

Minutes
Homeless Taskforce
MEETING DATE: July 25, 2007
American Red Cross

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

SOAR Update

Debbie Donaldson provided an update regarding the results of the state's application for the SOAR program. While Kansas had a high score, it was not high enough to be one of the ten selected for the SOAR training this round. The primary reason cited for Kansas' loss of points was data collection. Because the state scored relatively well there is hope that if additional funding is found, Kansas would be added as a partner. Additionally, Debbie is willing to pay for a COMCARE staff member to attend the training if the Department of Health and Human Services (HHS) will allow an additional trainee to attend at no cost to HHS. The taskforce will thank the congressional delegation for their support.

Feedback on Winter Overflow RFP

AECH and the downtown ministers provided feedback on the proposed RFP and emailed this information to TECH on Tuesday, July 24. Debbie Donaldson stated that this feedback, as well as feedback from the CHAA, will be considered later this week.

Potential visit from Phillip Mangano

Phillip Mangano, Executive Director for the United States Interagency Council on Homelessness, was approached by Wichita Mayor Karl Brewer to visit Wichita. The visit will be coordinated by TECH. Dates have been sent to Mr. Mangano to determine how quickly he can fly to Wichita. Travel cost will be taken care of by the Interagency Council on Homelessness.

Focus of TECH: Chronic or All Homeless

Focht stressed the importance of deciding which population the taskforce would focus their plan/report on. Without this decision, the group was at a stand still in terms of making recommendations.

Discussion ensued with the majority of taskforce members stating they thought the best way to go was a focus on the chronically homeless, with an acknowledgement that the plan/report would not answer or solve the problem for all homeless. Further, it was stated the report should explain how large the problem of homelessness is outside of the chronic population. Reasons to support this approach:

- This was the taskforce's original charge.
- If the taskforce does not narrow their focus more, they may not accomplish anything.
- The chronic homeless are the most expensive and hard to treat.
- By serving this group, the ripples will be bigger than serving any other sub-population.
- Currently, there are more programs available to assist women and children than the chronically homeless.

A few members voiced concern for children. These members felt the majority-preferred approach ignored children and female domestic violence victims. Most of the group agreed that, even if the focus is the chronic, the solutions will have other beneficiaries besides just the chronic homeless. An example might be if a receiving center or extended-hours drop-in center were recommended. Service would not be limited to only the chronically homeless.

After discussion on what definition of “chronic” should be used, Connie Dietz made the following motion,

I move that TECH focus their report on the chronically homeless as defined by HUD (Housing and Urban Development). The report should recognize the larger picture of homelessness in the community as well.

Steve Martens seconded the motion. The motion passed 11-1, with Cheryl Bell dissenting.

Housing First vs. Continuum of Care Model

Next, the Taskforce discussed whether to support a “Continuum of Care” strategy versus the “Housing First” model. “Continuum of Care” focuses on rehabilitating a person first so that he or she may be ready to move into permanent housing. “Housing First” focuses on providing a place to stay and then wrapping services around the individual.

“Housing First” requires 30 percent of an individual’s income to be paid for rent and includes two visits a month from a case manager while, Continuum of Care does not have an income requirement and case managers will visit an individual wherever he or she is. It was stated that it could be presumptuous to assume that homeless have income and that 30 percent was a lot to require for those receiving assistance.

Questions were raised about the philosophy of both approaches. Housing First and Continuum of Care both offer services but it is the order of service provided that is debated. In terms of “Housing First,” questions were raised about individual rights and whether an individual can be forced to stay in a place where they do not want to stay. Taskforce members agreed individual rights were a concern and the level of receptiveness depends upon the person. Treatment and service should be determined on a case-by-case basis.

As the Taskforce decides which strategy would work best for this community, it was suggested that cost/benefit information be provided for both approaches. Mr. Focht stated that he was aware of research that indicated “Housing First” helps decrease resources spent when those in need of treatment are housed first.

As discussion continued, Taskforce members asked if advocates for both “Continuum of Care” and “Housing First” could be brought in for future meetings so that the Taskforce could better understand both strategies. Questions were raised about which strategy is supported around the country. The TECH subcommittee surveyed nine cities/counties. Six supported “Housing First” and three Continuum of Care.

Discussion included incorporating both strategies. It was suggested that both approaches have a place and that the community could find value in incorporating both strategies.

Adjourn

The meeting was adjourned at 8:27 a.m.