

COLLABORATIVE MEETING
June 26, 2014 – 8:00-10:00 a.m.
MIWORKS! Conference Room
1209 S. Garfield Ave., Traverse City

Meeting called to order at 8:06 a.m. by Mary Marois

Welcome and Introductions – Present:

Tina Allen, Continuum of Care
Bailee Brandt, Habitat for Humanity
Diane Butler, Munson Community Health
Diane Conklin, GT Family Court
Virginia Coulter, GT Planning & Development
Linda Fawcett, Probate & Family Court
Carol Greilick, TBAISD
Sarah Hayes, Safe Families for Children
Jacki Kaschel, PEACE Ranch
Melinda Klooster, Chronic Care Management
John McFadden, Salvation Army

Cecil McNally, Goodwill
Mary Marois, GTCC
Marybeth Novak, CHS
Kathleen Packer, GT Area Literacy Council
Jim Rowlett, PRI
Bob Schlueter, AAANM
Juliette Schultz, Women's Resource Center
Ralph Soffredine, Commission on Aging
Val Stone, NW Food Coalition/Salvation Army
Wendy Trute, GT County Health Dept.
Sharon Vreeland, GTCC

Treasurer's Report – Cecil McNally (8:10 – 8:15): No changes from last month.

Meeting notes from 05/22/2014: No comment

Member Sharing (8:15 – 8:30):

Focus Question: What are the biggest challenges you are seeing at your organization right now?

AAANM - Bob Schlueter: attends 5 collaboratives. Some groups are trying to get info out for member sharing before the meeting in writing to make the meetings run more efficiently. AAANM's biggest challenge is that they are now a managed care organization, which has changed how they get paid. Because of new formulae they were in the red for a while, are back in the black, but they still have to talk to insurance companies and market and sell their services. Has never seen so many unknowns.

PRI - Jim Rowlett: there will be another Poverty Simulation session on September 19. Please share with anyone who might benefit.

Munson – Diane Butler: reimbursement issues and changes are a big issue. Echoed that the level of change is extraordinary. Trying to provide quality care with more and more funding cuts. In Community Care there's a lot to be done and little staff. Need to keep the community engaged. The aging population means there will be an increased call for services. Diane is retiring at the end of the month. She has been proud to work within the 5 county community, and with people who really care.

County Health Department – Wendy Trute: The County Health Department has 5 divisions. Their challenge is to keep up with increasing demand in an effective way with fairly minimal staff. Also challenged by healthcare reform.

NW Food Coalition – Val Stone: When the need is the greatest for food assistance, the public generally steps up to help. This need is not decreasing; the cost of living is rising. It can be difficult to keep the pantry stocked. If not for collaboration with Food Rescue and Goodwill it would be more challenging.

Salvation Army – John McFadden: Now able to help with energy assistance needs. Case management services will be implemented within the next 14-30 days.

Safe Families for Children – Sarah Hayes: building awareness of their services is their biggest challenge.

Habitat for Humanity – Bailee Brandt: Challenged by the levels of calls for service and inability to meet the full need. Also challenged by finding volunteers who can assist long-term, such as the people who coordinate projects between those in need and those filling the need.

Community Mental Health Board – Mary Marois: New healthcare funding and managed care models are challenging. Until everyone is signed up for funding that fits them, CMH isn't getting reimbursed.

Catholic Human Services – Marybeth Novak: they are limited in what they can do, but their current funder (NMSAS) requires that they meet current statistical goals. There's so much to do, but what they are required to do may not really meet prevention goals.

Goodwill – Cecil McNally: Changes and losses to HUD funding are a big challenge.

GT County Planning & Development - Ginny Coulter: Paperwork is her biggest challenge. She's doing the same work as 10 years ago, and the size of each file has increased for the same service. Difficult to find contractors who aren't prioritizing other jobs.

Probate Court – Diane Conklin: Juvenile cases are getting more complex. More cases involve CSC or weapons. New rulings will lead to new procedures for the same services. Always looking for ways to improve the mental health and juvenile courts. 6 in-home care programs to try to keep delinquent youth in our community; large truancy program (195) currently which more schools are participating with to try to close the school-to-prison pipeline.

WRC – Juliette Schultz: Providing housing to victims of domestic violence and sexual assault with more funding challenges is difficult. Direct client service funding, is a challenge. Because we are a tourist destination, over the next four months we will have a seasonal population increase, but there won't be a temporary personnel increase to deal with the increased need for services related to those people. The emergency shelter is full, and they constantly deal with more people needing a safe haven.

Commission on Aging – Ralph Soffredine: Funding is always a concern. Their waiting list is very long for home services like lawn care and snow removal. Two millages are coming up for renewal soon. In 2015 the millage for senior programming at the main center and satellite locations will come up for renewal. People are living longer and needing more services, and people don't seem as ready to use their tax dollars to support those services.

Chronic Care Management – Melinda Klooster: This is a new organization. Challenges are in receiving referrals and insurance reimbursement, while offering a range of services to people who need health care but can't get to a physician's office.

GT Literacy Council: Kathleen Packer: They teach adults to teach other adults literacy. They also work with ESL candidates. Currently there are no students, and they are looking to get the word out and recruit.

Probate & Family Court – Linda Fawcett: They have had a citizen volunteer program for years to work as advocates for kids removed from their homes due to neglect or abuse (CASA). They also have people who aid and mentor children experiencing delinquency. There are volunteer guardians and conservators for people who have nobody to make personal and financial decisions as needed.

Pop star and Interlochen alumna Betty Who recently did a free mini-concert for their volunteers and clients. Then, she and her band and crew held a 45 minute Q&A with the kids, taking photos, giving autographs and giving away CDs.

TBAISD – Carol Greilick: Completing a strategic plan, and biggest challenge is to narrow their focus, identify priorities, and identify data sources that will hold them accountable for the work they need to do with students.

Presentations: (8:30 – 9:45):

Tina Allen, Continuum of Care Coordinator

- **Point In Time Homeless Count 2014:** 540 people were counted as homeless or at risk of homelessness on 1/29/2014. 414 were considered literally homeless as defined by HUD. 126 considered at risk of homelessness. 806 students across the 5 county area were reported as homeless or at risk of homelessness if identified as such at any point during the school year, not just on the PIT Count date. 50 youth aged 18-24 identified as homeless. 80 homeless individuals came from outside of the 5-count service area, but nearly all had some sort of previous tie to the community. The overall homelessness count is up from about 400 in 01/2013. It was suggested that Tina contact Glen Puitt at the *Record-Eagle* to try to have this information published for general information. It was noted that when obtaining funding to build housing, having more than 500 homeless results in increased points in the scoring system. Overall, Tina feels that we may not necessarily have many more homeless; we may just be doing a better job of identifying them.
- **10 County Continuum of Care Merger Status and potential impact on local homelessness services:** MSHDA asked last year that Continuums of Care consider merging to obtain economic benefits. The 10 CoCs in the Northwest Prosperity Region have decided to pursue a merger process and seek grant funding. By October 1 we expect to be part of a 10-county CoC. By moving quickly, the hope was to set up a merged organization the way we want to, rather than the way we are later told to by MSHDA. Merger discussions are already yielding positive results.
 - Each CoC is required to have a HARA to hold funding and know about the available housing stock. Ours is the NMCAA. How this will work in the future is not yet clear, but there will be one number for anyone in the region to call for an intake process and for finding shelter for the night as a start. This should free up time for case managers to deal with clients.
 - Housing and intake process: MSHDA VISPDAT. Vulnerability-inclusive intake questionnaire system will provide a score identifying how urgent the need for assistance is. Ryan Hannon at Street Outreach is finding this to be a great tool for finding areas in which people need assistance and targeting the assistance. The most vulnerable people least able to find and maintain housing will receive the most immediate and highest level of service.
 - Merger effort started with resistance to losing local control. As it has progressed, people are seeing the benefits of collaboration.
 - Hearing that the Northwest Michigan group is seen as a leader in the state in terms of cooperation and achievement. Juliette commended Tina, Cecil, and Emily for their leadership.
 - Wendy praised Ryan Hannon for his street outreach efforts. He was particularly helpful in the case of a recent homeless death.
 - The County pays more to house a dog daily than the state pays to house a person, per Cecil.

PEACE Ranch – Jackie Kaschel:

- Feels that experiential learning is the most effective. Things that happen to you don't need to be re-taught.
- Near Chum's Corners, on Hoosier Valley Road. Faith-based.
- Equine-assisted psychotherapy and learning (EGALA?) as a certified program.
- Model used in 40 countries, at addiction treatment centers, on military bases, by corporations, and by adults and children.
- School educational programs
- Therapy programs for a variety of concerns
- Partnerships/clients include: Pine Rest, Brickways, Children's Advocacy Center, Blair Elementary, Traverse City High School, veterans with PTSD.
- Abused or neglected horses who are hard to place are obtained from horse rescue agencies.
- Wants to provide experiential opportunities for the population. EGALA can be used with any need.
- Taught skills include self-management, self-confidence, self-awareness, awareness of others, boundary-setting
- Free hug & groom weekly program – come help take care of the ranch/walk-in-clinic. Trained mentors guide participants in performing activities. Volunteers range in age from 4-91.
- Opportunity for people to be a small part of a big thing.
- Except for one summer camp, riding is not a program focus. The entire program is based on other interaction with the horses.
- Meant to complement case management and long-term therapies, not replace them. Help achieve your goals for your clients.
- Nationwide average cost \$250/hour. PEACE Ranch is at about \$150/hour. Have agreements with groups for them to provide the services of licensed therapists to help keep costs down. Costs for participation can be lower than they would be for residential treatments.
- Annual budget \$139,000. Largely volunteer-led. Intend to keep annual budget low with revenues paying for services. One paid staff person.

GTCC Member Survey – Group Discussion about Reactions and Next Steps

- All groups struggling for attendance. Everyone has a lot of time demands
- Frequency of meetings and content of meetings need work so that they are “can't miss” events. More content, perhaps bi-monthly instead of monthly? Perhaps as a pilot program. Focus topics on common issues; have a “headliner event” on the agenda. The headliner is usually the deciding factor.
- Responses focused on community conversations. Have panel discussions on common subjects?
- Input from the meetings is always valuable. Sometimes sparks a creative idea.
- Key representatives who used to attend aren't here anymore. Where is law enforcement? Where is the County Prosecutor? Where are most of the substance abuse folks? Maybe cutting back to every other month would help some of them prioritize this meeting.
- Multiply everyone in the room's time by the length of the meeting, and see if that's worthwhile. Could the meeting be focused down to one hour? Two hours is a long time for a meeting.
- Community conversations are important, but you can only talk about things so much. Need a call to action, and need to solve issues quickly. Meetings prioritized are the ones where people feel like something will be done, and a next step will be taken. Identify an issue and form a committee to work on it. At the end of each meeting, have at least one written action plan.
- Maybe some of the people who aren't attending regularly would be willing to come be a speaker for one meeting.

- There are so many issues. We need a focus, perhaps an annual work plan with a couple of areas of focus on which to make progress. Need more structure.
- How have I helped my fellow collaborative members today? Ask what we can do to help our headline speaker. Provide letters of support? Disseminate information?
- Idea for an important discussion: should we allow people to carry guns in schools. Seems like only law enforcement and school administrators are having that discussion, and more of us should be involved. Look at issues outside of our care organizations. Have the prosecutor come and talk to us and how he can deal with the problems we have in the community. What community issues can we impact?
- We can have more impact as joint voices. We prioritize based on what we think we can get out of things, and how we think we can help others.
- Ability to broadcast information widely between meetings. Even if it's not directly important to someone who gets it, they may pass it along to others they know. Should we expand our broadcast network? We shouldn't just be talking to ourselves. Tiered distribution lists?
- At one time, all grants needed a stamp of approval from the Collaborative. It was a good way for everyone to know who is submitting grants for what purposes through reports at meetings.
- Invite people who are interested in an issue but not working together yet to come do a presentation, and ask them why they aren't yet working together. (think about working through a collective impact model. Pull together the people who should be talking at this meeting.
- Bring in some education on Collective Impact for those who are unfamiliar. You might meet new partners you haven't thought of.
- Every other month for 2 hours might be better than every month for 1 – get more done.
- We are about community quality of life. Unless we engage more of the community, how can we impact it?
- Just networking and information won't bring people to the table. Need to feel like we are working on and accomplishing something.
- Start with collective impact speaker, leading into discussing topics and prioritizing.
- What is the collaborative now? It has changed over the years from what it started out to be. Nobody from DHS is here, and they used to run it. Who are we, and why are we getting together? Do our mission and goals still apply? Attendees don't know what these meetings are for, and how it will impact their work. How can you set a purpose if mission is unclear?
- What small, manageable task can I do to help meet the objective?
- New CoC model for this year: short business meeting, followed by breakout sessions around chosen key issues. Have the data, have the conversations for several months, and quarterly have a meeting where the groups report out. Some people come and go month-to-month when the particular conversation is something close to them.

Adjourned 10:15 a.m.