

Meeting Minutes

Somerville Arlington Homeless Providers Meeting

May 21, 2019

1. Introductions/Sign In
2. Heidi-Discussion re feedback form from providers working in Newton-Brookline-Watertown-Waltham (see handout) 3 agencies were represented, 2 received both CoC and ESG funding, 2 were DV providers, and 1 had ESG funding only. Only 1 agency participated in coordinated entry before merger. All providers said that still having local meetings as well as being part of larger BoS was still important. Originally, being part of a small CoC was helpful because everything was local. But now providers did appreciate having the opportunity to participate in more regional work and said that being able to participate in both local and regional work was best case scenario.
3. Gordie- BoS has monthly planning group meetings with approximately 30-35 participants. In addition there are subcommittees with average of 4 people per mtg: HMIS- quarterly, Veterans- monthly, Youth- quarterly at a minimum, Coordinated Entry- quarterly at a minimum. In addition there is an Advisory Board that is a governing body that votes and makes final decisions on items. The majority of members are homeless service providers with state agency reps at a minority. There is also a Project Evaluation committee that meets 2X per year within a 3 week span in order to do ranking. Coordinated Entry at BoS CoC- "no wrong door approach". Uses assessment tools to determine vulnerability. Tool has release of info so providers can access information. Also has a housing preference form with questions about mobility, location and size. There is also a map on the back so applicants can check off where they want to go. If an agency/project has an opening, coordinated entry looks at registry and sends most vulnerable persons with similar score to project/agency for screening. Applicants may not be from "your town". Question as to what to do with CE if you have contractual obligations to serve a particular community? BoS usually does not include new geography in application, in the future new application could increase cities that are served. There will be a conversation in the future about how to regionalize CE so not necessarily doing far geographical move- ins within BoS- how to make this work. Ranking- When Brookline Newton CoC merged, they were held harmless for 2 years from rankings. In the future, could take Somerville/Arlington CoC and "rank" but still be held harmless for 1 year, but agencies could see where projects would fit in between the Tiers. BoS could also mock monitor and write up a report but it would not count. This could be helpful information for a new CoC. Bulk of ranking points are in performance outcomes. Vulnerable populations get a few more points. Activities of Planning Group- educates others about other things happening within CoC. Has speakers from agencies eg best practices for DV, or motivational interviewing. Sometimes meetings solicit feedback on issues.

Agencies would need to have data migration over to MA HMIS.

It was noted that Somerville/Arl CoC uses our CE grant to be housing connectors for people and how that is a positive model. It assists in getting applicants on HMIS as well as look at various shelters in and around Somerville/Arl, as well as work with street homeless. This grant is not just for doing assessments but helps people gather needed documents so that they can receive services. Important to see if CE can be regionalized so services stay local. Want to not have to send applicants away with a centralized DHCD phone number.

A few negatives mentioned: There will be discussions about how to divide up BoS CoC into regions so services can be regionalized, but this does not mean that a region would just be Somerville/Arlington. Loss of Admin money. A few positives mentioned: FMR can be more than Somerville FMR. Access to more specified services and projects through DHCD. DHCD support with project applications. DHCD does NOFA.

BoS CoC houses 5-6 people per month. Slowdown is in housing search and finding apts. 700 people on wait list/registry. Most of least vulnerable have self-resolved. Mid-point on list of vulnerability are good candidates for RRH.

Possible time line- vote in June, write NOFA to make language to take merger into account. Ask HUD to make MOU and get approval. After NOFA is submitted then merger. Transition of grants would be discussed in MOU. How to change grantee process changes according to HUD. Would have a standard state contract and invoice DHCD. Good turn around within a week using cost reimbursement model.