



CITY OF BURLINGTON, VERMONT
CITY COUNCIL COMMUNITY DEVELOPMENT &
NEIGHBORHOOD REVITALIZATION COMMITTEE
c/o Community & Economic Development Office
City Hall, Room 32 • 149 Church Street • Burlington, VT 05401
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Councilor Selene Colburn, Ward 1
Councilor Jane Knodell , Chair, Ward 2
Councilor Bianka LeGrand, Ward 7

Draft Minutes

Thursday, September 18, 2014
7:00-8:30 PM
Conference Room 12
City Hall

Meeting began at 7:02pm

Councilors Knodell (chair), LeGrande, and Colburn present
Brian Lowe taking minutes (Mayor's Office)

Review agenda & approve minutes

Councilor Colburn moved to approve the minutes after verifying their veracity, and Councilor Knodell seconded. Approved unanimously.

Public Forum

- Quality of life concerns and poor home ownership practices contribute to problems with the housing stock in the City and need to be accounted for in the housing strategy CEDO is developing.

1. Homeless Strategy (45 min)

Marcy Krumbine presenting

- The community (through the Continuum of Care, with the City represented by CEDO), other communities around the country, and HUD as recently as September 16 have prioritized ending chronic homelessness by 2016.
- Continuum of Care communities were recently scored based on their need to focus on and end chronic homelessness; the highest score of need was 60 and the next highest was 45. Our local CoC received a 45. This is clearly a need and a priority for Burlington/Chittenden County
- Many of our partners in the Continuum of Care – United Way, BHA, CHT, Safe Harbor, and others – have come here tonight to express their support of this priority and the Continuum's evolving approach

- We are working with national consultant who has done this 100,000 Homes campaign in many communities with great success. This consultant has trained 10

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team leaders in Burlington who will then train dozens of local volunteers to safely and effectively survey our homeless the week of October 20.

- At no time will any volunteer be alone on the streets and never during this process around the country, has any volunteer been hurt.
- Everyone in this room, including elected officials such as yourselves, are encouraged to come and know this side of the community – we have identified about 25 encampments.
- Street outreach will be done from 4 AM to 6 AM several mornings.
 - Visiting encampments will occur at a time that is deemed convenient and safe by outreach workers familiar with those who live in the encampments.
- Our community partners have agreed to this first step. Would you like me to continue or are there additional questions.
- The system has effective privacy controls
- In order to end chronic homelessness, the idea is that you have to score the vulnerability of those in the community who are chronically homeless and get those most in need into housing without requiring sobriety or other criteria for entry.

Councilor LeGrand: In what way would this overlap with what agencies are already doing? Could this bump anyone out?

Marcy Krumbine: If I went into the Emergency Room with a trauma case, they would take me before someone with a less serious injury – people with less acute needs may need to wait longer for the resources. Those who need the help most will get it. This is a very typical model. With minimal or declining resources, we have no choice but to target our resources effectively.

Councilor Knodell: I'd like to open this up to the public and then bring it back to the Council.

Rita Markley: When I raised this a few weeks ago, the idea of the Registry was perhaps less coherent and there may have been some misunderstanding among my staff about what it entailed.

What I thought was a community conversation was suddenly included in a housing plan – that was alarming

Linda Kaufmann of 100,000 Homes has addressed my concern about this being an either/or count. My organization feels a great deal of urgency to address an unmet need in the community – family and children. We were enormously relieved when we learned there is a vulnerability index for families/children. We do not inherently oppose the Housing First approach as long as a demographic is not excluded – and we had been worried that women and children were being excluded.

We continue to want to be clear about our concerns about who will have access to the data that is being collected

I also want to apologize for calling Marcy out for what I thought was a community conversation appeared in the housing report.

Janet Green: I'd like to talk about the appeal of the Housing First model. Know who is out there. Track your progress. Improve your systems. This is simple in terms of concept. Whether we talk about vacancy rates or other issues, we need to use data to drive our decisions. How many more units do we need, for example, is a question that can be informed by data. This is also a way for us to better utilize Federal resources. People that are chronically homeless can be difficult to house – when we have data that indicates the size of the population and the specific characteristics of the population, we can better serve this population.

My organization has a large number of vouchers for housing, but we see families cycle through the program and generation to generation. I have seen this generational cycle, and this is part of the reason I invited Linda Kaufmann to come to this community, to help us get a better look at our homeless neighbors and how to better serve them.

Ted Wimpey: I hear things are moving in a more positive direction here tonight, and I feel like I'm getting a better grasp of the discussion here tonight. Is what is ultimately returned to HUD decided on by the Continuum of Care, by the CEDO and the City Administration? How does this work?

Marcy Krumbine: The decision is ultimately made by a Committee outside the Continuum of Care. Usually drawn from State officials who will not benefit from the money, so there is no conflict of interest. Were we to do a Housing First model system-wide, it would come to the Continuum for a vote, decided by majority.

Martha Maksym: United Way has been happy to participate in this discussion, and other communities have successfully implemented this in other communities around the country. We can't keep trying the same thing and expecting different results. I feel like there is a good effort within the Continuum of Care to advance this discussion, and that the Continuum is the right forum to have this discussion. What we have been doing to date is not enough. We need to look and see what is working in other places, and adapt.

Further, my organization will be the one that receives the volunteers – I have a great stake in keeping people safe, and we are confident after the training that the appropriate questions have been asked and answered effectively. As this progresses, we will need to appropriately match resources to vulnerability. It is a good strategy and something we need to try it.

Liz from Safe Harbor: As a nurse who works closely with some of the most vulnerable and chronically homeless, I am very pleased with what I am hearing tonight and want to endorse the strategy we are considering. I keep track of a list of who I encounter in my work that are the most vulnerable – it would be great and effective if the community had a tool to organize and keep track of those most vulnerable. We have to care for our most vulnerable.

Councilor Bushor: I'm getting educated through these presentations on the Committee. I feel like I could have done more had this come to the Council earlier. There would have been a stage available for each of those doing a part. The 14 City Councilors could have assisted. I am pleased to hear some of Rita's concerns have been addressed – they had concerned me when we last talked.

A couple questions, however: you have 40-70 volunteers collecting private information. I am concerned about that aspect, but am asking humbly as I do not have experience on this issue.

The last thing is that prioritization is great, but it alone can't create more housing units. We are still stuck with the need for more housing. It only partially solves the problem by changing the pecking order. Thank you all for the work you are doing, and hopefully I can assist in some way or have the Committee bring this to the Council.

Megan (?) Outreach from Safe Harbor: I'd like to speak to the volunteer and confidentiality issue. The volunteers will go through training for safety as Marcy described. Using volunteers brings a face to a name and brings people into contact with others in their community they would otherwise not meet. There is a potential to open the door to meet homeless people, which is invaluable. We have a huge college population interested in social movements and justice. These are people who will volunteer. We need to take appropriate precaution, but this is a good thing.

Rita Markley: I am not saying I oppose this, but I do think there is a real power difference that we have to acknowledge here. A lot of sensitive health, sexual, and mental information here.

Megan (?) Outreach from Safe Harbor: It is important to have sensitivity and tell people they do not have to answer is important, but every time people come through the door we have to ask many of these same questions.

Marcy Krumbine: These questions are invasive, but they are a part of getting public service. I want to make sure to answer Councilor Bushor's questions, but please let me know the appropriate time Councilor Knodell.

Sandy of Vermont Families of Addiction: We have 3000 children across the State not living with their families. A large population of those in Chittenden County, and large population that comes from families that suffer from mental health issues and substance abuse issues. I am so very delighted that this discussion is happening, that anything is happening.

I am also delighted because we are looking at shelter partners in neighboring counties. A concern I have is we have taken some folks out because of the housing shortage – to Lebanon, NH where there is no waitlist. I do worry about the limited number of housing units, and I want to have a bedroom for the pregnant mom with opiate abuse issues.

When you look at the vulnerable populations, it is almost everyone – that population has grown.

Councilor Knodell: Thank you for coming from Addison County.

Caryn Long: Is it an economic reason you rely on volunteers?

Janet Green: It really is a community-led idea. Critical to have students understand the housing needs in the community.

Jane Helmstetter: Agency of Human Services. So excited about this collaboration I can't stand it. Trying to get a low-barrier shelter in this community for ten years. In Brattleboro, they use volunteers to keep the low barrier shelter running. It is about building community.

Rita Markley: One last thing – please read the questions and consider whether you'd be willing to answer them. I think this is the weeds and we don't need to discuss here. As long as we are not leaving families out of it, I think there is some good that can come of this.

Councilor Colburn (Marcy Krumbine answering): When we talk about the greatest need, we are talking about the absolute need feeding into the number of units (yes). Good. Second, reviewing the 100,000 homes one of the metrics to evaluate progress? (2.5%/month housed) Do we now have a baseline yet? (no – that is the reason for the Registry) Is there a way the family vulnerability index and the single adult index integrate? (Important to know that most of the units we have available are single-occupancy units ~69, and about 36 shelter plus care units for individuals; those units can't be used for families. Conversely, family units would not be used for single individuals.) It does seem like something the community should think about in terms of why so few available units able to accommodate families.

One last thought, more a caution than a question. I still have some lingering concerns about privacy here. When I'm not a City Councilor I'm a librarian and so I care a great deal about this. It is still an open concern to me that we are collecting data without a definite plan for how to use it. There needs to be some written standards about how the data should be used, perhaps using best practices in consultation with the ACLU to make sure that years from now information isn't abused.

Janet Green: Much of the information is shared regularly. What is the specific concern?

Councilor Colburn:

Marcy Krumbine: The HMiS system has privacy settings that are quite high. One person per agency may have access to the vulnerability index, and only the relevant information would be transferred to the caregiver.

Councilor LeGrand: Is this level of information necessary?

Marcy Krumbine: Yes. Remember, people have to agree to take down this information, and volunteers will pass off the information to the data coordinator. HMiS has to abide by a mind-boggling list of requirements in order to be HUD compliant.

Councilor LeGrand: Why do you not just transfer the information relevant to the specific care provider?

Marcy Krumbine: Then the client would have to go through the questionnaire again and again. That is not client centered.

Michael Monte: As the father of a disabled son, this information must be provided all the time. If you are poor, disabled, or homeless, you must be asked these questions. How you manage it matters, but it is always asked. I would also add there is a range of responses that flow from this data – it will help us improve our responses. For example, we know we need one bedrooms and efficiencies badly, but we are still struggling to understand who needs more medical support. This information will be extraordinarily useful.

Councilor Colburn: In the point in time statistics you provided, the domestic violence statistics were alarming – from 82 to 164, a doubling and the biggest number since 2009. Having access to a space can be the difference between staying in a situation like that and getting out of it. How does that work in this strategy.

Marcy Krumbine: Domestic violence victims are not required to use HMiS. I don't know how it would shake out. Some of this is new for us. I do not know the answer yet, though I know domestic violence is a major issue among those counted as homeless.

Erin Ahern: The “what if” scenarios – what if someone reacts in a particular way – is not necessarily the best way to judge this.

Marcy Krumbine: Just to say that this has not been a long process. The Mayor gave me his support to collect data because he wants to end chronic homelessness, but wanted me to keep the Council informed – that is why I came here, starting in September. On the housing vacancy rate, I hear that concern. We do have, though, a tremendous amount of resources, and we could allocate this to the chronic homeless population. I would love to be able to come here in two years and say the problem is solved, and refocus on a different population in need.

Councilor Knodell: When we get to the next stage, about what we are going to do with this data, the Committee would like you to come back. And, we'd like to know about the pool of housing available.

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2. Housing Strategy Plan and public forum (20 min)

Councilor Knodell: Should we review the City's housing plan before or after the public hearing? It is currently being reviewed and revised by the Mayor. Having the Mayor present it at a public forum would allow the CDNR to review the plan subsequently.

Following some discussion, the CDNR Committee decided to have the housing plan go to the public forum, then the CDNR, and then the Council for review.

3. Date and agenda items for next meeting

Councilor Knodell: Let's try to get a meeting on the books to focus on the housing study. The week of October 13 – an evening meeting on Thursday, October 16 (works for all the Councilors).

Councilor Colburn: How about scheduling another meeting on the four-unrelated?

Councilor Knodell: Thursday November 6 from 6 – 8pm? (Agreed)