

**CT BOS Steering Committee Meeting Minutes
February 27, 2014**

Steering Committee Members Present	Agency/Jurisdiction Represented
Steve DiLella	DMHAS
Barbara Geller	DMHAS
Alice Minervino	DMHAS
Ron Krom	Middlesex CoC
Fred Morton	CSH
Lisa Tepper-Bates	CCEH
Kristen Granatek	CCEH
Brian Roccapriore	CCEH
John Merz	ACT
Phil Lysiak	Bristol CoC
Lisa Tepper Bates	CCEH
Milena Sangut	Danbury CoC
Nancy Cannavo	Litchfield CoC
Mike Santoro	DOH
Brenda Earle	DOH
Kara Capone	New Haven CoC
Kim Samaroo	DCF
Louis Tallarita	DOE
Kathy Crees	Willimantic CoC
Terry Nash	CHFA
Nichole Guerra	Partnership for Strong Communities
Jill Benson	Manchester CoC
Lisa Shippee	New London CoC
Meeting Participants	Agency/Jurisdiction Represented
Russ Cormier	Nutmeg
Lauren Zimmerman	Supportive Housing Works
Bonita Grubbs	Christian Community Action
Consultants: Suzanne Wagner and Liz Isaacs, CUCS	
Steering Committee Members Not Present	Agency/Jurisdiction Represented
Ellen Simpson	New Britain CoC
Matt Abbott	VA

1. Introductions and Announcements

- a. January 13, 2014 Steering Committee minutes approved

2. HUD NOFA

- a. Consolidated Application and Project Priority Listing submitted to HUD. Documents available: <http://www.csh.org/csh-solutions/community-work/housing-development-and-operation/2578-2/>
- b. Post – mortem
 - i. CT BOS submitted: Renewals = \$17,748,275, New = \$970,796
- c. HUD reported at NAEH conference:
 - HUD plan is to get renewals out in next 30-45 days
 - HUD will provide award information in Tier I then awards in Tier 2, as applicable
 - Goal is to get back on summer cycle for NOFA

3. Reaching Home Update

- a. Advocacy Days in Hartford week of 3/3 - providers can engage legislators on housing and homelessness issues. There is a template slide show providers can use as a tool to prepare for meetings.
- b. IForum – Driving Towards Zero: *Ingredients for Success in Ending Chronic Homelessness* – 3/18/14 at the Lyceum, registration required
- c. Alicia Woodsby is Interim Executive Director, Partnership for Strong Communities
- d. Health care Work Group continues to research Medicaid options in supportive housing. CSH has Medicaid Institute. **f/u: Housing Innovations to get information from CSH on Medicaid initiatives.**

4. HMIS Updates

- a. Conversion update
 - Area 1 - Live on January 7th
 - Area 2 - going live March 5th
- b. Add report from CT HMIS SC as standing agenda for BOS SC meeting?
 - Yes – Housing Innovations to reach out to CCEH/Nutmeg to have for each SC meeting
- c. Add data quality report as standing item at least quarterly?
 - SC agrees by consensus to get DQ reports quarterly
- d. Discussion of Reports on HEARTH Outcomes for SC – tabled for next meeting

5. PIT Homeless Count & Housing Inventory Update

- a. CCEH/Nutmeg cleaned data and are getting HIC sign-offs from CoCs and sub-CoCs
- b. Currently running pop data
- c. On track to have 90 day publication
- d. CH beds prioritized for turn-over will not be included on the 2014 HIC

6. Coordinated Access Planning

- a. Update from HUD on Prioritization (see page 4)
- b. Updates on sub-CoC Coordinated Access meetings
 - i. DOH & CCEH note that the agencies have gone to every Coordinated Access Network. There have been good turnouts at meetings, some communities are far along in their planning and others are at the beginning.
 - ii. 211 to begin receiving calls for individuals on July 1, 2014.
- c. Brief Review of Guiding Principles and Eligibility & Prioritization Standards adopted in 2013 (see pages 5-6)
 - i. Suzanne Wagner reviewed the principles and standards with the group (see pages 5&6)
- d. Using the long term homeless list for referrals to PSH for all new and turnover CoC-funded units
 - i. Providers may contact Nutmeg with a help ticket to access CH persons to fill PSH units.
f/u: Housing Innovations to get link from Nutmeg to send out to ctbos via e-mail
 - ii. It was suggested that CT BOS needs to explore setting up a contact in each region to help coordinate accessing CH persons for each area with Nutmeg.
 - iii. **F/u: This will be on the agenda for the next meeting**
- e. Discussion on core referral policies for BOS regions (see page 7)
 - i. HUD has stated that every CoC needs to create referral policies and programs funded thru the CoC are required to follow the policies
 - ii. **f/u: Housing Innovations will bring examples and draft policies for the Steering Committee to review. Members can then take policies back to the sub-CoCs for review.**
 - iii. **f/u: Housing Innovations to review DMHAS & DOH policies and incorporate into policies**

7. Discussion of using the VI-SPDAT (see handout)

- a. Lauren Zimmerman of Supportive Housing Works presented on the VI-SPDAT. Purpose of the presentation was to give information on VI to CT BOS to decide if CT BOS and/or sub-CoCs in CT BOS are interested in using the tool and/or joining the 100,000 Homes campaign.

- b. Lauren is available to speak or meet with any sub-CoCs to provide additional information on the tool or process: Lauren@supportivehousingworks.org; 203-767-403
- c. The Vulnerability Index (VI) is a prescreen tool to determine what housing intervention is most effective for a person experiencing homelessness. The tool identifies and helps prioritize persons experiencing homelessness for housing according to the fragility of their health. There is a family version and individual version of the tool – only significant difference is 8 questions related to alcohol and drug use other vulnerability questions.
- d. It was reported that Bridgeport has had success with the tool, Norwalk recently began using it and Stamford will begin shortly. New Haven will begin using the tool in April. Registry weeks are used to do a big push with the tool to enter as many homeless persons in the database as possible. Volunteers from a variety of sources such as police, hospitals, students, and provider community are used to administer the VI. After the registry week, the tool continues to be used.
- e. During the discussion of the tool, it was noted that Q49 regarding history of trauma may be problematic. It was noted that the tool can be amended to suit the needs and preferences of communities and that in Bridgeport there were no issues identified around this question.
- f. 100,000 Homes, a national movement of communities working together to find permanent homes for 100,000 of the country's most vulnerable homeless individuals and families by July of 2014 uses the tool; New Haven is working on 100,000 Homes beginning in April with the VI. 100,000 Homes has offered to do a free 2-day training for CT communities if there is interest in joining the campaign.
- g. **f/u: It was decided by consensus that Sub-CoC representatives would bring back information on the VI and 100,000 Home campaign to gauge interest in their communities so that a decision can be made at next CT BOS meeting on how to proceed.**
- h. **f/u: CCEH to provide May training dates and additional materials on the VI.**

8. DOH Updates

- a. ESG Updates – There have been no changes in ESG allocations. Existing state shelter contracts 24 shelters that receive funding for operations. The second pot of funding goes to ACT for rapid rehousing. No compliance issues with providers on ESG funds.
- b. Other items – tomorrow is last day for pre-Action Plan draft comments before the draft Action Plan is published. Mike Santoro suggests that everyone look at state ESG modifications

9. Mainstream Resources

- a. 2/10/14 DSS Training on Affordable Care Act & Benefits was successful with 123 participants. Lois Filek of DSS provided invaluable information to providers on connecting clients/tenants with health care.
- b. Employment Roundtable this Spring
 - i. **f/u: Housing Innovations to f/u with Chris Evans as a potential presenter**

10. 2014 Renewal Evaluation Criteria and Process (March meeting)

11. CCEH Diversion trainings

- a. CCEH is offering “Diversion as a Homeless Prevention Strategy – A Training with Melissa Mowery. Link to register: <http://www.cceh.org/news/archive/cceh-presents-diversion-as-a-homeless-prevention-strategy-a-training-with-m>

12. Next meeting: 3/24/14 1-3pm – CVH, Page Hall, Room 212

From: Reisine, Gary R [<mailto:gary.r.reisine@hud.gov>]

Sent: Thursday, February 20, 2014 1:19 PM

To: Lisa Tepper Bates

Subject: Prioritization of Homeless Resources

I want to clarify the position of the Department regarding the assignment of priorities for Continuum of Care resources, as well as advice given in the past by this office regarding the use of waiting lists by CoC grantees.

1. HUD now requires COC organizations to establish policies on a COC-wide basis that implement a coordinated assessment of applicants to homeless programs and providers. Those policies must prioritize the use of Permanent Supportive Housing for the chronically homeless. Individual providers within the COC must also have policies and procedures for providing service and accepting clients. These policies must be consistent with those of the COC as a whole.
2. Unless a COC is able to establish its own central application process and pool for all providers, the individual provider agencies will almost certainly need waiting lists. I understand we emphasized the importance of waiting lists in our presentation. These should not be used, however, to supersede priorities established by the COC. The waiting list is one source of data that establishes fair priorities among people in the same class of need. It can no longer be the only priority for PSH.
3. To my knowledge, no Connecticut COC has completed its new assessment policies. I'm sure there will be plenty of heated discussion in this process. We stand ready to help and advise, but the decisions will be made by the COC.
4. There may be instances where a COC priority is inconsistent with the mission or capabilities of a provider, or with the terms of its grant agreement with HUD. A provider of housing for victims of domestic violence, for example, may not have the facilities to serve anyone outside its own client base. Even if it could, it might be violating its grant agreement. The COC must recognize these limitations.

If we have stated or implied in the past that providers must use "first come first served" as a principal in all provision of housing for the homeless, we need to correct that message. COC organizations not only may, but must, establish priorities that supersede this principal when targeting Permanent Supportive Housing.

Gary Reisine

Community Planning and Development Director

Hartford Field Office

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CT BOS Coordinated Access

Guiding Principles for the Coordinated Access System

Adopted 6/27/13

- **Promotes collaboration among providers**
- **Honors client choice re: geography and services needed**
- **Incorporates provider choice in enrollment decisions**
- **Establishes standard, consistent eligibility criteria and priorities**
- **Eligibility requirements limited to those required by funding sources (and no additional requirements that are not required by funders) in order to accommodate as many people as possible**
- **Ensures quality housing and services are provided**
- **Ensures clear and easy access for consumers**
- **Improves efficiency, communication, and knowledge of resources**
- **Is cost effective and focuses on cost effective solutions to homelessness**
- **Uses systemic “Rapid Exit to Housing” approach**
- **Streamlines processing**
- **Accountability -The process must be transparent and consistent**
- **Leverage HMIS and the use of “real time” data whenever possible (Once new system is up and 2-1-1 is fully staffed)**
- **Prioritizes Enrollment Based on Need**
- **Goal: a system that is clear and creates ease of access for clients**
- **All data collected is relevant to the process**
- **Staff are trained and competent in assessment**

CT BOS Eligibility and Prioritization Standards

Adopted 6/27/13

Eligibility Standards

For all programs:

- No additional requirements beyond those of funders
- Any requirements stipulated by funders would apply

- Emergency Shelter – has been screened for diversion and no other options are available, literally homeless, can be safely maintained in the shelter -- behavior not an obstacle to safety, meet HUD/DSS and/or other funder criteria

- Transitional Housing – screened for diversion and no other options available, persons from shelters and streets only with income below 30% of AMI, meet HUD/DSS or other funder criteria, can be safely maintained in the program

- Rapid Rehousing – income below 30% of AMI, meet HUD/DSS and/or other funder criteria

- PSH – coming from the streets, shelters or transitional housing and has a disability that requires services to maintain housing, meet HUD/DSS/DMHAS and/or other funder criteria

Prioritization Standards

Priorities for ES

- None recommended
- Local communities may consider establishing priorities to avoid “creaming”

Priorities for TH

- Not slated for PSH AND
- At least one prior episode of homelessness (except for young adults) AND
- In one of the following life stage transitions
 - young adults 18-24,
 - family with children under age 5,
 - interested in recovery, or
 - fleeing DV and DV cause of recent homeless episode

Priorities for PSH

- People in the cohort of the 20% of persons with the longest lengths of stay in shelter (or time on the streets as documented by Outreach Workers or other reliable source) as calculated for each CoC
- Other local priorities established as a result of special initiatives, grants (e.g., frequent users, high medical need, chronically homeless, etc.)

Core Referral Policies List

Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), Rapid Rehousing (RR)

Policy	PSH	ES	TH	RR
Determination of Eligibility and priority for the Service				
Centralized Wait Lists				
Notification of vacancies – when to report				
Time frames and expectations for Responses to Referrals by Providers				
Client/Consumer Choice – preferences and decline policy				
Provider Decline Policy – info to be provided, rules regarding rates of acceptance				
Clients declined by all referrals				
Returns to Shelter				
Holding Beds/Units to Find People				
Grievance and Appeal Policies				
Process for Referrals to DV, VA and other non-HMIS programs including paper referrals				