Homelessness Services & Housing Opportunities Advisory Committee Meeting #5

Monday February 24, 2020 4:00pm - 6:00pm Fort Collins City Hall

HSHO Committee Members (attendees - in person or by phone - in bold):

Mike Sinnett	Cheryl Zimlich	Lily Adams
Joshua Geppelt	David Rout	Luke McElridge
Laura Walker	Dean Hoag	Matt Robenalt
Holly LeMasurier	Desiree Anthony	Nick Verni-Lau
Alma Vigo-Morales	Jeff Swoboda	Gina Digiallonardo in place
Fernando Leyva	Reverend Johnny Square	of Yvonne Myers
Ben Mozer	Julie Brewen	
Brian Ferrans	Reverend Kristen Psaki	

Staff Members: Honoré Depew, Jeff Mihelich, Beth Sowder, Ingrid Decker

Meeting Facilitators: Chris Hutchinson and Katie Huey, Trebuchet Group

Community Members (those who signed in):

Mary Alice McComb	
Joe Glomboski	Pat Ferrier
Derek Gutto	Sara Maranowicz
Rae Erickson	Vallene Kailburn
Blake McBartlett	Seth Forward
Don Butler	Paula Stearns

Gaps in service/local needs assessment

- Holly LeMasurier presented highlights of gaps in community identified at the Service Provider Think Tanks convened by Homeward 2020 one in September 2019 and one in January 2020
- Quick snapshot of overnight shelter bed utilization as of Saturday, February 22, 2020 total 275: 220 bed + 4 family rooms + niche sites including Family Housing Network, Crossroads Safehouse, Seasonal Overflow for women
- Other options for support:
 - 1. The Murphy Center day and evening warming (not an overnight bed)

- 2. Safe Place to Rest not currently being used -(community legislation in place- can set up emergency shelter for 15 sites per night run by volunteer staff depending on need and need a willing partner (church, school, etc.) to open doors in an emergency has successfully been done in the past two years
- 3. 300-400 people experience long-term homelessness at any time based on HFI data likely not accessing services at Crossroads or Family Housing Network
- Two questions communities facing these challenges are asking:
 - 1. Do we have adequate and effective emergency shelter and homelessness response systems in place?
 - 2. How do we know that?
- Framing questions: What are your community goals related to emergency shelter and homelessness? (Shared on slides)

Area of Need Exploration Flip Chart

- Best practices space 60 people Real World 110 people
- Growth means moving
- Estimating shelter needs based on current utilization
- More families and youth 18-24
- Seniors 61+
- Self-resolving vs. need of support
- Breakdown of "By name" list
- Carrying capacity of perm. Support housing
- Underestimation of Latinx needs fear and access to Spanish speakers
- Youth how comfortable with services?
- Adding space to Murphy Center Double Space
- Catholic Charities Residential "Don't feel safe"
 - 1. Sep. from Emergency Overflow from Family
 - 2. Day shelter been running for 5-6 years see about 120/day for lunch
- Residency requirement?
 - 1. Soft requirement
 - 2. Tiered residency

Questions from the Committee:

- What is the basis for 30/60 days resolution question?
 - 1. Need time to get rent continuum of care target is to move out of shelter within 60 days shelter becomes defacto housing once you get past a 60-day point
- You mentioned a more formal assessment of need? How is that different than what data we already have access to?
 - We have data collected over two years -understanding of niche populations - what our current data doesn't show is actual shelter utilization, we just know how many people don't resolve in six months (shelter is defacto housing for about 300 people)
 - 2. We could get how fast is turnover, program need, advocate number of beds if people are living there for months half the beds are typically reserved for programs. Could those programs be delivered in housing solutions, and open the beds for emergency population shelter?
 - 3. Data is slightly skewed because people staying and needing services for longer term usage doesn't reflect those who are resolving faster through the system - national data could mirror what our community may be experiencing (10-15% have more complex or complicated homelessness) word of caution that every community is different
 - 4. We are a community who cares about long-term solutions while also being passionate about keeping people safe and alive in the short-term how is the system adjusting? How can we flex to move with the changing populations?
 - 5. Two solutions that do help: adaptable case-management and affordable housing (0-45%) because 90% of people will self-resolve if affordable housing is available

What do we see as the needs for emergency shelter?

- Space / sq. footage what are the best practices per person experiencing homelessness?
- Currently, 110 is seasonal number / 55 is mats on a floor in a multi-purpose room (should be emergency usage not the default) Existing mission facility is built for 60 people need space for the delta of 50 people
 - 1. As example, shelter based program attempted to put into housing 110 people at best count 85 people are still housed issue is not existing capacity, don't have ability to prepare for influx population is highly transient
- Murphy Center seeing a lot more families, youth (18-24) in the last 6 months, seniors less healthy (61+), and single adult population has a slight increase

What is difference in plan of action for those who are self-resolving vs. high-needs for wrap-around services?

- Trying to narrow down the levels of service needed for particular categories
- By-name list continuum of care effort to create list of everyone experiencing homelessness in Larimer County rank ordered in terms of vulnerability score get the list to see movement across the region
- Carrying capacity of permanent supportive housing

How often do we see undocumented folks as part of this process?

- Significant in Larimer County specifically with families one of the most glaring results of study w/ CSU is Latinx not accessing services through traditional agency services - primarily accessing at La Familia, in their communities, or not at all - significant undercount of population of Latinx families
- Access to Spanish speaking services makes a difference

How comfortable / uncomfortable are youth with services in the community?

- May be similar distrust of service providers

What is the desire of service providers for what they uniquely want?

- Rescue Mission
 - 1. need more space growth necessitates moving somewhere.
 - 2. Co-located campus would reduce travel distance for population we serve; that benefit overshadows hurdles we'd have to overcome in learning how to work with other providers in the same space.
 - 3. If not a campus model, moving us closer to other services would serve the same purpose.
 - 4. In Denver, shelters can sleep 1,000 a night last year they served over 16,000 unique individuals.
- Murphy Center
 - 1. both benefit from and suffer from huge number of folks who come in the morning and then get connected to other resources
 - 2. We're crowded and busting at the seams in the morning
 - 3. Not sure which is more cost-effective, but the Murphy Center as a building is in a pretty good location.
 - 4. If economically feasible to add space to the building, that would be a preference vs. moving. If property is on South end of town, may feel differently.
 - 5. Need double the space.
- Catholic Charities
 - 1. Many services all under one roof.
 - 2. Have families with children and keeping kiddos separate is difficult. Want to segment residential vs. emergency vs. family shelters.

- 3. Our two populations automatically have a conflict in terms of goals and steps of recovery. May have core usable rec, dining space.
- Outreach Fort Collins shared they are commonly told this lack of segmentation in types of shelter is one of the reasons why clients don't seek shelter services
 they don't feel comfortable or safe with the general single men homeless population. May reflect building design rather than staffing or the programs.

What services did you take on because others weren't providing services?

- Day-lunch program used to be 60 people a day now up to 120 people a day for lunch can lay out mats after lunch for rest
- Senior programs are under roof of Catholic Charities they don't necessarily have to be

Other communities are using residency requirements - is this palatable for Fort Collins?

- If we have limited resources, how big of a pipeline in do we want from other communities?
- Don't want to turn people out but if limited resources, funders wanted to know their resources are going to support members of the community
- Documentation is an issue lack of ID, mailing address, etc.
- Can be soft examples emails sent from public library, letters from service providers
- In San Antonio could enter emergency, low-barrier shelter w/o residency if around for 9 months or more at shelter can qualify for residency
- Unique challenge If you build it they will come vs. if you don't build it they are already coming in the Front Range

How local facilities can meet community needs

What is the biggest volume population? What would happen if we separately address low-barrier entry [single men] population who are accessing emergency services?

Can shelters be all things to all people?

Gaps in 4 Categories: Services, Locations, Populations, Space

Service Gaps

- Behavioral Health
- Day Shelter
- Murphy Center capacity
- Showers/Laundry
- Meals
- Locker and storage of belonging
- Short term transitional housing
- Transportation multiple trips/day

- Unaccompanied youth services
- Staffing needs for specific groups
- Ability to scale up
- 24/7 coverage
- Able to reach people experiencing homelessness

Location Considerations

- Campus vs. spread out
 - 1. Economy of scale
 - 2. Transportation access
 - 3. Avoid creating a concentration of poverty
- Land limitations
- North vs. Southeast
- Regional / Denver/ Greeley
- Zoning and planning knowledge

Populations not well served

- Sex offenders
- Non-family couples
- Families with school age children
- Unaccompanied youth
- Disabled people/seniors (ADA needs)
- Sober/ in recovery separate at least 2 blocks away those who are still using
- Jail/hospital to shelter pipeline
- LGBTQIA+
- People with pets
- Opportunity: Low barrier single men biggest slice

Space Needs

- Day shelter
- Double current capacity not including future planning
- Ability to segment populations

Cost & Responsibility

- Who is paying for it?
 - 1. Need consistent funding
 - 2. Added expenses for construction and moving
 - 3. What funding can be used to cover gaps?
 - Who owns the responsibility of the issue for the community as a whole?
 - 1. What makes sense in terms of ethics and fairness?
- Not our job to make homelessness convenient and it is our job to make homeless resolution convenient
- What could a both/and model look like?
 - 1. Murphy Center already practicing this 20 different agencies under one roof

Land Availability

- Murphy Center could expand
- Catholic Mission land more complicated; could keep current shelter buildings and then add on specific /special needs environments
- What spaces/ buildings in the community could be used or repurposed? Don't always have to start fresh
- Need knowledge of zoning / planning for placing shelters even lockers for where folks can store their stuff

Opinions on One-Campus Model

Murphy Center

- If property on North College concern is poverty concentration
- In general, if we could eliminate extra walking in middle of day to access services based on operating hours - just one actual transit - could achieve almost the same outcomes under a more cost-effective method

Fort Collins Rescue Management

- Economics suggest co-location is more affordable
- A single campus may provide challenges for serving different populations

Outreach Fort Collins

- Minimizing transportation requirements is important
- One location provides more robust options for how folks can access services easily
- Threat of bringing people who have issues in proximity to more people who have issues Concerns about access to those using drugs vs. in recovery
- All services on site could turn into defacto housing no need to progress through the system

Housing Catalyst

- Preference is not a co-located campus for long term housing with shelter housing
- They also see importance of access to transit and use policies and procedures for their housing communities to help people successfully transition and maintain stable housing

DDA

- Cost goes up for each location - efficiencies to be gained in how you cluster services and functions in a facility

Next steps

Folks willing to help on planning committee - Josh, David, Cheryl and Brian

What are you taking away from tonight's meeting?

- A lot of planning work for intersections between behavioral health and all this work move faster on internal strategizing from the county to connect to these issues
- One group wanting to access services vs. others pieces of puzzles that could be put together don't let perfect be the enemy of progress
- Struck by the number of people who self-resolve question of affordable housing and how it can catch up eager for an affordable housing conversation
- Segmentation in community is becoming pretty evident look more globally at how we take care of different groups
- Multiple locations in the community may be good easy to make assumptions about the populations you are working with
- Take time to read the handouts Holly provided it's technical if you have questions, bring them back to the meeting document will be uploaded to the HSHO website

Next Meetings:

March 19th 4:00 - 6:00 pm

Regional and national context

What are other cities doing? (Panel discussion)

April 9th - Criteria for new/expanded services

April 30th - Consider options for recommendations

<u>Note</u>

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