calm and promote a sense of control. There should be a robust suicide evaluation procedure in place to assess both intentionality and means.

This Day Center will have well thought out procedures for addressing physical or psychological health crises. For example, observing a crisis can be a traumatic experience for patrons with PTSD. Therefore, emergency procedures for the shelter will address how to care for those who are present when physical or psychological health crises occur.
Shelter staff and volunteers will provide care in a way that is honoring rather than controlling. The power and control in healthcare belongs to those with means and connections - and homeless persons understand that they are far outside that power structure. Moreover, homeless persons are usually not informationally or emotionally equipped to advocate for themselves. Some homeless persons are pathological dissemblers, which was developed as a survival technique from living in abusive family environments or having been incarcerated. For these reasons, staff and volunteers will model respect, understanding and compassion.

Written Policies and Procedures will be in place on day one to address consistency and safety issues. Best practices for reducing the incidence of disorderly conduct, violence and sexual indiscretion include:

- Install video surveillance in public areas
- Restriction of access to persons registered as sex offenders (exposure to liability and litigation)
- Breathalyze the patrons prior to entry
- Segregation of the sexes
- Provide adequate supervision
- Promote cooperation and fostering of good relationships with law enforcement
- Require some form of giving back by the residents

Disturbances are going to break out from time to time because of the stress the homeless live under combined with the prevalence of past trauma, mental illness or both. High drama is more the norm than the exception. Therefore, it is critical that the daily routine in the Day Center provide for diversionary activities and positive nurturing experiences for patrons.
Day Center Staffing (Paid and Volunteer)

These are the full and part time positions, both paid and volunteer, that will be required to support the essential services that we plan to provide through the Bristol Day Center.

**Full-time**

1. **Director:**

   The Director will serve as director of the facility, lead case manager and counselor. They will be in charge of day-to-day operations including supervision of staff, students, and volunteers. They will provide counseling and case management services to clients and will serve as Team Lead for the local Assertive Community Treatment (ACT) Team. They will develop the program and continue to seek funding needed for operation and expansion of services. Estimated salary: $40,000 plus benefits.

2. **Case Manager:**

   The case manager will provide case management services to homeless patrons. This can include transportation assistance (bus passes), housing, SSI/SSDI, employment, obtaining ID, birth certificate, and social security card, security deposits, and assessment of any government benefits they may qualify for. The case manager will do follow-up home visits for those patrons who transition into housing to reduce the rate of recidivism. They will be responsible for filling in at the front desk when more staff is needed. They will serve on the ACT team and be responsible for the case management needs of Day Center ACT clients. The case manager will attend community meetings and network with other agencies that provide services to Day Center patrons. They will be responsible for providing grant reports on a quarterly basis and for making sure all case management services are within grant guidelines and all charts have the correct documentation. They will also be responsible for inputting required data into the HMIS system. Estimated salary: $40,000 plus benefits. This position will be added when funding become available.

**Volunteers**

3. **Patient Service Rep/Intake Coordinator:**

   Volunteer patient Service Reps and intake coordinator will be responsible for monitoring and assisting clients in the day room. They will assist patrons in completing required clinic paperwork and input that information into the Electronic Medical Records (EMR) system. They will make appointments for patients and check them in and out for the appointment. They will be responsible for the day-to-day operations of the shower, clothes closet and washer/dryer. They will keep track of goods given to all patrons and provide clients with referrals to other agencies for needed resources under the guidelines developed by the professional staff.

4. **Volunteer Teams**

   This working group envisions inviting church and civic organizations to provide host services during operating hours. These groups will volunteer to provide two to three people for one week each year to serve coffee and snacks, and offer fellowship to Day Center patrons in addition to helping with chores and running errands as assigned by the full-time staff. It is anticipated that this will follow the volunteer model employed by the Bristol Hospice House, Bristol Promise and Sharing Christ Ministries.
Provided by Other Community Agencies

5. Family Nurse Practitioner (FNP)

Provides primary care services to patients. (diagnosis, treatment) Member of our ACT team and responsible for educating ACT clients on STI’s, Hep C, and risky behaviors. Provided by Crossroads Medical Mission, ETSU or King University Nursing programs. Estimated at an 80% effort (4 days per week).

6. Licensed Practical Nurse (LPN):

Provides clinical support to the Psych NP and medical NP and provides medical services to our patients such as: administering oral and intravenous medications, completing vital signs, medication refills, medication reminder calls, and documents in EHR. He/she is a part of our ACT team and provides medication management, HIV Testing, home visits, and medication refills for ACT patients. Provided through ETSU or King University Nursing programs.

7. Licensed Professional Counselor (LPC), Mental Health Service Provider (MHSP)

Provides mental health services and counseling. Member of our ACT team responsible for the mental health compliance to treatment and responds to crisis situations. Most likely provided through Highlands Community Services or Frontier Health.
Day Center Design

The annual PIT count from January 2018 identified 102 homeless persons in the twin city of Bristol, which includes those staying in the Salvation Army and Haven of Rest in addition to those persons living outdoors. That count is likely understated for reasons previously mentioned. The Haven of Rest overnight census ranges anywhere from 35 – 65 persons while the Salvation Army census ranges from the low to mid 30s. The combined overnight census of those two shelters trends between mid-60s to 100.

The Day Center will not only serve the homeless population but will likely serve some of those living in transitional and public housing. The daily meals served by the Haven of Rest and the Salvation Army can be used as a proxy for the combined population. The Salvation Army averages about 165 meals a day throughout the year, which equates to slightly more than 55 persons served on average, which is about 20 more persons served on average than actually use the shelter overnight.

It is anticipated that most of the homeless will not use the Day Center all day, every day. Additionally, the Haven of Rest has activities for their patrons during the day. Based on this information and applying our best judgment, it is estimated that the Day Center census will only occasionally exceed 105 persons. Therefore, it is estimated that the maximum capacity of the Day Center will be approximately 120 persons.

The Day Center will be designed with the following rooms and work spaces:

- Lobby
- Intake Rooms (2) *
- Case Manager’s Office *
- Director’s Office *
- Men and Women’s Bathrooms
- Showers & Lockers
- Laundry Room
- Computer Lab/Classroom with Charging Stations
- TV/Media Day Room **
- Quiet Day Room **
- Clinic Rooms (2)
- Physician, FNP’s Workstation
- Kitchen/Food Prep ***
- Supply Room and Food Pantry ***

*The Day Center will need to acquire a software package (HMIS, and others that are funder driven)

**Clothes and food offered in partnership with existing agencies

**Many shelters are setup to provide emergency overnight accommodations during severe weather when other shelters are full

***Offer snacks, coffee and drinks
Site Selection Criteria

Day Center site selection will clearly be the most controversial element of this project. The working group has taken great pains to emphasize the importance of developing the criteria for site selection before entertaining the discussion of specific sites.

It is recognized that site selection will be subject to the NIMBY factor (Not In My Back Yard). However, the community is urged to consider this question from a positive perspective. One of the benefits of having a day center is that the local homeless citizens will have a place to spend the day in a constructive environment designed specifically for their needs. This will also benefit the community by, for example, reducing loitering and panhandling in commercial zones.

Because one of the site selection criteria is to establish the Day Center outside of the eight-block downtown commercial zone, this facility should benefit both the homeless population and downtown business owners. Therefore, the overall community benefit should outweigh NIMBY concerns.

The following site selection criteria has been established for the day center:

- Located on the city bus route
- Walking distance from the Salvation Army and the Haven of Rest
- Must be at least ½ mile away from schools and/or daycare centers
- Outside the downtown shopping and restaurant district
- Parking space availability for employees, volunteers, service providers, church vans, Appalachian Regional Coalition on Homelessness (ARCH) vans and Crossroad Medical Mission’s Mobile Unit
- If there is a building on the site, it must be cost effective to renovate and meet all codes
- Handicap accessible
- Private outside green space with picnic tables
- Location that is safe and comfortable for volunteers to serve
- Comply with zoning requirements
Bristol Day Center Community Partners

In addition to the United Way of Bristol and Appalachian Regional Coalition on Homelessness (ARCH) it is anticipated that the Day Center will partner with the following organizations:

Crossroads Medical Mission (CMM) is interested in providing primary care services, for uninsured and underinsured individuals, on an ongoing basis as a community partner with the Bristol Day Center. The Day Center will provide CMM an exam room with running water, electricity, storage space, and internet access. A second room (either shared or earmarked specifically for its use) will be needed for patient registration and intake.

Initially, clinic time at the Day Center will be proposed as an addition to its currently scheduled clinical presence in Bristol. Crossroads Medical Mission anticipates supplementing an agreed upon clinic time with “as-needed” appointments as the most effective use of time.

The Day Center will be responsible for the provision of space. CMM will provide the medical staff, volunteers to input data into the EMR, necessary furnishing of the exam room, consumable medical supplies and will work with the Day Center staff on mutually agreeable scheduling. This will be considered an outreach of the Crossroad Medical Mission’s ministry and compensation will not be expected for these services.

Local Universities

Bristol enjoys the presence of many outstanding universities and educational institutions in the region including King University, which has undergraduate and graduate programs in Nursing and Social Work. Additionally, ETSU's colleges of Health Sciences have extensive experience serving the homeless population through their sponsorship of the Johnson City Day Center. The Group will propose to partner with King, ETSU and other colleges and universities to provide interns to work with and support Day Center and Crossroads Medical Mission staff in service to Day Center patrons.

Local Churches and other faith-based community organizations

Following the model used at the Ballad Hospice House located adjacent to Bristol Regional Medical Center, the Day Center will ask local congregations and civic clubs to provide volunteers and refreshments during operating hours. Volunteers will be asked to serve as hosts and hostesses by providing refreshments and a welcoming atmosphere for patrons. Guidelines, instructions and training will be provided for all volunteers.

Following examples of person to person engagement from programs like Big Brothers/Big Sisters, Reading Buddies, Jobs for Life and Family Promise, it is believed that there is substantial benefit in having community volunteers personally engage with persons who are experiencing housing insecurity and homelessness. This represents a tremendous opportunity for the general public to learn about the challenges and struggles that Day Center patrons face on a daily basis. It is also an opportunity for patrons to learn from community role models and experience the stability and security that comes from living in community.
### Operating Budget

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<th>PMHNP*</th>
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<th>LMSW*</th>
<th>Case Manager</th>
<th>LPN</th>
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**Notes:**

- **Phase I:** Years 1-3
- **Phase II:** Years 4 and on
- **Phase III:** Only if necessary and funding to support

*Denotes Volunteer or Donated Services*
## Capital Budget

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| Total        |                                                                         |          | 50,000 |
Conclusion

The goal of this proposal is to start a community-based, grass roots conversation about the problem of homelessness in our town so that we may develop a promising solution together as a community. While homelessness is a problem throughout this country, each community experiences homelessness differently. We believe that Bristol is a special place and has developed the unique ability, through years of having had to confront challenges, to develop creative and innovative solutions to intractable problems. This is especially true when we have listened to one another in the context of constructive, problem-solving dialogue.

When we are dealing with intractable social problems it is not uncommon to default to prejudicial positions based upon preconceived notions or biases shared among peers. Sometimes those positions are misinformed or based upon incomplete information. At times there is the propensity to disregard, or better yet, dismiss the inherent value and wisdom that may be received from listening to opposing viewpoints. This report has endeavored to consider the homeless problem in our community from a variety of perspectives. In that spirit, this report has attempted to place contradictory viewpoints in constructive conversation with one another recognizing that contradiction is where the most valuable lessons are learned and the most intractable social problems are solved.

Our working group believes that the best outcomes in our community have come from grass roots efforts. We believe that is the X-Factor in our community and what makes us unique. We believe that is why our downtown is flourishing and is becoming the benchmark for many communities within our region. For example, our downtown revitalization including the restoration of The Paramount and Bristol Train Station, and the construction of the new Bristol Public Library and the Birthplace of Country Museum all began as grassroots initiatives. We believe that a day center in our community must be a grassroots community project. We believe that a group of concerned citizens who are invested in our community must ultimately decide what our Day Center will look like, what services it will offer, and where it will be located.

As with any worthwhile community undertaking, the Day Center project will require financial support from the community. Before the community moves forward with this project, our working group recommends securing commitments for the initial capital costs and three year’s operating costs which we estimate will total $350,000, or $150,000 in year one and $100,000 in years two and three.

Conversely, the working group is not making a specific recommendation regarding organizational structure. Creating yet another 501(c)3 not for profit organization in our community would not be the most optimal option from a stewardship perspective, particularly if the Day Center could be developed under the umbrella of an existing agency. If that option does not materialize, then we recognize that it will be necessary to create a separate not for profit entity.
Next Steps

**Do we have your support?**

This whitepaper is meant to be an educational tool for our Bristol community. The Day Center working group feels strongly that the need for the Day Center is evident. While the organizational particulars are still in discussion and ideas are evolving, this is when we need community support the most.

**We need your input!**

We need your confidence that is the right direction both socially and economically for our Bristol! There is more research and work to be done, but with your support we can feel confident moving forward.

**We look forward to hearing from you!**

There are a series of public interest meetings that are being planned January and February to discuss this report and gain insight from the community. These interest meetings will include downtown stakeholders convened by Believe in Bristol; nonprofits, agencies and faith services convened by the United Way and Bristol’s Promise; and at-large community focus groups convened by the Bristol Public Library. The dates and locations for those Interest meetings will be announced in early January.

*For further information, please direct inquiries to Lisa Cofer, Executive Director of the United Way of Bristol.*
We think sometimes only being hungry, not
The poverty of being unwanted, unloved
We must start in our own homes

Mother Teresa
Mother Teresa

We think sometimes that poverty is

only being hungry, naked and homeless.

And uncared for is the greatest poverty.

What is to remedy this kind of poverty.

Teresa