OFFICE OF THE GOVERNOR
STATE OF CONNECTICUT

**Governor's Task Force on Housing and Supports for Vulnerable Populations**
**Sub-Group on Service Coordination for the Pilot Project**
**October 23, 2019, 1:00 – 3:00 pm**
**Capitol Room 208**
**DRAFT Meeting Minutes**

## Task Force Members Present*

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| Office of the Governor | Senior Coordinator for Housing/TOD Lisa Tepper Bates |
| Department of Aging and Disability Services | Commissioner Amy Porter |
| Court Support Services Division, Connecticut Judicial Branch | Executive Director Gary Roberge |
| Department of Children and Families | Kenneth Cabral |
| Department of Correction | Trina Sexton |
| Department of Developmental Services | Tammy Venega |
| Department of Energy and Environmental Protection | Michael Li |
| Department of Labor | Kathleen Ustanowski |
| Department of Mental Health and Addiction Services | Kim Karanda |
| Department of Social Services | Bill Halsey |
| Department of Transportation | Phil Scarrozzo |
| Office of Early Childhood | Elena Trueworthy |
| Office of Early Childhood | Rosa Rada |
| Office of Policy and Management | Katie Breslin |
| Supportive Housing Works | David Rich |
| Connecticut Coalition to End Homelessness | Mary Anne Haley |
| Connecticut Health Network | Nancy Sienkowski |
| Connecticut Nonprofit Alliance | Jeffrey Shaw |
| Mental Health CT | Luis Perez |
| New London Homeless Hospitality Center | Cathy Zall |
| Partnership for Strong Communities | Kiley Gosselin |
| United Way of CT | Rick Porth |

*Leadership of participating entities may elect to appoint a designee*

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| Department of Housing | Steve DiLella |
| CT Housing Finance Authority | Terry Nash |

**I. Welcome and Introductions – Co-Chairs Richard Porth, United Way of CT and Fred Morton, DMHAS**

Fred Morton and Richard Porth reviewed– the Governor's charge for the sub-group: to enhance coordination across agencies to serve all critical needs of each household quickly to achieve stabilization and prevent costly cycling through public systems. There are relevant recent examples already available which can be used as models as the sub-group works to develop a pilot to demonstrate how regular, consistent and measurably beneficial strategies are employed to coordinate service delivery for vulnerable populations. Lisa Tepper Bates reported that a data match to help identify the most vulnerable households/individuals will be available by the end of the year. An update on this timeline will be made available at the next Task Force meeting.

II. **Review of Coordinated Access Network coordinated homelessness response system – Lauren Zimmerman**

Ms. Zimmerman Provided background on CT's homelessness response system of "Coordinated Access Networks" (CAN), and pre-CAN practices in Connecticut. There are currently seven 7 CANs in Connecticut, which are multi-agency, community-based teams of homeless and housing service providers. The CAN process includes a single point of entry (211) as a first step, and a single in-person intake at each CAN that is client-centered and focused on helping people maintain or secure safe housing when they face a housing crisis or literal homelessness. In the CAN system resources and staff time are prioritized, they address a wide spectrum of client needs, they can broaden and diversify services to accommodate all clients more efficiently and effectively. The goal is to allocate services to household that are appropriate and sufficient to resolve the housing crisis -- "just as much as they need," but not more in order to maximize the impact of available resources. One participant asked Zimmerman: across all providers, how is information shared? She replied that simple technical solutions for communication include shared lists which help to improve meeting time/space to be more efficient. What is needed is more on the client engagement side and quick decisions being made by key players.

Ms. Bates observed that for the pilot, the objective for service delivery to the pilot population can build on the "scaffolding" of the coordinated homelessness response infrastructure that already exists: the goal is to try to plug in the missing pieces and work with client caretakers to develop a shared, person-centered approach to each client or client family. David Rich agreed that a collaborative nature/culture requires the participation of multiple agencies. Mr. Porth mentioned that currently the Vulnerability Index is used as a shared assessment to understand the level of and nature of need required from the CAN, and that allocating resources based on vulnerability is part of the process. He noted that the group will need to think about how to build a shared approach across agencies in the same regard.

III. **Critical-Time Intervention (CTI) approach**

**May Ann Haley, Connecticut Coalition to End Homelessness (CCEH)** Ms. Haley spoke about the CTI strategies (power point presentation attached). She noted that the CTI approach helps to structure case management to a phased process towards client independence.

**Cathy Zall, New London Homeless Hospitality Center (NLHC)** highlighted the fact that the main objectives of CTI are identifying barriers and challenges to find solutions that will improve outcomes. Making linkages to supports (which can include family, faith community, benefits, mental health treatment, and other) as quickly as possible is critical so that program eligibility requirements are known and key contacts are identified. Cathy Zall spoke about their experience with CTI at the New London Homeless Hospitality Center and the benefits of CTI versus traditional case management. Common themes included engagement (getting to know the people), creating trusting relationships, have the work be time-limited and having staff be prepared to let go, benefits of linking to services rather than just referring, and building capacity in people to use natural supports and community resources, narrowing needs to just 3 top needs, placing a strong emphasis on structure and supervision. Participants noted that there is an opportunity to de-duplicate case management services for family connected with multiple agencies: thinking bigger could help lead to better outcomes.

IV. **Review of the Hurricane Maria Disaster Case Management (DCM) experience – Tanya Barrett, United Way of CT 211**

Tanya Barrett reported on efforts to coordinate service delivery for victims of Hurricane Maria who relocated to CT. She described the coordinated approach to disaster case management (DCM) led by the Governor, DEMHS and DOH along with numerous state agencies and nonprofit providers. This approach was initiated due to early recognition that relocated individuals and families could overwhelm the housing and homelessness response systems in CT. It was noted that Disaster Case Management (DCM) has parallels to many features of Coordinated Access Network and CTI approach. The Disaster Case Manager (DCM) role included prioritizing clients with unmet needs that were not best served by other channels. DCM process involved maintaining established relationships and reconnecting with providers for regular phone conferences, Unified Command meetings and weekly reports and working with FEMA (which provided the list of registered clients). Having key contacts in each agency for escalating cases was necessary and useful. Data sharing agreements were put in place. Marketing and messaging was important for consistency. Flex funds were critical to help fill the gaps. Mr. Porth observed that when the Governor and the Commissioners made this work a high priority more streamlined service coordination and innovative responses among state agencies and nonprofits were possible.

V. **Incorporating a 2Gen approach – Rosa Rada, 2 Gen Coordinator, OEC** Rosa Rada spoke about creating opportunities for children and families together to ensure economic stability. We need to examine and broaden the definitions of family. She discussed the 2Gen Advisory Board work which seeks to highlight the parent voice. She provided examples from Meriden, New Haven, Norwalk and Bridgeport efforts and practices. OPM will be working with 2Gen around Family Economic Success through data sharing, coordinating resources, innovative approaches and measurable system change indicators. Goal is to

develop an inter-agency plan and leverage resources among the University system, OEC, DOL, DCF, DSS, DOH and DOE. Family-centered strategies that take into account the desires and preferences of the parents, and factor in the needs children as well as parents, are critically important to secure better outcomes with families.

VI. **Discussion and Next Steps – David Rich, Task Force Co-Chair**

Rich underscored that a mandate and full support from the top is needed id we are to think differently about service delivery – the charge to this Task Force from Governor Lamont is just such a mandate. The Coordinated Access structure is a good model to build on. Critical Time Intervention approaches have been proven successful. Engaging parents/families in developing and carrying out stabilization strategies is important. The Task Force's objective is to have good baseline data match by December or January. That data match will start with homelessness data set (HMIS) which includes unique family identifiers, including individuals and families. It's important to have researchers at the table from the beginning – the Task Force is lucky to have the support of Yale partners, including Dr. Maria O'Connell from the Yale Program on Recovery and Community Health (PRCH) and also from Dr. Chima Ndumele and Assistant Professor Jacob Wallace from the Yale School of Public Health.

The goal is to draw from successful models that work; integrate the data to make identifying priority clients easier; build relationships and capacity. We aim within 2-3 months to put together an effective pilot. Probably will start in Fairfield County because they have a proven system that works and they have a good amount of existing resources. Pull together teams of agencies and provide training to make sure that the entire, multi-agency team is working from the same knowledge and the same approach. Think about suggestion from Yale PRCH around the question to clients of "what is most important to you in your life right now?" What would a tool like this look like for this group? Develop ways to meet families where they are. Ask more questions of clients to shape stabilization strategies that can succeed. Acknowledge that the status quo doesn't work for this population. We need to be person-centered and we need to be flexible. Setting parameters for the pilot and then reconvening to start working on logistics.

The next sub-group meeting will be scheduled within the next two to three weeks and will include organizing the work of a smaller group that will develop the parameters that should guide the design of a promising pilot for service coordination for vulnerable populations. This will be quickly followed by a meeting of the entire sub-group to review, and then to move on to the Task Force for thoughts and input.

VII. **Meeting adjourned at 3:02pm**