

Leadership Committee Minutes

Date and Time

Thursday, June 9th, 2016 from 2:00 pm to 3:00 pm

Location

Manchester Community Resource Center, 434 Lake Ave, Manchester, NH

Attendees

Nicole Clark, Mary Sliney, Mikaela Gerry, Erin Kelly, David Harris, Keith Howard

2:00 Meeting Begins

Introductions

Neighborhood Health Improvement Strategy

- I. Mary would like to strengthen our relationship with the Health Department by stepping down as the Chair of the MCoC and work instead as our liaison between the two.
 - a. Committee discussed how this role would fit into what we do. For example, Erin asked how this would benefit both, how our work overlaps with the NHIS, and how we can better cooperate with each other.
 - b. Mary made the point that this role would allow for more collaboration. So the Health Department might have a particular project they're working on; we can make sure that housing and our organizations are a major part of that project.
 - c. It is up to us to make sure that the Health Department sees homelessness as a public health problem.
- II. Decision was made that this collaboration would fall under the responsibilities of the leadership committee. It would also makes sense to have a liaison from the Health Department sitting on our leadership committee.
- III. This collaboration makes good financial sense as the NHIS has been heavily influencing the grants in the community.

Community Care Teams

- I. Maria Sillari will present next week at the general assembly meeting.
- II. Collaboration from members of the general assembly will be necessary to move this forward in our community. We would also want to keep in mind:
 - a. How are we going to create these teams?
 - b. Who will be the lead organization?
 - c. Who should come to the table?
- III. We definitely need to get the hospitals to the table. Mary has a friend with some experience in discharge planning; she will try to reach out to this person. It would also be more effective to have someone from either the ER or a social worker, as these people see those that are chronic users much more regularly. At least initially, we would be dependent on these individuals to identify participants.



IV. There was recently a meeting between New Horizons, the Mental Health Center, and FIT to discuss 3 individuals with high service needs. Sophia Japhet, of FIT, has agreed to write up some case studies to share with hospitals.

Chronically Homeless Committee

- I. We promised on our NoFA last year that we would form a chronic homeless committee.
- II. Recently, Cathy mentioned that we could incorporate the chronic homeless committee into an already established committee. Homeless Liaison seems to make the most sense, in terms of the organizations represented.
- III. As a leadership team, we discussed what we would want this committee to accomplish. Our initial goals include:
 - a. Identifying chronic homeless individuals
 - b. Figuring out how we're going to prioritize this population as a MCoC.
 - c. How do we communicate chronic homeless cases throughout the community?
 - d. We should review these cases on a regular basis to ensure that we are placing those with high service needs quickly and efficiently.
- IV. Erin mentioned that at some point, we should form a youth committee to work towards the 2020 goal of ending family and youth homelessness.

3:05 Meeting Concludes

Minutes Prepared By

Nicole Clark

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