Chittenden County Homeless Alliance (CCHA)

COORDINATED ENTRY COMMITTEE MEETING

October 30, 2019, 8:30 – 10:00 AM, Champlain Housing Trust

Attendees:

- Jason Brill, **VA**
- Stephanie Smith, **CVOEO**
- Emily Taylor, **CVOEO**
- Linda Amante, **CVOEO**
- Tammy Santamore, **LUND**
- Louise Masterson, **ICA**
- Meghan Morrow Raftery, **ICA**
- Alex Ellis, **Spectrum**
- Stephen Marshall, **Lived Experience**
- Elaine Soto, **HC**
- Thomas Moore, **UVMMC CHI**
- Chris Brzovic, **CVOEO / CCHA**
- Margaret Bozik, **CHT**
- Erica Da Costa, CCHA

PRELIMINARIES

- Stephanie Smith is the new C.E. Specialist. Welcome.
- Thomas Moore from UVM MC CHI (Community Health Improvement) is taking over for Lindsay Morse on the Coordinated Entry Committee.
- Margaret Bozik/ CHT: We just purchased Garden Apt. with 60 apartments and project-based subsidy is available. Dec. 1 is the move-in date. 14 are project based & 3 will not be homeless preference.
- Stephen Marshall: There's a Tenants Union summit on Sunday at noon at the Fletcher Free Library.

A Discussion of the Data on the Built for Zero change package dashboard – led by Chris Brzovic

- When you access the BFZ dashboard, be sure to select "all data" in the DATA TO DISPLAY dropdown menu. You can access the dashboard by going to **cchavt.org** and click on "Built for Zero" in the menu at the top of the screen. You can also go to **https://www.bfzchangepackage.org/burlington/chittenden-county-coc** (password: Shiftshappen2019). This will give you access to an expanded dashboard that includes the "Project Portfolio" mentioned below.
- You can see on the BFZ dashboard that we had 111 chronic individuals in August but we're now down to 85 chronic in September – we housed 9 chronic individuals in September.
- We had 23 total exits in September – a lot went to Laurentide – this is our best record so far.

- We had 6 family exits in September as well. We're down to 36 families.
- Margaret/ CHT: Roughly how many people total are homeless in Chittenden?
  - According to the data we have now (and is represented in BFZ dashboard), it's 128 (veterans and chronic) plus 268 (everyone else) who are homeless right now – although intuitively this seems slightly high. **Roughly 400 total.**
  - And roughly how many shelter beds do we have?
    - **From the HIC:**
      - **90 year-round beds without children**
      - **59 beds WITH CHILDREN**
      - **36 seasonal beds**
      - **These numbers INCLUDE DV beds and 18 and older.**
  - Click on the INFLOW/ OUTFLOW tab at the top of the dashboard to see the ratios. September is, so far, the cleanest data we've had.
- Stephen Marshall: There's a category on the dashboard named "No longer meets criteria." What does that mean?
  - Chris/ CVOEO: So these people are still homeless but would not be considered chronic anymore.
  - Margaret/ CHT: My guess is it's about the client not meeting the HUD documentation requirement.
  - Stephen Marshall: They appear to be no longer in the system. Let's find out why these people are no longer meeting criteria.

A Discussion of the Learning Session at the BFZ Conference attended by Chris & Jason Brill

- You can go to **https://www.bfzchangepackage.org/burlington/chittenden-county-coc** (password: Shiftshappen2019) and click on **PROJECT PORTFOLIO** to see the improvement projects being conducted by Coordinated Entry.
- The learning session was about case conferencing. BFZ has worked with communities across the country to help the build a quality "BY-NAME LIST." This is the starting point/ foundational element. The NEXT piece is: what do we do with the By-Name list? This is the next phase of the work -- identifying patterns (obstacles and gaps). How do we improve case conferencing? Community Solutions defines case conferencing this way: "any multi agency coordination meeting that focus on housing clients and has front line staff."
- Jason Brill/ VA: We spent time thinking about what the By-Name list tells us now, what do want to learn from the list, to help us define our next improvement projects. For Veterans specific process – and for chronic households – we're looking at improvement projects for those specific groups but with an eye on projects that will apply to other populations (like families). We also want to take a look at other communities and how they've improved their outcomes.
- Margaret Bozik/ CHT: Are we gradually moving toward better quality data on other populations?
  - RESPONSE: We're in a fairly good place with families. "Quality" means that we're relatively confident that the number of families on our by-name list represent roughly 90 percent of the families who are experiencing homelessness. This is the HUD definition however. We are NOT capturing the precariously housed population.
    - QUESTION: Are the precariously housed being entered into the system?
      - Not unless there's imminent risk.

- Stephen Marshall: Are we are creating a record that documents precariousness or housing instability? This seems like it would have value even if they don't qualify according to HUD.
  - Meghan/ICA: This group is served by prevention dollars. They are entered into HMIS and directed toward prevention.
  - Linda Amante/ CVOEO: Anyone who is not eligible for coordinated entry might be picked up by CVOEO as a housing case management client but NOT through coordinated entry. They're entered under "prevention."
- Stephen Marshall: We want everyone who is having challenges recognized. And the way the different agencies work with the precariously housed and with prevention is uncoordinated. We want more uniformity in this system.
  - Linda Amante/CVOEO: There are 2 different systems: Coordinated Entry which has 3 providers (COTS, CVOEO and Safe Harbor) who are doing entry into HMIS in Chittenden County. And the Prevention system which is separate. So keep in mind that prevention clients cannot be entered into Coordinated Entry system.
    - Meghan/ ICA: Yes, prevention clients cannot be entered now, but eventually they will be required to be entered.
- Margaret/ CHT: Where are we on youth in terms of quality data?
  - Alex Ellis/ Spectrum: Not clear yet but we're working on it now.
- Margaret/ CHT: What about returns to homelessness? Retention is our other big priority
  - Chris/ CCHA: There are people who are returning who were actually on our by-name list before, but there are also people who have been in the system at some point and these people's data are much harder to access or interpret. These people were in some cases entered prior to Coordinated Entry.
- Meghan/ ICA: HUD has published something about new data elements – with very limited guidance – and they will likely change before April. But diversion and prevention are some of the new REFERRAL categories.

CoC PROJECT PORTFOLIO ([you can find this here](#) , use the password listed above)

- Chris/ CVOEO: OUR "REDUCE GOALS": We want **reduce individuals on the list to 60** & we're at 85 right now. And we want to **reach functional zero for veterans**.
- Another Improvement Project: we will try adding new fields to our By-Name list, including **CURRENT OBSTACLE.**
  - Jason Brill/ VA: The length of time people are remaining homeless is something that really sticks out and it's one of the reasons we chose this improvement project. Another community, by collecting this type of information, found that one of the biggest barriers is that people didn't have access to a phone. So this is actionable. How do we overcome that barrier? How can we inform some of the system level change?
  - We don't want this in HMIS at this point. We'll do it at the CHR meeting.
- Margaret/ CHT: In the area of housing searches, I would be interested in obstacles that may be present such as a lack of vacant apartments or inability to housing with a voucher because of a criminal record or back rent.
- Jason/ VA: Here's a screenshot of the veteran's list with a couple of new fields: **CURRENT OBSTACLE** and **DATE OBSTACLE IDENTIFIED**, just as an example. Both have drop down options.
- Under CURRENT OBSTACLE here are the dropdown options we've suggested:
  - Gathering supporting documents

- o Communication miscues between service providers and Housing Providers
- o No means of contact (i.e. no working phone)
- o Sporadic engagement with assigned supports
- o Housing search
- o Unable to access affordable housing and/or mainstream voucher options
- o Needs PSH but the resource is currently unavailable

- Stephen Marshall: "Housing Search" seems too vague.
- Linda Amante/ CVOEO: This is just the first pass. We're going to see how it goes. Conversation will happen around these terms.
- Margaret/ CHT: It makes sense as an iterative process but we also want to have numbers we can feed back to the legislature – THESE ARE THE OBSTACLES – and "housing search" is not something they would understand.
- Stephen Marshall: How about "Housing search is not productive"?
- Jason/ VA: The end goal for the list is to get someone into housing. We want to find out what obstacle is sticking out TODAY.
    - o Stephen Marshall: Do the obstacles get stored into a history or is it just in real time?
        - ▪ Jason: Right now, it's just real time.
- Stephen Marshall: If these obstacles became part of a history – and if they were anonymized -- the data could be aggregated and we could learn something about these obstacles as a larger pattern and when they occur.

A DISCUSSION OF CHANGES TO THE CCHA ASSESSMENT FORM

Here's the current assessment.

- Currently #17 is phrased: "If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?" It has been changed to: "Have you ever been diagnosed with HIV or AIDS?"
- Margaret/ CHT: There was a tandem process with UVM MC regarding whether this assessment got to health related issues that the medical center might be focused on. Does this represent the culmination of that work?
    - o Not yet. But we do want to improve the medical vulnerability portion of this. We sometimes have people who are not prioritizing the way they should be – because they have huge medical vulnerabilities – but the seriousness is not reflected in the scoring.
- Our only outstanding step we still have in front of us is that we want to list mental health conditions but we're still trying to draw together a list. We haven't identified the mental health conditions yet.
    - o Elaine Soto/ HC: How are you going to determine which ones you'll list?
        - ▪ Not sure yet.
    - o Elaine Soto/ HC: The diagnosis itself tells you nothing about the severity.
    - o Stephanie/ CVOEO: They don't capture severity, yes, but they do capture people who would qualify for Pathways in this assessment.
- Chris/ CVOEO: Our first version of this assessment (based on the second version of the VI-SPDAT) was really focused on HOUSING. And clients were less inclined to disclose various

conditions and issues because they wanted housing. But this is not used to screen people OUT so want to be sensitive to that.

- In addition, we brought back some observation questions because there are cases where we need that input to correct for underreporting.
- Stephen Marshall: The form doesn't account for people with alternative family structures/ compound families – immigrants for example. It asks about supporting children but not about supporting a parent.
    - Families are defined as households with children. There have to be children. The dynamic you mentioned can be captured in other ways.
    - Emily/ CVOEO: It would be captured in the case management intake which we then enter into HMIS as part of the household.
    - An elderly adult will be captured as part of the assessment.
- Stephen Marshall: I would also like to see more categories under "outdoor": people who are in a car vs. in a doorway for example.
- Can Howard Center come to the CHRC meeting on the 18th to help us make sure we capture the health categories correctly?
    - YES.

FURTHER DISCUSSION OF THE RECOMMENDATIONS OF THE C.E. ASSESSMENT REPORT

- **19. Recommendations to better mine the data b.** Align HMIS exit data with the newly developed process maps in order to track those who exit the system through vouchers and managed property. Additionally, add fields that allow tracking the number of clients waiting for different types of services, and align these services with HUD exit destinations.

    - **NEXT STEPS:** Exit element data have begun to be aligned between COCs, CE exit data additions are being developed (in process), already begun aligning exit elements and tracking exit destinations.

- d. Add a "has housing retention" field to HMIS so that, upon exit, the success of housing retention services can be tracked. Because the type of housing retention services differs by organization, tracking this by organization should give data on what type of housing retention works best.

    - Stephen: Do we want data to be comparable across all organizations?
    - Stephanie: There are many different levels of housing retention.
    - Meghan: One of the proposed exit questions was "subsidy type." So you could cross reference this with the service provider and get a sense of the level.

    - **NEXT STEPS**: Add fields to CE exit survey: 1) has housing retention? yes/no 2) organization providing retention 3) nature and tenure of housing retention supports offered. (The task of the exact wording should be for the STRATEGIC PLANNING COMMITTEE.)

- **g. Develop reports that allow tracking trends over time regarding the number of people waiting for PSH, vouchers, and subsidies.**

    o NEXT STEPS: Chris will determine how to track this data.

What if we had options under PHASE 3 – aside from the week by week notes, we don't know why clients are still waiting. Let's create a work group to figure out how to track the data, including Emily, Stephanie and Amos or Lindsay. Let's ask Nicole if she wants to join. Let's aim for 11/20.

d. Increasing data analysis to find out more specifically who is getting "bottlenecked" in the system.

    o NEXT STEPS: BFZ improvement projects, in process.

e. Eliminating side doors, which keep housing stock from being used in CE.

    o NEXT STEPS: Secure MOUs with partners including Cathedral Square, COTS, BHA and Winooski. And outreach to private landlords. This is for Strategic Planning.

There is no way to eliminate them entirely.
[Please note: CVOEO has recently done a private landlord survey. Travis Poulin has more information about that.]

24. Continue to assess the reasons for the low conversion rate from screening to assessment.

    o Ongoing data collections about reasons.

27. Eliminate step 26 from the process map.

(Step 26 is about prioritization and people getting bumped from the top in some cases. But it's a dynamic list. We can't completely eliminate this step.)

    o NEXT STEPS: CHRC needs further discussion, may need education around vulnerability prioritization versus list fluidity.

1. Continue to evolve a consumer-centric culture to foster input. a. Add two questions to the beginning of the assessment:
i. "Tell me about the best case management you ever had and why it was excellent."
ii. "What do you need from me to insure I am meeting your needs?"

b. And at some point, mid-way through the process, ask "What could we do better?"

    o NEXT STEPS: Let's check with Built for Zero about consumer feedback. Check with other communities (Minnesota and Alaska) and check with BFZ.

This happens naturally anyway. We don't know that adding questions to the assessment would help.

9. Strengthen the medical vulnerability section of the assessment.

   o   NEXT STEPS: Thomas Moore (UVM MC) will check in with Lindsay about this.

WE WILL BE MEETING A WEEK EARLY FOR THE NEXT 2 MONTHS: NOV. 20

Please find archives at **cchavt.org**