**Vermont Coalition to End Homelessness - Coordinated Entry Workgroup**

**Wednesday 1/15/2014**

**10:00 am to 11:30 am**

**10:00 - 10:10 Introductions and Review Agenda (Sarah)**

**In Attendance:**

**Brian Smith (Department of Mental Health), Richard Rankin (Data Remedies, HMIS Administrator), Meg McCauslan (Champlain Valley Office of Economic Opportunity), Linda Anderson (Central Vermont Community Action Council), Elizabeth Eddy (BROC), Deb Hall (Rutland County Housing Coalition), Brooke Salls (Good Samaritan Haven), Sarah Phillips and Paul Dragon (Vt Office of Economic Opportunity)**

**10:10 –10:30 Review Minutes/Last Meeting Discussion (Sarah)**

* Mandate
* Adopt Workgroup Mission, Goals, Guiding Principles
* Adopt Timeline

**Add: The VCEH Coordinated Entry Workgroup will strive to use a planning process that is inclusive and open.**

**We delayed adoption of workgroup goals and timeline until the next meeting.**

**10:30 to 10:50 Discuss Homework: Models of Coordinated Entry (Paul)**

**Things to Note:**

* **ARRA HPRP funding and the first coordinated entry models were put in place at the same time**
* **Will/Can putting a coordinated entry system in place help us understand gaps in service better?**
* **King County had a nice hybrid approach**
* **Common Screening Tool (vs common assessment tool)– seems like something that is do-able, perhaps easier**
* **Need to keep HMIS in the conversation – and also let’s consider the resource picture**
* **Having an entry system with BOTH Phone and in-person options is very good**
* **The biggest challenge to “no wrong door” will be consistency in screening and referrals- how do we facilitate data sharing in a “no wrong door” model?**
* **Some models do target populations – these models show how to do that**

**10:50 to 11:15 Discuss “Initial Key Questions” (Paul)**

* What obstacles must be overcome to build cooperation from stakeholders?

**Starting with all service providers is an obstacle – a pilot or phase-in might work best – get out the bugs first – maybe start with a lead agency or one area**

**Keeping other people informed, good communication – in-person opportunities to talk about what the words actually mean – to develop shared meaning, values:**

* **Large group forum as part of our process?**

**Making the system work once constructed – a regular meeting with entry system users to make the tweaks needed as we go**

**Chittenden Model – 5 agencies, using one screening tool, if someone is CHG eligible their case goes to the case management coordinator – let’s understand how this is working?**

**Some key providers are not at local tables – and there will need to be openness about existing intake process**

* Are other system changes needed, at least informally, in addition to coordinated entry to meet expectations and HUD outcomes?

**Multiple databases**

**Screening tools – assessment tools/processes**

**Provider capacity – front-line staff capacity – address training in the roll-out**

**Partnership with landlords and housing providers – the ability to help folks get into units**

**Complex programs make it difficult to give good referrals**

* Which gaps in services, infrastructure, and other resources are reconcilable? Which ones are intractable?
* What population(s) will the system serve? All or just families? Homeless and at risk, or just homeless? How will the current environment affect the breadth and depth of the coordinated entry system at implementation? When could the system include all populations if choosing to serve just one population initially?
* What realities about the population(s) to be served, the geographic area, service providers, and budgets must be taken into consideration to determine which coordinated entry model will work best?

**Let’s pick a subset – let’s not overstrain our system:**

* **Individuals vs. Families? Families maybe more complex (when thinking about referrals)**
* **Chronically homeless? That’s a hard-to-serve group, maybe not the easiest to pilot and see results?**
* **Is there inequity?**
* **Parceling it out is difficult in small communities**

**Or perhaps, Pilot at a location?**

* **May be easier to evaluate and “sell” to other areas**
* **All populations in one location (vs. one population in all locations) – this seems to make sense given our geography and scale**
* **We don’t have all areas of the state represented in the workgroup**
* **Future conversation – tease out “who” – at risk of homeless, imminent homeless, homeless, other????**

**2-1-1?**

* **How do we build on 2-1-1? Are folks interested in using 2-1-1 for the screening piece? People like the hybrid approach – using both 2-1-1 and local providers, with a common screening/intake tool…**

**Take these Questions back to Local CoCs for discussion before next Workgroup Meeting**

**11:15 to 11:30 Communication Updates (Sarah)**

* VCEH Website
* Building Connections to Local Continua of Care

**We will store all documents on the VCEH website and promote meetings as public and open.**

**Provide Suggested Discussion Points every month for each to take back to Local Monthly CoC Meetings**

**SUGGESTED DISCUSSION AT LOCAL JANUARY COC Meetings:**

* **share goals of coordinated entry workgroup**
* **Distribute Timeline/Task List**
* **Talk about the “initial questions”**
  + **See Draft Timeline – January “Initial Questions”**
  + **Share our conversation**
  + **Get their feedback**