CQI Meeting

Haven House

Thursday, August 8, 2019

1-2:30

**Call to order**

The Meeting was called to order at 1:05 pm.

**Introductions**

Teresa Kloock (Loaves & Fishes), Meghan Rhoades (Haven House), Meaghan Redd (CRHC), Gabriel Biber (Haven House), Matt Stephenson (City of Lansing), Dale Williams (Holy Cross), Sharon Dade, via phone (Holy Cross)

**Approval of June Minutes**

Delete the sentence regarding ages of chronic vs. non chronic homeless.

Last sentence, add in targets to the sentence in place of percentages.

Matt makes a motion to accept the minutes as amended. Teresa seconds. All in favor.

**Old Business**

Gabe will work on a draft of a letter for Holy Cross to review. He will also add to the agenda in the future an update to the calendars and meeting lists. Matt had previously asked about a monthly report for HCV list. The list was forwarded to Gabe and Matt. The list can help give context to the numbers we review.

**New Business**

The review of the USICH form and which questions we should be using moving forward.

Question 1c. We need to put some criteria around what it is we are trying to collect.

G4. The by name list should really be the first stop for chronicity, which is where the police, city, etc should be adding to. Not everyone will be using HMIS.

CEA is managing the Chronicity list in the context of IDT (Interdisciplinary Team).

Discussion regarding housing and providers and a recommendation to get the other housing providers at the table. This would help vocalize what resources are available to the team.

It would be important to know how many vacancies there are in the system for each type of housing.

The team is meeting weekly, with prioritization being documented. We could be including information regarding what vacancies are coming up or are available in the system for housing.

Does the COC use RRH or Bridge housing for people experiencing chronic homelessness? They use Loaves & Fishes for Transitional housing. The RRH is a no, we aren’t really using this effectively. A discussion needs to take place to start the transition. Suggestion to work toward better prioritization of homeless. Sex offenders, four or more evictions, large families should be higher on the prioritization list.

Discussion on Streamlined and immediately and whether or not the CoC is doing things immediately. Potential of defining immediately as within 30 days.

Discussion defining what would evidence of success look like for some of these questions. Some need a more clear method for evaluation. Moving the needle forward on projects already in motion will help.

Discussion reiterating that we need housing providers at the table having these discussions with the CoC. Also agencies are potentially not all doing the same thing or using the same processes and this could be causing some of the difference in results.

Employment is often a barrier. We are not prepping people well to move forward in the employment arena. This will affect our results in the income arenas. Pre-employment skills classes to prep people to be ready to work.

Does the CoC have an adequate plan in place to support clients who were chronically homeless and are now in housing? We do not. They need a higher level of case management. Not every client goes PSH route, and they then don’t have case management. Does a client get put back on the Chronicity list at next point of homelessness? Then the question becomes, do we rehouse this person who walked away previously, because they are still on the chronic list and in their last spot, or do we put someone else in and give then a shot at the housing.

Discussion brought up regarding the Veterans program and using it as a model. There is a large difference in the amount of money behind veteran’s services, and just a homeless program. More vouchers at veteran levels and more resources. Are the COC policies and procedures the same across the board and are we treating the clients similarly, no matter where they land on the by names list.

If chronicity list is monitored by CQI, as well as the housing units available, we can be making decisions based on what we are lacking and have it documented. Are we making progress on housing the chronic?

Matt brought a report about the PIT count numbers, annual count numbers and basic demographic numbers. Bed and unit inventories for PSH. Our overall chronic count number has been stagnant over the last three years. This is a lot of self-reported information. Talked about how the chronically homeless generated report in HMIS does not numerically match the actual list in the CEA.

Goal to keep the USICH questions and answers in front of the CQI team rather than wait for a full year to pass by. Keeping track of the list of chronicity and monitoring is the number rising, lowering? How is it working?

Gabriel will summarize the USICH discussion and get a report together for the Board report

**Adjournment**

Dale makes a motion to adjourn. Teresa seconds. All in favor. None opposed.

Next meeting, September 12, 2019