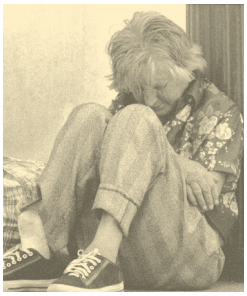
Plan to
End Chronic Homelessness

Wichita – Sedgwick County, Kansas



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CITY OF WICHITA

Plan to End Chronic Homelessness

Draft 01-23-08

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I. INTRODUCTION

Background

In 2006, the City of Wichita and Sedgwick County joined together at the urging of non-profit and faith-based organizations to form the Taskforce to End Chronic Homelessness (TECH). The enabling resolution charged the taskforce with identifying the issues related to ending chronic homelessness and making recommendations to the two governing bodies as to how the County and City can be effective partners with community advocate groups to address the needs of people experiencing chronic homelessness (see Appendix A). Additionally, TECH was charged with developing a plan to end chronic homelessness in Sedgwick County to include short, intermediate and long range strategies, as well as potential funding options as appropriate and a mechanism for reporting on goal obtainment.

Focus on the Chronically Homeless

The term "chronically homeless" as defined by HUD, describes an unaccompanied person who has a disabling condition *and* has also been either continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three years.

The "chronically homeless" are a subset population of the broader homeless population, the latter including many other subsets such as couples, families, and children, the episodically and situationally homeless, victims of domestic violence, and displaced persons, among others.

As directed by the enabling resolution, TECH has focused its work on the "chronically homeless." The chronically homeless have typically been on the streets the longest, are the most resistant to services, and usually suffer from a complex layering of problems – frequently including mental illness – which results in their long and frequent periods of homelessness.

The chronically homeless, because of their significant life challenges – physical, emotional, and psychological – adapt out of sheer necessity to living on the streets. They become entrenched in a languishing and unproductive cycle of living on the street, going to temporary shelter, and then returning to the streets. Their focus shifts to primary survival mode and the efforts required to meet the daily basic needs of living. This perpetual cycle not only produces a sense of hopelessness, but also inhibits their ability to even contemplate, let alone implement, strategies to move themselves out of homelessness.

As a population, the chronically homeless have the highest rates of use of shelter and services, including ambulance rides, emergency room visits, police and EMS calls, jail time, and the court system. Consequently, they incur some of the highest associated annual costs per person.

A number of cities around the country have studied the costs of the chronic homeless populations in their communities. Examples are shown in the following table.

Table I: Annual Per Person Cost of Chronic Homelessness

City	Annual Cost Per Person
Portland, OR[1]	$42,075
New York City[2]	$40,000
Denver[3]	$31,545
Portland, ME[4]	$28,045

Sources: [1] National Alliance to End Homelessness, Fact Checker, Chronic Homelessness, March 2007. [2]Culhane, Dennis; Metraux, Stephen, and Hadley, Trevor. (2002) "Public Service Reductions Associated with Placement, of Homeless Persons with Severe Mental Illness in Supportive Housing." *Housing Policy Debate*. Volume 13, Issue 1, Fannie Mae Foundation. [3]Denver Housing First Collaborative, Cost Benefit Analysis and Program Outcomes Report, Perlman and Parvensky, December 2006). [4]State of Maine – Greater Portland, Cost Analysis for Permanent Supportive Housing, McLaughlin and Shore, September 2007.

Frequent, repetitive use of these systems has not only enormous financial cost to the community, but places a significant psychological burden on providers. This financial and psychological drain has an immeasurable detrimental impact on our community.

Yet, while the needs of the chronically homeless are many and significant, their problem of homelessness is not being solved by what has become the societal norm of addressing it. The norm of addressing homelessness in recent decades has evolved into one of "managing homelessness" rather than "ending" it. Under this model, the chronically homeless are provided food, clothing, daily necessities, access to services, and temporary shelter, but yet remain without the one true solution to their problem – a permanent place to reside.

By focusing on ending chronic homelessness, through a strategy of permanent housing, the community will end the suffering endured by the most downtrodden, and will reduce the high associated financial costs. A reduction in these costs will free up public and private resources that can then be reallocated to reducing homelessness among other segments of the homeless population.

The Taskforce recommends that updates to this Plan in future years expand the scope of the current Plan to include homeless populations beyond the chronically homeless.

Work of the Taskforce

TECH is comprised of representatives from various community sectors including business, the public school system, non-profits, people who experienced homelessness, faith communities, civic leaders, an urban neighborhood, and city and county governments (see Appendix B). TECH has met over a period of 16 months and conducted its work in four phases:

1) Studying Homelessness and Available Resources in Wichita
2) Identifying Gaps in Service to the Chronically Homeless
3) Researching Best Practices Nationally
4) Developing Strategies to End Chronic Homelessness

II. HOMELESSNESS AND AVAILABLE RESOURCES IN WICHITA

The Number of Homeless Identified

The primary source used to identify the number of homeless in Sedgwick County was the annual Point in Time Count conducted on January 23 and 24, 2007. This annual count is coordinated by the Wichita Continuum of Care Committee with support from the City of Wichita, Sedgwick County, United Way of the Plains, other community agencies, and volunteers. Using HUD's definition of chronic homeless, the 2007 Point-in-Time Count identified the following.

Table 2: Chronically Homeless Counted in 2008 Point-in-Time Count

		Location of total	
	Total	In transitional housing	In emergency shelter, unsheltered, or no response
All Homeless	526		
Chronic Homeless	89	33	56

For the definition of chronic homelessness and other associated terms, see Appendix C.

Resources Available for Homeless

The Taskforce studied a comprehensive report developed by the City, County and United Way of the Plains, that provided 1) statistics on the extent of homelessness in Wichita/Sedgwick County, 2) a compilation of available resources in the community to address this population, and 3) best practices of other communities that have implemented strategic plans to end chronic homelessness. The Taskforce received presentations from a variety of local providers of service to the homeless. A list of these can be found in Appendix D.

A total of 335 emergency shelter beds were identified in the community. A list of these by agency and population served can be found in Appendix E.

A total of 253 permanent housing units with supportive services were identified in the community. A list of these by agency and population served can be found in Appendix E.

Funding for homeless services was identified. For a detailed listing, see Appendices F, G and H.

III. GAPS IN SERVICE TO THE CHRONICALLY HOMELESS

Following its review and inventory of currently available resources to the homeless, the Taskforce identified the following gaps in service to the chronically homeless. The gaps would serve as the foundation upon which the Taskforce's recommendations would be based:

- **The current drop-in center (United Methodist Open Door) has limited space and operating hours.** Capacity is limited to 57 people at a time. This is not enough capacity to serve all who seek day shelter from 7 a.m. to 1 p.m. Estimated capacity needed is 150. Additionally, the center closes at 1 p.m.; this leaves no place for the homeless "to be" from 1:00 pm and 6:00 pm daily. *Note: As of November 1, the Center will be open until 5:00 p.m. Monday through Friday as a result of a 14-month grant from United Way, subject to renewal.* The Center is closed on weekends.

- **There is not a centralized one-stop facility or number to call for the homeless to find help** and a comprehensive array of much-needed services. Estimated need of 8,000 – 9,000 sq ft of space, plus an additional 9,000 – 10,000 sq ft for co-located COMCARE Center City program.

- **There is a lack of permanent housing with supportive services** for the chronically homeless. Current inventory of permanent supportive housing includes 253 units. Because the need is greater than current inventory, calculations in the 2007 HUD SuperNOFA grant application estimate a need for 119 more permanent supportive housing units. There may be an additional need for affordable permanent housing for the disabled who cannot work, but do not need extensive in-home supportive services.

- **There is a need for transportation** for the chronically homeless to access services.

- **Homeless individuals experience significant challenges to receiving governmental benefits in a timely fashion.** The primary challenge seems to be lack of identification, the application process, and frequency with which applications are not filled out correctly.

- **There is a need for dedicated annual funding** above and beyond the current level of state/federal pass-through funds distributed locally.

- **There is a need for additional emergency shelter beds.** Per United Way 2007 Winter Shelter Data, there are 335 regularly available emergency shelter beds in the community. There was a bed shortage on 77 of 120 nights (64%) in the past winter (11/01/06 to 2/28/07). The shortage ranged from 1 to 50 beds. On the remaining 43 nights (36%), there was a surplus of beds, ranging from 1 – 66 beds. A breakdown of bed shortages follows:

# of beds short	# of nights
1 – 10	25 nights
11 – 20	19 nights
21 – 30	20 nights
31 – 40	10 nights
41 – 50	3 nights

The 335 available shelter "beds" referenced above includes some number of sleeping mats placed on the floor. If this is deemed not acceptable, then the shortage of beds would be larger than shown.

- **The chronically homeless need additional encouragement and support to seek and receive addiction treatment and services.** For those ready to receive treatment, funding for additional residential treatment beds would be needed. An additional Taskforce should be convened to explore this issue further.

- **The Homeless Management Information System (HMIS) is not used to full functionality**. HMIS, a software tracking system used by most, but not all homeless service providers, could be better used to analyze homeless data, determine trends, define needs, and find solutions. Present gaps in use include: timely data entry, data accuracy, no use of bed-availability feature, limited use of case management capability, and the largest local provider not using the system.

- **There is no community-wide standard or common definition for "case management"** services or standardized qualifications for "case managers." What does case management include, what are the qualifications to provide it, how and where is it documented, and how to coordinate among agencies?

IV. BEST PRACTICES IDENTIFIED NATIONALLY

The Taskforce and staff spent innumerable hours searching out and reviewing national best practices to end chronic homelessness. This included study of recommendations from the National Alliance to End Homelessness (NAEH), extensive literature review, visiting programs in other cities, talking with other communities about their work, attending a housing conference and homelessness summit, and receiving presentations from Kari Bedell of the NAEH, Mary Brooks of the Center for Community Change, and Philip Mangano of the U.S. Interagency Council on Homelessness.

General Findings

A thorough reporting and summary of the findings of this process could fill pages. For the purposes of this report, findings have been distilled to the following key points:

- Best practices are moving away from the traditional model of "providing comfort care to the chronically homeless" to one of "ending their homelessness."

- To "end homelessness," focus is shifting to investing more resources in permanent supportive housing rather than continuing to spend resources in the traditional ways of providing emergency shelter and transitional housing, which often don't result in actually ending individuals' homelessness.

- Creation of large "mall-like" 24/7 combination shelters/service centers divert community resources to temporary shelter and comfort care, when those resources could be more effectively spent on permanent supportive housing, which can actually end homelessness.

- Successful plans and programs are strategic partnerships between public, private, non-profit, and business sectors of the community.

Housing First Approach

According to the NAEH, the most successful model for housing people who experience chronic homelessness is permanent supportive housing using a Housing First approach. Permanent supportive housing combines affordable housing with supportive services such as case management, mental health and substance abuse services, health care, and employment. The Housing First approach is a client-driven strategy that provides immediate access to an apartment without requiring participation in psychiatric treatment or treatment for sobriety. After settling into apartments, clients are offered a wide range of supportive services that focus primarily on helping them maintain their housing. (Source: National Alliance to End Homelessness, Fact Checker, Chronic Homelessness, March 2007.)

A number of Housing First Permanent Supportive Housing programs across the country have shown very promising results. For example, the first two years of the Denver Housing First Collaborative demonstrated significant progress in ending homelessness for some of the most vulnerable individuals in its community – chronically homeless individuals with disabilities. It has resulted in promising results of increased housing stability, increased health status, improved mental health, and improved quality of life for the participants. At the same time, it has also reduced the need for more expensive emergency services in the community, such as hospitalization, detoxification, and jail, saving significant taxpayer funds. With the costs of permanent supportive housing factored in, there was still an annual cost-savings of $4,745 per person. (Source: Denver Housing First Collaborative, Cost Benefit Analysis and Program Outcomes Report, Perlman and Parvensky, December 2006)

In Portland, Maine, the Cost Analysis for Permanent Supportive Housing found that permanent supportive housing resulted in reductions in emergency rooms costs (-62%), health care costs (-59%), ambulance transportation costs (-66%), police contact costs (-66%), incarceration (-62%), and shelter visits (-98%) for the 99 formerly homeless people with long-term physical or mental disability. With the costs of permanent supportive housing factored in, there was still an annual cost-savings of $944 per person. (Source: State of Maine – Greater Portland, Cost Analysis for Permanent Supportive Housing, McLaughlin and Shore, September 2007.)

A landmark study of homeless people with serious mental illness in New York City found that on average, each homeless person utilized over $40,000 annually in publicly funded shelters, hospitals (including VA hospitals), emergency rooms, prisons, jails, and outpatient health care. When people were placed in permanent supportive housing, the public cost to these systems declined dramatically. (Source: Culhane, Dennis; Metraux, Stephen, and Hadley, Trevor, (2002) "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." *Housing Policy Debate*. Volume 13, Issue 1, Fannie Mae Foundation.)

The New York study found that it cost about the same or less to provide permanent supportive housing as it did for people with serious mental illnesses to remain homeless. But while the costs were the same, the outcomes were much different. Permanent supportive housing results in better mental and physical health, greater income (including income from employment), fewer arrests, better progress toward recovery and self-sufficiency, and less homelessness. (Source: National Alliance to End Homelessness, Fact Checker, Chronic Homelessness, March 2007.)

Portland, Oregon found that prior to entering their Community Engagement Program, 35 chronically homeless individuals each utilized over $42,000 in public resources per year. After entering permanent supportive housing, those individuals each used less than $26,000 annually, and that included the cost of housing. While making progress toward

ending chronic homelessness, Portland is saving the public over $16,000 annually per chronically homeless person. (Source: National Alliance to End Homelessness, Fact Checker, Chronic Homelessness, March 2007.)

Based on these case studies and review of best practices across the country, the Taskforce recommends that permanent supportive housing with a Housing First approach be a cornerstone strategy of the proposed 2008 Plan to End Chronic Homelessness. There is evidence to support that with utilization of this strategy, Wichita/Sedgwick County will recognize the same or lower costs per chronically homeless person, while the individuals themselves will more likely be successfully housed and achieve better overall outcomes, including better mental and physical health, greater income (including income from employment), fewer arrests, and better progress toward recovery and self-sufficiency.

V. STRATEGIES FOR ENDING CHRONIC HOMELESSNESS IN WICHITA/SEDGWICK COUNTY

Based on the list of Identified Gaps in Service to the chronically homeless and a thorough review of national best practices, the Taskforce recommends implementation of the following five strategies as outlined. See Appendix I for a chart that illustrates which of these strategies address the Identified Gaps in Service.

1. Develop a One-Stop Resource and Referral Center

The One-Stop Resource and Referral Center will:

- be a welcoming facility designed to assist homeless clients find permanent housing appropriate to their needs and move toward self-sufficiency,
- open to all homeless populations, including the chronically homeless, families, singles, those banned from other facilities, and those struggling with mental illness and other disabilities, in a manner consistent with providing for the safety and well-being of all clients,
- be open 7 days per week with extended daily hours,
- have a capacity of up to 150 persons (recognizing that the Center will be used by more than just the chronically homeless), and serve approximately 1,300 unduplicated individuals per year,
- provide the homeless a place to be during the day, but more importantly,
- provide a single entry point to access community resources and permanent supportive housing, all of which will be tracked using the HMIS system,
- offer needs-assessment services, referral/connection to supportive services and therapeutic services, and transportation to those services,
- offer a combination of services on-site and referral/transportation to other off-site services and to overnight shelter,
- be designed and operated under a philosophy of expanding or partnering with existing community service providers wherever possible, and avoid replacing or duplicating services already offered by others in the community,
- provide some services itself within the philosophy outlined above, but more often partner with governmental and non-profit community agencies who have expertise in their field and with serving the homeless. Some of these agencies might wish to co-locate full- or part-time on site.

For additional detail about the Resource and Referral Center, see Appendix J.

Estimated Costs:

Start-up Capital Costs*	**$2.83 million - $4.23 million**
Annual Operating Costs**	$599,400
Current Funding	-$300,000
Additional Annual Funding Needed	**$299,000**

* Estimated range includes options to remodel an existing building ($2.8M) or construct a new building ($4.2M). Neither estimate includes cost of land/building purchase.

** Assumes expansion of United Methodist Open Door at a new location with COMCARE Center City as a co-located leasing tenant. Also includes transportation component that would operate out of the Center.

2. Using a Housing First model, provide Permanent Supportive Housing to chronically homeless individuals through the addition of 64[1] Permanent Supportive Housing Units with accompanying services.

The Permanent Supportive Housing will:

- be offered to the chronically homeless as defined by HUD,
- be made available through a nationally recognized Housing First model, which offers homeless individuals a permanent, furnished room or efficiency apartment of their own, with no requirement that they utilize the supportive services offered other than a weekly visit from a case manager to ensure health and safety,
- provide access to essential wrap-around supportive services via a multidisciplinary team of case managers, counselors, therapists, nurses and others who offer services in-home and/or off-site, with transportation arranged and provided by a case manager where necessary,
- provide intensive case management available 24-hours per day for referral and access to mental health services, medical care, substance abuse treatment, crises intervention, assistance with obtaining benefits and basic necessities, help maintaining stable housing, and transitioning to self-sufficiency to the extent possible through training, employment, and transportation,
- utilize scattered-site rooms and apartments dispersed throughout the community; units may be a part of an apartment building, free-standing, or attached to a row of other units,
- will be made available to chronically homeless persons when determined appropriate upon completion of a comprehensive intake and assessment at the Resource and Referral Center,
- require those individuals with entitlement benefits to pay up to 30% of their income for rent per the national standard, with the remainder of rent and utilities subsidized as long as necessary, and
- be coordinated by a Housing First Specialist dedicated specifically to developing and coordinating the Permanent Supportive Housing Program, based out of the Resource and Referral Center.

For additional detail about the Permanent Supportive Housing Plan, see Appendix K.

Estimated Costs:

Start-up Capital Costs	$0
Annual Operating Costs*	**$471,500**

* Estimate includes100% housing/utility subsidies for 64 units, damage/utility deposits, establishment/maintenance funds, and a staff person to coordinate the program.

[1] The number of units has been amended from the 119 shown in the Gaps in Service document to 64, based on the 2006 Continuum of Care application, which documents that of the 119 permanent supportive housing units needed, 64 are needed for chronically homeless. The difference between the 64 shown here and the 56 unsheltered chronic homeless shown in the Section II table of this Plan assumes housing needed for the 56 unsheltered chronic homeless shown in the Continuum of Care application, plus 25% of those documented in transitional housing, who will need to permanent housing to which they can transition.

3. Identify emergency housing options for 25 – 50 people until the Permanent Supportive Housing units outlined in this plan become available.

The Emergency Housing Options will:

- supplement, not replace, the currently-available inventory of shelter options in the community,
- will be available to the homeless when other shelters are at capacity, or when no appropriate shelter is available for an individual's specific situation,
- be available for up to 3 years while the Housing First Permanent Supportive Housing program is ramped up into full operation or until the number of chronically homeless has been reduced accordingly and documented in the annual Point-in-Time count,
- be phased out as permanent Housing First units are brought into the inventory, unless the number of chronically homeless, as identified in the annual Point-in-Time Count, has not been reduced,
- be available year-round,
- offer a clean, safe, and secure place for people to sleep overnight (off the floor),
- be documented in the HMIS system.

Estimated Costs:

Start-up Capital Costs	$0
Annual Operating Costs	$200,000
Current Funding*	- $37,500
Additional Annual Funding Needed**	**$162,500**

* Current funding sources include Sedgwick County and City of Wichita via state and federal pass-through funds, and the United Way.

** Amount expected to decrease over a three-year period as the Permanent Supportive Housing units are brought into operation.

4. Identify Sustainable Funding Sources

Sustainable Funding Sources will:

- provide on-going annual funding that meets the needs of the plan,
- be a combination of sources including public, private, corporate, individual and faith community,
- not be overly reliant on grant funding,
- be used to fund this Plan and subsequent updates to it, including permanent housing, supportive services, emergency housing options, transportation, programs to prevent and end homelessness, etc.,
- fund both annual operating expenses and capital investments outlined in this Plan and in subsequent updates to it, and
- be allocated in coordination with (though not controlled by) the annual Community Continuum of Care application and allocation process.

Sustainable Funding Sources have been identified as follows:

Public Funding
The Taskforce recommends that the City of Wichita and Sedgwick County continue to aggressively pursue all known sources of federal and state funding for homeless programs, services, and housing options.

The Taskforce recommends that the current pass-through funding from these sources be supplemented with annual public funding from the local budgets of the City of Wichita and Sedgwick County to support implementation of the proposed 2008 Plan to End Chronic Homelessness and its subsequent updates.

Annual allocations would be determined by each governmental entity in coordination with the other, with consideration given to the funding recommendations made by the proposed Governance Body.

Faith Community
Many churches and organizations currently provide programs and services to the homeless. One or more of these may wish to fund the increased spending for specific strategies outlined in this Plan. The Taskforce recommends approaching local churches and faith-based organizations requesting their support in accomplishing the goals of the Plan.

United Way
The United Way of the Plains currently provides funding to local non-profits that serve the homeless. The Taskforce recommends that United Way consider allocating additional annual funding to be used for operating expenses in the implementation of the 2008 Plan to End Chronic Homelessness and its subsequent updates. Donors from all sectors of Sedgwick County may find United Way an

effective vehicle through which annual fund and endowment gifts can help agencies address needs identified in this Plan.

Foundations

A number of foundations, both local and national, support programs and services for the homeless. The Task Force recommends approaching these foundations requesting support of capital and program start-up expenses to accomplish the goals outlined in the Plan.

Corporate/Business Sector

The Taskforce recommends that support be solicited from corporations and local businesses for both operating expenses and capital investments in the implementation of the 2008 Plan and its subsequent updates. The Taskforce urges corporations and local businesses to make charitable donations in support of the 2008 Plan and its subsequent updates. United Way stands ready to create a dedicated fund in support of this Plan to facilitate such donations.

Individuals

The Taskforce recommends that support be solicited from individuals for both operating expenses and capital investments in the implementation of the 2008 Plan and its subsequent updates~~.~~

Estimated Costs:

Start-up Capital Costs	$0
Annual Operating Costs	**$0**

5. Develop an Oversight Committee to Oversee Plan Implementation

The Oversight Committee will:

- be established by City and County resolutions. The body will be created to ensure implementation of this Plan and its subsequent amendments by establishing standards and outcomes, managing contracts, and monitoring/reporting progress,

- have access to aggregate Wichita HMIS data. This data, as well as other local statistics, benchmarks, and progress on Plan implementation will be reviewed by the Oversight committee and compiled into periodic reports which will be presented to the City Council and County Commissioners by the oversight committee,

- mediate and resolve disagreements between providers and other key stakeholders that hinder implementation and progress of the Plan,

- increase community awareness and raise financial/in-kind donations from individual donors, businesses, non-profit agencies, civic groups and the faith community,

- provide oversight to the Continuum of Care application process,

- recommend allocation of other, non-Continuum of Care, homeless resources,

- study funding needs related to the Plan and make funding recommendations to the City Council, County Commission, and other potential funders,

- create future Plans to include other segments of the homeless population beyond the chronically homeless, which are a primary focus of this plan,

- be a small body, meeting no less than quarterly, and comprised of 5-7 representatives appointed for two-year terms by the County and City Managers. Membership will be broad-based; representing various sectors, and include at least one representative from the 2006-appointed Taskforce to End Chronic Homelessness as well as one individual who is or was formerly homeless,

- not have representation from any private or non-profit direct service provider that receives public or other funding from the associated allocation process,

- call on subject matter experts for professional advice as needed. Further, the governance body will have the authority to create subcommittees that may include additional staff or experts for necessary studies/research,

- be supported by a team of representatives from the County, City, and United Way, with coordination assigned to the Sedgwick County Division of Human Services.

<u>Estimated Costs:</u>

Start-up Capital Costs	$0
Annual Operating Costs*	**$60,000**

* Assumes one coordinating staff person in the Sedgwick County Division of Human Services and associated administrative expenses.

VI. RECAP OF STRATEGY IMPLEMENTATION COSTS

The following chart summarizes the estimated costs – both start-up and annual operating – of Plan implementation. Also shown are categories of existing funding.

Table 3: Capital and Annual Operating Costs of Plan Strategies

	Strategy	Start-up Capital Needed	Total Annual Operating Costs	Current Funding	Additional Annual Funding Needed
1	Resource and Referral Center	$2.83M - $4.23M[1]	$599,400[2]	$300,000[3]	$299,400
2	Permanent Supportive Housing	$0	$471,500[4]	$0	$471,500
3	Emergency Housing Options	$0	$200,000	$37,500[5]	162,500[6]
4	Sustainable Funding Sources	$0	$0	$0	$0
5	Oversight Committee	$0	$60,000[7]	$0	$60,000
	Total	**$2.83 - $4.23M[8]**	$1,330,900	$337,500	**$993,400**

Assumptions:

[1] Estimated range includes options to remodel an existing building ($2.8M) or construct a new building ($4.2M). Neither estimate includes cost of land/building purchase.

[2] Assumes expansion of United Methodist Open Door at a new location with COMCARE Center City as a co-located leasing tenant. Also includes a transportation component that would operate out of the Center.

[3] Current funding sources include United Methodist Open Door and COMCARE Center City.

[4] Estimate includes 100% housing/utility subsidies for 64 units, damage/utility deposits, establishment/maintenance funds, and a staff person to coordinate the program.

[5] Current funding sources include Sedgwick County and City of Wichita via state and federal pass-through funds, and the United Way.

[6] Amount expected to decrease over a three-year period as the Permanent Supportive Housing units are brought into operation.

[7] Assumes one coordinating staff person and associated administrative expenses in the Sedgwick County Division of Human Services.

[8] Estimate does not include cost of land/building purchase for Strategy #1.

Appendix A

A JOINT RESOLUTION OF THE CITY OF WICHITA AND THE BOARD OF COUNTY COMMISSIONERS OF SEDGWICK COUNTY CREATING AN AD HOC TASKFORCE TO DEVELOP A PLAN TO END CHRONIC HOMELESSNESS

WHEREAS, Sedgwick County, Kansas ("County") and the City of Wichita ("City") wish to create an Ad Hoc Taskforce to identify the issues related to ending chronic homelessness and to make recommendations to the two governing bodies as to how the County and City can be effective partners with community advocate groups to address the needs of people experiencing chronic homelessness.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SEDGWICK COUNTY, KANSAS, and the WICHITA CITY COUNCIL, that:

SECTION I. The Board of County Commissioners of Sedgwick County and Wichita City Council do hereby create an Ad Hoc Taskforce on Chronic Homelessness. The Taskforce shall act in an advisory capacity to the County and the City on matters relating to the challenges of ending chronic homelessness in Sedgwick County.

SECTION II. The Taskforce is charged with the following:

- Review the research, which has been developed by the City, County and United Way of the Plains staff that includes statistics on the extent of homelessness in Wichita/Sedgwick County, a compilation of available resources in the community to address this population, and best practices of other communities which have implemented strategic plans to end chronic homelessness;

- Develop a plan to end chronic homelessness in Sedgwick County to include short, intermediate and long range strategies, as well as, potential funding options as appropriate and a mechanism for reporting on goal obtainment;

- Recommend actions that can be taken to end chronic homelessness in Sedgwick County to the Executive and Elected officials of the City of Wichita and Sedgwick County government no later than February 28, 2007;

- Ensure documentation of Taskforce deliberations are open and accessible to the public; and

- Present Taskforce findings and deliberations to the Board of County Commissioners of Sedgwick County and the Wichita City Council no later than February 28, 2007.

SECTION III. The Taskforce, to be appointed jointly by the Sedgwick County Manager and the Wichita City Manager, shall be composed of not more than fifteen (15) members. The Taskforce shall include representation from business and government, as well as, persons who have experienced homelessness in their lifetime , professional expertise in fields including: medicine, legal system and law enforcement, education, and housing. The Taskforce shall meet as soon and as often as is reasonably possible in order to undertake and complete its duties prescribed hereunder. The Taskforce appointments shall expire immediately after delivery of the Taskforce report.

SECTION IV. Sedgwick County and the City of Wichita, in partnership with United Way of the Plains, shall be responsible for providing staff support for the Taskforce, which shall include scheduling meetings, assisting with agenda development, gathering and organizing requested information, providing for public communication, and drafting the Taskforce report.

Members of the Task Force to End Chronic Homelessness

Jack Focht – Task Force Chair

Cheryl Bell – United Methodist Superintendent

Sue Castile – Diversity Kansas

Gypsy Claar – Homeless Advocate

Connie Dietz – USD 259 School Board

Sharon Fearey – Wichita City Council

Patrick Hanrahan – United Way

Lou Heldman – Wichita State University

Bernie Hudspeth – Homeless Advocate (resigned in January due to new job)

Bishop Michael Jackels – Wichita Catholic Diocese

Bishop Scott Jones – United Methodist

Steve Martens – Grubb & Ellis/Martens Commercial Group, LLC

Janet Miller – Historic Midtown Neighborhood

Tim Norton – Sedgwick County

Marsha Stanyer – Union Rescue Mission

Mary K. Vaughn – City of Wichita

Ex-Officio:

Winston Brooks, Superintendent, USD 259

Bill Buchanan, County Manager

Ron Holt, Assistant County Manager

George Kolb, City Manager (replaced by Ed Flentje, Interim City Manager, January 2008)

Definitions

Chronically homeless individual – (Defined by HUD) an unaccompanied person who has a disabling condition. This individual has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three years.

Disabling Condition– A diagnosable substance use disorder, serious mental illness, developmental disability or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

Emergency shelter – A facility (year-round or seasonal/temporary) that provides over night accommodations, without charge, for homeless individuals and families.

Homeless individual – An individual or family which lacks a fixed, regular and adequate nighttime residence ; and who has a primary nighttime residence that is a supervised public or privately operated shelter designed to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized or a public or private place not designed for, or ordinarily used a regular sleeping accommodation for human beings.

Sheltered – A homeless person who resides in an emergency shelter or a transitional housing program for persons who originally came from the streets or emergency shelters

Transitional Housing – Programs that provide housing for up to two years and offer support services to promote self-sufficiency and to help them obtain permanent housing. They may target any homeless subpopulations, such as personal with mental illnesses, persons with AIDS, runaway youths, victims of domestic violence, homeless veterans, etc. Housing is provided free or at a reduced cost.

Unsheltered – A homeless person who resides in a place not meant for human habitation, such as cars, parks, abandoned buildings, or on the streets, sidewalks, doorways and alleys.

Appendix D

Agencies who presented to the
Task Force to End Chronic Homelessness

Catholic Charities
Kansas Department of Corrections
Hunter Health
InterFaith Ministries
US Interagency Council on Homelessness
National Alliance to End Homelessness
Center for Community Change
Salvation Army
Sedgwick County COMCARE
Union Rescue Mission
United Methodist Urban Ministries
United Way
Veteran's Association
Via Christi Hospitals
Wichita Children's Home
Wichita Housing Authority
Wichita Library
Wichita Police Department
Wichita School District
YWCA

Emergency Shelter Bed and Housing Inventory

Year	Total Beds	Emergency Shelter Beds	Transitional Housing Beds	Permanent Supportive Housing Beds
2007	795	335[1]	207[2]	253[3]
2006	786	345	200	241
2005	751	328	193	230
2004	640	274	154	212
2003	561	237	164	160
2002	478	242	116	120

Permanent Supportive Housing
Inter-Faith Ministries - Villa Central & North: 27 beds
Shelter Plus Care: 214 vouchers
United Methodist Open Door Safety Net: 12 beds

Transitional Housing
COMCARE - Transitional Housing Program: 22 beds
Inter-Faith - Ti'Wiconi Safe Haven: 20 beds
Salvation Army Transitional Housing Program: 24 beds
Step Stone, Inc.: 10 beds
Union Rescue Mission: 26 beds
United Methodist Open Door: 43 beds purchased
United Methodist Open Door: 32 beds leased
Wichita Children's Home: 30 beds

Emergency/Family Shelters
Anthony Family Shelter: 26 beds
Harbor House: 40 beds
Inter-Faith Inn: 50 beds
Salvation Army Emergency Lodge: 18 beds
Union Rescue Mission: 174 beds
YWCA: 27 beds

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[1] 2007 Emergency Shelter data does not includes 24 additional beds that are planned to be available by September, 2007 through Catholic Charities-Anthony Family Shelter; Data also excludes 75 beds available through the winter overflow shelter.

[2] 2007 Transitional Housing data includes non-HUD funded, yet homeless designated domestic violence beds available through StepStone, Inc.

[3] 2007 Permanent supportive housing data does not include additional Shelter Plus Care vouchers awarded to the City through Continuum of Care application or apartments under construction by Inter-Faith Ministries.

2005 Non-profit Spending on Homelessness

Agency	Total Spent on Homeless Assistance in 2005	Population Served
American Red Cross Midway-Kansas Chapter-Wichita/Newton; Project Deserve; Provide financial assistance for energy related needs such as utility bills. $45,000 of the rent subsidies are for fire victims who have lost their homes.	$ 283,000	families, disaster victims
Anthony Family Shelter, Catholic Charities; (Money can be split however necessary b/w these needs: clothing, school expenses, prescriptions, housing deposits, rent assistance, utility assistance (case-by-case basis)	$ 584,318	families
Breakthrough Club - Tenant Based Rental Assistance, Clubhouse	$ 100,640	chronic and families, must be mentally ill
Catholic Charities (Disaster Relief - includes Katrina)	$ 54,253	disaster victims
Center of Hope (This does not include $17,757 provided by City of Wichita ESG which is included in their dollar amount.)	$ 497,649	chronic and situational
Emergency Services, Catholic Charities, Inc.; Provide emergency assistance in the form of food, utilities, transportation, and budget counseling. Limited translation available.	$ 130,640	homeless prevention
Episcopal Social Services - Food Program, Case Management and Employment Support	$ 36,000	chronic and situational
Gerard House	$ 300,000	pregnant women
Good Samaritan Fund, Woodlawn United Methodist Church; Provide clothing, rent and/or utility assistance to those who live in USD 260 Derby School District.	$ 27,776	families
Harbor House, Catholic Charities; Money spent b/w utility assistance, rent assistance as well as care repairs, divorce costs, etc (case-by-case basis, upon discharge)	$ 18,000	women and children
Hispanic Social Services, Catholic Charities; rent assistance with funds provided by the local Catholic Diocese	$ 36,051	families
Hunter Health Clinic	$ 400,000	chronic and situational
InterFaith Ministries - InterFaith Inn, Safe Haven Ti Wiconi, Villa Central and Villa North, Operation Holiday[1]	$ 540,233	chronic and situational
Mental Health Association of South Central Kansas, Patient Services - Individuals diagnosed as having mental illness or severe emotional problems are provided support services or financial assistance for food, bus tokens, medication, clothing, and similar serious needs when other resources have been exhausted or are not available.	$ 66,763	chronic, must be mentally ill
Miracles Inc. - Shelter Plus, K.C. Estates	$ 116,003	chronic and situational
Salvation Army - Transitional Housing, Emergency Lodge, Disaster Services, Community Hotel/Motel, Emergency Social Services	$ 1,050,887	chronic and families
StepStone - Sisters of St. Joseph - Transitional housing and support for domestic violence victims	$ 300,000	women
The Lord's Diner	$ 180,000	chronic, situational (amount refers to the 36% of individuals served who are homeless)
Union Rescue Mission	$ 1,200,000	chronic and situational
United Methodist Urban Ministry - Community Food Ministry, Drop In Center	$ 374,422	chronic and situational
United Methodist Urban Ministry - Homeless Prevention	$ 50,828	homeless prevention
Wichita Children's Home	$ 362,452	children
YWCA - Women's crisis Center/Safe House	$ 593,905	women and children
Sub-Total All Spending (including City pass-through funding and Continuum of Care [CoC] funding)	**$ 7,303,821**	
Minus City Pass-through Funding	**$ (467,749)**	
Minus CoC Funding (InterFaith, UMUM, WCH)	**$ (651,047)**	
Total Non-profit Spending (excluding city pass-through and CoC funding)[2]	**$ 6,185,025**	

[1] FY 2006 figures

[2] Each agency self-reported with no standardization required. Known state and federal pass-through funds have been subtracted from these totals. Public funding from other sources (i.e. independently applied-for grants) may still be included. Does not include funds spent on the homeless by USD #259, Social Security, Veterans Administrations, and SRS.

2005 Non-Profit Spending on Chronic Homelessness

APPENDIX G

Agency	Total Spent on Homeless Assistance in 2005	Population Served
Breakthrough Club - Tenant Based Rental Assistance, Clubhouse	$ 100,640	chronic and families, must be mentally ill
Center of Hope (This does not include $17,757 provided by City of Wichita ESG which is included in their dollar amount.)	$ 497,649	chronic and situational
Episcopal Social Services - Food Program, Case Management and Employment Support	$ 36,000	chronic and situational
Hunter Health Clinic	$ 400,000	chronic and situational
InterFaith Ministries - InterFaith Inn, Safe Haven Ti Wiconi, Villa Central and Villa North, Operation Holiday[1]	$ 540,233	chronic and situational
Mental Health Association of South Central Kansas - Patient Services; Individuals diagnosed as having mental illness or severe emotional problems are provided support services or financial assistance for food, bus tokens, medication, clothing, and similar serious needs when other resources have been exhausted or are not available.	$ 66,763	chronic, must be mentally ill
Miracles Inc. - Shelter Plus, K.C. Estates	$ 116,003	chronic and situational
Salvation Army - Transitional Housing, Emergency Lodge, Disaster Services, Community Hotel/Motel, Emergency Social Services	$ 1,050,887	chronic and families
The Lord's Diner	$ 180,000	chronic, situational (amount refers to the 36% of individuals served who are homeless)
Union Rescue Mission	$ 1,200,000	chronic and situational
United Methodist Urban Ministry - Community Food Ministry, Drop In Center	$ 374,422	chronic and situational
Subtotal spent on chronic	**$ 4,562,597**	
Minus City Pass-through Funding for Chronic Homelessness	**$ (198,716)**	
Minus CoC Funding (InterFaith, UMUM) for Chronic Homelessness	**$ (549,828)**	
Total Non-profit Spending on Chronic Homelessness (excluding CoC funding chronic and City/Pass through funding for chronic)[1]	**$ 3,814,053**	

[1] Each agency self-reported with no standardization required. Known state and federal pass-through funds have been subtracted from these totals. Public funding from other sources (i.e. independently applied-for grants) may still be included.

APPENDIX H

2005 Wichita/Sedgwick County
Non-Profit and Government Spending on Homelessness

Agency		Total Spent on Homeless Assistance in 2005
Non-profit Spending[1]		**$ 6,185,025.00**
City Funding (CDBG, ESG, KESG, CSBG winter overflow)		**$ 467,749.00**
Sedgwick County - Overflow Shelter, COMCARE Center City (minus CoC money)		**$ 747,918.00**
Continuum of Care (includes City Shelter Plus Care funds - not double-counted)		**$ 1,921,617.00**
Total[2]		**$ 9,322,309.00**

[1] Each agency self-reported with no standardization required. Known state and federal pass-through funds have been subtracted from these totals. Public funding from other sources (i.e. independently applied-for grants) may still be included.

[2] Does not include funds spent on the homeless by USD #259, Social Security, Veterans Administrations, or SRS.

Gaps and Strategies Matrix

The Identified Gaps in Service are listed in the left-hand column. In the right-hand column are the Plan strategies that address each gap. The strategies by number are: 1) Resource and Referral Center, 2) Permanent Supportive Housing, 3) Additional Emergency Shelter Beds, 4) Sustainable Funding Sources, and 5) Governance Structure.

Identified Gaps in Service	Strategies to Address Gaps
▪ The current drop-in center (United Methodist Open Door) has limited space and operating hours.	• Strategies 1 & 4
▪ There is not a centralized one-stop or number to call for the homeless to find help and a comprehensive array of much-needed services.	• Strategies 1 & 4
▪ There is a lack of permanent housing with supportive services for the chronically homeless.	• Strategies 2 & 4
▪ There is a need for transportation for the chronically homeless to access services.	• Strategies 1, 2 & 4
▪ Homeless individuals experience significant challenges to receiving governmental benefits in a timely fashion.	• Strategies 1 & 2
▪ There is a need for sustainable annual funding above and beyond the current level of state/federal pass-through funds distributed locally.	• Strategies 4 & 5
• There is a need for additional emergency shelter beds.	• Strategies 3 & 4
▪ The chronically homeless need additional encouragement and support to seek and receive addiction treatment and services.	• Strategies 1, 2 & 4
▪ The Homeless Management Information System (HMIS) is not used to full functionality.	• Strategies 1, 4 & 5
▪ There is no community-wide standard or common definition for “case management” services or standardized qualifications for “case managers.”	• Strategies 1, 2, 3 & 5

Proposed Resource and Referral Center

Open 7 days per week with capacity for 150 persons

Services provided by Center staff:

Center Staff Functions	Services provided
Reception/Assessment/Services	• Welcome desk reception area • Entry into Homeless Management Information System (HMIS) • Needs assessment • Referral and connection to internal or community services • Place to “be” • Laundry facilities • Restrooms • Showers • Local telephone access • Lockers/storage for belongings • Mail services • Message center • Access to United Way 2-1-1 • Internet access • Placement in emergency shelters for place to sleep overnight • Multipurpose room which may be used for eating, waiting, gathering
Security	• Site and personal security • Provide a safe/secure environment • Escort to locker/storage
Food	• Donated lunches to be served OR partnership with a provider for daily lunch
Maintenance	• Provide cleaning and maintenance services for all minor facility problems including plumbing, taking out the trash, cleaning up accidents, etc.
Transportation	• Transportation to shelters, appointments and other referral service sites (solution may be related to a broader community solution)

Services provided by partner agency staff co-located at Center:

Service	Agency(ies)	Staffing Frequency
Mental health	COMCARE of Sedgwick County Center City Homeless Program	Full time co-location
Minor health services	Hunter Health Clinic – federal grantee for homeless health	• Days per week TBD
Housing	• City of Wichita Housing and Community Services • Sedgwick County Housing Department	Full time co-location?
Peer support	People's Net	Full time co-location?
Government benefits/ assistance	• SRS • Legal Assistance • Veterans Administration • Social Security Administration	• Full time co-location • Days per week TBD • Days per week TBD • Days per week TBD

Referrals for these additional services will be offered at the Center:
Primary/Specialty health care
Alcohol/Substance abuse treatment
Employment
Food
Clothing
Childcare
Emergency Overnight Shelter
Gender-based and trauma services
Financial education and management
Other services as determined

The services listed above, and others which may be added to the list, may be provided on-site by partner agencies who wish to offer service there either part-time or full-time. In other instances, services may not be able to be offered on-site in which case transportation to those services could be provided.

Note 1: This plan is predicated on another 25 to 50 overnight shelter beds having been added in our community to adequately meet the need for overnight shelter until the chronically homeless population is reduced through an aggressive re-housing focus and approach.

Note 2: More information documenting the need for services overnight must be gathered before a determination can be made as to the whether or not the Center will be open 24 hours.

Agencies that may be interested in partnering for above referral services*:

- 2-1-1
- Breakthrough Club
- Cab companies
- The Lord's Diner
- Catholic Charities:
    1. Harbor House
    2. Anthony Family Shelter
- Center of Hope
- City of Wichita Transit Services
- Division of Motor Vehicles
- Episcopal Social Services
- Gerard House
- GraceMed
- Hope, Inc.
- Hunter Health Clinic
- Inter-Faith Ministries
- Mental Health Association
- Miracles, Inc.
- Mother MaryAnn Clinic
- Parallax, Inc (treatment and detox)
- Salvation Army
- Union Rescue Mission
- United Methodist Open Door
- Wichita Area Sexual Assault Center
- Wichita Workforce Center
- YWCA

*This list is not all-inclusive but is a starting point. No agencies have been contacted. Other local agencies need to be identified and added.

PERMANENT SUPPORTIVE HOUSING PLAN

In order to implement a successful housing first strategy for the chronically homeless, three components are needed: housing, services and staff coordination. Of the three, the delivery of services designed to meet each person's unique needs, is absolutely most essential to the plan's success.

The process of client placement and service planning will start with comprehensive intake at the proposed Resource and Referral Center. Following is a discussion of the three components of the Permanent Supportive Housing Plan.

DESCRIPTION OF COMPONENTS: HOUSING

- Scattered sites within Sedgwick County with accessible transportation (i.e. on bus lines) and with essential services nearby (grocery stores, drug stores, etc.)
    - One bedroom and studio units
    - Permanent (as opposed to transitional)

- Landlord participation is critical and will be encouraged through the following proposed incentives:
    - Provide rent guarantee from time client moves in and including one month after client moves out
    - Negotiate security deposit; guarantee reimbursement for tenant damages up to an agreed-upon amount

- Rent
    - Rent would be paid through the Chronic Homeless Plan resources with a sliding scale for client participation in rent
    - The scale would start at zero and continue upward until the client was able to pay the full amount
        - Each client would be encouraged and assisted by the Chronic Homeless Plan staff and partners, to secure funds through entitlement programs, public benefits and employment

- Units will probably need to be furnished through variety of resources
    - Salvation Army and other non-profit resale stores
    - Donations from retail furniture stores
        - May eventually include creation of a donation/storage facility similar to what was created to assist Hurricane victims relocating to Wichita

- A Housing First Specialist will be needed to:
    - Solicit landlord participation
    - Coordinate furnishings donations to housing units
    - Provide coordination of services and counseling
    - See following for more detailed job description

DESCRIPTION OF COMPONENTS: SERVICES

Ready availability of services is essential to the success of the Permanent Supportive Housing Plan. The Housing First Specialist will be responsible for identifying community partners who will agree to provide services in the following areas, by way of a service agreement with the governing body.

1. Addictions
2. Mental Health
3. Chronic Physical Conditions
4. Developmental Disabilities

The delivery of services should meet the following criteria at a minimum.

- Services must be made available to the participants, but offered in such a way as to provide an element of choice to the client.
- Services must be available around the clock whenever possible.
- The range of service environments should be broad and flexible, to include supervised permanent housing (such as a Safe Haven facility), to meet the unique needs of the chronic homeless individuals.

DESCRIPTION OF COMPONENTS: STAFFING

Title: Housing First Specialist

Responsibilities:

- Oversight of the permanent housing plan for chronic homeless persons, to include:
    - Set up and coordination of wrap around services
    - Solicitation of services to meet specific needs (if not already a part of the service network)
- Set up and monitor a crisis response plan (24/7)
- Establish a landlord network which will accept placements

Minimum Qualifications - Required

- Bachelor's Degree in related field or comparable experience
- 2 years case management experience
- Have reliable transportation
- Willing to establish a flexible work schedule

Desired but not Required

- Experience working with the homeless
- Grant writing experience