OPENING DOORS, UNLOCKING POTENTIAL

City of Waco

Mayor's 10-Year Plan to End Chronic Homelessness

Table of Contents

"A society will be judged by how it treats its weakest members."

~ Harry Truman

Why have a plan to end chronic homelessness?

- **HUD requires it**. In 2001, the U.S. Department of Housing and Urban Development (HUD) announced that the Bush Administration had established the goal of ending chronic homelessness within a decade

- **It is a problem we can fix.** Model programs tested throughout the U.S. found that when chronically homeless persons are provided with adequate housing and support services, as many as 80% remain in stable housing [3]

- **It saves the taxpayer money:**
  - Because of their high rates of disability, chronically homeless persons consume over 50% of homeless assistance resources
  - The chronically homeless are also frequent users of expensive public services, including emergency medical care, psychiatric care, law and criminal justice programs [4]

- **Chronic Homeless is a finite problem.**
  - Because the chronically homeless are the most visible on our streets, it is sometimes hard to believe that they comprise only 15% of the total homeless population [3]

Why Supportive Housing?

- Providing people who are chronically homeless with the needed mix of services and support they require, promotes housing stability and breaks the cycle of homelessness
- Supportive Housing allows individuals with special needs to live in an independent setting rather than in an institutionalized setting such as Institutions for Mental Diseases, a psychiatric institution or nursing home
- It helps people recovering from substance abuse to remain clean and sober
- It provides people with a disability or those who have been released from prison with an affordable place to live and services to help them reenter society

"Some say that fixing homelessness is too expensive; it's better to do nothing. Yet in doing nothing, we do not lower costs. We will continue to pay higher medical costs for emergency rooms; higher costs for social services; higher costs for police and emergency responses; and high costs for jail. **Most of all homelessness creates a loss of useful lives. The only tragedy greater than the lost human potential would be not taking action to solve the problems**."

- Saint Paul Mayor, Randy Kelly

Committee to End Homelessness

On May 18, 2004, a resolution was passed by the Waco City Council authorizing the City Manager to endorse a ten-year planning process to end chronic homelessness.

In January 2005, the Mayor's Homelessness Committee was formed along with five (5) sub-committees representing over 25 area agencies made up of members of the H.O.T. Homeless Coalition, community leaders, local business employers, W.I.S.D., hospitals, colleges, media, concerned residents, social agencies, and churches.

To date over 40 meetings have taken place. These Committees have spent approximately 2,000 hours of their time in a unified effort to educate themselves on the issues of homelessness. These committee members strive to ensure that all individuals have an opportunity to achieve their full potential by opening doors to housing ideas through a compassionate community partnership facilitated by the City of Waco.

The commitment and leadership of these individuals is greatly acknowledged. Their continued participation will be essential in making this plan successful.

Community Input

In addition to all the research by the committees, a number of other diverse sources were used, including but not limited to the following:

- The Heart of Texas Homeless Coalition
- Interviews with current homeless individuals; portions of interviews with current homeless persons are included and are available
- Public forums; concerned citizens and business leaders were able to ask questions, make recommendations and voice concerns

Committee Members to End Homelessness

Homeless Committee

The Late Dr. Mae Jackson

Virginia DuPuy, Mayor

Bert Lumbreras, City Manager Representative

Tom Collins, Waco Foundation

Gary Moore, Waco Housing Authority

John Alexander, Habitat for Humanity

Jon Spelman, Realtor

Brad Dusek, EDC Homes

Elizabeth Smith, Cooper Foundation

Jill McCall, Compassion Ministries

Cyndy Dunlap, Hillcrest Baptist Medical Center

Sister Mary Theresa Fox, Providence Hospital

Jimmy Dorrell, Mission Waco

Dr. Gaynor Yancey, Baylor University

Ebony Hall, Baylor University School of Social Work Graduate Intern

Teri R. Holtkamp, Committee Facilitator

Jeff Wall, City of Waco Housing Director

***HUD: Interagency Council on Homelessness-Sally Shipman (Advisor to Committee)**

Committee Members to End Homelessness

Homeless Sub-Committees

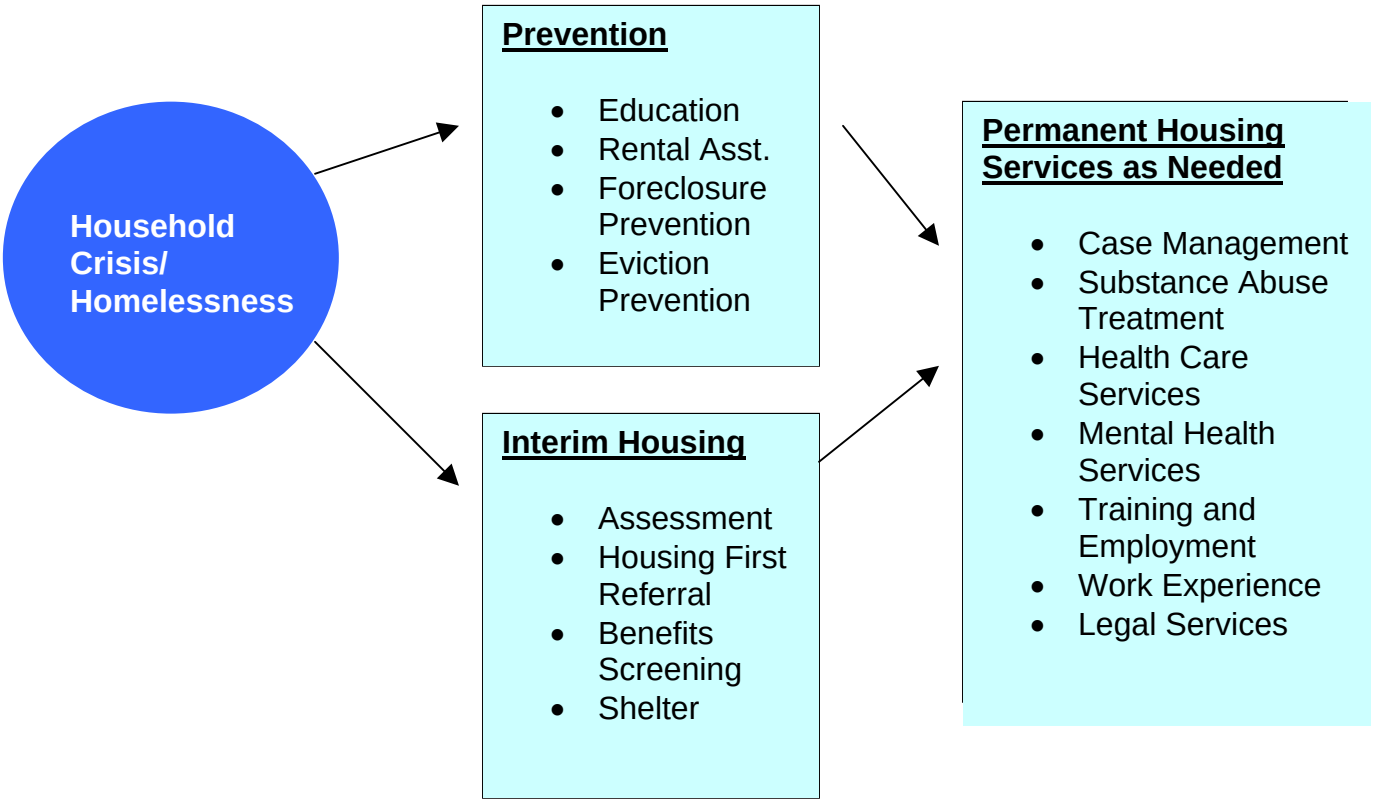
Carinne Crider, Waco Police Department
Marlene Neill, City of Waco
Pastor Kevin Johnson, Antioch Community Church
Melissa Newman, City of Waco Intern
Don Smith, HOTCOG
Kenneth Moerbe, Caritas
Olga Delgadillo, Waco I.S.D.
Brenda Suggs, T.S.T.C.
Jack Henderson, Waco I.S.D.
Chris Severy, Channel 6 News
Rebecca Carlson, Mission Waco Intern
Teri Holtkamp, Mission Waco Board of Directors
Kathleen Dow, Attorney
Chuck Treadwell, St. Paul's Episcopal Church
Alberto Melis, Waco Police Department
Susan Duecy, Waco Foundation & Homeless Coalition
Vicki Halfmann, City of Waco Housing
Melanie Fuller, HOTCOG
Pamela Wessel, Advocacy Center
June Skerik, City of Waco Budget/Audit
Kally McVaden, Channel 25 News
Larry Root, Salvation Army/Financial Development
Shawn Dunsmore, Wells Fargo
Courtney Burdick, Antioch Community Church
Dan Worley, Freeman Center
Gerald Elliot, Freeman Center
Esmeralda Hudson, McLennan County Public Health District
Deidra Simmons, Family Abuse Center
Kristen Hudson, Alzheimer's Association-Graduate Intern
Tim Barker, Waco Family Practice Clinic
The Late Dean Mayberry, MHMR
Melissa Corely McKenzie, Hillcrest Baptist Medical Center
Jim Newkham, MHMR
Dr. Mike Loden, Lakewood Church
Sharon Mayo, Channel 10 News
David Dickson, Attorney
Mike Stone, Waco Community Development Corporation
Bill Falco, City of Waco Planning
Myrtle Johnson, Congressman Chet Edward's Office
Donna Casstevens, HOTCOG
Jim Gleason, Waco Housing Authority/Quality Control and Program Review
Tim Holtkamp, Waco CDC Board/Mortgage Banker
Omar Pachecano, Baylor University Alumni
Ed Jordan, HOTCOG
Dinah Husbands, Family Abuse Center

PART 1

Opening Doors, Unlocking Potential

Opening Doors, Unlocking Potential

Waco's Ten-Year Plan to End Chronic Homelessness



+ Prevention

+ Housing First

+ Community Support

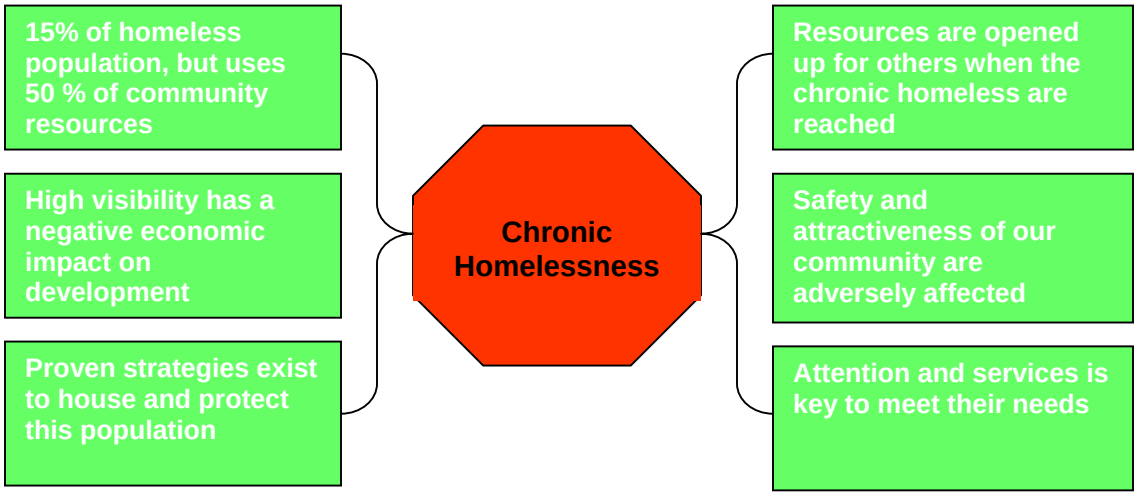
+ Employment

= End Homelessness

Executive Summary

Waco's 10-Year Plan to End Chronic Homelessness

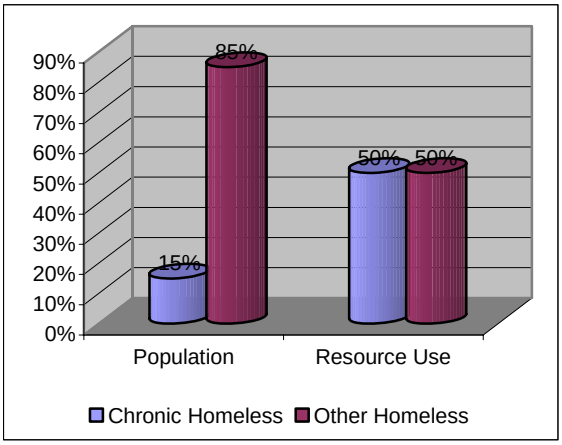
WHY SHOULD WE FOCUS ON CHRONIC HOMELESSNESS?



The Cost of Chronic Homelessness

According to a Baylor University study completed in January 2005, **homelessness cost the Community of Waco an estimated $7,610,000 annually, with a percentage of this figure derived from the City of Waco budget.** [1] Currently, Waco has an estimated population of six hundred homeless individuals; approximately one hundred of these are classified as chronically homeless. **Chronic homelessness is defined as an unaccompanied individual who has been homeless for a year or more, or has had at least four episodes of homelessness in the past three years, and who may be disabled by addiction, mental illness or other disabilities.** [2]

Every chronically homeless individual costs the community approximately **$39,000 per year.** The chronically homeless make up 15% of the homeless population, but use 50% of available resources. [2] The City of Waco has developed a 10-year plan to end chronic homelessness. Not only will this plan **save our community thousands of dollars**, but will also increase the quality of life for the approximate 100 individuals in Waco who suffer from chronic homelessness by **providing a way for the homeless to get off the street and into safe and secured housing.** Not every city has such a goal within reach, but with citywide cooperation, **this goal can be attained in Waco.**



OUR MISSION: To End Chronic Homelessness in Waco, TX

There were several priority areas needing attention in order to reach our goal. We have focused on and created action steps in the following areas:

Outreach
Data
Housing
Healthcare
Finance
Support Services

KEYS TO SUCCESS 

A Model to End Chronic Homelessness

1. **Plan for Outcomes:** Develop plans to end, rather than manage chronic homelessness

2. **Close the Front Door:** Prevent future homelessness

3. **Open the Back Door:** Help people exit homelessness

4. **Build the Infrastructure:** Address the systematic problems that lead to poverty and homelessness

Plan for Outcome – Develop plans to end chronic homelessness.

Increase Public Awareness and Involvement with Homelessness Issues

- Food drives, poverty simulation, public service campaigns, church sponsors, etc.

Connect and Educate Chronic Homeless with Available Services

- Develop other systems for tracking homeless for agencies unable to use Homeless Management Information System (HMIS)
- Create ongoing focus group comprised of homeless individuals for continued input
- Publish literature and map to inform the community and the chronically homeless of available services

Insure the Identification of Support Systems for Homeless

- Expand HMIS by recruiting agencies through mass e-mails, homeless coalition meetings, personal visits, brochures, and newsletters
- Provide HMIS training for new users

Identify Costs of Homelessness: Chronic, Transitional, At-Risk, and Prevention

- Continue research of available funding
- Pursue Waco community leadership and McLennan County support to increase funding

Utilize HMIS as a Central Clearing House for Up to Date Information and Resource

- Work closely with those agencies identified as not currently using HMIS effectively and encourage proper training to ensure adequate and up to date information is provided to all clients

Identify All Possible Points of Entry and Prioritize Agency Input

- Advocate 100% participation from local service providers to utilize HMIS
- Accurate and reliable record keeping

Increase Methods of Auditing, Tracking, and Networking Between Various Homeless Service Providers

- Assign homelessness coalition to the task of identifying agencies that should appoint persons to chronic homelessness case management team

Connect Effective Case Management Team, Social Agencies, Dental, All Medical, and Churches in the Community

- Case Management Teams will meet regularly under the direction of homelessness plan administrator to discuss gaps, services, and concerns

"Everyone – all of us, every last person on God's earth – deserves decent shelter. It speaks to the most basic of human needs – our home – the soil from which all of us either blossom or wither."

-

- Millard Fuller, Founder/President Habitat for Humanity International

Close the Front Door – Prevent future homelessness.

Coordinate a Discharge Plan for Individuals Exiting from Institutions and Public Agencies (Including Foster Care Programs) to Provide Mental Health and Adequate Substance Abuse Treatment

- Develop case management system to increase collaboration and assistance to individuals in prisons, hospitals, and correctional facilities and link people with existing housing options

Coordinate with Local 211 Services as a Resource Hotline for Local Businesses and Home Owners, to Aid Them with Questions or Concerns, and How to Make Referrals to the Case Management Team Regarding Homeless

- Develop other systems for tracking homeless for agencies unable to use HMIS

Invest in Long Term Prevention by Supporting Individuals and Families to Build Strong Communities

- Provide job training and life skill building, recreation, holistic education and services, and medical services
- Expand current affordable housing opportunities
    - Down payment assistance
    - Rental, eviction, and mortgage foreclosure assistance
    - Rehabilitation and reconstruction assistance
    - Emergency rental assistant funding

Open the Back Door – Help people exit homelessness.

Provide Adequate Healthcare Services to Chronically Homeless

- Provide behavioral health services, psychiatric assistance, counseling services, job training, education, and long term substance abuse treatment for individuals with concurring psychiatric substance abuse disorders
- Health Care Providers
    - Dental
    - Medical
    - Mental Healthcare

Create Effective Case Management System

- Develop appropriate case management team with emphasis on intervention and prevention
- Promote 24 hour case management, staff, and area agencies

Create Permanent Supportive Housing for Chronically Homeless

- Hire appropriate staff for housing facilities
- Create at least 60 permanent, supportive, one person, housing units
- Possible Housing Facilities may include:
    - Rehabilitating apartments, motels, nursing homes
    - Building a new facility and/or create efficiency apartments
    - VA Hospital

Identify Needs

- Create outreach task force to serve homeless directly and connect them with available services
    - Dually diagnosed
    - Other high-risk groups
- Utilize a van to reach out to those homeless who are difficult to engage and provide transportation to support services, case manager, housing options, etc.

Build the Infrastructure – Problems that lead to poverty and homelessness.

Identify and Provide Funding Sources for All Programs, Solutions, and Support Efforts to End Chronic Homelessness

- Provide funding for a HMIS trainer and 20 HMIS licenses the first year and 10 additionally each year after (maximum of 5 years)
- Collaboration of agencies to secure funding for behavioral health services

Work Closely with All Existing Agencies and Homeless Coalition

- Recruit volunteers from churches, colleges, senior citizen groups, neighborhood associations, veteran organizations, and community organizations
- Hire a full time staff person to implement and assist in identifying funding options for this homeless initiative

Improve Communication

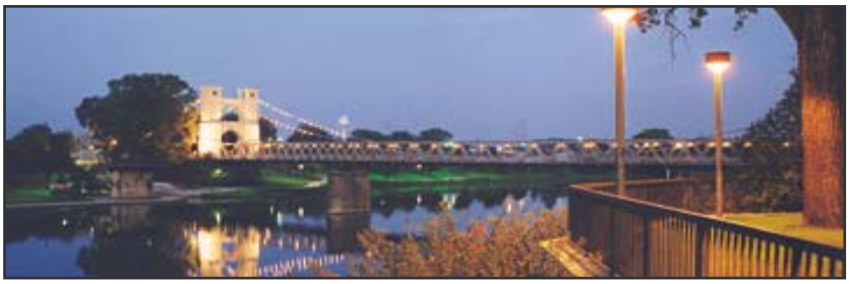
- Educate local business on incentives of ending homelessness and opportunities for involvement
- Charge the Homeless Coalition to involve private sector and city council members through Homeless Coalition meetings and other opportunities; continued research on needed healthcare services and follow-up; improve communication through newsletters and expansion of Heart of Texas Homeless Coalition list serve membership

Create Policies that Work to Provide Better Housing, Employment, and Services for the Homeless

- Provide accurate information assistance to agencies that are hesitant due to Health Care Portability and Accountability Act of 1996 (HIPAA)
- Identify misconceptions about HIPPA standards and educate implementation team about proper communication between case management and social agency

PART 2

A Summation of Committees
(Waco's 10-Year Plan to End Chronic Homelessness)



WHAT IS CHRONIC HOMELESSNESS?

Chronic Homelessness

- An unaccompanied individual
- Homeless for a year or more or at least 4 episodes of homelessness in the past 3 years
- Disabled by addiction, mental illness, other chronic illness or disability

WACO'S MISSION: To end chronic homelessness in Waco, TX

By focusing on several areas, we have identified priorities that need attention and action steps that need to be taken in order to reach our goal. The areas we have focused on are:

Outreach Data Housing Healthcare Finance Support Services

PRIORITIES

OUTREACH:

- Increase Public Awareness & Involvement with homelessness issues.
- Connect & Educate chronic homeless with available services.
- Inform public of locations of homeless.
- Insure the identification of support systems for homeless.

Gaps:

a. Lack of public awareness and myths regarding homelessness.
b. Lack of community, church, and business involvement.
c. Inability to reach unwilling homeless persons.
d. More coordination/collaboration between existing service agencies needed.
e. Lack of preventative care for youth exiting foster care system.

Action Steps:

1. Create Homeless Task Force and/or charge the Homeless Coalition to continue development of solutions (quarterly reports, facilitating communication between public agencies, continued media coverage, representation of all areas of city).
    a. Involve private sector & city council members through Homeless Coalition meetings and other opportunities.
    b. Continued research on needed healthcare services, follow-up.

2. Identify or create outreach team to serve homeless directly and connect them with available services
    - Dually diagnosed.
    - Foster Care/Prevention.
    - Other high risk groups.
3. Create brochure and map to inform the community and the chronically homeless of available services.
4. Increase public awareness and deal with myths regarding homelessness through, news and focus stories, public service announcements, brochures, sensitivity training, statistics, and anecdotes.
5. Educate local businesses on incentives of ending homelessness and opportunities for involvement.
6. Create ongoing focus group comprised of homeless individuals for continued input.
7. Increase community, business, and church involvement through: food drives, poverty simulation, public service campaigns, etc.
8. Recruit volunteers from churches, colleges, senior citizens groups, neighborhood watch organizations, and veteran and community organizations.
9. Utilize a van to reach out to hard to reach homeless & transport them to support services, case manager, housing options, etc.

DATA:

- Identify costs of homelessness: chronic, transitional, at-risk, and prevention.
- Expand utilization of Homeless Management Information System (HMIS) to track the homeless and coordinate service providers.
- Prioritize agency input & identify all possible points of entry.

Gaps:

a. Need for increased entry sources for tracking homeless such as, health and human services, social security administration, police departments, religious organizations, school districts, hospitals.

Action Steps:

1. Expand HMIS by identifying agencies that lack the system and informing them of incentives.
2. Recruit agencies through mass emails, Homeless Coalition meetings, personal visits, brochures, and newsletters.
3. Advocate 100% participation from local service providers to utilize HMIS.
4. Provide legal assistance to agencies that are hesitant due to Health Care Portability and Accountability Act of 1996 (HIPAA).
5. Provide HMIS training for new users.
6. Provide funding (if available) for a HMIS trainer & 20 HMIS licenses the first year and 10 additionally each year after (maximum 5 years).
7. Improve Communication through,
   - bi-weekly newsletters.
   - monthly e-newsletter.
   - expanding Heart of Texas list serve membership.
8. Develop other systems for tracking homeless for agencies unable to use HMIS.

HOUSING:

- Create permanent supportive housing for the chronically homeless.

Gaps:

a. Lack of available affordable, emergency, transitional and especially permanent housing (none) in Waco.
b. Need leadership for the project; difficulty connecting to preexisting agency.
c. Need to improve referral process for chronically homeless to appropriate shelter facilities.
d. Lack of funding & awareness.

Action Steps:

1. Create at least 60 permanent supportive housing, one-person units. Alternative options to provide housing could be:
   - Rehabilitating apartments, motels, nursing homes, and/or VA Hospital.
   - Building a new facility and/or create efficiency apartments.
2. Develop case management system to increase collaboration and assistance to individuals in prisons, hospitals, and correctional facilities: link people with existing housing options.
3. Hire appropriate staff for housing facilities.
4. Improve preventative measures including eviction prevention through tax abatement, rental & foreclosure prevention programs, school system education, and public education regarding living in rental properties.

HEALTHCARE:

- Identify healthcare needs.
- Provide adequate healthcare services to chronically homeless.
- Effective case management system.
- Increase methods of auditing, tracking & networking between various homeless service providers.

Gaps:

a. Lack of networking & discharge system does not promote adequate follow-up with individuals.
b. Lack of medical & dental services.
c. Lack of case management team and leadership in monitoring & accountability of case management.

Action Steps:

1. Develop Appropriate Case Management Team (intervention & prevention).
2. Promote 24-hour case management – rotate case managers, include more agencies.
3. Development of transportation system for case management team – transport homeless to support services and jobs.
4. Identify willing dental, medical and mental healthcare providers.
5. Provide behavioral health services including professional, psychiatric assistance/support, administering and monitoring medication, counseling services, job training, education and long-term substance abuse treatment (detoxification, residential, and outpatient)-targeting those people with co-occurring psychiatric substance abuse disorders.
6. Collaboration of agencies to secure funding for behavioral health services, including medications, for dually diagnosed.
7. Provide job and life skills/training, recreation, holistic education and services, and a medical clinic.

FINANCE:

- Provide funding sources for all programs/solutions.
- Develop funding application process.

Gaps:

a. Consistency of funding sources.

Action Steps:

1. Continued research of available funding.
2. Pursue Waco community leadership and county support to increase funding.
3. Accurate and reliable record keeping.

SUPPORT SERVICES:

- Connect effective case management team made up of, but not limited to, social agencies, dental, all medical, and churches in the community.
- Utilize HMIS as a central clearinghouse for up to date information and resource.
- Create a case management team.
- Coordinate with local 211 services to be a possible resource hotline for local business and homeowners, to aid them with questions or concerns, and how to make referrals to the case management team regarding homeless.

Gaps:

a. Current HIPPA standards can restrict inter communication within the social and case management systems.
b. Agencies do not always have time to implement client information due to lack of time appropriations and/or staffing deficiencies. HMIS system is not always current.
c. Case managers exist in many agencies but do not often work together to serve the chronic homeless.

Action Steps:

1. Work closely with those agencies identified as not currently using HMIS effectively and encourage proper training to ensure adequate and up to date information is provided to all clients.
2. Assign homelessness coalition to the task of identifying agencies that should appoint persons to chronic homelessness case management team.
3. Designated case management team will meet regularly under the direction of homelessness plan administrator to discuss gaps, services, and concerns.
4. Identify misconceptions about HIPPA standards and educate implementation team about proper communication between case management and social agency.

PART 3

Subcommittee Findings and Recommendations

Goals of the Outreach Subcommittee

To devise a plan that includes methods to:

- Increase public awareness about the realities of homelessness
- Educate homeless persons about available support services
- Inform public of locations to encounter homeless persons
- Insure the identification of support systems for homeless
- Increase involvement, labor contributions, and funding of homeless services
- Educate awareness of the chronically homeless individuals in regards to self-sufficiency to public and homeless persons
- Educate and raise public awareness of the need for self-sufficiency among the homeless population

Looking at the Current Outreach System

The Outreach subcommittee consists of thirteen members representing eleven different agencies in Waco, Texas.

COMMUNITY INVOLVMENT was identified as a crucial focus for gaining public support. Some suggestions included:

- Food and coat drives
- Participation in Mission Waco's Poverty Simulation
- Public service campaigns to reveal the myths and facts
- Major organizational and business leader involvement such as
    - The Rotary Club, Junior League, Hispanic Chamber of Commerce, East Waco Development, and prominent individuals
    - One hundred plus churches in Waco
    - Three colleges (Baylor University, McLennan Community College, & Texas State Technical College)

INCENTIVES FOR BUSINESS PARTICIPATION: Informing local businesses and neighborhood associations in regards to insurance issues (concerning homeless persons on business properties) was identified as an incentive for their participation in helping homeless persons get off the streets. This is important not only for the safety of the business and consumers, but also for the safety of the homeless person.

There is a great need for the business community to partner in solutions for homelessness.

Some ideas are job training and budgeting classes. Business cooperation is an incentive because it provides desired recognition and/or credit (good public relations).

EDUCATING THE PUBLIC ABOUT HOMELESSNESS is crucial in dispelling stereotypes. This can be done through sensitivity training, along with statistics/anecdotes. This will foster healthy community relations between the homeless population and the rest of the community (social agencies, businesses, organizations, churches, etc.).

The obvious needs of the homeless population in Waco:

- Substance abuse services
- Mental health services
- Support groups
- One-on-one counseling/therapy
- Basic living needs (i.e., food, clothing, shelter, etc.)
- Medical care (i.e., eyes, dental, physical, etc.)
- Medication assistance
- Knowledge of services available
- Job training
- Case management
- Support services (accountability) – someone available 24/7 to provide support/services
- Life skills training (i.e., cooking, cleaning, budgeting, etc.)

SUPPORT SYSTEMS FOR THE HOMELESS: An evident lack of support available to a homeless person in Waco has been identified. The existing support systems are often strained. Lack of support can often be the reason, if not a huge contributing factor, to a person's continued homelessness.

INFORMING THE HOMELESS OF AVAILABLE RESOURCES: Hiring outreach workers to drive around the city and tell the homeless of services available, along with providing them with transportation to these services (outreach service team) is a potential solution. Developing a manual, describing services, along with a comprehensive manual to be distributed to all agencies that will encounter homeless persons can increase information flow. Creating a brochure that describes services to distribute to homeless persons and having those available at various locations (i.e., HEB, stores, bus station, agencies, etc.) to be picked up – next to free magazines/papers is also a solution.

AN OUTREACH TEAM: Can serve the community by referring the homeless to needed services. They would also give referrals to necessary services and establish a connection/partnership amongst the agencies working with homeless persons.

"What have we learned? People who are without a home are like the rest of us. Male. Female. Young. Not so young. Some are bright. Some abuse alcohol and drugs. They come in all sizes and shapes, like the rest of us. There are only two things they have in common: **THEY ARE POOR AND THEY ARE WITHOUT A HOME."**

- Philadelphia's Committee to End Homelessness

TASKS/DUTIES OF THE OUTREACH TEAM:

- Driving throughout the city to locate the homeless and connect them with needed services
- Informing others (i.e., volunteers, homeless, area agencies, etc.) about services
- Informing public about the needs of the homeless; dispelling false stereotypes about homeless
- Establishing rapport/trust with homeless – developing working relationships with them
- Train volunteers on approaching and working with homeless

AN EFFECTIVE OUTREACH STAFF:

- Social workers (or those from a related field)
- Those with multidisciplinary training
- Those able to approach and converse with homeless people
- Those willing to "go where the homeless are" (areas where homeless people reside/congregate)
- Volunteers
- Paid staff members necessary, due to high turnover rates for volunteers and the extensive training that would be necessary

FOCUS GROUPS: A regular meeting of focus group comprised of homeless persons would help with understanding the needs and ideologies of the homeless.

Great manpower involved in an effective Outreach is needed. Possible locations to recruit volunteers:

- Churches
- Senior centers (other senior groups)
- Neighborhood watch organizations
- Area colleges/schools, fraternities/sororities
- Veteran organizations
- Community organizations

Some homeless will not take part in available assistance.

By having highly trained workers that establish relationships with homeless, building trust and rapport increases the likelihood of homeless persons applying for services at recommended locations. It is also possible that some of the homeless persons in Waco are not aware of the services available to them or where they can obtain assistance.

COMMUNITY LIASON:

There is a need for a liaison as a resource for the neighborhood associations. The liaison could assist in providing speakers to the neighborhood associations and collaborating with the downtown businesses in the Waco community.

CONTINUED RESEARCH: This will be an ongoing need in order to develop and implement an effective outreach plan. Current information needs to be kept on items such as:

- The total number of homeless in the city
- Where they are from and how they became homeless
- Their willingness to overcome homelessness
- Their experience with managing money

"Clearly, there are a thousand and one scenarios for how someone can slip through the cracks. I'll walk down the street and see a homeless person, and I'll want to stop them and say, How did this happen? Where's your mother? Are you physically ill? Mentally ill?"

- William Baldwin

Gaps of the Current Outreach System

- **Need for increased public awareness and knowledge of the homeless situation**
- **Misinformation/"Myths" about homelessness**
- **Need increased community, business, and church involvement**
- **Inability to reach unwilling homeless persons**
- **Need increased collaboration between agencies working with homeless population**
- **Lack of preventative measures for youth exiting foster care system and entering homelessness**

Closing Gaps of the Current Outreach System

GAP: Need for increased public awareness and knowledge of the homeless situation

SOLUTIONS:

- Homeless Task Force
  - Obtained through the visible private sector, community leaders (banks, insurance companies, attorneys)
  - Representation for North, South, East and West Waco
  - Responsibilities:
    - Education
    - Identification of needs of homeless persons
    - Identification of resources for homeless persons
    - Continuous and consistent communication with Homeless Foster Care Team and Outreach Team
    - Monitoring and Evaluating quarterly reports received by Homeless Foster Care Team and Outreach Team
    - Lead Healthcare Case Manager should be apart of the Homeless Task Force along with housing case manager
    - Eliminates the likelihood of overlap of repeating the same tasks

- Updating and Informing all media types (radio, cable and local networks, newspapers, etc.) to include the following:
  - Brief public station announcements with inserts of pictures
  - Public affair programs
  - Contact list for media to know who to contact (names and numbers of various agencies)
  - Monthly news articles about social agencies and social services available to the homeless population
  - Speaker's Bureau with a customized message
  - Focus stories
    - Interviews with homeless persons
    - Interviews with homeless families
    - Stories that highlight the individuals/families who have overcome homelessness
    - Spotlight about different social agencies serving homeless
  - Time table of special events
    - Events that have opportunity for participation
    - Food drives, clothing drives, forums, etc. (All responsibilities of the Homeless Task Force)

GAP: Increase community, business, and church involvement

Government alone cannot solve the problems we deal with in our correctional facilities, treatment centers, homeless shelters and crisis centers - we need our faith-based and community partners.

- Dirk Kempthorne

SOLUTIONS:

- **Motivation for involvement**
- **Inform them of homeless needs by phone, email, etc.**
- **Brief video for the organization to view and make a decision on participation**
  - Capturing real stories of homeless persons
  - Identifying the needs of homeless persons

- Identifying agencies that serve the homeless
- Identifying different involvement opportunities
    - Adopt a homeless /individual family program/ministry
    - Sponsor a picnic/family outing for homeless individuals/families
    - Food and clothing drives

GAP: Inability to reach unwilling homeless persons

SOLUTIONS:

- **Outreach Team**
    - Outreach Van
        - Distribute clothing, blankets, etc.
        - At least one full time professional staff member with 3-4 volunteers
            - Responsible for keeping assistance records
            - Responsible for networking with Healthcare Case Management System and Homeless Task Force
        - A mediator with effective communication and social skills
        - Volunteer nurses for medical assessments
        - Volunteers from social agencies
        - Contract with independent dental providers for dental assessments
        - Transport homeless to appointments (social services, medical services, etc.) or getting in contact with Healthcare Case Management Team to schedule transportation
        - Contracting with homeless persons to work on van for 1-2 days
        - Possible referral from other social agencies

GAP: Need increased collaboration between agencies working with homeless population

SOLUTIONS:

- **Informative Brochure**
  - Basic information about different social agencies serving homeless
  - Create a map of agency location and where homeless can get specific services
    - Icons, symbols, colors, distances

GAP: Increase preventative measures for youth exiting foster care system entering homelessness

SOLUTIONS:

- Homeless Foster Care Team
  - Members recruited by the Homeless Task Force
    - Consisting of 3 to 5 members
    - Identification of needs of foster children exiting system into homelessness
    - Identification of resources for these foster children
    - Effective areas for recruitment: Education Fields, Child Protective Services, Waco Housing Authority, Texas Workforce Commission, Youth Organizations (McLennan County Youth Collaboration-MCYC; Campfire, Big Brother Big Sister, etc.)
    - Providing follow up services to the children who exit
- Recruiting volunteers from churches, high schools, community
- Education materials for social services available to them

Strengths of the Current Outreach System

- **Collaborative efforts with Waco school district and social agencies working with homeless persons such as:**
    - Compassion Ministries
    - Family Abuse Center
- **Access to cable networks**
- **Access to media for involvement in special events about homelessness**
- **Professional committee members to help with various campaigns**
- **Wide range of social organizations that serve the homeless population**
- **Available accountability system to track homeless**
    - Homeless Management Information System (HMIS)
        - Heart of Texas Regional Access System (HOTRAS)

Improving Strengths of the Current Outreach System

STRENGTH: Collaborative efforts with Waco school districts and social agencies working with homeless persons

IMPROVEMENTS:

- **Improve inter-organizational communication**
    - Extension of 211 operator availability
    - Handouts & Training in order to keep them educated about the current issues involved with the homeless population
    - Communicating needs of homeless population during gatherings such as the Non-profit
    - Network meeting and United Way and others as identified

"Many of the resources needed for someone who fits the description of a serial inebriate are offered on-site at St. Vincent's. It makes sense to eliminate hospital visits, which ultimately costs the taxpayers, when we offer everything – from initial intervention to post-sobriety support – at our facilities. **We're glad to be a part of the solution."**

- Joe Caroll, president of the Village

STRENGTH: Access to cable networks; Access to media for involvement in special events about homelessness; Professional committee members to help with various campaigns; Wide range of social organizations that serve the homeless population

IMPROVEMENTS:

- **Homeless Task Force**
  - Message development
  - Provide contact
  - Provide background information
  - Specifying actions to community
  - Recruiting from churches, colleges (sororities and fraternities), probation office, Veteran's Hospital (social workers)

Homeless Interview

Interviewer:
"*Have you ever encountered prejudice or discrimination since you have been homeless because of being homeless?"*

Waco Homeless Man:
"Yes, many people don't treat me well, they assume even when I am being courteous that I am about to ask for money because of how I look."

Goals of the Data Subcommittee

To devise a plan that includes:

- Identification of the cost of homelessness: Chronic homeless, Transitional homeless, At-risk, & Prevention
- Identification of all possible entry points
- Prioritization of agency input
- Expanding the current Homeless Management Information System to include all levels of service providers

Current System of Data Collection

The Data Subcommittee consisted of nine members representing nine agencies in Waco, Texas. The Data Subcommittee focused on tracking, monitoring, and evaluating the data system for homeless persons in Waco.

INCREASING AGENCY INVOLVEMENT: Waco needs to increase agency involvement, networking, along with other means of tracking for those agencies unable to participate in HMIS due to policy restrictions.

WHY IS TRACKING THE HOMELESS SO IMPORTANT TO THE FUTURE OF FUNDING PROJECTS?

The current system of tracking the homeless held accountable through the Continuum of Care grant. ***Continuum of Care grant is contingent upon tracking the information.*** Future consolidated plans will need this information which effects Community Development Block Grants (CDBG) and HOME[1] grant money. State Emergency Shelter Grants (ESG) program requires this information. Any funding source looks for accountability of information before funding.

The current Continuum of Care grant does not include those who may sleep inside different homes of relatives and/or friends as homeless, but we would like to include them in the homeless count for public awareness from service providers. 100% participation from all providers in the Waco community increases the accountability of the tracking system.

CONTINUED RESEARCH: Continued understanding as to the demographics and characteristics of the chronically homeless crucial, which will mean continued research. Through expansion of the HMIS 24-hour access to tracking homelessness in businesses, organizations, agencies and churches, this research can be current and relevant. Chronic homelessness will not normally be found in school data and may not be feasible for churches or businesses. Mainstream services, such as the police also need to be involved.

Tracking the Homeless:
Since 1994, the Heart of Texas Homeless Coalition has been responsible for conducting the annual street surveys for the homeless in Waco. Trained volunteers, HOT Homeless Coalition members, along with agencies participating in the Homeless Management Information System (HMIS), typically administer the surveys.

Gaps of the Current Data System

- **Need for increased sources of entry for tracking homelessness**
  - Health and Human Services
  - Social Security Administration
  - Police Departments
  - Religious Organizations
  - School Districts
  - Hospitals

Closing Gaps of the Current Data system

GAP: Increase Sources of entry for tracking homelessness

SOLUTIONS:

- **Expand Homelessness Information System (HMIS)**
  - Identify agencies needing system
  - Inform agencies on the positive aspects of using HMIS
- **Increasing the involvement of other agencies**
  - Mass emails
  - Central Awareness/coordination meeting – Homeless Coalition
  - Personal Visits
    - Network with familiar organizations
      - Social agencies
      - Religious organizations
  - Promotional Tactics
    - Brochures
    - Newsletter

> "Efforts that show progress on the streets are more likely to receive federal funds"
>
> - Pat Carlile, Deputy Assistant Secretary, HUD

- **Legal Assistance to communicate with larger entities** skeptical about using the Homeless Management Information System due to Health Insurance Portability and Accountability Act of 1996 (HIPAA):
  - Providence Hospital
  - Hillcrest Medical Center
  - Family Practice Center

Strengths of the Current Data System

- **Prominent Software system (Service Point; Homeless Management Information System) that will include all of the shelters in the Waco community when fully implemented**
- **Manageable number of chronic homeless in Waco compared to other communities**
- **Supportive network**
- **Active Homeless Coalition - group of agencies working together to serve the homeless**

Improving Strengths of the current Data system

STRENGTH: Access to cable networks; access to media for involvement in special events about homelessness; professional committee members to help with various campaigns; wide range of social organizations that serve the homeless population

IMPROVEMENTS:

- **Encourage continued involvement from those involved with Homelessness Initiative**
  - Homeless Coalition Meeting
  - Continuous recruitment of more agencies, organizations, businesses, and religious affiliations
- **Involvement of City of Waco Council members**
  - Participation in Homeless Coalition Meetings
- **Communication improvement**
  - Bi weekly/monthly E-newsletter
  - Expansion of the Heart of Texas list serve members
  - *Brief* and *Clear* emails identifying homelessness events

Identifying Resources for Closure of Gaps and Improving Strengths

Funding 20 licenses for the first year to use the Homeless Management Information System (HMIS) and an additional 10 new licenses every year after that for a maximum of five years:

- **Each agency can apply once to receive funding for the HMIS system with a maximum of two user licenses**
  - $225 initial cost for the first year
  - $125 cost for each additional year
- **Qualified HMIS trainer for the agencies using the system**
  - Input of Data would be absorbed by the individual agencies using the system
  - Promotion and Awareness of the HMIS system to other entities

Goal of the Housing Subcommittee

To devise a plan that includes:

Permanent Supportive Housing for chronically homeless individuals

Current System of Housing Chronic Homeless

The Housing subcommittee consisted of nine members representing nine agencies in Waco, Texas. The Housing subcommittee focused on developing a plan that identifies and expands the availability of appropriate housing opportunities for homeless persons.

DEFINING HOUSING: Below are definitions the subcommittee reviewed before identifying the current housing issues in the community:

AFFORDABLE HOUSING Safe, sanitary, adequate, decent housing with a cost to the resident household of no more than 30% of their gross income, where housing cost includes both rent or mortgage and basic utilities.	**EMERGENCY** **Shelter:** Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific homeless populations. **Housing:** Facilities maintained by public or private non-profit entities that provide temporary, short-term, safe, sanitary shelter from the elements or nature for homeless individuals or families.
TRANSITIONAL HOUSING A type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing, basically, it is housing in which homeless persons live for up to 24 months and receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. It is a middle point between emergency shelter and permanent housing.	***SUPPORTIVE HOUSING*** A long-term community-based housing and supportive services for homeless persons with disabilities. The intent of this type of supportive housing is to enable this special needs population to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or provided by other public or private service agencies.

WHAT KIND OF HOUSING IS AVAILABLE IN WACO?

Current Emergency Shelters/Housing: Salvation Army and My Brother's Keeper (*Mission Waco)* were identified as emergency shelters where the main focus is on the shelter, rather than additional services.

- Salvation Army restricts more than a three-night stay for first time homeless persons, which is limited to once a month after the first three nights. These restrictions do not apply when there is inclement cold weather.
- My Brother's Keeper does not have any limits on nights spent, but only contains thirty beds (22 for men and 8 for women)

Current Transitional Housing: Hope House (*Compassion Ministries)* Hope House is a transitional housing facility for women, children and families with the capacity to house 64 individuals. The limited amount of stay is six months. This transitional shelter provides case management and job training. Once a person leaves the shelter successfully he/she will have full-time employment, permanent housing, and the skills necessary to maintain self-sufficiency. After care for a six-month period is also provided once a month by case managers. However, since most persons who are chronically homeless have mental illnesses/disorders and are single men, the Hope House rarely serves this population.

NO CURRENT SUPPORTIVE HOUSING OPTIONS IN WACO: The subcommittee focused on the willingness of the homeless individual and the permanent support services available to address the needs of the homeless person when pondering the permanent supportive housing option.

Research has shown permanent supportive housing as the most effective method of housing chronic homeless. Therefore, this option was highly suggested to the subcommittee.

QUALITY AND SUPPORTIVE HOUSING OPTIONS: Building homes that are economically feasible is likely the best route to promoting the development of high quality housing. In order to maintain the quality and cost effectiveness of the homes built, administering surveys to the public will help respond to the actual needs of residents. Having certified property management along with social workers or certified case managers would also maintain the quality and effectiveness of supportive housing units.

Hourly wage necessary to afford a one, two, or three bedroom home in Waco.[1]

- In Texas, an extremely low income household (earning $16,273, 30% of the Area Median Income of $54,243) can afford monthly rent of no more than $407, while the Fair Market Rent for a two bedroom unit is $685.
- Most chronically homeless persons in Waco receive Supplemental Security Income, which could average about $545/month. They would only be able to afford $164/month in rent, but the Fair Market Rent for a one bedroom is $536/month.

A person making minimum wage ($5.15/hour) can afford no more than $268 for monthly rent.

A minimum wage worker would have to work at least 102 hours per week in order to afford a two-bed room unit!!!

Fair Market Rent (FMR) according to the Department of Housing and Urban Development (HUD)[2]:

"FMRs are gross rent estimates; they include shelter rent and the cost of utilities, except telephone. HUD sets FMRs to assure that a sufficient supply of rental housing is available to program participants. To accomplish this objective, FMRs must be both high enough to permit a selection of units and neighborhoods and low enough to serve as many families as possible. The level at which FMRs are set is expressed as a percentile point within the rent distribution of standard quality rental housing units. The current definition used is the 40th percentile rent, the dollar amount below which 40 percent of standard quality rental housing unit's rent. The 40th percentile rent is drawn from the distribution of rents of units, which are occupied by recent movers (renter households who moved into their unit within the past 15 months)."

"Newly built units less than two years old are excluded, and adjustments have been made to correct for the below market rents of public housing units included in the data based."

2004 Family Income

2004 Annual Median Income

	Annual	Monthly	30% of AMI
Texas	$55,935	$4,661	$16,780
McLennan County	$46,800	$3,900	$14,040

	0 BR	1 BR	2 BR	3 BR	4 BR
Annual Income Needed to Afford FMR					
Texas	$21,253	$23,608	$28,794	$38,476	$45,714
McLennan County	$18,880	$18,920	$23,520	$29,440	$30,400
Hourly Wage Needed (@ 40 hrs./wk.)					
Texas	$10.22	$11.35	**$13.84**	$18.50	$21.98
McLennan County	$9.08	$9.10	**$11.31**	$14.15	$14.62
As percent of Minimum Wage (Texas = $5.15)					
Texas	198%	220%	51%	69%	82%
McLennan County	176%	177%	50%	63%	65%
Work Hours/Week Necessary at Minimum Wage					
Texas	79	88	108	144	171
McLennan County	71	71	88	110	114

RENTAL ASSISTANCE IN WACO:

- **Section 8 vouchers:** usually given to low-income individuals, not chronically homeless persons.
- **Low-demand housing units** with sliding scale fees for rent, which range according to an individual's income. There are up to 4,200 low-demand housing units in the Waco area either through Section 8 voucher/renter assistance funds or sliding scale fees for residents.

VACANT LOTS OR TAGGED HOMES IN WACO: Vacant lots are typically given to development corporations. Rehabilitated and red tag homes are usually torn down. It costs approximately $35,000-$45,000 to repair or rehabilitate a housing unit into a quality home. In order for a chronically homeless person to afford a quality-housing unit, it would have to be through subsidized housing.

EVALUATING CRITERIA FOR RENTING AND OWNING HOUSING UNITS: Decreasing or eliminating the tenant criteria diminishes accountability. Increasing criteria raises accountability, as well as decreases the potential fraud in housing chronically homeless individuals. Potential measures to prevent eviction include tax abatement, education in the school systems, and public education about the process of living in rental properties.

Cooperation with jails, prisons, hospitals, and other correctional/medical facilities:

- Consistent and accurate debriefing, done by facility employees or by volunteers, to assist in housing willing individuals quickly into a emergency, transitional, or permanent supportive housing

- Exit interviews for homeless persons along with access to counseling services as a need

ESTIMAGED UNITS, MANPOWER, AND LABOR HOURS NEEDED:

The 2003 Annual Homeless Count was used to calculate how many units could be built in the city of Waco. In sixty days with three men working eight-hour days a two-unit home or two units could be established. The subcommittee suggested 60 units built, taking into account some homeless persons will not take advantage of the housing services available.

Gaps of the Current Housing System

- *Difficult to attach to pre-existing agency or program*
- *No available supportive housing for chronic homeless*
- *No single room occupancies*
- *Seasonal gap of emergency shelter availability; no apparent leadership of agency or person willing to manage the housing project*
- *Increase the referral process for connecting chronically homeless individuals to appropriate shelter facilities*
    - ***Prisons***
    - ***Jails***
    - ***Mental health***
    - ***Health care***
    - ***Hospitals***
    - ***Housing providers***
- **Lack of funding and awareness for funding a housing initiative for chronic homeless**

"I was only in the mental health crisis unit once since I moved in December 2002, compared to about fives times within a year prior to living in supportive housing."

-Eric, Decatur, IL

Closing Gaps of the Current Housing System

GAP: Difficult to attach to pre-existing agency or program

SOLUTIONS:

- **Make other shelters aware of opportunities**
- **Connect emergency shelters with referral system (prisons, hospitals, etc.)**

GAP: No Available Supportive Housing for Chronic Homeless; No Single Room Occupancy; Seasonal Gap of Emergency Shelter Availability

SOLUTIONS:

- **Alternate Options to Provide Housing:**
  - Attempt to rehabilitate apartments, motels, nursing homes, and/or Veteran's Hospital
  - Build new facility and/or create efficiency apartments
  - Scattered and/or central location
- **Inclusion of Lounge/social area for communication and social support**
- **Strict guidelines for individual participation**
- **60-person capacity**

GAP: No apparent leadership (agency or individual) to manage housing project; Lack of funding and awareness for funding a housing initiative for chronic homeless

SOLUTIONS:

- **Management/Leadership qualifications**:
  - Property management skills
  - Passion for the mission
  - Ability to build rapport and establish relationships with agencies, businesses, and organizations serving chronic homeless population
  - Monitoring & Evaluation of Housing Case Management Team
  - Consistent networking with Homeless providers

Homeless Interview

Interviewer: Tell me about being a homeless woman in Waco.

Waco Homeless Woman: "It's a man's world for the homeless in Waco, because of the limited number of beds available to women at the local shelters."

GAP: Increase the referral process for connecting chronically homeless individuals to appropriate shelter facilities

SOLUTIONS:

- **Develop a case management system (individual cases) rather than having a centralized location for all housing**
    - Assistance in locating apartments/ living arrangements for clients
    - Limited case load of fifteen per case manager
    - Communication and Involvement with Healthcare Case Manager Coordinator and Homeless Task Force

Strengths of the Current Housing System

- **Available emergency housing facilities**
    - Central Texas Youth Services Bureau
    - Family Abuse Center
    - My Brother's Keeper
    - Recovery Hope House
    - Salvation Army
- **Available transitional housing facilities**
    - Compassion Ministries
    - Central Texas Veteran's Health Care System
    - Economic Opportunities Advancement Corporation
    - Mission Waco Manna House
    - Recovery Hope House
    - Solid Washington House
- **Supportive Community**
- **City Government Involvement & Support**

Improving Strengths of the Current Housing System

STRENGTH: Supportive Community

IMPROVEMENTS:

- **Continue education and publicity to bring awareness**

STRENGTH: City Government Involvement

IMPROVEMENTS:

- **Keep City Officials aware, involved, and supportive of initiative**
- **Find a catalyst to implement plan**

Goals of the Healthcare Subcommittee

To devise a plan that includes:

- Identification of healthcare needs
- Analysis of services provided in Waco, Texas
- An effective case management system
- Methods of auditing, tracking and networking with organizations serving homeless population

Introductory Phase

The Healthcare Subcommittee consisted of nine members representing nine different agencies in Waco.

Current actions of Waco community to address healthcare for homeless persons:

- Approximately ten primary healthcare providers of the chronically homeless
- They began by identifying the current intake and discharge process assisting homeless individuals
- A social worker does the intake of the individual. Doctors/nurses on duty complete the assessment process. If the individual has drugs in his/her system no pain medications are administered
- Hospitals coordinate with Salvation Army and other services to assist the homeless after release

An ideal case management team:

- Licensed clinical social worker
- Aware of the community resources in the area
- Capable to link the client to necessary resources and services
- Psychiatrist
- Psychiatric nurse
- Primary care physician
- Clinical pharmacist
- Person who could screen for eligibility of services
- Translator to ensure effectiveness
- Specialized case managers
- In order to provide services to approximately 100 homeless individuals in a given month, the

subcommittee concluded three to five case managers would be needed

Specialized Case Management:

- Suicide training
- 24 hour availability
- Four individuals
- Current mental health screener available to both hospitals in the city of Waco (Providence and Hillcrest Baptist Medical Center) who transitions mentally ill to MHMR after being discharged from the hospital

Needs of the Dually Diagnosed (those with mental illness and drug addiction):

- Follow up with a professional
- Psychiatric assistance and support
- Administering necessary medication
- Monitoring of medication
- Counseling services
- Case management for individual and families
- Supervised sheltered setting
- Job training and availability
- Education
- Other medical services (substance abuse treatment, chemical dependence)

In addition to the above effective methods for detoxification of heroine, marijuana, alcohol, methamphetamine, crack, and/or cocaine. This was identified in three phases that would take a minimum of a year:

- **Phase One**: Detoxification program
- **Phase Two**: Residential Phase
- **Phase Three**: Outpatient Phase

These three phases would be shared with ongoing support group services, on going case management that addressed the physical, as well as the mental aspect of the rehabilitation process.

- Long-term follow-up was identified as an effective method of continued support and assurance of the individual's success
- Access to medication access at affordable costs to treat those with mental illnesses and chemical dependence/abuse:
    - Medicaid
    - Eligibility for green card screening along with follow up
    - Communication between systems (hospitals and jails)
    - A sliding scale fee
    - Information network that included mental health providers, community services

Needed Support Services in a supportive housing facility:

- Job Skills
- Job Training
- Recreation
- Education (holistic)
- Life Skills
- Medical Clinic
- Spiritual Services

The case management team effectiveness will insure that willing homeless persons are placed in a shelter or supportive housing facility after being released from the hospital. Collaboration with jails is necessary to insure that repeat offenders (for chemical/substance abuse) are redirected to a rehabilitative or detoxification program. MHMR currently has a full-time staff in the city jail to identify those who need rehabilitative or detoxification assistance. A photo data base system could be utilized to track reception of services received by homeless individuals.

The need for continued research:

- Addressing where services are greatly needed
- How transportation is provided and made accessible to the homeless
- How to insure a homeless client returns for follow-up services
- Approaches to developing a stable transportation system

Other Suggestions:

- Regional development of the Plan: Waco's solution has the possibility of drawing homeless persons from other areas; therefore the approach needs to be regional
- A separate hospital area, with beds, for chronic homeless treatment or a transition to another setting that does not deal with acute needs

Gaps of the Current Healthcare System

- **Lack of general medical and dental services available to chronic homeless**
- **Lack of connecting appropriate systems (networking)**
- **Lack of individual follow-up**
- **Inability to monitor and evaluate the treatment experience for continued involvement**
- **Lack of leadership in monitoring and accountability of case management system**

Closing Gaps of the Current Healthcare System

GAP: Lack of connecting appropriate systems (networking); Lack of individual follow-up; Inability to monitor and evaluate the treatment experience for continued involvement; & Lack of leadership in monitoring and accountability of case management

SOLUTIONS:

- **Case Management Team: Intervention & Prevention**
    - Public Relation Organizer
        - Community Organization
        - Network with agencies, business, and organizations serving chronic homeless
        - Program Evaluation
    - Housing Case Manager
    - Healthcare Case Manager
        - Screening
        - Assessment
        - Plan of care
    - Licensed Social Worker or Health Educator
    - Licensed Chemical Dependency Professional
    - Mental Health Professional
    - Psychiatrist
    - Hygienist
    - Contracted Pharmacist

- Secretary
- Security Personnel

GAP: Lack of Medical and Dental Services

SOLUTIONS:

- **Identify and contract with general medical/ dental providers to provide no or low cost services**
- **Identify suppliers for dental equipment**
  - Johnson and Johnson
- **Utilize and expand existing services providing medical and dental care**
  - Family Practice & City of Waco Health Department

Strengths of the Current Healthcare System

- ***24-hour referral system at two community hospitals***
  - *Hillcrest Baptist Medical Center*
  - *Providence Hospital*
- ***Mental health screener available at the local jails - Provided through Mental Health and Mental Retardation (MHMR)***

Improving Strengths of the Current Healthcare System

STRENGTH: 24-hour referral system at two community hospitals for Mental Health & Mental Retardation facility (MHMR)

IMPROVEMENTS:

- ***Rotation of Case Managers***
- ***Inclusion of other appropriate agencies serving chronic homeless***
- ***Contact case management system to direct client for appropriate resources***

Goals of the Finance Subcommittee

To devise a plan that includes:

- A program to identify funds and for an agency or agencies to apply for funds
- Identification of funding sources to pay for plan

The Finance subcommittee consisted of the nine members in the Data Subcommittee.

- Department of Housing and Urban Development (HUD) – currently 3 years
- Community Development Block Grants (CDBG)

CONSISTENT FUNDING SOURCES: In order to achieve consistent funding throughout implementation of the plan, there exists the necessity of keeping accurate and reliable records. Accurate records could potentially lead to an increase in funding. Increasing the support of the Waco community leaders as well as receive additional support from the McLennan County area would help with the consistency of funding as well.

PART 4

To the members of the Council Housing Committee:

Serving on the Healthcare Subcommittee of the Mayor's larger committee to develop a plan to end chronic homelessness was a challenging and rewarding experience. I knew there was an issue of homelessness that needed attention- we see some of these folks routinely at The Freeman Center. But, I had no idea how significant the matter is until I met, heard, and saw first hand through the subcommittee how devastating chronic homelessness can be to the person and the community.

The way the City has gone about developing this plan makes a lot of sense to me. Instead of studying the problem all over again, the committee and the various subcommittees, as supported by the Housing Interns and designated city staff have provided information and resources that allowed each subcommittee to use their collective expertise and experience to say, "this is the issue, and here is how we can solve it." The larger "steering" committee was then able to take the recommendations of each subcommittee, and mold them into a workable plan.

The plan is good. It builds on what we know; it has been examined in light of the experiences of others and found to reasonable and effective at achieving the outcome of no chronic homelessness; and has the support of a wide range of people who deal with the chronic homeless everyday.

Much work has gone into getting the "10 Year Plan to End Chronic Homelessness" to this point. I urge you to build on that momentum with your approval.

Dan Worley
Executive Director
The Freeman Center
P.O. Box 128
Waco, TX 76703-0128
254-753-8251

June 29, 2005

Hon. Virginia DuPuy, Mayor
City of Waco
POB 2570
Waco, TX 76702

Ms. DuPuy,

On behalf of the participating staff of the Heart of Texas Council of Governments involved in the recent Mayor's Plan to End Homelessness, this letter of support is submitted to signify our endorsement of the continuation of this effort which brought so many community members together to consensus. The diligence and detail provided by the city staffers and the commitment of the community volunteers have manifested a clear need for the continued pursuit of the wonderful goal envisioned by the late Mayor Jackson.

We urge the City of Waco to move forward in this effort through the creation of a permanent office that will facilitate the development of program(s) to address the needs of the homeless and those whose living arrangements might be greatly enhanced through creative problem solving and team work of the community in partnership with the City of Waco.

Sincerely,

Donna Casstevens
Director of Regional Services Director of Health and

Don Smith
Director of Health and Human Services

Melanie Fuller
Regional Management Information Services

301 S. Robinson Dr. Ste B Robinson, TX 76706
Phone 254-662-2222 Fax 254-662-2626

To Whom It May Concern:

I serve on the housing subcommittee. This has been a very positive experience for me. I was impressed with the broad cross section of people that the city was able to bring together to focus on this issue. To often when groups like this are assembled everyone comes with their own agenda and is looking for a way to make money or benefit their organization. In the meetings that I attended everyone seemed to be focusing on the problem and looking for ways to solve it. I have reviewed the 10-year plan to end homelessness and compared it to plans produced by other cities. This plan should be added to the long list of reasons the people of Waco should be proud. Often in our media outlets the city of Waco is being portrayed in a negative way. I suppose it is more profitable to show negative items then positive. I feel confident that Waco's Plan will become the model other cities look to copy.

Tim Holtkamp

To Whom It May Concern,

As a native of Waco, Texas I am honored to have the opportunity to lend a hand to strategize initiatives to help those less fortunate to realize some measure of dignity in their lives.

I served on the Community Outreach Subcommittee and was thrilled to be a part of such an unselfish group of people. People of all areas of the City, all walks of life, all ethnicities, and educational backgrounds worked tirelessly together to create a plan of action. Besides seeing people living on the streets, many of us did not truly understand homelessness, but everyone on the committee was so willing to learn. We attempted to consider and plan for all areas of outreach for our community.

One experience I will not soon forget was having the opportunity to meet several homeless people while sharing conversation during lunch at the Gospel Cafe. That experience allowed me to see just how close we all are to falling down and needing help to get up.

My hat is off to all committee members and committee leaders that championed such a humanitarian initiative. Waco, Texas is still a wonderful place to live.

I commend Ms. Ebony Hall as well. Her professionalism was top-notch as she organized, directed, and motivated a great team of agencies and peoples.

In her life, as well as in her death, I am humbled by the greatness of Mayor Jackson. She has left Waco a great legacy and a pathway on which to continue - a path full of compassion and togetherness.

Respectfully,
Brenda L. Suggs

Appendix

1. Baylor Housing Study, 2005

2. United States Interagency Council on Homelessness, "A Step-by-Step Guide"

3. National Alliance to End Homelessness

4. Culhone, etal. (2001)

Other Resources and Website

- *A Plan: Not A Dream. How to End Homelessness in Ten Years,* National Alliance to End Homelessness, 2000. http://www.endhomelessness.org/pub/tenyear/index.htm

- Burt, Martha R., *What Will It Take To End Homelessness?* Urban Institute, Washington, D.C., September 2001. http://www.urban.org/UpdloadedPDF/end_homelessness.pdf

- Culhane, Dennis P., "New Strategies and Collaborations Target Homelessness," *Housing Facts & Findings*, Vol. 4 Issue 5 (2002)

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- U.S. Department of Veterans Affairs: www.va.gov/homeless/

- U.S. Department of Health and Human Services: aspe.hhs.gov/homeless/index.shtml

- U. S. Department of Housing and Urban Development:

- U.S. Department of Justice: www.ojp.usdoj.gov/reentry/welcome.html

- U.S. Department of Labor: www.dol.gov/dol/audience/aud-homeless.htm

- Social Security Administration: www.socialsecurity.gov/homelessness/

- White House Office of Faith Based and Community Initiatives: www.whitehouse.gov/government/fbci/grants-catalog-homelessness.html

- National Coalition for Homeless Veterans go to: www.nchv.org

- National Alliance to End Homelessness: www.endhomlessness.org; www.nationalhomeless.org/reauthorization.html

- Corporation for Supportive Housing: www.csh.org

Listing of City Homeless Plans that were reviewed:

- The Blueprint To End Chronic Homelessness In The Chattanooga Region In Ten Years
- Border Solutions Ending Chronic Homelessness In El Paso, Texas
- City Of Orlando Mayor's Working Committee On Homelessness
- Home Again, A 10- Year Plan To End Homelessness In Portland And Multnomah County
- A Roof Over Every Bed in King County: Our Community's 10 year Plan To End Homelessness
- Ending Chronic Homelessness In Austin/Travis County
- The Chicago Continuum of Care Vision Statement
- City Of Santa Cruz (Ca) Homeless Issues Task Force
- Ending Chronic Homelessness Columbus And Franklin County
- Initiative Of The Indianapolis Housing Task Force
- Home For The Homeless 10- Year Plan For The City Of Oklahoma
- Blueprint To End Homelessness In Atlanta In Ten Years
- End Chronic Homelessness 10-Year Plan East Baton Rouge
- Uniting For Solutions Beyond Shelter, The Action Plan For New York City
- The San Francisco Plan to Abolish Chronic Homelessness
- Albuquerque Homeless Plan