OFFICE OF THE GOVERNOR
STATE OF CONNECTICUT

Governor's Task Force on Housing and Supports for Vulnerable Populations
Legislative Office Building Hearing Room 1A
October 25, 2019, 10:30 am – 12:00 pm

Draft Minutes

Task Force Members Present*

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	Deputy Commissioner Michael Williams
Department of Correction	Director of Reentry Services William Murphy
Department of Developmental Services	Commissioner Jordan Scheff
Department of Energy and Environmental Protection	Michael Li
Department of Labor	Deputy Commissioner Dante Bartolomeo
Department of Mental Health and Addiction Services	Kim Karanda
Department of Social Services	Kate McEvoy
Department of Transportation	Dennis Solensky
Office of Early Childhood	Commissioner Beth Bye
Office of Policy and Management	Undersecretary Anne Foley
Supportive Housing Works	David Rich
Connecticut Coalition to End Homelessness	Richard Cho
Connecticut Health Network	Sylvia Kelly
Connecticut Hospital Association	Carl Schiessl
Connecticut Nonprofit Alliance	Jeff Shaw
Leading Age CT	Mag Morelli
Partnership for Strong Communities	Kiley Gosselin
United Way of CT	Rick Porth
Department of Public Health	Commissioner Renee Coleman-Mitchell
Department of Housing	Steve DiLella

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

CT Housing Finance Authority	Terry Nash

Task Force Members Absent

Corporation for Supportive Housing	Christi Staples Director, New England
Mental Health CT	Luis Perez, President and CEO
Office of Healthcare Strategy	Vicki Veltri
Department of Economic and Community Development	Commissioner David Lehman

I. Call to Order – 10:35 AM. Minutes approved unanimously.

II. North Hartford Zero Inflow to Homelessness Project – *presentation by Rosanne Haggerty and Beth Sandor, Community Solutions (slides attached)*

a. Systemic retooling efforts aimed at ending homelessness, including for chronic and veteran homeless households, have been successful nationwide but consistently raise the question re: prevention and reduction of inflow into systems of care.
b. Project aim: achieve and sustain zero inflow into literal homelessness among all people in the North End by June, 2022.
c. Methodology: both quantitative and qualitative, analyzed HMIS records from CY2018 (identified 111 households), interviewed 18 households re: experience of homelessness.
d. Findings: qualitative interview themes include institutional response/involvement, network impoverishment, and individual vulnerabilities, quantitative data .highlighted eviction and substance abuse/mental health as significant contributors
e. Used data to set strategy and define theory of change, including defining target population and narrowed focus re: specific, most prevalent drivers of inflow. Set incremental goals to track progress over time tied back to each identified driver (include reducing formal evictions, zero discharged of black men from DOC into homelessness, robust and effective behavioral health services for black men).
f. Next steps: hiring and convening experts to lead driver-specific work by January, 2020 and conduct quality By Name List Action Lab.
g. Discussion:
   - Issues raised related to fatherhood (males identified as individuals in statewide systems who have fatherhood responsibilities/are part of families) – DCF, DSS, and OEC flagged programs in all three agencies to promote connections.
   - State Health Assessment and State Health Improvement Plan – consistent with findings from project, and consistent with known issues in communities of color Question raised related to points of entry, findings highlighted four lanes (formal evictions, informal displacement, DOC reentry, and lack of access to ongoing substance use/mental health treatment).

- Suggestion raised related to linking healthcare to effort, including access to medication, care coordination, etc., engaging offender reentry programming statewide and local mental health authorities.
- Statewide, 1,200 people statewide annually (some 50% of homeless population) have previous history of incarceration or criminal justice involvement (many of whom have history with DOC as early as 15/16 years of age).
- Project in UK, "Troubled Families Project," identified vulnerable households and put services in place. Efforts focused on criminally involved youth, specifically, due to high prevalence and identification as key driver. Improved outcomes and savings in government expenditures on identified families both noted.
- DCF leading initiative re: fatherhood engagement, identified potential trust issues related to engaging black males (suspicion, failed previous efforts to seek help, etc.).
- CSSD's workforce engages incarcerated individuals prior to discharge and post-discharge to the community, opportunity for additional preventative efforts.

III. Update on Task Force's Frequent Multi-System User Pilot

a. Update on data match, *Lisa Tepper Bates, Office of the Governor*
    - DSS identified as lead partner coordinating data match through Beacon under the DSS/DMHAS/DCF Behavioral Health Partnership. Data match effort will expand on existing data matching efforts, including existing partnership with CCEH that has completed a data match with Medicaid users and households experiencing homelessness.
    - Marshalling privacy protections, ensuring households' privacies are protected without stalling progress.
    - Multi-system match will provide visibility beyond what has been possible with two-system matches.
    - National partners have validated that this is the direction systems are talking about going, and have shared encouragement to be pragmatic, and start matching data across systems where it is possible – not waiting for all questions to be answerable, or seeking the "perfect" starting point.
    - Goal of Pilot multi-system data match is to reveal new information and to inform the way forward with regard to future multi-system data matching efforts.
b. Service Coordination sub-group for pilot, *Rick Porth, United Way of CT*
    - Subgroup convened for the first time on 10/23/19
    - Begun with charge from Governor and Taskforce to define and operationalize a pilot program in Fairfield County, CT aimed to coordinate services for the subset of multi-system frequent users identified through data match, intended to be scalable statewide.
    - Reviewed existing models, including CT Coordinated Access Networks, Critical Time Intervention case management model, 2Gen/Whole Family approach, and state's response to Hurricane Maria to inform efforts.

- Highlights: Flexible funds were critically important to success of service coordination efforts and improved outcomes, importance of participant/ family voice raised.

c. Collaboration with OEC Skylight Project, *Commissioner Beth Bye, OEC*
   - $8.5 million grant received by OEC to work on data-sharing efforts related to early childhood and beyond.
   - Contracted with Skylight Project to conduct work.
   - OEC is committed to leveraging effort. Skylight is a user-experience technology firm, and is beginning with playbook to give agencies guidelines re: data sharing across systems. Prioritize user-driven information collection by asking clients using one system re: what is working and not working in systems they are using.
   - DOH has taken leadership role in working with researchers re: engaging households experiencing homelessness and involved in multiple systems.

d. Discussions with research/evaluation partners, *David Rich, Supportive Housing Works*
   - Identified need for partners to assist with design and evaluation of pilot.
   - Yale School of Public Health has signed on to leverage work with big data sets to focus on primarily quantitative side of pilot.
   - Dr. Maria O'Connell, Yale Program on Recovery and Community Health (PRCH), and Dr. Leigh Nathan, Psychiatrist, have signed on to leverage experience working through a patient-centric lens and will be partnering on project to guide service design and parameters, and evaluation of outcomes.
   - Lauren Zimmermann, Supportive Housing Works, representing Fairfield County CAN service coordination work locally in pilot region.

IV. Next Steps, *Lisa Tepper Bates and David Rich*

a. Deputy Commissioner Dante Bartolomeo (DOL) raised opportunity to look through 2Gen lens, exploring best practices re: co-locating American Job Centers with community partners as a result of system mapping to identify households' interaction with varied systems: explore braiding funding -- co-location could be physical or technological to help households avoid homelessness/secure employment.
b. Taskforce will be meeting in November and then again in January.
c. Data Match subgroup will be bringing back specifics re: data match.
d. Service Coordination subgroup will bring back thinking re: service coordination pilot.
e. Matt Andrews at the Building State Capability project at the John F. Kennedy School of Government at Harvard University suggests that government systems are built looking backward at the last 50 years and aren't built for challenges faced together and look forward. Need to use data and identify new ways to collaborate, but way forward doesn't have a specific roadmap/clear pathway forward.

V. Other Business – N/A.

VI. Adjournment – 11:46 AM. Motion to adjourn approved unanimously.