

Minutes
Homeless Taskforce
MEETING DATE: June 13, 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. Minutes were approved.

New Business

Logistics

Jack Focht began the meeting by stating that the Homeless Taskforce was shooting for a September 1 deadline for a draft/outline of the plan. Bi-weekly meetings have been scheduled through October 31. Mr. Focht stated that this week's dialogue would focus on a gap analysis and items in the presentation might require more definition.

Gap Analysis Presentation

Reverend Cheryl Jefferson Bell began the gap analysis presentation with a brief overview stating that the analysis was intended to uncover discrepancies in service within the community. The gap analysis was designed to illustrate to stakeholders where the community had filled a need, as well as those areas that required more attention.

After the synopsis, Reverend Bell requested that any further questions be directed to Rachelle Moody and Jenni Gluszek. The gap analysis was based on the various stages of interaction that a homeless person might engage in when seeking shelter. The model was designed to wrap services around those seeking shelter and especially those with a history of chronic homelessness. In the model, a homeless person might encounter four different participants in the process of seeking shelter. These participants direct the homeless to a provider where an assessment of need or an official diagnosis of need can be made. It was mentioned that one of the many challenges to the system was insufficient knowledge about the needs of the homeless. It was suggested that a location was needed to function as a one-stop shop where the homeless could be diagnosed and directed to the proper service provider.

The model includes two tracks of homelessness. One track was for new homeless, which were considered situational. For example, new homelessness occurred as a result of job loss or a catastrophic event in a person's life. Those recipients on the new homeless track may require some assistance but have a better chance of becoming self-sufficient.

The second track was identified for those experiencing chronic homelessness and primarily those with a dual diagnosis or addiction. Those identified in the second track have habitual challenges and are less likely to seek help to improve their lives.

At the conclusion of the presentation, a question was raised about transitional housing. It was reiterated that track 1 was situational and thus transitional housing was not necessary for them. Recipients of service on track 1 are more likely to have the capacity to seek out-patient treatment or may need little to no help beyond this point.

Another issue discussed was more concretely quantifying the needs for services. Concerns were stated about whether or not gaps in services were missed or were underestimated. An accompanying list included an asterisk where possible restrictions exist and services may not be available to the general population.

From that point, discussion moved to the validity of case management. Because case managers are not held to the same standard, case management takes on many forms depending upon the organization. For this reason, measuring the effectiveness of case management becomes difficult.

Another discussion addressed the significance of determining the cost of filling the gaps. While questions about the validity of the numbers remained, the importance of determining costs was also a central issue. It was stated that the Homeless Taskforce could not address all issues involved in the homeless problem and the Taskforce should focus their efforts on high areas of need where the Taskforce could make a difference. It was also suggested that the Taskforce locate funding streams for those areas where high gaps existed to locate possible funding sources for the future in these areas.

Questions were also raised about the number of detox beds available along with number of beds available for residential treatment. It was estimated that 159 beds were available for residential treatment for the entire Wichita community. It was suggested that more research be conducted about high gap areas and contact should be made with those service providers that are highlighted in red. Some members suggested the Taskforce focus on chronic homelessness and not focus on the side for new homelessness on the model.

As the Taskforce began looking into the future, it was suggested that the group increase community participation. A public forum was proposed where citizen feedback could be gained about the findings and processes undertaken by the Taskforce. While most citizens may not understand the complexity of the issue and only advocates of a specific cause may attend a forum, the majority of the Taskforce supported the idea of getting public feedback.

The focus of the discussion then shifted back the importance of the assessment of needs. Questions were raised about whether a place existed in the community where needs could be assessed. The Taskforce was unaware of such a place. The only provider capable of providing this service was Open Door. Currently, Open Door provides many of the services required for an assessment of needs, however their resources are limited.

Adjourn

The next meeting was set for Wednesday, June 27 at 7 a.m. The meeting was adjourned at 8:25 a.m.