Palm Beach County Homeless Advisory Board Meeting

Human Services, North County Office, Conference Room 1440 Martin Luther King Boulevard, Riviera Beach

February 17, 2010

Board Members Present

Pastor Leo Abdella, Faith-Based Community Representative

Judith Aigen, Housing Authority

Thomas Bell, Formerly Homeless Representative

Michele Carter, Formerly Homeless Representative

Don Chester, Hospital Executive Representative

Michelle Diffenderfer, Business Community Representative

Stephen Faroni for Perry Borman, FL Department of Children & Families

Kerry Gallagher, Philanthropic Community Representative

John Green for Mayor Thomas Masters, City of Riviera Beach

Brent Ion, Business Community Representative

Stephen Johnson, Formerly Homeless Community Representative

Robert Kellman for Marlene Ross, City of Boynton Beach

Jeff Koons, PBC Board of County Commissioners

Ezra Kreig, Business Representative

Philip Lewis, Business Community Representative

Jackie Lobban-Marsan for Dr. Alina Alonso, PBC Health Department

Captain Jeff Lindskoog, PBC Sheriff's Department

Jess Santamaria for Jeff Koons (also in attendance), PBC Board of County Commissioners

Jamie Titcomb, General Representative

Lillian Tomeu for Commissioner William Grear, City of Belle Glade

Jorge Camejo for Susan Whelchel, City of Boca Raton

Board Members Not Represented

Chuck Anderson, United Way of PBC

Bob Anis, PBC Emergency Shelter Board

Paulette Burdick, PBC School Board

Lois Frankel, City of West Palm Beach

Susan Gallagher, Business Community Representative

Woodie McDuffie, City of Delray Beach

Bill Mitchell, Private Foundation Representative

Tim Shaw, Business Community Representative

Thomas Sheehan for Tana Ebbole, Children's Services Council

Caroline Shepherd, Palm Beach County Judiciary

Bill Washington, Business Community Representative

Dr. Ron Wiewora for Dwight Chenette, PBC Health Care District

County Staff Present

Georgiana Devine, PBC Community Services, Human Services Division Tammy Fields, PBC Assistant County Attorney Katherine Hatos, PBC Criminal Justice Commission Jenise Link, PBC Criminal Justice Commission Claudia Tuck, PBC Community Services, Human Services Division Jon Van Arnam, PBC Community Services

Consultant Staff Present

Krysten Bennett, Langton Associates

Others in Attendance

Anne Chernin, Homeless Coalition Sally Chester

Dr. Crockett

Carla Paula DaSilva, VAMC

Roy Foster

Ashley Juno

Linda Kellam

David Knapp

Jo Miller

Daniel Ramos

Ron Rattay

Maite Reyes-Coles, CILO

Tomas Reyes-Coles, Veterans of America

Nydia Sabugo-Marroy, Adopt-a-Family

Diana Stanley, The Lord's Place

I. Welcome

Meeting called to order at 2:10pm by Commissioner Koons.

Following introductions, Commissioner Koons called for a moment of silence to recognize the memory of Cathleen McFarlane Ross.

II. Approval of November 18th Meeting Minutes

Copies of the November 18th meeting minutes were distributed via email prior to the meeting. Two minor corrections were requested. Motion made to approve the minutes as amended by Jeff Lindskoog and seconded by Lillian Tomeu. Motion carried.

III. Member Actions

a. Selection of 2010 Vice-Chair

A motion was made by Lillian Tomeu to approve Leo Abdella to continue as Vice-Chair for a second term, and seconded by Stephen Johnson. Motion carried.

b. Selection of 2010 Secretary

A motion was made by Ezra Krieg to approve Stephen Johnson as Secretary, and seconded by Kerry Gallagher. Motion carried.

c. General Representative Replacement Gary Leopard has resigned his position as General Representative. A motion was made by Senator Lewis to approve Charleen Szabo to fulfill his unexpired term, and seconded by Jamie Titcomb. Motion carried.

IV. VAMC Presentation

Following a report of his first meeting at the VA Hospital, as well as the overwhelming attendance at the first Veterans Task Force meeting, Commissioner Koons introduced Charleen Szabo, Director of the VAMC West Palm Beach. Ms. Szabo gave a general overview of the services provided by the Medical Center, followed by a presentation of their behavioral therapy services by Dr. Albert Fernandez (Chief, Mental Health Service) and their programs for the homeless by Carla-Paula DaSilva (Homeless Program Coordinator). A copy of the handouts are attached.

David Knapp and Roy Foster gave anecdotal evidence of the success of coordinated efforts between the VAMC and other services for veterans throughout the area. All were invited to attend the Veterans Task Force Meetings on the 3rd Tuesdays of each month at 8:30am in the Basement Conference Room at 810 Datura Street.

V. Homeless Resource Center

Audrey Wolf, Director of Facilities Development and Operations, gave a report on the status of the HRC. Her department is responsible for the building's acquisition, design and construction. All but one site is under contract. Negotiations are still underway, but we have an order to condemn if need be. The design work has been started and completion is anticipated in Fall of 2011. Audrey explained how questions related to operations, such as security and food service, are integral to the project's design.

The Breakers has agreed to donate furniture from 65 rooms being remodeled. This contribution led the Facilities Committee to develop the idea of a donor registry for items such as construction materials, equipment and furniture. The Funding Committee will take over and develop this project further.

VI. Reports by Committee Chairs

- a. <u>Lillian Tomeu Facilities</u>. Ms. Tomeu reported that the Committee is turning its attention from the creation of a second or third Resource Center to the need for temporary beds, and will be reviewing arrangements with motels and hotels that have been significantly impacted by the downturn in the economy.
- b. <u>Krysten Bennett for Tom Sheehan Strategic Planning</u>. Ms. Bennett reported that the County Commission has approved the addition of the Senior Planner, that the job description is complete and in the hands of the Human Resources Department. HR will streamline the list for the interview process. Kerry Gallagher has agreed to serve on the interview committee. We anticipate having the position filled by the end of March.

- c. Ezra Krieg Community Outreach and Public Awareness. Mr. Krieg reported that the Committee is planning a "Movie Premiere" event for the purpose of engaging the population and keeping them informed of the Ten-Year Plan's progress. Students from Palm Beach Atlantic University have created a series of vignettes on homelessness and the solutions to homelessness that will be premiered on March 18th from 6-7:30 at the Harriet Himmel Theatre. All in attendance were asked to identify, invite and bring guests.
- d. <u>John Green Housing</u>. Mr. Green reported that the Committee was still pursuing an application for tax credits for homeless set asides, but wished to increase its application to reflect a 100-unit project rather than a 50-unit project. This would be more financially feasible and more competitive. No Board members opposed the change. The Committee has reviewed a number of sites owned by the County but has not been able to identify one that is near the necessary transportation and education infrastructure. Jamie Titcomb suggested they talk with the Community Land Trust about a 7 ½ acre site known as the Davis Road Property. Judie Aigen indicated that Housing Authorities may be able to partner on the project.
- e. <u>Kerry Gallagher Program Planning</u>. Ms. Gallagher reported that the Committee has been actively involved in the HRC planning, and has reviewed both the architectural and operational plans. Additionally, they have developed the Universal Assessment Tool that is being utilized by several service providers, including DCF and the justice system. This assessment is only related to determining an individual's self-sufficiency, and the first entity to come into contact with the individual is the one to complete the assessment. A motion was made by Kerry Gallagher to request that all local funding sources adopt the use of the universal assessment tool as a requirement for funding prior to their next funding cycles. The motion was seconded by Leo Abdella. Motion carried.
- f. Michelle Diffenderfer Policy & Legislation. Ms. Diffenderfer shared the Law Enforcement Policy developed by the Committee. Once the HAB adopts the policy, it must be approved by the Criminal Justice Commission, then adopted by the Board of County Commissioners then to the Law Enforcement Planning Council. LEPC members (local law enforcement leadership) will be asked to utilize the template to create their own policies. This policy addressed the standardization of how police agencies deal with homeless. A parallel agreement will be created related to the HRC security.

The Commission on Affordable Housing representative that has been attending meetings brought to the Committee's attention the need to take a position on Amendment 4, aka Hometown Democracy. Ms. Diffenderfer explained that it would halt local government's ability to place additional HRCs and affordable housing because of NIMBY issues. It was advised by Tammy Fields (Assistant County Attorney) that the language be changed to state that it is "recommending to the BCC" that they oppose the Amendment. Ezra Krieg asked if the HAB had the authority to tell the community its position on Amendment 4, to which Tammy Fields replied that they could state publicly that they recommended the BCC oppose the Amendment.

Lastly, Ms. Diffenderfer reported that herself, Anne Chernin, Ed Chase and Jamie Titcomb would be representing the HAB in Tallahassee for Homeless Advocacy Day on April 7th and invited any other HAB members to join their delegation.

g. <u>Leo Abdella</u> – Funding. Mr. Abdella reported the the Committee had just completed the development of an RFP for Private Fundraising Campaign Management Services, and that it should hit the street any day. The Committee was also working with the COPA Committee to develop friendships, and to cultivate potential donors to be added to the Management Firm's prospect list once they are on board.

VII. Staff Comments

Staff had no comments.

VIII. Public Comment Period

The public had no comments.

Meeting adjourned at 4:25pm

Synopsis

Women Veterans Program

The Women Veterans Program serves approximately 2900 women. The women's clinic has an all female staff of physicians, nurses, social worker and psychologist, they who work together to provide comprehensive care in a comfortable and safe environment. Our Women's clinic services include general physicals, well-women's care such as PAP smears and breast exams; contraception, treatment for high blood pressure, diabetes, arthritis, and most other health concerns. We provide a "one stop shop" for health care. Referrals for diagnostic tests such as mammograms; breast MRI and bone density exams are also provided. Maternity care is offered through a fee-basis referral to a community provider. Gynecological problems are seen within the women's center at the VA. Most procedures and surgeries, including colposcopy, biopsies, laparoscopy and hysterectomy are provided on site. Veterans may also receive additional counseling and support for issues such as coping with stress or depression, premenstrual syndrome, anger management, PTSD, MST, alcohol or drug problems, and other life issues.

Program Highlights 2009:

Expanded Women's Clinic Staff
On site Breast Imaging
New Equipment-Breast MRI, Video Colposcopy and Cryosurgical equipment
Monthly Women's Education/Support Group
PTSD/MST groups for women
"Know your BMI" Grant for MOVE program

Synopsis HUD/VASH, HCHV Contract, Grant & Per Diem Program, Incarcerated Veterans Program and CWT/Vocational Rehabilitation West Palm Beach VA Medical Center

HUD/VASH:

• Currently 133 veterans are in the program and doing well.

• Capacity of the program is 140- Below is a breakdown by provider

HUD/VASH Coordinator: caseload of 34 clients

LCSW 1: caseload of 33 clients LCSW 2: caseload of 34 clients LMSW 3: caseload of 32 clients

HUD-VASH is an intensive case management program. The primary intent of the program is to reduce homelessness among veteran populations by offering community-based services that emphasize the maintenance of stable housing. The program consists of a range of service components within the continuum of care to meet this intent. Outreach is conducted to identify veterans among homeless populations in various community locations. If an HCHV Program exists at a medical center, much of this outreach is conducted in coordination with HCHV staff. Clinical assessments are conducted to determine the needs of veterans referred to the program and to begin the process of evaluating the veteran's appropriateness for a Section 8 housing voucher. (NOTE: Referral to other inpatient, outpatient, or rehabilitation programs may be necessary to address more acute medical or psychiatric needs.) Once a veteran is admitted to the program, case management is initiated and appropriateness for a Housing Choice voucher is assessed and determined by an interdisciplinary team review. If the veteran meets both VA and HUD criteria to receive a Section 8 Housing Choice voucher, the veteran is housed and case management is provided to the veteran in the community in which he now lives.

HCHV Contract Program: Both programs at capacity

STAND-DOWN: 15CENTER OF HOPE: 10

The HCHV Contracted Residential programs provide housing, food, transportation, laundry facilities, and therapeutic services for homeless veterans. The VA pays a per diem rate for each veteran. Veterans are required to seek and obtain employment if physically able to work, as well as attend therapeutic services offered at the facility. Once the veterans become employed, they will be required to pay for their stay in the facility from their wages. Case management is provided to veterans while they are saving their earnings for their eventual return to independent housing. In general, veterans are expected to become gainfully employed within 1-3 months of entering the program. Exceptions may be made for mitigating circumstances such as health status. In general, veterans shall not receive contract services in excess of six months.

Grant & Per Diem Program:

• STAND-DOWN: 14 beds occupied out of 21

• CENTER OF HOPE: 15 beds occupied out of 35

The (GPD) Program is to promote the development and provision of supportive housing/or supportive services with the goal of helping homeless veterans achieve residential stability, increase their skill levels, and or income, and obtain greater self-determination. The veteran can reside in the GPD-funded community-based programs up to 24 months. There is no VA waiting list for Grant and Per Diem Housing Programs.

Health Care for Re-entry Veterans (HCRV):

• Form R's: 259 completed to date

The HCRV Specialist outreaches to eligible incarcerated veterans who are within six months of release from state and federal correctional facilities to provide education about available VA and community services in support of smooth transitions from institution the community. The HCRV Specialist develops and coordinates re-entry plans for veterans with relevant Corrections Parole and/or Probation staff and maintains linkages with appropriate VA services and outside resources as needed by the re-entry veteran population. The HCRV Specialist works with VA Medical Center multi-disciplinary teams, programs and community agencies to strive for developing more effective and efficient ways of delivering healthcare services to veterans in the program. The HCRV Specialist provides supportive case management for re-entry veterans for up to three to four months post-release.

CWT/ Vocational Rehabilitation:

- Compensated Work Therapy: 52 veterans enrolled, capacity is 55
- Supportive Employment: 21 veterans enrolled

Compensated Work Therapy/Transitional Work (CWT/TW) is a pre-employment vocational assessment program that operates in the VA medical center and community. CWT/TW functions like a "real" job, is supervised by work site staff, and places the same job expectations and demands on the veteran that are experienced by other non-CWT workers in the company. Every CWT/TW participant has an Individual Treatment or Service Plan and is case managed by a VA Vocational Specialist.

CPD 2/4/10