

CHITTENDEN COUNTY HOMELESS ALLIANCE (CCHA)

Strategic Planning Committee Minutes

August 21, 2019, 3:00 – 4:30 at CHT

ATTENDEES:

- Travis Poulin, **CVOEO**
- Dylan Foote, **Steps**
- Chris Brzovic, **CCHA/ CVOEO**
- Amy Carmola, **UWNWVT**
- Kevin Pounds, **Anew Place**
- Melissa Farr, **COTS**
- Jane Helmstetter, **AHS**
- Val Russell, **CEDO**
- Stephen Marshall, **Lived Experience**
- Erica Da Costa, **CCHA**

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

Chris Brzovic presents today.

- We (in the CHRC) have discussed how to re-structure our process.
- So now we'll be spending 2 of the 4 monthly meetings doing case conferencing. We want to target several populations including people who are at risk. No housing providers will be at these meetings. (We've talked through this with Community Solutions.) We'll also be focusing on those who are in Phase Two and not progressing to Phase Three.
- Then the last meeting of the month we'll be consolidating everything we did from the case conferencing and putting together a list of referrals.
- One meeting per month (typically the first Monday of the month) we'll have representatives from the various housing providers attend (Erica at CS, Stephanie Bixby and Holly from BHA, and Susan at CHT).
- Reception of this process has been generally positive but included some skepticism around the case conferencing: what will be the outcomes of the CHRC case conferencing? Will it produce more positive outcomes?
- We're hoping people will feel free to bring cases to the CHRC meeting and ask "I have a challenging case and I don't know how to proceed."
- **STEPHEN:** Is this a full spectrum response? Meaning, the housing coordination group is not dealing with ONLY those who are high vulnerability?
 - **CHRIS:** When we make a referral, we are following a process. Chronic would be prioritized. But we're also trying to be more proactive.
- We don't know how well this is going to go in the long term. Right now we're trying to identify barriers and we're trying to catch clients earlier.
- **JANE:** There's just less funding for prevention.
- **VAL:** I think this is exciting. It lines up with BFZ and with the consultant recommendations.

- **CHRIS:** For the first year of CHRC, we sometimes didn't know where way to go, but I feel we're all on the same page now. We have a process and structure. Now, we want to consider bringing in other entities like Adult Lit, Prevention services, etc.
 - **JANE:** When I think about the low barrier shelter, it makes me feel we should implement this system there as well. The shelter is about harm reduction, but how can we make it more than merely harm reduction? The shelter model is very hard.
 - **KEVIN:** The fact that you're going to be meeting monthly with housing providers is great.
 - **CHRIS:** There's still issues especially around how BHA handles it. With the local preference they have – the E.D. has discretion.
 - **KEVIN:** When is it appropriate for directors to attend the CHRC meeting?
 - **CHRIS:** Directors are welcome -- the important thing to avoid is having a decision maker in a meeting during case conferencing.
 - **JANE:** Referrals to COTS properties come from within COTS – they don't go through coordinated entry? Is this correct?
 - **CHRIS:** Yes.
 - **KEVIN:** What does ongoing assessment look like (evaluation of the process with the changes being made)?
 - **CHRIS:** That's something we have to work through.
 - **VAL:** There also seem to be data points you're trying to change: especially, too many people are going into chronic status and not enough are going out. When you worked with BFZ, did you come up with an assessment process (how to know if this is working)?
 - **CHRIS:** We'll be working with a BFZ coach around this. The ultimate measure is less coming in than going out.
 - **STEPHEN:** I've been thinking about all the data from the food shelf and 211 : we need someone to help us draw information out of these various databases to help us understand who to possibly offer services to and just get a larger picture of homelessness in our area.
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DISCUSSION OF NEW NOFA REQUIREMENT FOR COORDINATION AND INTEGRATION OF SOCIAL SERVICES, HEALTH SERVICES AND EMPLOYMENT SERVICES.

- **CHRIS:** One other thing that just came up. We're doing an application for a C.E. expansion project for the NOFA and we noticed a question about the new project. It asked whether this project coordinates and integrates social services, health services and employment services. Apparently you can't submit the application unless you check YES.
- **VAL:** I wasn't aware the C.E. was required to do that. In the collaborative application this does seem like a big sequence of questions. In the collaborative application : how are you working to connect people to mainstream resources. Increase earned income? Healthcare?
- **STEPHEN:** Most places already do that.
- **VAL:** They also want to coordinate with the school system and we track these things in HMIS.
- **CHRIS:** The way it's worded – which is vague – suggested that the C.E. project has to formally coordinate these efforts. But it's not clear.
- **Stephen:** If you don't do that, are you at risk of losing the money?

- **VAL:** They ask many question on the collaborative application. And they are requiring a lot of details about it.
 - **AMY:** Is C.E. a program of CVOEO? Can they apply for funding? Is there's no private local philanthropy supporting C.E.?
 - **VAL:** The organizations that get HOP money for C.E. --- they get it for putting people into the system? But the management of the C.E. system lives at CVOEO.
 - **AMY: What is Coordinated Entry exactly?**
 - **CHRIS:** It's a process and the owner of the process is the CoC, in a sense – but the administration of it sits at CVOEO. I hesitate to call it a program of CVOEO.
 - **AMY:** Could is be considered a program so it can apply for funding?
 - **STEPHEN:** Could becoming a 5013C would help?
 - **General response:** No – you'd have to be a board. It would greatly complicate the process.
 - **KEVIN:** It might create competition/ conflict.
 - **CHRIS:** There's more we could do to streamline the process. But we'd need a lot more capacity.
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DISCUSSION OF THE LOW BARRIER SHELTER

- **VAL:** The mayor's office is interested in providing assistance to help keep it going.
- **KEVIN:** Why does the health center not want to take it on any more?
- **JANE:** They couldn't find anyone to run it. Literally no one applied. And they are severely understaffed. Both Alison and Naya have left administration of CHCB. They were very supportive of the shelter as well.
- **VAL:** Can we help them fill that position by sending out the job listing on google group and other places?
- **KEVIN:** Is there also a financial reason?
- **JANE:** Yes. They need more staff. It's unfortunate this was not brought to the continuum. People don't like to ask for help.
- **VAL:** We do repeatedly see people bowing out and not asking for help. How can we rally around each other? We want to partner with each other for mutual support. But we do have something of a trust issue.
- **STEPHEN:** How do we get people to bring their issues to the group?
- **KEVIN:** We have an issue in front of us now (the Low Barrier Shelter) so let's test our mutual support ability now.
- **AMY:** The people who make decisions about programming and funding are not always overlapping with the people who participate in the collaborative within an organization.
- **STEPHEN:** The staffing was paid for in part by CHCB. They have been devoting some of their financial resources – in addition to staff resources – the shelter. This was all on them.
- **JANE:** You can't base a shelter model on volunteers. Let's limp through this winter. Let's start thinking about how to use C.E. to place people even in shelters.
- **CHRIS:** Instead of focusing so heavily on the shelter, we need someone to help with PSH. We need to fund PSH.

- **AMY:** If we had more capacity for SUPPORTIVE aspect of PSH, would this free up space at the low barrier shelter?
 - **Response:** Yes.
- **CHRIS:** There are between 200 – 300 on by-name list at this point.
 - **KEVIN:** So even if you filled all the shelters (90 something) – we still couldn't handle more than third of the people on the list.
- **STEPHEN:** We're going to continue to see more homelessness. We will need more shelter space.
- **KEVIN:** Low barrier shelters are a particular kind of thing and can be much more difficult.
 - **JANE:** Yes, it's sort of inhumane to have that many people with such major issues in that kind of tiny space. Motels are, in many cases, a better option. Looking at hub and spoke model with substance abuse disorder – let's apply it to homelessness.
- **VAL:** Imagine the real time coordination it would require to manage placement in all of our shelters and motels.
- **STEPHEN:** Not all of the people who go to a low barrier shelters are people who need a low barrier shelter. Let's not forget that. They may just not have other options.

Next meeting: 9/18

Please go to cchavt.org to find archives and upcoming dates.