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

**Monday, April 28, 2014, 10:30am – Noon**

<https://www4.gotomeeting.com/join/770372703>

United States (toll-free): 1 877 309 2073

Access Code: 770-372-703

Audio PIN: Shown after joining the meeting

Meeting ID: 770-372-703

**10:30 - 10:35 Introductions and Review Agenda**

Sarah Phillips

Linda Anderson, Central Vt Community Action Council

Renee Weeks, Upper Valley Haven

Elizabeth Eddy, BROC

MaryEllen Mendl, 2-1-1

Deb Hall, Homelessness Prevention Center

Erin McSweeney, GA – ESD

Julia Paradiso, COTS

Lily Sojourner, AHS Field Director

**10:35 –10:45 Review New Timeline**

Looks good

**10:45 to 10:55 Looking at Another Model (Deb Hall)**

Toronto Canada developed a community collaborative to address housing needs, referral and waitlist management including shared data base.  See attached.

Deb looked at some shared databases. She found OSCAR (Toronto) but this is more like electronic medical records – CASH is coordination of access to supportive housing

Open source website for database – there are several systems that could be purchased or built; some are free and some can be purchased and we build (minimal $) Is this something we want to consider?

HMIS single system – how will we be able to access the same system? How do we move forward the data sharing conversation without knowing the answer to the “HMIS question”?

ClientTracker – global administration, separate by providers, limit user capability

There are some possibilities within and outside of HMIS to facilitate coordinated entry?

Are there simple systems that can be put in place for information sharing?

What kind of information will we be sharing via coordinated entry? & Who will be sharing X? (e.g., Victim Service Providers or in the case of serving victims?)

What is shared/HMIS – screening or assessment elements?

Coordinated Entry can lead to consistency and uniformity in entry (intake)…and consistency and uniformity in screening… different assessments at provider level

Do we need a system that can flag referrals or facilitate referrals (and follow-up) in some way? Can HMIS facilitate this, but can we think of other ways that we can do this through Coordinated Entry even without a common HMIS? Remember, it will be within communities (largely) and will be focused on housing

The system will help us with shared accountability – but it won’t replace conversations

We tabled further conversation about HMIS and data sharing.

**10:55 – 11:15 Mapping How People Move Through the Existing Assessment, Intake and Referral Process**

* + Were there local CoC conversations using this map?
	+ Now that people have had a chance to digest it –
		- Does this reflect how people move through the existing intake, assessment and referral process?
		- What are the flaws with this process and how can they be addressed with a more coordinated approach?
		- What are the good aspects that should be included in the new model?

Funding requirements can drive information gathering – Can we suggest some changes to state funded programs to bring them into coordinated entry?

Screening can collect the basics and pass those along – we all need the “basics”

Some providers have their own internal common intake form

Local CoCs could share intake and screening forms – what’s the possibility for a shared tool?

We are moving towards a shared statewide screening tool (that providers would incorporate into their own “intake” process)

Arrows exist from permanent housing back into “at risk” of homeless

We do some strong coordination – some of the coordinated entry workgroup is just formalizing what we do

* + Does this map help us understand any gaps in network?
	+ What prevention and diversion resources need to be available?

Coordination of prevention, rental assistance/services, diversion?

Diversion resources? Seem minimal. “Who are you working with now?”

**11:15 – 11:45 Intake, Screening vs Assessment**

* + Were there local CoC conversations about intake, screening and assessment?

At one local CoC – yes, focusing on screening made sense. Uniform “assessment” would be more difficult to adopt within the agency

(Map – Morrisville CoC will be doing this as a CoC exercise)

* + How “deep”? How “broad”?
		- Housing Support Services vs. Broad Services to maintain and sustain housing? i.e., food, child care, employment
		- Depth vs timeliness – screening should be light vs. assessment (deeper)
	+ Client choice?

Agreement, uniformity – parameters around who we are accepting into shelter, into rental assistance programs, etc – so that our referrals are effective.

Is there a danger of using a screening tool to screen people out?

Advising clients that this is a referral – making sure that people feel they have the ability to opt out of referrals – choice

“best resource”- assigning people to agencies – the assignment can be a sticking point, who is making the decision about which agency or which resource? What about when the use of a resource is fluid (less specific guidelines)

Give out as many referrals that make sense without overwhelming someone – Coach and empower the caller. Help them to make the call to figure out what might be the best fit. Some people don’t want to meet with agency A, B, C or D. It’s more than just giving the phone #.

Menu of choices, based on what you are eligible for

Sometimes limited capacity limits choices – how is that different than coordinated entry? How does that interplay with coordinated entry?

* + Provider choice? (saying no to referrals)

What happens when someone says “no”

Agency discretion is necessary at the end of the day

Aren’t necessarily asking anyone to make changes so much as be transparent and communicate the parameters of their programs/resources

* + If we are sharing a screening tool, what is it that we want to be universally screening for? What are the emergent needs from a homeless systems perspective?
	+ Which resources will be coordinated under our “coordinated entry system”?
		- Housing (e.g., supportive, market rate, affordable, permanent, and transitional) - What are the resources? Local, state & federal?
		- Services (medical/mental health, job training, education, etc.)
		- Prevention services (rent and case management assistance)

Is there an opportunity (through coordinated entry?) to track someones journey over time so that we can understand how/why people move back into the homeless care system after being housed?

**Consensus that we are talking about all of these (housing for homeless, homeless services, prevention of homelessness)**

**11:45 – 11:55 Forms, Forms, Forms**

**Determine forms needed**

* + Screening tool to establish eligibility and triage services? YES

We haven’t come to consensus on what level of triage or prioritization we will establish

* + Comprehensive assessment to develop household action plan? NO
	+ Client forms – informed consent, ROI to share info; client grievance form? YES – all three would be good
	+ MOU/A for partners? Template - YES

**11:55 to Noon Communication Points for Local CoCs during the next month (Sarah/All)**

**CONVERSATIONS TO KEEP MOVING FORWARD:**

* Continue to ID key local stakeholders and to keep those conversations moving forward
* Clarify statewide forms/tools that we would implement: screening, informed consent, ROI, client grievance
* Continue Intake vs Screening vs Assessment – we are talking about screening – how do providers feel about a screening process that prioritizes access to housing, services or prevention resources?

**TABLED – INFORMATION SHARING – HMIS GROUP REPORT BACK (MaryEllen)**

**TENTATIVE: May 19th for next meeting**

Sarah & Deb at RCHC will start looking at preliminary screening tools!!!!!!!!!!!!!

**MAY – JULY**

* Identify the Results Expected to be Achieved
* Sketch out a Preliminary Screening Tool & Other Forms
* ID Questions to be asked and begin mapping how referrals will work. (very basic)
* ID organizations that will host coordination or any other specific roles required
* ID Additional Staffing and Resource Needs
* ID Role of HMIS or other database capabilities; ID Data and HMIS Needs