

Chittenden County Homeless Alliance (CCHA)

Coordinated Entry Committee Meeting

February 27, 2019, 8:30 – 10:00

ATTENDEES:

- Chris Brzovic, **CCHA/CVOEO**
- Andrea Tieso, **VHFA**
- Elaine Soto, **HC**
- Margaret Bozik, **CHT**
- Caitlin Ettenborough, **ICA**
- Tamelia Thygesen, **VETERAN'S INC.**
- Meghan Morrow Raftery, **ICA**
- Steve Lunna, **SSVF@UVM**
- Susan Batchelder, **VSHA**
- Jason Brill, **V.A.**
- Erin Ahearn, **CHCB / Safe Harbor**
- Lindsay Mesa, **Pathways**
- Sarah Phillips, **AHS-DCF-OEO**
- Stefani Hartsfield, **UVMC**
- Erica Da Costa, **CCHA**

PLEASE NOTE: Unless quote marks are used, text attributed to a specific person is paraphrased.

PRELIMINARIES

- **DATA SCRUBBING:** We have a meeting scheduled for March 1st to review the masterlist – in particular, what updates have been done and not. By Friday we'll be confident the updates were made.
- **Please remember:** Be sure to EXIT clients from the list once they are placed in housing.

A DISCUSSION OF THE ACO (Accountable Care Organization) GRANT FROM /WITH UVMC

- There have been concerns expressed about moving forward with the grant application because of the rushed timeline and a lack of preparation. To allay fears, Stefani from UVMC gave an update about this grant: even if we get the grant, it will be slowly phased in. We'll take the consultant input first as well as the input of this committee.
- Stefani continued: A lot of people are applying for this grant so there's no guarantee we will get it. Our application is tied to another project/grant in which UVMC is currently participating called the Hospital Community Cooperative (created by the American Hospital association

AHA). About 10 hospitals across the country are participating. HCC teaches hospitals how to better communicate with their community organizations. Here's an article that provides more detail:

- [“Hospitals Test Ways to Address Social Needs.” *Modern Healthcare*.](#)

UPDATE ON THE CONSULTANT

- The executive committee has a telephone conversation scheduled with Greg, the consultant, on Friday for a roll out plan.
- United Way will be considering a request for funding the following Friday.

UPDATE ON THE R.O.I.s

- We have a new iteration of the ROI that brings in more partners. They were sent out.
- Regarding the HUD C.E. grant through the CoC, **we did get the expansion grant.**
- C.E. grant for the non DV bonus came through. **So Coordinated Entry will be hiring a new person:** an assessment specialist for the continuum, a dedicated point person who will travel to various locations to do assessments.
- It seems that BoS did get a DV bonus but Chittenden did not. Not clear why.

THE NEW COORDINATED ENTRY CARDS ARRIVED

- They are credit-card sized and the blue one is titled “PROOF OF ENROLLMENT: NAVIGATOR ASSIGNMENT PENDING” and the gold one is titled “PROOF OF ENROLLMENT: NAVIGATOR ASSIGNED.” They offer an easy way to see a client’s status and for the client to keep track of contacts, dates and times of meetings.

ANNUAL REVIEW OF C.E. & EVALUATION OF VULNERABILITY ASSESSMENT

- **We are required by HUD to do an annual review of C.E.** and Chris cannot do the evaluation (as the primary). For this year, the consultant would provide the review.
- Let's not forget to touch on all the subpopulations: Is C.E. working for V.A., for example?
- In addition, we want to put together an **evaluation for the Vulnerability Assessment** for our own purposes.
- A small workgroup is proposed to put together a survey to get feedback on the V.A. assessment – its effectiveness & accuracy. Are the questions clear? Are they measuring things properly? The workgroup should define the questions we're asking and propose the way we're going to answer those questions.
- The Dept of Health uses a self-sufficiency matrix & Stefani has been working on modifying it. **Stefani asks: Is it possible to find a common baseline/ common language between the two?**

- Meeting participants will be hopefully: Margaret, Chris, Sarah Phillips, Jason, Nicole, Lindsey, Dylan, Will or someone from STEPS.

A DISCUSSION OF TRANSFERS BETWEEN C.E. AND BoS

- Issues arise sometimes when clients move between the two continua of care: C.E. in Chittenden County and Balance of State. We're going to work on a referral protocol.
- The master-list in Chittenden county is the way that people access resources and services.
- There is the issue of the Veteran's committee and their priorities as well.
- The open question is: how are we supporting clients who are moving between CoCs?
- **QUESTION:** Is there a protocol WITHIN BoS?
 - **RESPONSE:** No. And there's no data sharing between the CoCs WITHIN the BoS.
- There's a lot of movement outward movement FROM Chittenden Co. to other counties.
- The simplest way is to have someone from BoS make a referral to CVOEO or COTS. The simplest way to do it going in the other direction would be for C.E. to call the lead agency in the other county.
- Ideally, we would have a system that would give choice and access.
- As it is now, the master-list is restricted to people who are residing in Chittenden county but we can explore how to revise that.
- **HUD wants global sharing statewide.** But this would be very hard to achieve. Especially with the extreme privacy concerns of agencies like Howard. **Providers on the ground are wary** of global sharing.
- **Let's re-visit this conversation again in March.**

A DISCUSSION OF DATA SHARING

- An issue arose in HMIS when the data did not appear to match the client status in some cases, specifically, clients who were categorized as chronically homeless. As it turns out, data imported by COTS was not being shared, but the end result still registered a client as chronically homeless. Not having access to that data was posing a problem however.
- Chris reported that Nicole (not present) from **COTS said they were interpreting the data sharing agreement as covering only a limited amount of information.**
- Chris states that the data sharing agreement developed by this committee is actually for HMIS. We then decided to do C.E. through HMIS. Therefore anyone going through C.E. is entered into HMIS and is then covered by the HMIS data sharing agreement. There is always a client release signed. **Does this sound correct to everyone?**
- We'll follow up with Adam and Nicole (COTS).

DISCUSSION OF RAPID REHOUSING & SUSTAINABILITY ASSESSMENT

- The issue is that RRH prioritizes people who were high on a Sustainability Assessment (S.A.). We asked why not prioritize those who were medium on the S.A. The problem there is that

there are very few people falling into that category. So we need to re-think the S.A. and broaden it to include more people but we need to re-think RR as well.

- RRH works well in communities where there is affordable housing and people are earning approximately 50 percent median. **RRH doesn't work well in Vermont very well.** RRH is great for getting people housed quickly but the exit strategy is the problem. The exit strategy can't just be "pay your own rent" in a market where rents are so high and in many cases, it's not realistic.
- Perhaps a discussion with Housing Authorities is warranted about adding additional preferences.
- RRH is used as a bridge to Shelter+care/ Section 8/ PSH in the BoS.
- Let's ask Winooski H.A. to attend a meeting about this.

LAST ITEMS

- We'll bring a revised Sustainability Assessment to this committee.
- We'll start trying to engage the housing authority about using RRH as a bridge. We'll aim to have a meeting to hear what their concerns are.
 - Let's not forget that RRH needs to be focused on employment and increasing income.

NEXT MEETING: 3/27

To find meeting & event dates and minutes for previous meetings, please go to **cchavt.org**