

Mason County Homeless Plan Community Engagement Process

Dental Coalition: April 11, 2006

Identified Dental Needs:

1. lack of providers to serve low-income children and adults with capacity to pay (medical coupons and Medicaid)
2. lack of providers to serve individuals with no dental insurance and limited income to pay
3. lack of providers to serve young children (ABCD – more capacity, children 6-10yr – limited capacity)
4. lack in local capacity to serve limited English-speaking clients, and barriers with Para-Transit Interpreters services.
5. more promotion of preventive practices (targeted to case managers and medical providers): fluoride supplements and more schools with sealant program

Recommended Strategy for Needs 1-4: Develop a community dental clinic in Mason County

Next Steps: 1. Increase awareness of need and
 2. Explore possible partnerships opportunities with SeaMar and Peninsula Health Clinics

First Steps Case Management – April 12, 2006 and May

Housing Needs:

1. Safe, affordable housing with wrap-around community services like child care, family support, transportation links, training/literacy (Model programs in Kent), safe children's play areas
2. Migrant worker housing project (Model programs in Yakima Valley)
3. Supportive Housing for youth, near schools and links to employment/training (Model haven House)
4. Supportive Housing projects for pregnancy teen moms (Model Faith Home)
5. Adapted Housing Authority Application process to accept applications from youth, and provided housing after they reach minimum age eligibility
6. Increase capacity at Mason County Shelter

Health Needs – Medical:

1. Gap between coverage with Medical Coupons as First Steps client and when Basic Health starts. Early application to Basic Health denied if still on Medical Coupons

Health Needs – Dental:

2. lack of providers that accept Medical Coupons for adults
3. providers need to be better advocates for their clients to appeal denied claims
4. limited coverage of benefits drives tooth removal rather than restorative treatment

Health Needs – Mental Health

1. lack of services for people with no coverage at all
2. benefits of services limited to 12 benefits, when many clients have mental health challenges that are long-term, chronic and may require more treatment
3. Local services providers that accept medical coupons, limited to HMO contracts and not open coupons. Those with open coupons unable to see providers.

Health Needs – Drug and Alcohol

1. No in-patient services locally, and many eligible clients refuse to go to Olympia for services
2. therefore clients, cycling through out-patient services with poor outcomes
3. need special program for parents with children (Elizabeth reference to model program)
4. more investment of resources into Drug Court, because it does make a difference
5. more preventive/education regarding meth use

Employment/Income

Preventive Services

1. lack of Family Support Centers (see pierce County – Pullyup, Sumner, and White River models)

HIV/AIDS Advisory – April 12, 2006

Housing Needs:

2. lack of low-income (affordable) housing
3. emergency shelter for single men and women (as entry point into system)
4. costly system to credit reports (solution: local credit clearinghouse)
5. slow turn-over of units in Mason County Housing Authority properties (rumored to be as long as 10 months)
6. priority set-asides for low income housing for HIV/AIDS clients (possible partnership with HOPWA funds)

Health Needs – Medical:

1. gap in services in “Early Intervention” and between early intervention and Medicaid.
2. gap in prescriptions coverage for drug that resolve side effects for HIV/AIDS treatment
3. system barrier with application/approval for Medicaid benefits; need legal assistance

Health Needs – Dental:

1. lack of services for low-income individuals with no insurance and limited for those with Medicaid
2. not comprehensive services for those with Medicaid (part of treatment covered but not all)

Health Needs – mental Health – no problems

Employment Needs

1. Day labor program/services

Prevention

2. Mortgage assistance for those who own homes, and run into financial crisis due to health problems.
3. Rental assistance that starts BEFORE eviction is done (and effects credit rating) (model after MC Shelter program)

DV Task Force – April 24

Housing Needs

1. Transitional Housing (5-10 years)
2. Permanent Affordable Housing with 2-3 bedroom units

Prevention

1. Develop an Emergency Assistance Program to help DV clients transition from current situation to independence. Support funding (for housing etc) after loss of partner's financial support for up to six months, while sustainable personal plan is developed.
2. Develop a pool of pro bono legal assistance to help victims through the court/legal systems
3. Living skills training and education workshops
4. Healthy relationship training in schools

Income/Employment

1. EDC and MC need to focus on bringing living wage jobs into Mason County
2. WorkFirst-like support and case management for non-TANF-eligible clients in Transitional Housing

Health Care

1. Community health clinic
2. Increase dental access for persons with medical coupons

Mason County Housing Coalition – April 27, 2006 (YOUTH Focus)

Housing

1. 24 hour drop in center with food, counselor, peer support groups, and other support groups, schooling program (look at new horizons and Orion in Seattle, and Redmond, and pierce county programs)
2. Legislative changes to make it easier to house/shelter youth under age of 18 years

Health Care

1. Walk-in clinic
2. Mental health crisis support, that 'listens to youth' and not just tells 'same advice' to all

Income/Employment

1. Increase capacity of CHOICE Contract Learning Program
2. Day labour/ labour ready program
3. On-site youth vocational training program/service

Prevention

1. Develop legal pool to help youth become emancipated from parents, so that they are eligible for more services
2. Develop safe place where youth living in abusive homes come go and connect with trusted adult figures/support
3. Reorganize basic needs (food, etc) so that available in emergency basis through service providers (eg food bags)

4. Voice mail and mail box systems for persons with no permanent address for contact for jobs etc.

CHOICE HS Contract Education Class – May 2, 2006

Housing

1. System to demonstrate that independent minor as responsible renters (other than parents vouching for youth).
2. Subsidize programs for utilities for youth living on their own
3. More low-income housing that allows minors as independent renters

Employment

1. Youth employment/training programs for entry level jobs (customer service, food service, receptionist, computer skills that job related)
2. Extended JTPA capacity
3. Expanded Vocational education to CHOICE

Health Care

1. Expand Planned Parenthood Services to include general wellness/prevention health care for youth
2. True North, have counselors who 'care' about the individual needs of students
3. Community focus on Meth use

Community Mobilization – May 3, 2006

Health Care

1. Early Assessment completed at every opportunity (schools, courts, EMS, medical community)
2. More mental health for low-income clients who do not meet public assistance eligibility
3. more access to both in-patient and out-patient treatment; youth need more effective TX (longer than 90 days)

Prevention

1. Readiness to Learn at every school district
2. Child Care/respite care for women attending chemical treatment programs (see Kitsap), and more child care in general
3. Family member in in-patient tx; loss of income, increasing risk of homelessness
4. Increase capacity of Drug Court

Legislation changes

1. Standardize assessments

SOCK – May 3, 2006

Biggest gap – employment leading to self-sufficiency

1. Youth Employment Project – small business incubator (YEP)
2. Teens with Opportunities for Employment (TOE)

Turning Point Board of Directors – May 7, 2006

Housing

- Short-term goal – Shelter
- Long-term goal – Transitional Housing

Mason County Probation – May 9, 2006

Housing

2. Short-term transitional housing for youth released from detention, or picked up by law enforcement (not booked in JD) (jefferson model)
3. Oxford House for clients in drug courts for appropriate housing situation (drugs-free, away from negative influence, etc)

North Mason: Readiness to Learn and Boys& Girls Club – May 17, 2006

Health Care

1. Mental Health: crisis intervention (school counselor capacity is insufficient), ongoing counseling (short term intervention is insufficient), increase assess to BHR
2. Low-income community health clinic (many Mason County clients referred to Peninsula). Many clients have tow or more part-times jobs with no health insurance. Others use the ER, as primary care provider
3. Dental – increased access; again all clients referred to Peninsula. Huge need for adults, so poor dental is major barrier to employment
4. Affordable prescriptions, PHARMA programs are too inaccessible and made more complicated as Part D is implimented

Prevention

1. Invest in early invention for early identification of problems, especially DV
2. Credit counseling services

Housing –

1. low-income housing for youth who are still in school and trying to escape the cycle of generation poverty and drug-impacted homes
2. Guardianship program – guardianship signed can be signed to responsible adults family members so that children' crisis needs can be addressed in more timely manner

Child Care Action – May 15, 2006

Prevention

1. Crisis respite care program, eg Aberdeen program as safety net for parents.

Mason County Literacy – May 15, 2006

Employment

2. Emergency child care for clients

Health Care

3. Specialist in Learning Disability for DVR Evaluations – medical evaluation (including visual and hearing) needed to have clients access needed and appropriate level of

services; this would open the door to more \$\$ for MCL to have the staff skills needed to meet the more challenged clients

Prevention

4. Added capacity to provide life skills as part of literacy programs (financial, health, nutrition, get a job/keep a job) etc literacy)

Housing

Mercy Housing Model (Olympia) where literacy and life skills services are integrated into housing and case management – common site with child care, literacy, employment etc

Shelton School District Counseling Staff – May 23, 2003

5. Advocacy/General Case Management Support for families –integrated services with client accountable
6. Increase access to dental, mental and medical health care
7. More youth Reconciliation Services
8. Parent skills course with support – child care, incentives, lo-low cost, transportation
9. Anger management courses
10. More emergency rental assistance
11. Group house for youth

Mason County Shelter – Board of Directors – May 23, 2006

Short-term and Long-term goals (tentative)

1. Expand # of shelter beds (convert current properties) and shorten length of stay to increase number of clients served
2. Expand case management capacity

Readiness to Learn/ School Superintendents – June 14, 2006

Gaps – Access to Mental health counseling

School capacity limited to crisis intervention and referral

Success with BHR in schools; when intake and services in Shelton (transportation, waiting time, dropped due to missed appointment when transportation a barrier, family consistency)
Need consistency and presences in schools

Review model in Thurston County schools with on-site counseling

Chemical Dependency Providers – June 14, 2006

Largest Barrier – substandard housing; need more affordable safe housing; Basic needs need to be met “Housing First”

Transportation – within and outside county. Many clients have suspended DL.

Paratransit – Pick-up system okay; return is not timely/convenient. Clients lose work day

Community norms/stigma: community norming that treatment is positive choice/action; not punishment

Senior Providers – June 15, 2006

Housing:

Families move parents out, conflict, leading to homelessness; need more options.

Increase affordable housing for seniors (62+)

Housing for seniors with grandchildren (not accepted in senior appt.)

need more shelter (seniors/ singles, singles with animals)

increase access to USDA Rural Development weatherization/home improvement to keep seniors in their homes (seniors living in substandard housing)

seniors with mental health and drug history are impossible to place in housing

more Medicare subsidized beds in MC

Prevention:

respite care for children who are caring for families; and conflict resolution support

Veterans Services (WorkSource) – June 15, 2006

Employment - Job Fair for Homeless and Veterans (Job Fair where employers WITH jobs are present; clients able to get a shower/cleaned up, clean clothes, food before they interact with employers)

Mental Health Breakfast – June 20, 2006

Public Assistance Programs:

Barriers – transportation

Successful model when intake in schools; need appointment coordination for consecutive clients, and ensuring that families show up (on-site coordination); additional benefit: can include school staff

Acuity of conditions must be significant to be eligible for services (income eligibility is not enough)

Not mental health diagnosis – families and children need parenting plan

Basic needs (housing, food etc) co-occurring situations that need to be met BEFORE mental health it needed (gaps in basic needs service)

Discharge planning ineffectiveness when person transfer from a structured situation (jail, probation, hospital) to unstructured with no capacity for on-going case management

Medications for persons discharged from structured situations

System fragmentation – little integration of care plan to next partner.

Uninsured Population:

Little capacity in system – limited ‘talk’ therapy or psychiatry services
Little capacity to monitor medications
NEED “SeaMar” Community Clinic in Mason County

Work Source – Employment Security: June 23, 2006

Housing –

Need Housing First, need more affordable housing for our clients (increased capacity of MCHA and MCS)
Transitional Housing for special populations (drug and alcohol recovery and jail releasees)

Employment –

Life Skills /Learning Centers integrated into low-income housing projects and shelters (co-locate showers, clothing (work clothing) and food banks, day care, laundry
Small business Incubator as job creation project
Open access education (ongoing enrollment and start-up dates)
More basic computer literacy education and opportunities

Health Care

Mental health of majority population not eligible for public assistance, and medication resources for those with no insurance
Dental
Vision

Community Engagement Participation

Dental Coalition: Rosa Borja (CHOICE Regional Health), Hector? (CRH), Jerry Hawthorne (HeadStart), Steve Kutz (MCHD), Diveshi Vyrappagari (DOH), Heidi Iyall (MCHS), Susan Schalwick (MCHS), Ann Clark (HeadStart), Barb Skillman (SSD), Dr. Kwong (Provider), Amelia Cobb (First Steps)

First Steps: Amelia Cobb, Elizabeth Custis, Leslie Dolan, Candy / , Providence, Providence, DSHS

HIV/AIDS Advisory: