



Homeless Services System

11:00 – 12:30

October 6th, 2020

Draft Minutes

Meeting Participation Principles:

- Past Progress – Many diverse, and respected voices have contributed to where we are today.
- Preparation - All background materials, minutes and project updates should be read, prior to meetings.
- Contribution – Every voice is elicited, uninterrupted, and heard.
- Distraction - Mute cell phones, avoid side-conversations, stay on-topic.
- Transparency – Acknowledge mistakes, provide upward feedback, seek differing opinions.

<i>Co-Chairs: Quinn Donnay (DFCS), Commissioner Charlene Pyskoty (Bernalillo County), Rodney McNease (UNM)</i>
<i>Attendees: Steve Johnson (New Day), Carol Pierce (FCS), Lisa Huval (FCS), Yvette Ramirez Ammerman (CABQ consultant), Kashif Muhammed (BernCo), Heather Hoffman (Barrett House), Dennis Plummer (Heading Home), Margarita Chavez-Sanchez, (BernCo), Brother Sean (Good Shepherd Shelter), Richard (Reed) Russell (AHCH), Cate Reeves (NMPCA)</i>
<i>Neighborhood Representatives: Beth Browell, Marit Tully, Christina Apodaca, Doreen McKnight, Kadijah Bottom</i>

Individual:	Discussion/Needs/Gaps
Welcome and Introductions, approval of minutes	<ol style="list-style-type: none"> 1) Commissioner Pyskoty, Rodney McNease and Quinn Donnay opened the meeting by welcoming, and thanking the participants for their time. 2) Minutes of the 9.22.20 meeting were approved.
Quinn Donnay	<ol style="list-style-type: none"> 3) Quinn Donnay shared her screen and members viewed the updated version of the Homeless Services System - Needs/Gaps/High Impact Strategies document which has incorporated committee member input (and was disseminated prior to the meeting for review). <p>The first section discussed was the 1) Shelter for single men – (50-55 individual capacity)</p> <ul style="list-style-type: none"> • Albuquerque Community Safety/first responder drop off point for individuals who want to access shelter • Access to basic needs: 24/7 bed, meals/food, bathroom and shower, laundry • Individualized support to target needs/Needs assessment • Storage space • Housing coordinator, pathway to housing • Intensive case management • Support applying for disability benefits SOAR representatives) • Employment and education support

- Certified peer support workers, client advocates, community health workers
- Medical respite
- Triage area
- Behavioral health services
- Culturally and spiritually accommodating and affirming space, supportive of LGBTQ individuals
- Accommodation for pets
- Medication management
- Medical clinic
- Multipurpose rooms
- Indoor/outdoor relaxation and recreation spaces
- Computer lab
- Transportation

Reed Russell and Steve Johnson discussed case management and “high fidelity case-management” A concept designed around what individuals are able to do as well as what individuals are willing to do. Individualized and customizing the work. It's more expensive in some ways and caseloads need to stay low. This is especially the case in youth services (and saves money).

Marit Tully asked about “triage”. Quinn clarified, there is an initial assessment, but it is an ongoing, relationship building process.

2) Shelter for women and children

- Coordinated entry into shelter for families
- Community Safety/first responder drop off point for individuals who want to access shelter
- Access to basic needs: 24/7 bed, meals/food, bathroom and shower, laundry
- Individualized support to target needs/needs assessment
- Storage space
- Housing coordinator, pathway to housing
- “Diversion” or one-shot assistance for families to sustain housing through a crisis/contribute towards housing
- Child care
- Playground/Play area for children
- Education and employment support
- Medical respite
- Behavioral health services
- Culturally and spiritually accommodating and affirming space, supportive of LGBTQ individuals
- Accommodation for pets
- Medication management
- Medical clinic
- Multipurpose rooms
- Indoor/outdoor relaxation and recreation spaces
- Computer lab
- Transportation
- Support applying for disability benefits (SOAR representatives)

Doreen McKnight mentioned in regard to both the previous sections, we need to ensure safety concerns are met (esp. LGBTQ).

Doreen also referred to a chat comment from Christine regarding parsing out the relationship between the large emergency shelter (or smaller ones) and the varied supportive services. Will we have an opportunity to have “set aside beds” for people who have signed up for all the services so the next night they would be assured a bed? Differentiate between short-term stays (for instance detox) versus a longer-term stay with support. One model is Good Shepherd with 2 week, 3 month and 6 month stays.

We may need clarity on what transportation means? Not just buses, but also follow-up health care appointments, job interviews, etc.

Quinn mentioned the “HOT” hand-off idea; ensuring an inclusive group of service and health providers are all involved – the lack of one could cause problems.

Christina Apodaca asked about age-limits in the definition of a family. Quinn added, do we refer to how families self-identification (35 year-old ‘children’). Heather Hoffman mentioned the layout of a shelter as part of the determination of age limits.

Margarita Chavez added the definition of “family” needs to be consistent.

A question was posed about a single male with a child? Lisa noted this is one of the gap issues. Right now, we can’t accommodate all of the configurations. For instance, the WEHC can’t accommodate self-identified couples without children; the individuals are separated into male and female pods.

Rodney McNease segued to a discussion of **3) Shelter for young adults (18-25)**

- Coordinated entry point
- Access to basic needs: 24/7 bed, meals/food, bathroom and shower, laundry
- Albuquerque Community Safety/first responder drop off point for individuals who want to access shelter
- Storage space
- Individualized support to target needs/needs assessment
- Goal to exit individuals from system
- Approach based on engagement: engagement in own life, with community
- Care Coordination
- Behavioral health services
- High Fidelity Wraparound
- Employment and education support – internships with local businesses
- Life skills classes: functional, social, and emotional learning opportunities
- Culturally and spiritually accommodating and affirming space, supportive of LGBTQ individuals
- Accommodation for pets
- Medication management
- Multipurpose rooms
- Indoor/outdoor relaxation and recreation spaces
- Computer lab

Steve Johnson: Regarding young adults, the way we approach this is critical. These young people aren't deeply into the homeless world. They're not deeply into their substance abuse if they're using substances, it's more about managing their traumas and none of the above have become chronic yet.

The approach should be toward exiting the system altogether, not making it easier to be in the system, but **challenging youth to get out of the system**. An example is transportation: rather than providing transportation we will help them figure out transportation. We should be **building community engagement and connections, rather than case management**; like high fidelity wraparound job internships where they can actually get a lot of support and practice in employment functioning, **life and human-skills** training. Many times, they may be 20 years old and never held a job successfully.

Additionally, we need to be exploring family **because if they can reconnect with any family member in a healthy way, whether it's an uncle or a grandma or somebody else that can be really important contacts which they may have lost**.

Quinn noted unprocessed trauma is often the cause of behavioral issues, drug-use, risk-taking, violent crime. Doreen noted **onset of mental health issues often begin in teen years**. Steve Johnson underscored this later in the conversation, noting, even good case management doesn't work when, because of a mental illness you can't communicate effectively with individuals. Quinn noted in the Youth Homelessness Coordinating Committee, one of the high-level strategies was permanent supportive housing vouchers which could come from the city's general fund dollars. This could mean they wouldn't fall under HUD regulations and restrictions, so the young people that are experiencing early onset mental illness could have continued support after the HUD age cutoff.

Conversation ensued regarding the increase in numbers of older individuals needing shelter, including seniors.

Lisa Huval noted the chatbox question posed, regarding **how we prioritize who gets shelter, such as a coordinated access or entry system into shelter** which other communities have developed. It's often called the diversion; a triage-system to evaluate whether there's is any other place for this family or household might safely stay besides the shelter. **Would supportive services or financial assistance make the difference in whether or not they could stay with a family member?**

This would be moving away from the current WEHC model which is a "first-come-first served" approach. With the with the winter shelter becoming a year-round shelter, the benefits is that if someone wants to shelter bed, they can access one because the Westside shelter is large enough that it doesn't turn people away. But as we move towards these gateway center - more centrally located beds, we can improve upon that system.

Referring to the final section of the document (included below) Doreen McKnight reiterated the need for a systematic plan address neighborhood impacts, as an integral part of the purpose of this committee.

3) Strategies to mitigate neighborhood impact

In order for an emergency shelter to be “high impact,” the shelter must be integrated into the neighborhood, and there must be strategies in place that mitigate any potential negative neighborhood impact.

- Evaluate impact of any emergency shelter locations within 5 miles of the proposed location, including the possible impact of proposed service (i.e. food, medical care, case management, substance abuse, drop-in access, 24/7 hours) and the population to be served.
- Create a detailed plan to address community safety concerns for the area around any proposed emergency shelter locations. The plan should address:
 - Consideration of a dedicated public safety district around the shelter similar to the current Downtown Public Safety District
 - Adequate security and trained medical personnel needed to keep residents of the emergency shelter and surrounding neighbors and businesses safe.
 - Adequate public restrooms for the area where the shelter is located, including the design, funding and construction public bathrooms that are open, staffed, and maintained 24/7
 - Increased coordinated street outreach to meet the needs of people experiencing homelessness in the vicinity of the shelter who are not using the shelter
 - Design, funding and construction of sidewalks and other street improvements that are needed surrounding the shelter
The development and funding of special teams to clean and remove trash daily from areas surrounding the emergency shelter, including sidewalks, bus stops, store fronts, parks, etc.
 - Investment in public safety infrastructure, i.e., wide, buffered sidewalks, reduced speed limit, lighting, bus stops, etc. to assure the safety of all
- Dedicate substantial funds to the rehabilitation, redevelopment and investment of the area around any proposed emergency shelter within 5 miles.
 - Dedicate direct economic relief to businesses and residents surrounding any proposed gateway shelter within a mile of the shelter.
 - Incentivize businesses to stay in and around the area of the gateway shelter or compensate them for lost business/revenue that occurs due to the emergency shelter
 - Create easily accessible and understandable tax abatement, grants, and other financial relief mechanisms for small businesses located in the area near a homeless facility, and conduct outreach and marketing to those businesses so they are aware the assistance is available.

Quinn thanked Doreen and provided a quick summary of the meeting, including:

- Brother Sean mentioned a single-men shelter with capacity of 50 to 55 individuals.
- Figure out ways to be supportive to the LGBT population.
- Family definition needs to remain consistent across the board.
- An individualized approach is imperative to help meet the needs of individuals; assess needs and customize support to target needs for individuals.
- Safety – and what that means for different groups.

	<ul style="list-style-type: none"> • Possibility of a kitchen, not only for food-prep, but also life skills, cooking classes, etc. • There are many different family configurations. We have to look at how that might be represented in family shelter family settings to make sure that all types of families are supported. • For young people the goal should be around exiting the system. • For transportation how to access transportation, not necessarily providing the transportation • For youth, especially, we need models that are based around community engagement, partnership with local businesses, etc. • Vouchers – not HUD based definitions • Needs of older geriatric and disabled folks - providers are seeing more complicated problems. • Readiness for a post COVID eviction uptick, with a plan for system-wide impact on services. • Highlight serious mental illness as an area needing a unique approach. • Carol Pierce noted the need for very specific individualized assessments. • Regarding Triage – Carol noted Counselor Pena, was asking questions about behavioral health needs related to triage - getting people connected to services – an important component. • Reed Russell and Quinn Donnay indicated we need both quick access to housing, or Medicaid, assessments etc... as well as long term case management. Some individuals may need to sign up for a benefit, or have a shelter bed, and some people may need like consistent help over time We don't want to create barriers to get people what they need. <p>The staff and co-chairs thanked the group for a rich, positive and productive discussion. In particular the mix of provider voice with neighborhood voice to represent the community, is key.</p>
Next Meeting:	<ul style="list-style-type: none"> • Oct. 20th, 2020

Core Documents:

CABQ: Focus Group – People With Lived Experience, Gateway Center Site Ranking Report, Gateway Center Online Survey Report, Gateway Center Public Input Session, Changing the Story document, Assessing Shelter Capacity Report (Barbara Poppe and Stephen Metreaux report), Gateway Concepts document, Medical Respite Community Needs Assessment

UNM: UNM Hospitals 2020 Community Health Needs Assessment

BernCo: Bernalillo County Healthcare Task Force Recommendations: 2014