

GNCOC Executive Committee

May 17, 2023

Attendees:

Pam Wellman, Family Promise

Henry Och, Harbor Care

Wendy LeBlanc, Harbor Care, *Chair*

Hannah Stohler, Marguerite's Place, *Clerk*

Heather Nelson, Harbor Care

Dawn Reams, Bridges

Melina Burton, Director of 211 at Granite State United Way, *guest*

Scott Wellman, GNMH, *Vice Chair*

Ashley Jackson, GNCOC Coordinator

Kathy McNamara, St Joseph Hospital

Michael Reinke, NSKS

Robyn Malchanoff, ICA

Chertina Walker, ICA

Maryse Wirbal, Front Door Agency

Kathy Farland, Stepping Stones

Bob Mack, Nashua City Welfare

Doug Howard, Front Door Agency

Minutes

1. Wendy LeBlanc began the meeting at 10 am and led the group in a round of introductions.
2. Wendy LeBlanc asked for a motion to approve the April Executive Committee minutes. Michael Reinke made the motion, seconded by Scott Wellman. There was no discussion. The motion carried.
3. Review of June General Committee Presentations – Substance Use Disorder
 - a. Presentations by Doorway, Revive, Harbor Care, GNMH planned.
 - b. Hannah Stohler suggested a representative from Mayor's Substance Use Taskforce present. It was determined that rather than have a separate presentation, one of the existing presenters who participates in the taskforce can touch on this topic.
4. Review of August General Committee Presentations- (no July meeting) - Housing Resources
 - a. Presentations by NSKS, Harbor Care, GNMH, Stepping Stones, Front Door Agency, Family Promise, Marguerite's Place, Southern NH Rescue Mission.
5. Coordinated Entry Discussion
 - a. Coordinated Entry Subcommittee has made recommendation that we move to using 211, but there are some concerns about this. Melina Burton from 211 is attending and will explain the system.
 - b. Melina Burton – A caller calls 211 experiencing homelessness. 211 staff does an intake. If caller refuses to share information, they cannot put them into HMIS. Intake information goes into the 211 database, which documents their interactions. Once the complete intake, they send an email out to our outreach email. In Nashua, this is one email address that goes to many people in the Nashua COC. Someone on that listserv determines who follows up with that person. 211 does not hear back, so they don't know whether or not that person has been contacted by one of us.

- c. Melina created a shelter bed board at 211 that is updated daily by state funded shelter beds. Shelters have asked 211 not to tell clients how many beds they have available, but 211 is able to direct them to which shelters have availability so that the client does not have to call all shelters.
- d. 211 just renewed contract with state, increased funding. With this funding, they are now able to provide a hotel room in emergency situations for individuals when there is no shelter space available in the state. The limit is one night per client per year. If the client calls on Friday night and they determine that they need to hotel them, they will hotel them through Monday so they can go to City Welfare next business day. If they don't have transport but have a shelter/hotel placement, 211 will provide one-way transportation.
- e. Wendy LeBlanc asked what happens at the Balance of State system that is working well compared to us? Melina answered that they have certain outreach workers for different agencies (targeted emails), all of whom have HMIS licenses. The State requires them to encrypt the email, so they need to use the HMIS number to look the client up.
- f. Wendy LeBlanc asked what happens after 211 does an intake and sends the email to us? What do we do to get someone on byname list? Doug Howard responded that if Melina/211 sends an encrypted email, a licensed HMIS user can take that ID and find that person in HMIS, see what info 211 put in (sometimes just PDT, sometimes basic information, then we have to fill in rest of info). Once we have filled in info, we can do PDT if still needed, then can enroll into Coordinated Entry. May not do full CE intake in that moment, can do that in the coming days if we follow up with them to see if they are still in the same situation. Doug does not know how many HMIS Users in the community. Doug asked Chertina Walker how many outreach workers have HMIS Licenses in our community? Chertina did not have the exact number but stated that NSKS has a couple, GNMH has a couple, and Harbor Care has a couple.
- g. Bob Mack shared that when this was originally set up, when someone was experiencing homelessness and called 211 from the Nashua region, they were supposed to be directed to call the CAR number. This was where the PDT could be completed. The people covering the CAR line have HMIS licenses. Doug Howard responded that he understands why people want to return to the CAR line, however it may not be HIPPA compliant. Melina Burton responded that is not what the protocol states in 211; in 211 we have instructed them not to call CAR, to email the Outreach Email address. Doug Howard shared the concern that the CAR line is not always being covered. NSKS cannot do a full intake for every person calling the CAR line, only those who are entering shelter. Bob Mack clarified that it was meant to get people into shelters more quickly, but it is not always being covered in the way it needs to be, and that we need to figure out how people are going to be able to access the shelter programs - whether its 211 or CAR line that has better answering.
- h. Doug Howard asked if it made sense to only have people with HMIS licenses on that email distribution list. Melina answered yes; all of their 211 operators are licensed and input callers into HMIS immediately. 211's responsibility is only to do the PDT. When they send the emails, they put background story in to provide a head start to us but we can only see the encrypted email. Doug suggested that 211 operators put the background into the HMIS notes section rather than in the encrypted email.
- i. Hannah Stohler suggested that we have HMIS licensed outreach workers on the updated 211 listserv, not all HMIS licensees, as those who cannot provide emergency supports

should not be receiving private client information. Doug agreed and thought that HMIS licensees from NSKS, FDA, GNMH, Harbor Care, Stepping Stones were probably the appropriate list.

- j. Wendy brought up ongoing issues with IT – there are two different listservs currently that are getting mixed up. She suggested that we scrap these and start fresh with new email addresses. She suggested we rename it from its current name to “211 Referral Group” for clarity.
- k. Melina Burton stated that 211 also gives shelter phone numbers to callers so that they do have some course of action as well. She is working on trying to take this piece off of the client as well and her hope is that 211 will be calling shelters directly and reserving beds for clients.
- l. Heather Nelson asked if PDT is effective and the client is diverted, do you still send email? Melina says yes, but rarely do they get someone who is calling who can successfully be prevented or diverted at that time. They are still homeless and need support/stabilization.
- m. Wendy LeBlanc asked the group to decide on how to proceed, that this is not the best use of Exec time and should be worked out in committees. The Subcommittee made a recommendation.
- n. Michael Reinke stated that in the last meeting, we searched 211’s database and determined it was not representing the services in our region. Melina stated that their website is broken.
- o. Hannah Stohler asked how we ensure that people on updated listserv are responding? Doug Howard responded that he will make sure there is a clear protocol. Bob Mack responded that he gives City Welfare clients shelter numbers directly, citing “no wrong door” approach. Heather stated that the only program that can’t be called directly is Harbor Care. Kathy Farland stated to get youth into shelter, they call CAR, wait for Denise to call back. Chertina shared that Denise is spending time providing referrals and resources to CAR line callers outside the scope of her job.
- p. Melina Burton says she will do whatever the updated instructions are for 211 but it is on us to decide what those are. Doug Howard asked ICA to provide an HMIS users list for the area and he will build the list.
- q. Wendy asked what the recommendation of the CE committee is? Doug Howard states he will rebuild the list, and get it updated to 211, and work on a new policy and procedure. Michael Reinke stated he wanted to talk to the NSKS team before changing the 844 number. After that, he and Doug will discuss and have a recommendation from the CE committee.
- r. Henry Och shared his idea to introduce something similar to an answering service: calls come in, are triaged, documented, and then whoever is on call for that day works that roster to make that connection. Keep trying until someone picks it up. If that primary on that day doesn’t pick it up, then they go to the next person. Henry advocates for keeping 844 with an answering service type model.
- s. Michael Reinke asked for clarification on the issue with the encrypted emails? Doug Howard responded that not everyone is able to access them; his recommendation is to put background information into the HMIS notes section and then they can provide the HMIS number in the email subject line.
- t. Pam Wellman asked Doug and Michael to include Paul Chervenak in the process change conversations.

- u. The conversation was tabled, NSKS, Doug to discuss and provide an update next month.
- 6. GNCOC Committee/Subcommittee Updates and Community Representation
 - a. There are various subcommittees meeting but we are unclear on what is happening in those meetings. Wendy suggests outreach to committee chairs with quarterly subcommittee updates submitted to the Executive Committee.
 - b. There are some committees operating that are not in bylaws (Health Services Coordination), and others within bylaws that are not occurring (PLE Committee). Exec to evaluate committee operations.
 - c. Wendy shared gratitude to Kathy Farland for stepping up for new Youth services requirements of COC.
 - d. Wendy learned that NH Housing Council and that Michael Reinke is the GNCOC representative and Bob Mack is representative of City Welfare. We should have updates on these things and where we are being represented.
 - e. Henry Och shared he is on a statewide taskforce that is building three medical respite centers.
 - f. Suggestion made to have a standing item on this Executive Committee agenda to provide updates on what we are doing on these other taskforces.
- 7. COC Merger Update
 - a. Next month TA will join us to discuss merger.
- 8. HUD Diversity Project Update
 - a. Pam, Ashley, Hannah, Wendy attended HUD prework series. They are meeting after this meeting to review our data and do Pre-work before we go to meeting to
- 9. YDHP Application meetings happening weekly. Please join and help the application process!
- 10. Meeting adjourned at 11:30.