

# Chittenden County Homeless Alliance (CCHA)

## STEERING COMMITTEE MEETING

January 3, 2019, 9 -11 AM

Champlain Housing Trust, 88 King Street, Burlington, VT – 2<sup>nd</sup> floor conference room

### MINUTES

#### Attendees:

- Margo Batsie, **STEPS**
- Amy Carmola, **UWNWVT**
- Kelli Cheney, **VSHA**
- Jason Brill, **V.A.**
- Will Towne, **Spectrum**
- Travis Poulin, **CVOEO**
- Meghan Morrow Raftery, **ICA**
- Caitlin Ettenborough, **ICA**
- Daniel Blankenship, **VSHA**
- Mary Ellen Mendl, **Vermont 211**
- Val Russell, **CEDO**
- Laura Wilson, **Cathedral Square**
- Lacey Smith, **BPD**
- Dylan Foote, **STEPS**
- Emily Higgins, **OEO**
- Margaret Bozik, **CHT**
- Kevin Pounds, **A New Place**
- Sarah Russell, **BHA**
- Chris Brzovic, **CCHA/ CVOEO**
- Erin Ahearn, **CHCB/ Safe Harbor**
- Jane Helmstetter, **AHS FS**
- Kim Colville, **VCIL**
- Melissa Farr, **COTS**
- Melissa Begovic, **VSHA**
- Stephen Marshall, **Lived Experience**
- Erica Da Costa, **CCHA**

#### PRELIMINARIES

- Let's add Erica as an administrator to Google Groups to spread the burden. Perhaps add the entire Executive Committee?
- Regarding the CCHA website, let's consider adding an opportunity for visitors to the site to contribute a donation or volunteer. Buttons: **DONATE NOW, VOLUNTEER NOW.**
- Trainings for **Point-in-Time Count** will be announced in the newsletter today (Meghan Raftery).

## ***A Discussion of Homelessness Awareness Day and Memorial Vigil at the State House in Montpelier***

- It will be held on **Jan 16** – it’s still being shaped in terms of testimony.
- Thoughts on what’s working and what’s not & what the state can do:
  - a. There are states way ahead of Vermont in terms of **Medicaid paying for supportive services** (other states allow it).
  - b. Anything that will help us **expand supportive services for PSH** so we can fully utilize the grants through VHA – if not through Medicaid, through other sources.
  - c. Regarding **the status of people in transitional housing**: they’re categorized as “permanently housed” which interferes with their ability to get actual PSH. How can we change this?
  - d. Not enough housing.
  - e. Programs directed at tackling homelessness need **more flexibility**.
  - f. **Bus passes** should be loaded onto EBT card.
  - g. We need more **streamlining of emergency housing** into coordinated entry.
  - h. **Mental health service capacity**.
  - i. **Childcare capacity**: there was a major loss of childcare opportunities due to recent change in rules.
  - j. Improvement of **retention services**.
  - k. Since transportation and identification are the 2 major barriers to housing & employment, **we need access to funds to pay for ID cards**.

## ***BRIEF DISCUSSION OF THE PROCESS OF MINUTES APPROVAL***

- **QUESTION**: What process should we use for amending minutes?
- **CONSENSUS**: They will be posted on the CCHA website -- [cchavt.org](http://cchavt.org) --as a **DRAFT** and at the following meeting everyone will be asked if they have amendments.

## ***DISCUSSION OF UPCOMING Point-in-Time Count***

### **Led by Stephen Marshall**

- **DATE**: January 23<sup>rd</sup>, 6 PM – 6 AM and Jan 24<sup>th</sup> during the day.
- All HMIS agencies will be pulling info from HMIS.
- Unsheltered people will be recorded using either paper or Google Form.

- **BoS is having a training on January 9<sup>th</sup> for both the Google form and the paper form.** The training will be recorded.
- The link to the google form will not be released until the DAY OF the count. There will demo links sent around prior to this.
- There will be 3 links:
  - Unsheltered
  - Transitional
  - Emergency
- **We should post the link to: the CCHA website.**
- It will be included in several newsletters.
- ESD will soon have access to HMIS. They might be able to enter their PIT information directly but if not, they can use the google form. Jeffrey Pippinger is the contact on this.
- **Stephen's effort has been mainly toward counting the unsheltered.** He sent the poster around and requests that everyone post it in their town, libraries, gas stations, mini marts, food shelves, etc. Write Stephen a note to let him know where you posted materials.
- The main point of contact for people who are not in the central 5 towns around Burlington will be in **211**.
- Stephen (and others) will be **visiting camps ahead of time**, bringing literature to pass out. He has about a number of volunteers.
- **PIT habitually undercounts**, so Stephen's effort to go over and above is very important. We'll be in a position to compare the master-list to the PIT count numbers.
- Erica will gather the forms after the count is over. What's the end day for getting the forms? **February 1<sup>st</sup>**
- **UNRESOLVED QUESTION:** Should we count people who come to the Here to Help clinic on Saturday? They would be asked "where did you sleep on the night of the 23<sup>rd</sup>?" It might skew the numbers if it isn't done consistently year after year.

## ***A DISCUSSION OF THE SPECTRUM RAPID REHOUSING GRANT***

### **Lead by Val Russell**

- We received no applications.
- **VSHA might be willing to be the grantee** and possibly administer the tenant based rental system. **But not definitely.**

- We're looking at last ditch efforts.
- Val is not currently connected to the HUD person because of the government shutdown.
- **We're looking especially for a service provider** – if anyone has any suggestions please let us know.
- **REMINDER ABOUT THE PARAMETERS:** 18 – 24 y.o./ Rapid Rehousing / There is some wiggle room around ages. Otherwise we CANNOT modify the grant.
- There's less pressure now with regards to finding someone to take this on because the original grant needed to be started by the end of 2018. So we're now looking at the second year of the grant. And it can start at any time during 2019.
- **A minimum of 9 people** must be served.
- We want an organization that has worked with the population before, someone who is fully prepared to work within the parameters.
- A number of organizations have been approached but were not able to say "yes," in part, because the timeline was too tight.
- We still **don't have a firm answer from Vermont State Housing.**
- VARIOUS IDEAS EXPLORED:
  - Recovery organizations
  - Human trafficking organizations
- **CONCERN NOTED:** One of our challenges, for people who are eligible, is that at the end of the year, you are not eligible for continued support.
- **CONCERN NOTED:** Rapid Rehousing can be successful for a small number of people but for a larger number, it's not a realistic because 12 months is not enough for someone to become fully self-sufficient especially at that young age.
- There's no clear direction at this point. We don't know if we can salvage the grant. Whatever ideas people have will first be presented to the Ranking Committee and then brought to the Steering Committee.

### ***Brief Reports on HOP GRANTS***

**I. Emily Higgins from OEO** spoke & provided handout (see below): Homelessness is getting worse. More kids under 18. Average length of stay in shelters is over 50 days. There's been a shift in the state funding **away from emergency housing in motels and into expanded local capacity.**

- FSH will be part of Coordinated Entry some time this year – no timeline yet.

Excerpted from Emily's handout:

**Vermont Office of Economic Opportunity:** State Fiscal Year 2018 year-end reports on the Housing Opportunity Grant Program (HOP, formerly the Emergency Services Grant) Annual Report and the Family Supportive Housing (FSH) Annual Report.

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### **Housing Opportunity Grant Program**

The HOP Annual Report focuses on the services and shelter provided by publicly-funded, privately operated nonprofit partners, and gives insight into changes in the population experiencing homelessness in Vermont as well as the services and results achieved by the system of care.

Here are some of the key takeaways from the HOP report, from Sarah Phillips and Emily Higgins at the Vermont Office of Economic Opportunity:

- HOP-funded emergency shelter served 3,872 people for a total of 194,505 bednights. Over 1,100 of those sheltered were children.
- The average length of stay was 50 days, the longest reported in 16 years.
- More than a quarter of all HOP grant funding (~\$1.9 million) were investments from the General Assistance Emergency Housing program to increase community alternatives to motels.
- 87% of those sheltered were connected with a case manager within 3 days, 37% of households in emergency shelter receiving case management were stabilized in permanent or transitional housing.
- Nearly 74% of total households served by Homelessness Prevention and Rapid Re-housing were stabilized in permanent housing within 30 days.

For additional context and information, including demographic information and funding allocation, [read the full report here](#).

**II. Erin Ahearn from Safe Harbor** reports on the Homeless Health Care Program / Warming Shelter for Adults:

1. This is the third year of doing the warming shelter for adults.

2. We have 30 beds. And 7 ESD beds (Economic Services Division). We also take 3 walk-ins per night.
3. We consistently have 40 people.
4. We're turning people away regularly.
5. We had over 100 intakes in 2 months.
6. There's a lot of mental illness.
7. We do the intakes in the morning at the clinic & we also do HOP referrals so we can more easily connect them.
8. We have a fair number people who do NOT want services.
9. What's new: we are expanding services - we're asking them, for example, what they would like (flu shot?).
10. Serving a hot meal every night (any volunteers to cook for 40?)
11. Heather & Danielle (our two outreach people) are stretched. They are spending some time in shelter.
12. We hope to pair with ESD and do some open houses (sign up for insurance, for example).
13. The majority in the warming shelter are also patients.

OPEN QUESTION: It would be interesting to know how many people are from out of state & how that trend is going. A significant number of new folks are from out of state.

### **III. Will Towne from SPECTRUM**

1. We have a shelter grant through HOP for young adults ages 16 - 23.
2. If they're under 16, we try for family reunification. Without guardian permission (under the age of 18) it's only a 24 hour stay. With guardian permission it's 21 days.
3. Some are DCF placements (no foster homes could be found), some are young people who cannot stay at home for various reasons, but many do go back home, including those over 18.
4. See handout excerpt below:

**The Landing Shelter (Shelter Grant)**

**FY18**

30 persons sheltered  
26 over 18, 4 were under 18  
91% occupancy  
85% safe exit  
41% stably housed after 90 days

**FY19**

21 persons sheltered  
18 were over 18, 3 under 18  
76% occupancy  
73% safe exits

**Pearl St. Residence**

**FY19 Q1**

11 persons sheltered  
92% occupancy  
78% safe exits

5. **QUESTION:** How do you define “safe exit”?
  - a. **ANSWER:** Family, friends, own apartment. In other words, not the street and not jail.
6. **QUESTION:** How is the warming shelter going? (not HOP funded).
  - a. **ANSWER:** We’re on track to serve more this year. There is a higher needs population this year.
7. **QUESTION:** Are people tracked DURING the 90 days after they leave the shelter (rather than exclusively at the 90 day mark)?
  - a. **ANSWER:** Yes, to the best of our ability.

\*There seems to be a lull in shelters in general during holidays. Numbers go way down.

**IV. Sarah Russell, BHA**

BHA receives HOP funds for retention (some has been shifted to RR).

1. We served 99 people in 2018.
2. We served many who had mental illness and were NOT connected to services.
3. We also served those with substance abuse issues and domestic violence.
4. We take referrals from:
  - a. People in the community
  - b. Housing providers
  - c. Internal section 8 department
5. We tend to prioritize people with Section 8 vouchers/ rental assistance.
6. We have 3.5 full time retention people.

- a. One focuses on hoarding. There's a HUGE need for hoarding intervention.
  - b. We have a DV specialist who works with STEPS.
  - c. One supports people who are NEW to homelessness.
7. We shifted a portion of the grant to RR to serve people better who were new to homelessness.
8. Challenges around HOP funding:
- a. Performance measurements are geared to financial intervention which can be turned around fairly rapidly. Service intervention, on the other hand, will not be demonstrated in 28 days. The HOP performance lens is not the best measure of success.
  - b. We want service & financial intervention to be separated out.
  - c. The point of OUR services is to NOT let it get to the point of crisis. (But who determines when eligibility begins? ) When people call us and say, "you helped me last time and I need help again," that's a good sign – successful intervention – resilience.
- **QUESTION:** Would it help if landlords issued an eviction for CAUSE?
  - **ANSWER:** We don't want to create more trauma. We're trying to figure out how we document a need without the 14 day notice?
  - **QUESTION:** What is the extent of unmet need?
  - **ANSWER:** We're accepting every referral but we can't help with housing search. We have centralized referrals system and then go into a triage. (Crystal Jones is our half-time operations management position.) Even if we can't accept a referral, we're connecting people to services where they can get their needs met.
  - **QUESTION:** Is there a hoarding task force?
  - **ANSWER:** YES, it meets once a month. We did an 8 week workshop, "Buried in Treasures," with people in recovery. After the end of the workshop, the group continues to meet together on their own.

## ***DISCUSSION / UPDATE ON BUILT FOR ZERO:***

**Led by Chris Brzovic**

1. We're working on 2 targets: chronic homelessness & veteran homelessness.
2. Regarding the chronic group: we're working on the accuracy of the count on the "chronic list."



3. There are over 100 chronic “households” on the master-list. So we need data timeliness (from all providers) & we need.
4. When we feel the master-list is up to date and, according to HMIS, these people meet the criteria of homelessness (though self-reported), then we have an equally pressing question to answer: are they actually document-able? **We need everyone to participate in an ongoing workgroup that correctly identifies who is able to be documented.** We need a method & that’s the major task for the next few months.
5. **BFZ workgroup:** We need to increase participation. We need more providers involved (right now it’s Nicole, Sarah, Chris, Steve Lunna, Meghan). We should formalize a workgroup for the veteran population & for families. Have these workgroups report back to the Steering Committee on a monthly basis.
6. After we know who is documentable, we also need to know what the PSH capacity is & what the process is? Some of our PSH referrals have taken a long time to get into the program – why is that?
7. There will be a meeting about PSH process next Friday, 9 to 11. We urge everyone who should be a part of this conversation to come. Location: TBD (maybe CVOEO)
8. The bigger issue: how are we going to coordinate & identify that someone is documentable now or in the near future. This is a very large task. It will take time to improve this process.

### **NEXT MONTH:**

- COTS & STEPS will present (the remaining HOP grantees).
- Recap of the PIT count.
- Who should be added to the Coordinated Entry agreement.
- RE-allocating the grant (hopefully).
- C.E. polices and amendments.
- Scheduling a Strategic Planning meeting (none scheduled – no chair so far).
- Ask for input regarding the minutes from January 2019.