**VCEH Coordinated Entry Meeting**

**MINUTES**

**April 25, 2016**

**Attendees:**

Sarah Phillips, OEO; Brooke Jenkins, Good Samaritan Haven; Elizabeth Eddy, BROC; Deb & Sarah, Rutland Homeless Prevention Center; Renee Weeks, Upper Valley Haven; Will Eberle, AHS Field Director; dawn butterfield, Capstone; Brian Smith, Department of Mental Health; Margaret Bozik, Champlain housing trust; Bethany Pombar, VCRHYP

**Updates:**

**Vets Committee –** Well aligned with CE Committee (by name list, ROI, HMIS, case coordination)

**HMIS –** looked at HMIS Universal Intake, considered how we want to change the Housing Barriers Assessment, need to cut down on duplicate questions, integrate is best

**Universal Housing Application –** Vermont Common Housing Application

**Permanent Supportive Housing:**

Access, Prioritization (via Assessment) and Referral.

Table to VCEH meeting – MH access to PSH and other services (Renee & Will really want this meeting!) – Action Step for Sarah Phillips to follow up with Sara K & MaryEllen

Prioritization Discussion:

* Length of Time needs to be a consideration (in general, but also with PSH)
* Substance Abuse – when Co-occuring is hard to document
* HUD Guidance looks good – use that as a starting place, this is the HUD Guidance:

• For chronically homeless households (and CoC CH PSH beds)

– Longest history of homelessness + most severe service needs

– Longest history of homelessness

– Most severe service needs

– All other CH households

• For non-chronically homeless households (and CoC non-CH PSH beds)

– Households with disabilities + most severe service needs

– Households with disabilities + long period/episodic homelessness

– Households with disabilities coming from Safe Havens or emergency shelter

– Households with disabilities coming from Transitional Housing

* Who are high users of resources? How are we considering this – “most severe service needs” – e.g., looking at Emergency Room visits
* Remember we are using housing first principles
* We are talking about: Adult individuals and/or households with children (with one eligible adult)
  + Do we want to consider children in the question of severity of household needs? (need review the FAQ, prioritization notice) – We want to consider the whole household in terms of service needs
* NEXT STEPS: How do we more thoroughly define/identify:
* Longest history of homelessness + most severe service needs

From HUD:

*When considering how to prioritize people for housing and homelessness assistance, communities can use the following:*

– Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing;

*Discussion: This one could be indicated by the others below.*

– High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs

*Discussion Added:*

*\*acute care needs*

*\*needs related to transportation, childcare (use HH expenses as an indicator for HH needs, create some sort of threshold)*

– The extent to which people, especially youth and children, are unsheltered Vulnerability to illness or death

– Risk of continued homelessness

*Discussion: HH expenses as one measure*

– Vulnerability to victimization, including physical assault or engaging in trafficking

or sex work