Homelessness Services and Housing Opportunities Advisory Committee
Meeting #7

Thursday July 2, 2020
4:00pm – 6:00pm
https://us02web.zoom.us/j/82100569871

HSHO Committee Members (attendees - virtual - in bold):

Mike Sinnett	**Cheryl Zimlich**	Lily Adams
Josh Geppelt	**David Rout**	**Luke McFetridge**
(Seth Forwood)	Dean Hoag	**Matt Robenalt**
Laura Walker	**Desiree Anthony**	**Nick Verni-Lau**
Alma Vigo-Morales	**Holly LeMasurier**	**Yvonne Myers**
Fernando Leyva	**Jeff Swoboda**	Kristen Psaki
Ben Mozer	**Johnny Square**	
Brian Ferrans	**Julie Brewen**	

Staff Members:
Honoré Depew, Jackie Kozak-Thiel, Beth Sowder, Carol Thomas

Meeting Facilitators:
Chris Hutchinson and Katie Huey, Trebuchet Group

Community Members (those who signed in):
Pat Ferrier
Paula Sterns
Tim Anderson

Pre-Meeting - Technology Check

Three codes used for people in the meeting
Mbr = indicates member of committee
Stf = City or Trebuchet Group Staff
O/Observer = Community observer

Welcome/ Meeting Start
- Reminder of group norms
- This meeting is about the coming together of leaders to start shaping the recommendations
- We have three more planned – at the final meeting on September 9th Mr. Attebery will join us to review the recommendations
- Intention today is to go over what those recommendations should look like
- Appreciation for extending commitment due to Covid and extraordinary situation at hand
- Important to offer all views up in the small group discussions for today – the Drafting sub-committee will be tasked with reconciling viewpoints at a later time

Committee Outcomes
- Four primary categories – people will volunteer by group – someone from City staff type inputs into group map and then you can volunteer for a second group and then we'll rotate
- When done, we'll have a prioritized list of recommendations for moving forward

Small group Discussions
- Took time for clarifying questions and attempts to remove duplication of outcomes to present
- Categories correspond with proposed charges of the group – will create tight and concise recommendations (2-4 pages) written for executive review – can have appendices etc.
- Our best attempt at lining up inputs for the four recommendation areas
- All the inputs will be shared with the drafting committee – will pick top five by prioritizing the bigger picture things

Priority services/ facilities - Outcomes/recommendations needed
- Transportation – bus line or walkable
- Transportation pickup separate area from door
- Covered area over the entry
- Community garden and large scale commercial kitchen (cooking classes)
- Decide what specific things to put on the campus and what just available in the community (e.g. pop up healthcare)
- Outdoor/indoor recreational facility
- Preventative healthcare- cost avoidance with primary care to avoid emergency dept. stays
- Youth - specific space for youth
- Showers, laundry, supplies – replicate Murphy Center
- Visual signage for where things are
- Bed bug mitigation (oven)
- Low-stimulus area
- Medication room check-in/library

- Private space for counseling – therapeutic space
- Computer room, telehealth capability
- Negative pressure room – good for any infection
- Space for physical and occupational therapy
- Build for higher capacity bc of increasing need – don't want to be maxed out right away – flexibility to use space for changing needs
- Defined boundary on where the campus is and what is inside and outside
- Cars/campers – integration of safe car camping, with adequate light, shade, etc.
- Service for people with pets (vet care and place for pets)
- Recover/respite beds
- Who/what providers will participate? What will it look like when it's done?
- Adequate bathrooms, showers
- Space for people's stuff
- 24/7 model
- Trauma-informed designed facility and care
- Housing possibly (PSH, Bridge, some kind) and housing navigation
- Outdoor spaces
- Spiritual support/access on-site
- Coordination treatment and service planning
- Robust data collection
- Highly flexible shelter space – can morph with need
- Census – how many beds, by population type, acuity type – full spectrum of needs for service and meeting the needs of specific people served (gender, etc.)
- Full assessment including medical, mental health, food source, family/child needs, existing links/support, and coordination plan based on full assessment of needs (Enhanced HMIS or VI-SPAD)
- Decision about whether the facility is dry or damp – should it be the same for all? Challenges for people to stay in shelter depending on their needs
- Overarching goal that homelessness is rare, short-lived, and non-recurring

Priority services/facilities – What information is needed? Where do we have gaps in our data?
- Caution – no need to create a system where services that should be mainstream and should be provided when they are housed – not overly invest in these services in shelter which should be short – focus to get them houses as quickly as possible
- Overlap between new Mental health facility?
- Census/data information

Co-location: seek/avoid – **What outcomes/ recommendations need to be included?**
- Seek: co-locate offers opportunities for efficiencies in staffing, service deliver, building operation expenses, less travel for clients
- Family guest space, visitor space
- Space reflects humanizing design, connecting with community
- Flexible spaces, library hub, small concert/event hall (outside), community gathering spaces, sports, microbusinesses/social enterprises, spiritual practice
- Avoid: youth co-located with adult PEH

- Permanent supportive housing (should it be co-located? There are concerns about co-location, and there are design examples that it is in proximity), alternatively could focus on transitional housing on the site
- Co-locate services for PEH with spaces for learning (enjoyment and skills based) for PEH and whole community
- Families should be separate (safer and have different needs served by other agencies)
- Seek transportation access (and co-location helps to minimize transportation needs)
- Health clinic, occupational therapy, physical therapy, podiatry, eye care, ongoing health needs to be part of the health care on co-located site
- Need experts for each service with overall shared governance
- Need a big piece of land to accommodate the different facilities serving different people
- Establish governance in a co-location site, need to seek what that would look like
- Avoid duplication of services by clear roles in co-location
- Collaboration of providers is important (communication/clarity of roles up front/addressing challenges)
- Day shelter attracts people into building, additional strategy/operations needed for resource center management
- Results in concentration of services with community impacts
- Co-located site needs to manage BOTH day shelter site AND resource center (requires staffing)
- Co-located 24/7 large site is costly (food/security)
- Homeless services with health care is a necessity
- Evidence that co-location of services is important
- Increased scale of space would support enhanced co-location
- Not sure if families, single men, and women should all be on the same site
- Day shelter and evening shelter helps people not have to move around
- Day shelter with behavioral health and housing navigation

Co-location: What information is needed? Where do we have gaps in our data?
- Co-location should reimagine our spaces and roles
- What co-location do we need now, what do we need for the future? How do we design for changes?
- Data on co-located service challenges (segments, shelter/housing), built environment solutions, examples of successful co-location
- Data about how much need there is for PSH
- Does co-location mean moving existing services into new buildings and/or a pop-up service approach in a joint space?
- Could different identities/segments be co-located?
- What would governance look like?

Site considerations – **What outcomes/recommendations need to be included?**
- Have seen shelters in industrial areas – least resistance from this type of area
- There has to be component of affordability; someone has to write the check. Need affordable land
- Need to be clear and transparent of what this site will be used for

- Other services – too much concentration of services can be an issue. Too little create an access issue
- Zoning – what is next to it? Do you want to be next to a residential? What do we NOT want it to be next to?
- Infrastructure needed to build a facility – storm, sewer, electrical, retention, water
- Accessible – how can people get to it?
- Home-like, affords privacy, friendly
- Facility could also be used for other things, so it brings other people into the facility to get a mix so people don't feel so isolated. Ex: classes, club and group meetings (for free or small fee), concert or social gathering. Will need more space for this
- The staff, people trained to run this facility need to be highly trained, kindest, most accepting people in the community – training: crisis intervention, mediation, how to solve, knowing about different cultures
- Flexible space so it can be changed if needed in the future. Look at where the facility is in the community, how it's going to be used, that it can be future-proofed to the best of our ability – Make sure we don't end up with a brewery across the street
- Bigger than needed today, at this moment. Add capacity beyond today's need
- Consider what needs will be in 10-20 years, how needs may change. Not just capacity, but what changes may occur in the vicinity. Ex: internet accessibility – would be expensive to fix later – Think through how aspects of that part of town may change in 10 yrs. Ex: warehouse district may change. Would it still be a good property fit? Analyze trends
- Needs to be as inclusive as possible; consider transgender homeless folks feel safe
- Needs to be accessible for disabilities (architectural)
- W/out clarity on who we might serve at the location … we might need parking, solve for pets (outdoor space) Not able to plan until clarity on who the site will service
- Plenty of both indoor and outdoor space (for recreation)
- Would this facility be intended to serve all homeless populations or part? Ex: mental illnesses might drive how it needs to be operated
- Good to understand who the site would serve ex: just adult males?
- Any nearby neighbors would be welcoming to this facility – what would be some of the obvious push-back points? Ex: close to a school? Be mindful of hot buttons.
- Not an island unto itself. Not isolated. A part of the community it's within
- Interconnectedness to other entities working with the homeless – What's the proximity to other things people need to access – Murphy Center, etc.
- How accessible to public transportation?

Site Considerations - What information is needed? Where do we have gaps in our data?
- Does it make sense to have multiple shelters vs. one big one, in one spot? – One spot makes more sense for resources. It doesn't make sense to co-locate families and mix groups (ex. Males/females) Easier to get resources from one location instead of having them move around.
- Is this going to be a consolidation of other shelters of the one solution?
- Who will the facility serve; ex: adult males? Families?
- What are the area growth/development plans for the next 10-20 yrs.?

Resourcing – What outcomes/recommendations need to be included?
- Already worried about finances – idea of committing to long term project is daunting
- Ensure FC residents are primary beneficiaries of services, and more funders likely to consider support
- Sustainable sources – municipal help, taxes – create lists of where money can come from
- Funds for operating vs. funds for capital
- Possible funders are not at table today because not all are brought into specific approach for serving the homeless. Modify/refine approaches and more money likely available
- Homeward Alliance spent more in 3 months at Aztlan Center than would have expected to spend entire year under regular operations
- Harder to fund on-going operations
- Government prefers to do one-time funding
- Still trying to understand COVID piece – operating expenses, social distancing, capacity in new environment
- For this to work, this has to be owned by local government – not doing the work, but they have skin in the game – could be County, City, both/and – can't be relying on private funding and grants
- Diversity of revenue streams will strengthen options
- The more robust services, the higher the cost
- Return on investment to have everything at one campus vs. having things close together
- If there is a funding source/pool, having providers not have to compete for funding – adding more to one can take away from another and create a non-collaborative environment
- Social impact investing – a group to target after creating pitch/platform to help show impact to execute program with differing outcomes – programs get funded IF you perform
- Cost avoidance with jail avoidance
- Demonstrate success with clients accessing services – decrease costs of emergency health care – other examples of cost avoidance
- Use models from other areas – how to blend municipal/governmental funding with other revenue sources to strengthen a homeless system of support
- Partnerships are surviving situation better than others who aren't working together

Resourcing - What information is needed? Where do we have gaps in our data?
- What on-going services are required
- What are we funding?
- What is the scope?
- What services do we need to prioritize because we have crisis needs vs. long-term wishful thinking
- What is expected cost to run a full-service operation?
- Where are the funds coming from?
- Staffing and support needs
- Frequency of funding needs – one time vs. operation costs
- What do funding mechanisms look like? Year-to-year / multi-year / resource pool
- Who have we need been able to attract as a possible source of funding and why?
- What is role of on-going governmental funding?
- How do we get to next level of intervention without long-term governmental funding source?
- How will mission change if services are combined?

Notes for HSHO Advisory Committee Meeting #7
- Relationship with current funders – how would changes be detrimental?
- Role of religious organization in funding

Overall challenges and mitigations
Groups did not yet address this

Group Discussion – Results from Small Groups with Votes
Priorities by category have been noted in Group Map and will be shared with the sub-committee for inclusion in drafting the final recommendations

Co-creation of Final Recommendations
- Not all the work will be done in this meeting
- We need one sub-committee for drafting the recommendations and a commitment to provide data to the group/sub-committee as needed
- Best practice is to have volunteers who are writers, editing, communicate well and have time available – willing to write things down they may not even agree with
- One meeting at least in-between the meetings – Trebuchet Group will be creating documents that everyone can edit and comment on
- Want to confirm this format with the group - urgency on the format because last meeting is planned for September 9th
- May need rapid way to make more space depending on pending COVID surges – communication if cases ramp up if we have to go back into response mode
- Discussed why only one meeting in August – designed to have more time to work in between the meetings to draft the recommendations –open up possibility for a meeting at the beginning of August, if committee wishes to meet

Names for Sub-Committee – Sign Up
Working on Drafting Subcommittee
- Holly LeMasurier
- Julie Brewen
- Alma Vigo-Morales
- Yvonne Myers
- Seth Forwood

Available for Data Provision (as needed)
- Holly LeMasurier
- David Rout

Continue – Start – Stop
Continue
- Reminding us what our charge is so there's not mission-creep as we near the end
- Discussing co-location collaboration
- Using groupmap

Notes for HSHO Advisory Committee Meeting #7
- Refining
- Narrowing our focus
- Breakout sessions

Start
- Looking for sites to acquire and rehab
- Provide us with the 4 components we voted on in brainstorm so we can review and study
- We looked at everything so quickly
- Get clear on project scope beyond today's exercise
- Deeper discussion on funding and expense
- Does our recommendation need to include funding streams?

Stop
- No inputs

[3:45 – 4:00]	**[Pre-meeting Technology Check]** • Join early to test video/audio and enter your user name

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4:00 – 4:10	**Welcome / Meeting Start** • Agenda and group norms review

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4:10 – 4:25	**Committee Outcomes**
	• Review committee process and timeline
	    o Remaining meetings: 7/20; 8/24; 9/9
	• Review proposed categories for recommendation:
	    o Priority services and facilities
	        ▪ Populations served
	    o Co-location – seeking and avoiding
	    o Site selection considerations
	    o Challenges and mitigation strategies
	    o (Resourcing)

4:25 – 5:15	**Small Group Discussions**
	• Groups formed around categories
	• Breakout rooms to discuss:
	    o Categories for recommendations
	    o Additional info needs / data gaps
	• Two rounds of discussion

5:15 – 5:20	**BREAK**

5:20 – 5:35	**Group Discussion – Results from Small Groups** • Clarifying questions

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- Group Map prioritization

5:35 – 5:50

Co-creation of Final Recommendations
- Drafting subcommittee
  - Editing and writing ability / time availability
- Data collection subcommittee (if needed)
- Full committee to review and edit written recommendations

5:50 – 6:00

Wrap Up
- Take-aways & next steps

Next Meeting
- July 20th 4:00pm – 6:00pm

Note
Charter for Advisory Committee Meetings prescribes the following themes/focus areas for the 12 meetings:
- Understanding current conditions
- Considering response models
- Opportunities and tradeoffs of a co-located services model
- Strategies to address and mitigate challenges
- Determining criteria for site feasibility
- Considering potential locations