

***City of Lawrence
Task Force
on
Homeless Services Final
Report and
Recommendations***

June, 2005

About the City of Lawrence, Kansas, Task Force on Homeless Services:

- Established in May 2003 by the City of Lawrence, KS Mayor David Dunfield;
- Composed of elected officials, government agencies, neighborhood representatives, business persons, faith community representatives, and non-profit organizations;
- Examined current services and demographics and identified gaps in our community's ability to assist people living on the streets as they move into and retain housing;
- Organized public forums to gather information from a wide representation of our community on perceived needs and desired outcomes;
- Reviewed similar plans in other comparable communities; and
- Prepared recommendations and assembled this report based on consensus opinions of the majority of the Task Force members.

Members were appointed by former Mayor David Dunfield and are as follows:

Mayor Mike Rundle, CHAIR

Bruce Beale, DCCCA Center

Randy Beeman, First Christian Church

Tami Clark, Community Drop-In Center

Candi Davis, Oread Neighborhood Association

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Rich Forney, the Salvation Army

Helen Hartnett, University of Kansas School of Social Welfare

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Caroline Hicks, Pelathe' Community Resource Center

Barbara Huppee, Lawrence-Douglas County Housing Authority

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James Schneider, retired clinical psychologist

Sara Taliaferro, Lawrence Association of Neighborhoods

Sarah Terwelp, Women's Transitional Care Services

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A Note to the City of Lawrence Stakeholders and City Commission

The Task Force on Homeless Services (Task Force) is comprised of a number of different individuals who hold diverse views on how Lawrence should react to and address homelessness. These views are reconciled through discussion, through a nontraditional approach to consensus building, and through the belief that our process will result in a humane and balanced approach to address the needs of all community members in Lawrence. It is our hope that this is conveyed in this plan.

The Task Force understands that people can hold differing views on the issues of homelessness and how it affects our community and can have a variety of goals when addressing these issues. The Task Force understands that such differences need to be addressed and balanced for any plan to be successful. Ultimately, community stakeholders and the City Commission must decide what the values of our community should be regarding people who experience homelessness, and what approach should be taken in response to this social problem in our community.

The Task Force believes that this plan can help people find common ground on this controversial matter. The plan will be costly. It will require public funding and public support. But these will not be insurmountable obstacles as the community works together. In doing so, the Commission will determine, as the Task Force has determined, that a full and compassionate response to our community's need is necessary and is essential to our community's well-being.

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Vision Statement

We have a vision of a comprehensive and integrated program of emergency, transitional and permanent housing and support services for the people who are or have been homeless and hard to house. Our vision is predicated on the principle that every human being should be given the opportunity and the help necessary to rise to his or her highest level of personal responsibility and independence.

We have a vision that will move the individual and/or family along a continuum of services addressing physical health, mental health, substance abuse treatment, life skills training, job skills training and more in order to help each reach his or her highest potential.

We have a vision that our community provide the supports necessary to promote and instill in all individuals a desire for growth and development. As we do so, we will overcome the causes and conditions that lead to and foster homelessness.

We hope that this approach will over time help individuals achieve the skills and abilities needed to be successful in a permanent housing arrangement.

We have a vision that the community of Lawrence will participate in providing these supports to people and take responsibility for the community response to the social problem of homelessness.

Introductory Note:

Such vision statements appear lofty. They are as lofty as the problem is big for people who experience homelessness and for the community. Homelessness is not an easily understood issue. It is complex and contradictory. It has different faces and different causes. It is a social problem that affects both individuals and communities and in order to be addressed it must have both individual and community commitment.

The plan proposed by the Mayor's Task Force on Homeless Services embodies both short and long term strategies to end homelessness in Lawrence. It begins with the establishment of a permanent and suitable emergency shelter program with case management and support services. It moves to an individualized integrated program of training and treatment for the people who experience homelessness as well as training for service providers to address this problem. It concludes with a plan for transitional and permanent housing.

The plan is not a panacea. It does not provide a fail-proof plan for removing all people who behave in ways deemed socially unacceptable from the streets. We believe this plan will continue to evolve as we work to provide solutions for Lawrence's homeless population who want to change and improve their lives, and as a result, improve the community. This material in this paragraph is more sensitively worded in the executive summary.

Executive Summary

Summary of Plan

The community of Lawrence, Kansas, possesses a great deal of goodwill and concern for its members. Yet among us are many who desperately need not only material but social assistance to meet their basic needs. Shelter is among the most basic of human needs, yet Lawrence is not currently able to adequately provide for that most fundamental necessity for all of our citizens. A divide has been created between those who go without housing and those who do not.

Who experiences homelessness in Lawrence? Homeless means as the term is defined in 42 U.S.C. 11302. "(a) IN GENERAL.-For purposes of this Act, the term "homeless" or "homeless individual or homeless person" includes-(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has primary nighttime residence is: A) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); B) a institution that provides a temporary residence for individuals intended to be institutionalized; or C) a public or private place not designated for, or ordinarily used as, a regular sleeping accommodations for human beings. EXCLUSION.- For purposes of this ACT, the term "homeless" or "homeless individuals" does not include any individual imprisoned or otherwise detained under an Act of Congress or a State law." (42 U.S.C. 11302) Although a community's homeless population is a difficult group to assess, surveys have been conducted by the Practitioner's Panel.

Homeless counts in Lawrence have been conducted in 1998, 2001, 2003 (Appendix VII, Section D) and 2005 (Appendix XIII). According to the most recent count, done January 28, 2005, Lawrence's homeless population was 112, of which 65 were sheltered and 47 were not. The count includes only those willing to be surveyed and is low as many individuals refused to participate. The survey was held at the time a newspaper article was printed alleging a homeless identification badge system was being proposed. Implementation of the HMIS will facilitate annual counts in the future.

Although women and families with children who experience homelessness are often a less visible portion of the homeless population, inclusion of families in discussions of shelter and services is essential. Case management and fiscal requirements of families requiring emergency and permanent housing must be considered as the community forges a comprehensive response to homelessness.

All members of the Task Force desire a compassionate response to those in need. The challenge is finding a balance between providing for basic human needs and responding to behaviors that exacerbate problems for both people experiencing homelessness and who are housed.

The elements of this plan include appropriate case management and adequate supportive services paired with available emergency, transitional, and permanent housing. These elements will go a long way toward meeting the needs of those in our community who lack shelter. However, the perception that addressing shelter needs in the community will also eliminate public intoxication, panhandling, loitering, and vagrancy within the downtown and within neighborhood communities is misguided. While this Task Force acknowledges these problems, the community must avoid relating the problems of homelessness with problems of street crime and inappropriate behavior. To blame and further stigmatize those in our community who lack housing is a pointless and destructive endeavor aimed at a group of people who instead need understanding and assistance. The Lawrence community must firmly and consistently address behaviors that it finds unacceptable, regardless of whom is involved.

We believe that communities must develop community-wide efforts that include strategies for addressing community concerns that lead to negative feelings and “Not in My Backyard” attitudes toward individuals or families experiencing homelessness and toward service providers within the community. Although reaching consensus on these issues has been an exceedingly difficult and emotionally charged undertaking, members of the Task Force consistently found much common ground in our desire for humane and compassionate solutions that call individuals to their highest capacity of responsibility and self-sufficiency. The Task Force consensus gives much hope and encouragement for a community effort to reduce homelessness.

The Task Force would like to emphasize that while their efforts focus on services and response for those currently experiencing homelessness in Lawrence, prevention is also a critical element of a community plan to reduce homelessness and it is not adequately addressed in this plan. The scope of the Task Force work did not include extensive discussion of homelessness prevention, or programmatic discussion of how to stop homelessness before it starts. In a presentation to the Task Force, Michael Stoops, of the National Coalition for the Homeless, stated that in the bigger picture of poverty and prevention, 50% of the financial and personal resources should be given to preventing homelessness.

Many prevention strategies are implicit in the current plan. For example: support services help maintain housing and self-sufficiency. Doing so eliminates the alternative of returning to the streets. Other support services for those who are precariously housed will help keep them from experiencing homelessness for the first time. Mental health service recommendations contained in this plan will also help break the cycle of people returning to the streets. Beyond the scope of this plan, prevention measures will ultimately save the community money. The review entity (described on page 13 in the Communication and Community Quality of Life Plan) should develop a prevention plan as part of its support of progress in the stated goals and programs of the Task Force plan. Current service providers will be helpful in developing prevention strategies as well.

In an effort to reconcile our differences and to consider the social problem of homelessness in the most objective manner possible, the Task Force conducted research and compiled reports. This process included perspectives from literature, the federal and local government, other communities, social service provider surveys, focus groups and interviews with people who are

currently or formerly homeless, and community forums that included business and neighborhood members. The Task Force final committee reports and historic documents are contained in appendices and are as follows:

- I. Emergency Shelter Research (memo from C. Nau and research paper)
- II. Gaps Report
- III. 10-Year Planning Process from Interagency Council on Homelessness (ICH)
- IV. ID Committee
- V. Initial Survey of Issues
- VI. Key Issues and Goals of the 10-Year Plan Committee
- VII. Local Services Committee Final Report
- VIII. Summary Review of Model Cities
- IX. Public comment notes from public forum
- X. Written public comments received from public forum
- XI. Martin-Smith notes from public forum
- XII. Dyall Leewright's written comments from public forum
- XIII. 2005 Homeless Survey and Response

Based on philosophies and the data collected, the Task Force suggests the following initial strategies:

1. Reestablishment of a crisis mental health inpatient unit and operation or coordination of the development of a local detoxification program. Without adequate coordinated physical health, mental health and substance abuse services, the end goal of stable housing will be unsustainable for many of the persons experiencing homelessness (see Mental Health Service Plan on page 4);
2. Continued and increased support for existing homeless service providers to establish options for a full-time, twenty-four hour, wrap-around program of relief or shelter services linked with rehabilitation services for people experiencing homelessness in Lawrence (see Emergency and Shelter Facilities Plan on page 6);
3. Funding for a case management team made up of case managers, one outreach worker and staff through key agencies working directly with people who experience homelessness (see Case Management Plan for The Community on page 8);
4. An increase in the number of transitional and permanent housing units for those experiencing homelessness (see Housing Program Plan on page 9);
5. Better utilization of established public and private employment services to develop a comprehensive approach to employment options for people experiencing homelessness (see Jobs Program Plan on page 11); and
6. Establishment of a diverse, permanent entity that will review implementation of the plan described in this report, evaluate progress toward stated goals and programs, develop a ten-year plan to end chronic homelessness, and facilitate communication between interested stakeholders (see Communication and Community Quality of Life Plan on page 13).

A. Mental Health Services Plan

The President's New Freedom Commission on Mental Health Final Report published July 2003 notes:

"People with serious mental illnesses...represent a large percentage of those who are repeatedly homeless or who are homeless for long periods of time...Of the more than two million adults in the U.S. who have at least one episode of homelessness in a given year, 46% report having a mental health problem within the previous year."

The Bert Nash Community Mental Health Center provides services directly to persons experiencing homelessness and also a number of programs to those at risk of homelessness. An outreach worker funded through a PATH grant works exclusively with those who are homeless and with shelter staff to facilitate access to services. There is an entire Case Management/Individual Community Support Team dedicated to assisting with housing and homeless issues. Cooperative programs between Bert Nash and the Lawrence/Douglas County Housing Authority bring unique opportunities to reduce homelessness in the community. The Hope Program is a significant example. This program targets chronic homelessness due to serious and persistent mental illness coupled with substance abuse. Access to crisis services, intensive outpatient services, and community based services all positively impact hundreds of those most at risk of homelessness. Headquarters Counseling Center and the emergency room at Lawrence Memorial Hospital are available around the clock for crisis services.

The New Freedom Commission also notes the shortage of psychiatric acute beds in many parts of the country. A report on the future of Kansas mental health hospitals, released in December 2003, noted the recent closures of the units at Lawrence Memorial Hospital and the Overland Park Regional Medical Center. The Department of Social and Rehabilitation Services sent notices to the Kansas court system in August 2004 to report that Osawatomie State Hospital was nearing capacity and might have to suspend admissions.

The prevalence of mental illness in a population most at risk of needing acute care, coupled with declining inpatient resources, has strained the network of social service and public safety resources in Lawrence. The Task Force believes that a crisis in inpatient psychiatric services is worsening. While additional programs would assist in meeting mental health needs, there is no alternative service that can replace the need for inpatient hospitalization. *The Task Force unanimously recommends that the City Commission request Lawrence Memorial Hospital to reopen the crisis mental health inpatient unit.* Hospital representatives were not included on the Task Force, so Bert Nash was called upon to continue the ongoing discussions on these concerns. Since the hospital is owned by the City of Lawrence, the City Commission will need to assist in the community discussion of the need for or support of the inpatient unit.

The community needs an emergency outreach treatment team for persons with mental health needs. An outreach team of medical and therapy staff visits people experiencing homelessness wherever they are, whether in a shelter or camping on the river. Without adequate coordinated physical health, mental health and substance abuse services, the end goal of stable housing will be unsustainable for many of the persons experiencing homelessness.

The cost of providing these services around the clock will be considerable, but the positive impact on individuals and on community safety will also be considerable. At a minimum, the City must develop clear policy guidelines and training for police officers on appropriate intervention with persons suffering from mental illness.

The Task Force recommends that:

1. The City Commission request Lawrence Memorial Hospital to reopen the crisis mental health inpatient unit.
2. An emergency outreach team be developed and funded which would include medical and clinical staff to address physical health, mental health, and substance abuse for persons experiencing homelessness.
3. Additional housing be made available for persons released from the state mental health hospital who have no home to which to return.
4. Additional social detox services be provided, such as those currently provided by DCCA in Wichita.
5. The City of Lawrence develop clear policy guidelines and provide training for police officers on appropriate intervention with persons suffering from mental illness.

B. Emergency and Shelter Facilities Plan

The Task Force's primary goal, as stated above, is to establish options for full-time, wrap-around programs of relief services linked with rehabilitation services for those experiencing homelessness in Lawrence. Imperative in accomplishing this programming goal, however, is the availability of shelter facilities. For this plan to be successful, it is imperative that our community be able to provide adequate resources for both shelter *facilities* and case management support for relief and rehabilitation *services*. This section of our report deals with the facility needs identified in the community, the specific physical spaces we currently lack that are required if we are to provide the kind of relief and rehabilitative case management and programming described in Section C.

In considering the type of facilities needed by the community, we agree that

- o Crisis emergency shelter must be provided in bad weather.
- o All in need in the community should have the opportunity to access safe, clean shelters that are available year-round, 24-hours a day and that through associated programming every individual should be offered an available path toward stabilization and permanent housing. (Programming components and relief as well as rehabilitative program requirements of these facilities is described in Section C).
- o Transitional housing is a major component of this plan and a major current need if we are to provide the progression of services outlined in Section C.

Shelter facilities should include:

- o Emergency shelter with separate accommodations for individual males, individual females, families, teens and individuals who are intoxicated or involved in substance abuse.

- Beds and showers, daily meals, laundry facilities, day-rooms, gender separation, basic clothing needs and short- and long- term storage of personal items.
- A place to socialize, to sit, and rest during transitional phases of programs.
- Closed sleeping spaces during daytime hours except for individuals employed in nighttime jobs.

The Task Force recommends that:

1. Our community make available emergency shelter with separate accommodations for individual males, individual females, families and teens as well as individuals who are intoxicated or involved in substance abuse
2. Emergency shelter facilities should include beds, showers, daily meals, laundry facilities, day-rooms, gender separation, provision of basic clothing and short-and long-term storage of personal items.
3. Scope of shelter to be provided in the community should include additional transitional housing/residential centers (see more under Housing).

C. Case Management and Programming Plan for the Community

Case management and associated effective programming is vital in providing needed resources for individuals experiencing homelessness. It will be necessary to provide key management of both in order to best coordinate service and funding. Case management is similarly essential for those at-risk of homelessness, as well as for some of those transitioning from emergency shelter toward permanent housing and independence.

All programs shall be subject to review as part of the Ten-Year Plan to End Chronic Homelessness as defined by initiatives of the United States Interagency Council on Homelessness (See the Communication and Quality of Life Plan on page 13).

Our intention with this model is to provide the structured programming and facilities necessary for an individual to move along a continuum of services with continuing and consistent involvement by case managers familiar with his or her case. It is desirable that case management utilize effective programming to lead the way through use of facilities that best serve individuals' unique needs. Effort should be made to keep case management consistent and individualized. Coordinated plans and interventions should continue as individuals progress or, in some cases inevitably, digress through housing options that might include emergency shelter, transitional or, desirably, permanent housing.

That said, it is also important to acknowledge that since people experience homelessness for a variety of reasons, some only need access to permanent housing and may not require additional support provided through ongoing case management.

The Task Force recommends funding for a case management team made up of four new case managers and current staff through key agencies working directly with people who experience homelessness. This team will meet regularly to evaluate participants' progress, challenges

within the system, personal struggles and strengths, and to establish plans of action for those people for whom services are not working. Agency directors will act as a liaison between the public and case managers (see Communication and Community Quality of Life Plan on page 13).

For all accessing services, individual initial assessment

Each individual receiving service under this plan will undergo a uniform needs assessment that focuses on medical and psychiatric history, referral needs and a 24-month personal history. This information will be entered into a Homeless Management Information System (HMIS). An HMIS is a secure database that is shared between service providers and allows them to access information on an individual/family. Benefits include eliminating the need for an individual to repeat his/her story for each agency visited, a reduction in duplication of services, improved communication among service agencies, an expedient referral process, and the ability to track funds. Case managers will be responsible for entering updated information on the HMIS for each of their assigned cases. Such information is critical to prevent people from slipping through the cracks.

Case managers will have programming experience with the homeless programs that assess level of need and clearly indicate steps toward goals, and will have the ability to work individually and collaboratively as a team to provide the best rehabilitation plan to move the participant to his/her highest level of functioning.

This initial uniform needs assessment will assist case management and existing staff in working with individuals/families to establish service contracts, including short- and long-term goals. Case managers will have the authority after assessing individuals to direct them in a plan of appropriate programming requiring accountability. A completed initial assessment will include an agreement signed by the individual to hold regular meetings with a case manager.

For all accessing services, ongoing and collaborative case management

The assigned case manager will teach each individual how to focus on individual capabilities while considering any disabilities or addictions. Each individual will work to create personal solutions to homelessness that facilitate positive community membership and encourage personal responsibility and accountability.

Weekly meetings of case managers will enable case management team and staff to match the right case manager with each individual or family to ensure that the team is working together to provide comprehensive services.

New case managers shall collaborate with agencies already existing in the community to avoid duplication of services. Any new services established as a result of this plan should work in conjunction with and build upon the existing work of the Lawrence Interdenominational Nutrition Kitchen (LINK), Jubilee Café, the Lawrence Community Shelter, the Salvation Army, Women's Transitional Care Services, and other current programs in Lawrence.

As part of the assessment process, the case manager will make a determination of the individual's income and determine whether the person qualifies for social security, disability, or

other supplemental income. Assistance will be given, if appropriate, in application for social security, general assistance, housing, or other mainstream program benefits.

Case managers will link individuals to education opportunities: training classes, GED completion programs, vocational programs, health and wellness programs, voting and civic opportunities.

Case managers will link participants to existing volunteer and mentoring programs that provide support in a variety of behavioral and supportive ways; such as representative payees to assist Social Security Disability Supplemental Income (SSI) recipients with their monthly finances.

Shelter systems will be coordinated and discharge planning will be provided for people released from other systems (mental health institutions/detox/foster care/jail/prison).

A source of information will be available 24/7 that is not a provider of emergency shelter, but is a provider of shelter referrals and availability information. Headquarters, Inc. might be appropriate for support of such a service

For individuals and families seeking shelter, programming components will include both relief and rehabilitation services

1. Relief and rehabilitation elements will be funded by the local, state, and federal governments and by private sources. Educational and emotional counseling programs will connect to and interrelate with case management.
2. Shelter residents will commit to enroll in a rehabilitation program within three working days of entering shelter.
3. Rehabilitation programs will include daytime case management and nighttime shelter.
4. Flexible guidelines will be determined for intake at odd hours, crisis situations, and cold weather.
5. Shelter rules will clearly outline behavioral expectations, including descriptions of consequences for failure to comply with required behaviors.
6. Programs will require accountability/expectation/responsibility from participants and will assess levels of need and clearly indicate steps toward goals.
7. Program components will include job referrals and training or retraining, housing applications and referrals, mental health evaluations and referrals, educational and emotional counseling, other programs to help participants progress to stability; and crisis intervention, in conjunction with collaborating agencies, for individuals involved in drug, alcohol, and/or mental health episodes.
8. Shelter residents will complete a uniform intake form and a release of information form immediately upon arrival at the shelter. Subsequently, a full assessment (see Case Management Plan for The Community on page 8) will be conducted, leading to strengths-based case management designed to match individual capabilities. The assessment will include a medical and psychiatric history, medical and psychiatric needs assessment, a 24-month history of where they have lived, an assessment of current functioning, and an assessment of the minimum and maximum commitment they could make to program involvement given their current level of functioning. Mental health issues will be taken into

consideration with program determinations, as well as developmental capabilities and substance abuse history.

9. Concerns regarding the shelter and its programs will be received and reviewed by agency directors and by a separate entity charged with receiving public comments regarding homelessness issues (see the Communication and Community Quality of Life Plan on page 13). Diligent efforts shall be made by staff, residents, and law enforcement personnel to avoid the shelter having adverse effects on adjacent neighborhoods.

For homeless individuals not seeking services, outreach

An outreach worker based at the 24-hour shelter will work with the case management team and will work directly with the Bert Nash outreach coordinator in offering case management to those reluctant to approach existing agencies and services. The outreach worker will fill a new collaborative position in the field representing multiple agencies.

The outreach worker will act as a member of the case management team, enabling the case management team to connect with those with the greatest need. Hence, an individual who may not or cannot participate in services for some reason will receive regular contact with a caseworker and an outreach worker to help them understand the benefits of participation and to keep them from remaining isolated from the community. The goal of the outreach worker is to work with individuals to help them gain the ability to access traditional services. During case management team meetings, these cases will be evaluated and a case manager assigned to them, whether it be the outreach worker or an agency case manager. Outreach will also include physical health outreach (e.g., health fair, vaccines, educational materials, and healthcare referrals)

The Task Force recommends that:

1. Four new case managers shall be employed to work with individuals experiencing homelessness and at-risk for homelessness
2. One new outreach caseworker shall be employed to work with individuals experiencing homelessness and at-risk for homelessness
3. Case management and program components as described in the plan shall be implemented if not already in practice by the service providers
4. As soon as possible, the HMIS (scheduled for completion in 2005) shall be implemented
5. A 24/7 information hotline shall be established for homeless and low income/near homeless individuals and families in need of assistance.

D. Housing Program Plan to Assist the Homeless in Lawrence

The housing program that follows provides a description of the type of transitional and permanent housing that can be coupled with a comprehensive program of shelter and support services for the chronically homeless and hard to house. It is important that the reader know that Lawrence already has operational models and local organizations with the capacity to operate the programs described below and that this model can be easily expanded through these organizations with the realignment of existing resources, principally City HOME funds.

The Lawrence-Douglas County Housing Authority, in cooperation with the Bert Nash Community Mental Health Center, operates a transitional housing program for the homeless clients of the Bert Nash Center. The housing program is administered by the housing authority with housing subsidies secured by the Bert Nash Center through State HOME funds. Bert Nash provides mental health and case management services. A second and similar program is provided to the homeless through collaboration of the housing authority, City and several different local support service organizations. Under this program, the housing authority administers the housing program with housing subsidies provided through the City HOME program. Transitional support and case management services are provided by one or more agencies including Bert Nash, DCCCA, Salvation Army, and Pelathe' Center. A third model is HOPE Building, a permanent housing program operated by the housing authority for the chronically homeless with mental health and substance abuse illness. Under this program, rehabilitation and treatment services are provided by the Bert Nash Center and DCCCA.

This housing program can be expanded with an increase in HOME assistance or private funding. This type of funding is needed for transitional housing because no other federal subsidy programs permit conditioning housing assistance to conformance with a support service plan agreement. Many landlords are willing to rent their units to individuals participating in support services programs. A publicity campaign could uncover a number of acceptable units that could be used in such a housing program.

Besides securing additional HOME funds and suitable housing units, securing the proper sized units, i.e. efficiency or single room occupancy units for single persons, will present a challenge. Persons who have experienced long bouts of homelessness tend to perform better in smaller size units. Landlords with appropriate sized units will need to be recruited for this purpose. In addition, if HOME federal funding is reduced, new private and foundation funding sources will have to be identified.

Proposed Housing Program

A viable housing program for the homeless should consist of three housing options, 24 hour emergency shelter services (discussed elsewhere in this report), a transitional housing program, and a permanent housing program. Both the transitional housing and permanent housing programs should be based on a rent structure that is affordable but also sufficiently high to require the individual to work (where possible) in order to pay rent. The national affordability standard is 30 percent of income. Job training programs, also discussed elsewhere in this report, are recommended as a component of the community's approach to addressing homelessness and should serve as a vehicle for providing job preparation training and access. In the absence of the ability to work as a means of earning income, the case management program plan, also presented elsewhere in this report intends to secure social security disability income for those unable to work due to a disability. These two latter components are as equally important as a housing component is in ending homelessness.

The goal of the shelter program will be to move the individual from the shelter to a "home of their own". A "home of their own" can take on many forms. It can be a permanent rental house or apartment in the community where the individual privately holds a lease. It can be a permanent or temporary shared living arrangement with two or more individuals living in a

unit under a single lease guided only by the terms of a lease, as in a roommate situation. It can be a permanent or temporary single room occupancy arrangement similar to a boarding house arrangement where individuals have their own private bedroom but share one or more common areas such as bath and kitchen. These arrangements are typically governed by individual leases that specify, among other things, the house rules that each must obey in the care and use of the common areas. Each of these arrangements express and require a greater or lesser degree of personal responsibility and independent living skills and a greater or lesser degree of staffing oversight.

The matter of which living arrangement and whether it is permanent or temporary is dependent upon the preferences of the individual at the time they are ready to move from the shelter program, their level of independent living and personal responsibility skills, and housing availability. Such decisions must be made in consultation with the individual and case manager and planned in advance so the person can move or transition from a sheltered environment to a more independent living environment. What determines if the housing arrangement is or becomes permanent or temporary depends upon how long the person lives in the unit. Thus an individual can move into a single room occupancy arrangement, be very comfortable and decide that is where they permanently want to reside. Thus the arrangement becomes permanent. Another person may move to the same facility, decide they desire a higher level of independence and privacy and moves after a fixed period of time. In this case, the facility is a temporary housing arrangement. This fluid definition of temporary and permanent housing removes the need to build or acquire specifically defined or fixed facilities.

The move out of the shelter can be through either a transitional or permanent housing plan. For the purposes of this plan, transitional housing is not defined as a physical type of housing arrangement, but rather as a personal skills building and support services plan, expressed in a written contract that contains specific objectives and activities for transitioning the individual from a homeless person to an independent living and self supporting individual. The plan contains a curriculum of individually tailored requirements that the person follows over an expressed period of time. The transition plan follows the person to whatever residence he/she occupies. Conformance with the plan is a requirement of receiving services and housing assistance. Once a person completes his/her plan successfully they are considered to be in permanent housing. This means that the person has the combination of knowledge, skills, income, and/or assistance to keep from being homeless in the future.

The Task force recommends that:

1. The City continue to provide HOME funds to the Lawrence Douglas county Housing Authority for its transitional program for the homeless.
2. The Lawrence-Douglas County Housing Authority expand its targeted eligible population for HOME Transitional Housing to include the precariously housed.
3. The City purchase land/property where possible for affordable rental housing development.
4. The Lawrence-Douglas County Housing Authority endeavor to expand its HOPE Building program to serve the chronically homeless who may not have dual diagnosis.

E. Jobs Program Plan

The task force recognizes that getting and keeping a good job is a key to self-sufficiency. Generally, gainful employment is the first step toward financial independence and the resulting ability to gain and keep housing. Using our local available supported work programs is essential to our community plan for ending homelessness.

Our recent communications with public and private agencies has shed some light on what is already being done to work with special populations, and more specifically, what programs are in place already that could be part of the Jobs Program Plan.

We believe a good place to start in creating a plan that focuses on those who are homeless as well as jobless should start with willing partners already identified as interested in a collaboration of knowledge and experience to help put this population back to work. The intent is to begin the partnership and identify additional partners as the Jobs Program develops. Agencies identified in this report have indicated their commitment to help in developing a systematic approach that ensures few people will fall through the cracks. Some of our partners are already working on a plan that will identify the various steps needed to ensure that each individual has a customized process that meets their needs.

We believe the costs for a Jobs Program Plan are small, only because the agencies are already in place. Many of the homeless population can be served through current programs already receiving city, state or federal funding to serve this special population. We are assuming that there are varying degrees of assistance and that individuals who will be served by the Jobs Program Plan will fall into the groups of people they already serve.

Transportation options for individuals should be expanded through free or reduced fare bus passes to be used for work or health-related travel. Passes will be purchased by and issued by authorized service providers. This will be a cost component of the Jobs Program Plan.

Agencies identified as interested partners in job readiness efforts include Heartland Works, responsible for the Lawrence Workforce Center; the Salvation Army; Goodwill Industries; the Lawrence Community Shelter; Bert Nash Supported Employment Services; JobLink through Cottonwood, Inc.; Full Citizenship; Ketch Industries and private employment agencies including Manpower, SOS Staffing, Sedona Staffing & Adecco-The Employment People. These agencies have successful programs and are willing to help develop the Jobs Program Plan. Enlisting their help is critical in creating the collaboration and understanding in how each of these agencies (and others) could help with employment for people experiencing homelessness.

Some of the readiness assistance for work will include:

1. Assisting in obtaining legal documents, such as birth certificates, social security cards, education information, driver's licenses or Kansas identification cards
2. GED assistance
3. Work history overview and resume assistance
4. Skills assessment

5. Guidance in applying for employment based on skills/experience
6. Educational assistance to gain new skills
7. Transportation for seeking and keeping work
8. General life skills training
9. Job counseling
10. Job placement

The business community, downtown merchants, City and County governments, and educational institutions can all be of assistance in working with the Job Readiness efforts and in providing employment opportunities that are suited to the individual's skills. The agencies already committed to this effort have been making appropriate employment matches for many years and have a history of success in their efforts.

There will be barriers to employment in some situations. Nationwide, many companies have policies that do not allow hiring of individuals with criminal backgrounds. Many companies now offer employment contingent on a drug screen, background check and a physical. Failure of these contingencies means the job offer is withdrawn. The Task Force research of other cities (Appendix VIII) shows that advocacy and support from service providers and trained volunteers have been effective in gaining employment for individuals with criminal backgrounds. In addition there is a federal bonding program that can be useful in addressing this barrier to employment.

Again, it is important to acknowledge that what we hope to achieve through a Jobs Program Plan is already occurring in this community. There is no need to create new programs, only to more fully use the ones we already have available.

We are encouraged by the interest in some City departments to consider work opportunities that could be useful in helping with those who will be registered in the Jobs Program Plan to gain meaningful local work experience. We are also encouraged by the agencies who have already stepped forward to help with the Jobs Program Plan and to establishing approaches to employment for the homeless that have heretofore gone unanswered.

The Task Force recommends that:

1. A meeting be convened of agencies willing to assist in job readiness efforts.
2. A meeting be convened with Downtown and area businesses to discuss possible partnerships and working with the candidates as they are identified as ready to enter the workforce.
3. A meeting be convened with appropriate City departments to determine possible temporary and full-time job opportunities that are a match to the candidates from the Jobs Program.

Cost components:

1. Public transportation for those enrolled in the jobs component will need to be underwritten by the city. Assuming that at any one time there will be 25-50 people enrolled in a variety of job readiness programs, and assuming that use of the "T" is a minimum of two times per day, the cost would be based on that usage year around.

2. Other employment related costs for work are such things as steel toed shoes safety glasses, safety gloves and hard hats. This is dependent on the type of work the candidate is placed into, but most jobs require some type of safety gear. The cost of this gear is up to \$100 for all the above requirements. Perhaps an arrangement for payback on this gear can be developed and is not unusual.

F. Community Quality of Life Plan

Early on in our work as a Task Force, the group reviewed a document published by the United States Interagency Council on Homelessness (ICH) titled, "The 10-Year Planning Process to End Chronic Homelessness in Your Community: a Step-by-Step Guide." (See Appendix III) Many of the steps outlined in that process have been accomplished or begun by the group as we have worked together and produced this plan. Other points outlined in the federal plan have been incorporated as recommendations in this document.

As we look toward meeting the unique challenges of our own community and work to implement the steps outlined in our own plan, it is imperative that we organize and charge specific groups with the ongoing responsibilities of refining, overseeing and administering this plan and communicating our progress and needs with the community at large. With that in mind, we ask that the City and County Commission establish and appoint the following:

The Task Force recommends that:

1. **A Community Commission on Homelessness** be established to work with existing service providers and agencies to facilitate and make recommendations to the City and County Commissions regarding the implementation of this plan. This body will include a diverse group representing neighborhood organizations, neighborhood residents, community members who are homeless, the Lawrence Police Department, businesses, landlords, service providers, city and county governments, funding entities, private-sector housing providers, faith-based organizations and health service providers. This body will, with the support of City and/or County staff:
 - a. Oversee and implement the Task Force Homeless Services Plan;
 - b. Use facts to support plan recommendations/priorities/action;
 - c. Evaluate progress toward stated goals at regularly scheduled meetings;
 - d. Oversee wide implementation of the Homeless Management Information System (HMIS) among service providers using social security numbers or other variables to identify participating individuals (see Case Management Plan page 8);
 - e. Avoid duplication of services and make available services more efficient;
 - f. Have general homeless information available through a 24-hour hotline;
 - g. Continue to support annual or semi-annual surveys of homeless individuals to determine demographic information, monitor service effectiveness, and gather opinions and concerns of those experiencing homelessness (The Housing Practitioners Panel sponsored a January 2005 survey.);
 - h. Produce and deliver an annual report assessing the implementation and progress of the Task Force Plan, the 10-year plan and include information from annual or semi-annual surveys of homeless persons to the City Commission;

- i. It is recommended that this report be presented for review at one of the quarterly meetings with the City Commission, Douglas County Commission, and Lawrence School Board representatives each year; and
 - ii. The Commission shall be empowered to solicit any non-confidential data from service programs (statistics, mission statements, etc.) in order to facilitate the annual report.
 - i. Establish a broad-based funding plan after exploring varied funding possibilities.
2. A **Community Cooperation Committee (CCC)** will be formed to address common concerns and generate a mutually supportive group to creatively solve problems encountered by the housed and homeless portions of the community, including businesses and other related city entities.
- a. Coordinate communication and outreach to all interested stakeholders- including neighborhood representatives, downtown business owners, service providers, homeless persons, community members, landlords, city government, Lawrence Police Department, funding entities, private-sector housing providers, faith-based organizations, and health services.
 - b. Handle neighborhood/merchant/community problems by:
 - i. Acting as liaison to neighbors, merchants, community, police, etc.; and
 - ii. Reviewing existing ordinances with police department guidance in order to address nuisance and problem behaviors, as well as safety concerns in the context of existing ordinances and in consideration of new ordinances. Ordinances will be enforced to protect all members of the community from unsafe and/or antisocial behavior.
 - c. Provide a venue for business people to talk about homeless concerns.
 - d. Emphasize the need for partnership between the public and private sectors in order to address problems and to discuss barriers to funding solutions.
 - e. Educate the community about issues of homelessness through events hosted by the CCC, the Coalition for Homeless Concerns, and service providers.
 - f. Provide available, accurate information on the homeless population and related facts.
 - g. Seek cooperation and support from the local media (education, public service announcements).
 - h. Promote community-wide support of the final Task Force on Homeless Services Plan.
 - i. Facilitate communication and promote programs in coordination with service agencies, community members and the Lawrence Police Department.
 - j. Publicly list funding amounts and program costs.
 - k. Address Safety Issues
 - i. CCC sub-committee will review existing ordinances with police department guidance in order to address nuisance and problem behaviors, as well as safety concerns in the context of existing ordinances and in consideration of new ordinances. Ordinances will be enforced to protect all members of the community from unsafe and/or antisocial behavior.
 - ii. Police presence in and around shelters and other service providers should be visible, friendly and supportive (Ex: bike/walking patrols, one

designated officer in the area as in the high schools, or possible sub-station nearby.)

iii. Involve homeless individuals as monitors to help regulate unruly behavior in and around service facility.

iv. The City of Lawrence will continue to post 24-hour notice before clearing out illegal campsites.

G. Funding Plan

Cost Estimates

First year (balance of 2005)	
Forming of committees, administrative support	\$6,000
Jobs	
Administrative support for meetings with agencies, businesses, City	\$6,000
transportation assistance	\$3,600
safety gear	\$2,400
Mental health	
Emergency outreach team	\$220,000
Policies & training for police	\$0
Case management	
Four new case managers	\$161,000
HMIS first year, start up	\$20,000
Housing	
HOME Funding (current and ongoing)	\$200,000
Facilities	
Emergency shelter, phase I	\$500,000
Total First Year Expenditures	\$1,119,000
Second year (2006)	
Continuing expenditures from first year, including HOME	\$599,000
Additional second year expenditures	
Case management – outreach worker	\$42,000
Mental health – additional housing	\$14,400
HMIS second year	\$14,400
Facilities – emergency shelter, phase II	\$1,500,000
Total Second Year Expenditures	\$2,169,400
Third year (2007)	
Continuing expenditures from first and second years	\$669,400
Additional third year expenditures	
Case management – 24/7 hotline	\$30,000
Facilities	
Emergency shelter, phase III	\$550,000
Ongoing vehicle, utilities, maintenance	\$200,000
Total Third Year Expenditures	\$1,449,400
Total Three Year Expenditures	\$4,737,800

The Task Force recommends that:

1. That the City of Lawrence provides some level of funding for homeless services and negotiates with other funding providers for the provision of additional funding.
2. Funding to ensure transitional and affordable housing. Funding might include such sources as a small percentage fee assessed to developers and/or landlords.
3. Creation of an effective, full-time position within the City of Lawrence to write and receive grants for the needs of those experiencing homelessness. Potentially, this position could pay for itself, perhaps even within the first year of employment.