

Intervention and Prevention Committee  
December 19, 2013 Meeting Minutes  
CHIP Boardroom  
1:00-2:30

- Welcome and Introductions
  
- Update on Blueprint Elections and CoC Process
  - Update on what's going on
  - BP election announcements
  
- CSH update and overview of project:
  - Coordinated access system process and create a framework for access
  - Housing committee has been working on a centralized intake process for permanent housing and what are the referrals and common intake.
  - One of the important things that they have been doing is working beyond the medical vulnerability index. Things that can be tweaked to make that tool more useful. That is a central intake process for permanent housing.
  - We will be thinking more broadly about different services and more coordinated access.
  - Will be undertaking Charette process. We'll spend three months with steering committee what are the issues we need to address as part of coordinated access. Who are the people we need to communicate with.
  - Where are the gaps and what are the questions that need to be asked.
  
- Review of Blueprint 2.0 and implementation work to be addressed by Intervention and Prevention Committee
  
- Discussion of common definition work
  - Need to agree on what definitions are
  - Effort to add data into HMIS (info from WorkOne)
  - Recidivism—what is success? What is considered a success. Amount of time (1 year)
  - How do you define at-risk of homelessness:
    - Seems too restrictive to need to meet 1, 2 and 3 on criteria list
    - Should we look at dropouts from HS
    - Living in cyclical poverty
      - If you factor those in, then poverty rates of 21%
    - Barriers to measure—high school drop out status, criminal history, lack of employment
    - AMI doesn't take into account family size—purely on % of median income regardless of family size.
    - 3a—economic reasons—2 or more times in 60 (90 might be a good compromise)days might be restrictive—some feel yes some feel no.
  
- Discussion of gaps analysis
  - Both in terms of population and services

- Respite care
- Expansion of Medicaid under ACHA (if Indiana had adopted ObamaCare there would be more services for mental health)
- Sex offender
- Indigent detox
- Veteran's—housing for vets (vets with other than honorable discharge)
- Mental health
- Substance Abuse services for indigent
- Teens/youth (does stopover)
- Transitional housing
  
- Information needed by committee moving forward
  - Understand who all is at the table—collaboration (what can we work on together)
    - Can we develop something (survey or other) where orgs tell about their work and how they want to collaborate?
  - Who's on board and what do they do
  - Table tents with names
  - List of names with contact information
  - Focused on prevention providers and getting them to the table
  
- Next steps
  - Chair election
  - Next meeting