



HOMELESSNESS TASK FORCE

The Homelessness Task Force was established in 2022, as the result of recommendations made by the Mental Health and Substance Abuse Coalition to an En Banc session of the City and County. The Task Force is comprised of cross-sector representatives comprising 22 members and five subgroups. Members of the Task Force represent the City, the County, non-profit and service providers, law enforcement, the business sector, the faith community, education, and those with lived experience. The Task Force focuses on identifying and addressing gaps in the current homelessness service system in Wichita / Sedgwick County, supporting a community-wide plan to address homelessness, and engaging and educating the community on the work being done.

HOMELESSNESS TASK FORCE

TIMELINE

2022

The Point-in-Time Count recorded 700 homeless individuals, the highest in seven years, prompting the Mental Health and Substance Abuse Coalition to lead a 60-day task force to address downtown homelessness, support the MHSA Coalition, and provide direction on behavioral health issues, with recommendations in Appendix A.

2023

The Task Force began a six-month phase for education and gap analysis, focusing on Community Engagement, Emergency Services, Provider Coordination, Housing, and Funding. Subgroups, including members and stakeholders, created the 6-Month Action Steps for implementation from January to June 2024. Meetings and consultations with Julia Orlando of Bergen County, NJ, are open to the public and held monthly, with additional public meetings supporting the planning process.

2024

Since the start of the year, 65 individuals have participated in subgroup meetings, with many repeatedly attending and contributing to the work. These subgroups have determined the priority strategies that will be addressed over a one-year timeline. The format of the subgroups will be changing, allowing participants the flexibility to take ownership of and choose which priority strategy they wish to work on.

2025

The Task Force and each subgroup continues to develop the framework for progress towards functional zero and implementing their strategies.

HOMELESSNESS TASK FORCE REPRESENTATIVES

The Homelessness Task Force is comprised of cross-sector representatives comprising 22 members and five subgroups. Members of the Task Force represent the following:

 City Government

 County Government

 Downtown Development


 Faith Community

 Health Care Clinics


 Public Safety

 Public Schools

 Nonprofits

 Residents with Lived Experience

 Service Providers

 Small Businesses

HOMELESSNESS TASK FORCE

KEY GAPS



Community
Engagement



Emergency
Services



Provider
Coordination



Housing



Funding

COMMUNITY ENGAGEMENT

PROBLEM STATEMENT

Who should be defined as primary audiences and what information/outcomes from these audiences will be needed to achieve the best return on investment in support of overall plan and ultimate goal of functional zero?

GOAL STATEMENT

Engage and activate community leaders to support the plan to achieve functional zero.

PRIORITY STRATEGIES

- Develop presentation (plus supplement version)
- Create a leave behind flyer for the presentations
- Ask for other groups: each subgroup is asked to identify at least one participant to be a presenter by the May subgroup meeting

EMERGENCY SERVICES

PROBLEM STATEMENT

People facing homelessness will intersect with any number of emergency services across jurisdictions. Changes in tactical and philosophical approach to serving homeless populations have varied while objectives can be unclear. A coordinated effort with shared objective offers the potential to align services and learn and adjust effectively.

GOAL STATEMENT

Create a coordinated, appropriate community response through active partnerships to keep people and property safe.

PRIORITY STRATEGIES

- Increase street outreach or crisis response teams to treat in place or to transport to a multi-agency center
- Coordinated multi-agency street outreach
 - ◊ If all the groups identified the 20 high utilizers and focused on them, that could be a priority

PROVIDER COORDINATION

PROBLEM STATEMENT

The quality and continuity of services provided across the community are affected by both the level of coordination across peer and complimentary efforts, as well as unanticipated changes to the system. Establishing a shared vision of success and implementing collaborative processes is essential to sustaining outcomes and addressing short-term challenges.

GOAL STATEMENT

A flexible system of coordinated care that meets people's needs with the necessary resources and personnel through coordinated communication among providers.

PRIORITY STRATEGIES

- Developing a unique model for the hardest to house population
 - ◊ Create a KPI to measure the percentage of those housed
- Post-transitional non-supportive housing workforce/case management

HOUSING

PROBLEM STATEMENT

The community confronts a critical reality: There is not enough inventory of affordable, quality, housing to support the spectrum from unsheltered to stable housing across the community. The challenge, immediately, is how best to align available resources with a clearer understanding of the need that exists.

GOAL STATEMENT

A robust inventory addressing the needs of those facing housing insecurity, providing full support to increased affordability for renters. A model for affordable housing that maximizes financial opportunities.

PRIORITY STRATEGIES

- Increase housing development
 - ◇ Specifically rental
 - ◇ Incentive strategies
 - ◇ Upzoning and coordinated QAP effort
- Landlord participation in affordable housing
 - ◇ Current rental units
 - ◇ Increased education to landlords
 - ◇ Expanding case management outreach to landlords

FUNDING

GOAL STATEMENT

Developing a full understanding of the capital and operational costs for our homelessness service system, and strategies to create sustainable funding.