Chittenden County Homeless Alliance (CCHA)

Coordinated Entry Meeting

Dec 19, 2018 at 8:30 – 10:00
Champlain Housing Trust, 88 King Street, Burlington, VT – 2nd floor conference room

ATTENDEES:

Nicole Kubon**, COTS**
Dylan Foote**, STEPS**
Steve Lunna, **SSVF @ UVM**
Jason Brill, **V.A.**
Meghan Morrow Raftery, **ICA**
Susan Batchelder, **VSHA**
Margaret Bozik, **CHT**
Adam Wager, **COTS**
Will Towne, **Spectrum**
Alex Ellis, **Spectrum**
Tami Thygesen**, Veterans Inc.**
Linda Amante, **CVOEO**
Chris Brzovic, **CCHA / CVOEO**
Brian Smith, **VT-DMH**
Stephen Marshall, **Lived Experience**
Jane Helmstetter, **AHS**

PRELIMINARIES

- **Our Maple Street residence is sitting vacant.**
- **Lacey will be providing extra admin help for C.E.**, helping with review process and input to HMIS. It's still in the works; she needs an HMIS license and we are working on expanding the data sharing agreement to include her: specifically City of Burlington PD "Community Affairs Team" – she will use a dedicated laptop that BPD will not have access to.
- We will also be adding **Veterans INC** to the data sharing agreement.
- And VHFA will be working on getting HMIS so Erica can help out with data entry.
- **OPEN QUESTION:** Does this practice – making HMIS available to agencies who seek it -- set a precedent that anyone from the CoC can have access to HMIS if they want it? What does it mean for anyone who wants to be part of the system?

DISCUSSION OF THE PROPOSED CHT PARTNERSHIP AGREEEMENT WITH COORDINATED ENTRY.

- CHT changed its tenant selection policy and this document (the proposed agreement) reflects those changes. It spells out our expectations when we bring a vacant apartment to the table.
- CHT will notify Chris or Lacey when a unit becomes available and the CHT will recommend or make referrals based on who is prioritized.

- Most of CHT's homeless prioritized units are not attached to a particular agency but SOME are. COTS has 3 apartments at Avenue, for example, and the V.A. has 4 apartments at Harrington and so forth.
- BHA (we don't have a partnership agreement with them) will hopefully draw from the committee for referrals.

A DISCUSSION ABOUT THE DEFINITION OF HOMELESS USED IN THIS AGREEMENT

- The HUD definition includes transitional housing and literally homeless but for these purposes, transitional housing is NOT included.

    - The document currently reads: "2. "Homeless" means households meeting the U.S. Department of Housing & Urban Development definition of literal homelessness." DURING THE MEETING, it was changed to: ""Homeless" means households meeting the Governor's Executive order definition of homelessness."

    - QUESTION ABOUT #4: Which currently reads, in part: "Households at the top of the community master list who have subsidy (if needed) and whose household is an appropriate fit for the Project Unit size will be prioritized for referral…"
        - Regarding "subsidy," that doesn't exclude households that are income qualified.
        - Regarding: "at the top of the prioritized master list," the prioritization process referred to is the one agreed upon by this group.

- CONCERN EXPRESSED: This process will not provide an opportunity for folks who are not income eligible to get into these units because their vulnerability is never going to be as high as other people.
    - RESPONSE: Anyone who is income eligible is welcome to apply for a tax credit apartment. This is geared toward people who don't have the money to pay for a tax credit apartment.
- QUESTION ABOUT PROCESS: What happens when a referral is rejected?
    - RESPONSE: CHT retains the right to reject someone (arson, sex offender, violent crime in the last 10 years, etc).
- QUESTION ABOUT #6: If one of our referrals is not acceptable to CHT, what happens to that unit? Does someone just come back to the committee for another referral or do you just move on?
    - RESPONSE: We have to move on.

- **Now we will recommend this for the Steering Committee.**

A DISCUSSION ABOUT HOW TRANSITIONAL HOUSING CLIENTS FIT INTO THE PROCESS

- **CONCERN EXPRESSED:** There's a break in the chain with regards to transitional housing. Being in transitional housing negatively affects people's ability to get permanent housing. You have be income ready to get on the wait list. But especially youth in transitional housing are not.

Perhaps C.E. can be responsible for thinking about this gap. Maybe we could formally address this gap in the future.

- Much of what we're doing— and this definition of homeless – is driven by outside mandates. But that said, **there's no reason people in transitional housing can't get on project-based wait lists as well as tax credit wait lists. There could be some advocacy around changing the external requirements that mandate what we do.** Testimony in front of the legislature about this on Jan. 16 might be a good idea.
- **We need to have a bigger conversation around transitional housing.**

DISCUSSION AROUND CHANGES TO THE CCHA Coordinated Entry Partnership Agreement:

- Chris: Based on our discussion last meeting I made some minor modifications (see document).
- HUD requires some sort of evaluation (monitoring) policy. This committee might develop a monitoring policy specific to C.E. Or we might ask the consultant that's going to be hired to write a policy for us.

    - In SECTION D., the following was added during the meeting: "CE Committee will develop and oversee evaluation of CE process."

- QUESTION ABOUT HIPPA REQUIREMENTS: Does this agreement impose HIPPA requirements on the partnership?
    - RESPONSE: If you are not a healthcare provider or an agency already covered by HIPPA, not likely to be of concern.
    - There's nothing in HUD that says everything must be HIPPA compliant.
    - **Could we make this clearer that this provision applies to those who are subject to HIPPA?**

    - This was added to the HIPPA SECTION during the meeting: "by organizations subject to HIPPA" inserted immediately following "Because some Coordinated Entry Partners are health care providers or business associates, all information shared as part of Coordinated Entry"

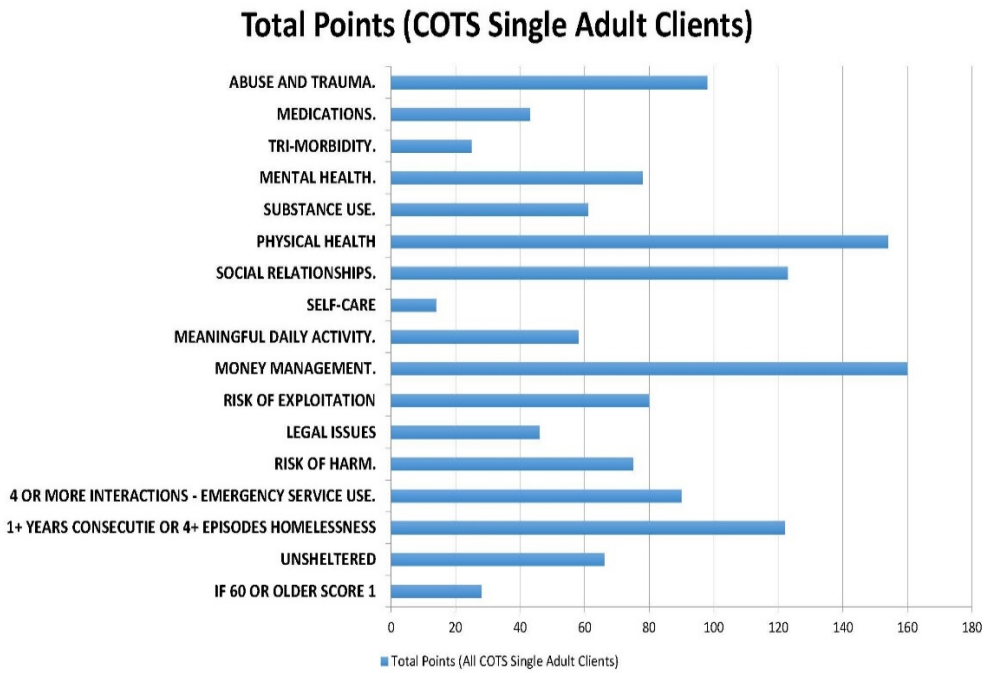
- **So everyone can look over this and we'll vote on approval in FEBURARY.**
- Please send any comments by the next meeting.
- QUESTION ABOUT THE ROI: Does it cover all programs in an organization? If someone signs an ROI, does it cover inquiring about their status on the COTS family shelter waitlist, for example?
    - RESPONSE: According to Sarah Phillips, they would be covered by the ROI.
- CONCERN EXPRESSED: We must make sure the client understands this. That we can talk about your housing needs at the C.E. Meeting. And we can use it to talk to other agencies related to your housing. People do not necessarily know that if someone takes a med and the med is on a list that the list might connect it very closely with a diagnosis – would they really want their diagnosis widely known? How do people know and understand the ramifications of signing a document like this?

- RESPONSE: Balance of State has an ROI "explainer" and we could build on this sample or modify it (sample provided).

DISCUSSION ABOUT THE VULNERABILITY ASSESSMENT (VA)

LED BY ADAM WAGER OF COTS

- **QUESTION THAT FRAMES THE DISCUSSION**: Do we want to have the entire Vulnerability Assessment (25 to 30 questions) entered into service point – you would answer each question IN service point -- and it would automatically calculate a score **OR** just enter the scores that have already been tallied as we've been doing.
- This assessment tool (the VA) is an ALGORITHM. It's implemented by humans in an interview but it's a black box algorithm that is having an impact on people's lives (determining how likely they are to get housing). It's incumbent on us to understand how this assessment is working. And one way to understand it is to look at aggregate level data. The people who designed it could be transparent about how it was designed – but they are NOT being transparent. So, here is one analysis:
    - Here are the 215 COTS single adult client assessments we've done.
    - Here are the 17 point scoring points on the assessment and representation of how people answered:



- The question is this: what questions are making a distinction between the high scorers and the next group down – the middle group (as opposed to low scorers)? It's not, for example, physical health and money management as everyone is getting that point. The low bars are not making a huge difference either. It's the ones in the middle.
- Two of the questions that has the biggest difference between high scorers having them and medium scorers NOT having them:
    1. **Substance Abuse**
    2. **Mental Health Problems**

  (High scoring is being defined as 11+)

- It also appeared that there was a big difference between how Substance Abuse (SA) was being tracked between HMIS and the Vulnerability Assessment (VA).
- At HMIS everyone is asked about SA, roughly, "Do you have a substance abuse problem?"
- In the VA, they are asked in a different way (see slide below).

CCHAVA Questions

- 21 If you drink or use drugs. has your drinking or drug use led to your being kicked out of an apartment or program where you were staying in the past?
- 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?
- 23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: a) A mental health issue or concern? b) A past head injury? c) A learning disability, developmental disability, or other impairment?
- 24. Do you have any mental health issues, cognitive impairments, or brain injuries that would make it hard for you to live independently because you'd need help?

- **There were 28 people who said YES to HMIS on the SA question and NO to the VA.**
- **The same phenomenon held for the Mental Health (MH): 69 said yes in HMIS but no in the VA.**
- **There were no high scorers who said YES in HMIS for SA and NO on the VA. High scorers didn't have a discrepancy.**
- **Among medium scorers, however, 13 percent had identified SA in HMIS but not in the VA. In MH, 28 percent identified a problem in HMIS but not on the VA.**
- **The VA questions require a certain amount of self-awareness that might not be wise to assume.**

- These questions are based on the second version of the VI-SPDAT, and do tend to lead to under-reporting. The revision of the questions done by VI-SPDAT is a bit mysterious but it seems we may want to re-visit the VA questions.
- Some are afraid about the "living independently" question, for example. They envision having a monitor or caretaker and are trying to prevent that.
- INTAKE PERSON WHO ATTENDED THE MEETING: "Clients DO NOT answer yes to these questions. Once in all the time I've been doing intakes. There isn't a trusting relationship with the intake person who they likely just met."
- **RETURN TO THE ORGINAL QUESTION:** Do we want to require the full VA be entered into data point or just the score totaled at the end of the intake session?
- **We'll revisit this conversation.**

LAST TWO ITEMS

- HUD has just released what they want us to track for C.E. including access to statistics of how many people access C.E., how many people are assessed. So we need to ask how are tracking access? We'd love to have everything entered directly into HMIS.
- **HUD requires that you must evaluate C.E. annually.** It must be an entity other than those who govern the C.E. system. **Again, we'll come back to this issue in a future meeting.**