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August 24, 2006– Homeless Outreach Coordinating Committee Meeting

*******TO ALL HOCC MEMBERS*******

PLEASE CHECK OVER YOUR INFORMATION IN THE LIST AND MADE SURE IT IS ACCURATE. PLEASE EMAIL OR CALL BECKY LABOVICK WITH ANY ADDITIONS/CORRECTIONS. EMAIL: LABOVICKR@UPMC.EDU OR VIA PHONE: 412-322-4189. Thanks!

Becky

NEXT HOCC MEETING

September 28, 2006

1:30PM-3:00PM

LOCATION: COMMUNITY HUMAN SERVICES CORPORATION

374 LAWN STREET, PGH, PA 15213

TEL: (412) 621-4706, should you need directions.

Some issues to be discussed:

- **Engagement Center**
- **HOCC to review agenda-Questions posed by Homeless Alliance Committee for HOCC to review:**
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HOCC has a WEBSITE!! It is: <http://hocc.pghfree.net/index.htm>

Introductions/Updates/Announcements

- 1:40 pm Chris initiated meeting.
- Introductions

Engagement Center (EC)

- Subcommittee now of HOCC and is moving along with the assist of the Homeless Alliance.
- HOCC to review the following questions today:
 1. What is the criteria for admission to the:
 - Drop-in Area?
 - Drop-off Area?
 - Housing Component?
 2. How will outreach be done and who will conduct the outreach?
 3. How will individuals be targeted and followed up with?
 - Drop-in Area?
 - Drop-off Area?
 - Housing Component?
- 150-300 street homeless estimated in Pittsburgh. Engagement Concept paper with brief review to update those in attendance of the Engagement Center. Federal Government is focused on the chronically, street homeless. The housing first/harm reduction model is a proven model that works. Discussion with regard to the permanent housing program. Two other components are drop-in and drop-off areas. Essential services in drop-in, such as medical, mental health, D&A services, showers, food, etc. Drop-off can also be looked at as an inebriate center, which will only accept individuals on voluntary basis.
- This is 1st component that County COC would like to focus on and it is part of the 10-yr plan. The County and Homeless Alliance have buy-in in this concept/model. HOCC has been working on this concept for many years. All of the Alliance sub-committees have been given tasks/questions to prepare for moving forward on the EC.

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- Chris poses to attendees of meeting if with any questions?
- Sergeant DelCimmuto states understanding of concept, inclusive of the inebriate portion and how police may only bring in individuals on a voluntary status. Also, where will the EC be? Currently this is not known. The Development and Business committee is exploring this: one idea is the current, temporary Greyhound Bus Terminal. This building is rented from the Parking Authority and the URA has suggested this site. Sergeant DelCimmuto states that the jail staff/guards may have some issues as they already have reservations with regard to the safety of this area due to reports of some “seedy” characters. Primary areas being explored are Strip District/Uptown/etc. Somewhere w/in walking distance of town. General discussion regarding how the homeless have set social areas and don’t often cross rivers, go in to other areas, etc. EC needs to be as central as possible.
- Mac thanks the Pgh Police Dept of the handling of the street homeless during the All-Star Game period. Mac saw Officer Ron Spangler while on rounds last evening and gave positive feedback regarding this issue. Many of the street homeless were with report that they were not disturbed due to being homeless on the streets. There was much more focus on the Homeland Security issue as opposed to the indigenous homeless person. The homeless were not viewed as a threat.
- Mac finds it interesting that there was not increase in numbers brought to the inebriate center at Salvation Army. Sergeant DelCimmuto reports that public intoxication did not seem to be a large issue. One of biggest issues were some individuals up from GA who were selling false tickets. These individuals were turned in by the local “scalpers”.
- Return to the questions, as they need to be submitted to the County by this Monday.
- **What is the criteria for admission to the:**
 - **Drop-in Area?**~An individual who is **homeless, wants to utilize the area** and **non-disruptive**. Very loose screening process. Open availability for services. All may not be homeless, per se, but it is expected that most individuals who would attend will be homeless/underserved individuals. Since open 24hr, there may also need to be a security presence. Must have behavioral control. No use or possession of alcohol/illicit drug.
 - **Drop-off Area?**~Individual must be **homeless, intoxicated/under influence of drugs**. This is **VOLUNTARY entry only**. It is **NOT a medical detoxification**, but a safe place to be while coming down from drug/alcohol. This would also be a point of engagement and stay would be short-term in nature. **May come in on own (possibly through the drop-in area first, brought by Drop-In area staff), brought by police, brought by an Outreach worker**. Discussion of a **three day maximum** stay. How often in one year? Does this need addressed now? This may be a question better answered after up and running, especially if there are problems noted once the program is up and running. What happens on day four and the person refuses to leave? The three day rule would be strictly reviewed with the individual and enforced. If there is want to continue in a program, then staff would be able to assist entry to this. If they have belongings, they can store and leave behind in one of the lockers, but it must fit in one locker. This gives secure location to store the belongings and decreases theft concern. Recommendation for consulting with legal and formulation of a waiver/form with regard to their personal belongings. Concern for false accusation of theft. Recommendation for separate lockers in each area (drop-in/drop-off). Criteria will need to be set for differentiating between those who can stay at the drop-off area and who is in need of medical detox.

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- **Housing Component?~chronically mentally ill (Axis I diagnosis), chronically homeless.** Possibly the same as Safe Haven criteria. What about those with primary D&A issue? This is meant for those who are not able to be served by many of the programs that are established, either because they will not accept or due to not fitting criteria of the program. The chronic mental health (Axis I) and/or chronic D&A issue may be determined by the funding stream. It is expected that many will be dually diagnosed. It is expected that many of the individuals may have both chronic mental illness/D&A. **Housing First/Harm Reduction model.** These will be individuals targeted by the Outreach teams or even the Pittsburgh Police. **Entry will be by REFERRAL.** Primary focus on the chronic street homeless, highest risk population first. Concern that those who are more accepting of the shelter/more traditional systems will take up the beds before the highest risk population can be engaged and entered in to the program. There are different tracks that can be identified based on the individual needs. Many of the concerns/questions raised will be more apt to be addressed once funding stream(s) identified. **Priority to unsheltered.** Pittsburgh Police Chiefs will need to be fully updated with regard to all of the above as there will need to be internal policy/procedure to be directed to the sergeants/officers.
- **How will outreach be done and who will conduct the outreach?~**The current, traditional outreach providers such as Safety Net, Save A Life, etc. This will be done by street rounds, outreach, engagement, etc. Sergeant DelCimmuto also suggests opening discussion with Public Works as well as they are often in/near the encampments in their daily jobs. Public Works and Pittsburgh Police may be great identifiers to the outreach providers.
- **How will individuals be targeted and followed up with?~**The entire EC will have an ACT component built in. Primarily the ACT component will be focused on housing, though.
 - **Drop-in Area?~**This is on walk-in status. Frontline staff will be able to engage, do some screening/assessment. Targeting through engagement. Individualized on an individuals needs/wants. **Case managers will target for engagement.**
 - **Drop-off Area?~**
 - **Housing Component?~**ACT team attached. Follow-up will be individualized based on the individuals' wants/needs.

Announcement

- OBID is focusing on panhandling awareness week of Labor Day. Unsure of exact dates, but Mac thinks it is 9/5-9/7/06 from 11a-2p. Primarily on Forbes Ave from Halkett St to Bigelow Blvd.

Updates:

- N/A this meeting.

OTHER-

- N/A this meeting.

City Sweeps

- **SWEEPS-** no updates given.

GENERAL INFO: HOCC has a WEBSITE!! It is: <http://hocc.pghfree.net/index.htm>

REGULAR ATTENDEES:

Chalich,	Bethlehem Haven	Mental health	412-391-1348	tchalich@bethlehe
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	Theresa 905 Watson Street PGH, PA 15219		x104	mhaven.org
X	Chiappini, Stephanie LMSW Operation Safety Net Mercy Hospital 1400 Locust Street PGH, PA 15219	Medical outreach, case management, transitional housing	412-232-5739	schiappini@mercy.pmhs.org
	Cox, Jonathan Pittsburgh Downtown Partnership		566-4190	jcox@downtownpittsburgh.com
X	Coyne, Alex Oakland Business Improvement District		683-6243 x19	alex@oaklandbid.org
X	DelCimmut o, Michael SGT. Zone Two Police Station 2000 Centre Ave PGH, PA 15219	Pittsburgh Police	255-2827	Michael.delcimmuto@city.pittsburgh.pa.us
	DiFrancesco , Jamie CHSC	Intern	716-8738	JD1010@yahoo.com
	Downey, Glen ACLU Intern			
	Fowler, Fred Senior Planner Office of Behavioral Health 304 Wood Street PGH, PA 15222		350-3449	ffowler@dhs.county.allegheny.pa.us
X	Gant, James Three Rivers Youth The HUB 28 th & Smallman	Drop-In Center Outreach	338-0883	James.gant@threeriversyouth.org
	Haberchak, Ed Allegheny County DHS United Way Bldg One Smithfield Street 4 th floor Pgh, Pa 15222	ACDHS Bureau of Hunger and Housing	350-4031	
X	Johnson, Diane WPIC-NLP 2552 Centre Avenue Pgh, PA 15219	Outreach	578-7729	Johnsond@msx.upmc.edu
X	LaBovick, Becky WPIC-Safe Haven 1917 Perrysville Ave PGH, PA 15214	Safe Haven	322-4189	Labovickr@upmc.edu
X	Laemmler, Chris WPIC-Outreach and NLP 2552 Centre Avenue Pgh, PA 15219	Outreach **HOCC CHAIR	578-7730	Laemmler@msx.upmc.edu
	McMahon, Diane Parental Stress Center 5877 Commerce St. PGH, PA 15206	Pending possible HUD/PH Program, waiting to hear!	361-4800 © 480-9044	Dianem677@aol.com
X	McMahon, Mac CHSC 3201 Craft Place Pgh, PA 15213	Street Outreach/SOT	621-6513 x106	mac99861@cs.com mmcmahon@chscorp.org
X	Orrico, Rick Pittsburgh Downtown Partnership Manager, Safety Ambassador Program 925 Liberty Ave, 1 st floor	Downtown Safety Ambassadors	325-0152	rorrico@block-by-block.com

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	PGH, PA 15222			
Payne, Dennis	DHS United Way Building One Smithfield St. 4 th floor Pgh, PA 15222	ACDHS	350-4984 350-3837	dpayne@dhs.county.allegheny.pa.us
Pilarski, Mary Frances	VA Hospital 122 B-H 7180 Highland Dr. PGH, PA 15206	VA Healthcare for the Homeless Veterans	412-365-5273	Mary.Pilarski@med.va.gov
Puttaiol, Asha	ACLU Intern			
Quinn, Mae	1410 Fifth Avenue Pgh, PA 15219	Miryam's-Day Program/Residential & Transitional Housing	471-0155	miryamsresprog@aol.com
Sonney, Holly	Bethlehem Haven 905 Watson Street PGH, PA 15219	Mental health	412-391-1348 x103	hsonney@bethlehemhaven.org
Vanderhorst, Beverly	VA Hospital 122 B-H 7180 Highland Drive PGH, PA 15206	VA Healthcare for Homeless Vets	365-4640	Beverly.vanderhorst@med.va.gov
Venezia, Rich	Allegheny County DHS United Way Bldg One Smithfield Street 4 th floor Pgh, Pa 15222	Allegheny County Dept of Human Services	350-4354	Rvenezia@dhs.county.allegheny.pa.us
X Violet	Pittsburgh City Paper	?	?	?
Walczak, Vic	ACLU		681-7864	vwalczak@aclupgh.org
Walnoha, Adrienne	CHSC 374 Lawn Street Pgh, Pa 15213	Outreach / Housing Supervisor	621-6513 x101	awalnoha@chscorp.org
Waters, Rocky	NCM-Safe Haven 2133 Perrysville Ave.#1 PGH, PA 15214			