

# IWUG Online Meeting Minutes

## Policy and Partner Issues

Thursday, February 05, 2015

### Topics discussed:

#### **DHW:**

##### *Rosie Andueza – General Announcements*

- PWWC and the specialty network went live at the beginning of this month, and has allowed the eligibility to expand to cover children 12 or under. DHW is completing outreach with the WIC clinics and have implemented a check-in/visiting program for new mothers. A conference call later this week will take place to start getting the word out. Even before the external outreach efforts have begun, DHW has seen a big increase in the month of January in PWWC services. The goal of widening the service range is moving forward.
- ATR 4 is going well. Progress is being made with the parole officers from IDOC to further widen the assistance to Veterans. DHW continues to do outreach and work to raise awareness of this program's availability.
- John Kirsh retired at the end of last year. DHW is in the process of doing interviews for his replacement. Updates will be provided as the position is filled.
- DHW is starting a project to look at role changes in the SUD program. These changes will be proposed to the legislature next year to be put into effect in 2016. Once dates for concrete activities such as public meetings, etc. have been established more information will be provided.

##### *Crystal Campbell- ATR 4*

- DHW has seen 37 referrals in total. The demographic breakdown shows a majority of those taking advantage of the program so far are the homeless and child protection demographics. Of the 37 referrals, 14 are homeless and 21 fall under child protection and 2 are veterans. If you have questions about the population rules or any other questions about the program, feel free to contact Crystal Campbell.

#### **WITS Help Desk Updates :**

##### *Denise Williams*

- No updates.

#### **BPA:**

- No updates.

#### **IDOC:**

##### *Lorenzo Washington*

- IDOC would like to thank the provider network for all they do to help IDOC get clients into treatment as quickly as possible. ATR4 has been going well. IDOC will be doing outreach to

PO's to help get the program moving and continue referrals.

**IDJC:**

*Joni Ward and Liza Clinger*

- Not present.

**Courts:**

*Lynn Proctor*

- No updates.

**Guest Speaker**

Julie Jones from the Boise Rescue Mission and City Light was the guest speaker. Julie talked about her experience with working with the homeless population.

A primary demographic of the homeless population is women. The Boise Rescue Mission and City Light primarily aid mothers with Medicaid. They are excited to be able to expand their assistance to mothers without Medicaid and men in the homeless and veteran populations. The biggest issue experienced has been transportation, especially in Canyon County where the bus system is not as reliable. It's important when scheduling groups and classes to understand transportation. The homeless populations are more reliant on family and friends, for transportation support. Childcare is another issue for women. If there were a way to provide childcare during groups it could solve attendance issues. If the client is in a shelter situation, the client will not be allowed to leave children at the shelter. In Canyon County, it is difficult to find childcare after 6:00PM. Morning is a better time for women's group, especially since evening and swing shift jobs are easier for mothers to find. Conversely, the morning is more difficult for homeless in a shelter where they must get up and leave a comfortable environment. It's important to look at the population within your community to find out the best way to achieve maximum attendance.

**Q & A**

**Q. Are there any experiences you've seen or advice with this population in treatment? How do you engage the clients once they are in group? If they are focused more on homelessness and where they are going to spend the night, how do you keep them engaged in group?**

**A. Julie Jones**

The women know where they are going to spend the night. Part of the treatment must be finding someplace stable and safe for the client to stay or they won't be able to emotionally focus and will be exhausted. If providers can work in your community to aid with housing through the duration of their treatment, the treatment will be more successful. If they are receiving treatment the Boise Rescue mission extends their stay and that security will give the client motivation to stay in classes and treatment.

The difference between the population in Ada and Canyon County is significant. The homeless in Ada County are becoming more desperate because they have absolutely no outside resources. They don't have family to call on to watch kids or help with transport. Canyon County is a little better. For example, this difference is noticeable in the percentage of the population staying in the shelter over the major

holidays. Boise Rescue Mission and City Light offer the women and children an overnight pass on a holiday so they can resume their stay after a night out with family. In years past, about 60% of the women would take that pass and not be at the shelter. At Thanksgiving, it was 12%. This year in Ada County there were approximately 88% in shelter on Thanksgiving and 87% on Christmas Eve in the shelter. When you can provide daycare and transportation for these demographics where they have no resources, it is a great aid. In contrast, about 40% remained in the shelter during Thanksgiving and Christmas in Canyon county, so the support structure is more intact in Canyon County.

**Q. To the providers, how is it working out there in the network?**

**A. Christy with Recovery for Life:**

We wanted to share we are working on transport in Caldwell and also daycare in Boise.

**A. Idaho Falls - Haven Homeless:**

What we're doing is like the homeless passport, so they can get the right referrals to treatment. For ATR, we haven't had a referral yet. So far all are either Medicaid or courts. It may take a little time for those that are not connected to the normal referral sources to find treatment, time and awareness in how to connect with the system.

**A. Unknown**

We are struggling with getting these folks hooked up. For example, we have one of those people who have to come through us with IDOC, and his treatment has come to an end but he hasn't completed yet. We have to make the choice to carry for free or getting hooked up on ATR. We are going to be communicating with you a lot to get into the system. I don't know if other people in our region are getting these folks in. I know we haven't and are actively working to get them into treatment. There are three prospective clients that may meet criteria, but we haven't talked to BPA yet. Is there any way we could get a breakdown by region in all three demographics being served? I know we're not getting any referrals in, and I'm not sure if anyone else is.

**A. Department of Health and Welfare:**

As far as outreach, we have been working with the regional homeless coalition to access as many people as possible. Focus has been getting to the fliers on the website any information they may need to connect with their demographics in their specific regions. If any of you have areas that you feel we need to reach out further, we appreciate the input and we will touch base with different regions. As the program is still just getting started, there is much more outreach and informative work on the way.

As far as demographics being served by region, it is not a report we have created yet but is in the works. We will be creating that report in the next month or so when we have a larger demographic to sample which regions need more outreach. Please call Crystal Campbell at (208)334-6506 for specific questions for your individual situation.

We have had trainings with the homeless liaisons in December, and what makes ATR unique is the definition. It's a little different than that of HUD/Department of Education, and includes things like couch surfing, domestic violence, fleeing or attempting to flee are all included in the definition. Reaching out to demographics that aren't covered elsewhere is a unique plus of this program. For a more specific definition of homelessness under ATR 4, the definition is located at the website, [ATR.dhw.idaho.gov](http://ATR.dhw.idaho.gov).

**Q. In rural areas, often someone who's homeless is also in need of employment. Mailing address,**

**phone number, etc. – do you have any advice on how case managers can help?**

**A. Julie Jones**

Within the agency, if you would talk about having a mailing address for those in treatment at the facility location, that is certainly an option. For example, the Boise Rescue Mission has set up a phone line that is a digital line and doesn't identify as the Rescue Mission; which is great for resumes. When they use the traditional shelter address and phone number, there tends to be difficulty getting the job. If the shelter address is too recognizable, they are allowed to use multiple addresses that are not as well-known as Boise Rescue Mission addresses. This could be a good consideration for rural providers.

Another reference point is the public school homeless liaisons who often have a good pulse on who in your community is actually homeless. The child may let the teachers know that a parent is sleeping on a couch, but the parent won't ask for help.

**Q. Who is the contact for ATR?**

**A. Crystal Campbell 334-6506.**

**Next call with the partners will be Thursday march 5<sup>th</sup>; the ADA will join us to talk about what providers need to meet the disability act.**