

**City of Lawrence, KS
Community Commission on Homelessness
January 8, 2008 Minutes (City Commission Room, City Hall)**

MEMBERS PRESENT: Jeanette Collier, Hubbard Collinsworth, Wes Dalberg, Katherine Dinsdale, Jane Faubion, Loring Henderson, Charlotte Knoche, Shirley Martin-Smith

MEMBERS ABSENT: Phil Hemphill, Mike Monroe, Robert Mosely

STAFF PRESENT: Lesley Rigney and Margene Swarts

PUBLIC PRESENT: Jeanette Parker, Saunny Scott

Martin-Smith called the meeting to order at 8:30 am.

Approval of the December 8, 2007 Minutes

Dalberg **moved to approve the December 8, 2007 minutes with attendance corrections.** Collinsworth **seconded the motion, which passed.**

Outreach Update

Collinsworth said the senior center is looking for a new building site.

Martin-Smith stated that Jo Bryant with United Way called to touch base so that she can pass any new information regarding the vision on to the funders at their quarterly meeting. The United Way has hired a new director and Martin-Smith will meet with her soon.

Faubion asked if there is an accounting of all of the outreach done so far.

Rigney said if members send lists of outreach done, it can be compiled.

Faubion asked about noticeable outreach gaps.

Martin-Smith said sufficient outreach has not occurred. Service groups, in particular, will probably take an interest. She does not have a list of those groups.

Rigney said the CCC might have a list and she will ask that they forward it.

Martin-Smith will compose a letter to those groups. It might also be a good idea to get on the morning radio show with a current city commissioner.

TH Work Group Update

Martin-Smith commended Knoche for the outstanding job in conducting the TH meetings.

Knoche said they tried to follow a similar format to the ES and ETH components of the vision, and to stick to a minimal summary of what TH should encompass. She walked the group through the document. (See Attachment 1 at the end of the minutes.)

Martin-Smith suggested changing the wording in III.(b)(iii) to say as they “work toward permanent housing.”

Henderson said they may get to the point where there would be one intake with a case manager even before they get to TH. There does not need to be an assessment done at each stage.

Knoche said they talk about a ‘housing transition plan’ and that point about the plan being an overall plan is a good one. It is a lot more helpful than the triangulation that can occur.

Henderson said continuity increases success.

Martin-Smith said there is a hope that one intake will be done. This reference could be simply checking up on the status of the plan. It is also possible that some people might enter TH without having had an intake elsewhere.

Henderson said the wording can remain the same – just keep it in mind.

Dalberg said to leave it so everyone knows that the service plan has to exist somewhere.

Collinsworth said as people transition to different phases, the assessment should be reviewed by their case manager.

Knoche said that is what is meant by “periodic needs assessment.”

Martin-Smith asked if it was the consensus of the group to leave the wording pertaining to intake assessment as is.

Members agreed that the wording was appropriate.

Martin-Smith asked Knoche to discuss the evaluation piece.

Knoche said if the purpose of TH is to get people into PH, success will be determined by how many people obtain PH. There are other measures that will be collected. They tried to accommodate many housing types for TH – single-site and voucher-based.

Martin-Smith asked about the number of services provided. In the housing vision, the CCH wants to see the end result, and may not have an interest in the other measures.

Knoche said it is more data than a success indicator.

Faubion said internally it could be helpful in correlating services with success.

Knoche said yes, because the issue really is consistency of services. When we see failures, we see inconsistent services or erratic services. The more service providers that come with a family, the less likely they are to succeed. What clients are usually doing in this scenario is playing providers against each other.

Collier said this should be addressed between service providers. They have to agree on one lead service provider that will develop the transition plan.

Martin-Smith said that is implied in the housing connector.

Henderson said one thing that needs to be tightened up is that there are outreach workers and there are also agency case managers. There needs to be a coordinated pool of case managers.

Collier said it is based on the consumer. After the initial assessment, she might decide a person is better served by Independence Inc, and at that point the person is connected to Kelly Nightengale and not Jeanette Collier.

Martin-Smith said what kind of collaboration are we really going to see? She keeps hearing no one can handle any more than they are doing, but she hears Collier saying that some people are being served by several agencies.

Dinsdale said this is not the job of the CCH. The providers should make that policy decision.

Dalberg said in TH, the case manager's job is to teach people where to find services so they can access them on their own. Services should not be trying to start a new case – they already have someone doing that. If someone comes to Salvation Army's food pantry, no one at the pantry should be starting a new case or doing an assessment. When people get out on their own we do not want them to have an ongoing case manager to lead them to every service.

Martin-Smith said she is only concerned with folks entering the housing vision.

Knoche said could they add "to provide and coordinate services."

Collier said one of the breakdowns is concerning the homeless outreach team. Initially there was a lot of coordination with the outreach team and now it seems there is none. We need a mechanism for coordinating these service plans. It is a service provider issue that needs to be resolved.

Martin-Smith said there should be an expectation that it should happen.

Dalberg asked if the use of HMIS helps track what services individuals have been accessing.

Collier said it is really the face-to-face contact of case managers. When the outreach team started they met weekly and it worked fabulously. Not having that sort of dialogue creates a breakdown in service plans.

Henderson asked if it could be added "there should be clear and consistent tracking". Service providers are struggling for this kind of clarity – it constantly fluctuates.

Dinsdale said someone has to figure out how this consistency can be imposed on the housing vision.

Martin-Smith said it can be the expectation, but it is the job of case manager agencies to figure out a way to coordinate services.

Henderson said perhaps Knoche and Dinsdale can add language to the vision regarding this issue. When there is this vision support, it gives agencies a direction to move in. He suggested "ensure continuity of case management."

Knoche will come up with, and add, the language.

Henderson said it should be a universal statement and added to each description.

Martin-Smith asked for public comment. There was no comment.

Henderson **moved to accept the TH summary with the changes.** Collinworth **seconded the motion, which passed.**

PSH Work Group Update

Dinsdale said the PSH group used Knoche's format. They had some great meetings but she did not originally start out with the outline as a goal, but she ended up there. She handed out the PSH description (see attachment 2 at the end of minutes) and went through it. She stated that evaluation is different in that the goal is to sustain housing. They might add "occupational self-sufficiency." The variety of this type of housing is vast. Whether it is for mixed or single-populations, they do not need to mandate any of that in this outline – there are many opinions on this.

Henderson said they could say "economic and personal self-sufficiency." Economic is one aspect, but there are others. It should also be reflected in this outline is the difficulty of achieving or arriving at PSH.

Martin-Smith said that could be stated somewhere. The definition at the top and the desired outcome at the bottom do not mesh. When she thinks of PSH she thinks of SPMI and addiction.

Knoche said PSH is tied to any disability – not necessarily SPMI and addiction. She suggested saying "persons with disabilities," and removing specific areas of disability.

Henderson said the model of PSH he thinks about is that people are permanently housed, with support.

Collier said she is uncomfortable leaving homeless families out of PSH.

Dinsdale said they will insert families into the description. Is it possible to house chronic alcoholics with this definition?

Knoche said yes.

Henderson said to make it clear that addiction is included in this definition of disabilities.

Dinsdale and Faubion emphasized that the general public needs to understand this.

Knoche said to say "this would include alcohol/drug addiction, SPMI, etc."

Martin-Smith said these descriptions have to be carried forward and talked about formally in public. These conversations help with that.

Dinsdale said the PSH work group would still like to meet with some other agencies and refine the document and bring it back in February.

Swarts said for Dinsdale to call her to find out about some other PSH agencies to contact.

There was some discussion of Oxford House in Lawrence.

Collinsworth asked if staff can update the vision packet with new descriptions.

Swarts said if Dinsdale can send out the new PSH document soon and members can provide input staff can bring the final vision packet to the February meeting.

Martin-Smith asked for public comment on the PSH document provided by the work group.

David Manning said he wants to get involved with the issue of homelessness and is here to see what he can do for the cause. Touching on the issue of disabilities – is the board willing to accept a chronic alcoholic/addict living the status quo?

Dalberg said that is up to individual agencies and their program requirements. The Salvation Army would not allow it.

Henderson said there are models that allow these individuals to get off the street. Oftentimes once you get the chronic users off the street and stabilized they will seek treatment. It is an agency decision.

Manning says he works with veterans affairs – addicts – and there are a few that have not wanted help. They would spend their income on drugs/alcohol until which time the VA intervened.

Martin-Smith said there is not an option for this in the plan. Agencies can do whatever they want, but this vision addresses helping to house the homeless.

Dalberg said he disagrees with Martin-Smith. There may be an agency who wants to serve that really small part of the population that does not want to get out of addiction. The agency may want to house them, and offer them services.

Hemphill asked how the VA changed.

Manning said they are still trying to come up with various ways to deal with the problem. It is a tough issue.

Parker said she works with a group of doctors and many of the doctors are veterans. PTSD is considered mental illness. She asks for compassion for veterans. They suffer anxiety, fear, and reintegration problems. There might not be sufficient mental health services for veterans. There should be PSH for people with chronic mental health issues.

Martin-Smith said she comes from a military family and has family members who have been on the street. She does not have a lack of compassion but she wants to get something going in this community.

Dinsdale said these descriptions should be the least restrictive, in order to allow for many different PSH options.

Martin-Smith said yes, we want agencies to serve the populations they want to serve.

Saunny said the number of persons served is an outcome and that could include a chronic alcoholic – it is a person off the street. She is glad that families will be added to PSH.

Timeline Update

Martin-Smith asked how they would do outreach to community – how to find out who is out there and who sees themselves as a part of this housing vision. What other kind of outreach needs to be done?

Swarts asked what kind of handouts the CCH wants for the Town Hall Meeting today. She was thinking the housing vision with the count on one side. Since it is not finalized, Martin-Smith can talk about the various components. In February, there will be a complete packet.

Martin-Smith asked how to get the word out that the CCH would like to hear from providers.

Swarts said it might be beneficial to have an invitational meeting in March and to target some agencies. That would give you some information to take to the CC meeting in April.

Martin-Smith asked if there should be another meeting, such as the one in October.

Swarts said that was sort of a town hall meeting. She is envisioning a sort of study session with the CCH where they can invite particular entities. Anyone can come, but entities crucial to the plan will be invited.

Martin-Smith said we could also invite the United Way and Douglas County Community Foundation to listen. Agencies can say where they already fit.

Dinsdale said it is almost a marketing or PR wrap-up.

Henderson said to invite people with the implication that we are including them in the vision. There are lots of groups and they may or may not think of themselves as a part of the vision. We should embrace them as a part of the vision.

Martin-Smith asked if this will all be possible.

Swarts said we can ask Plymouth Congregational again for meeting space. Members should send contacts to staff by the end of next week – January 18.

Martin-Smith suggested getting agency contacts from Jo Bryant.

Swarts said staff will see if Bryant and the new ED would attend the meeting.

Other Business

The Town Hall on Homeless meeting will be today at 3:00 pm at First Christian Church. Martin-Smith will speak, as will the Mayor Hack and a jobs panel.

Collinsworth said he is maintaining his steady contact with Cliff Galante, Transit Director, and has invited Galante to attend some meetings. Galante is interested in how social service agencies feel about T services.

Adjourn

The meeting adjourned at 10:00 am.

Attachment 1

Participants 12/12/07 and 01/02/08: Charlotte Knoche, Shirley Martin-Smith, Lesley Rigney, Lynn Amyx, Lynnea Kaufman, Mike Caron, Kelly Nightengale, Sarah Terwelp, Wes Dahlberg, Penny Schau, Steve Ozark. Reviewed by CCH 01/08/08.

- I. Transitional Housing: A program combining housing and services that has as its purpose facilitating the movement of individuals and families from homelessness to stable/permanent housing within a reasonable amount of time.
- II. Target Population: Homeless Adults, with or without children and homeless families, formerly homeless adults and families living with family and friends.
- III. Essential Components
 - a) Physical
 - i. Residential housing units in the local rental market, as well as units leased, donated or owned by groups or persons wanting to participate in a transitional housing program. Shared units, single room occupancy, group residences, all would be possible if they meet the needs of the homeless population.
 - ii. Safe, decent and sanitary conditions of the units will be verified by the entity operating the transitional housing program.
 - iii. Any new construction or significant rehab of housing units for a transitional housing program should meet the handicapped accessibility requirements in the Fair Housing Amendments Act of 1988 or any subsequent revision to that Act.
 - b) Programmatic
 - i. An entity operating a transitional housing program is expected to have the capacity to provide a continuity of services, and to coordinate and oversee the provision of consistent, professional support services, either through in-house staff, or through contracts or agency partnership agreements with professional service providers.
 - ii. Services should include, but are not limited to:
 1. An intake and periodic needs assessments throughout transitional housing participation.
 2. Development of a housing transition plan based on individualized goals and objectives and including supportive services that are tailored to and adequate to meet the family or individual's needs.
 3. Activities to develop the ability of the family or individual to maintain stable housing and achieve permanent housing.
 4. Activities to help the family or individual achieve their greatest level of economic self-sufficiency.
 - iii. The family or individual has a written agreement to participate in services on some level as they work to achieve permanent housing.
- IV. Program Evaluation and Monitoring
 - a) Desired Outcome: Increase the number of homeless families and individuals maintaining stable housing and accessing permanent housing.
 - b) Measures

- i. Number of persons served
- ii. Number of units assisted
- iii. Number of services provided
- iv. Number of months a family or individual stays housed
- v. Number of families or individuals successfully completing a transitional housing plan and moving to permanent housing.