

Best of Wishes

Tom Gould, resigned as the HMIS Project Director, and Wendy Baker, resigned as the Chapter Coordinator. We all wish both Tom and Wendy the best.

HUD ANNOUNCES FUNDING

A month earlier than last year, HUD announced their funding for homeless programs. The announcement was made December 20th that thousands of local programs that house and serve homeless persons—from emergency shelters and transitional housing projects to permanent supportive housing programs—will receive \$1.33 billion in funding through grants.

In Missouri all the Continuums, along with the Emergency Shelter Grant funding will receive \$20.7 million dollars. Eight new housing programs were funded which will provide permanent housing for people with disabilities, many of whom will be those the Department serves. These programs are in Kansas City, Joplin, and St. Louis.

DMH received funding to renew eight Shelter Plus Care grants which also provide permanent rental assistance for our clients. This money (\$4,300,884) assures that we continue to provide rental assistance to 500 individuals and their families.

The HMIS project has funding for another year.

Balance of State

<i>Agency Funded</i>	<i>Amount</i>
Family Counseling Center	\$674,566
Missouri Department of Mental Health	\$325,680
MVCAA	\$554,488
Ozark Center, Inc	\$249,373
Praise Keepers	\$318,049
Johnson County HELP	\$321,879
Pettis County Community Partnership	\$344,276
Church Army, Inc	\$227,500
Total	\$3,015,811

HMIS Enrollment

There are now 37 agencies participating in the Homeless Missourians Information System (HMIS). This equates to 425 shelter beds, transitional housing units, and permanent supportive housing units being tracked by the online HMIS database. In addition, 10 other agencies have submitted the required paper work and are in process, for an additional 84 beds and/or units.

HMIS Steering Committee

The Missouri Association for Social Welfare HMIS Steering Committee continues to be active and invites all those interested to participate. The items currently under review and being discussed are: HMIS updates on match, enrollment and site visits; project administrator access to aggregate only standard reports; reports available to program administrators; formerly homeless person position on the board; the Memorandum of Understanding (MOU); pop-up features added to HMIS; survivors identity at non-domestic violence shelters; and VAWA updates.

The Steering Committee meets quarterly; the next scheduled meeting is February 7. If you would be interested in participating, please contact Rosanna Cassidy at 573-634-2901 or rosannac@masw.org.

MASW Presents
The 2nd Annual Issues in Health Care Delivery Conference:
The Costs and Consequences of Being Uninsured

March 1st, 2006
 8:30 AM-4 PM
 Capitol Plaza Hotel and Missouri State Capitol Rotunda
 Jefferson City, MO

Featured Speakers:

Kathleen Stoll, Director, Health Policy Analysis, Families USA
 The Honorable Tim Harlan, State President NAMI and former member Missouri State Representatives.

Workshops Topics:

Medical Debt
 Labor and Health Care
 Tobacco Tax Increases
 TABOR: The Taxpayers Bill of Rights
 Medicare Part D
 Missouri Medicaid Reform

For more information or to register, call 1-888-634-2901 and ask for Jessica
 CEU's and scholarships for students are available!



Schedule of Quarterly Regional Housing Meetings
Winter, 2006

Date	Time	Location
February 9, 2006	9:00 a.m. -11:00 a.m.	Church Army Old School Building-611 6 th Street, Branson, MO 417-339-3804
February 14, 2006	1:00 p.m.-3:00 p.m.	Ozark Action, Inc. 710 East Main West Plains, MO 417-256-6147
February 15, 2006	9:00 a.m. -11:00 a.m.	Ozark Planning Commission Industrial Park-3019 Fair St Poplar Bluff, MO 573-785-6402
February 15, 2006	1:30 p.m.-3:30 p.m.	DAEOC 99 Skyview Road Portageville, MO 573-379-3851
February 16, 2006	8:30 a.m. -10:00 a.m.	Chamber of Commerce 1267 N. Mt. Auburn Cape Girardeau, MO 573-651-3747

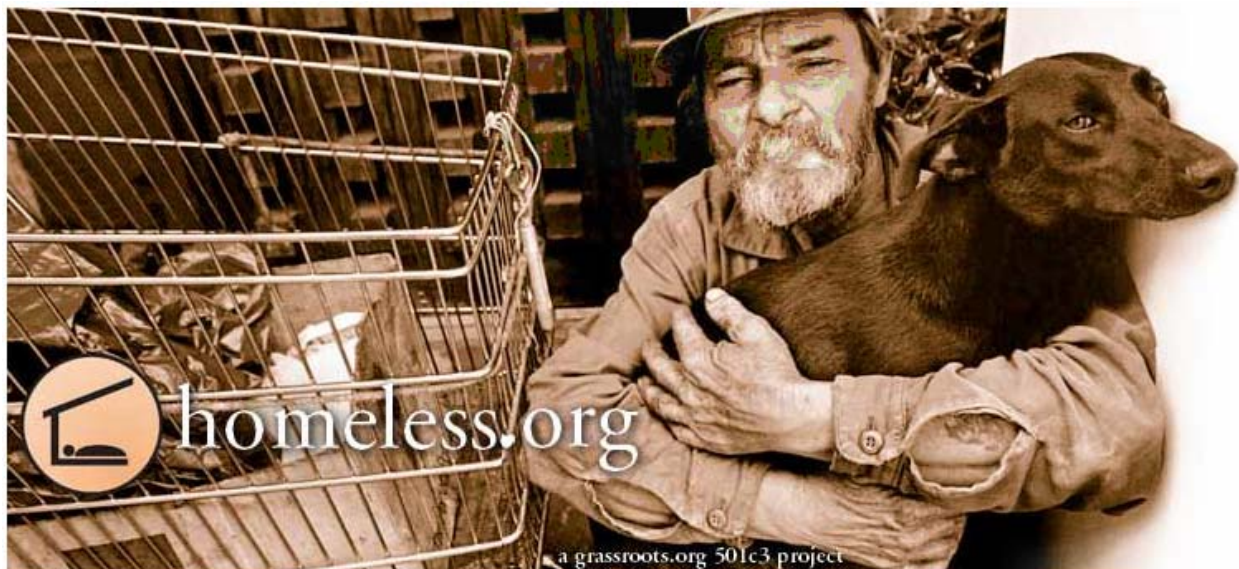
February 21, 2006	1:00 p.m.-3:00 p.m.	Central Missouri Community Action Callaway Resource Center 610 Collier Lane Fulton, MO
February 22, 2006	9:00 a.m. -11:00 a.m.	RTI 1304 East 10 th St., Room 122 Rolla, MO 573-458-0150
February 23, 2006	9:00 a.m. -11:00 a.m.	Mark Twain Regional Counseling Center 912 Broadway Hannibal, MO 573-221-2120
February 23, 2006	1:00 p.m.-3:00 p.m.	Kirksville Gardens 1501 S. Jamison Kirksville, MO 660-665-9855
February 27, 2006	10:00 a.m.-12:00 p.m.	Pettis County Community Partnership 515 South Kentucky Sedalia, MO 660-827-0560

Department of Mental Health – Housing
1706 East Elm Street
Jefferson City, MO 65102

Phone: (573) 751-9206

Fax: (573) 526-7797

Housing email: housing@dmh.mo.gov



Homelessness can be caused by a variety of problems. The main cause is unaffordable housing for the poor. Secondary causes include mental illness, physical illnesses, substance abuse, lack of incentives to work, poor work ethics, and, like most social issues Grassroots.org seeks to address, lack of decent education. The National Law Center for Homelessness and Poverty reports that over 3 million men, women, and children were homeless over the past year – about 30% of them chronically and the others temporarily. In many cases people are in and out of the homeless system, which includes shelters, hospitals, the streets, and prisons. It is these chronic users of the system that utilize up to 90% of the nations resources devoted to the problem.

On top of the 3 million who were homeless or marginally homeless there are an additional 5 million poor people that spend over half of their incomes on housing, leaving them on the verge of homelessness. A

missed paycheck, a health crisis, or an unpaid bill can easily push poor families over the edge into homelessness.

It has been reported that the types of assistance homeless adults felt they needed most were help finding a job, help finding affordable housing, and help paying for housing. However, the main types of assistance they usually received were clothing, transportation and help with public benefits. Few homeless actually receive help finding housing, likely because caregivers know it's unaffordable or otherwise unattainable for people of their social status.

A minority of the homeless population is capable but unwilling to work – they may resent the minimal wages they would receive if they could find work. It would be irresponsible if we did not consider that a minority of the homeless may be inherently "lazy" or substance abuse has made them so. In these cases there is little help the system can offer that will bring about positive social results. In general, we recommend a "tough love" approach wherein able people must work in some capacity to receive the benefits they seek. There is often a gray line between those who are mentally ill, substance abusers, and other disabled homeless. Therefore, it is not easy to classify them in to benefit categories or to understand their labor capabilities.

Moreover, there is no one comprehensive system to manage the myriad of services for the homeless, their benefits, and their reintegration in to society. We recommend the US and states move towards a fully integrated computerized system which would make delivering benefits and getting people off the streets more cost effective. Even though documenting people's' lives in detail verges on an invasion of privacy, we feel if the US taxpayers need to foot the bill, which they ultimately do, there is no alternative but to build an efficient system with subjective inputs, in order to provide benefits and opportunities based on need.

Most people, including the homeless, are not inherently lazy. But the US economic system does not adequately support those at the lowest skill levels, even if they are willing to work – leading to unemployment and millions of "working poor". Incomes for the poorest Americans have not nearly kept pace with rising housing costs. Therefore, millions of hard workers are shut out of the private housing market. Job training, education, trade schools, and other systemic economic incentives and welfare disincentives should be applied with whatever funds are available from foundation or government sources. This will raise income levels overall and make housing more affordable. This, coupled with the benefits poor and homeless receive like Supplemental Security Income (SSI), food stamps, and TANF (welfare), should lower the overall future level of homelessness.

For mayors, city councils, and even homeless providers it may seem that placing homeless people in shelters is the most inexpensive way of meeting basic needs. This is deceptive. The cost of homelessness can be quite high, particularly for those with chronic illnesses. Because they have no regular place to stay, people who are homeless use a variety of public systems in an inefficient and costly way. Preventing a homeless episode, or ensuring a speedy transition in to stable permanent housing can result in a significant overall cost savings. Hospitals, prisons, lost opportunity, and emergency shelter are all very inefficient.

According to a U.S. Conference of Mayors the homeless population is diverse:

- 20% work.
- 22% are mentally disabled.
- 11% are veterans.
- 34% are drug or alcohol dependent.

Most people become homeless specifically because they are having a housing crisis, even though they may have other needs for services and increased incomes. Its important to realize that their needs are best met once the family is in permanent housing - not while they are in transitional housing or shelters. Housing must be first if they are expected to develop a sustainable, healthy lifestyle.

