



Saint Paul - Ramsey County Public Health

Marina McManus, Director

Community Health Services Advisory Committee

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Minutes

Community Health Services Advisory Committee

February 5, 2014

MEMBERS PRESENT

Kathy Campion, Chair
Mee Cheng
Thomas Kottke, MD
Madonna McDermott
Liz McLoone Dybvig
Der Moua
David Muhovich
Sylvia Robinson
Kerri-Elizabeth Sawyer
Nancy Shier
Jill Stewart
Esther Tatley
Bob Tracy
Mary Yackley

MEMBERS EXCUSED

Maridee Bain
Rose Brown
Eugene Nichols
Regina Rippel
Karla Sand

STAFF AND GUESTS PRESENT

Cheryl Anderson
Jim Anderson
Shakleen Maku
Shaulie Meyer
Jenn Morris
Jenny Morse
Rina McManus
Richard Ragan
Maria Wetherall
Kay Wittgenstein
Carol Zierman

Welcome Kathy Campion, Chair

Housing Instability in Ramsey County – Carol Zierman, Policy Team Member, County Manager’s Office

There are five resiliency factors: Education, Employment, Housing, Capacity and Investment. These are resiliency factors for the neighborhood or areas impacted by concentrated poverty.

Health is not specifically listed as a resiliency factor, but one could expect that national research probably finds environmental health issues highly correlated with concentrated areas of poverty.

Housing is a key strategy “housing instability” has been a factor for a long time, in 1980, there were shelters for single men and since 1990 there has been an increase in family homelessness. To end homelessness takes political will.

There is a count of homeless people on 1 night each winter and for the past 5 years there has been a dramatic (200%) increase in homelessness.

Housing stability equals school success and all factors are related to health.

Healthcare is not on radar including mental health when most people are just concerned where to sleep

There are ongoing conversations with cities and school districts regarding homelessness.

Summary - People are the future. Ramsey County has highest density of jobs but it is not dense enough to support all transit options. We should concentrate on neighborhoods with concentrated poverty.

The Community's Response to Homelessness – Jim Anderson, Planner, Ramsey County Community Human Services

Homelessness is a factor in every community in America.

How did this happen? Because of the "Perfect Storm" of isolated actions and policy decisions that, when combined, served to create and exacerbate the widespread problem of homelessness, including:
The economy has changed. When I graduated from high school in 1967, half my graduating class went to work in a large printing plant in my small home town. Three years later, many of them were buying houses and starting to raise families. The opportunity to move directly to the American middle class with your high school diploma has largely disappeared. Today, many, if not most jobs available to someone with only a high school diploma or less do not pay enough to afford market rate housing in many communities. You can't move from high school to a job paying middle class wages.

The federal government, since the end of World War II had played a major role as a funder and developer of affordable housing. Unfortunately, the most visible sign of this role for many was the huge concentration of deep poverty in inner city tenements. Under President Reagan, the federal government started to significantly reduce its role in developing and funding affordable housing.

In 1979, HUD budget: \$80 billion

In 2006, HUD budget: \$27 billion and almost the entire reduction reflected the decrease of the federal role in affordable housing.

However, for several years, the private market stepped into the void through a significant expansion of private investment in multi-family housing, taking advantage of a generous tax shelter for wealthy people investing in affordable housing

In 1986, there was a large tax overhaul in response to concerns that there were too many ways for rich people to avoid paying their share of taxes. Many tax shelters were eliminated or sharply reduced, among them, the investment in affordable multi-family housing.

The recession in 1980 ended a significant building boom in the US, leaving many cities with lots of apartment, condominiums, and office projects empty and only partially finished. The federal government stepped in by offering developers very low interest financing and forgivable loans in return for 20 year

contracts to keep those units affordable. However, when those contracts expired, most were not renewed causing, in the early 2000s, a significant loss of affordable housing.

Reacting to widespread anger following reports on the abusive nature of these large institutions (i.e. “One Flew Over the Cuckoo’s Nest”), there was a commitment to stop warehousing the mentally ill and to pave the way for their return to the community through the development of a network of community mental health centers and the provision of living supports, including housing assistance to enable people to live independently in the community. However, the Vietnam War, the increasingly precarious reliance on Mideast oil, among other blows to the economy, meant that, while we were proceeding with the closure of the state hospitals, the living supports needed by those returning to the community were never sufficiently realized.

At the same time that thousands of people with serious mental illness were returning to our communities, there was a serious effort to clean up the “skid row” areas of our cities – urban renewal. A key target were the large single room occupancy hotels, frequently referred to as flop houses where very low income individuals could rent a room for as little as \$40 a week. While many were certainly not decent places to live, it was an option for some to finding themselves on the street, which is what we started seeing a lot of in the early 1980s.

The community response started with the churches. In many towns, churches started opening their basements for what everyone assumed was a very temporary shelter in response to a very temporary problem.

Increasingly, as the problem of homelessness didn’t go away, even when the economy was strong and unemployment was low, government was forced to step in to open or fund the development of more shelters. Always, the assumption was that the problem was temporary and what was needed was a safe alternative to the streets just until homelessness disappeared on its own. The idea that so many people could be homeless, a stay homeless, in the richest country the world had ever known was unthinkable.

The next evolution in our response to homelessness, particularly as we started seeing more families with children becoming homeless, was transitional housing – time limited (generally 2-years) to give people the opportunity to get their feet on the ground, and become able to afford and remain stable in available market rate housing.

When it was identified that there were people for whom a two year supportive housing experience was not sufficient, often because of significant and chronic disabilities, the next evolution in our response to homelessness became the develop of housing with support services without any arbitrary time limits.

By the early 2000s, it was obvious that homelessness was not going away on its own, and communities, regions and states across the country started developing strategic, specific plans on what it would take to actually end homelessness. In Minnesota, we now have every county in the state covered by a “Heading Home” plan which, with increasing sophistication, and reliance on best practices from around the country, are guiding our communities’ response to homelessness.

The most recent and extremely exciting development in our response to homelessness is the creation of Coordinated Assessment. With Coordinated Assessment, we are moving from a system that is almost completely centered on program needs – each agency does its own assessment with the primary purpose

to determine if the family or individual is a good fit for their specific program. The family generally has to find and travel to multiple programs and go through the exact same process at every stop, in search of somebody who can accept them. Each agency has complete sovereignty over who they serve. Each agency keeps its own waiting list so any given person might be on many different waiting lists. And because there is no centralized waiting list, there is no way to identify if there are people who can't be served anywhere.

Coordinated Assessment changes the entire system to be very participant-centered. Under coordinated assessment, each household only has to do the assessment one time and, because the assessment is no longer tied to a specific program, the entire goal of the assessment is to find out the very best possible solution across all the programs in the community. Also, under coordinated assessment, agencies no longer keep their own waiting list. There is now a centralized list that is prioritized based on need and length of time on the list so we can now identify if there is a portion of our homeless population for whom there are no existing services available. Filling that unmet need can then become a strategy for future investment of scarce resources.

Ramsey County has now started up Coordinated Assessment for families with dependent children and hopes to have a similar program operating for single adults and unaccompanied youth within the year. At the same time, we are collaborating with other metro counties and other regions of the state to ensure that the system that is evolving can meet the needs of anyone who is homeless regardless of where the assessment takes place.

The goal of our homeless response system, made far more possible with coordinated assessment, is to connect anyone who is homeless with the optimal solution to the unique needs of that individual or family in the shortest possible time and to avoid the need for anyone who leaves homelessness to return to homelessness.

Provided is the brochure with information about our Coordinated Assessment system for homeless families in Ramsey County, called Coordinated Access to Housing and Shelter (CAHS).

For more information on our homeless response, anyone is welcome to the monthly meeting of the Continuum of Care Governing Board, the group that is responsible for planning, developing and implementing that response. The group meets monthly on the 3rd Friday of every month from 9:00 – 11:00 at the Lutheran Social Services office at 2485 Como Ave. (right near the intersection of Como and HWY 280).

Efforts to Prevent Homelessness in Ramsey County – Kay Wittgenstein, Manager, Saint Paul-Ramsey County Public Health, HouseCalls

HouseCalls' goals are to prevent homelessness, family stability, and to assure medical and dental care. We are able to transport our high risk families to medical/dental, WIC, school and social service appointments.

They work with housing code and fire inspectors. If they can make the housing safe, they work with the folks to meet the orders they are given by the inspectors. They can provide roll offs and cleaning supplies. They have some money available to pay for repairs and cleaning. They see a lot of folks who hoard so we try to get mental health services involved. They often have Crisis mental health go with them on severe

cases as they can do a transport hold to a hospital to have the individual assessed. Networking is one of the keys to the program's success.

**Combating Homelessness among Veterans, Federal, State and Local Effort to End Veteran Homelessness
– Maria Wetherall, Veterans Services Director**

Veterans are over-represented among the population of homeless in the United States. They are frequently chronically homeless. VA wants to end homelessness among veterans by 2015 but this will not be achieved unless we all work together. Cooperative efforts achieve better results, faster. There have already been significant strides in reducing homelessness among veterans but there is still much to be done. We know that homeless veterans are older and chose to stay in MN in spite of the climate. Many homeless veterans have served in combat zones and this may reflect the hidden impacts of war on mental health over long periods of time after serving. We know that veterans often decline services and benefits believing that there are always others who need them more. As a result even though veterans are accessing benefits in greater numbers they may not come forward for assistance until they have to and thus end up chronically homeless. Ramsey County and specifically St. Paul will always be a destination for veterans looking for work, housing, resources and this may result in greater numbers of homeless people ending up in urban MN.

In 2010 started a campaign to end homelessness in 2015, decreased 10 % last year/overall down by 24 %.

Homeless veterans are: Older people, from MN, Baby boomers, 25% of vets served in combat zones Vietnam, Iraq and Afghanistan, they are better educated but that doesn't translate into jobs and they have better access to healthcare but they are not accessing healthcare.

Pride is a factor – they don't want help, they feel they can resolve problems on their own. They don't want to be seen as users of the system.

Partners are fantastic they provide HUD vouchers, State pays damage deposits, enroll in healthcare, case managers.

The VA is not coordinated with the military branches or DOD – there are no electronic health records - all have different record keeping systems. Sometimes they give you your files when you are discharged.

Tom Kottke mentioned an article in NY Times compared Utah Phoenix Tulsa and San Diego Pinellas County Florida - Tent city and Tents for veterans. Rina mentioned Maslow's Hierarchy of needs food shelter safety.

Critical health issues: Minimum wage, Nutrition policy, Health System Reform, Patient Centered Coordinated Care.

We all do better when we all do better – Paul Wellstone

Adjourn 7:30 PM Next meeting is March 5 regarding the MDH Health Equity Report