opening doors FAIRFIELD COUNTY

Coordinating Council Meeting Notes
Tuesday, June 25, 2019
12:30pm – 2:30 PM
Grace Farms Foundation, New Canaan

Meeting attendees:
ODFC Coordinating Council Members:
Carla Miklos (Operation Hope), David Rich (Supportive Housing Works) Cheryl Bell (RNP) Carmen Colon (Alpha CS – The Y), Rafael Pagan (Pacific House), Michelle Conderino (Open Door Shelter), Julian Pierce (FCCF), Staci Peete (Norwalk Hospital), Cass Shaw (Council of Churches), Helen Lavin (The Connection), Chris Jachino (Family and Children's Agency) Anavivian Estrella (Inspirica), Margaret Watt (The Hub CT), Tammy Trojanowski (Town of Stratford), Shari Shapiro (Kids in Crisis), Sean O'Brien (Homefront Program), Lisa Morrissey (City of Danbury), Jeff Wieser (Homes with Hope), Sonya Van Norden and Stephanie West (Community Action Agency Western CT)
Guests/Staff:
Lisa Tepper Bates (Governor Lamont Office), Kara Capobianco (DOH), Kara Capone (Norwalk Housing Authority) Dina Hill (Catholic Charities), Kim Donavan (DVCC), Kim Karanda (DMHAS)
Kathy Hunter, Lauren Zimmermann, Lisa Bahadosingh, Jessica Kubicki, Kadian DeRosa, Pam Ralston (Supportive Housing Works)
Meeting Notes: Kadian DeRosa

1) Welcome to the new Coordinating Council members - Carla Miklos, David Rich ODFC Co-chairs
2) *Focusing on the intersections of homelessness, mental illness and chronic addictions*

Facilitators: Lisa Bahadosingh and Alicia Feller
Overview: goal of improved integration between behavioral health and the homeless service system should be facilitated.

Panel Members
Staci Peete – Norwalk Hospital
Jen Kolakowski – RNP
Rafael Pagan – Pacific House
Asher DeLerme – CASA
Terry Nowakowski – Partnership for Strong Communities
Jorge Cruz – DMHAS Hot Team

Staci Peete
-Wants more partners
-Works with the justice system
- Uses the Middlesex office for substance abuse
- Uses data to address the needs of the aging homeless population. Her organization has been using the CCT model to address homelessness, particularly the Senior CCT model to address homelessness for the aging population.

Jen Kolakowski
- RNP has twenty different programs in multiple locations
- The SOAR project is RNPs most recent project. SOAR deals with opiate addiction.
- Purpose of the Program:
- a. Outreach and homeless services
- b. Grant management
- c. Wanting to provide in home care services

Rafael Pagen
As a housing and shelter provider, there are various challenges that include the following:
- Pacific House is a Housing First Agency that places people without any prerequisites. How do we address issues without any prerequisites?

- Over 60% of tenants have mental health issues. Many of them also have substance abuse issues.
- How do we prevent and implement harm reduction?
- How do we connect clients to delivery services that will sustain them?

Pacific House is not mandated to address any of these issues.
Opening Doors Fairfield County (ODFC) should investigate ways for service providers to become more open, in a systematic way, and train staff.

How have you co-located substance abuse services?
Pacific House has co-located substance abuse services by offering services to persons that have worn out their welcome within the regular delivery system. However, the organization is challenged with dealing with people with no benefits, particularly immigrants and persons that are undocumented.

Asher DeLerme
The clients we serve are often experiencing significant challenges. What roles do property managers play (the good and the bad) and how do we ensure they are working with us to ensure a client's successful tenancy?

- There is a residential clinical program across the street from Areyto
- Having a lack of knowledge, experience and sensitivity with the population they serve is precarious
- Preventing evictions and getting people in the right places
- Working and negotiating with Property Managers
- Understanding that conditions mitigate homeless persons from being good tenants
- Empathy and compassion are needed with policies. We do not always know why people get evicted so we shouldn't generalize. Not everyone with a felony is a violent individual and should be given a second chance

Jorge (George) Cruz
What are the unmet needs related to housing?

- It is up to the individual to accept or refuse services.
- Substance abuse issues are challenging.
- More networking and collaboration are needed to address the needs of the homeless individual.
- It is important to address the needs of homeless persons that have been previously incarcerated. These persons need valid IDs from the Department of Motor Vehicles (DMV). The prison system and the DMV should work together on providing valid identification to this population.

Terry Nowakowski
How is health and housing being structured at the state level, as it pertains to rapid rehousing?

- There is a cycle of homeless persons not receiving appropriate care / some are unable to access primary care.
- New health care efforts in CT seem to be lining up for integration. There is a need for people to come together in new, non-traditional ways.
- Money will be put aside from Medicaid for support services.
- Connecticut Community for Addiction Recovery (CCAR) is needed for peer specialists in hospitals.

Carla Miklos

- The challenge for supportive housing providers is that services are elective, not mandatory.
- We should have capacity to support people as soon as they declare they are ready.

Tell us more about community health workers:

- The idea is that trusted members of the community work in the community. They should be able to go into the homes of people living in the community.
- Connecticut has one of the lowest rates of primary care utilization in the country and we have to tackle this issue!

Breakout Session
Funding
What funding opportunities already exist?

- Funding opportunities include the Medicaid Plan and Commission on Accreditation of Rehabilitation Facilities (CARF)

- An organization that has a budget of under ten million dollars has problems with billing. There should be a cooperative of small organizations that would create the infrastructure that is needed. What would this structure look like functionally? Would it be better to partner with a larger organization that has the infrastructure and capability to handle billing?
- Smaller organizations/providers do not want to put more cost on the system – need to find and implement efficient funding opportunities
- Making data collection user friendly, as well as friendlier to case managers. Creating a whole client perspective

What are the kinds of systems funders are looking at to integrate health and housing?
How do we create more funding for ODFC?

- We do this by involving the Commission on Equity and Opportunity, the DOC, CSSD and the court system

Conclusion: We need to think about clients holistically. We should have a system where we can utilize data across multiple systems, especially as it relates to finding multi-system/high frequency users. 60% of homeless men have a DOC record.

Services

Types of Units

- Units available/affordable
- Clinical intake
- Training – landlords
- CM/Capacity
- Understanding harm reduction

Questions:

- Identify the top three gaps in services and/or housing resources that impact those we serve.
- How would you prioritize addressing these gaps in the next twelve months?
- List some actionable next steps to address these gaps

Funding Goals

- Psychiatry – designated for ODFC
  a. Mid-level prescriber/SW/psychologist
- Faster MH services
- Providers understanding homelessness
- Better D/C planning
- Collaboration amongst providers
  a. Cannot require abstinence
  b. Lack of dual DX and TX

Questions:

- What type of funding opportunities exist?
- What types of integrated system models attract funding?
- Come up with some actionable next steps to attract funding for the integration of health and housing in our region.

Data

Questions:

1. What data exists that demonstrates the need among this target population?
   a. Self-report in HMIS/CAN dashboards
   b. CCT Data – ER visits, demo, housing, pp. diagnosis, provider(s) with historical data
   c. Hospital data
   d. Recovery Programs

2. What are the data gaps, challenges and/or barriers?
   a. Share/consent

b. Different systems/inconsistently collected/stored/available
c. Defining what is needed and what data will be used for consensus/aligning goals/efforts
d. Why are clients unsuccessful?
e. Inability to respond to transiency of population
f. Access to EMS data
g. Sharing/utilizing "qualitative" data
h. Quantify need
i. What are the next steps if other systems do not want to participate?

3. What are some actionable next steps we can take to develop better data sharing and/or to address existing data gaps?
   a. Data/Transparency/accountability for other systems
   b. Explore new interventions/policies to expand continuum of programs/services (RRH/PSH/Committed)
   c. Explore peer model for additional capacity – evidence based, relative "low cost"
   d. Defining utility of data – Communication, ease of referral (successful), trusting partnerships
   e. Partner with services who have expertise – harm reduction, relapse etc.

3) Lisa Tepper Bates:

- Housing connects with mental health and economic development
- state government can do better to break down silos and improve coordination around housing related issue
- what does the problem look like and how do we work on it comprehensively, task force for housing resources and supports for vulnerable populations
- DCF, DMHAS, DSS all have housing programs for people who are highly vulnerable; how do we pull these agencies together and think of them as our shared clients?
- pilot – commissioners are excited that strategies have been identified (DMHAS, DOH, DSS, OPM), to create a taskforce in creating a data match across multiple systems (what systems are individuals touching and how do we coordinate services throughout all these systems?)
- Top 500 people who are multisystem high frequency utilization (most vulnerable), and understand who they are, how do we put supports together, who will coordinate care, and how do we make sure they get what they need? This will inform how we work together and identify gaps in the system / how do we put this work into the metrics for state performance?
- How do we think about vulnerability and prioritization of resources and implementation of best practices in the best way? These are some of the issues we will be tackling over the next 12 months

Meeting notes prepared by:
Kadian DeRosa