

Minutes
Homeless Taskforce
MEETING DATE: June 27, 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

An update to the Housing First Model was presented. Changes included an additional citizen component for the type of individual that a homeless person might encounter when seeking shelter. In addition, the drop-in and central intake service components were separated on the flow chart because they represent two distinct functions that do not have to be related or provided at the same site. One serves as a place to be during the day for basic needs such as showering or mail services. The other serves as a standard point of entry into the system of services, where the focus is on securing access to appropriate resources such as housing or health care. On point of entry to the system, the updated model calls for additional interim housing options.

Presentation

After the Housing First update, discussion shifted towards further identification of gaps in services. A presentation by Janet Miller provided an overview of initially identified gaps and these include: No place to be between 1:00 p.m. and 6:00 p.m.; assessment/drop-in center; centralized/one stop/call way to find help; permanent supportive housing, drug/alcohol addiction program beds; challenges to receiving benefits; low-income housing/homeless prevention; transportation; and highest and best use of Homeless Management Intervention System (HMIS).

After initial gaps were identified, further research into identified gaps was presented.

It was highlighted that Open Door was the only day shelter that exists in the community. Three years ago, Open Door was forced to relocate and this has limited their ability to serve the homeless community. Previously, Open Door was co-located with COMCARE and homeless citizens were able to utilize a variety of services in one location. Currently, both COMCARE and Open Door would be willing to co-locate again; however, sufficient space and resources are required.

Next, the presentation moved toward recommended housing needs. Challenges persist in obtaining an accurate count of how many homeless citizens require assistance. According to the Supernova application information presented to the Taskforce, the community needs 38 additional shelter beds, 119 permanent supportive housing beds, and zero beds for transitional housing. The presentation also highlighted the need for additional residential treatment and detox beds but, not all homeless citizens in detox would need residential treatment.

After the housing discussion, the presentation highlighted challenges to receiving benefits. Challenges to navigating the application process were highlighted as an impediment to receiving benefits. Specifically, obtaining an identification card, fulfilling specified requirements to be eligible for benefits and lengthy processing times were additional impediments to homeless persons seeking shelter. Eliminating barriers to benefits is important because it saves resources that are uncompensated for as long as a homeless person remains unapproved for Medicaid.

While it was understood that barriers remained, the presentation moved forward with a SOAR (SSI/SSDI Outreach, Access and Recovery) presentation by Debbie Donaldson. SOAR is an inexpensive strategy used by states, communities, and providers to increase access to SSI and SSDI through training, technical assistance, and strategic planning. SOAR emphasizes active involvement between case managers and applicants. Through training, case managers help applicants to “Get it right the first time” so that appeals are avoided and uncompensated resources are minimized.

Once the SOAR presentation was completed, Janet Miller proposed that the Taskforce adopt a resolution of support for the implementation of SOAR in Kansas. The resolution should advocate for Kansas to be one of 10 selected states chosen for training, and, if chosen, support the selection of a person from COMCARE and United Way for training. Recently, the Kansas Social and Rehabilitation Services applied for the SOAR program which is sponsored by the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Health and Human Services’ (HHS’) Substance Abuse and Mental Health Services Administration (SAMHSA).

To strengthen support for SOAR, it was suggested that the Taskforce form a coordinated effort. Sedgwick County, the City of Wichita and other stakeholders were asked to coordinate a response to reach elected representatives to build support for SOAR in Kansas.

After a coordinated effort was established, discussion moved to detox stabilization programs. Due to the lack of service in this area, Oxford homes were suggested. An Oxford home is a self-run, self-supported home where people recovering from addiction live until they get back on their feet. The home is self-sustaining and governed by a board that is elected by those living in the house and participants have to be selected by 80% of occupants before moving into the home.

Next Steps

It was suggested that the Taskforce come to a consensus on whether or not accumulated information was exhaustive. Several taskforce members recommended that employment be added to the gap list. In addition, questions were raised about whether or not the community was supportive of a religious requirement for homeless shelters. It was recommended that the subcommittee research these areas and report back at the next meeting.

Adjourn

The meeting was adjourned at 8:33 a.m.