

## **Governor's Committee to End Homelessness**

**February 4, 2019**

### **I. Welcome and Introductions**

**GCEH Chair, Jennifer Carter Dochler**

Attendance:

Jennifer Carter Dochler, Missouri Coalition Against Domestic and Sexual Violence, Chair

Anthony Smith, FCC Behavioral Health

Carolyn Stemmons, MO Head Start Collaboration Office

Tammy Laws, St. Louis COC

Chaunceia Mayfield, St. Louis COC

Chiquita Small, Department of Health and Senior Services

Don Stamper, Department of Economic Development

Donna Cash, Department of Elementary and Secondary Education

Dottie Kastigar, Community Council of St. Charles County

Edwin Cooper, Department of Mental Health

Heather Hoffman, Homeless Services Coalition of Greater Kansas City

Jack Lipton,

Jayna Gray, Proxy for Sandy Woson, ICA

Sarah Owsley Townsend, Proxy for Jeanette Mott Oxford, Empower Missouri

Jessica Hoey, Missouri CAN

Jessie Dryden, Common Sense

Katie Burnham Wilkins, Veteran's Administration

Lateacha Tigue, GCEH Vice Chair, Executive Director HottalkRadio Teacha's Kids LLC Tigue Media

Liz Hagar-Mace, Missouri Department of Mental Health

Melissa Wilding, State of Missouri Veteran's Commission

Amanda Stadler, Proxy for Michelle Garand, Community Partnership of the Ozarks

Natalie Allen, Missouri Department of Social Services Children's Division

Randy Sharp, Interfaith Community Services dba InterServe, St. Joseph COC

Sarah Owsley Townsend, Empower Missouri

Sarah Parsons, Missouri Housing Development Commission

Tammy Walker, Economic Security Corporation of the Southwest Area, Joplin COC

Virginia Shelton, Homeless Absolute Care

Amy Beckford, City of Saint Louis

Deb Little, MISI

## II. EPICC Opioid Overdose Response Project

**BHN**

- Summary of comments in addition to PP Presentation: Increasing work with shelters and outreach to refer when client may be 'at risk' or very high on opioids when present to shelter. Trained to do ERE – severe and persistent mental illness, referred to coach and licensed professional. Use VI-SPDAT to assess need. Partnering with shelters, recovery homes, and other community living organizations. Applying for additional grant to assist with housing, food, transportation and other immediate needs for people with Substance Use Disorder. BHN volunteered to be part of coordinated entry partnership. BHN will start attending St. Charles COC meetings. There is also a Housing Coalition meeting in Region I of Balance of States, and the contact is Kevin Gardner. Noted that Americorps funding is available for opioid programming.
- Q. Do they provide or have they considered a supervised consumption program? A. BHN has not, but another organization is working on it. The other organization currently offers and needle exchange program.
- Q. Is Lincoln/Warren area allowing the distribution and use of Narcan? A. EMS project that is not in city is doing it through the Police Department. Also offering at Mercy Lincoln, Troy, Mercy, Wash U, SSM, Wentzville, St. Joe, St. Charles, and open to partnering with Barnes St. Phillips.
- Q. What can we do? A. A common challenge to implementation is the lack of collaborative relationships to work within around issues where organizations don't feel like they are fighting for patients. A strength is that BHN exists to bring people together. Example of collaboration that could do this work is in KC, Missouri Recovery Commission. EPICC is involved in their coordinated entry effort. They are also coordinating to seek Narcan with some hospitals and shelters involved.
- Q. How can challenges with data sharing be addressed? A. BHN has used Business Association Agreements with all the members of a project. Once a client is referred, typically their coach gets patient consent. Many times when data is shared for aggregate purposes, the patient information is redacted. There are releases of information to the hospital for each patient.
- Q. What partnerships exists in the southern region? A. BNH is working with Columbia, Kansas City, Springfield and beginning work in Cape Girardeau.

- Q. Noted the challenge of limited housing options. A. BHN uses some DMH accredited houses but there is a 2-3 week process for enrollment. Seeking private grant funding to meet this need. Sometimes use a 24 hour hold – sobering facility – triage center to locate new patients in a safe place.

### **III. Home Together and GCEH Action Plan**

**MCADSV, Jennifer Carter Dochler**

- Liz Hagar Mace provided a combined document incorporating the goals and vision of Home Together into the existing action plan for the group’s review.
- Discussion: Suggestion to use the words align instead of adopt referring to Home Together to demonstrate Missouri’s efforts to incorporate the ideas without commitment to every goal and objective that may not be most important for this state. Add the authors of Home Together to the Action Plan to give credit. Motion was made and passed unanimously to accept the Action Plan with noted updates. The new version will be placed on the website. It will also be on the next agenda to review for progress toward stated goals.

### **IV. Subcommittee Updates**

- MC2 – Held meeting on February 4<sup>th</sup>. The Statewide Homeless Study was completed. Force Reached out to MODOT for the first time. MODOT provided a list of places where employees have seen homeless people or evidence of homelessness. Connected with the Veteran’s Innovation Task and First Responders as well. Ideas for next time include partner with Highway Patrol. Contracted with Home Base to evaluate the data collected. Report findings are scheduled to be released in the Fall. Emergency Solutions Grant – Standards to use as practice guidance are written for prevention and the next to be written are for street outreach.
- Warming/Cooling Shelters – Held 2<sup>nd</sup> team call on January 10<sup>th</sup>. The team is gathering examples from all over the nation and some internationally that are working well. It will include links to the program website, and narrative. The plan is to compile best and promising practices and make them available for communities as guidance to improve practice in this area. They meet on the 2<sup>nd</sup> Thursday of each month at 8:30 via conference call.
- Statewide Data Committee – Held 2 calls gathering lead agencies to discuss consistent data collection and sharing across the state. MHDC desires to increase it’s partnering with agencies who are using funds. Meetings scheduled for the 3<sup>rd</sup> Thursday of each month from 9-10am via conference call.

### **V. Old Business**

- January Meeting Minutes – Amanda Sadler is proxy for Michelle Garand. Several name updates noted. Motion was made to accept minutes with changes noted and passed unanimously.
- Discharge Policy Progress – In January it was decided that this will be a standing agenda item for some time to keep it in front of the group and drive progress. The COC’s have begun to discuss adopting this policy and strategies for obtaining the signatures of their partners such

as hospitals and other providers. It was noted that the draft version is still on the website. It will be updated to the final version soon and available to download. All partners should be seeking to have this signed and adopted and provide updates at GCEH meetings.

## **VI. New Business**

- Meeting frequency and location options. Based on discussion in January's meeting the group considered meeting frequencies of monthly, bi-monthly and quarterly. There was consensus that meeting quarterly would slow the progress of the work ,but that meeting monthly may be too heavy of a load for the group's leadership. It was also discussed that since the inception of additional workgroups, this time may be better spent on that work than in this meeting. It was also noted that the audio technology of the current meeting space isn't dependable or conducive to the group's needs. A space at the Missouri Coalition of Behavioral Health in Jefferson City was offered as another option. Each space at the conference table has its own microphone which can be muted when not speaking. This will help those that call hear all of the discussion better. A motion was made and passed unanimously to meet every other month, beginning in April at the Missouri Coalition of Behavioral Health in Jefferson City. There will not be a meeting in March.
- Action items for April Meeting. 1. Review the Action Plan and be prepared to discuss progress. 2. Download the Discharge Plan, have it signed by your organization and be prepared to report on steps taken to enlist partners.

## **VII. Announcements**

- Jennifer Carter Dochler - There are four housing related bills filed this year. One which seems to be gaining traction is related to stalking and domestic violence which provides those with victim status to break the terms of a lease without penalty to obtain safety from their perpetrator. There have been 2 HB hearings and a vote is scheduled for February 5<sup>th</sup>.
- Dottie Kastigar – St. Charles COC is celebrating its 1 year anniversary of coordinated entry and hosting a community lunch on February 7<sup>th</sup> to celebrate and share outcomes.
- Jennifer Carter Dochler connected with the person in charge of the 2020 Census to coordinate to ensure the homeless population is counted. Jessie Dryden reiterated how vital this is to provision and access to services and funding. She shared that just a 1% undercount means an 80 million dollar loss in Missouri. There is a need to push for accurate counts.
- Don Stamper shared that as of 2/21 Marci Orley is the "new Andy" in BCS. He recently learned that there is \$110 million in disaster funding available from the 2017 floods and encouraged COC to reach out and ask how the funding can be allocated. Sarah Parsons said that she has been contacted by the government and understands that they want to build structures in response.
- Amanda Stadler thanked Carolyn Stemmons for giving a presentation and Liz Hagar-Mace for chairing the Executive Board on behalf of the Community Partnership of the Ozarks.