



Understanding Panhandling:

Facts & Observations
on a Complex and Controversial Issue

**RETHINKING
HOMELESSNESS**

Authored By:

Sponsors



Susquehanna Holdings

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Introductory Letter

In Central Florida, there are many wonderful places to visit, shop, work, and play. Thanks to visionary leadership at the City, County, and State levels, supported and guided by our private sector and philanthropic leaders, Central Florida continues to grow in population like few other regions in the country. Such growth, however, combined with stagnant wages, rising construction costs, and limited supply of affordable housing, has created persistent and pressing challenges for some of our region's most vulnerable residents, often visible in Orlando's Downtown Development Board Area (DDB).

Stroll along Orange Avenue, visit the Orlando Library, or take a walk in Lake Eola park, and you may be troubled to see chronic panhandlers living on the street, desperate for attention and support. We are a vibrant, welcoming, accommodating, and health conscious community. Yet the complexity of issues related to poverty, homelessness, mental health, and addiction are evident in Orlando like many other major city centers.

In this study, we set out to gain insight and understanding about the nature, magnitude, persistence, and likely causes of panhandling in Orlando's DDB. With careful, thoughtful, courteous, and dignified research, we collected objective data and conducted dozens of interviews to explore and understand the opinions, behaviors, and experiences of the most visible panhandlers in downtown Orlando. The results of our inquiry shed light in ways that will surely affect our collective investment in solutions and care.

Though many of us have preconceived ideas of what it is and why it occurs, panhandling remains mysterious and confusing, with critical implications for the social, mental, physical, and economic health of our community. We hope this effort to understand the issue supports our community's ongoing effort to make Central Florida a wonderful place to live.



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Acronyms & Definition of Terms

Acronyms

CoC	- Continuum of Care
COD	- Co-occurring disorder
CDC	- Center for Disease Control
CRA	- Community Redevelopment Area
HCCH	- Healthcare Center for the Homeless
HOPE Team	- Homeless Outreach Partnership Effort Team
HMIS	- Homeless Management Information System
HSN	- Homeless Services Network
HUD	- Housing and Urban Development
HUD-VASH	- Housing and Urban Development Veterans Assistant
ISBS	- Institute for Social and Behavioral Sciences
ODU	- Opioid Use Disorder
PTSD	- Post-Traumatic Stress Disorder
SAMHSA	- Substance Abuse and Mental Health Services Administration
SUD	- Substance Use Disorder
TBI	- Traumatic Brain Injury
VA	- Department of Veteran's Affairs

Definition of Terms

Captive audience -

a legal term referring to the communication of otherwise legal speech in an intrusive manner

Chronic panhandler -

1. A person who panhandles with a frequency and intensity that exceeds that of other panhandlers
2. A person who panhandles more than 5 days per week and more than 5 hours per day

Chronically homeless -

either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more,
OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years

Co-occurring disorders-

mental illnesses that include at least one alcohol or other drug use disorder and at least one non-drug related mental disorder that occurs simultaneously or in a different timeframe to the same person

Disorderly conduct -

acts as are of a nature to corrupt the public morals, or outrage the sense of public decency, or affect the peace and quiet of persons who may witness them, or engages in brawling or fighting, or engages in such conduct as to constitute a breach of the peace

Homeless -

a person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) OR living in a homeless emergency shelter

Housing First - the housing of chronically homeless people prior to the application of needed services

K2 (see also: spice) - synthetic marijuana

Panhandling -

the communication of an unmet need for the purposes of facilitating the provision of that unmet need

Permanent supportive housing -

permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability

Professional panhandler -

1. A person who gives the impression of having a need when no real need exists
2. A person who panhandles, not to meet an unmet need, but rather for the purpose of earning a living or augmenting their income

Project-based supportive housing -

government-funded housing for low-income families that consists of privately owned and managed rental units, where the housing voucher is linked to the unit, not the individual

Serious mental health disorder -

someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities

Solicitation - a request for donations of money, property or financial assistance of any kind

Spice (see also: K2) - synthetic marijuana

Strict scrutiny -

the court's highest level of scrutiny, meaning that all laws and ordinances pertaining to issues subject to this level of scrutiny has to be rationally related to a legitimate government interest and would have to be implemented in the least restrictive way possible

Scattered-site housing -

public housing, especially for low-income families, that is build throughout an urban area rather than being concentrated in a single neighborhood

Supportive housing -

community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible

Objectives

Upon the initiation of our research, we quickly noted varying beliefs, stereotypes, perceptions, and opinions regarding the activity commonly known in our society as “panhandling.” In the opinion of many, however, there is no such thing as a distinguishable activity called “panhandling.”

In scientific literature, “panhandling” has been defined as the act of publicly asking strangers for money or items face-to-face, without offering anything in return (Lankenau, 1999), and, in society, the word “panhandling” is commonly understood to represent this type of behavior. But the federal court system does not recognize a behavior known as “panhandling.” Rather, from a strictly legal perspective, the activity of asking strangers for money is simply regarded as “communication.”

Consequently, it is our opinion that people who do not engage in this activity tend to think of panhandling in rather broad, nebulous terms. But in our research, we came to understand that panhandling is, in essence, a simple transaction between two people, one of whom expresses an unmet personal need and one of whom responds to the communication of that need. Panhandling communication can be made in verbal form, it can be made in written form (e.g. a cardboard sign), or it can be made through a physical gesture, like extending an arm while holding an empty can. For the purposes of this report, therefore, we will strictly define “panhandling” as “the person-to-person communication of an unmet need or want with the intent of facilitating the provision of that unmet need or want.”

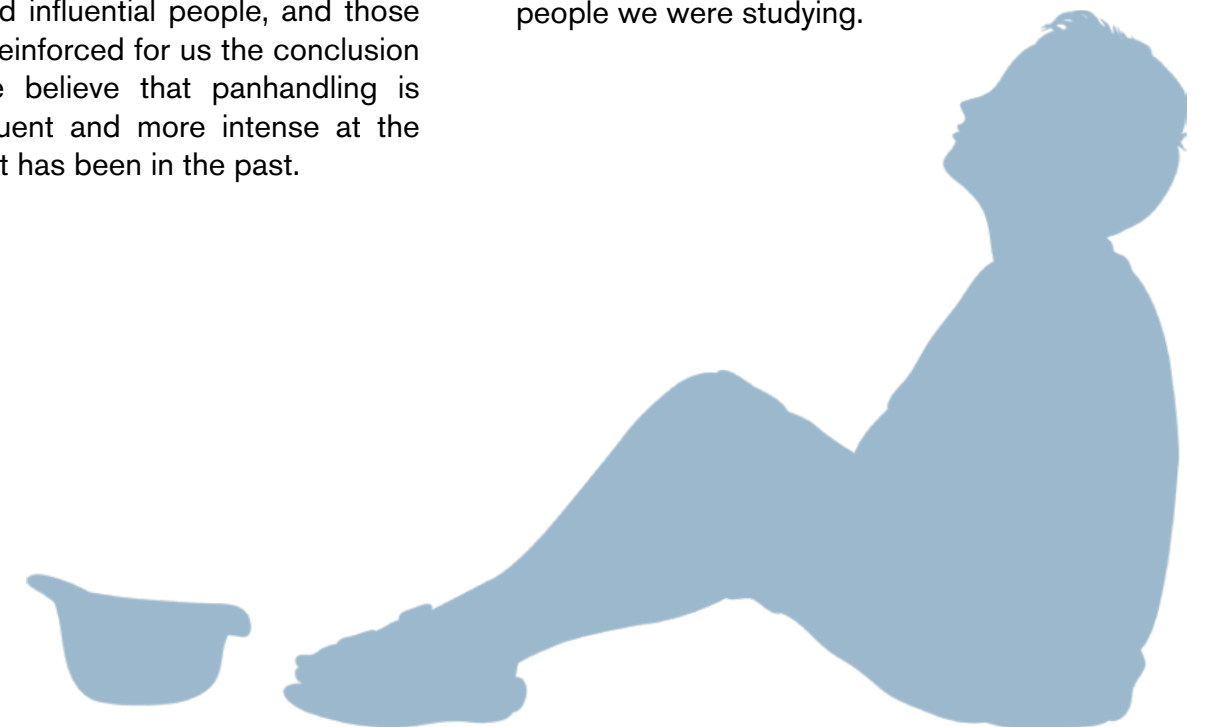
Later in this report, we will also use two other related terms that we should also clearly define. For the purposes of this report, the term “professional panhandler” will be utilized to describe a person who panhandles, not to meet an unmet need, but rather for the purpose of earning a living or augmenting his or her income. A “professional panhandler” is someone who gives the impression of having a need when no actual need exists. Similarly, the term “chronic panhandler” is a term that we coined to refer to an individual who panhandles with a frequency and intensity that exceeds that of other panhandlers. Specifically, for the purposes of this report, we have determined that a “chronic panhandler” is someone who panhandles at least 5 days per week and at least 5 hours per day, based on our observations of the panhandlers in downtown Orlando and the recommendations of our two outreach specialists.

The primary impetus behind our investigation of panhandling has been the perception in the city of Orlando that while homelessness is on the decline in this community, panhandling is on the rise. It is a fact that homelessness has declined in Orlando over the past 5 years. According to data supplied by the regional Continuum of Care (the Homeless Services Network of Central Florida), homelessness in the Central Florida region of Orange, Osceola, and Seminole Counties has dropped 11% since 2013 (Santich, 30 Apr 2019). But while homelessness in Central Florida and within the city of Orlando has declined, there is a belief among some in the city that panhandling has increased in recent years. A recent article in the Orlando Sentinel quoted several city leaders who said they were seeing indications that panhandling was “soaring” in downtown Orlando (Santich, 9 July 2019).

In addition to this apparent conflict between hard data and personal perceptions, we also were impacted by the stated beliefs of other people in the community who told us directly that they believe panhandling is becoming more frequent in the city. Our staff works in communities throughout the United States to help solve problems related to homelessness, but our headquarters are located in the heart of downtown Orlando. Consequently, we interact daily with some of Orlando’s most knowledgeable and influential people, and those interactions have reinforced for us the conclusion that many people believe that panhandling is indeed more frequent and more intense at the present time than it has been in the past.

Consequently, many people in the community are saying that the time has come for Orlando to address panhandling. On the other hand, due to a growing body of federal case law, there are limits to which a city can go to respond to this common behavior. That is why, like many cities in the United States, Orlando is trying to find legal and effective ways to deal with issues like panhandling and public space management without violating constitutional protections and while wrestling with the proper balance between the rights of individuals and the needs of the community.

So to help our leaders and ourselves better understand the conflict between the data-driven decline in homelessness and the perception in Orlando that panhandling is becoming more common, we engaged in a yearlong study of this behavior in Orlando, specifically within the Community Redevelopment Area (CRA) of downtown Orlando (see Appendix 1). We needed a specific geographical area in which to conduct our research, and, because the boundaries of the CRA had already been drawn by the City of Orlando Economic Development Department and had already been used by the city for a variety of other projects, we chose to make this existing jurisdiction the focus of all our work. Additionally, our offices are located in the CRA, which means that we had direct and immediate access to the people we were studying.



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Map of CRA



Methodologies

Over the course of our work, we utilized the following five methodologies:

1. The Panhandler Survey

Little research has been done that involves interviews with people who engage in panhandling (Bose & Hwang, 2002; Knight, 2013; Streckert, 2013). Nevertheless, some patterns have emerged from this limited research, and these patterns point to several gaps in information that we wanted to fill. The questionnaire we developed for Orlando's downtown panhandlers was organized into several sections: demographics, housing, health, income/expenses, and needs (see Appendix 2).

The first set of questions we presented to local panhandlers consisted of basic demographic questions regarding age, gender, race, and marital status. Only two studies (Knight, 2013; Streckert, 2013) sought to answer these types of questions, so we felt it was important to include them in our research to help clarify whether certain demographics are more inclined to panhandle. We also asked about each panhandler's housing status to determine whether that person was homeless or a professional panhandler.

The next set of questions encompassed several topics, all under the category of health. Panhandlers were asked about their physical health, mental health, and substance use. These questions included diagnoses they may have received, as well as any treatments they may have undergone.

We felt that the last two sections of the survey offered us tremendous insights into the practical aspects of panhandling and helped us better understand why people engage in this behavior. The income and expenses section of the questionnaire focused on how much money the panhandlers collected from Orlando's residents and visitors and how the panhandlers utilized those funds. We also inquired about other sources of income, including jobs, government programs, or assistance from friends or family members.

When we aggregated all the qualitative and quantitative data that the panhandlers provided, we derived a better understanding of the people who panhandle in the downtown CRA and the lifestyles that they live. The information we gathered through these interviews has proven to be invaluable in providing us with the most accurate picture possible of those who panhandle on Orlando's city streets.

2. The Patron Survey

The data we harvested through our panhandler surveys was crucial to our research, but the panhandler's perception is only half the story since the very act of panhandling necessitates two participants: the solicitor (the panhandler) and the solicited (the patron). Consequently, we wanted to collect data from the people on the other side of the panhandling transaction so we could determine how they feel about this behavior and the individuals who approach them for donations (see Appendix 3).

The first two sections of the patron survey were designed to gauge public knowledge and perceptions about the practice of panhandling. We asked these patrons—people who work, live, and visit in downtown Orlando—to give us their estimates of how many people engage in panhandling within the downtown corridor on any given day. We also asked them to provide us with a level of agreement or disagreement with a range of statements based on common stereotypes about panhandlers. These questions were developed from the data we wanted to collect on those who panhandle, which then allowed us to determine any overlaps or conflicts that might exist between the actual experiences of real panhandlers and the perceptions about those panhandlers that are held by the typical patron in the CRA.

The next four sections of this survey shifted the focus away from the panhandlers and toward the patrons themselves. To better understand the preconceived notions held by residents, workers, and visitors to the city, we asked about the range of emotions these patrons typically experienced whenever they were approached by a panhandler.

The final section of the patron survey was designed to reveal each patron's relationship with downtown Orlando—whether that person worked, lived in, or visited the area. If a patron did not live in downtown Orlando, we wanted to know how often that person tended to travel to the city, and what factors, if any, tended to discourage that person from visiting the city and spending money while here. The factors we analyzed included traffic patterns, the cost of events, and panhandling. We also included questions to garner the patrons' basic demographics, including age, gender, and level of education.



3. Field Research

Our research on panhandling included time on the streets that allowed us to observe the behavior and characteristics of panhandlers. Over the course of this project, and especially during the initial phases of our work, our researchers spent time walking through the CRA of downtown Orlando, noting the individuals who were panhandling and recording their locations so we could construct an understanding of the situation.

We engaged the Health Care Center for the Homeless, where CEO Bakari Burns connected us with two outreach specialists from the HOPE Team (Homeless Outreach Partnership Effort). These two outreach specialists, Joel Miller and Brad Sefter, have worked together on the streets of downtown Orlando for the past 9 years, so they were able to assist us with our field research and with the identification of panhandlers on the streets. Miller and Sefter were also able to access the HMIS (Homeless Management Information System) due to their certification as outreach specialists. This made their contribution even more beneficial to our work because of their access to data regarding the housing status of panhandlers, services that are provided to specific panhandlers, and other information that was not available to our research team.

While on the streets, we utilized a count sheet (see Appendix 5) to record information pertaining to the panhandlers we were observing, including:

- The names of the panhandlers if they had already been identified
- The locations where the panhandlers were positioned, regardless of whether they were actively panhandling
- The exact time of day that we observed them

We also noted any behaviors the panhandlers may have exhibited, such as:

- Whether the panhandler was sitting or standing
- The mode of communication utilized by the panhandler (verbal communication or a sign)
- The number of patrons who contributed to the panhandler

4. Mental and Physical Health

To better understand panhandlers’ overall health, our team reviewed data from four sources:

- Entries in the Homeless Management Information System (HMIS)
- Publicly available records (such as charge records)
- Interview data
- Audio recordings of observations from Joel Miller and Brad Sefter of the HOPE Team.

Members of the HOPE Team met with our research team on several occasions to discuss each identified cohort member, and these sessions were audio-recorded.

In order for us to correctly determine the mental and physical health of each panhandler, we compared these four data sources so we could determine if the identified individuals had self-disclosed, had been diagnosed, or had exhibited behaviors related to substance abuse, mental health conditions, and/or physical health conditions. The analysis undertaken by our team was not meant to diagnosis individuals, but rather to compile information from these sources to provide us with the most accurate assessment possible.

5. Public Records

For us to create an accurate description of panhandling in the downtown CRA, we worked to gather data from a variety of sources and, in turn, analyze that data and arrange it in an understandable and presentable format. A great deal of the data we needed in order to achieve these goals was available to us through public records.

For instance, mug shots from arrests are part of the public record in Florida, and the availability of these photographs made it possible for us to identify panhandlers more easily while on the streets. We also utilized the Orange County Clerk of Court’s website to search for the charges¹ that may have been made against a panhandler. These records provided us with a glimpse into each person’s life, including how long that person had resided in Orlando. Charges like drug possession, drug paraphernalia, or an open container violation showed us that a person had some level of substance use disorder (SUD). Even less serious charges like trespassing or sitting/lying on the sidewalk helped us determine or verify the housing status of each panhandler.

In the public records, we also found data that reflected on the mental health of each panhandler, including court-ordered psychological evaluations or charges being dropped because a person was “deemed incompetent to proceed” with a trial. Our county correctional facilities also collect demographic information such as a person’s highest level of education and the person’s veteran status.

The accumulation and analysis of all this information on each panhandler gave us a remarkably accurate picture of the kind of person who chronically panhandles in downtown Orlando and what that person’s life is really like. By combining this with the firsthand knowledge of the two outreach specialists, we were able to construct what we believe is a thorough and accurate description of the people in our cohort.

¹Please note that any Clerk of Court’s office will not list arrests; it will list charges. Charges do not always result in arrests. When a person is issued a speeding ticket, that person is charged with speeding, which will show up on the person’s public record. However, that person has not been arrested for speeding. We do not want to criminalize the panhandling population further, so we will refer to this public record as “the number of times a person has been charged.”

Parameters of Study

In our opinion, there are three areas that require further analysis. We note these areas and acknowledge that more research could provide additional insight into the practice of panhandling in Orlando and elsewhere. Due to the targeted nature of our work, we did not:

1. Determine the full economic impact of panhandling in downtown Orlando

This report includes limited information regarding the economic impact of panhandling in downtown Orlando because we collected data from downtown patrons regarding factors that discourage them from visiting, and by extension spending their money, within the CRA. However, a determination of the actual costs that panhandling places upon the city and businesses that operate within the city was beyond the scope of this project, so we recommend more research to discover the full extent of these potential costs.

Research has been conducted to learn the costs that homelessness places upon the city of Orlando in terms of law enforcement, legal expenses, medical treatment, drug and alcohol rehabilitation, and social services (Shinn, 2014). However, no research has been conducted that helps the residents and leaders of Orlando understand what panhandling may be costing the community in terms of business revenues, decreased tourism, depressed real estate values, and other economic factors. This type of information could be extremely valuable to community stakeholders, especially when the discovered costs are compared to the cost of potential solutions to panhandling.

The initial study, conducted in 2014 by Gregory Shinn, a national expert on homelessness and the current president of the board of the Oklahoma Coalition for Affordable Housing, compares the costs associated with homelessness with the costs of supportive housing in Central Florida. Shinn explored data pertaining to 107 chronically homeless individuals in Central Florida and concluded that each of those homeless individuals was costing the City of Orlando an average of \$31,065 per year in inpatient hospitalizations, emergency room fees, incarceration, and other necessary services (Schinn, 2014, page 8). By comparison, Shinn found that supportive housing for chronically homeless individuals in Central Florida would cost the city \$10,051 per person per year, a 68-percent reduction in costs to the community (Schinn, 2014, page 8). This study's finding that it would cost the city of Orlando three times more to leave chronically homeless people on the streets than it would to provide them with permanent supportive housing was a primary motivation behind the city's aggressive and historical assault on street homelessness.

It is important to note that many of the people who were studied for the purposes of Shinn's 2014 report are the same people we discovered as panhandlers and thus investigated for the purposes of this report.

2. Fully investigate the social determinants of panhandlers to better understand how they became chronic panhandlers

Throughout the course of our interviews with panhandlers in downtown Orlando, we asked the subjects of our research to self-report their personal histories. Unfortunately, we felt that some panhandlers were holding back information and not telling us their complete stories. We believe that most, if not all, of the panhandlers have negative social determinants that contributed to their current situations. Social determinants are "conditions that influence the health of people and communities [and] are shaped by the amount of money, power, and resources that people have," (CDC, 10 Mar 2014). Social determinants affect factors related to health outcomes including education, food security, healthcare, housing, and income. While there are some things in a person's life that the individual is able to control, social determinants are outside a person's control and can either positively or negatively impact that person's life.

While some of the panhandlers told us about their negative social determinants, including domestic violence, experience in foster care, and mental illness, we believe that those with no self-reported negative social determinants may have omitted them from their interviews. A more in-depth review of their backgrounds and personal lives is needed to help build a more complete story of how a person becomes a chronic panhandler.

3. Conduct patron and panhandler surveys in surrounding areas

Our research was focused on panhandlers in downtown Orlando. In the course of our work, we gathered data only on people who were panhandling at a chronic level in the downtown CRA. We also limited our patron surveys to people who lived in the downtown corridor, worked there, or were visiting there during our research. However, to understand panhandling and its implications more fully, we recommend that panhandlers in surrounding communities be studied and that patrons in surrounding neighborhoods be surveyed regarding their perceptions of panhandling in their own precincts and in the downtown corridor.

In addition, we restricted our panhandler interviews to people who panhandle in the downtown CRA, so the data we offer and the conclusions we draw can only be applied to the chronic panhandlers we have identified within the CRA. We do not offer any data, draw any conclusions, or make any recommendations regarding panhandlers or panhandling activities in any other part of Central Florida or in any other community in the United States, nor do we claim or deny that parallels exist between panhandling in downtown Orlando and panhandling in these other localities. To determine what similarities, if any, might exist between panhandling in downtown Orlando and panhandling that is conducted elsewhere in the region or within the United States, further research is needed.

Key Finding #1

The majority of the panhandling in downtown Orlando is conducted by a limited "cohort" of individuals.

The research we conducted was limited to the geographical boundaries of the downtown Orlando Community Redevelopment Agency (CRA), because this jurisdiction gave us a defined area in which to do our work, and the area appeared to be a "hot spot" for panhandling. Once our research boundaries were established, we started our work by walking the streets of this defined jurisdiction and talking to the panhandlers we encountered while observing the panhandling interactions that were occurring.

As we observed panhandling incidents within the CRA, we utilized public records in an effort to identify the individuals we had observed panhandling, and eventually we began to compile a list of names with matching photographs. We also started to identify the city's panhandlers by asking several outreach workers who were familiar with the panhandlers to help us identify them more accurately, and, over the course of several months, we began to compile a growing list of the people who were panhandling in downtown Orlando.

Our goal during this initial phase of our research was to understand Orlando's downtown panhandlers from two perspectives: We wanted to understand them from a personal perspective, utilizing face-to-face interviews with the panhandlers. But we also wanted to understand them from an objective perspective, and we utilized public records, including charge records and mugshots, to help us achieve this goal.

To understand the panhandlers from a personal perspective, we interviewed the panhandlers who were willing and able to talk to us, which, in the end, totaled 39 panhandlers (see Appendix 2). 6 of these panhandlers refused to answer any of our questions, due either to their inability to answer because of their mental illness or their apathy toward our questions.

To understand the panhandlers from an objective perspective, we launched an in-depth analysis of records that are available to the public. This gave us the opportunity to verify self-reported answers about topics such as drug use and homelessness, and the combination of these data points allowed us to build a comprehensive picture of panhandling within the CRA.

As we spent time analyzing public records, we eventually settled upon four categories of information we wanted to gather on each panhandler, and we compiled that information from both personal and public data points. The first category of information we wanted to gather involved information that was available to us through the panhandlers' charge records on the Clerk of Court's website. The second category was information pertaining to the length of time and the causes of each panhandler's homelessness. The third category involved the substances that panhandlers were using, including both legal and illegal substances. The fourth category of information involved the mental health and physical health of each panhandler.

As we conducted interviews and compiled data, we began to observe a pattern that was emerging from our research: some panhandlers seemed to be panhandling at a higher level of frequency and intensity than other panhandlers in the downtown CRA. So we sought to understand why this discrepancy existed. We also started noticing that the "chronic" panhandlers (as we came to identify those people who panhandled at an accelerated frequency) seemed to have certain characteristics in common: They all appeared to be homeless, they all appeared to have at least one physical or mental disability, and they all appeared to have high levels of drug and alcohol use. But we wanted to know if these traits connected these panhandlers to their increased panhandling behaviors or if these shared traits were unrelated to accelerated panhandling.

At this point in our research, we contacted the Health Care Center for the Homeless in Orlando. Bakari Burns, CEO of this 27-year-old nonprofit, offered to provide us with the advice and assistance of the two downtown outreach specialists, Joel Miller and Brad Sefter, who began to work with us as part of our research team.

Upon discovery of the patterns that were starting to emerge from our data analysis, we utilized the expertise of Miller and Sefter to make sure we were accurately identifying the panhandlers we were observing and to make sure we were aware of all the people who were panhandling within the CRA. Then, as patterns became clearer, we started to establish criteria for "chronic panhandling," which we came to define as panhandling for at least 5 hours per day and at least 5 days per week. Then we began to more intensely study those individuals who met the criteria and thus were responsible for the vast majority of the panhandling interactions with the CRA.

Miller and Sefter were extremely valuable to us in our efforts. These two professional outreach specialists have more than 30,000 combined hours of experience working with the homeless on the streets of downtown Orlando. For the past 9 years, they have worked together eight hours per day, five days per week interacting with the homeless people who reside (and panhandle) in downtown Orlando. Consequently, we felt that they had the most thorough knowledge of the panhandlers we wanted to investigate, and we believed that they could help us identify the most active panhandlers and explore the motivations that were driving their behavior.

Throughout our work with these outreach specialists, we came to learn that all homeless people panhandle to some degree in order to survive. All human beings have basic needs that must be met, and the homeless population is no different. After all, homeless people don't have a bathroom, a kitchen, or a place to store their belongings. Therefore, they will be forced to ask others to help with meeting some of their needs.

After several months, Miller and Sefter helped us realize that we had identified all the panhandlers in the downtown CRA who were panhandling with any frequency, so we divided the panhandlers into two unofficial groups: the group that panhandled moderately (which is the majority of the downtown homeless population) and the group that panhandled at a level that was significantly higher than the rest of the homeless population. At this point, we decided to start referring to the latter group, who then became the focus of our work, as "chronic panhandlers," and we began the process of learning who they were and why they were panhandling at a rate that far exceeded the rates of other panhandlers in the CRA.

Our team expected to find hundreds of people who were panhandling at high frequencies within the CRA. But instead, we found that, for the most part, there was a small group of people within the CRA who were initiating the majority of panhandling interactions with Orlando patrons; so our interest turned to the characteristics that this group of panhandlers might share. At that point, it became our theory that the common characteristics of these panhandlers might reveal the underlying causes of their intensified panhandling activities.

What began, therefore, as a study of panhandling evolved into a study of 61 people who panhandle chronically; then our study evolved into an investigation of the traits that set these 61 people apart from other homeless individuals in the downtown CRA. By investigating the distinguishing qualities of those who panhandle in Orlando at a prolific rate, we believe that we have gained an understanding of local panhandling—who does it and why.

In our opinion, the cohort of 61 chronic panhandlers represents a relatively small subset of the panhandlers in downtown Orlando. According to Miller and Sefter and their reference of HMIS data, it is estimated that, on any given day, there can be anywhere between 300 and 400 homeless people in the CRA. The cohort represents the most chronic panhandlers within this broader group and totals only 61 people.

It should be noted, however, that our list of chronic panhandlers has expanded and contracted somewhat since it was created in August 2018, because some panhandlers have moved in or out of the downtown corridor. However, for the most part, our list has remained consistent. In order to be included on our list, a person had to engage in panhandling within the boundaries of the downtown Community Redevelopment Area (CRA) and had to be considered a chronic panhandler by our definition. Until the day our research was completed, we were open to adding or removing people from our list of chronic panhandlers. However, the list has remained consistent since July 2019, so the number of chronic panhandlers was finalized at 61 people.

It should also be noted that we have taken great pains to protect the identities of the 61 people we studied. Early in our research process, we hired a nationally recognized consultant to help us safeguard the privacy of the people we were studying. Consequently, we have refrained from publishing names, photographs, or any identifying characteristics that could potentially expose the people who became the subjects of our research.

The discovery that the majority of Orlando's downtown panhandling interactions are initiated by a cohort of 61 chronic panhandlers was our first significant finding regarding panhandling in the CRA. The remaining findings in this report are the result of the in-depth research we conducted on these 61 individuals.

Following is a demographic analysis of the 61 subjects of our research:

Gender:

- 55 are male (90%)
- 6 are female (10%)

Race:

- 30 are White (49%)
- 26 are African-American (42%)
- 5 are Other (8%)

Age:

- The average age is 48.7 years
- 36 chronic panhandlers are older than the average age
- The youngest chronic panhandler is 24 years old
- The oldest chronic panhandler is 69 years old
- For a complete breakdown, see the attached chart

Education:

- The average educational level is the 11th grade
 - 19 chronic panhandlers have earned a GED
 - 7 chronic panhandlers have attended college at some level
- Note: This data was derived from interviews with 32 respondents
For a complete breakdown, see the attached chart

Marital Status:

- 18 chronic panhandlers are single
 - 10 are divorced
 - 2 are married
 - 2 are widowed
 - 1 is engaged
- Note: This data was derived from interviews with 33 respondents

Children:

- 18 chronic panhandlers have 0 children
 - 5 chronic panhandlers have 1 child
 - 2 chronic panhandlers have 2 children
 - 2 chronic panhandlers have 3 children
- NOTE: This data was derived from interviews with 31 respondents

Key Finding #2

Those individuals included in the cohort are chronically homeless.

Utilizing one-on-one interviews with the 61 chronic panhandlers in the cohort and cross-checking the information gained from those interviews with data from the regional HMIS (Homeless Management Information System), we can confirm that:

- 50 of our 61 cohort members (82% percent) are currently homeless
- 11 of our 61 cohort members (18% percent) are currently housed
 - 8 are living in permanent supportive housing
 - 2 are living with relatives
 - 1 is living with a friend who is living in supportive housing

Among the 50 chronic panhandlers who are homeless:

- 2 are currently approved for supportive housing and will be moving into their apartments within a few weeks. They are waiting for final approval and then must sign their leases.
- 6 of them have been housed in the past, but they have been removed from supportive housing. Although we do not know the specific reasons that these 6 individuals lost their housing vouchers, we do know that the primary reason a person loses access to supportive housing is that the person fails to abide by basic rules of conduct that govern any housing unit that is available for rent. These rules typically pertain to guests, noise, and/or cleanliness.
- 27 members of the cohort are eligible for permanent supportive housing, but for various reasons, they are unable to be placed in housing.
 - 4 of them need paperwork that is required to receive a housing voucher. It is very common for the homeless population to not have access to proper documentation. To obtain a Department of Housing and Urban Development (HUD) voucher for permanent supportive housing, an individual must be able to prove that they meet the federal definition of “chronically homeless,” which has two requirements. To be considered chronically homeless, a person must have a physical or mental disability and shall have been homeless for at least 1 year consecutively or four times in a 3-year period in the same geographical location (HUD, Nov 2016). In addition, in order to gain supportive housing or to retain that housing, a person must be able to produce:
 - A government-issued identification card,
 - A Social Security card,
 - A proof of income letter or zero-income letter,
 - A certification of disability letter signed by a doctor or mental health professional, and
 - A verification of homelessness created through the HMIS.

- 16 of those who qualify for housing yet remain homeless are people who refuse to be housed. Their reasons for refusal include that they “would rather be outside” or that they “prefer [their] freedom” to the rules that govern most supportive housing units. It is our opinion that these reasons possibly point to their preference to live in an environment where they can freely partake of legal and illegal substances or do other things that might create problems for them if they were to move into an apartment, where they would be surrounded by neighbors and monitored by caseworkers.
- 6 of those who remain homeless despite their eligibility for housing have levels of mental illness that make it difficult for them to communicate. These members of the cohort suffer from severe symptoms, including delusions, which prevent an outreach specialist from rationally discussing with them matters pertaining to supportive housing. Additionally, people with severe mental illness require specialized services to monitor and mitigate the symptoms of their disease that often are not available through traditional supportive housing.
- 1 person who remains homeless despite his qualification for housing has been convicted of a sex crime. It is difficult to find housing for a person who is a convicted sex offender.
- 10 members of the cohort who are homeless are not eligible for a federal housing voucher.
 - 8 of them do not meet the criteria for a federal housing voucher. According to our field researchers and outreach specialists, Joel Miller and Brad Sefter, these eight individuals do not meet federal guidelines for chronic homelessness and therefore cannot receive supportive housing. Miller and Sefter report that 5 of them do not have a physical or mental disability and 3 of them have not been homeless in the Orlando area for a long enough period of time to qualify for housing assistance within this community, although they have been homeless for many consecutive years.
 - 1 is ineligible for housing because they are unable to obtain the necessary paperwork.
 - 1 is ineligible for housing because they have been convicted of fraud in association with a previous housing situation, which disqualifies them from receiving future housing assistance from the federal government.
- 5 have moved out of Orlando’s downtown CRA, so their housing status is currently unknown. However, while they resided in the city of Orlando, they were chronically homeless with no supportive housing, so we have categorized them as homeless.

According to our field researchers’ references to HMIS records, members of the cohort were registered as homeless as early as 1993 (26 years homeless) and as recently as 2018 (1 year homeless), with the average entry date being 2011 (8 years homeless). Each panhandler also self-reported their length of homelessness, and those self-reported estimates closely match the data provided by HMIS, with the longest length of homelessness reported as 30 years and the shortest reported as 1 year, producing an average of 11.9 years of reported homeless. 7 of the 50 homeless individuals in the downtown cohort report that they have been homeless for more than 20 years.

Key Finding #3

Individuals in the cohort have extremely high rates of mental health issues, substance abuse disorders, co-occurring disorders, and cognitive conditions

Mental Illness

According to the data, over half the individuals in the cohort (58%) have a mental illness. The definition for serious mental health disorder used here is the one used by the Substance Abuse and Mental Health Services Administration (SAMHSA): “Serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.” The most common mental health disorders among the cohort are depression, bipolar disorder, and schizophrenia. Other less frequently identified mental health disorders include delusional disorders, anxiety, and Post-Traumatic Stress Disorder (PTSD).

The severity and symptoms of mental illness can vary widely across sufferers. However, all mental illnesses can cause major disruptions in people’s lives and lead to other negative consequences. For example, bipolar disorder, which causes unusual shifts in mood and activity levels, can impact the ability to carry out basic tasks. Depression, which negatively affects how one feels, thinks, and acts, can, if untreated, lead to other chronic diseases, substance abuse, and suicide.

It is estimated that up to one-third of homeless people living in urban areas have a serious mental illness (Donley and Wright 2017) while, according to the most recent available data of homeless individuals in Florida, 16.2% are severely mentally ill (Council on Homelessness 2018). Thus, individuals with mental illness are over-represented in this cohort regardless of which estimate is used. Mental illness is a well-established cause of homelessness. However, being homeless can also be a consequence of homelessness, or it can make a person’s mental illness worse. Physical health can also be negatively impacted as a result (National Coalition for the Homeless 2017).

Substance Use Disorders

Among this cohort, 92% have a substance use disorder. In some previous research, the prevalence of substance abuse disorders among homeless people has ranged from 41% to 84% (Martens 2009). According to the most recent data available about the homeless population in Florida, 14.1% have chronic substance misuse (Council on Homelessness 2018). Thus, no matter what source is used, the prevalence of substance use disorders is extremely high among this cohort.

Among those with a substance abuse disorder, 14% are dependent on alcohol while the rest are dependent on illicit drugs and alcohol or on illicit drugs exclusively. The most commonly cited illicit drugs being abused are crack cocaine and K2/spice. Both drugs are relatively cheap, addictive, and produce short-lasting intense highs. While K2/spice is relatively new, the negative consequences associated with crack cocaine abuse are well documented and include organ damage, mental health disorders, and death. Crack cocaine users are also more susceptible to infections as the drug compromises the body’s immune system.

Alcohol abuse also presents many negative consequences, both short-term and long-term. In the short term, alcohol increases the risk of injuries, violence, and alcohol poisoning. In the long-term, alcohol abuse can lead to a myriad of negative health outcomes including liver disease, cancer, dementia, and mental health conditions. Not surprisingly, people addicted to alcohol are more likely to suffer from a mental health condition compared to those not addicted (CDC 2019). While in some cases the alcohol abuse has led to the mental health condition, other individuals are self-medicating with alcohol.

Alcohol is often abused with illicit drugs due to its availability. Many individuals in the cohort stated that they frequently abuse both illicit drugs and alcohol. Consuming alcohol while taking illicit drugs is extremely risky and can prove fatal. Like mental illness, substance abuse can be a cause or consequence of homelessness. Regardless of the relationship, however, among this cohort, substance abuse was the clear motivator for panhandling, a finding verified by many of the interviews.

Co-occurring Disorders

There is a well-established relationship between mental illness and substance abuse, as one can lead to the other. “Co-occurring disorders (COD) refer to mental illnesses that include at least one alcohol or other drug use disorder and at least one non-drug related mental disorder that occurs simultaneously or in a different timeframe to the same person” (Ding, Slate and Yang 2018:2). Among this cohort, at least 45% of individuals have a co-occurring disorder (mental illness and substance abuse disorder). Homeless individuals with co-occurring disorders are considered to be one of the most vulnerable populations (Sun 2012) as their COD and lack of housing make them particularly at risk. They are at increased risk of victimization and are more likely to cycle between jail and the streets (Fisher and Roget 2009).

According to Krausz, et al. (2013) “While mental disorder and addiction are among the most persistent and prevalent health concerns affecting the safety and wellbeing of homeless people, too few are able to access appropriate services given their mental health needs” (p. 1235). In addition to the barriers in accessing quality care that many homeless people face, those with co-occurring disorders, in particular, may be resistant to seek help, a result of their mental illness and addiction. Consequently, co-morbidity is more common among homeless individuals who have been homeless for a longer period of time (Leng 2017).

Physical Health

There are increased rates of a variety of health conditions among homeless people as compared to the domiciled population (Lee, Tyler, and Wright 2010). Homeless individuals, particularly those that are unsheltered, are more prone to diseases as compared to housed individuals. They also exhibit less favorable clinical profiles and face more barriers to care (Donley and Wright 2017). According to a study done by the California Policy Lab, the health of unsheltered people declines the longer they are unsheltered (Rountree et al. 2019). The vast majority of the cohort in this study are unsheltered and the average length of time homeless is more than 11 years. Not surprisingly, physical health conditions were quite common among the cohort, with 45% reporting at least one disability. These included cognitive disabilities, such as Traumatic Brain Injury (TBI), developmental disabilities, seizure disorders, mobility impairment, and HIV.

TBI's are shockingly common among homeless and marginally housed people. Recent research found that 54% of homeless and marginally housed people in six countries, including the U.S., have had TBI in their lifetime, a rate up to four times higher than that of the domiciled population. A history of TBI is correlated with poorer health outcomes and lower general functioning (Stubbs, 2019). Similarly, the rates of HIV are higher among homeless individuals as compared to the domiciled population. HIV is correlated with many other chronic conditions, including Hepatitis C and depression. Additionally, proper treatment of HIV requires regular medical appointments and consistent adherence to prescribed medications, which can be particularly challenging for homeless people to maintain.

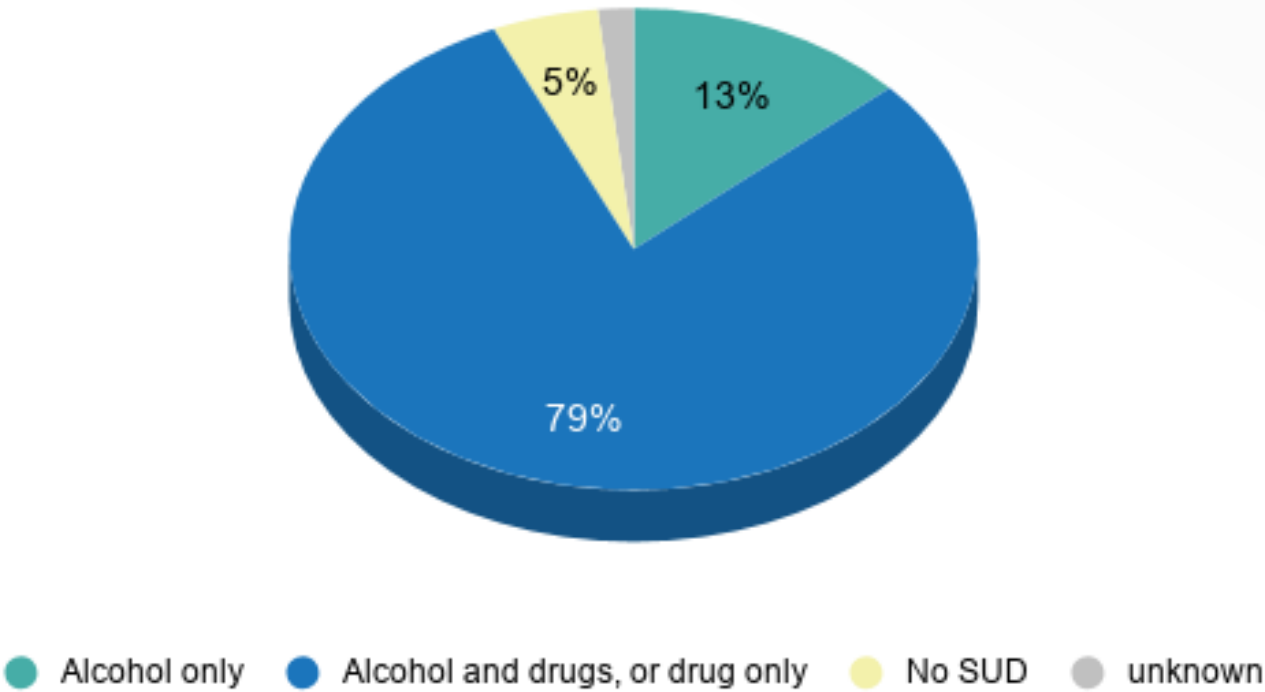
Summary of Conditions

What is impossible to tell from the data available is the causal relationships between homelessness, mental illness, substance abuse, and physical health conditions among the individuals in the cohort. Whether one or more condition was a cause or consequence of their homelessness cannot be ascertained. However, what is clear is that this cohort has a higher than expected prevalence of all conditions compared to nearly all available estimates of typical prevalence rates among homeless individuals. Added to these higher than expected prevalence rates are the extended periods of time that the cohort has been homeless overall (self-reported average of 11.9 years) as well as the fact that the majority are unsheltered.

Using the data available to us, we determined that, among this cohort, 98% had at least one condition (mental illness, substance abuse disorder, or physical condition), 65% were comorbid, while 17% were trimorbid. Moreover, many individuals had more than one condition in one category (i.e. suffering from bipolar disorder and depression). The relationship between panhandling and substance abuse has been documented in previous research (i.e. O'Toole, et al. 2004) and the relationship between the two among this cohort is clear. Every person in this cohort panhandles chronically, and the majority have a substance abuse disorder. This is not a simple equation, however, given the high rates of physical health conditions, including cognitive disorders, and the high rates of mental illness. The relationship between all these factors is complicated and results in a cohort of individuals with complex needs that need to be addressed.

Substance Use Disorder

Among members of the cohort



Key Finding #4

For members of the cohort, panhandling is done with high frequency for the purpose of getting resources to buy legal and illegal substances.

When panhandlers were asked how many days per week they panhandle, the members of the cohort reported panhandling an average of 6.4 days per week (39 respondents), and we find it noteworthy that 64% of the respondents (25) reported panhandling 7 days per week. When the same panhandlers were asked how many hours per day they panhandle, they reported panhandling an average of 6.0 hours per day, for an average of 36.9 hours per week.

Cohort members self-reported income derived from sources other than panhandling and these reports were verified by outreach workers' use of the Homeless Management Information System (HMIS). 60% of cohort members do not receive any income outside of panhandling. 6 panhandlers (9%) currently receive Social Security, 3 (5%) receive food stamps, 2 (3%) are on disability, and 2 (3%) receive a retirement check. 9 members of the cohort (14%) have received government-issued income in the past, but those sources of revenue have been discontinued for a variety of different reasons. For instance, some government assistance programs require renewal, but if a recipient has lost a needed government-issued ID, renewal becomes impossible. In addition, some sources of government assistance are suspended whenever the recipient is incarcerated, and other programs like food stamps can be terminated whenever a person enters a work program and earns income through a payroll system. However, income derived from panhandling was more relevant to our study than income derived from other sources.

Cohort members reported that about half the time they panhandle, they receive food items from patrons. In addition, panhandlers told us that organizations in the area, such as churches and nonprofits, occasionally prepare "packages" for them that contain items like socks, baby wipes, and deodorant. As for the monetary income derived from panhandling, the panhandlers self-reported an average daily income of \$63 (39 respondents). This income does have a range of \$240, but it is important to note that only 5 panhandlers reported making more than \$100 per day.

Panhandlers reported spending money on a variety of miscellaneous items, with the top items being cigarettes (9 panhandlers); clothing, socks, and underwear (6 panhandlers); and hygiene products like soap, razors, or wet wipes (6 panhandlers).

39 panhandlers responded to questions regarding alcohol and drug use, 5 of whom reported that they spend no money on drugs and alcohol. Panhandlers self-reported an average weekly expenditure of \$75 on alcohol, and they self-reported an average weekly expenditure of \$59 on drugs. These self-reported amounts spent on drugs and alcohol, in our opinion, are under-reported, and there are several reasons for this. First, we are asking those with substance use disorder to report their own substance use, which could make them uncomfortable and compel them to under-report their actual substance usage. Another reason that we believe the panhandler's use is under-reported is because these transactions are done with cash, meaning that no receipts are available. Consequently, there is no way to create a record of the actual spending patterns of panhandlers. Our research team does not have the ability to track sales of legal and illegal substances.

In the previous section of this report, we reported that 92% of the members of the cohort have a substance use disorder. We also explained that the prevalence of substance use disorders is extremely high within this cohort compared to the rest of the homeless population. Consequently, we sought to understand the correlation that might exist between the high levels of substance abuse within the cohort and the high number of panhandling interactions initiated by a member of the cohort. The chronic panhandlers in the cohort panhandle an average of 36.9 hours per week so they can afford to buy legal and illegal substances.

We asked panhandlers what they wished the public knew about them:

I want them to know what it feels like: exhausting, frustrating.

”



Key Finding #5

The 2017 changes to Orlando's panhandling ordinance, although legally expedient, correlated with the increased frequency and prevalence of panhandling in the CRA.

Prior to 2017, panhandling in downtown Orlando was restricted to 26 blue boxes that were outlined on the sidewalks, and people were only allowed to panhandle during certain times of the day. Those who panhandled outside the boundaries of the blue boxes or during restricted times were subject to arrest (Wolf, 24 Jul 2017). However, because federal court rulings were starting to show a trend toward the recognition of panhandling as a protected form of speech under the First Amendment, the City of Orlando moved to avoid a potential lawsuit by proactively revising ordinances that were overly restricting this activity.

To our knowledge, no data exists that can help us measure the frequency or intensity of downtown panhandling prior to the change in the city's ordinances. More research is needed to fully understand how past and present ordinances may have impacted panhandling differently. However, anecdotal evidence points to the fact that the legalization of panhandling by the city correlated with the observed rise in incidents of panhandling over the past few years. Although homelessness has declined in the city, panhandling interactions seem to have increased, and this fact helps to explain why the Orlando Sentinel was able to state in 2018 that "panhandling is on the rise in downtown Orlando" (Santich, 9 July 2018).

In that article, published July 9, 2018, the Sentinel quoted five community leaders from the business, governmental, law enforcement, and nonprofit arenas, all of whom agreed that there was a perception in the city that panhandling was on the rise, but neither the leaders quoted in the article nor the newspaper itself were able to offer any concrete evidence or data to support that assertion.

The new city ordinance that took effect in 2017 continued to place some restrictions on panhandling, but those restrictions were less restrictive than the ones that had been in place prior to the change. Panhandlers, for instance, still could not approach people in their cars, they could not approach people at ATM machines, and they could not harass a person who might be regarded as a "captive audience" (a legal term referring to the communication of otherwise legal speech in an intrusive manner, for instance to a person eating on a restaurant patio or standing in line to buy a movie ticket so that the person cannot easily withdraw). Despite the more strictly defined limitations panhandling that remained, panhandling in Orlando went from "illegal" to "legal" in July 2017, and this, in our opinion, is one of the primary reasons that panhandling has appeared to increase in Orlando while street homelessness has actually declined.

In 2013, when data showed that homelessness was at its peak in Orlando, Barbara Poppe, the former executive director of the United States Interagency Council on Homelessness, announced that Orlando had just been ranked #1 in chronic homelessness among similar-sized cities in the United States and that Orlando had been ranked in the top four within every category of homelessness measured by the federal government (Poppe 26 May 2016). But by 2016, homelessness in Orlando had been reduced by 54% and has consistently remained below 2013 levels despite a rapidly growing population and the rising cost of housing (Peters, 11 Mar. 2019).

In 2013, however, when chronic homelessness was highest in the city, Orlando adopted a new policy for solving homelessness within its jurisdiction, a policy that had already been utilized in other communities to produce reductions in homelessness. The Housing First approach to homelessness, which promotes the housing of chronically homeless people prior to the application of needed services, enabled Orlando's leaders to distinguish between different types of homelessness (chronic, veteran, family, and youth) and to focus initially on chronic and veteran homelessness with the understanding that the chronically homeless would never be able to lift themselves out of their circumstances. This approach enabled Orlando to change its policies regarding homelessness and to redirect resources that, when combined with tax revenues from the county and with federal dollars provided by the regional Continuum of Care, contributed to the dramatic reductions in street homelessness that followed. At the same time, the Veterans Administration (VA) was focused on reducing veteran homelessness, and the combined efforts of these two groups contributed to the city's successes in reducing homelessness.

Consequently, there seem to be three considerations that communities must weigh when dealing with panhandlers and when balancing the community's need for public safety with the individual's right to unimpeded communication:

1. The consideration of a person's right to solicit donations from another person as a form of protected speech (panhandling).
2. The consideration of acts of disorderly conduct, which are not protected under the Constitution.
3. The consideration of camping in public spaces, which is also not recognized by the courts as an unconditional right under the Constitution.

It should be noted that while the legal precedent already exists for recognizing panhandling as a constitutionally protected form of communication, the courts are beginning to rule on cases involving homeless encampments. However, these recent rulings should soon work their way through the appeals process and result in a more clearly defined body of case law that will make this growing concern clearer from a legal perspective.

However, while Orlando has been proactive in reducing homelessness and decriminalizing panhandling, the city has strengthened its commitment to the enforcement of its laws against disorderly conduct, defined in the Florida Statutes Section 877.03 as "acts as are of a nature to corrupt the public morals, or outrage the sense of public decency, or affect the peace and quiet of persons who may witness them, or engages in brawling or fighting, or engages in such conduct as to constitute a breach of the peace." While the courts have determined that panhandling is a constitutionally protected form of communication under the First Amendment, there is currently no established case law that gives individuals the right to camp on public property.

Panhandling Case Law

The legal case that started the process of defining panhandling as a protected form of speech was a seemingly unrelated case that came before the Supreme Court of the United States for a final ruling in 1980. The Village of Schaumburg, Illinois, had an ordinance that made it unlawful for a nonprofit organization to solicit donations if that organization intended to use more than 25% of its collected funds on fundraising activities, salaries, and/or overhead. Since the Citizens for a Better Environment could not guarantee that they would be using at least 75% of the collected donations to fulfill their defined charitable purpose, the Village of Schaumburg denied them the right to solicit funds door-to-door.

After the case was adjudicated in court and after it was appealed to the Seventh Circuit Court of Appeals and eventually the United States Supreme Court, the High Court ruled in favor of the nonprofit, because the limitations that the community had placed on that organization's abilities to solicit funds were determined to be too broad, and this ruling established a legal precedent that would impact future cases involving "solicitation."

By an 8-1 vote, the Supreme Court determined that Schaumburg's ordinance was too wide-ranging and far-reaching. According to Justice Byron White, who wrote the majority opinion, the Schaumburg ordinance was a direct and substantial limitation on an activity (speech) that is protected by the Constitution of the United States, and the clear implication was that the ordinance should be less extensive and more exact to meet the community's needs.

Rulings specifically related to panhandling started some 35 years later, in 2015, with a Supreme Court case, *Reed v. Town of Gilbert, Arizona*. In 2005, the town of Gilbert had adopted a local ordinance that regulated the manner in which signs could be displayed in public. The ordinance, for instance, placed size and number limitations on certain types of signs and time restraints on other types of signs. But the signs were distinguished from one another based on their content. "Ideological" signs and "commercial" signs were treated one way while "political" signs and "directional" signs were treated another way.

Meanwhile, the Good News Community Church was a small, "pioneer" ministry that had no facility at the time, so the small church held services in elementary schools and other buildings in the Gilbert area. To publicize their services, members of the church would post 15 to 20 temporary signs throughout the Gilbert area early on Saturday morning and then remove those signs shortly after their Sunday-morning service. The signs typically included the name of the church, as well as the time and location for the week's service, so the town's sign code compliance manager cited the church for noncompliance with the time limitations the city had designated for their type of signage.

In 2008, after receiving a second citation, the pastor of the church, Clyde Reed, filed a federal lawsuit, claiming that the town of Gilbert had abridged the church's freedom of speech. But when the district court in Arizona denied the church's suit, the church appealed to the Ninth Circuit Court of Appeals. However, the appellate court also declined to hear the church's case after determining that the City of Gilbert had not regulated the church's speech based on its content. In turn, the Good News Community Church appealed to the Supreme Court.

Seven years after the original lawsuit, the Supreme Court, with no dissenting votes, ruled in favor of the Good News Community Church. Justice Clarence Thomas, who wrote the opinion of the court, cited Gilbert's ordinance as blatantly "content-based on its face." Thomas chided the community for drafting an ordinance that treated different signs in different ways simply because they conveyed different ideas. But undoubtedly, the most significant precedent that emerged from this case was the court's ruling that "a law that is content-based on its face is subject to strict scrutiny regardless of the government's benign motive, content-neutral justification, or lack of 'animus toward the ideas contained' in the regulated speech" (*Cincinnati v. Discovery Network, Inc.*, 507 U.S. 410, 429 (1993)).

When it comes to the courts' analysis of laws, there are three levels of constitutional scrutiny that apply. The lowest and most basic level of scrutiny is the "rational basis review." Rational basis review is the normal standard of legal review that courts apply when considering constitutional questions. The next-highest level of legal analysis is "intermediate scrutiny." To pass this higher legal standard, a law or ordinance must further an important government interest, but must do so in a way that substantially relates to that interest. This is the standard the courts had used to scrutinize laws and ordinances pertaining to panhandling prior to 2015. But in 2015, as a result of the court's ruling in *Reed v. Town of Gilbert*, "strict scrutiny" became the standard for all laws pertaining to speech and communication, including panhandling. Strict scrutiny is the court's highest level of scrutiny, meaning that all laws and ordinances pertaining to issues subject to this level of scrutiny would have to be rationally related to a legitimate government interest and would have to be implemented in the least restrictive way possible.

Only 11 days after the Supreme Court's decision in *Reed*, the same nine justices issued another ruling regarding solicitation laws. In *Thayer v. Worcester*, a case that involved two panhandling ordinances in the city of Worcester, Massachusetts, the Supreme Court declined to rule in favor of either the plaintiff or the defendant. Instead, the court remanded the case to the First Circuit Court of Appeals with the instruction that the First Circuit should reconsider its ruling in light of *Reed v. Town of Gilbert*, further reinforcing the Supreme Court's determination that *Reed v. Town of Gilbert* would become the High Court's benchmark case for speech and communication litigation going forward and that "strict scrutiny" would be the new standard against which all speech and communication ordinances are weighed. This new standard of strict scrutiny also impacted cases like *Norton v. City of Springfield, Illinois* (2015) and *Homeless Helping Homeless v. City of Tampa* (2016).

In 2016, the City of Tampa's panhandling ordinance prohibited panhandling in certain locations within the city, specifically in the downtown area; in Ybor City, a popular nightspot filled with restaurants and nightclubs; at a bus, trolley, or transit stop; at a sidewalk café; or within 15 feet of an ATM or the entrance to a financial institution. At that time, Orlando, just 88 miles away, also limited panhandling activities to certain times of the day and to designated areas on the sidewalks of the downtown corridor. But utilizing the "strict scrutiny" standard established by *Reed v. Town of Gilbert*, a United States district court struck down Tampa's ordinance and instructed the city to craft a new solicitation ordinance with the narrowest possible restrictions.

This ruling in *Homeless Helping Homeless v. The City of Tampa* made it clear to Orlando officials that the courts would continue to apply this standard and that Orlando would eventually be affected. In that same year, therefore, Orlando set out to proactively revise its ordinances to meet the new standards of the court, and the new ordinances that were created were adopted and implemented in 2017.

Through its new solicitation ordinance, Orlando sought to craft a law that would honor the requirements established by the United States Supreme Court while simultaneously achieving what the community believed it needed in order to guarantee the safety and security of its citizens. This new ordinance, however, removed many of the restrictions that had been placed upon the activity that was legally known as “solicitation” (a request for donations of money, property or financial assistance of any kind), making it legal for panhandlers to solicit donations at almost any time and in almost any place.

Considering the body of case law that existed at that time, Orlando took a “captive audience” approach to the formation of its new policies. Because city attorneys understood that there was history in First Amendment jurisprudence that recognized the reality of a “captive audience,” the city sought to create a balance between one individual’s right to speak and another individual’s right to refuse to listen to that speech.

Camping in Public Spaces

However, while case law and legal precedent have helped Orlando and other communities craft more acceptable and effective ordinances to address panhandling, case law regarding homeless encampments is just starting to emerge from a growing number of court cases involving this controversial behavior.

Recent court rulings involving camping or sitting and lying in public spaces are giving rise to a relatively new and actively evolving body of case law. At this time, therefore, the legal guidelines for how a community should address problems related to homeless encampments remain uncertain while the courts figure this out.

On the one hand, therefore, this ordinance safeguarded the constitutionally protected right that a panhandler has to present an unmet need to another person. But at the same time, this ordinance made it illegal for the panhandler to solicit from someone who was eating at a sidewalk café (and thereby could not easily leave). Orlando’s new ordinance also made it illegal for a panhandler to either distribute material or receive material from a person in a motor vehicle that was stopped for a traffic control device, and state law prohibited the panhandler from standing in a roadway for the purpose of soliciting a ride, employment, or business from the occupant of any vehicle, although drivers of automobiles were allowed to pull off the road and give money to a panhandler who was communicating a need.

There have been several rulings at the district court level regarding encampments and a community’s ability to enforce its camping laws. For instance, U.S. District Court Judge David Carter ruled earlier this year that cities in Orange County, California, did not have the right to relocate 1,000 homeless people who were camping along the Santa Ana River Trail, not because these homeless individuals had a constitutional right to camp on public property, but because the surrounding communities had not been consistent in the enforcement of their camping laws and had not created alternative choices of sufficient shelter space and/or affordable housing for their homeless residents (Walker, 2 Apr 2019).

Eventually, this case was settled out of court (Langhorne, 24 July 2019), but the case was indicative of the conflicts that are emerging in many American cities between homeless individuals who are trying to find suitable shelter and communities that are trying to determine the legal boundaries of their efforts to preserve public spaces. But while communities are grappling with this concern—many of them opting for extreme solutions that are ideologically driven—this clash of competing interests is increasingly being settled in the courts.

The most defining case to date on this issue has been *Martin v. Boise* (2019). For several years, the city of Boise, Idaho, had a municipal ordinance that made it illegal for a person to camp in a public space. In fact, in 2015, Boise police issued almost 300 citations for camping (Greenstone, 16 Sept 2019). Then six homeless people sued the City of Boise, and, although the city prevailed in defending its camping ordinance at the district court level, the Ninth Circuit Court of Appeals partially overturned the findings of the lower court. In its ruling, the Ninth Circuit said that if a city doesn’t have enough shelter beds available to accommodate its homeless population or if those shelters prohibit entry for any reason other than full capacity, enforcing a camping ban like the one in Boise violates the constitutional ban on cruel and unusual punishment. Boise is contesting this ruling, and the Supreme Court has scheduled to review the case in December of 2019 and will decide by the Fall of 2020 whether they will hear an appeal to the ruling of Ninth Circuit. The final disposition of this case may well determine the limits to which a city can go in enforcing its public camping and sleeping laws. For now, the ruling by the Ninth Circuit has called into question the local policies and ordinances on camping within the Ninth Circuit’s jurisdiction (from Arizona to Alaska).

Ironically, one of the pivotal cases that helped to define the existing balance between these competing concerns was the 2000 case before the United States Eleventh Circuit Court of Appeals, *Joel v. The City of Orlando*. In that case, the court made it clear that an individual can be punished for conduct (sleeping in a public space), but not for the person’s status (homelessness). Therefore, homelessness cannot be criminalized. However, the Eleventh Circuit found that, because Orlando had available shelter space for its homeless citizens, the city could enforce its anti-camping ordinances, because the plaintiff had a choice whether to sleep in a shelter or violate the local ordinance by sleeping in a public space.

According to Alex Karden, a city attorney for the City of Orlando, the case law resulting from *Martin v. Boise* will probably more adequately define the meaning of “available” when it comes to a community’s shelter space. If there are criteria in place for gaining admission to a specific shelter (e.g. a monetary payment, sobriety, attendance at a religious service), the question will become: Is that shelter truly “available” to the person who needs it? Until that question is resolved, however, the community that wants to safeguard its public spaces should make sure that it has robust programs for its homeless citizens, both no-barrier shelter space and affordable housing that is adequate for its homeless population.

Orlando and other communities should be aware that there is legal precedent to support the fact that communities that allow camping may find it extremely difficult to legally alter its ordinances after they are implemented, because the Eighth Amendment to the Constitution, which forbids cruel and unusual punishment, may be used as grounds for a homeless person to argue against eviction. Therefore, communities like Orlando should guard against allowing behavior that the law doesn’t require a community to follow.

Key Finding #6

The City of Orlando's expansion of its policy on Housing First correlated with a reduction of the number of chronic panhandlers on the streets.

The Housing First model proposed housing the homeless population first and then working with them individually to deal with the specific situations that made them homeless in the first place. Since its conception, the Housing First model has gradually become the foundation for current solutions to homelessness that are being utilized nationwide.

In December of 2013, it was announced that Orlando was the number one midsized city in the United States in the number of chronically homeless people (Poppe, 26 May 2016). That placed the Central Florida region at the top of the list nationwide for persistent homelessness and in the top four in every other category of homelessness that is measured by the federal government. Barbara Poppe, former "homelessness czar" to the Obama administration, commented that she was "skeptical" of Orlando's ability to change the current situation (Poppe, 26 May 2016).

In 2014, The Commission on Homelessness organized a trip to Houston, Texas for more than 70 leaders from the political, religious, nonprofit, and business sectors, including Orlando Mayor Buddy Dyer and then-Orange County Mayor Teresa Jacobs. This was on a 2-day trip to Houston, which allowed the leaders to witness firsthand that city's highly effective efforts "in corralling chronic homelessness" (Orlando Sentinel, 22 Oct 2014). The group met with the city's leaders to learn about Houston's effective strategies in combatting homelessness and to tour the permanent supportive housing facility built by the City of Houston for individuals with extremely low incomes, particularly the chronically homeless.

This trip to Houston served as a learning opportunity for Orlando's leaders and jumpstarted their work on Housing First in their own community. By the end of 2014, Mayor Buddy Dyer led the way with a commitment from the City of Orlando of more than \$4 million over a 3-year period and a goal of permanently housing 300 chronically homeless people within that same timeframe. His financial commitment was joined by Orange County Mayor Teresa Jacobs, who promised to budget more than \$13 million over the same 3-year period to combat chronic and family homelessness. Additionally, Florida Hospital pledged \$6 million toward the community's efforts to eradicate chronic homelessness. This donation, also to be given over a 3-year period, paved the way for other businesses in Central Florida to contribute to the cause.

Donations from Central Florida businesses were placed in a Homeless Impact Fund, a special account established by the Central Florida Commission on Homelessness and managed by the nonprofit Central Florida Foundation. The purpose of the fund was to provide a safe repository for money designated by business and government entities to combat the problem of homelessness in the region. The fund also was established to create a responsible manner for distributing funds while measuring the effectiveness of their use. It was devised in such a way that donors could collaborate with other entities that were not able to give money directly but desired to work in harmony with the Commission to contribute positively to the unified approach of the community. Approximately 40 organizations from government, business, and the philanthropic sector are associated with the fund.

By the spring of 2015 veterans, particularly those with disabilities including Post-Traumatic Stress Disorder (PTSD), were gaining renewed attention from those entrusted with solving the problem of homelessness in Central Florida. With the release of a new federal report on March 18, 2015, the community became aware of the work by the Veterans Administration (VA) which had been implementing its own Housing First program for homeless veterans over the previous four years. According to the report, there had been a 59% drop in homelessness among veterans in Central Florida from 2011 to 2014 (Santich 17 Mar 2015). This success story was directly attributed to the VA's Housing First, which provided homeless veterans with housing vouchers and case managers.

On April 30, 2015, the Commission announced the Plan to House 100. This plan, which was their first effort to test the Housing First model in the region, was targeted at the area's chronically homeless residents. The initial cost to house these targeted individuals was projected to be just over \$1 million from the Homeless Impact Fund and another \$200,000 coming primarily from rental subsidies provided by the federal government. While the immediate goal of the program was to house 100 of the area's most vulnerable people, the long-term goal was to pave the way for housing many more of Central Florida's chronically homeless.

Between 2015 and 2019, Orlando worked to house 240 chronically homeless people in supportive housing, as reported by the outreach specialists with whom we worked (Joel Miller and Brad Seftor). The city also provided an additional 91 people with assistance to get off the streets through travel assistance and housing with no subsidy. These numbers do not include the number of veteran's housed in the city of Orlando between 2015 and May 2018, which totaled 294 chronically homeless veterans, courtesy of Ken Mueller, the Homeless Program Manager for the Orlando VA Medical Center.

To our knowledge, there is no existing data that can show the causation of Housing First reducing the number of panhandling interactions on the streets. However, we have anecdotal evidence provided by the outreach workers and reports of observations by the community of a perceived reduction in panhandling. Of the total of 331 chronically homeless that received services, the outreach specialists estimate that more than 50 of them used to be chronic panhandlers. We do not have an estimation of the number of veterans who were chronic panhandlers.



Key Finding #7

The public perceptions of downtown Orlando's patrons do not match the realities of the cohort

An important aspect of panhandling that we sought to analyze during our work was the public's perceptions of panhandling in the downtown Community Redevelopment Area (CRA). Perceptions have the potential to strongly influence the decisions we make as individuals and the policies we embrace as communities. For this reason, we constructed an anonymous survey (see Appendix 3) in order to better understand the perceptions of panhandling that exist within downtown Orlando.

These surveys were conducted among the people who live, work, or visit within the downtown CRA (hereafter, patrons). A total of 120 patrons participated in our survey between December 2018 and May 2019.

Perceptions of Downtown Panhandling

The first question required the patrons to estimate how many people are panhandling in downtown Orlando on any given night. The responses from 120 patrons averaged to 88.89 panhandlers in downtown Orlando, with the maximum reported as 3,000 and the minimum reported as 0. However, we removed six outliers from the data (0, 0, 0, 1000, 2000, 3000) because these estimates were outside the normal distribution of the data. This then reduced the average number of panhandlers estimated in the downtown CRA to 39.65 panhandlers (114 respondents), which can be rounded to 40 panhandlers. We then asked how often patrons see panhandling in a day, and they reported personally seeing an average of 4.5 panhandlers in a day (99 respondents), with the maximum reported as 30 and the minimum reported as 0. It was not necessary to remove any outliers from this data because all responses fit within the normal distribution of the data.

The cohort of chronic panhandlers in the downtown Orlando CRA totals 61 panhandlers who are responsible for the majority of the panhandling interactions in the downtown CRA. 50 members of the cohort are currently homeless, and 5 of those 50 currently are out of the area, so our data estimates a maximum of 45 panhandlers within the CRA on any given night.

It is important to note that we do not claim that those who are housed stop panhandling altogether, but their time on the streets is reduced once they are housed. Our calculation of a maximum of 45 panhandlers also assumes that all members of the cohort are on the streets at the same time. With our estimation of 45 panhandlers in the downtown CRA, this means that patrons' estimations of the total number of panhandlers match the reality of panhandling.

The final question in this section of our survey asked patrons to list services provided by the community and available to panhandlers. Patrons listed a total of 165 services, with the top three services listed as specific nonprofit groups, such as the Salvation Army or the Coalition for the Homeless (40 patrons), free food and food pantries (37 patrons), and shelters (35 patrons). This demonstrated that patrons are aware of the work that specific groups in the area do, but only to the extent of their name-brand recognition. Additionally, 35% of the patrons we interviewed (41 of 117) were unable to name a single service that is currently available for the panhandlers in the downtown CRA. This serves to reiterate the disconnect between downtown patrons' perceptions and the realities of panhandlers.

Attributions of Downtown Panhandlers

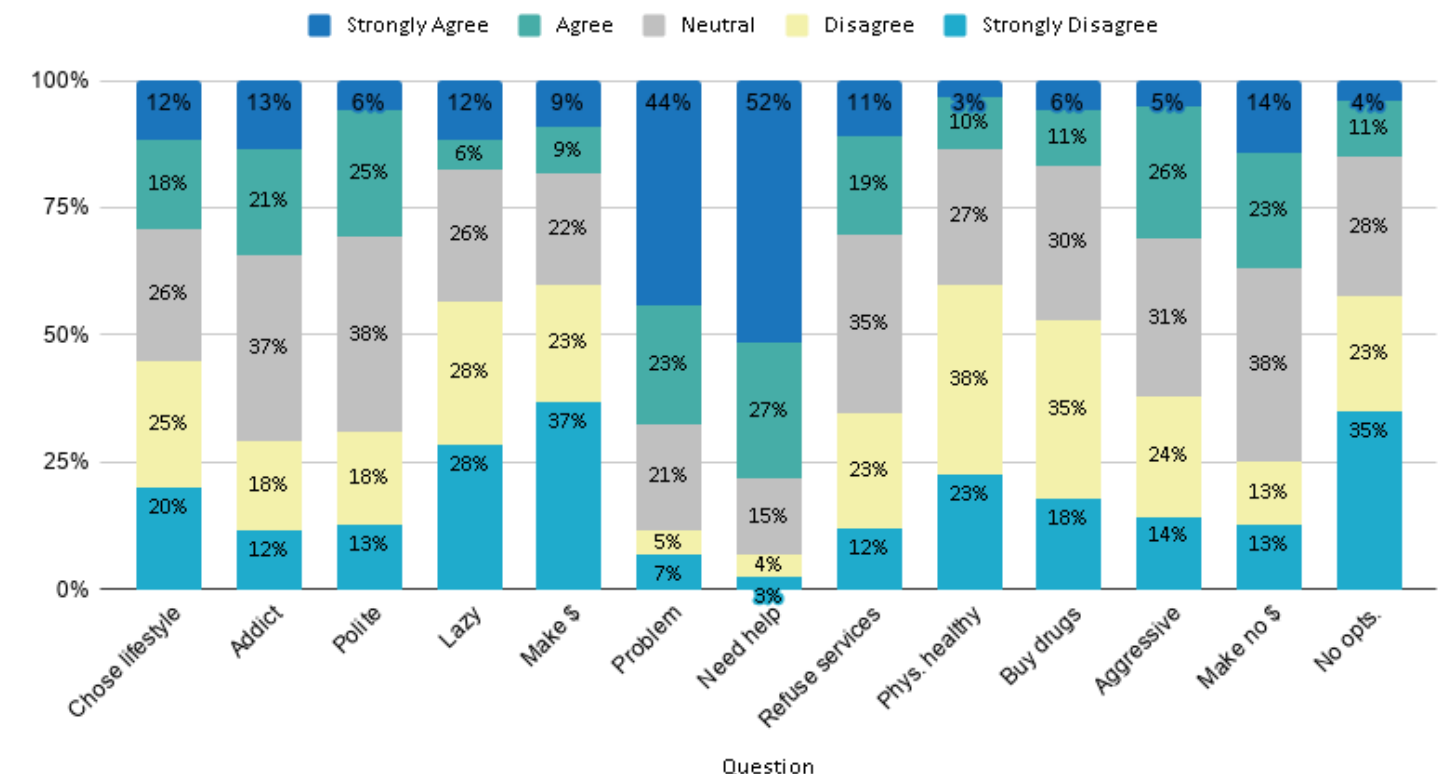
The next series of questions asked patrons their opinions on 13 statements about panhandlers in the downtown CRA to gauge their pre-conceived notions. These questions were Likert scales, with 1 being "strongly disagree" and 5 being "strongly agree" (see Appendix 4 for the full breakdown).

Patrons reached a consensus that panhandlers require services to change their current situation, but many of them were unable to expand upon that. 79% of patrons agreed or strongly agreed that panhandlers need help getting off the streets, and 58% of patrons disagreed or strongly disagreed with the notion that panhandlers have no other options. However, as noted above, 35% of patrons could not name a single service that is available to panhandlers. This shows patrons' disconnect with the panhandlers' reality of living on the streets of downtown Orlando.

In our opinion, patrons struggled to make a determination of a panhandler's income in a day. 60% of patrons disagreed or strongly disagreed with the idea that panhandlers make hundreds of dollars a day while 37% agreed or strongly agreed that panhandlers make very little money overall. The cohort self-reported their daily income earned through panhandling as an average of \$63 a day, so those who responded neutral to both statements were closest to reality (22% and 38% respectively).

Patrons have a very different perception of panhandlers' substance use than the reality our data shows. 53% of patrons disagreed or strongly disagreed with the statement that panhandlers spend all their money on drugs, and only 34% agreed or strongly agreed that panhandlers are addicted to substances. However, the cohort self-reported spending an average of \$59 a week on drugs, with several panhandlers telling us they "only panhandle to make money for drugs." Additionally, our research showed that 92% of the panhandlers we studied have a substance use disorder.

Statements about Panhandlers



Feelings About Panhandlers and Panhandling

The third section dealt with eight different feelings experienced by the patrons when they were approached by a panhandler. These questions also utilized the same Likert scale as previous sections, with the full data breakdown in Appendix 4.

Patrons reported that they do not trust panhandlers, and there are a variety of reasons for that feeling. These feelings could be contributed to the societal ideas of a professional panhandler or their distrust of the homeless population in general. However, patrons still reported that they wanted to help the panhandlers in some capacity. 59% of patrons indicated that they strongly felt or very strongly felt skeptical when approached by a panhandler. However, 49% of patrons strongly felt or very strongly felt sympathetic toward the panhandlers. This shows the patrons' competing thoughts about panhandlers and panhandlers' lifestyles.

Factors That Discourage Patrons From Downtown

The last set of data points we collected from patrons was the extent to which 13 different factors discouraged them from visiting downtown, with 1 being "not at all" and 5 being "great extent" (see Appendix 3 for the full breakdown).

Those who live, work, and visit in downtown Orlando believe that panhandling should be addressed, but not enough to prevent them from changing their habits. The top two discouraging factors were the variety of parking (61% to some extent or great extent) and the cost of parking (51% to some extent or great extent). Homeless people on the streets ranked 8th overall (39% to some extent or great extent). Panhandling is tied for last with friends and family at 21% of patrons reporting that it discourages them from visiting downtown to some extent or a great extent.

It is interesting to note that 67% of patrons agree or strongly agree that panhandling is a major problem in downtown Orlando. When asked if patrons would come downtown more if there were no panhandlers, 52% responded "yes" to the question (115 respondents). However, the same group of patrons reported (above) that panhandling does not discourage them from visiting downtown to a great extent. They believe that steps should be taken to address panhandling in our city, but they have not allowed panhandling to stop them from working, living, and visiting the downtown CRA.

Overview of Survey Results

In our opinion, the following three conclusions are significant and necessary for understanding public perceptions of panhandling within Orlando's CRA:

1. 79% of patrons agreed or strongly agreed that panhandlers need help getting off the streets, and 58% of patrons disagreed or strongly disagreed with the notion that panhandlers have no other options. However, 35% of patrons could not name a single service that is available to panhandlers.
2. 53% of patrons disagreed or strongly disagreed with the statement that panhandlers spend all their money on drugs, and only 34% agreed or strongly agreed that panhandlers are addicted to substances. However, our research showed that 92% of the panhandlers we studied have a substance use disorder.
3. 67% of patrons agree or strongly agree that panhandling is a major problem in downtown Orlando. When asked if patrons would come downtown more if there were no panhandlers, 52% responded "yes" to the question (115 respondents). However, only 21% of patrons reported that panhandling discourages them from visiting downtown to some extent or a

Patron Demographics

The patron survey also contained questions that were designed to gather basic demographic information on the participants in our survey to ensure we collected perceptions from a diverse population.

Gender

- 52 respondents (43%) identified as male
- 64 respondents (53%) identified as female
- 4 respondents (3%) identified as nonbinary

Age

- The youngest respondent was 18
- The oldest respondent was 77
- The average age of all respondents was 29

Race

- 72 respondents (60%) were White
- 22 respondents (18%) were Hispanic
- 14 respondents (12%) were Black
- 12 respondents (10%) were other races

Relationship to downtown

- 48 respondents (40%) reported that they worked in the city
- 72 respondents (60%) reported that they did not work in the city
- 23 respondents (19%) reported that they lived in downtown Orlando
- 97 respondents (81%) reported that they did not live in downtown Orlando

Recommendations

1 New programs and investments will be needed to adequately address the unique housing and mental health needs of the chronic panhandlers in the downtown CRA.

Traditional “scattered site” housing facilities (public housing, especially for low-income families, that is built throughout an urban area rather than being concentrated in a single neighborhood) can be highly effective solutions for many chronically homeless people. However, due to the mental health issues and the drug and alcohol addictions that afflict the people in the cohort, traditional housing programs probably won’t provide these individuals with the advanced levels of support services they will need to remain housed. We recommend a form of advanced project-based supportive housing (government-funded housing for low-income families that consists of privately owned and managed rental units, where the housing voucher is linked to the unit, not the individual) that is accompanied by more intense and proactive interventions.

Pioneer programs like this have been implemented with success in cities like Miami, Houston, and Salt Lake City. In Miami, for example, “Hot Teams” of professional outreach workers with advanced training and experience in mental health and addiction recovery work closely and daily with supportive housing residents who need intensified services. In addition, these teams work closely with law enforcement officers, who can expedite legal intervention to get homeless individuals with mental health issues or addictions the advanced care that they require.

Our research concluded that chronic panhandling in the downtown CRA is the intersection of three conditions: homelessness, substance use disorder, and mental or physical disability. But while addiction cannot be “cured” and while mental health cannot be “solved,” the problem of homelessness can be solved with housing. But to keep people with mental health and/or addiction issues in the housing for which they qualify, accelerated supportive services will be needed, and this means that Orlando will have to invest in a new type of supportive housing while continuing to develop more traditional permanent and scattered-site housing for the rest of the chronically homeless population.

A new pilot program offered by the State of Florida, which offers Medicaid-expansion support to people who need supportive services, and the recent donation by the Bezos Family Foundation to the Homeless Services Network of Central Florida are two possible funding sources for this new and innovative type of supportive housing

2 Because the majority of panhandling interactions in the CRA are initiated by people with substance use disorders, downtown patrons should be made aware that their donations will be used primarily to buy drugs and alcohol.

The data contained in our report confirms the fact that 92% of the panhandlers in the cohort have a substance abuse issue that can be verified through either the self-disclosure of the panhandlers or public documents or both. Our interviews with members of the cohort also confirmed that the majority of the money they receive from panhandling goes toward the purchase of alcohol or illegal drugs. The public should be aware of this fact as they consider whether to contribute financially to panhandlers in the CRA.

3 The Orlando community should create a targeted and coordinated education campaign for community leaders that explains the connection between mental illness, homelessness and panhandling.

Homelessness is a complex issue. There are no simple answers to this multi-faceted social problem. But the leading factor behind the complicated nature of homelessness and the inability of society to bring this problem under control is the misunderstanding in our society regarding the underlying causes of the problem, particularly the connection that exists between homelessness and mental illness.

Prior to the 1960s, homelessness in America was not the overwhelming problem that it is today. But on October 31, 1963, President John F. Kennedy signed the Mental Retardation Facilities and Community Mental Health Center Construction Act, the last piece of legislation he would sign before his assassination. The intent behind this legislation was admirable. The federal government wanted to put an end to the unchecked “institutionalization” of people with advanced mental illness. Lawmakers wanted mental health patients to enjoy the same rights of freedom and self-determination that the rest of the population enjoys. However, an unintended consequence of closing the nation’s mental health institutions in favor of a series of local outpatient facilities, is that the homeless, though free to determine their own paths in life, also proved incapable in many instances of supporting themselves.

Consequently, many of the mentally ill simply moved from institutions to the streets of America’s cities and towns, and the problem of homelessness, which was further exacerbated by military personnel who returned from Vietnam with PTSD, grew gradually out of control.

The experience our organization has derived from working with many communities to help solve problems related to homelessness has taught us that few Americans understand the connection between mental illness and homelessness. A large percentage of the population simply view homeless people as “bums” who are just too lazy to work. Until the population understands the truth about homelessness, they will never be able to solve problems related to homelessness and will never demand solutions from their elected officials.

4. Orlando needs more substance use disorder treatment programs for those who are chronically homeless on our streets.

While it is possible for a community to solve homelessness by housing its unsheltered population, it is impossible to “solve” addiction or mental illness. And since chronic panhandling is the intersection of all these problems, the only plausible pathway toward a real “fix” for chronic panhandling is the housing of the chronically homeless population, starting with those chronically homeless individuals who panhandle at a chronic level.

However, once the chronically homeless are housed through Housing First, their problems with mental illness and addiction need to be addressed in order to help them stay in their housing and enjoy a reasonable quality of life. For this reason, Orlando should invest the necessary resources to provide this need for the chronically homeless with mental health issues.

5. The City of Orlando needs to expand awareness concerning the complexities of homelessness.

Homelessness is not a “one size fits all” problem. Perhaps more than any other social problem, homelessness has many nuances that make the pursuit of a solution both difficult and costly. Some people are homeless because they are mentally ill and/or addicted to drugs or alcohol, and some people are homeless due to their advanced age or a physical disability that makes it impossible for them to work. Others are homeless because of a temporary financial setback or physical abuse in their homes. And teenagers are often homeless because they are LGBTQ and their parents have forced them out of the home.

Homelessness is an extremely complex problem, and therefore it requires complex solutions. While some people are incapable of lifting themselves off the streets, others are quite capable of weathering a temporary setback. The key for community leaders and the citizens who demand accountability is to understand the difference between these two groups of people. People with a long-term need require a long-term subsidy or intervention, and people with a short-term need require a short-term subsidy or intervention. Unfortunately, many communities never learn to distinguish between these two competing solutions, so they end up wasting their limited resources and falling short of their goal of bringing homelessness under control.

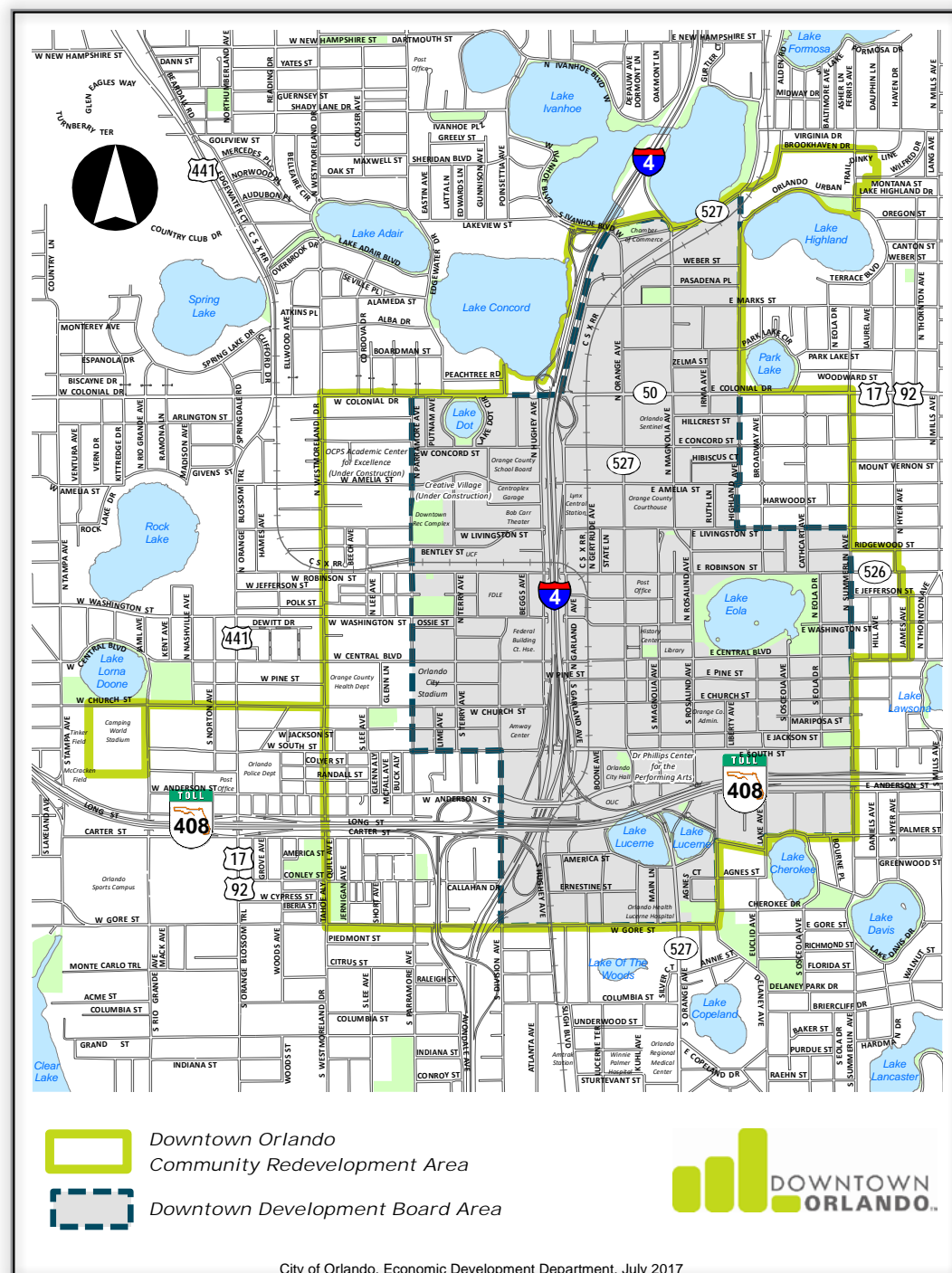
6. The City of Orlando, along with other regional leaders, should work to coordinate all of the region’s ordinances regarding homelessness and homelessness-related problems like panhandling and camping in public spaces.

If one community in Central Florida chooses to allow behavior that neighboring communities refuse to allow, those living on the streets will gravitate to those areas law enforcement will allow them to engage in that activity. But by promoting consistency in both law enforcement and intervention among municipalities and between municipalities and the county, leaders at all levels will position themselves for success in their efforts to address panhandling and homelessness.



Appendices

1. Map of CRA



2. Panhandler Survey

SURVEY QUESTIONS

Time of Interview:

Date:

Location:

Field Interviewer:

DEMOGRAPHICS

We're going to start off with a few basic questions about yourself.

1. What is your first name?
2. How old are you?
3. Considering gender, how would you describe yourself?
4. What best describes your race?
5. What is your highest level of education?
6. What is your current marital status?
7. Do you have any children? How many? What are their ages?
8. Have you ever served in armed forces of the United States?
 - a. For how long?
 - b. In what year were you discharged?
 - c. Where did you serve?
 - d. Do you utilize VA benefits? If so, please describe. If not, why?

HOUSING STATUS

Now we are going to move onto questions about your housing status.

1. Where did you spend the night?
2. Where do you plan on spending the night tonight?
3. During the last 30 days, where have you spent most of your nights?

For the purpose of this study we're using the word "homeless" to describe people who sometimes have to sleep outdoors, in cars, in abandoned buildings or on the streets; or who are staying in shelters, transitional housing or supportive housing after being on the streets; or who have been evicted from their homes, discharged from an institution like a hospital or a prison, or are fleeing domestic violence and can't find housing.

4. Using this definition, would you describe yourself as homeless?
5. How many years have you been homeless?
6. In your lifetime, how many times have you been homeless?
7. How old were you when you first became homeless?
8. What would you say as the primary reason for you becoming homeless?

HEALTH / MENTAL HEALTH

Now we'll ask you a few questions about your health.

- 1. In general, how would you describe your health? (good, fair, poor)
- 2. Have you ever been diagnosed with a health condition by a doctor?
(this can include a physical health problem or mental health problem – give examples like diabetes, heart condition, anxiety, depression, etc)
- 3. What medications are you currently prescribed?
- 4. In the past 30 days, have you gotten drunk on alcohol?
- 5. In the past 30 days, how often have you used drugs to get high?
- 6. In the past 30 days, have you been in a hospital or overnight treatment program for drugs or alcohol?
- 7. In the past 30 days have you stayed overnight at a psychiatric hospital? Have you ever stayed overnight in a psychiatric hospital?

LAW ENFORCEMENT

Let's move on to your experience with law enforcement.

- 1. In the past 12 months, have you stayed overnight in jail? What were the charges?
- 2. How many times have you been arrested?
- 3. How would you describe experiences with the police in downtown Orlando?

INCOME / EXPENSES

Turning to your work experiences and income.

- 1. In the past 30 days, did you work a job in which you got paid? If so, how many jobs did you work?
- 2. Was this work full-time, part-time, manual labor?
- 3. How much did you earn from this job(s)?
- 4. When was the last job you worked where you received a regular paycheck?
- 5. Are you currently looking for a regular job?
- 6. Do you panhandle?
- 7. How often do you panhandle? How many hours a day? How many days a week?
- 8. Where do you primarily panhandle?
- 9. About how much money do you make in a day panhandling?
- 10. Outside of panhandling, do you have any other sources of income?
- 11. Do people give you things other than money? If so, what are they? And, how often?
- 12. Where do you eat? Does someone pay for you or do you pay for yourself?
- 13. How much money do you spend on alcohol in a week?
- 14. How much money do you spend on drugs in a week?
- 15. Any other expenses?

NEEDS

The final thing we are interested in is what kinds of services you use and what your perception of these services is.

- 1. What are your experiences with homeless shelters in Orlando?
- 2. What are your experiences with case workers in Orlando?
- 3. What resources do you wish the city of Orlando provided for the homeless?
- 4. What access to technology do you have?
- 5. What would you like people to know about you and the panhandling community?
- 6. What would it take for you to stop panhandling?
- 7. Why are you downtown and not any other location?
- 8. What do you like and dislike about panhandling?

OTHER

-

3. Patron Survey

DOWNTOWN PATRON SURVEY

The purpose of this survey is to gauge the public’s knowledge of homelessness and panhandling in downtown Orlando. Results of the survey will be aggregated and used to provide information for local public policymakers, law enforcement, educational institutions, private philanthropies, social service agencies, and other community stakeholders. Please be assured that all responses are anonymous.

PERCEPTION OF THE PANHANDLING PROBLEM:

Please answer the following questions to the best of your ability. Keep the following definition in mind as you answer them: "panhandling", as defined by the city of Orlando, is any solicitation made in person, requesting an immediate donation of money or other thing of value.

1. On any given night in downtown Orlando, how many people would you **estimate** are panhandling?

2. On the weekends in downtown Orlando, how many people would you **estimate** are panhandling?

3. How often do you see panhandling in a day? _____ in a week? _____
4. What services are provided by the community and available to panhandlers? List as many as you can

GENERAL ATTRIBUTIONS:

To what extent do you agree with the following statements?

	Strongly disagree				Strongly agree
Panhandlers chose this lifestyle	1	2	3	4	5
Panhandlers are addicted to substances	1	2	3	4	5
Panhandlers are polite	1	2	3	4	5
Panhandlers can get a job, they’re just too lazy	1	2	3	4	5
Panhandlers make hundreds of dollars in a day	1	2	3	4	5

Panhandling is a major problem in Downtown Orlando	1	2	3	4	5
Panhandlers need help getting off the streets	1	2	3	4	5
Panhandlers refuse services provided by the community	1	2	3	4	5
Panhandlers are physically healthy	1	2	3	4	5
Panhandlers spend all their money on drugs	1	2	3	4	5
Panhandlers are aggressive	1	2	3	4	5
Panhandlers make very little money overall	1	2	3	4	5
Panhandlers have no other options	1	2	3	4	5

FEELINGS ABOUT THE PROBLEM

Indicate the strength with which you experience each of these feelings when you are approached by a panhandler

	Not Strong at All				Very Strong
Helpless	1	2	3	4	5
Hopeful	1	2	3	4	5
Ashamed	1	2	3	4	5
Apathetic	1	2	3	4	5
Skeptical	1	2	3	4	5
Thoughtful	1	2	3	4	5
Guilty	1	2	3	4	5
Sympathetic	1	2	3	4	5

POLITICAL PHILOSOPHY:

Here is a list of various topics. Please indicate how much you agree or disagree with each topic.

	Strongly disagree				Strongly agree			
School prayer	1	2	3	4	5			
Gay marriage	1	2	3	4	5			
Death penalty	1	2	3	4	5			
Evolution	1	2	3	4	5			
Increase welfare spending	1	2	3	4	5			
Protect gun rights	1	2	3	4	5			
Increase military spending	1	2	3	4	5			
Stem cell research	1	2	3	4	5			
Small government	1	2	3	4	5			
Abstinence-only sex education	1	2	3	4	5			

DOWNTOWN EXPERIENCES:

1. Do you work downtown? Y or N
2. Do you live downtown? Y or N
3. How often do you come downtown for non-work-related activities in a week? _____
4. Would you come downtown more if there were no panhandlers? Y or N
5. What is your main method of transportation for getting around within downtown?
Walking, biking, Uber/Lyft, car, bus, other: _____
6. How often do you take public transportation downtown in a week? _____

Please indicate the extent to which each of the following factors discourage you to visit downtown

	Not at All				Great Extent			
I-4 Traffic	1	2	3	4	5			
Variety of Parking	1	2	3	4	5			
Ease of navigating downtown	1	2	3	4	5			
Construction (excluding I-4)	1	2	3	4	5			
Friends and Family	1	2	3	4	5			
Cost of Parking	1	2	3	4	5			
Overall Safety	1	2	3	4	5			
Construction on I-4	1	2	3	4	5			
Driving Downtown	1	2	3	4	5			
Cost of Events	1	2	3	4	5			
Cleanliness of downtown	1	2	3	4	5			
Panhandling	1	2	3	4	5			
Homeless people on the streets	1	2	3	4	5			

BASIC DEMOGRAPHICS:

1. What is your gender? _____
2. What is your age? _____
3. What is your race? _____
4. What is your highest level of education? _____
5. What is your marital status? _____
6. What political party are you most often affiliated with? _____

4. Patron Survey Likert Scale Results

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total of Patrons
Chose lifestyle	20%	25%	26%	18%	12%	120
Addict	12%	18%	37%	21%	13%	120
Polite	13%	18%	38%	25%	6%	120
Lazy	28%	28%	26%	6%	12%	120
Make \$	37%	23%	22%	9%	9%	120
Problem	7%	5%	21%	23%	44%	120
Need help	3%	4%	15%	27%	52%	120
Refuse services	12%	23%	35%	19%	11%	119
Phys. healthy	23%	38%	27%	10%	3%	120
Buy drugs	18%	35%	30%	11%	6%	119
Aggressive	14%	24%	31%	26%	5%	119
Make no \$	13%	13%	38%	23%	14%	119
No opts.	35%	23%	28%	11%	4%	120
Helpless	20%	18%	29%	18%	14%	119
Hopeful	38%	29%	24%	6%	3%	119
Ashamed	35%	19%	21%	18%	6%	119
Apathetic	26%	18%	34%	13%	9%	119
Skeptical	10%	12%	19%	30%	29%	119
Thoughtful	18%	18%	39%	16%	8%	119
Guilty	27%	22%	24%	18%	9%	119
Sympathetic	13%	13%	26%	26%	23%	119
I-4 Traffic	29%	10%	14%	11%	37%	115
Parking (Var.)	12%	10%	16%	22%	39%	116
Ease	34%	14%	19%	16%	18%	116
Construct. (exc. I-4)	24%	21%	21%	11%	23%	116
Friends/Fam.	45%	16%	18%	10%	10%	116
Parking (\$)	22%	9%	17%	17%	34%	116
Safety	23%	12%	22%	22%	21%	116
Construct. (I-4)	26%	10%	16%	14%	34%	116
Drive	19%	12%	27%	21%	22%	116
Events (\$)	24%	10%	24%	21%	21%	116
Clean	23%	17%	29%	13%	18%	115
PH	22%	25%	18%	14%	7%	116
Homeless	26%	17%	17%	18%	21%	115

5. Panhandler Count Sheet



PANHANDLING
DOWNTOWN

Homeless Count Sheet[illegible]

References

Bose, R. & Hwang, S. 2002. Income and Spending Patterns Among Panhandlers. Canadian Medical Association Journal, Volume 167, Issue 5, Pages 477-479.

Centers for Disease Control (CDC). 2019. "Fact Sheets - Alcohol Use and Your Health." Available at: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>.

"Community Redevelopment Agency." *DowntownOrlando.com*, City of Orlando, Economic Development Department, July 2017, www.downtownorlando.com/about/community-redevelopment-agency/.

"Continuum of Care (CoC) Program Eligibility Requirements." *HUD Exchange*, 2019, www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/.

Council on Homelessness. 2018. "Annual Report." Available at: <https://www.myflfamilies.com/service-programs/homelessness/docs/Council%20on%20Homelessness%20Annual%20Report%202018.pdf>.

"Defining Chronic Homelessness: A Technical Guide for HUD Programs." *Guidance for Chronic Homelessness Documentation*, Sept. 2007, files.hudexchange.info/resources/documents/DefiningChronicHomeless.pdf.

Deppe, K., Gonzalez, F., Neiman, J., Jacobs, Pahlke, J., Smith, K. & Hibbing, J. 2015. Reflective Liberals and Intuitive Conservatives: A Look at the Cognitive Reflection Test and Ideology (Judgment and Decision Making, Volume 10, Number 4).

Ding, Kele, Matthew Slate, and Jingzhen Yang. 2018. "History of Co-Occurring Disorders and Current Mental Health Status among Homeless Veterans." *BMC Public Health* 18:751-759.

Donley, Amy M., and James D. Wright. 2018. "The Health of the Homeless." *Sociology Compass* 12:e12550. DOI: 10.1111/soc4.12550.

"Flowchart of HUD's Definition of Chronic Homelessness." Flowchart of HUD's Definition of Chronic Homelessness, Department of Housing and Urban Development (HUD), Nov. 2016, files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf.

Fisher, Gary L. and Nancy A. Roget, eds. 2009. *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*. SAGE Publications, Inc.

"Frequently Asked Questions." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention (CDC), 10 Mar. 2014, www.cdc.gov/nchhstp/socialdeterminants/faq.html.

Greenstone, Scott. "How a Federal Court Ruling on Boise's Homeless Camping Ban Has Rippled across the West." *Idahostatesman*, Idaho Statesman, 16 Sept. 2019, www.idahostatesman.com/news/local/community/boise/article235065002.html.

Knight, H. 2013. The City's Panhandlers Tell Their Own Stories. San Francisco Chronicle.

Krausz, Reinhard Michael, et al. 2013. "Mental Disorder, Service Use, and Barriers to Care among 500 Homeless People in 3 Different Urban Settings." *Social Psychiatry and Psychiatric Epidemiology* 48:1235-1243.

Lee, Barrett A., Kimberly A. Tyler, and James D. Wright. 2010. "The New Homelessness Revisited." *Annual Review of Sociology* 36:501-521.

Leng, Gill. 2017. "The Impact on Health of Homelessness: A Guide for Local Authorities." Available at: https://www.feantsa.org/download/22-7-health-and-homelessness_v07_web-0023035125951538681212.pdf.

Martens, WH. 2001. A review of physical and mental health in homeless persons. *Public Health Rev.* 29(1):13-33.

National Coalition for the Homeless. 2019. "Mental Illness and Homelessness." Available at: <https://nationalhomeless.org/wp-content/uploads/2017/06/Mental-Illness-and-Homelessness.pdf>

National Coalition for the Homeless. 2019. "Mental Illness and Homelessness." Available at: <https://nationalhomeless.org/wp-content/uploads/2017/06/Mental-Illness-and-Homelessness.pdf>

Orlando Sentinel. "Follow Houston, Dyer to End Acute Homelessness: Editorial." *Orlandosentinel.com*, Orlando Sentinel, 17 June 2018, www.orlandosentinel.com/opinion/os-ed-follow-dyer-on-homelessness-20141021-story.html.

O'Toole, Thomas P., et al. 2004. "Substance-Abusing Urban Homeless in the Late 1990s: How Do They Differ from Non-Substance-Abusing Homeless Persons?" *Journal of Urban Health* 81:606-617.

Peters, Adele. "3 Cities in the U.S. Have Ended Chronic Homelessness: Here's How They Did It." *Fast Company*, Fast Company, 11 Mar. 2019, www.fastcompany.com/90316607/3-cities-in-the-u-s-have-ended-chronic-homelessness-heres-how-they-did-it.

Poppe, Barbara. "Region Makes Great Strides for Homeless." *Orlandosentinel.com*, *Orlando Sentinel*, 26 May 2016, www.orlandosentinel.com/opinion/os-ed-homelessness-orlando-praise-052916-20160528-story.html.

Rountree, Janey, Nathan Hess, and Austin Lyke. 2019. "Health Conditions among Unsheltered Adults in the U.S." Los Angeles, CA: California Policy Lab.

Santich, Kate. "Central Florida Homeless Numbers down, New Census Finds." *Orlandosentinel.com*, *Orlando Sentinel*, 30 Apr. 2019, www.orlandosentinel.com/news/os-ne-homeless-population-drops-in-central-florida-20190427-story.html.

Santich, Kate. "Downtown Orlando Panhandling Soaring, Leaders Say." *Orlandosentinel.com*, *Orlando Sentinel*, 9 July 2018, www.orlandosentinel.com/news/os-orlando-aggressive-panhandling-up-20180709-story.html.

Santich, Kate. "Hundreds of Orlando-Area Homeless Veterans Now Have Place of Their Own." *Orlandosentinel.com*, *Orlando Sentinel*, 16 June 2018, www.orlandosentinel.com/news/os-housing-for-homeless-veterans-20150318-story.html.

Santich, Kate. "Metro Orlando's No. 1 Homeless Ranking Shows More Action Needed, Advocates Say." *Orlando Sentinel*, 12 December 2013.

Schinn, Gregory A. *The Cost of Long-Term Homelessness in Central Florida: The Current Crisis and the Economic Impact of Providing Sustainable Housing Solutions*. 2014, *The Cost of Long-Term Homelessness in Central Florida: The Current Crisis and the Economic Impact of Providing Sustainable Housing Solutions*, shnny.org/uploads/Florida-Homelessness-Report-2014.pdf.

Streckert, J. 2013. The Millionaire Panhandler: Separating the Facts From the Myths Surrounding Panhandling. Portland Mercury.

Stubbs, Jacob L, et al. 2019. "Traumatic Brain Injury in Homeless and Marginally Housed Individuals: A Systematic Review and Meta-Analysis." *The Lancet*. DOI:[https://doi.org/10.1016/S2468-2667\(19\)30188-4](https://doi.org/10.1016/S2468-2667(19)30188-4)

Substance Abuse and Mental Health Services Administration (SAMHSA). 2019. Available at: <https://www.samhsa.gov/find-help/disorders>.

Sun, An-Pyng. 2012. "Helping Homeless Individuals with Co-occurring Disorders: The Four Components." *Social Work* 57(1):23-37.

THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT. *Cincinnati v. Discovery Network*. 1993. *Justia*.

Treier, S. & Hillygus, D. 2009. The Nature of Political Ideology in the Contemporary Electorate. *Public Opinion Quarterly*, Volume 73, Number 4.

Walker, Theresa. "South Orange County Cities Avoid Facing Federal Judge over Homeless Shelters for Now; Other Issues Dominate Court Session." *Orange County Register*, Orange County Register, 2 Apr. 2019, www.ocregister.com/2019/04/02/south-orange-county-cities-face-federal-judge-today-over-homeless-shelters.

Wolf, Colin. "City of Orlando Adopts New Panhandling Laws." *Orlando Weekly*, *Orlando Weekly*, 24 July 2017, www.orlandoweekly.com/Blogs/archives/2017/07/24/city-of-orlando-adopts-new-panhandling-laws.



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