

Minutes
Homeless Taskforce
MEETING DATE: February 7, 2007
United Way

Taskforce Members

Rev. Cheryl Jefferson Bell Sue Castile Gypsy Claar Connie Dietz
 Jack Focht Patrick Hanrahan Lou Heldman Bishop Michael Jackels
 Bishop Scott Jones Steve Martens Janet L. Miller Tim Norton
 Marsha Stanyer Mary K. Vaughn

Ex officio members: Winston Brooks Bill Buchanan George Kolb Ron Holt

Welcome

Jack Focht called the meeting to order at 7 a.m.

New Business

Point in Time Results

Pat Hanrahan presented the preliminary results of the annual Point in Time Count. The count took place on January 23-24. Approximately 160 volunteers from the City of Wichita, Sedgwick County, the faith community and the general public were trained to help conduct the survey.

2007 Point in Time Results	
Number of Homeless	526
Sheltered	473
Unsheltered	53
Number of Chronically Homeless	89

One of the questions on the survey instrument asked the respondents what services they need the most. The top three responses for both the homeless and chronically homeless were:

- Housing Placement
- Rent Assistance
- Employment

Hanrahan noted the count used a different methodology than USD 259's count featured in the Sunday edition of the *Wichita Eagle*. USD 259's count is a cumulative count of children for the duration of the school year. In addition to counting children in shelters, USD 259 counts children:

- Whose family shares a house with others
- Living in motels, RVs and Campgrounds
- In transitional shelters
- Abandoned in hospitals
- Awaiting foster care placement

Review of the Kamen Report

Ron Holt started by handing out an outline that showed the general revenues, sources and expenditures of government funds spent on homelessness in the community. After going through this handout, discussion was continued from the previous meeting regarding the Kamen Report recommendations. The 1997 plan focused on the following seven areas:

- Homeless prevention
- Outreach & Assessment
- Emergency Shelter
- Supportive Services
- Transitional Housing
- Permanent Housing
- Centralized Database

After the last meeting, the group was ready to pick up discussion with the third topic, Emergency Shelter strategies.

Emergency Shelter

- Implement a system to provide regular census data on emergency shelters that will document utilization and expansion needs.

The United Way has implemented an HMIS system; however it is underutilized at this time.

- Implement common intake form to be used for initial assessment and information gathering.

This was completed but it is not utilized by all agencies...

- Implement a winter overflow emergency shelter from 11/1/97 to 3/15/98

This was completed and continues to be offered on an annual basis.

- Maintain case management services at all homeless shelters

Case management is provided at various shelters, but no standards exist for what constitutes case management.

- Develop plans and identify funding for maintaining adequate day time shelter for homeless persons that will provide outreach and assessment, case management, telephone, job services, mail service, showers, laundry and a noon meal

Union Rescue and UMUM operate day shelters (Drop In Centers or DICs). UMUM's capacity is 57 but they serve an average of 100 per day. Amenities offered include showers, laundry, storage, resource referrals, case management, noon meal, a message board and clothing vouchers.

Supportive Services

- Establish additional case management positions to work with the at-risk population that receives homeless prevention assistance

UMUM added a 2nd case manager to work with Vision Quest. Also, the City has added the case management position to work with offender reentry. Center of Hope offers short term basis assistance and referrals but not intensive case management. Catholic Charities Emergency services has 3 individuals who do homeless prevention case management (inc. limited English speaking -Hispanic).

- Establish database systems which will enhance interagency case management

The original efforts capturing basic demographic information was accomplished by United Way on behalf of the homeless shelter providers. Now, HUD is interested in

HMIS information that will capture more client information to allow for the review of how clients are accessing the homeless system. HUD has provided funding for this project.

- Establish a collaborative project between mental health providers and substance abuse treatment agencies which will address the need for services to the homeless with dual diagnosis

The Transitional Housing Program (THP) grant was submitted in 2001 and funded. Implementation occurred in August 2003 with partners Miracles, COMCARE and Breakthrough Club. This partnership later dissolved and the THP program is operated by COMCARE currently. There continues to be a shortage for treatment for persons who are homeless and suffering from addiction.

- Increase job training services, job search and job placement services. *UMUM no longer operates "work options" program due to lack of funding. Venture House, Breakthrough Club and Workforce Development offer various job search support.*

- Develop transportation system to support the needs of homeless individuals for job training, interviews and work

At the present time, there are fewer transportation options than when originally presented. Second Mile (UMUM) was discontinued due to lack of funding and volunteers. There is a dire need for transportation particularly for 2nd and 3rd shift workers.

- Develop child care assistance system to support the needs of homeless individuals for job related activities, i.e. Training, interviews, work.

Child care continues to be a concern and need.

- Provide basic education through GED to enable individuals to find work or access additional vocational training

Venture House (Episcopal Social Services) provides job search and resume assistance. Help to obtain the GED is available through several groups such as Mental Health Association, Breakthrough Club and Forever Crowned Ministry.

- Provide legal assistance for emergency needs related to resolving homeless circumstances

Since there is no longer a designated "homeless presumptive eligibility specialist" through SRS or Social Security, one of the things legal services works with homeless to follow through with the disability process despite rejections. There is not legal assistance for custody and across the board legal services pro bono.

- Increase the availability of substance abuse counseling and referral options to homeless

More options are not available and the need has increased.

Transitional Housing

- Develop thirty additional units of Transitional housing in the next year. These units will focus on the special needs populations, primarily those with dual diagnosis of substance abuse and mental illness.

COMCARE operates a dual diagnosis transitional housing project with 20 beds which was created in 2003. Inter-Faith Ministries has a SafeHaven for those with mental illness which has 18 beds, and Miracles offers 5 beds targeted for those who are homeless with addiction. According to the 2006 HUD SuperNOFA application, there were 110 family beds and 90 individual beds serving those who are homeless in our community. 4 beds were in the process of being added to the inventory at the time of application. Of the 204 community transitional housing beds, only COMCARE's 20 beds are specifically designated for dual diagnosis.

- Develop a Safe Haven for homeless individuals with severe mental illness.

This housing option (considered a hybrid) receives both KESG funding (emergency shelter) and HUD funding (transitional) and serves 18 persons with mental illness who are homeless.

- Utilize CDBG or HOME funds to leverage other available funding for additional transitional housing.

Transitional housing has not been funded, except what might be provided through the shelters which serve victims of domestic violence. Two of these shelters have received CDBG funding over the past several years.

Permanent Housing

- Position the community so that the Shelter + Care Program can be continued beyond its present allocation.

Additional (5) five S + C vouchers designed for the chronically homeless have been requested through the 2006 HUD SuperNOFA.

- Establish a housing specialist position and hire an individual to develop rental opportunities for homeless persons and families.

Previously a community based housing specialist worked with landlords and was quite effective (UMUM). This position no longer has funding. COMCARE added a housing specialist due to the success of the prior program. However, services are only available for COMCARE clients meeting program criteria and not the entire community. There are individual programs which may have a housing specialist, such as Breakthrough Club.

- Put homeownership education in place as part of the existing transitional housing programs.

Each individual agency is responsible for disseminating information about opportunities.

Centralized Database

- Research and address legal issues surrounding confidentiality by December 31, 1997.

Barriers continue to exist around this issues, especially those related to specialized populations such as domestic violence and HIV.

- Establish concurrence from participating agencies about the format of the database by January 1, 1998.

Challenges exist regarding complete participation in the HMIS database system.

- Identify funding and procedures for procuring software and hardware for agencies that will participate in the centralized database.

Research was done by United Way and partners in the mid – late 1990's prior to HUD announcing it would fund HMIS systems.

- Complete design and implementation plan for the database by July 1, 1998.

In 1998 a manual form was created by United Way, agencies filled out demographic info and it was keyed into a homegrown access database. HUD announced that it would begin funding HMIS and requiring communities to implement and keep data in order to receive HUD funds. First funded in 2001, United Way implemented software package but it became cost prohibitive due to company changes midway; they switched to new vendor with different challenges: confidentiality. UW is converting to third vendor in 2007. The new HMIS will provide bed utilization and more comprehensive data reports.

Implementation and Evaluation

- The existing Task Force will determine the desired membership for an ongoing Task Force by December 1, 1997.

Homeless Task Force was created in 1994, redesigned in 1997 and then again in 2000 when it was renamed as The Community Council on Homeless Advocacy (CCHA). The current make up of CCHA is not indicative of the proposed and identified structure. Of the organizations participating there is a high percentage of nonprofits and providers.

- Regular meetings of the Task Force will be held at least quarterly and additional meetings will be called as needed.

Monthly meetings occur, with subcommittees also meeting monthly, and more often as needed.

- The task force will research and evaluate successful homeless services, agencies, and plans in other communities.

Subcommittees did perform some independent research and pursued information related to those communities that had secured high scores on the SuperNOFA or that were on the leading edge of HMIS development.

Other

The members discussed what segment of the homeless population should be addressed by the plan they are charged to formulate. Most members felt it would be appropriate to concentrate on the chronic homeless population mentioned in the joint resolution creating the Taskforce. Jack Focht asked the members to begin thinking of ways to address the chronic homeless problem and e-mail the thoughts to staff to compile and distribute at the next meeting. Focht also asked the members to keep the meetings of the Taskforce on their calendars through April.

Adjourn

Having no other business the meeting was adjourned