

Milwaukee Continuum of Care Executive Board Meeting Minutes: January 15, 2015

Attending: Claire Johnson, John Stibal, Jim Mathy, Kent Lover, Jim Eigenberger, Ted Matkom, Luke Radomski, Karen Dubis, Amy Lorenz, Jennifer Frey, Emily Kenney, Eric Collins-Dyke, Kristin Haglund, LaMondre Taylor, Becky Kanitz, Lona Long Velasco

Jennifer began the meeting with introductions and called to review and motion to approve the December meeting minutes. David Pifer moved approval, with a second from Luke Radomski, all in favor, motion passed.

Lead Agency Update:

4th Quarter Workgroup Updates

Discharge Workgroup Presentation – Emily Kenney, Eric Collins Dyke, and Becky Kanitz presented – Emily gave background on the Workgroup, starting first focusing on foster care, then with direction from the City the group opened up to include 4 pillars (foster care, hospital, correctional facility, and mental health) from the 10 Year Plan, looking at the issues from each. Each group did interviews with stakeholders from each area, stakeholders from both sides – clients and agencies. The group summarized and figured out on a broad level of what the CoC could do, and what the workgroup should do, in reference to what the rest of the CoC is doing.

Common theme – lack of beds, both shelter beds and landlord units; especially landlord worries of taking folks from correction. Homeless status another issue. With CoC focus on Chronic Homeless, for those discharged, they either are not meeting definitions for prioritization with Coordinated Entry, or are not currently homeless. Area to address: how to problem solve not currently homeless but will be when discharged. This area is difficult to coordinate and communicate across institutions.

Of benefit: Milwaukee County Housing Division has created new divisions in housing to accommodate what federal funds restrict.

The group discussed the definition of homeless discharge from institution: must be in institution for 90 days or less and be literally homeless before going in.

The group touched on issues of youth aging out of foster care – there is a population who are placed before closely turning 18, but end up homeless after due to being kicked out. Youth are hard to serve, depending on funding source and resources available, example Section 8, HUD funding, etc.

Best practices from Cook and Hennepin Co. – “accountable care organization” – looking at client’s whole well-being. Housing navigators are essential to making it work. Housing First is a best practice; also a current CoC policy.

Coordinated Entry is helpful to know degree of need and where people are coming from. Coordinated Entry prioritized those most likely to die on the streets if not housed; know that the discharge folks, prior to release, aren’t as vulnerable as those on the streets.

Suggestions: Need for medical hospitals to have a transitional placement where client unable to go into housing or shelter; such as Milwaukee County BHD (Behavioral Health Division) Crisis Stabilizing Housing.

It was asked what the workgroup believes to be the next step. Response: Community Intervention Specialists and Accountability Care for each pillar are key to addressing the issues. Currently only two Interventions Specialists at the County, and Accountability Care is not a developed practice in the CoC, yet.

It was asked, what resources are available to implement? Board members discussed the utility of having each workgroup present needs presentations during the funding season, beginning the first few months of the year for preparation of funding decisions in spring; need for a report from each workgroup to formalize budgets. As reports come in Board members to decide on reports, making decisions on strategies moving forward. West Allis starts on budgets in June/July, and County begins earlier. The question arose: What are we not doing instead? Board members are to select prioritization of need based on reports. Also stated: the board needs to find out from people in the community; truly having the boots on the ground across the Continuum to share what's going on and needed in the system; reports from groups would help.

Gaps in discharge: logistically where do they go, where do we as a Continuum put them? 10 Year Plan: a main goal is housing access – adjusting the housing screening for landlords would help; getting a group of private landlords to agree to house CoC clients – non voucher landlords. Discharge workgroup stated, It doesn't matter how many boots on the ground, if there is no place to go. From a correctional institution discharge standpoint, it takes at least 50 days to get in to housing. Having a Master lease through tax levy was an approach discussed; advantageous in shortening liability for the landlord, and if client is asked to leave housing or program, it is not an eviction – group is trying to figure out how to implement. Group discussed the tax credit program is too inflexible, so where to find out housing? Using multi-family foreclosed homes using non-tax credits was shared as a possible solution. Part of the issue for foster youth is where to place them. There are a lot of providers who are stuck in this area. No matter how many are advocating for youth aging out of placement, landlords will not rent because they are without a rental history. Ted shared there is so much inventory to rehab, putting \$20k and at market rate, just need to find wrap around funding for services. Damage after housing is a stereotype of the homeless/CoC client populations. County housing has not yet experienced client damage as an issue. County provides a buffer by offering above rent to cover securities for utilities and damages.

Housing Access Partnership as solution: resources needed are dedication among providers (no cost, just work), added Community Intervention Specialist, and making sure enough units in the community. One area cannot improve without the other – partnerships, Intervention Specialists, and housing availability must be in place for success.

HMIS Service Point indicates about 50 people a year are coming from discharge, off record reality is about 3 times that amount, at least. Service Point recently started flagging people coming from discharge.

Recommendations of each pillar can be found in the Discharge Workgroup Suggestion Summary, disseminated.

Medicare: hospitals will be penalized for those who return into hospitals. How to address? The hospital system will need a lot of work. 1st concern: getting connected to primary care providers who haven't thought about re-entry. They don't see housing placement as something they need to solve, but this is

an area we can make partnerships to increase housing stability. The rest of the community needs to create more options, but currently not seeing their piece of the puzzle.

Board members suggested to have firm recommendations from workgroups by April, to allow appropriate timing for budget timeframe, have 2 or 3 presentations per 1st quarter meetings.

Reporting structure and getting direction back down: they would prepare issues of concerns; give information ahead of meeting for Board members to be more informed.

David Pifer requested to be put on the PAG meetings, would like to attend. To not have a disconnect, making sure Providers know Board members understands the issues. It was suggest to make the PAG a regular part of the agenda. Set aside a time every quarter for a report. Invite selected members.

Other Business

Meeting process was discussed: Meetings to follow public meeting process: Discuss only the items on the agenda, replace "Other Business" with "Announcements", post agenda and meeting minutes publically to website, treat CoC as a governmental public body with legal publication, making sure following public announcements procedure, subject to open meetings law – City to check.

Recommendations were offered for Governance Charter revisions. Jennifer asked that all recommendations be sent via email.

Jim Mathy announced the Harm Reduction Housing zoning meeting will be held January 15 at 6PM, City Hall.

John Stibal motioned to adjourn; Kent Lovern moved approval with second from Jim Eigenberger, all in favor.