

DRAFT August 25, 2012

**Mayor's Commission on Homelessness:
Reports from Open Space event,
August 25, 2012**

*The reports that follow are not organized alphabetically or by session time - they are simply entered as we received them on the event computers as entered by participants. **These reports have not been edited.** Please let us know if your session is missing. Shaye Rabold: srabold@lexingtonky.gov 859 258 3112*

Group Name: Education, Training, and Life Skills

Facilitator: Doris Settles

Recorder: Danielle Crail

What is the difference?

- a. **Life Skills:** The ability to function successfully in the world. i.e. Empowerment skills, budgeting, etc.
- b. **Training:** Decrease in variance in ability/skills; across the board skill set is equal
- c. **Education:** Increase in variance in product/skill set

High Maintenance - Homeless citizen who needs more help (resources) in order to become self-sufficient

Low Maintenance - Homeless citizen who needs less help (resources) in order to become self-sufficient

Work from bottom up; establish Life Skills (the basics) when working with High Maintenance citizens and transition to Education as they progress towards Low Maintenance (more self-sufficient).

Resources Already in Place in Lexington

Physical Resources:

- a. **Hope Center** (Drug and Alcohol, Shelter, Food, etc.)
- b. **Room in the Inn** (Overnight Shelter in different churches throughout Lexington)
- c. **New Life Day Center** (Day Center during the weekday, Lockers, etc.)
- d. **Street Information Card** (provided through the Downtown Lexington Corp)
- e. **Mission Lexington** (Dental)

Community Engagement

- a. Churches
- b. Not-for-profits

Needs to be Addressed in Lexington

- a. **Mailing Address Sites** (Some provided through Catholic Action and Hope Center. Needed in order to get a driver's license or State I.D.)
- b. **Storage Sites** (New Life Day Center)
- c. **Help with Medication Compliance**
- d. **Mentor/Volunteer Program** (Utilizing prior homeless citizens; "You never learn until you teach.")
- e. **Accountability**
- f. **Educating Public and Public Officials** (Breaking down the idea that "This isn't my problem." and creating a community culture and mindset.)
- g. **Negative Media**

Mentor Training (Number 1 priority)

- a. **Legalities/Liabilities**
- b. **Boundaries**
- c. **Mentor for Mentors**

In Conclusion:

Focus first on those who are seeking help and establish momentum in order to reach a broader subset of citizens as well as establishing a positive image and drive with the Public and Public Officials.

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Group Name: Elderly "Throw Away" People: No place to shelter abuse victims with personal needs & Care giver Burn Out

Facilitator: Mary Crowley-Schmidt

Recorder: Mary Crowley-Schmidt

Throw away Elderly – Care Givers with burn out just dropping individuals at a known location for homeless individuals – facility may not be staffed by appropriate people

Inappropriate discharges - Hospitals now discharge without the patient having a home or place to go to. May put them in a taxi and drop them off at a known shelter

Central System for Resources & Information about

1. Shelters
2. Treatment options
3. Transportation
4. Volunteers
5. Support and Training for Volunteers
6. Access to meals
7. More services available in the home

Group Name: Once a year meeting for everyone about Homeless issues with providers.

Facilitator Lafayette Hodges

Recorder: Mark Davis, mdavis@fpclex.org

Indy Connect

An annual meeting at the Indianapolis Convention Center. Think homeless convention with spaces, booths and so forth for all the providers in the Indianapolis area. Representatives from shelters, feeding programs, health providers with the capacity for on-site dental, mental and other medical screening along with on-site scheduling for follow through and follow up. HIV and TB testing available on site with real time, right now referral and suggested next steps. Governmental agencies with on-site approval for various issues including food stamps.

Any and all are welcome. Free city wide transportation to convention center.

Perhaps Louisville has something like this. Central Christian evidently did something similar a few years ago but the council LFUCG didn't participate.

My thoughts: Big and good idea. Those present have direct and long experience with all the issues with which we are familiar from mental health to crack and the challenges of recovery. All thought this was a promising idea.

Check this out via on-line resources, why create when we might be able to simply improve and expand an already promising possibility.

Love the idea of using the convention center and normalizing this resource as a part of the whole face and fabric of the community. Imagine the display screens at Rupp promoting this.

Additional thought, maybe we have an open space meeting to plan and organize such an event.

Group Name: Judging & Analyzing

Facilitator: Manuel Coopman

Recorder: Jessica White 859.977.2525 jessicawhite@chrysalishouse.org

Reasons Individuals Are Homeless:

- Mental Illness
- Substance Abuse
- Trauma
- Unemployment

Judgements:

- lazy
- on drugs
- want to be homeless
- crazy
- don't want to work

- poor decision making
- criminals

Problems:

- Limitations to resources
- Lack of Education
- Lack of Medical resources

Solution:

- Community Education
- Communication
- Availability of resources
- Research
- Collaborative Efforts
- Engaging individuals
- Increase ways to access information

Group Name: Affordable Housing

Facilitator: **Bill Embry**

Recorder: Kate Savage 859 321 1341

Issues of Funding

- 8,752 Families paying over 50% of their income for rent in 2005
- 12,010 Families in 2010 – up over 30%
- This is a borderline homeless population

An Affordable Housing Trust Fund would assist this community.

- Private enterprise cannot address this.
- Tax Credits could be used to fund

Proposing ½ of 1% additional tax on insurance on auto and property insurance (NOT health)

- This would generate \$2M in revenue
- State and Federal Matching at 6:1 or even 8:1 ratio would produce \$18M for rehabilitation and new housing.

There exist at least 20 good programs nationally that are working well.

It is paramount that a **DESIGNATED SOURCE OF INCOME BE UTILIZED.**

Support for this program and implementation has strong support with BUILD/Fayette Alliance/Local Churches.

Original proposal suggested a 1% additional tax on auto and property insurance. This has now been adjusted down to 0.5%

Proposal is now scheduled to go before Council again. It has been before Council twice before. On each occasion there was no vote, the subject was sent to Committee both times and went nowhere.

Council votes are divided. Currently there appear to be 7 Council Members in support. 8 are needed for the motion to carry. Those who have declared a NO vote intention are: **Ellinger, Farmer, Stinnett, Myers, McChord, and Lane**. There are others who have not indicated their action.

This is a community that is exposed to exploitation, often paying \$600 pm for rent and living in squalid conditions, afraid to complain. "Misery for Rent".

HUD funding is way down and HUD has made it know that they cannot be counted on to fund any more housing. It is now up to the Cities to solve this problem.
Affordable Housing Trust Fund.

Landlords are part of the problem.

- Rents in Lexington increased by 6% in 2010.
- Low income individuals are known to move a lot. This creates a huge impact on the children, stability, schools etc.
- Affordable housing prevents homelessness at the point when it could have been threatening.

Transitional programs (Chrysalis House) have nowhere to send their graduates once ready to move on.

Homes available through the Affordable Housing Fund would be available for rent at 30% of the tenant's income, regardless of earnings. The rent would be fixed at 30% of their income. This would create a more stable situation.

Lexington's Area Median Income (AMI) is \$60,000.00

The average increase that a family would see to their insurance (auto and property) PER YEAR would be \$16-\$18.00.

An 11 member team with appropriate experience would be formed to evaluate housing eligibility.

Administration costs would be no more than 10%.

Conflict of Interest would be stringently enacted.

This increase in insurance tax would avoid State/Federal Government involvement and/or approval, allowing for local administration and control.

Big apartment builders are in opposition.

Minneapolis attempted to solve this problem, but used City funding.

Have now gone to a dedicated funding source such as this proposal suggests.

With the income generated the costs would be offset and paid for in 8 years.

165 units would be built a year and would be paid for within 8 years.

\$1M spent creates \$6.5M in revenue at the local level.

This proposal is scheduled to go before Council in November 2012

There is a Vacant Property Commission on the books with budgeted monies but it has been inactive. The new Commissioner Derek Paulson has stated that he is committed to reactivating this.

Group Name: At-Risk Youth and Youth already homeless

Facilitator: David S.

Recorder: Shaye Rabold
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At risk youth who may become or may already be homeless are often from the foster care system, have mental illnesses, have behavioral problems, have been kicked out of a family, such as youth who are lesbian, gay, bi-sexual or transgendered, female that have experienced sexual or physical abuse.

While in foster care, youth have access to Medicaid, which covers mental health treatment. When youth "age out" of the system at 18, many lose Medicaid coverage (they may be eligible, but are not signed up. Foster parent handles the Medicaid while in the system).

Some mental illnesses surface when people are 18-25 and are not identified while in foster care.

Is there a way to force people over 18 into mental health care or to take their medications? This depends on current legislation.

People can often only stay at facilities while in treatment.

How would homeless youth get access to help?

When discharged from a mental health facility, how can you force people to take meds? The current law is underutilized.

There is a higher than average rate of mental illness among foster children.

Because there is a lack of funding, there is an increased need for community driven outreach and care.

If I'm an at-risk youth, where do I go for help?

There seems to be no integration or coordination of care. There are silos of care.

Small volunteer group trying to help youth transition from foster care to living on one's own.

Is there a coordinating group at the City who knows who is doing what?

Needing to be in a hospital is very different than needing help. Not everyone needs in-patient treatment.

Someone needs to know the information for who to contact for help and everyone else needs to know who that person is.

Is there data showing how many people who are homeless are youth. How many people are not admitted into treatment or shelters who are seeking help?

What about youth who do not have mental or behavioral issues?

Currently when 18, you can ask to stay in the system until you are 21. You only have 6 months from turning 18 to make this decision.

There is an organization that helps foster kids called NECHO..look up what that stands for...

People should be able to re-sign up for help for at least a year after turning 18 or until they are 21.

After 18, do foster parents continue to receive funding for youth who have signed up for extended services?

Many LGBT youth are kicked out of their family's home because of their sexual orientation. Many people from smaller counties who are gay come to Lexington because they are not welcome or feel they are not welcome where they are from.

How many people are on waiting lists for shelters or permanent housing?

There needs to be major community education about the root causes of homelessness and we should work to address those issues.

We need to build places where multiple people can stay safely and we also need affordable housing for people who are at-risk of becoming homeless.

We need to explore the Housing First concept.

State legislation is needed to change the sign up window for extended services from 6 months to a year or longer.

There should be a touchscreen(s) downtown that people, including youth, can use to identify resources for help and possibly be able to contact someone for transportation to help. An app could also be created and touch screens could also be on buses.

There should be some coordination of transportation for people seeking help/shelter.

Possibly partner with LexTran to take people to shelters or services for free.

There is conflict between trying to help people and enabling them. This is a complex challenge morally.

Are camps of homeless people enabling them?

Shelters have rules for who can come in and stay. For example, you cannot be drunk. What happens to someone who is drunk? Where do they go?

Solutions/services need to be comprehensive, integrated and coordinated.

There needs to be more training and education, especially for police officers. Crisis intervention training is available through NAMI.

The following notes were submitted by David Saier, the convener of the group.

There are two target groups of youth where we should strive to impact with our efforts: Youth in situations that place them at high risk for homelessness, and youth that are homeless.

For youth that are at risk, there are a number of points of contact where intervention is possible. They could be referred to as gateways to homelessness. These include:

- 1) when a child is aging out of the foster care system. A suggestion was made that we extend the opportunity for a child to recommit to the cabinet from 6 months to a year. There was legislation proposed by the Citizens Foster Care Review Board and the AOC last year that had this language. It was not passed. One of the reasons was that some believe that translates to more dollars being spent as more youth "take advantage". The counter argument is that is a situation of pay now or pay later, as many of those who age out (up to 70% end up in jail, homeless, or in mental health facilities). An articulate voice and statistics could have impact in that discussion, and making sure the youth has knowledge of resources available for the homeless should be worked into the exit interview. There were several in the group with knowledge in this area
- 2) when a child has a mental illness or physical disability. Making sure the families, therapists, schools, etc. know about the resources available. G.G Burns and Ron Ralph were very articulate in this area.
- 3) When a child is pregnant. Ensuring pregnancy resources know about the resources available. In our group, Darlene Thomas who runs domestic violence shelters would be a great resource.
- 4) When a child is LGBT. Include those agencies and organizations that interact with that population.
- 5) A young person coming out of the military. Perhaps part of the exit interview as well.
- 6) A youth with a criminal history and or truancy / school issues. Ensure police, schools, courts know about all the resources. Doug Pape, Commander of downtown police patrols is great here.
- 7) A child identified as at risk by a church or social service. Dalene has a lot of experience with homeless advocacy thru church based services.

The youth often fit in more than one of these categories.

For youth that are homeless, the challenges are health, shelter, safety, empowerment, and mentoring.

There was a discussion of creating a 24 hour 'triage' center where a youth could be assessed for: mental health, physical health, short term assistance and options counseling. It was mentioned there should be an assessment upon arrest targeted at youth, to try and discover the larger situation - i.e. are they getting arrested to eat? is there a mental issue? any support system? etc. and options counseling before release. We discussed downtown as a good place to have information posted - via kiosk - on buses - at fire stations, etc.

We recognize the need for actively collecting and updating a comprehensive list of government, religious and community resources that are available to homeless in Lexington and making this

information available everywhere all the time, with an emphasis on identifying the most effective communication methods to reach specific groups..... youth, elderly, families, mentally ill, military, indigent, intransigent, etc. Another critical component is to bring together all those who are working toward these same goals and encouraging information and resource sharing and cooperation. Another critical component will be to raise community awareness of the issues and offer opportunities for involvement - news stories - social media, community events, calls to politicians, etc.

Group Name: Controlling someone

Facilitator: Manuel Coopman

Recorder:

Freedom of choice.

Both sides of the coin or all sides of the spectrum.

Constitutional rights vs. controlling someone

Group Name: All In One Facility

Facilitator Lee A. Fields
Pastorfields1@gmail.com

Recorder: Name and contact info
April Byers
April.byers@gmail.com

All In One Facility
Room & Board
Centralized Day Services
Multiple Needs being met under one covering
Address, Ids, drivers license, social security cards. Etc
Help with Jobs

Referral Services
Education
GED College Trade School etc.
Financial Literacy
Help with addictions
Counseling
Coordination of services
Long term but not permanent

Group Name: community safety

Facilitator Dick Owen

Recorder: Name and contact info dick owen

1. Feeding in Phoenix Park/"free speech Park" conflict/misuse of public park.
2. Problem of homeless bathing in restrooms, hiding weapons and alcohol in library, sleeping in library garage, hiding weapons etc in library garage, sleeping in garage stairwells.
3. Permit to serve meals in park? Is Health Dept monitoring? Other location options?
4. Need more thorough and accurate data on homeless issues I.e. Crime, types, location of.
5. Is the actual problem the unwanted congregation and sleeping in parks etc, or is it crime, panhandling etc.
6. If a homeless person is the perpetrator of a crime they may be more difficult to find by the police when conducting investigations because there is no thorough "registry".
7. Phoenix Park has, over time, become a haven for more and more homeless which has led to increased in crime in that area and probably police calls for assistance.
8. Personal safety of the homeless is an issue-not only to prevent them from becoming victims of crime, but from extremes in weather.
9. Beginning of the month, when personal funds run short, the mentally ill may not have co-pays to buy their medicine.
10. Who Can public call if they observe a neglected person who is unable to care for

Themselves?

1. Transportation an issue because services are scattered, so Phoenix Park is

Centrally located

1. Vets often have similar but different issues (i.e. PTSD: they will not sleep inside of a building because they cannot defend themselves within 4 walls.
2. Other successful/"best practices" cities are Kansas City and Ashville
3. The Mayor's plan to revitalize the downtown area will not work as long as hundreds of homeless gather in Phoenix Park from an aesthetic point of view etc.

Locals and visitors do not feel comfortable around dirty, unshaven groups of people.

1. Many of the homeless have mental illnesses and substance abuse problems which are not being addressed/KY mental health laws are inadequate (too narrowly written) to provide for the immediate and follow-up (wrap-around) services needed.

16. Better job of educating the larger community about homeless issues (i.e., don't Give homeless (beggars) money.

1. Lexington must find ways to be inclusive. Protect everyone's rights!
2. We must find answers to the homeless problems because the problem is not going away.

Page 2 "Community Safety": Dick Owen

1. Smaller, scattered housing arrangements better than more localized larger Facilities-similar to what the Lexington Housing authority is doing.

1. Drug sales are occurring in Phoenix Park.
2. Explore possibility of creating a TRAINED civilian "patrol" who can assist the

Police.

1. Loitering is no longer unconstitutional; one less tool that police have to disperse people/crowds.

1. Police do a good job of policing Park during the daytime, but downtown patrols are inadequate on 2nd and 3rd shifts.
 1. Use existing laws more effectively.
 2. Expand "Room In The Inn" to cover the entire yr-not just the winter months.
 3. Better promulgate the shelter and service rules to the homeless.
 4. We need a central shelter that feeds. Could churches feed in the old FOP hall?
 5. Revolving doors at ESH, Salvation Army and Hope Ctr.
 6. What is City doing to help?
 7. Homeless must do a better job to PROJECT themselves in a positive manner. How can they contribute to help the community? (Positive atmosphere)
 8. Homeless are migrating from many parts of the country which is overburdening City services-Homeless population is estimated at 900-1200 people depending upon what definition is used.
1. Homeless may be disproportionately contributing to gross litter problem in Downtown and other areas.
 1. Local businesses in greater downtown area (including restaurants) say that the Homeless hurt their businesses and some of their employees fear them when they come into their building uninvited.

Group Name: The Face of the Homeless in Lexington
 All You Ever Wanted to Know about the Catholic Action Center and The Community Inn

Facilitator: Judy and Ginny

Recorder: Marjorie Holzfeind, 859 514 7210

Handouts:

- 1) Personal stories of homeless people
 - 2) List of services provided by the CAC and Quick Facts about the Catholic Action Center
- Questions and discussion covered:

- How many facilities and types of facilities needed to take care of Lexington's homeless
- Not having enough day centers – thus questioning why the Salvation Army and Hope Center require their clients to leave their facilities during the day
- More volunteers are the answer..state and federal governments can't handle the homeless issue
- The Catholic Action Center exists because of those people who need services are those that have slipped through the cracks or don't fit the criteria of the other facilities
- Discussed concern of the Community Inn losing its conditional use permit forcing clients to be displaced on December 8, 2012
- Discussed the need for more mentors and the best practices and programs that other states have implemented...i.e. Boston and Savannah

Group Name:
 Stopping The Revolving Door of Homelessness

Facilitator
 Lee Fields

Pastorfields1@gmail.com

Recorder: Name and contact info

April Byers

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Categorize Homeless

Generational Homeless

Temporary (Due to Job Loss etc)

Mental Illness

Abuse(Violence-Domestic Violence etc)

Addiction

Forced Dependence-Women

Example-replacing one problem with another

Youth

Possible Solutions

Long Term Follow-Up

Long Term Supportive Services for:

Foster Kids Over 18

People Recently Released from Jail or Rehab

Accountability

Mentorship

Education

Financial Literacy

Credit Restoration

Migrating people from High Maintenance to Low Maintenance

Meeting People Where They Are.

30-60-90 Day Programs are unrealistic in most cases

Affordable Housing

Treatment Services for women w/ addiction that include children

(so they don't have to give them to someone else)

Individualized Services Catering to the individual needs of the person.

Group Name: Women and Children's Issues and Homelessness

Facilitator: Darlene Thomas

Recorder: Darlene Thomas

Participants: Faye Morton, Gloria Burd, Arthur Crosby, Nancy Stengel, Mary O, Anthony Wright, Leah Boggs, Mary E. Neill, Manuel Coopmen, Bruce Manor.

Vulnerabilities/risks as women

- Being a single parent
- Being Female
- Intimate partner violence
- Substance abuse

- Prostitution/Sex Industry
- Mental Illness
- Rape Sexual Assault
- Fear of losing custody of their children due to homelessness, not having adequate housing, or substance abuse.

Challenges: Not an exhausted list.

- Single Parenting
- Men's and women's issues with homelessness are different, yet most homeless services are geared towards males
- Children often having to move schools frequently, no system in place to follow children and keep them connected to services and needs.
- Underemployed
- Many single mothers have a difficult time maintaining steady work because of children needs, fleeing from abuse, past trauma that has often been untreated.
- Housing restrictions for 5 years with prior drug convictions keeps women from getting housing and reuniting their family if this was a goal or getting housing with their children after a drug conviction.
- Issues with child support collection
- Lack financial skill sets to budget; lose income through separations or divorces, forced dependency on former partner or systems to survive.
- Dependable and accessible transportation
- 24 hour daycare

Needs/ Ideas:

- Substance Abuse Treatment facility and/or program for women and their children.
- Housing First for families who are vulnerable (Domestic Violence after safety factors have been addressed) with a provision for collaborative/comprehensive follow up services for women and children.
- Improved child support enforcement
- One stop shops throughout communities to provide intervention services for families on verge of homelessness. (Neighborhood Places)
- Father involvement with parenting/accountability (exception would be domestic violence until safety resolved)
- Central directory of services
- Better utilization of McKinley-Vento Act to keep children in their home schools when appropriate
- Access to children's mental health services.
- Schools to work together collaboratively when identified homeless children change schools.
- Work with local housing authorities to reevaluate policies regarding drug convictions.
- Work with transportation services to connect people in crisis get to where they need to go.
- Transitional Housing support services for those with more chronic or special needs to become self-sufficient.
- Centralized/comprehensive health, pre-natal, and pregnancy prevention care.

Philosophical commentary

- General belief that change comes in increments and by situations presented to individuals, for many facing or dealing with homelessness services have to meet them where they are rather than the individuals often being expected to meet programs needs.
- Communities have to have purposeful, ongoing and planned support for addressing causes of homelessness and supporting those experiencing homelessness.
- Walking a journey towards change takes acts of kindness, requires a feeling of connectedness to self/others/community, and a community who creates an environment of care through action.

Group Name: **Community Services for those homeless individuals with Serious Mental Illness**

Facilitator: GG Burns, KY Mental Health Advocate,
NAMI KY State Legislative Advocate
Founder: Change Mental Health Laws in KY Project

Recorder: GG Burns, ginaburns@insightbb.com,
Notes: Jessica White: Chryslis House

1. Need Housing & Treatment
 - Sometimes individuals don't Meet Criteria for treatment or Mental health services (involuntary or involuntary)
2. Individuals sometimes do not recognize they are ill, (40 -60%)
These individuals have 'lack of insight' to their illness or Anosognosia.
3. City Government provide services - volunteers (plain clothes folks)
4. Education is needed to the public on why people don't treat their mental illness and don't help or housing
5. Better Communication is needed
6. No assistance to offer business owners (downtown) on how to behave/react to homeless individuals who have mental illness.
7. Cards, handouts, phone #s and flowcharts needed on how to navigate the system to help person who needs help.
8. Educate business owners on "How to Help" how to advocate for changes, or basic communications skills for those with serious mental illness.
9. Mentors, Housing First Vouchers ~ Things that Work
Housing/Support info for families of those who deal with mental illness.
10. Provide connections for individual who are homeless and Mentally Ill

11. What if help is not wanted?

Co-occurring disorders

Safety- community, people needing help

12. Tent City was discussed, benefits/negative results (from other cities in other states)

Location is a problem

Safety is an issue

Appropriateness

Sanitation

13. Provide parking/transportation for those with SMPI to appointments and medical care. Some people with SMPI are too scared or paranoid to take a bus ~ even if they have free bus passes

14. Mental health Crises outreach teams (ACT) teams are needed 24 hours a day!

15. Mobile Outreach team was discussed in Austin TX, (GG shared that Bluegrass MH-MR has a MOT for some clients, but again they are limited to what they can do ~ since the individuals still have the right to refuse medication.

16. Volunteers are needed, to help teach homeless individuals and their families to navigate the system.

17. NAMI needs to be more visible in the community

18. Participation Station was mentioned, but again this is for those who want help and understand they have an illness or benefit from supports, education and treatment.

19. Awareness Campaign was suggestion ~ audiences wishes that all groups/agencies would collaborate together.

20. Kentucky's Mental Health Laws need amending

Definitions

Eliminate barriers

Laws needed for Assisted Outpatient treatment ~ would keep individuals out of jail/repeated hospitalizations.

21. City awareness and education is needed on specific issues.

Group Name: Community Services for the Seriously Mentally Ill

Facilitator GG Burns

Recorder: Name and contact info

Criteria for services- Involuntary Commitment

Diagnosis

Harm to self and others
Must benefit from treatment
40 – 60 % of population does not recognize they suffer from a mental illness
Government programs to mentor, and help educate the community and providers
Use of Volunteers
Education and Communication
Cards, Handouts, Phone #'s, and educate the community and provide community presence
Housing First Programs and Mentors
Support Networks
Provide Connections for individuals
What if they don't want help?
Public safety, shelter, safety of the community and clients
Co-occurring disorders
Tent City- Vets with PTSD would rather live away from community than be institutionalized
Sanitation
Appropriateness
We need Mental Health Outreach, Austin TX example, 24 hr services
NAMI
Community Resource Collaboration
Laws need definitions

Group Name: What Could an Ideal Day Center look like? Facility.Services.Amenities

Facilitator: Lisa Adkins

Recorder: Lisa Adkins, ladkins@bgcf.org (859.225.3343)

Note: This report reflects the discussion and comments of the 12:45 group that met on the topic of a consolidated, new residential center, as well as the 2:15 group that met solely on the topic of a Downtown or near Downtown Day Service Center.

Desired Services and Amenities:

- Certified kitchen with lunch (possibly breakfast and snacks)
- Licensed social service agency(ies) providing intake, assessment and/or connection to other essential services
- Question about what services should be offered on site v. focus on connecting clients to other services in the community – services discussed include resume help and job search service, job training and placement, continuing ed and GED, Veteran services, Disability/Social Security services, connecting to government benefits, support groups including offering AA and NA, social skills training, one-to-one mentoring
- Assistance with completing/obtaining legal/official documents – social security card, drivers license/identification card, etc.
- Consideration – proximity to Downtown and/or proximity to transportation, need for bus passes and/or transportation to other critical locations
- Secure storage facility – not only for the day, but for seasonal items

- Mail and Communication Center – need for postal address and ability to receive mail and show a permanent address; computer lab, phone lab – need to both place calls and receive messages, need to provide email and fax number, need to receive email and faxes, charging station for cell phones
- Laundry facility
- Showers and bathroom facilities
- Initial intake and/or assessment and booking of health appointments including mental health, dental, medical and eyeglass-related services
- Offer separate room and/or services for women with children

Other Amenities:

- Room to relax including books, library
- TV
- Arts and crafts
- Music
- Exercise (chair yoga) and recreation
- Activities for older youth including recreation (football)
- Produce gardening (use produce at Center)
- Segregated area for smoking

Other Thoughts:

- Provide opportunity for clients to have progressive involvement in volunteering or jobs at the Day Center
- Need for 2nd and 3rd shift working homeless to have an appropriate residential facility that is designed to allow them to relax, eat and sleep on a schedule that accommodates late shift work
- Desperate need for childcare for 2nd and 3rd shift working homeless
- How to address potential impacts of a centralized day service center on surrounding neighborhood(s)
- Need to address safety and security concerns of clients in a centralized center
- How to offer a centralized day service center but not be so big that an intimidating environment results for clients
- Need for coordination and communication among service providers, including faith-based, nonprofit or volunteer
- Major need for current/accurate services list – including service, location, time and days of offerings (the list currently available, produced in 2011, is now quite out of date)

Group Name: Education, Training, and Life Skills (#1)

Facilitator: Doris Settles

Recorder:

Mentor Qualities:

Accessible

Postitive Regard

Encouraging

Supportive

Accountable

Accepting

Reliable
Curious
Patient
Honest
Has time

Resources in Place:

Hope Center for Women
Drug and Alcohol Counseling
Housing
Food

Mentor Training
Legalities
Liabilities
What they can and can't say
Boundaries
Mentors for mentors

Community Engagement
Churches
Non-profits

Needs:
Mailing Site
Storage sites
More volunteers/mentors
Accountability
Educating Public and Media
Mentor Training

Group Name: Education, Training, and Life Skills (#2)

Facilitator: Doris Settles

Recorder: Danielle Crail

Mentor Qualities

- a. **Support System:** Accessibility and Positive Regard. Working together to establish realistic goals on a case-by-case basis.
- b. **Reliability**
- c. **Love for Another**
- d. **Encouragement**
- e. **Reliability**
- f. **Patience**

Mentor Training/Education

- a. **Job Readiness**
- b. **Resource Guides/Knowledge**
- c. **Training Program Available**
- d. **Equal number of mentors/mentees in group and allow relationships to establish**
- e. **Nondenominational Acceptance if desired**
- f. **Create Benchmarks**

Existing Mentor Programs

- a. **Jobs for Life** (Lexington Mission)
- b. **Interceptors** (in Chicago)
- c. **Way to Recovery** (Winchester)
- d. **Federal E-Mentoring program** (Free online; created in conjunction with Big Brothers, Big Sisters)

The Mentor Programs would be in the Satellite buildings and could be referred to from the First Stop (program that helps provide access to fax, mailing address and mailbox, phone charging station, etc.).
