

Barrier Busters Network Action Group

**November 29, 2006, LLRC
1:30pm—3:00pm**

BBN Attendees: Mary Beth Lampe, CSTS
Beth Manuel, Child Care Network
Paul Sher, Legal Services
Pat Parker-Self, Veteran Services
Measie James, Washtenaw Health Plan
Shirley Tarvis, CSTS
Efrion Smith, Power Inc.
Kat Fox, Helpsource
Anna Shankowski, Helpsource
Michelle Leaphardt, SOS
Joanna Barnes, Friends in Deed
Sandy Reeber, ETCS
Mirs Sussman, Jewish Family Services
Minsu Longiaru, PAL
Leica Cardena, Housing Bureau for Seniors
Jane Arps, Housing Bureau for Seniors
Harriet Bakalar, Housing Bureau for Seniors
Claire Street Community Action Network
Cynthia Maritato, DHS
Christina Oliver, SOS
Jodi Barnhart, Community Action Network
Floyd Patterson, Habitat for Humanity
Jennifer Brown, Salvation Army
Lisa Anderson, University of Michigan
Peri Stone-Palmquist, WISD, EPHY
Shannon Richards, Public Health
Angela Edmonds, Women's Center
Leslie Barldes, Women's Center

Guests Present: Matthew Rascke, WATS

Staff Present: Mike Scholl, Staff Coordinator HSCC

I. Welcome/Introductions

- Co-Chairs opened the meeting
- The minutes were approved as written.

II. Public Comment

- None

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III. New Business – Washtenaw Health Plan

- Measie James presented on behalf of the Washtenaw Health Plan.
- WHP is a health and prescription plan.
- Available to individuals and families up to 200 percent of federal poverty guidelines.
- Approximately \$2,767/month for a family of three.
- There is Plan A and Plan B.
- Open enrollment just closed.
- There are 6,000 persons in the two plans.
- Need to prove their residency in Washtenaw County to qualify.
- There is a presumptive eligibility if they qualify for Medicaid.
- They can also apply in the Emergency room and get quick approval if necessary.
- Doesn't cover prenatal care that is part of healthy kids.
- Income worksheet is on the application.
- Application can be downloaded from the internet.
- The prescription plan has \$3 co-pay for generic drugs.
- Cover hospitalization and outpatient care.
- Good plan for those not insured.
- Durable medical equipment is covered.
- Non-covered items are therapy, urgent care, dental and vision.
- There are resources available in the community for those uncovered services.
- The main goal of the plans is to keep people from getting primary care in emergency rooms.
- Plan A covers psychiatric meds and plan B does not.
- Main difference between the plans is the income requirements.
- Plan A does not cover substance abuse.
- Translation services are available.
- Verification question. Proof of Medicaid is sufficient if child is on Medicaid.
- Not a requirement that they go to DHS.
- For mailing addresses, they take it on a case by case basis.
- Can take about 10 days to process the application.
- If you have any questions, please contact Measie James at WHP, jamesme@ewashtenaw.org or 544-2988.

IV. New Business – Washtenaw Transit Plan

- Matthew Raschke from the Washtenaw Area Transportation Study presented.
- WATS is working on a long term transit plan and would like to get the input from area human service agencies.

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- WATS does nearly all of the transportation planning in Washtenaw County including the roads and transit over and above the AATA.
- They are looking at increasing their public participation for various transit systems.
- There is the possibility of a fixed route system or a demand response service that picks people up from their residence or workplace.
- The information that was handed out, outlines some of the planning and the systems available.
- They are looking to get the word out over the next six to nine months.
- Agencies can host a public involvement meeting, and can help to get the word out.
- Looking at working with churches and other community places that serve people regularly.

V. Case Consultation

- Had a case from CIL regarding transportation. The individual had also consulting with Friends in Deed.
- There is some concern that transportation requests, particularly car repair requests consult with other agencies.
- These can be tricky and expensive with regard to repair shops.
- Workfirst has some car purchase and repair program. Put together some information on what they pay for and under what circumstances.
- Community Action Agency also provides some assistance for transportation costs.
- We should plan to put something together from DHS and Workfirst, review the existing services.
- FID/Salvation Army should also review what is available and what the circumstances that they provide assistance are.

VI. Fund Update

- The city of Ann Arbor funds will be available this month.
- The county also dedicated funds for Barrier Busters.

Adjourned 3:00 pm

***The Next Meeting is scheduled for
Wednesday, January 24, 2007 - 1:30 pm – 3:00 pm @ LLRC***

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Washtenaw County Space Planning--Key Questions

Barrier Busters, 8/23/06

Jail

Should we expand the jail? If so, how large?

If we expand the current facility, should the existing building be brought up to the standards used in the expansion?

What alternative sanctions or diversion methods should be funded to support reduction of the jail population?

We need to focus on early education programs, fund alternative options such as community service as an alternative to incarceration. There should be more structured and perhaps more extensive work programs, even house arrest, as alternatives. There is a perception that some people will not do community service since they know they might be released early because of the over crowding problem at the jail; we need to be sure that those who can do community service, do it.

Farming people out to other jails is not an answer to the jail over crowding problem. It is more costly, cuts people off from local services and from their families.

How many people at the jail are there pre-trial? (perhaps thirty percent of those at the jail on average.) Are there ways to reduce that number, opening beds for those who have been adjudicated? Are there alternative ways to handle those that are returned to jail for probation or parole violations?

Can we distinguish between those who are incarcerated for violent offenses—who present a threat to themselves or to others—and handle them differently than others who might not need to be jailed?

We need to develop and fund (or perhaps revitalize) a street outreach program to support prevention efforts. We should develop an Options Center where people can be referred to local nonprofits for the help they need—mental health or substance abuse—rather than placing them in jail.

The state is developing a re-entry program to address the recidivism problem and we need to aggressively partner with them. We should be thinking about connecting any proposed jail expansion with efforts to support improved alternative diversion efforts.

Ultimately, we have to trust the recommendations of those who work in the jail and who provide services—the criminal justice officials have a better handle on the issues—and they need to provide recommendations on what needs to be done. And, they need to do a better job sharing information and making the case.

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Courts

What should the 14A1 District Court look like? Should the Juvenile Division of the Family Court be centrally located with other areas of Family Court? If not, where should it be located?

How might the existing Trial Court building downtown be improved?

There are real safety and security problems at the court at the Service Center; crime victims and families are abused a second time when they have to come face to face with accused or adjudicated felons.

The 14,1A court is a disaster—it needs to be at the top of the list in terms of funding priorities.

Parking is a problem at the downtown facilities; when we go down there to provide services there is no place to park, especially after 11am, or the alternatives are costly and come out of our pockets, cutting into the services we can provide.

We should avoid splitting up court responsibilities unless there is a strong recommendation for keeping family and juvenile responsibilities separate from other courts.

Towner

Should the 555 Towner facility be converted to Health campus and delivery center?

Would your clients or constituents benefit from satellite service delivery?

If converted to a health campus, where should the ETCS administrative offices be located?

The Towner facility is not currently client-friendly.

Providing a “one stop” service delivery center makes sense; we need to think holistically about client needs and provide access to services in an effective and efficient manner. This should include DHS and social services as well. At the same time, programs offered in cooperation with other organizations, e.g., faith-based and nonprofits, can also improve access and efficiency.

Some ETCS services are provided at the Towner facility—the “thaw” program, weatherization, and emergency cash assistance. It may make sense to link these services to the health services that are provided at Towner.

Does it make sense to consider co-locating some of the family support services at the jail site? Would this also be a way to improve service delivery?

Funding

How should we fund these proposed space initiatives?

What would be the impact of not funding these space initiatives?

A “big cookie sale”

There are no easy answers to the funding problem. A new millage would provide additional revenue to support infrastructure and facility needs, although there may not be sufficient support for it. Borrowing money using current funding streams could potentially mean a reduction in support for human and social service programs, which may limit our ability to provide the services that can really make a difference in people’s lives.

Whatever recommendation emerges, we need to do a much better job of communicating the need; the “story” in the earlier campaigns wasn’t being told effectively.