

ENDING HOMELESSNESS IN KANSAS CITY

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This case was prepared by the authors (Stellern and Phipps) and is intended to be used as a basis for class discussion. The views represented here are those of the case authors and do not necessarily reflect the views of the Society for Case Research. The views are based on professional judgment.

Introduction

Mike Stellern, a professor of Economics at Rockhurst University, stopped in to see his colleague Mary Rutgers after a recent shopping trip on the Plaza. He told her about two encounters he had with homeless persons. A panhandler had asked Stellern, "Could you buy a homeless person a hamburger today?" Did the man really need food or was this a ploy to get passersby to give him money? The second encounter was with a young man, Matt, who had just graduated from high school in Boonville, MO. Matt told Stellern that he and his mother were living on the street, sleeping under one of the bridges that led to the Plaza. Matt said that his mother had been kicked out of the family house because of theft and alcoholism. Matt had chosen to join his mother on the streets so he could help her. Matt seemed intelligent, articulate, and friendly, but didn't have a clue how to help his mother. Stellern visited with Mary and wondered what could be done to address the needs of these people on the street.

Mayor's Task Force

These two encounters continued to run through Stellern's mind as he talked with Rutgers, who taught management in the Helzberg School of Management, and he wondered aloud what could be done to help the homeless. Rutgers confided that she herself had been homeless for a period of time. She had been fleeing an abusive husband, and was forced to live out of her car with her two young children. As they talked about her experiences, Rutgers told Stellern that the mayor was forming a task force on homelessness in Kansas City. Rutgers had accepted an invitation to join the task force and invited Stellern to attend the task force meetings with her. Stellern accepted the invitation, and for more than a year he observed the Mayor's Task Force on Homelessness as they deliberated what could be done to help the homeless in Kansas City.

The Formation of the Task Force

Kansas City Police Chief James Corwin was well aware of the homeless problem when he initiated a conversation with psychologist Dr. George Harris about what it would look like to solve the homeless problem in Kansas City. That conversation led to the idea of a commission designed to sway local government policy and integrate social service agencies. Corwin and Harris began expanding their conversation to include other leaders interested in ending homelessness in Kansas City. That conversation eventually culminated in a half day conference on June 26, 2009 entitled, "From This Day Forward: Ending Homelessness in Kansas City." The conference was held at the Police Academy, and was attended by more than 250 people. After

reviewing the results of the homeless “census,” existing programs, and gaps in service, the group refined their idea for a broad based, “blue-ribbon commission” designed to advance public policy solutions that could compassionately end or reduce homelessness in Kansas City.

Two months later, the Kansas City Council passed Resolution no. 090788, creating the Kansas City Homelessness Task Force (see Appendix A). In January, the Task Force held its first meeting. Charles German was elected as chair, Laura McCrary from MARC was chosen as vice chair, and George Harris, a psychologist in private practice was named secretary. As chair of the Task Force, Charles German, a lawyer, is charged with leading the group toward its plan to address the problem of homelessness in Kansas City. He recently received the rough draft of the Point in Time Count which provided data on the homeless in Kansas City. As the Task Force approached one year of existence, it was time to formulate a plan to address the challenge of homelessness in Kansas City.

The Task Force

The Homelessness Task Force was established to identify the issues related to homelessness and to develop a strategy to address the immediate and long term strategies, funding options, and suggestions as to how the Task Force might best partner with governmental entities, private businesses and the community to implement the plan.

The resolution called for the Task Force to consist of no fewer than 32 members appointed by the Mayor of Kansas City. Members were to come from business and government, and those with professional expertise in medicine, the legal system and law enforcement, education, mental health, social services and housing. The complete description of the Task Force composition can be found in Appendix A.

Executive Committee and Judicial and Law Enforcement Subcommittee meeting

Stellern began attending the Executive Committee and the Law Enforcement Subcommittee Meetings, both of which met monthly. At the first executive committee meeting it was decided to invite Jamie Van Leeuwen, Ph.D. to give a presentation in Kansas City. Dr. Van Leeuwen had been influential in the formation of Denver’s Road Home, one of the best city-developed strategies for addressing homelessness.

Stellern also started attending the Law Enforcement Subcommittee meetings and appreciated the stories of the Police Commissioner and other police officers. The police officers were the ones who had to deal with panhandlers on a daily basis. They described some as “professional” because with the right look, the right technique, and the right street corner they could earn \$150 - \$250 a day. These individuals were not necessarily homeless. Their panhandling was a job. They also described other groups of homeless who would take turns asking for money on the corner. They would share their earnings, and use it to buy alcohol or drugs. These individuals frequently broke into cars and homes to get money for their addictions when they were not panhandling. They could become more of a nuisance and danger after they became drunk or high.

The officers said that taking care of these problems took their time and energy and often left them unable to attend to more serious issues. They also detracted from those who were truly trying to get enough funds together to feed themselves or their family. The officers also said that there were families who were on the streets because of lack of work and a lack of close family in Kansas City. The officers said that when they found these people on the street they had to make decisions on how to handle each case. They recognized that some were a threat to others, while others were just struggling to survive. Police Commissioner Corwin made it clear that panhandling was a right for individuals unless it was considered aggressive panhandling. Stellern recognized that there was more to homelessness than the old man on the corner looking for a handout. Stellern realized how different the two individuals he encountered on the Plaza were. Seeing these differences helped him to see the importance of the Executive Committee's work to officially define who the homeless were.

Definition of Homeless

While there are many available definitions of homelessness, the federal government has defined the term in United States Code, Title 42, Chapter 119, Subchapter I, Section 11302. Homeless is defined as:

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is -
 - A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Elsewhere in the statute, homeless children, or "migratory children," are defined as those who live in hotels, trailer parks, camping grounds, cars, parks, public spaces, abandoned buildings, substandard housing, or bus or train stations. It also includes those children who have been abandoned in hospitals or are awaiting foster placement.

This definition of homelessness is useful in considering urban settings, but may be problematic in rural locations where homeless shelters are less frequent. In those settings, those who are homeless are less likely to live on the street, and more likely to live with relatives in overcrowded or substandard housing (National Coalition for the Homeless(a), 2009).

Looking to Denver

Because of Denver's success in dealing with the issue of homelessness, the Executive Committee invited Dr. Van Leeuwen to present on Denver's experience. Denver had a serious problem with large numbers of homeless living on the streets. Under Dr. Van Leeuwen's direction, they adopted a very unique approach to addressing the homeless of their community. Their long term goal was to end homelessness. Their short term goal was an overall reduction in the chronic rate

of homelessness by 75 percent in a five year period. Their plan, called Denver's Road Home, was put together by a 41 member commission with the help of over 350 volunteers. The plan identified eight core goals: permanent and transitional housing, a shelter system, prevention, services, public safety and outreach, education, training and employment, community awareness and coordinated response, and finally zoning, urban design and land use.

Stellern was impressed with the professional way that Van Leeuwen addressed the problem of homelessness at the presentation he attended. People involved in the process included police officers, psychiatrists, counselors, and housing advisors. It was more complicated a problem than one might first imagine. Stellern walked away from Van Leeuwen's presentation with three takeaways: information on the point in time count, the cost of homelessness, and new housing in Denver.

Point in Time Count

The problem of homelessness was measured with a point in time count in January 2007. The original 2007 count found over 3,900 men, women and children living on the streets in the City and County of Denver. The homeless were found under bridges, in alleyways, in cars and in shelters. The count showed some interesting statistics. Of the overall homeless population, 46 percent were women and children. This included some families. Overall, 60 percent of the homeless were in families. Finally, 40 percent of the homeless were actually working.

Cost of Homelessness

The cost of the homeless was more significant than most would estimate. Stellern was an economist, so he really appreciated the attempt to measure the cost of homelessness and the savings that could occur by housing these individuals and their families. He remembered another story told by a police officer in Kansas City who had arrested one man more than a half dozen times. Each time, the individual would collapse and the officer had to send for an ambulance. The estimated cost for ambulance and hospital stay for this individual was more than \$500,000.

For Denver, the general estimate of the annual cost was \$40,000 per homeless person while that person remained on the street. Of that amount, the annual average hospital stay of the homeless in Denver was \$29,921. If the homeless stayed at Shelter Bed the cost was estimated to be \$18,000 per person. The homeless use the most expensive city services—detox treatment and emergency rooms are among the most costly. The 25 highest users of Denver CARES, a support program sponsored by the Denver Health medical Center logged a cumulative total of 2,657 admissions, with each staying an average of over 100 nights each. After one year in housing, there was a 79.6% reduction in their admissions to hospitals for a cumulative total of only 541 admissions in a year.

Denver raised \$46.1 million as part of a fundraising strategy to fully implement four years of their plan. They were able to raise 50% from public funding, 25% from foundation support and 25% from the private sector. They worked in partnership with the Mile High United Way. Their goal was to move toward a more sustainable and publicly-funded plan by year seven.

New Housing

The Denver plan developed more than 1,500 new units of housing for the homeless in partnership with the community. More than 3,278 families were saved from becoming homeless, and the plan helped 1,974 homeless people obtain employment. The Colorado Coalition for the Homeless Study found that average monthly income increased from \$185 at entry to \$431. The housing worked because 77% stayed in the housing one year later and 34% were able to obtain benefits. Other successes include a 60% decrease in hospitalizations, substance inpatient treatment, detox, or jail, and the utilization of emergency services fell by 44% compared with utilization at enrollment. The Downtown Denver Partnership also reported an 83% reduction in the number of pan handlers downtown.

Successes of the Denver Road Program

Regardless of what one's position might be on the homeless, Denver's plan has allowed the city to significantly reduce its costs in taking care of the homeless. There were a total of 446 clients who have entered substance abuse treatment between one and three years ago. These clients had a total of 13,773 admissions to substance abuse clinics. In 2009, their total admissions totaled 3,328. This represents a decrease of admissions of 10,445 or 75%, and an estimated cost reduction for the city of more than \$1,083,600 from the previous detox services provided to these individuals based on their detox admissions one year pre-enrollment to treatment.

Jail costs for homeless persons have also fallen significantly from 2006 to 2009. There was a decline from \$10,315,360 to \$7,143,015 with a cost reduction of \$3,172,345, or a 31% decrease in costs per year. Finding shelter for the homeless is clearly a better solution than increasing the jail census. The length of stay in jail for homeless people is down from 187,552 days to 129,873 days, a decrease in 31%. The estimated cost saved per night for homeless people is \$55 per night.

Taken together, Denver's Road Home program appeared to be very successful, both in reducing homelessness and reducing costs for the city of Denver. Stellern wondered how Kansas City might approach its problem to achieve similar results.

Homeless Youth

At one of the Executive meetings, Stellern listened to a report on the problem of homeless youth in Kansas City by Synergy Services, Inc. A number of counselors also reported on the problems they faced keeping homeless youth in classes.

Synergy Services, Inc. reported that national statistics are representative of their experience locally in serving youth in Kansas City. Most youth became homeless because of problems in the home. Nearly half experienced physical or sexual abuse at home. Many reported their parents had been treated for substance abuse or mental health issues. Many witnessed domestic violence in the home. They reported that 12-17 year olds are at greater risk for being homeless than adults. One in seven youth between the ages of 10 and 17 have experienced homelessness. They reported that nationally, 40 percent of the homeless youth were abused or thrown out

because of their sexual orientation. Half of all homeless youth were told by their parents to leave, or their parents knew they were leaving and did not care. Female teens who were pregnant represented 10 percent of the homeless youth. Nearly 3 million teens ran away from home.

There were 1.6 million teens that slept on the street in the past year. The statistics showed that homeless youth are frequently lured into prostitution within 48 hours of being on the streets. The average homeless child first had sex at 13. The average age of entry into prostitution was 14. Youth were 2 to 3 times more likely to be raped or assaulted than their peers who were not homeless. Homeless youth were 18 times more likely to use crack cocaine. They were 16 times more likely to be diagnosed with HIV and 17 times more likely to die from AIDS. There were 325 who attempted suicide and half of them succeeded. Half of them did not live to see their 20th birthday. Murder, suicide, overdose, injury, and illness were the usual causes of death for homeless youth.

The Problem for Kansas City

While he could not attend every meeting, Stellern kept up with what the committee was doing. He knew that there would be a Point in Time count for the night of January 25, 2011. This survey would give some insights into how extensive was the problem that confronted Kansas City.

Data on Kansas City

Walter Boulden, Ph.D., Executive Director of the Resource Development Institute in Kansas City, Missouri, prepared the Kansas City Point in Time count in March of 2011. The study looked at where respondents spent the night on January 25th, 2011. There were 1,985 surveys completed. There were 1,912 unduplicated respondent surveys. The majority of them, 1,793 (93.8%), came from Jackson county where Kansas City is located. There were more sheltered persons (66.6%), as compared to under one-third (31.2%) who were unsheltered. Of course, the survey took place in the middle of winter in January and many took refuge wherever they could. There were 1,505 homeless individuals (53.4%), as compared to homeless families of 407 or accompanying "other" family members of 906. The figure came to 46.6 %, just slightly less than half. The stereotype single male just does not fit the data. The average age of sheltered head of household families was 33.79, with ages ranging from 16 to 72. The average age of unsheltered head of household was 40.59 with a range of ages from 17 to 87. Approximately 56.7% of both groups spent the night with family and friends while 10.2% spent the night in prison or jail and another 10.2% spent the night in an abandoned building. Others spent the evening in a medical hospital, car, park, on the street/under a bridge, etc. Overall, 34.8% of families reported that they had been homeless four or more times. There were 65.2% reported that they had been homeless less than one year. The report identified that 11.2% of the homeless were veterans.

The study also reported on the disabilities of the homeless. There were 281 with a physical disability, 30 were HIV/AIDS, 524 had reported some mental illness, and 650 were substance abusers.

The respondents were asked what factors contributed to the household becoming homeless. The results are summarized in Table 1. Respondents were allowed to list more than one contributing factor to homelessness. Consequently, the percentages exceed 100 percent.

Table 1: Factors Contributing to Homelessness

Contributing Factor	Number of Respondents Identifying that Contributing Factor	Percentage of Total Respondents
Loss of Income	833	43.0%
Eviction or Foreclosure	312	16.3%
Mental illness	292	15.3%
Substance Abuse	468	24.5%
Lack of Income	739	38.7%
Kicked out of house	316	16.5%
Divorce	114	6.0%
Stranded transient	74	3.9%
Medical catastrophe/condition	175	9.2%
Domestic violence	240	12.6%
Past Incarceration	209	10.0%
Other	137	7.2%

Resource Development Institute (2011, March). Kansas City 2011 point in time (January)
Kansas City, MO: Walter Boulden, Ph.D.

The study reported the total unduplicated homeless persons had increased by 26.1% in 2011. The overall number was 2,818 as compared to 2,235. The number of individuals was up 14.9% and the number of families was up 31.1%. The number of individuals was 1,310 in 2010 as compared to 1,505 in 2011.

Analysis of the Causes of Homelessness

Stellern compared the data obtained for Kansas City with some national studies that had been done by the National Coalition for the Homeless, and found that that the data for Kansas City fit the national analysis. The data for Kansas City showed that 81.7% explained their homelessness

because of a loss of income or a lack of income. It was clear that the homeless face the challenge of poverty in their lives.

Poverty

The National coalition for the Homeless, found that in 2007, 12.5% of the U.S. population lived in poverty. This situation is exacerbated by the erosion of employment opportunities. In 2004 the real value of the minimum wage was 26% less than in 1979. As a result, in every state minimum wage employment is insufficient to afford a one or two bedroom apartment at Fair Market Rent (National Coalition for the Homeless(a), 2009). A 2007 survey conducted by the U.S. Conference of Mayors found 17.4% of homeless adults in families were employed, demonstrating that employment is not a guarantee against being homeless.

Reduced availability and value of public assistance has also added to the problem. Federal welfare reform passed in 1996 (Temporary Assistance for Needy Families) has helped only a third of the children at 50% of the poverty line as the welfare system it replaced. And TANF has failed to keep up with inflation (National Coalition for the Homeless(a), 2009).

Lack of Affordable Housing

For Kansas City, 32.7% found themselves victims of foreclosure or eviction and/or kicked out of the house. Nationally, the second driving force behind homelessness is the lack of affordable housing. The greatest shortage is for housing that is affordable for those with very little income. Between 2000 and 2009, the incomes of low-income households declined as rents continued to rise (National Low Income Housing Coalition, 2005). In 2009, a worker would need to earn \$14.97 per hour to afford a one-bedroom apartment or \$17.84 per hour to afford a two-bedroom apartment. The average fair market rent for a two-bedroom apartment, according to HUD, increased 41% from 2000 to 2009 (National Coalition for the Homeless(a), 2009).

Making matters worse, Federal support for low-income housing fell 49% between 1980 and 2003 (National Low Income Housing Coalition, 2005). This has created a large demand for public housing, often resulting in waiting lists. This means that people must remain in shelters or inadequate housing arrangements longer, which makes less space for those waiting to get into shelters. In a 2005 survey of 24 cities done by the U.S. Conference of Mayors, people remained homeless an average of seven months, and 87% of cities reported that the length of time people are homeless has increased in recent years (National Coalition for the Homeless(a), 2009).

Other Factors

In addition to the systemic problems of poverty and housing shortages, individual problems also can contribute to homelessness. These additional complicating factors that can cause individuals and families to become homeless include Lack of Affordable Health Care, Domestic Violence, Mental Illness and Addiction Disorder. Other contributing factors are less important.

Lack of affordable health care. For Kansas City, 9.2% listed medical catastrophe/condition as a reason for their homelessness. According to the National Coalition for

the Homeless (2009), one in three Americans does not have health insurance, and 30.7% of those are under 18 years old. The occurrence of a serious illness or disability for members of this uninsured population can begin a spiral of financial troubles that results in homelessness, particularly for those who are already struggling to pay for housing.

Domestic violence. For Kansas City, 12.6% listed domestic violence as the primary cause of their homelessness. Half of the cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness. A woman in both poverty and an abusive relationship must often choose between the abusive relationship and homelessness. This connection is supported by the evidence showing 63% of all homeless women have experienced domestic violence in their adult lives (National Coalition for the Homeless(b), 2009).

Mental illness. For Kansas City, 15.3% claimed that mental illness was the primary reason for their homelessness. Mental illness can also be a contributing factor to homelessness. According to a survey done by the U.S. Conference of Mayors (2005), approximately 16% of the single adult homeless population suffers from some form of severe and persistent mental illness. Yet most of those homeless who are also mentally ill do not need to be institutionalized according to the U.S. Department of Health and Human Services. They can live in the community when there are supportive services, including housing, case management, and treatment.

Addiction Disorders. Substance abuse was listed by 24.5% as a contributing factor to their homelessness in Kansas City. Rates of alcohol and drug addiction among the homeless are disproportionately elevated, but the increase in homelessness over the last two decades cannot be attributed to addiction alone. Many people suffering from addiction did not become homeless, though those who were both poor and addicted were at greater risk of becoming homeless. The relationship between addiction and homelessness remains controversial, but one thing is clear. Those who have precarious housing are at greater risk of homelessness if they are also addicted to alcohol or drugs, and obtaining treatment for addiction is more difficult for those who are homeless (National Coalition for the Homeless(a), 2009).

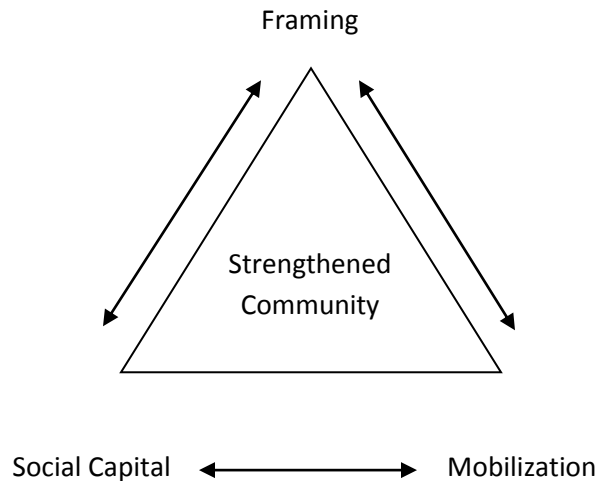
Community Leadership

As Stellern observed the deliberations of the task force, it became obvious that German, its leader, was facing a very challenging job. Stellern knew that leading community change necessitates a different type of leadership than that required in business. Lrile, Curphy, and Lunde (2006) have argued that community leadership is comprised of three elements: framing ideas, building social capital, and mobilizing resources (see Figure 1).

Framing is when a leader helps the community understand the problem and opportunity in a way that can result in action. There are an unlimited number of challenges a community could address. An effective community leader defines, or frames, the issue in a way that others can see why that issue is important at this time, and how the community could address the issue effectively. Through careful selection and compelling description, a community leader uses

framing to bring one issue ahead of the others, and bring it into clear focus (Krile, Curphy, & Lund, 2006).

Figure 1: The Components of Community Leadership (from Krile, Curphy, & Lund, 2006)



Social Capital is the power of relationship that spans organizations and communities. Just as financial capital makes it possible to accomplish corporate objectives, social capital is required before community leaders can accomplish changes in a community. Social capital is the sum of all the networks and associations created by a leader in the community. A leader high in social capital will have the relationships and credibility necessary to lead others in collective action. A leader with little social capital may find it difficult to get others to work together across their differences (Krile, Curphy, & Lund, 2006).

Mobilization is the ability to move resources and people toward a shared goal. Having the vision, the resources, and the relationships isn't enough – leaders must move others into action. Since community leaders are often attempting to lead people over whom they have no control, mobilization is particularly important. An effective community leader must assure that human and other resources eventually move forward in pursuit of the shared goal (Krile, Curphy, & Lund, 2006). So before the task force can mobilize others into action to eliminate homelessness in Kansas City, German must first frame the issue, and assess the social capital available to the task force.

Action Plan

Stellern had observed the committee for more than a year. The data on Kansas City was now available. German had to process the data and determine what kind of action should be taken to address the problem of homelessness in Kansas City. What were the most important steps that could be taken to reduce the problem for Kansas City? Stellern looked forward to seeing the steps that would be taken.

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Appendix A: Enacting Resolution

COMMITTEE SUBSTITUTE FOR RESOLUTION NO. 090788

Establishing a Homelessness Task Force (Task Force) to identify the issues related to homelessness; developing a Plan (Plan) to address these issues which will include both immediate and long term strategies, funding options, and suggestions as to how the Council may best partner with governmental entities, private businesses and the community in furtherance of the Plan; presenting said Plan to the Council for recommendation and implementation; and directing the City Manager to make available staff and non-monetary resources as necessary.

WHEREAS, the City Council recognizes that homelessness is a pervasive concern within the city as well as the metropolitan area; and

WHEREAS, pursuant to Homeless Management Information system data, of all of the homeless persons receiving services in the entire state of Missouri in 2007, 38% of homeless persons were served in Kansas City, Missouri; and

WHEREAS, since 2007, local United Way 2-1-1 data on calls for services related to homelessness and homelessness prevention indicate a 45% increase in need for services; and

WHEREAS, the number of homeless individuals and families continues to grow as a result of the country's current economic situation; and

WHEREAS, on June 25, 2009, Council adopted Resolution No. 090558 which supported the conference entitled From This Day Forward: Ending Homelessness in Kansas City, held on June 26, 2009, to address the issue of homelessness and to educate private and public participants, as well as community members, to work together toward a solution; and

WHEREAS, in furtherance of the goal of finding a viable solution to end homelessness and the issues associated therewith, the Council desires to establish a Homelessness Task Force and invites the county governments of Cass, Clay, Jackson and Platte to join forces with the City to collaborate for a solution; and

WHEREAS, recognizing that this issue is not limited to Kansas City, Missouri, the Council has the goal in the near future to join with additional cities and counties in the surrounding area in forming a metropolitan-wide commission to combine these efforts; and

WHEREAS, the Homelessness Task Force will develop a plan to address the issues associated with homelessness in the Kansas City metropolitan area, which includes immediate and long term strategies as well as funding options, and present said plan to the Council for implementation; and

WHEREAS, the Task Force will be composed of no fewer than thirty-two (32) members who will be appointed by the Mayor and may include representation from business and government, professional expertise in fields including medicine, legal system and law enforcement, education, mental health, social services and housing, as well as Council members, as specified in Section 2 below; NOW, THEREFORE;

BE IT RESOLVED BY THE COUNCIL OF KANSAS CITY:

Section 1. That the Homelessness Task Force is hereby established to identify the issues related to homelessness; to develop a Plan (Plan) to address these issues which will include both immediate and long term strategies, funding options, and suggestions as to how the Council may best partner with governmental entities, private businesses and the

community in furtherance of the Plan; and to present said Plan to the Council for recommendation and implementation.

Section 2. That the Task Force members shall be appointed by the Mayor and shall be composed of no fewer than thirty-two (32) members to be represented by individuals in business and government and/or have professional expertise in fields including medicine, the legal system and law enforcement, education, mental health, social services and housing and who all have knowledge regarding the issue of homelessness. In addition, the Task Force shall include Council members from all six districts. The Task Force members shall include:

- The Mayor or designee
- Seven members of the City Council, with one from council districts 1, 2, 4, 5 and 6, and two from council district 3
- Five at-large members who shall be residents of Kansas City, Missouri
- Two members from the field of higher education
- Two members from the field of elementary and secondary education
- Three members from the business sector including a member from the Downtown Council, a member from the Kansas City Civic Council and a member from the Kansas City Chamber of Commerce
- One member from the Kansas City Metropolitan Bar Association
- One member from the Kansas City, Missouri Municipal Court Judiciary
- One member from the Housing Authority of Kansas City, Missouri
- One member who is a director of an emergency shelter for homeless persons
- Three members from the healthcare field including the Director of the Kansas City, Missouri Health Department, one member from Truman Medical Center and one member from St. Luke's Medical Center
- Two members from faith-based organizations
- One member from the Department of Veterans Affairs
- One member from the Mid-America Regional Council
- One member from the U.S. Department of Housing and Urban Developments Office of Community Planning and Development
- Two members from homeless provider agencies
- Two members from law enforcement including the Chief of Police and one member from the Kansas City Missouri Police Department
- One member who is the Human Services Division Manager of the City's Neighborhood and Community Services Department
- Two members from philanthropic organizations such as the United Way and the Health Care Foundation
- One member from the Homeless Services Coalition

Section 3. That the Plan shall be presented to the Council for implementation on or before September 30, 2010. The Task Force will oversee implementation of the Plan, as directed by Council.

Section 4. That the Task Force is authorized to collaborate with other governmental entities which may join in this effort to develop a Plan for the Kansas City metropolitan area.

Section 5. That the Task Force shall adopt its own governance structure and shall determine its leadership.

Section 6. That the Task Force will report quarterly on its progress to the Public Safety and Neighborhoods Committee.

Section 7. That the City Manager is directed to make available to the Task Force such staff and other non-monetary resources as may be necessary or appropriate.