

Prevention and Crisis Stabilization and Services and Support

Task Force Meeting

HOPE Station – May 7, 2008

Attendees: Pam Kesegi, Kelly Ayscue, Scott Mullis, Amy Modlin, Monica Raynor.

Kelly Ayscue reviewed the minutes from the last meeting. Minutes were accepted with the exception of deleting Dr. Gary Leonhardt as an attendee.

The Group reviewed current goals and strategies that were drafted at the last meeting on April 30th.

Kelly Ayscue noted that the May 15th Blue Ribbon Task force meeting had been postponed and rescheduled for June 19th.

The committee spent the remainder of the meeting time developing Outcomes and Indicators for the various Goals. The work completed during this meeting is *italicized*. It was noted that no future meeting are currently scheduled for the sub-committee. Kelly thanked all for their work during the past few months.

Access to Information/Information Sharing Among Providers

Goal: Enhance access and coordination of services for professionals and clients.

Outcome: *Professionals and clients will have easy access to comprehensive information and services for people who are homeless through a variety of mediums.*

Strategies:

- Develop a web based database for professionals/ service providers to access information of resources available.
- Create a highly recognizable number i.e. “911” for homeless people to access info about services available.
- Create a clearinghouse of available resources to reduce duplication of services to the same individuals.
- Enhance connection with the PRC
- Create a centralized location or entity for gathering/giving information that refers at risk and homeless individuals and families to coordinated case management services.
- Enhance ACT (Assertive Community Treatment) to seek out at risk or homeless individuals (outreach to jail) to offer/provide preventative services
- Develop mass media campaign to inform public on services and resources available in Pitt County.

Crisis Stabilization

Goal: Development of immediate crisis stabilization services to address emergent housing needs to prevent homelessness.

Outcome: *At risk population will receive financial and crisis stabilization services to prevent homelessness.*

Indicator: *A reduction in the number of people who become homeless.*

Strategies:

- Develop funding to provide emergency financial assistance for emerging housing and other crisis needs.
- Development of Housing First program to ensure rapid return to permanent housing and link with resources for future stability.
- Ensure the centralized agency (as described in the previous strategies) has the capacity to provide crisis stabilization and case management.
- Develop case management services that will address long and short term needs.
- *Add Outreach worker to go with Police Officers to connect and provide service to homeless who are non-sheltered.*

Discharge Planning

Goal: Prevent individuals and families in Pitt County from becoming homeless through comprehensive discharge planning.

Outcome: *Create and execute a comprehensive client-centered discharge plan coordinated with community agencies for individuals including veterans, leaving foster care, mental health facilities, jails and prisons, medical facilities and military units who are at risk of homelessness.*

Indicator: *A 100% reduction in the number of people and families discharged from publicly funded agencies into homelessness at the end of the first year and will be reviewed each year over the course of the ten years until a zero tolerance policy is fully adopted and enforced.*

Strategies:

- Develop and implement a city/county plan that increases collaboration among facilities in discharge planning.- SHORT TERM – 6 TO 12 MONTHS
- Identify resources necessary to implement and monitor effective discharge planning – SHORT TERM 12 TO 18 MONTHS.
- Ensure that there are diverse, sustainable and affordable housing options available in Pitt County to incorporate into the discharge plan. (Emergency, transitional AND permanent housing)
 - Create “alternative level of care” transitional beds to provide a few days or weeks of respite care to disabled or medically frail individuals who are waiting placement into permanent housing.
 - Provide interim transitional placements to provide a few days lodging to recently discharged individuals while they await placement in transitional programs or permanent housing.

- Identify and define criteria (or create/enhance) for adult family care homes for people aging out of foster care or elderly people who have MH/DD/SAS issues or are mentally frail.

Strengths & Challenges:

Lack of staffing to accomplish this outcome. Must get “buy-in” for “top” of agency to expect staff to make this coordination possible and a priority.

Potential Stakeholders:

Jail, Detention, Hospital, Shelter, Public Schools, Veterans Administration, Foster Care, Mental Health –Rehab (Walter B & other treatment programs), Housing Authority, other housing options, Continuum of Care.

Mental and Physical Health, Substance Abuse

Goal: To assure timely access, appropriate evaluation, and specific referrals to community providers for treatment/ongoing case management based on best practices.

Outcome: *Consumers of Mental Health Services would receive an immediate assessment to shorten the period of time between initial evaluations and referrals.*

Strategies:

- Establish a centralized location/entity for giving/gathering information and evaluation that refers at risk or homeless individuals to coordinated case management services.
- Enhance ACT to seek out “at risk” or homeless individuals (i.e. Jail)
- Enhance and promote all agencies communicating through the Pitt Resource Connection