



Butte Silver Bow County and Human Resources Council

Community Stakeholder Discussion:
Caring for Our Homeless Community



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PLAN OVERVIEW

Introduction

Addressing the needs of people who are homeless or at risk of homelessness has often been the responsibility of local nonprofit service and housing providers. Recently, several triggering events stimulated the need for a broader community discussion regarding how people who are homeless or at risk of homelessness in Butte-Silver Bow are effectively served.

Current community resources include but are not limited to Human Resource Council HRC, Butte Rescue Mission, Butte Community Health Center, Western Montana Mental Health, Public Housing Authority to name a few. Although these organizations independently and, at times, collaboratively work to fulfill their mission(s) in serving the homeless, the time has come for an expanded discussion to address homelessness more thoroughly. Key triggers include but are not limited to shifts in HUD funding priorities, inconsistency due to leadership and staffing changes, increased pressure by community to better address impact of homeless, increased need to more effectively address homeless mental and substance abuse, and a desire to consider the housing first model.

Effectively addressing how community leaders and organizations work together in best serving the homeless population is a continued discussion. There are a number of key issues, which are local, state and national in scope, impacting our ability to respond consistently and effectively.

A core group of community stakeholders formed to organize planning around the issue. Initial discussions resulted in final session design, stakeholder identification, and targeted outcomes. Members of the core group included:

- Karen Byrnes, Butte-silver Bow County Community Development Director
- Jamie Paul, Human Resource Council, District XII (HRC) Board Member appointed as Board liaison on homeless issues and Health and Family Planning Services Program Member for the Butte-Silver Bow Health Department
- Margie Seccomb, Director of Planning and Community Development for HRC
- Karen Sullivan, Director of the butte-Silver Bow Public Health Department

Statement of Purpose

The core group of community stakeholders recognized the need for community based discussion to fulfill the following five purposes:

- 1) Establish a forum to increase awareness of homelessness issue,
- 2) broaden our understanding of community-wide services available,
- 3) explore housing and funding models,
- 4) gather community-wide planning recommendations; and
- 5) secure a level of stakeholder commitment for next steps.

The key is to agree upon the key issues and agree upon priorities to begin proactively working toward next steps in addressing homelessness in Butte-Silver Bow.

To that end, the participants met over three facilitated sessions. The purpose of this document is to summarize the participants' initial work.

Session I: Homeless in Butte-Silver Bow County

Purpose: Build a broader level of awareness and understanding of our homeless population and related impacts.

Process: Panel Discussion on Impacts, Baseline Discussion Groups, Prioritization Survey

Session II: Local, State and National Service Models for the Homeless

Purpose: Explore and examine various community housing and care models for the homeless.

Process: Presentation of Models, Collaboration and Model Discussion Groups, Baseline Initiatives

Session III: Possible Solutions

Purpose: Present potential solutions and initiatives for consideration in plan development.

Process: Group Prioritization of Potential Solutions, Collaborations, and Initiatives for Planning

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Session Outcomes

Defining the Issues

Participants agreed to effectively progress through the three sessions, it was critical to address the right issues and concerns. Open discussion relating to the following six types of concerns and their impact on various individuals, groups, and organizations. Discuss expanded beyond those questions posed below.

- 1) **Information Concerns:** Why is this discussion important to our community? Are changes to existing programs necessary? Are funding shifts forcing the change? Is there a longer-term plan in place for Butte Silver-Bow?
- 2) **Personal Concerns:** How will certain changes affect those we serve? How will change affect me or my organization? What is expected and by when?
- 3) **Implementation Concerns:** Is the effort for the future benefit of those we serve and our community? Who is managing the details? Where are the funding sources?
- 4) **Impact Concerns:** Will the effort better our community's future? What are the positive and negative impacts? What will change next?
- 5) **Collaboration Concerns:** Are the right people being impacted? Are the right people involved? How do we best collaborate?
- 6) **Refinement Concerns:** How do we stay continuously engaged? What if our solutions are not enough? Are there new programs or resources necessary?



Participants also reviewed statistics from a variety of sources to establish a level of common understanding. Although the statistics were not formal and based upon system reports or point in time data, they stimulated additional conversation to help build and broad the groups' awareness. Highlights of statistics shared are outlined below.

Human Resource Council Input

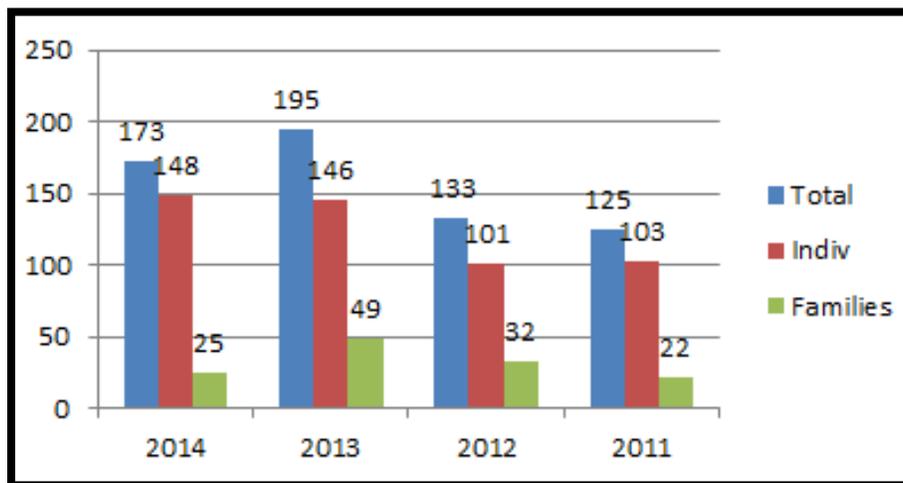
- Overall Poverty Rate: 18.7% (3 points higher than the national rate of 15.9%),
- Child Poverty Rate: 22.6% (on par with national rate; over 2 points higher than state rate)
- Low-Income: 42% of the population is at 200% or below the federal poverty line; at this level, people are eligible for some federal programs (just under 14,000 people)
- Housing: 43% renters and 23% homeowners report experiencing cost burden due to housing cost exceeding 30% of total income.
- Homeward Bound: Served 73 people in 2013 (63 adults and 10 children), Served 87 people in 2012 (72 adults and 15 children)

Community Health Centers Input

- Patients By Reported Age and Gender: Under 17 years old (43 Male, 34 Female with 50% under the age of 5), Over 18 years old (348 Male, 251 Female with 50% between ages 30 and 54) Total Served (400 Male, 287 Female)
- Patients By Reported Race: 52 American Indian/Alaska Native, 539 White
- Patients Income as % of Poverty Level: 508 (fall 100% below), 61 (fall 101-150% below), 22 (fall 151-200% below), 9 (fall over 200% below)
- Characteristics - Special Populations: 224 Transitional, 162 Doubling Up, 87 Homeless Shelter, 17 Street

District XII Point-In-Time Data

- # of reported homeless families more than doubled between 2011 and 2013
- # of reported homeless individuals increased approximately 42% between 2011 and 2013
- Large % of individuals and families sleeping outside
- # of chronic homeless increasing with Butte ranking 4th in the Montana
- Children consistently account for over 50% of total homeless family members.
- Total % of respondents with disabilities: 53% individual respondents, 57% of family respondents
- Other data included: length of homelessness for individuals and families, where individuals and families sleep



Session I: Panel Discussion Outcomes

During session one, we selected panelists representing law enforcement, public safety, county health, homeless patient and client management, neighbors, and emergency services to share their organizational or individual interactions, perspectives, and immediate concerns. The purpose of the discussion was to broaden group understanding of issues facing those whom serve and interact with our homeless population. Discussion highlights include:

Law Enforcement and Public Safety Perspectives - Representatives shared they:

- are on the “reactive” side of the situation,
- interact with the transient population (typically individual, chronic, veteran) more commonly than families or those temporarily homeless,
- are typically only involved when a law has been broken or is perceived to have been broken,
- have limited to no resources (place) to temporarily remove those homeless and under the influence from the general public and primary response is referral to agencies/services that can help,
- rely heavily upon the various agencies and organizations in finding solutions to situations,
- find local resources coordinate successfully when feasible; and
- would like to have a “communication tool” or something they could hand out.

Physical, Mental and Behavior Health Perspectives - Representatives shared they:

- see a continued increase in those with physical, mental and behavioral issues,
- experience difficulty in transitioning individuals back into society and/or the community (veterans, pre-release, newly divorced or severed relationships) due to employability, housing, PTSD, and negative stigmas,
- rely heavily upon the various agencies and organizations in finding solutions to situations,
- believe homeless population that move between communities see Butte as an “affordable, willing, and caring” community,
- often see a lack of real understanding of who are our homeless, what does homeless really mean, how could or should we help the homeless, and believe more community involvement and volunteerism would help bridge this gap; and
- are often limited in how they can help due to regulations, documentation requirements, or limitations on certain service criteria.

Skills, Employment and Educational Perspectives - Representatives shared they:

- see various gaps in the employability and education levels of the homeless,
- see basic life and living skills are key to breaking the cycle of homelessness,
- see a direct correlation between the economy and being able to successfully move individuals back into secure employment,
- see many single parents (largest % women) working and barely being able to pay for basic living expenses including daycare,

- are typically dealing with immediate and basic needs for food, shelter, clothing, safety, and health not skill development, employment, and educational needs,
- resources for veterans, workforce placement, etc., are available not just the primary cause for contact; and
- often see a direct correlation between those faced with homelessness and a lack of education and/or employable skills.

Community and Neighborhood Perspectives - Representatives shared they:

- see the need for more education on the real issues surrounding homelessness,
- believe increased direct contact and/or collaboration (ideas shared include forming a neighborhood council or having neighborhood ambassadors) within the neighborhoods impacted heavily,
- take available precautions to mitigate the risk of introducing or serving dangerous, violent, or individuals under the influence,
- see the need increasing not decreasing with more families, young individuals, and elderly being served that are “just getting by”; and
- understand neighbor concerns about safety for themselves and their property, neighbors believe the presence of an increasing homeless population is changing the long-term “feel” of the neighborhood and parks, all representatives understand the need for more discussion and community support.

Session I: Table Discussion Outcomes

Session one table discussion focused on identifying the “common characteristics” of our homeless population. The purpose was to further broaden group understanding of those considered temporarily homeless, chronically homeless, homeless individuals, homeless families, and homeless veterans. Groups were asked to determine what characteristics were common, what are our responses to their needs today, what are the community impacts, what gaps exist between need and services, and identify ways to start minimizing those gaps. Discussion highlights include:

Temporarily Homeless

Possible Definition:

- Short-term homelessness lasting no more than six months caused by an identifiable life situation or trigger.

Common Characteristics:

- Unexpected or sudden change in FINANCIAL, HOUSING, and/or EMPLOYMENT situation.
- Unexpected or sudden experience with ILLNESS, PHYSICAL DISABILITY, BEHAVIORAL and/or MENTAL HEALTH.
- Evidence or admittance of SUBSTANCE and/or DOMESTIC ABUSE.

Chronically Homeless

Possible Definition:

- Longer-term homelessness lasting over one year with multiple episodes of homelessness within three years causes vary but commonly triggered by substance abuse and/or disability.

Common Characteristics:

- Identifiable pattern of SUBSTANCE and/or PHYSICAL ABUSE.
- Identifiable pattern of UNEMPLOYMENT and/or UNDEREMPLOYMENT.
- Identifiable pattern of CHRONIC ILLNESS, PHYSICAL DISABILITY, BEHAVIORAL and/or MENTAL HEALTH.
- Broken FAMILY and/or SUPPORT network.
- Identifiable pattern of TRAUMA and/or EXTREME LIFE SITUATIONS.
- Identifiable gap in EDUCATION and/or EMPLOYABLE SKILLS.
- OLDER age demographic.
- Identifiable gap in REQUIRED and/or VALID DOCUMENTATION to secure available support.
- Excessive TIME and/or NO ROUTINE.

Homeless Individuals

Possible Definition:

- One traveling alone and not accompanied by family members, relatives, and/or companions causes and length of time varies.

Common Characteristics:

- Identifiable TRAUMA and/or EXTREME LIFE SITUATION.
- Unexpected or identifiable pattern where FAMILY and/or SUPPORT NETWORK is strained or severed.
- Unexpected or identifiable pattern of FINANACIAL, HOUSING, and/or EMPLOYMENT instability.
- Unexpected or identifiable pattern of ILLNESS, PHYSICAL DISABILITY, BEHAVIORAL and/or MENTAL HEALTH.
- Evidence or admittance of SUBSTANCE and/or PHYSICAL ABUSE.
- Largest % is MALE and/or VETERANS.
- Sense of ALONE, ISOLATED, MARGINALIZED, and/or EXCLUDED from society.
- Excessive TIME and/or NO ROUTINE.

Homeless Families

Possible Definition:

- Fastest growing segment of homeless population. Homeless families are often female with school-aged children, younger families, causes and length of time varies.

Common Characteristics:

- Unexpected or sudden change in FAMILY and/or SUPPORT system.
- Unexpected change in or lack of reliable TRANSPORTATION and/or COMMUNICATION.
- Identifiable gap in EDUCATION and/or EMPLOYABLE SKILLS.
- Unexpected or sudden change in FINANACIAL, HOUSING, CLOTHING, FOOD, and/or EMPLOYMENT situation.
- Unexpected or sudden experience with ILLNESS, PHYSICAL DISABILITY, BEHAVIORAL and/or MENTAL HEALTH.
- Evidence or admittance of SUBSTANCE and/or DOMESTIC ABUSE.
- Sense of ALONE and/or ISOLATION in changing situation.

Homeless Veterans

Possible Definition:

- One previously served in the military, often travels alone and/or with veteran companions, causes and length of time varies.

Common Characteristics:

- Identifiable TRAUMA and/or EXTREME MILITARY/COMBAT SITUATION often resulting in PTSD.
- Identifiable challenges in TRANSITIONING from military to civilian status including UNEMPLOYMENT and/or UNDEREMPLOYMENT.
- Unexpected or identifiable pattern of ILLNESS, PHYSICAL DISABILITY, BEHAVIORAL and/or MENTAL HEALTH.
- Unexpected or identifiable pattern where FAMILY and/or SUPPORT NETWORK is strained or severed.
- Evidence or admittance of SUBSTANCE ABUSE.

- Identifiable gap and/or inaccurate representation of VETERAN STATUS, REQUIRED and/or VALID DOCUMENTATION to secure available support.
- Excessive TIME and/or NO ROUTINE.

Other Common Characteristics

- Sense of EXCLUSION, ISOLATION, ALIENATED and/or WITHDRAWN.
- Sense of FEAR, WORRY, HOPELESSNESS, and/or ANXIETY.
- Societal STIGMA of what it means to be homeless.

Identified Gaps

- Lack of overall plan with transition points between agencies.
- Lack of approach that “Best Fits” each type of homeless group.
- Lack of ability for agencies to provide solutions for “documentation gaps” thus stopping ability to give access to services.
- Lack of common and/or consolidated communication/info tool for all agencies and law enforcement to distribute with “one-time” solution for transportation (bus) and/or communication barrier (fee phone access).
- Lack of ability to respond to situations that require “immediate or now” response.
- Lack of broad community “volunteerism and/or community involvement”.
- Lack of “special events” (veteran stand-down) to bring attention to cause and provide limited services to those in need.
- Lack of “affordable housing” to provide nightly stability and sense of security.

Session I: Participant Survey Outcomes

At the conclusion of Session I, a survey was designed to further identify and prioritize key issues.

Q: Please read the following statements about the community's general position when interacting and/or assisting those experiencing some level of homelessness. Mark the response that best reflects your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree	No opinion	Total
We understand the issues impacting our homeless population.	17.65% 3	35.29% 6	41.18% 7	5.88% 1	0.00% 0	17
We have a unified community vision and plan to address homelessness.	0.00% 0	5.88% 1	52.94% 9	41.18% 7	0.00% 0	17
We effectively work together in coordinating services for the homeless.	11.76% 2	23.53% 4	35.29% 6	29.41% 5	0.00% 0	17
We provide our homeless population a good place to gather.	0.00% 0	0.00% 0	52.94% 9	47.06% 8	0.00% 0	17
We facilitate positive interactions between our residents and homeless population.	17.65% 3	5.88% 1	41.18% 7	35.29% 6	0.00% 0	17
We are compassionate toward our homeless population.	35.29% 6	29.41% 5	23.53% 4	5.88% 1	5.88% 1	17

Q: Our group discussions revealed many issues impacting our ability to adequately serve the homeless. In your opinion, please rank the following in order of importance.

1) Availability of Affordable Housing	5.93
2) Communication Between Agencies and Organizations	5.29
3) Future Status of Transitional Housing Program	5.13
4) Lack of Dependency and/or Disability Recovery Housing	5.06
5) Funding for Private Programs (i.e., HRDC, Rescue Mission, Food Bank, etc.)	4.88
6) Funding for Public Programs (i.e., Health Services, Law Enforcement, etc.)	4.53
7) Relationship Between Homeless and Residential Population	3.64
8) Changing Homeless Population Demographics	2.64

Q: During our exercise, we identified potential servicing gaps. Please select the top five gaps you believe should be our highest priority in resolving to better serve our homeless population.

Housing (transitional)	82.35%
-	
Short-Term Living Expenses (rent, utilities, and mortgage assistance)	52.94%
-	
Daycare (for working-homeless individuals/families)	41.18%
-	
Temporary Shelter (increasing bed count)	64.71%
-	
Temporary Shelter (for those under the influence)	58.82%
-	
Transportation (to/from service providers)	64.71%
-	
Day Center (gathering place)	47.06%
-	
Adequate Documentation (solutions to better assist in acquiring)	0.00%
-	
Communication Piece (wallet sized, bus pass)	23.53%
-	
Volunteerism (increased community involvement. education)	23.53%
-	
Special Events (stand-down day, community awareness day)	29.41%

Session II: Model Discussion Outcomes

During session two, Bob Buzzas of Civic Consulting, provided participants additional insight into the Continuum of Care model, historical legislative and regulatory impacts on funding, the Montana CoC Coalition; and future direction of federal funding. Mr. Buzzas further shared statistics of funding impact within homeless community. Trends continue to support the Rapid Rehousing model as having a greater and long-term impact on recipients. Studies indicate a 40+% higher exit success rate when using the rapid rehousing model. Organizations using the transitional housing models will effectively receive lower funding allocations as a result of these trends. Discussion highlights include:

- Overview of historical legislative and regulatory impacts,
 - McKinney-Vento Act, HEARTH Act, US Interagency Council on Homelessness, US Dept of Housing & urban Development, and Local Continuums of Care
- Continuum of Care was established by representatives of relevant organizations within a geographical area to carry out the responsibilities set forth in the CoC Interim Rules codified by law.
- Continuum of Care was designed to promote commitment to ending homelessness, provide funding to quickly re-house homeless, minimize the trauma and dislocation caused by homelessness, promote access to and effective use of mainstream programs, optimize self-sufficiency among individuals and families; and fully engage communities.
- Montana COC Coalition is a statewide organization, focused on facilitating grant application, point-in-time survey, housing inventory; and related planning activities.
 - Currently oversees \$2.6m in funding, 25 grant projects, and 10 communities.
 - Current breakdown of funding is 28% temporary housing, 11% rapid rehousing, and 60% permanent supportive housing.
- Funding priorities in the future are Housing First (rapid rehousing and permanent supportive housing) and Coordinated Assessment.
- Coordinated Assessment focused on a “No Wrong Door” model encouraging communities to coordinate resources, entry points, and uniform intake processes. Best practices from Missoula, Kalispell and Helena were discussed.



Session II: Table Discussion Outcomes

Session two table discussion focused on identified issues including Coordination, Community Awareness, Housing; and Neighbor Relations. The purpose was to start applying “actionable” initiatives and identifying both short-term (6-9 months) and long-term (over 9 months) ideas to improve the current state of homelessness in Butte Silver-Bow. Discussion highlights include:

Coordination

- **Issues:** lack of participation, re-education of goals, formulation of local COC, agencies buy-in, interagency task force on housing, no plan in plan
- **Causes:** knowledge, funding resources, time, assumptions that everyone knows what everyone does, having face to face meetings
- **Short-Term Ideas:**
 - Collaborative Advocacy to highest level of local government
 - Office formulation of COC
 - Evaluate current coordination and communication
- **Long-Term Ideas:**
 - Ensure on-going collaboration and Coordination (COC as source)
 - Develop Community Plan to End Homelessness in 10 Years
 - Set collaborative goals and objectives within long-term plan
- Possible Lead(s):
 - Small group (brings unified ideas to Chief Executive) made up of HRC, PHA, Community Health, WMMHC, Rescue Mission, VA, Food Bank, ED Groups, etc...

Community Awareness

- **Issues:** misperception of homeless, uncoordinated volunteer efforts, no major or coordinated awareness push
- **Causes:** visibility of the homeless population that prevents the community from knowing the entire scope of homelessness, failure to converse and coordinate
- **Short-Term Ideas:**
 - National Healthcare for the Homeless Day – August 13th, use this day to coordinate a communitywide awareness and service day around homelessness.
 - Public service messages, coordinated media blitz, monthly education
 - Social Media – Facebook
 - Contact Sara Raymond at Montana Tech about volunteer day/groups
- **Long-Term Ideas:**
 - Make National Healthcare for Homeless Day an Annual Event
 - Formalize a Council for advocacy purposes (economic development, uptown association, commissioners, etc...)
 - Develop a resource book (preferred on-line for easy updating)
 - Drive toward one-stop shop within every agency to fulfill “No Wrong Door” concept.
 - Consider community-wide funding campaign strategy.

- **Possible Lead(s):**
 - Until formal group is formed, each agency could take a month to coordinate community awareness (i.e., social media, service announcements, etc.)

Housing

- **Issues:** lack of availability/affordable/accessibility, instability in employment/finances, long wait lists for affordable housing (6-9 months), predatory landlords, options for those evicted from government housing, accommodations for special populations, safe/decent/permanent housing, established housing quality standards
- **Causes:** employment, old housing inventory that does not qualify for certain programs, public perception/stigma
- **Short-Term Ideas:**
 - Utilize tax default/city owned buildings for housing
 - The Copper King Inn Hotel – are there viable options?
 - Housing Authority setting aside units for homeless
 - Promote those private landlords showing success with programming to offset stigma
 - Establish a contact person responsible to resolve programming related issues for landlords
 - Establish neighborhood councils – get buy-in from community leaders
 - Closing Homeward Bound and move toward Housing First Model
 - Such as BRM having a day center at thrift store – volunteers for staff
 - Develop unified community planning committee
- **Long-Term Ideas:**
 - Initiate movement toward Housing First model with full community collaboration
 - Establish neighborhood councils across the community to promote good community relations and buy-in
 - Increase collaboration between lead agencies that own/build housing sites (CHC, HRC, CCCS, PHA)
- **Possible Lead(s):**
 - HRC with a community council, housing authority

Neighbor Relations

- **Issues:** day center limitations (hours, locations, activities, etc.), regulations for housing, expectations of both neighbors and agencies,
- **Causes:** lack of knowledge and understanding, overcrowding, centrally located services
- **Short-Term Ideas:**
 - Formalize Neighborhood Council or Neighborhood Watch Groups
 - Organization Neighborhood Clean-Up Projects (residents/homeless/agencies)
 - Support Awareness Event through involvement and/or other volunteering
- **Long-Term Ideas:**
 - Coordinate LT Community Plan to address housing shortage, strategies to reduce foot traffic in neighborhoods, etc.

- Designate or broaden awareness of current day centers (match hours of availability during difficult seasons)
 - Support single intake to better understand flow of homeless population throughout community/neighborhoods
 - Help primary service providers with funding expansion efforts
- **Possible Lead(s):**
 - Recommendation is a council, coordinated agency group, interfaith council or combination.

Session III: Panel Discussion and Improvement Initiatives

During session three, we selected panelists representing the top three initiatives voted on in session two. Margie Seccomb, HRC District XII, framed the Housing discussion. Revonda Stordahl, Housing Authority, framed the Continuum of Care discussion. Karen Byrnes, Butte Silver Bow Community Development, framed the Neighborhood Council discussion. The purpose of the discussion was to move the group into final consensus on the top three improvement initiatives, gain commitment to action, and determine next steps. The following discussion highlights are in no particular or of priority:

Improvement Initiative	Area of Focus	Priority Level	Lead(s)
1: Reinvigorate local Continuum of Care Group (i.e., Inner-Agency Task Force on Housing)	Coordination	High	Margie Seccomb, Revonda Stordahl
2: Schedule meeting with Matt Vincent, Chief Executive, to obtain formal support and approval for CoC Group	Coordination	High	Karen Byrnes
3: Gather support data from target communities for best practices and group format	Coordination	High	CoC Group, Revonda Stordahl (Billings/Missoula), Kevin Skocolich (Bozeman)
4: Develop and communicate an effective timeline and transition strategy for transitional housing	Housing, Coordination	High	Margie Seccomb
5: Better leverage private sector resources (i.e., landlord association) and public sector (i.e., VA) during housing transitional phase	Housing, Coordination	Med (upon assessment)	Margie Seccomb, Kevin Skocolich, Bob McCarthy
6: Develop coordinated strategy for “at-risk” individuals and families to prevent homelessness	Coordination	Med (post CoC creation)	CoC Group
7: Establish formal plan to: Create Community Plan, Update Housing Inventory, Develop Resource Strategy, Target Coordination of Services, Elevate Advocacy Role	All Areas of Impact	Med (post CoC creation)	CoC Group
8: Develop Plan for	Awareness,	High	Margie Seccomb,

Community-Wide Event on National Healthcare for the Homeless Day (August 13 th)	Coordination		Sandi Hickey, Tara Callaghan, Clarissa Hogart, Kevin Skocolich, Patty Clements
9: Support efforts to formalize neighborhood councils	All Areas of Impact	High	All until CoC Group is formalized and can lead advocacy role
10: Review other short-term and long-term ideas stimulated in discussion groups	All Areas of Impact	Med (post CoC creation)	CoC Group

Session Participants

Bob Buzzas	MT CoC Coalition
Bob McCarthy	HRC District XII
Cassie Weightman	Montana Independent Living
Cindy Shaw	BSB Council of Commissioners
Cindy Stergar	Montana Chemical Dependency
Clarisa Hogart	Public Housing Authority
Clyde Still	Butte Rescue Mission
Dori Skrukud	BSB Community Development
Elissa Mitchell	HRC District XII
Jamie Paul	BSB Health Dept
Jessica Hoff	Community Health Center
Jim Daily	Neighbor
Jimm Kilmer	Butte Silver Bow Law Enforcement
Kara Lemm	WMMHC
Karen Byrnes	BSB Community Development
Karen Sullivan	BSB Health Dept
Kathy Griffith	Butte Emergency Food Bank
Kevin Skocilich	MTVS Homeless Program
Larry Juhl	Neighbor
Lynette Petritz	Butte Community Council
Marilyn Ross	HRC District XII, Board Chairperson
Margie Seccomb	HRC District XII
Patti Clements	Butte Rescue Mission
Paul Buckley	Butte Rescue Mission
Paula McGarvey	St. James Healthcare
Rev. Nan Joyce	Butte Ministerial
Revonda Stordahl	Public Housing Authority
Rose Nyman	HRC District XII, Board Member
Sandi Hickey	Butte CHC
Sheriff John Lester	Butte Silver Bow Law Enforcement
Steve Fournier	HRD District XII
Tara Callaghan	Butte CHC