

GNCOC Executive Committee Meeting

Wednesday March 15, 2023

Minutes taken by Hannah Stohler, Clerk

Attendees:

Paul Chervenak, Family Promise of Southern New Hampshire

Wendy LeBlanc, Harbor Care

Doug Howard, Front Door Agency

Michael Reinke, Nashua Soup Kitchen and Shelter

Dawn Reams, Bridges

Tonia Knisley, Consumer, Nashua Soup Kitchen and Shelter

Pam Wellman, Family Promise of Southern New Hampshire

Khristyn Way, Harbor Care

Violet Aureli, HEAL Youth Advisory Board

Heather Nelson, Harbor Care

Ashley Jackson, GNCOC Coordinator

Mike Apfelberg, United Way of Greater Nashua

Maryse Wirbal, Front Door Agency

Shelby Brown, Nashua Public Schools

Bob Mack, Welfare Officer

Denise Jackson, Nashua Soup Kitchen and Shelter

Cathy McNamara, St Joseph Hospital

1. Call to Order

- a. Wendy LeBlanc began the meeting at 10:01 am and led attendees in introductions.

2. Approval of the February Minutes

- a. Wendy LeBlanc asked for approval of the February 2023 Executive Committee minutes. Scott Wellman made a motion to accept the February 2023 minutes. Pam Wellman seconded the motion. There was no conversation. The motion carried.

3. Revision of HMIS Contract

- a. Wendy LeBlanc shared that other State COC Leadership are revising the HMIS contract and asked whether GNCOC has any edits or additions to the ICA Contract. Please email Wendy with any suggestions for that contract.

4. HUD Community Workshops

- a. Wendy LeBlanc shared the HUD Community workshop list and asked for representatives from the Executive Committee who are interested in attending. Wendy's suggestion was that we prioritize the Equity and Data Analysis workshop, and various attendees confirmed they thought this was the best option for our COC.
- b. The workshops are 3 pre-set prerequisite workshops and then we can schedule the next phase of workshops as a group.
- c. Hannah Stohler from Marguerite's Place, Pam Wellman from Family Promise of Southern New Hampshire, Ashley Jackson, GNCOC Coordinator, and Wendy LeBlanc from Harbor Care volunteered to attend.

5. Stella M Webinar

- a. Ashley Jackson shared about the upcoming “Stella M” webinar. “Stella M” is a tool that is part of HUD exchange/LSA that helps with data collection, reporting, etc. It is the tool we use when doing the NOFO scoring. It occurs on Tuesday March 21 and Thursday March 23 and will be recorded. Ashley will attend and report back.
- 6. Participation at General Meetings**
- a. Scott Wellman encouraged Executive Committee participation at the general meetings. He asked that all members of the Executive Committee make the effort to attend the General Committee meetings, as it is important for the community to see us there.
- 7. April General Committee Meeting Agenda**
- a. April’s meeting will focus on Youth Homelessness. Presentations will include Heidi Young from the State of NH, Kathy Farland from Stepping Stones, Violet Aureli from HEAL, Mike Apfelberg on Learn United, and Shelby Brown on McKinney Vento services.
- 8. May General Committee Agenda**
- a. May’s meeting will focus on Mental Health Services. Scott Wellman will present on Greater Nashua Mental Health services, Wendy LeBlanc will present on Harbor Care services, Hannah Stohler will invite Casey Caster from The Youth Council to present on their services. We will invite St. Joseph Hospital to present on their Geriatric Psych Unit and Southern New Hampshire Health Systems to present on their expanding behavioral health unit.
- 9. Conversation on Persons with Lived Experience Committee/Compensation**
- a. Doug Howard presented on the Person’s with Lived Experience Committee, and began by providing a history of what has happened so far. The idea is to have people with lived experience in leadership roles within our community and continuum without tokenizing anybody; to establish authentic partnerships.
 - b. Previous conversation has revolved around pay/appropriate compensation for persons with lived experience supporting the work of the GNCoC. Doug brought up the possibility of bringing persons with lived experience on as staff members rather than as contractors.
 - c. A question was posed as to how recent the experience with homelessness should have been to qualify someone to participate in the Persons with Lived Experience Committee. Doug responded that ideally someone who has experienced homelessness within the last 2-3 years, given the drastic shifts in the experience of homelessness that have occurred because of the pandemic.
 - d. Wendy LeBlanc shared that Families in Transition in Manchester serves as the fiscal partner for this in the Manchester COC, and has grant money to pay Persons with Lived Experience. This is an example of how it could work in our community.
 - e. It was brought up that if someone is compensated under \$599 per year then we do not have to issue a 1099. This would equate to about 30 hours a year for \$20/hr, or about 3 hours per month.

- f. Scott Wellman stated that Amerihealth in Manchester is who provided the financial support for Families in Transition's model; Scott has a call with NH Healthy Families about their interest to do this.
- g. Dawn Reams stated that United Way has been asked to help to assist in this in the past; if us as organizations would contribute money to this we could easily cover the expense. Multiple attendees agreed.
- h. Tonia Knisley asked if we were only asking Persons with Lived Experiences to attend meetings, or would we ask them to do additional work? She named the importance of evaluating this as it may have an impact on the income of any participants who are on fixed income.
- i. Heather Nelson suggested having the PLE Work group come up with an action plan, and Doug asked if we could include more opportunities for advancement for participants, such as internship opportunities. Hannah Stohler suggested we develop a "job description", which will aid in fundraising.
- j. Pam Wellman shared that Family Promise has a comprehensive national model for leadership of persons with lived experience within the organization. She will share the model and send it out to the committee.

10. Conversation on GNCoc Hotline Issues

- a. Mike Apfelberg shared that our "CoC Hotline number" published on our website is not being regularly answered and voicemails are not being responded to. He asked what we can do to as a community to fix this.
- b. Doug Howard shared that he felt having the 1-844 number in the first place is the issue; people in the community do not understand the difference between Coordinated Entry as it pertains to HMIS vs. Our hotline number. He suggests we get rid of our 1-844 number and instead utilize 211 as a port of entry into HMIS. The other two CoCs have done this.
- c. Doug Howard stated that we need to do training on how to use HMIS for our ESG providers. There are people referred by different agencies in our communities who have been entered into Coordinated Entry, have done the assessment, but are not in the queue, which results in them not being prioritized.
- d. Wendy LeBlanc asked Doug Howard when a person calls 211 if they get entered into the queue that gets them on the By Name list?
 - i. Doug responded that when a person calls 211 they go through the prevention/diversion tool assessment, and then basic information is added into HMIS such as name, SSN, and demographics. Once defining the crisis and the location, 211 provides a referral and then sends an email with the HMIS identifier to local organizations so they can look the individual up and assess from there. 211 is not "doing" coordinated entry for us, we then have to complete that assessment with individuals. We can ask them to do the longer assessment if we want to but that is a decision we would need to make. Other CoCs are using 211 to get individuals into HMIS, but we do not have them do the intake and instead send them to our 1-844 number.

- ii. Wendy LeBlanc then asked who is receiving the emails from 211. Paul Chervenak shared that when he receives the email, he looks up the individual HMIS number and then gives them a call back. Paul is covering on Friday from 8 am – 5 pm. He ensures the diversion tool is completely filled out and tries to put them into the queue if they qualify, but is usually only doing the diversion tool and then referring them to local services.
- iii. Heather Nelson shared that the 211 assessment does not mean someone is qualified for housing through Harbor Care, which is a common misconception. The assessment helps prioritize people based on vulnerability. Harbor Care is only able to support people who are in places not meant for habitation, not those who are facing eviction/couch surfing.
- iv. Paul Chervenak shared frustration about those who have been homeless for 1-2 months are unable to qualify for housing based on the vulnerability index; they are required to be homeless longer rather than getting them out of homelessness sooner. Wendy LeBlanc shared that she appreciates his rationale, but this is an unfortunate reality of HUD. Heather Nelson echoed this, stating that Harbor Care’s programs are only for the chronically homeless. Those who are defined as chronically homeless are getting a call back within 4-5 days.
- v. Bob Mack agreed that the CAR line (1-844 number) needs to be re-evaluated, as it has shifted its purpose. It was created when HUD wasn’t mandating it but strongly suggested creating a coordinated entry process. Now that everything goes into HMIS we need to look at our procedures and re-evaluate the use of the 1-844 line. It is one entry point into coordinated entry, but if we are saying that every referral needs to go through coordinated entry it may not make sense anymore.
- vi. Denise Jackson shared that the only people answering the line is Paul and her. They are only able to enter people who are literally homeless. She stated that Harbor Care’s brochure says that it can help with housing, but perhaps should be more specific to chronic homelessness to reduce confusion.
- vii. Wendy LeBlanc took a moment to thank Paul who does this as a volunteer on behalf of Family Promise.
- viii. Wendy LeBlanc stated that the current 1-844 line has four extensions, and maybe we should change extension 4 to ring to 211, and then build a system to respond to the emails coming through 211. Denise responded that if we moved to that system, they could have 211 send shelter intakes to Denise and Paul.
- ix. Michael Reinke stated he would prefer we create option 5 – make option 4 “if you need to enter the NSKS shelter”, and “other needs option 5”.
- x. Bob Mack asked if there is any report on what calls have been coming into 1-844 number? Heather Nelson responded not since Harbor Care changed their phone systems.

- xi. Denise Jackson shared that having the “option 5” for other needs would allow them to do outreach to those who are in need but do not want to enter shelter.
- xii. Mike Apfelberg stated concern about how often the phone is actually picked up versus leaving a message and receiving a call back, as it is hard to play phone tag with those experiencing homelessness. He said that if we are giving out a number as a resource, we need to ensure they are getting a call back.

Our GNCOC Clerk lost power and was unable to finish the minutes. The discussion of the CA/CE issue was tabled until the next meeting.

Meeting adjourned at 11:30AM