

GNCOC Executive Committee Meeting

April 19, 2023 from 10 am – 11:30 am

Attendees:

Wendy LeBlanc, Harbor Care, Chair
Ashley Jackson, GNCOC Coordinator
Doug Howard, Front Door Agency
Maryse Wirbal, Front Door Agency
Heather Nelson, Harbor Care
Mike Apfelberg, UWGN
Kathy McNamara, St Joseph Hospital
Kathy Farland, Stepping Stones
Violet Aureli, HEAL
Bob Mack, City Welfare
Chertina Walker, ICA
Robyn Malchanoff, ICA
Michael Reinke, NSKS
Pam Wellman, Family Promise of Southern New Hampshire
Scott Wellman, Greater Nashua Mental Health, Vice Chair
Hannah Stohler, Marguerite's Place, Clerk

Minutes

1. **Call to Order/ Introductions**
 - a. Wendy LeBlanc called the meeting to order at 10:01 am and led the group in introductions.
2. **Approval of the Minutes**
 - a. Wendy LeBlanc asked for a motion to approve the March Executive Committee minutes. Mike Apfelberg made the motion, Pam Wellman seconded the motion. All voted in favor, motion carried.
3. **May General Meeting Topic**
 - a. Wendy LeBlanc reviewed the May general meeting topic: Mental Health. The meeting will include presentations by St Joseph Hospital, Southern NH Health Systems, GNMH, Youth Council, City of Nashua Substance Use Coordinator, and Harbor Care.
4. **June General Meeting Topic**
 - a. Wendy LeBlanc reviewed the June general meeting topic: Substance Use Disorder. Presentations by Harbor Care, Revive, Keystone Hall, The Doorway, The group also recommended to include the Prevention Coalition, AMR – Ambulance Service, and Dismas House.
5. **NOFO Competition and Debriefing Score**

- a. Wendy LeBlanc shared that our NOFO did not score well this year. She had a conversation with Harbor Care's Chief Strategy Officer on what we could do differently. Their CSO believes that it isn't our consultant's writing but as a COC we are not doing all we need to be doing in the community to get points. Their CSO asked Ashley to coordinate a group to analyze why we are losing points and how to improve. Ashley is going to be the point person on this committee and her job is to facilitate these meetings to do work in advance of NOFO so we can ask HUD for TA, implement new strategies, etc.
- b. Michael Reinke shared that while he thought this was a great strategy for the upcoming August application, that it is also relevant to the COC merger conversation, and that our low score is another argument for potentially merging. He asked where we are with the merger conversation.
- c. Wendy LeBlanc stated that we have competing priorities right now between the upcoming NOFO and merger, and that the NOFO comes up first so that is where we should prioritize our focus. For the merger conversation, the TA provider is working with us and other COC leaders monthly, with ongoing discussions. The sense is that we are not in a hurry to merge and each COC is thinking it over and determining their next steps.
- d. Michael Reinke responded that it's important we continue the conversation so that it doesn't fall off the tracks and suggested we have a standing agenda item on merger progress at each Executive Committee meeting to maintain momentum. Wendy LeBlanc agreed to this idea, and stated that it wasn't on the agenda today due to time constraints. Michael Reinke stated that he thought it was important that we don't wait until January 2024 to start the merger process, as it will take time before then. Mike Apfelberg wanted to hear about time commitments for both the NOFO and Merger priorities so we can determine best use of our time.
- e. Doug Howard asked if we had identified what the deficiencies were in our NOFO application that led to our lower score. Heather Nelson responded that though we do rapid rehousing as a community, it isn't HUD funded which resulted in lost points.
- f. Hannah Stohler stated that she also thought it was important that we continue the merger conversation. Kathy Farland asked for defined steps towards merger.
- g. Wendy LeBlanc reiterated that a merger is not just our decision; depends on other COCs as well, and she reports that the other COCs are not in a hurry to merge. She stated that due to our limited time together at the Executive Committee, we have to determine what our priorities are in this space. She suggested that we make NOFO a separate committee with community participation and this meeting can be spent on the other priorities.
- h. Heather Nelson stated that if we don't prioritize NOFO, we will be in the same spot when we are writing this in 2 months. We lost 8 housing units; if we don't focus on making this application better we will lose more.
- i. Mike Apfelberg asked about the NOFO timing? Heather and Wendy shared that the application is expected to be released in July/August and due in September.

Mike Apfelberg stated that he supports forming a NOFO committee but wants it to include the Youth Demonstration Project NOFO as well so we can ensure both applications are successful.

- j. Maryse Wirbal asked if we could simultaneously prioritize the merger conversation and requested a similar merger process list as Kathy requested. Wendy LeBlanc suggested that perhaps we also create a Merger Committee, and reminded that on the recent TA call the TA Consultant stated that merging does not necessarily result in bonus money.
- k. Wendy LeBlanc requested that any emails being sent to her about Executive Committee business, that we please copy all of the Executive Committee.

6. NH HMIS Coordinated Entry – Chertina Walker and Robyn Malchanoff from ICA

- a. Doug Howard defined Coordinated Entry (CE), explaining it is a program within HMIS that is a mandated requirement for all ESG recipients (which currently includes ESG Harbor Care, Front Door Agency, and NSKS). CE is a program within HMIS used to prioritize individuals who are experiencing homelessness in our community. The problem we are experiencing is that HMIS can be clumsy, and we are enrolling people but not always doing the assessment which gives them a score, therefore giving them a prioritization on the list. When we miss this step, we may miss out on opportunities to house individuals in our community who need housing.
- b. Chertina Walker stated that with the migration, everyone who had a CE enrollment was migrated, but all of those individuals needed a new assessment done to remain on the CE list. As of yesterday, there were 100+ enrollments on the CE list who don't have the new assessment done, which means they are not being prioritized and potentially missing out on housing opportunities. ICA has done trainings and newsletters on this, but still struggling to get all agencies to complete this step correctly. ICA is planning an in-person training for all HMIS users in our COC for June 28 at Harbor Care. It is highly encouraged that all HMIS users attend this training.
- c. Heather Nelson made a motion to make it mandatory for all HMIS users to attend the ICA in-person CE training for all HMIS users at Harbor Care. This motion was seconded by Maryse Wirbal. There was discussion on whether we can mandate this training. The majority of attendees voted in favor, Bob Mack voted in opposition, and Mike Apfelberg and Kathy Farland abstained. The motion carried.
- d. Kathy Farland asked if they would continue to host these trainings periodically for new HMIS users. Robyn Malchanoff stated they can, but this training is also part of the recorded onboarding training that is required for all new HMIS users.
- e. Prevention and Diversion Tool (PDT)
 - i. What is PDT and who uses it?
 - 1. The PDT is the first step in the CE process and serves to gather initial information about a client's situation to determine what kind of assistance is needed. This is a crisis needs assessment.

2. 211, outreach agencies, and providers all use the PDT to determine a client's immediate needs. This helps direct the client to appropriate service and resources based on their current needs.
- ii. What questions are asked?
 1. What is the client's current living situation?
 2. Currently fleeing DV?
 3. What brought on the housing crisis?
 4. Details on client housing situation and why they are seeking assistance.
 5. Is there anyone else they can stay with for 3-7 days if they receive services they need (transport, financial, etc.)?
 6. Total Monthly Income
 - iii. What are the benefits of PDT?
 1. Serve their needs in a way that benefits them most rather than just enter into CE if they could be diverted instead.
 2. Referrals can be made on PDT.
 3. Keeps people from taking up space on CE list who don't need to be on the list.
 - iv. If you've been able to divert them, you don't enter them into CE. Refer them to shelter if homeless that night, and shelter than inputs them into CE if they are eligible. Shelter is better suited to determine whether someone is CE suited or could be diverted.
- f. Mike Apfelberg asked since this implies any agency can input into CE, where should we refer someone in crisis? Chertina Walker recommended to refer to 211 who will then divert to appropriate resources who may or may not input the person into CE. Bob Mack responded that this is where our process differs from the BOS with our local 844 number. When we refer someone to 211, they are often referred to City Welfare who then initiates the CAR system. Chertina Walker suggested that we utilize 211 instead, eliminate our local system, and use the PDT tool.
 - g. Bob Mack responded that he believes we should keep local number and do PDT at our local phone number. Chertina Walker responded that due to staffing issues with the 844 number and redundancy of system, this may not be the best option.
 - h. Heather Nelson suggested that we use 211 and have them do the PDT, and if they are unable to divert then to send them to our 844 number, as this would reduce the overall number of calls coming into our 844 number. Chertina Walker stated that Denise from NSKS can only enter clients into CE who are literally homeless (not couch surfing, etc.) due to funding restrictions, so reducing the number of calls coming into her would be a good idea.
 - i. Chertina Walker shared that putting as much contact information as possible into HMIS is critical so that we can reach clients on the CE list. Clients may not always have a current phone or email, so it is important to update this information with every change. You can list secondary contact persons (emergency contacts),

and they highly recommend including the case manager's contact information as this can be very useful in locating hard-to-reach individuals.

- j. Doug Howard asked what one should do if they are trying to enroll someone in CE who is in a tent with no contact information? Chertina Walker responded that this client is probably not ready for CE yet as they will need documents, etc. to take advantage of a voucher. She emphasized the importance of providing people with case management as soon as they are entered onto the CE list so they are ready once housing becomes available.
- k. Robyn Malchanoff shared the next step is ENROLLMENT. An active enrollment into CE is required for a client to be placed on the prioritization list. The enrollment is a truncated version of other program enrollments and serves to capture a few main data points. Because CE also requires an assessment, the enrollment is not as in depth. It focuses on disabling condition and prior living situation (i.e., where the client stayed the night prior to enrollment, approx. date homelessness started, total # mos. homeless)
- l. Robyn Malchanoff shared the following step is ASSESSMENT, which is completed after enrolling the client into CE. This is a housing needs assessment and consists of a set of questions to assist in ensuring those households with the most significant vulnerability and housing barriers are prioritized for the limited available housing resources. Assessment should be conducted approx. 14 days after household initially engaged in homeless or crisis services but may be conducted sooner for households who have been in the system for a period of time and need a new or updated assessment.
- m. Robyn Malchanoff shared the next step is SCORING; once the assessment is complete, client/household gets a score based on the answers given. This is then used to place them on the CE prioritization list. Many people are NOT doing the assessment after the enrollment, which means they are not getting on the prioritization list.
- n. Prioritization Report – everyone who has been enrolled, assessed, and scored then gets placed on the community queue, which is both local and statewide depending on client's area preferences. This list can be used in case conferencing. The scoring system is prioritized as follows:
 - i. Chronic Homelessness+ Highest Acuity, Length of time homeless
 - ii. Highest acuity, longest time homeless, disability
 - iii. Acuity score, homeless, disability
 - iv. Exiting TH or fleeing DV, disability
- o. CE Updates: You can update status with any changes: income, updated disability status, updated chronic homelessness status; current living situation update – update every time living situation changes. An annual assessment is also completed when a client has a program enrollment of one year or longer. Important to GET them into CE but also continue to update it to keep them prioritized!

- p. Kathy Farland reported she visited the 211 website and the only shelters that come up on the website for our area are in Keene and the Upper Valley in VT. It is important that we are all updating this information – 211 is only as good as the information we give them. Doug Howard explained that 211 is NOT case management, but an answering service. Chertina Walker reported that 211 is under new leadership, and they have seen huge improvements in their HMIS usage.
 - q. Heather Nelson shared that with PH8 not being funded in the recent NOFO, this takes mainstream vouchers and other PH vouchers to a halt. HMIS users enter into the CE list weekly, then Ashley pulls this list weekly. They were never doing prioritization before because we had more vouchers than individuals on the list. When someone came up, they received the voucher. Harbor Care had 225 vouchers as of 2 years ago and now have 12 left, with 18 individuals on the list. Prioritization is especially important at this point in time.
 - r. Wendy LeBlanc asked the group what we wanted to do about our CE process? Heather Nelson responded that an important action step is that all agencies make sure their information is being accurately represented in 211. Hannah Stohler suggested that we have 211 do the PDT, have them refer to our 844 number when necessary, to reduce the influx of calls we get to the 844 number while still maintaining local access. Kathy Farland stated she was hesitant to eliminate the 844 number because youth from Stepping Stones have much easier time accessing shelter using 844 and do not find 211 to be helpful in this situation. Bob Mack agreed he was wary to eliminate it. Michael Reinke suggested we could update the 844 voicemail to say “If you are calling after hours, please call 211.”
 - s. A discussion on who is receiving the EH emails was had, and it was determined that Ashley Jackson would update this list.
 - t. Mike Apfelberg suggested that we invite someone from Granite State UW/211 to speak with us at an upcoming meeting to come up with a solution. Maryse Wirbal stated she would love for us to better utilize 211 as a primary resource and have us come up with a way that they can better serve our needs.
 - u. Doug Howard clarified that properly inputting into CE to have an accurate prioritization list and having an effective phone response system are two different (but important) issues.
7. **Harbor Care Executive Committee Representation**
- a. Wendy LeBlanc shared that Harbor Care CEO Henry Och has been trying to clear his schedule to join the Executive Committee. She asked the group since they already have two Harbor Care representatives at the meeting if we want to make him the official representative of Harbor Care. Mike Apfelberg suggested that Harbor Care can determine that internally, and the group concurred.
8. **Youth Demonstration Project NOFO**
- a. Wendy shared that their Chief Strategic Officer provided context for how Harbor Care can support in this NOFO, as the COC submits the application. First, we need to be comfortable submitting this application considering the low score we

received in the recent NOFO. Harbor Care would submit the application and share the consult Toni Tiano, Ashley Jackson would help to collect the data, and the Harbor Care Grants Director would open the application in the web portal system, set deadline/reminders, and do the submission. They would not write or provide TA, but will submit.

- b. Kathy Farland shared that she had Toni Tiano review the draft for the last two years, and she only provided feedback on grammar not content. Kathy Farland shared that for the last two years she got limited support from the COC in completing the application. Wendy LeBlanc stated that we can invite other people to participate similar to how they do with the general NOFO process.
- c. Heather Nelson suggested that attending BOS and Manchester COC meetings may help with ideas. Heather also suggested sending out individual asks to different agencies.
- d. Kathy Farland stated that the application wants to know what the COC as a whole is doing for Youth Homelessness, and for the most part the only services are from Stepping Stones. She clarified that it is a COC application, not an agency specific application. Wendy LeBlanc shared that you first submit a letter of intent as a COC and then apply for specific programs including housing, supportive services, and prevention. Doug Howard suggested this may be a way to leverage HMIS – using the data to see where youth aged individuals are accessing services across Nashua.
- e. Mike Apfelberg shared that the next Youth Homelessness Subcommittee meeting will take place on May 4 at 9 am on zoom. He will extend an invitation to the whole COC. The focus of the meeting will be this NOFO.

9. Adjournment

- a. The meeting adjourned at 11:35 am.