

Next Meeting – November 15, 2005 – 2:00 PM
Appoquinimink State Service Center
Middletown, Delaware

**GOVERNOR'S COMMISSION ON COMMUNITY BASED ALTERNATIVES
FOR INDIVIDUALS WITH DISABILITIES
HOUSING SUBCOMMITTEE MEETING
SEPTEMBER 13, 2005 – 2:00 PM
SMYRNA REST AREA
SMYRNA, DELAWARE**

PRESENT: Sandy Tuttle, Co-Chair; Daniese McMullin-Powell, Co-Chair; Victor Orija, DSAAPD; Ken Andrews, IRI; Lottie Lee, DMS-DHSS; Kathy Fisher, DSAMH; Jimmy Atkins, DSHA; Vivian Davis, The Arc; Brian Hartman, SCPD, DLP; Pat Weygandt, DDDS; Kirsten Olson, Connections; Tina Riley, Delaware Housing Coalition, Kyle Hodges, Staff; Lynn Houska, Staff Secretary

ABSENT: Elizabeth Schantz, Consumer; Lorraine DeMeurisse, Deutsche Bank Trust Co., Del.; Merle Murray, Del. Workforce Investment Board; Dick Patterson, NAMI-DE; Micki Edelson, Homes for Life; Yolanda Jenkins, DSCYF; Carol Barnett, DSAAPD; Ron Engard, GACEC; Cheryl Hampson, SILC; James Baynard, DDDS; Pet DeKunchenk, Chimes; Paula Voshell, DSHA; Doyle Dobbins, DelArf; Regina Byers, SCPD; Bill McCool, UCP

CALL TO ORDER: The meeting was called to order at 2:05 PM.

ADDITIONS TO THE AGENDA

- Delaware State Housing Authorities (DSHA) Role for Planning
- TBI Lead Agency

APPROVAL OF MINUTES

Motion was made, seconded and approved to accept the August 9, 2005 meeting minutes as submitted.

BUSINESS

Report on HMIS Presentation/Data Elements for Needs Assessment

Kim Brockenbrough called Sandy to clarify the role that the Committee was asking the DE State Housing Authority to play with regards to the Needs Assessment Study. The current State group did some excellent work in defining some key pieces of information that is needed if we are to have a good survey or study of needs. The other thing that we talked about at the last meeting is the fact that on the current state side, the DE State Housing Authority already has information on the supply side but the needs of people with disabilities in the housing context are lacking. We talked about the fact that as we work to accept systems change, what we want to do is whatever we can to incorporate things into one system. But what made sense was to ask the DSHA to incorporate the information regarding needed into its study. Jimmy Atkins has consistently reported that DSHA is dependent on other state departments to provide them with information on the need for housing – he is concerned on how that can happen. In the conversation today with

Kim, there appears to be agreement on: (1) since the information is needed it would be good to try and incorporate it into the system study; (2) that we do need a current state committee to define the information that needs to be included in the study; and (3) that Daniese and Sandy have to take the recommendation of a need for such a study to the full commission. It was noted that there needs to some mechanism to ensure that DHSS provide the information on need to DSHA. In addition, the Kids Department, would need to be involved. If we are able to define for the department how that should happen, we would more likely obtain buy-in. Sandy Tuttle asked Jimmy or Kim to please convey the same message to Sandy Johnson prior to the Commission meeting.

Jimmy noted that Sandy captured some of the concerns that DSHA has had the last couple of months. To obtain the best outcome, the responsibilities and terms of cooperation of all the appropriate agencies need to be established so that DSHA can get the data.

Kyle believes that if the Commission embraces this approach, the cooperation will be there. Sandy believes we need the buy-in from the affected divisions that this important. Therefore, committee members representing various state agencies need to take this back and determine how to make this happen.

Homeless Management Information System

Kyle provided information on the Homeless Management Information System. Lottie thanked the Homeless Planning Council for providing the presentation on its system. Currently, they collect general data (e.g. name, social security #, birth date). They provide information to get the shelter providers to buy into the system. It's a voluntary system for the most part, but Lottie believed the State community services program is going to begin requiring that their contractors utilize the system and it will collect basically any data that you want. The good part of it is that you can customize the data to your needs. You can share data if you would like or can block off areas of data that you don't want to share. The system also allows you to create master information reports so as you long as you have the data in the system you can basically create reports based on what you might need. For example, how many people are living in a shelter on a given day and time?

The cost to participate in the system is \$450 per user. Cara Armbrister, DE-HMIS Program Manager, helps agencies set up what data they want to put in so if you have a specific assessment instrument that your organization wants to utilize, then she can help you put in a screen that will collect that data. Confidentiality issues would have to be addressed by the users of the system.

State Community Services are getting ready to require their contractors to utilize it and also DSHA is getting ready to contract to use it for reports for their shelter providers. So there is a precedence of State agencies utilizing the system to accommodate their needs. Sandy asked if this could be used for the supply side. Kirsten said yes and a feature called Shelter Point can let you know on a given day what beds are available in what location. Kyle reported that this system allows you to query any kind of report that you want it and can even allow for care plans and assessments. Kyle reported that Victor needs to inform the Assessment Committee of this program. The committee is working with all the DHSS IRM to determine what all the different divisions are doing and what information they are collecting. It is important to know what the state is doing and determine if it is practical to tweak systems to meet our needs. If we do go outside the state, this system appears to be a practical one.

Kirsten reported that the HMIS system started with only 6 shelters so when a person came into a shelter they only had to answer basic questions one time. Then, when they went to the next shelter they would be in the system. Most providers that have come on since the initial group do not want to share detailed information with each other and there were a lot of confidentiality issues. A nice feature of the system is that it can aggregate all that information and only Cara can see it. In addition, they are looking to set up ways that the State can buy into the system and not necessarily input data, but extract the aggregate data that would not have any identifying information and would therefore not breach confidentiality.

Lottie stated that another feature of the program is that it can eliminate the problem of duplication. All agencies could enter information into the system, but the system knows how to combine all that information and make that count as one person. Regarding the state systems, Victor reported they are looking what is out there and what are the challenges and issues. Sandy stated that we want to make sure that our assessment sub-committee is trying to address and meet our needs. So, I think that one thing that we should do is examine what they have in their vision statement to make sure that where they are headed is going to accommodate our information needs. Victor will determine if there is a vision and, if so, what that vision is. Sandy suggested that Lottie look at that vision and make sure it addresses our needs - if not, we will make suggestions.

Kyle noted that we could contract with the Homeless Planning Council to operate the system. Cara was going to provide Kyle with the cost if it was determined that this option was appropriate. Kyle believed that the intake people from the divisions would funnel information to the Homeless Planning Council. It was noted that each division would have to look back at their population and figure out the differences in populations so that is a question that we would have to address.

Pat reported that the DDDS registry does not exclusively address someone needing a home, but if someone comes in on an emergency status, that tells us that they are homeless and we need to do something right now. If they are in the high risk group, that indicates they may need something within the next 1-6 months. Kyle noted that the Assessment Committee has looked at the registry system as a possible tool. It was reported that the other option is to build bridges between systems. Instead of starting over and using HMIS or another system, a bridge between the systems could be developed.

Kirsten reported that they conduct point in time surveys that are usually done on June 30th every year to determine homelessness. The survey is for the clients that are utilizing all the mental health clinics throughout the state. For example, questions are similar to the following: are you living in subsidized housing or are you paying regular rent? Or they ask questions about what type of houses they want at that point in time.

Sandy reported that as a result of all the discussions, the final recommendation appears to be that there cannot be any key housing initiatives until an appropriate needs assessment is conducted. Therefore, we need accountability from DHSS and the Kids Dept. to track information and report the information to DSHA. In addition, this should be conducted in FY 2007. The potential system to use to track information also depends on the work of the assessment committee and there may be a need to look at a short and long term approach. For example, could the HMIS be used until the Assessment Committee defines which system the state should use?

TBI Grant

Brian provided materials on a grant opportunity from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Brian would like this Committee to recommend to the full Commission that the State apply for a federal grant that would facilitate planning and development of an improved infrastructure to support persons with TBI in the community. Brian provided some statistics. Each year nationally, 1.4 million experience a TBI and 1.1 million people require treatment in hospital emergency rooms. Per DSAAPDs June 27, 2002 letter, the DE trauma registry indicates that over 1100 new individuals with moderate/severe brain injury enter the hospital for two or more days each year. This is not mild TBI. This is serious brain injury and there is a need to improve service coordination and delivery. DSAPPD had a planning grant funded by HRSA and there is a sequence. The first is a planning grant, which DE received, and then there is an implementation grant. Delaware has never filed for an implementation grant for various reasons, one being that it did not have all the qualifying criteria in place.

DE is one of only five states without an implementation grant and SCPD has written a letter to Secretary Meconi. The funding that is available is \$100,000 for three years for a \$300,000 total. You are only eligible if you are a State agency that has gone through the planning grant; therefore, non-profits cannot apply.

There are 4 requirements which need to be satisfied to apply for the implementation grant. For example, you need an Advisory Board and SCPDs Brain Injury Committee satisfies that role. DSAAPDs letter indicates that the Division was the lead agency for the planning and training grants. SCPDs letter proposed that DSAAPD continue to be the lead agency to file this grant application. DHSS disagreed with this approach and now Brian is proposing that the recommendation be that the Department, as a whole, be the lead agency. According to the letter from Secretary Meconi, one of the primary reasons they disagreed with our approach was that the lead agency would have to address kids and that is outside DSAAPDs charge. However, if it were the whole department, you have a number of divisions in the department that serve kids. You have Public Health, DSS, DMMA, and DVI.

Brian noted that a TBI assessment was completed in 1998; however, since that was five years ago, an update would have to be conducted. The application is due November 3. Although the guidance references the need for a letter of intent by September 15, that is not required. There appears to be 2 options to suggest at this point - one would be for the department to submit the grant application and use its own staff to basically be the core group implementing the requirements of the grant. Secondly, DHSS could submit the grant and sub-contract the work to the Delaware Brain Injury Association who is willing to do this. DSAAPD checked with HRSA and was told that 70% of the grantees use this last approach.

Kyle noted that only .1 FTE (full time equivalent) is required now by the grant – it use to be 1 FTE. DSAAPD already has staff committing at least this much time. At SCPDs Brain Injury Committee meeting, Linda Brittingham, a social worker from Christiana Care, indicated that one of the big challenges in discharge planning is that they have places for acute care, but affordable housing for people with TBI it is just not there. Rich Sadowsky agreed that they have difficulty discharging because of the lack of appropriate community placements for this population. Brian is willing to solicit the Commission and prepare the documents. Sandy clarified that the problem is discharge planning from the hospitals with no community housing accommodations.

Regarding the writing of the grant, Brian noted that we could offer technical and drafting assistance from the BIC and the Brain Injury Association to assist the State in writing the grant. In addition, the Brain Injury Association now has part-time staff who may be able to help.

The State match is 50 percent and it should not be too difficult to meet that requirement. You are able to use BIC time, state staff time, etc.

Motion was made, seconded and unanimously approved to solicit the Commission to have DHSS as the lead agency and then write and submit the implementation grant application

Final Goals and Objectives for FY'07

Kyle put the goals and objectives in descending order and it was e-mailed and Lynn also provided hard copies. The Committee agreed to go through the list. Kyle noted that there are 2 objectives missing from the last meeting since it was agreed they were no longer applicable. They are as follows:

- To research how 811 funds can be used for individual units for PWD or for tenant based vouchers - We took that out because we know that you can do that.
- Money Follows the Person – This was removed since there is a separate sub-committee on the Commission that is actually working on the report. While this is one of the priorities for the whole disability community, it is already being addressed by another group and is not specific to housing.

The top six priorities are as follows.

1. Conduct a comprehensive housing needs assessment.
2. Increase funding for home/rental modifications.
3. Individuals with disabilities need to have the ability to receive continuity and quality, creative community supports within their own homes. Establish a practice (or should we say an individualized rate system) which allows for funding to be provided based on support needs of the consumer by working with the assessment sub committee. The assessment process needs to utilize a tool(s) that ensures a person-centered cross disability assessment and planning process.
4. Section 8 programs through PHAs should earmark at least 10% of the vouchers for people with disabilities for rental assistance.
5. State and local housing authorities must include people with disabilities as a priority in the strategic planning process. Promote policies of PHAs giving preference to people with disabilities with a need for accessible housing to move up the list to the next available unit regardless of employment status.
6. Review and develop more diverse and flexible residential programs, funding and supports which promote meaningful choice across a broader range of options. These include: additional licensed and unlicensed alternative support service models and funding options; supports provided in the person's home; and a menu of selected and adapted current waiver service options with an emphasis on innovative, effective and efficient models.

Kyle recommended determining which of these are critical to recommend to the Commission. Kyle did not change any of the language on these because that is up to the group to decide what they want. These are issues that were suggested throughout last year and we did not want to lose track of them.. Sandy noted that the recommendations are for FY 07. Kyle noted that Lottie has a good point that we are making recommendations to a Governor's Commission that has input on the state budget. A lot of the objectives do not necessarily fall under what is controlled by the state. Daniese said we should keep some of these issues on our agenda but not forward them up to the Commission level. It was agreed on the following recommendations that were presented to the Commission on September 15, 2005. Please note that the following is the presentation made by Sandy and Daniese at the aforementioned meeting.

1. Conduct a comprehensive Housing Needs Assessment –

The ability to do effective future planning for housing for people with disabilities is very dependent on a good need assessment. Today, we have fairly good information on the supply of housing but very little information on the demand – the housing needs of people with disabilities.

It is our recommendation that the existing Needs Assessment conducted by the Delaware State Housing Authority be expanded to include the information needed to sufficiently define the housing needs of people with disabilities. We understand that the time line for the next study is FY '07; and, we believe that this is the most cost-effective way to approach the planning effort.

In order for this recommendation to be successfully executed, the Department of Health and Social Services and the Department for Family and Children must provide the system for tracking the information; and, assign responsibility and accountability for tracking and transferring information to the Delaware State Housing Authority.

We recognize the current client data system challenges and that the Assessment Committee is working on a solution for assessing every client for all needs which will include housing. But, it is our understanding that it will take some time beyond FY '07 to develop and execute this comprehensive system.

Therefore, we offer the following short-term solution: the data system currently used to manage housing information for the homeless known as DE-HMIS be considered as a short-term solution. We have studied this system and believe this system can be utilized with minimal changes in process and cost. We are asking the Assessment Committee to review this data system for implementation in FY07.

Additionally, our committee is working on defining the information that should be collected in the Needs Assessment; and, DSHA is being asked to project the cost to expand their existing Needs Assessment. The existing Needs Assessment will be compared to the information we feel is necessary.

The housing committee has spent a lot of time working on this recommendation and the supporting information and would appreciate an indication from the Commission on its acceptance.

2. Increase funding and subsidies for home and rental modifications.

We recognize that it will be difficult to get a comprehensive understanding of the need for modifications until the Needs Assessment is completed. Until such time, we are working to define

and substantiate the known need through state agencies, advocate groups and service providers. More information will be provided on the recommended dollars for home modification in the FY '07 budget in the next few weeks.

3. We recommend that the state begin to address the housing needs of individuals with Traumatic Brain Injury.

We have learned that Delaware is well positioned to receive an implementation grant from the Health Resources and Services Administration that can begin to address this issue. Brian Hartman will provide some background information to support this recommendation.

Announcements

- The Governor's Conference on Housing is going to be November 14th at the Sheraton/Dover from 8-4:30. The agenda will include Universal Design, Manufactured Housing, E-Housing, Section 8 vouchers.
- Hurricane Katrina/State of Delaware contributions—Sandy Johnson was asking if people had beach housing that could be offered for temporary housing until April if we get an influx of hurricane survivors. The State has agreed to take 100 people should there be an official evacuation to Delaware. They are asking people that have available housing to register with the DSHA—looking for units not shared housing. They are not going to place individuals or families in shared housing. There are a number of agencies working on providing services. There has been no official word if we are getting a group of evacuees. Per the News Journal, the Wilmington Housing Authority has come up with 25 available housing units and at the end of the month will have another 20 more units for a total of 45 available housing units.
- Sandy Tuttle is a member of the Delaware Association of Non Profit agencies. She has been asked to chair a committee entitled "Working with the State". The University of DE has gotten a grant from DuPont for \$150,000. She suggested that they work as much as possible with the forums that exist and recommended that SCPD be contacted. If anyone has any suggestions on other groups to be involved, please contact Sandy.

ADJOURNMENT

The meeting was adjourned at 4:05 p.m.

Respectfully submitted,

Kyle Hodges
SCPD Administrator
Minsept05.doc