VCEH Coordinated Entry Meeting

July 18, 2017

Randolph, VT

Laurel Chen, VCEH; Adam Sancic, AHS Field Services; Daniel Blankenship, VSHA; Kathleen Sargent, SSHP; Ari K, VCRHYP; Sarah Grandchamp, HPC; dawn butterfield, Capstone; Heather Burrows, Groundworks; Renee Weeks, Upper Valley Haven; Elizabeth and Amy, BROC; Doug Sinclair, Charter House; Brian Smith, DMH; Steve, SSVF; Meghan, ICA; Sarah Phillips, Office of Economic Opportunity.

Each small group reported back on their work in the past month.

**DV/SV Participation with CE**

Laurel reviewed the written policies and procedures, which reflect the past discussions and decisions of the planning committee and input/feedback from the DV/SV. There was a lot of positive feedback for the policies and procedures presented.

There was a good conversation about safety planning training for non-victim service providers – who will provide? What is the level of training provided? How will we maintain this? Is it an aspirational goal? Should we adjust this language? How much is standardized? Could local victim service providers work with CE lead agencies and/or assessment providers to provide this training? Laurel will take these questions back to the group/Kara for feedback.

**HMIS**

Meghan presented the HMIS CE functionality, and walked through how an HMIS CE Provider will enter in a new client, with assessment, refer to by-name list, and then enroll from the list.

We discussed Data Sharing Agreements – this is an important first step for Coordinated Entry.

There were some questions about referrals between local CoCs – visibility in HMIS will be limited to those within the data sharing agreement. Visibility of a client/hh file will also be based on the ROI from the client. It is the responsibility of the assessor (who collects the ROI) to ensure the proper visibility, and for tracking with the visibility should be closed.

Victim Service providers would add clients to the list manually, after it has been generated from HMIS.

**Emergency Shelter**

This group met for the first time last week. This group is looking at how emergency shelters, emergency apartments and emergency motel stays (all called: “emergency shelter”) are integrated into coordinated entry. For example, how quickly does an emergency shelter project need to either 1) refer to the lead agency or 2) conduct the housing assessment? It was discussed that emergency shelter projects that are referral partners (e.g., ESD GA) would have a goal to immediately refer, with a minimum requirement of within 3 days. Emergency shelter projects that are assessment partners have a goal to complete the assessment within 3 days, with a requirement to offer in the first week. Completing the assessment is always a client choice and does not prohibit anyone from receiving emergency shelter. The group also discussed the role of 2-1-1 (who is on the small group), and they would address operational challenges to try to make immediate referrals. All persons have access to emergency shelter/emergency services regardless of whether they have first completed the assessment process.

This group also will put into writing the referral process for emergency shelter – for example, if someone is seeking shelter immediately, refer to: a,b, or c; in cases of domestic/sexual violence, a, b or c; for unaccompanied minors, a, b, or c. This uniformity would be high level; there is still a need for access/coordination protocols between emergency shelter providers in a region. Rather than create a protocol that is the same for every local CoC; this small group is considering asking each local CoC to create its own protocol for coordinated access to emergency shelter, and then the CE committee would review. The group might create a template or parameters for what needs to be included in a local coordinated access protocol (e.g., communication between projects, timeframes for referral, afterhours needs, etc).

Finally, this group is looking at what prioritization for HOP-funded emergency shelter/emergency apartments should be when there is a waiting list. The group has discussed the following:

When prioritizing access Emergency Shelters, the order of priority is:

* Unsheltered
* Literally Homeless (Category 1), includes DV/SV – staying in a motel (not paid for by self)
* Literally Homeless (Category 1), includes DV/SV – other than a motel
* Imminently Homeless (Category 2), includes DV/SV

Shelters may have additional eligibility criteria (remember eligibility is not the same as prioritization), and they may add additional prioritization. More discussion is needed on this. This group will meet a couple more times and bring a written policy recommendation to the group.

**RRH Prioritization**

This group reviewed a range of tools used currently (and some historically) to prioritize and assess for Rapid Re-housing. Melany Mondello, from TAC, also provided some policy and procedure examples from other CoCs. The group has 2 deliverables: prioritization for RRH, and the approach used to determine the level of service, level/length of assistance.

The group continues to like a “level of care” perspective, based on HH need, to determine how much assistance a HH needs. If a HH needed a level 5, for example, permanent supportive housing, we want to make this known – but if level 5 was not available, and level 2 is feasible, a HH still has access to “level 2”. There is a need to review our existing assessment and make adjustments to tease out these “levels of care” better.

This group also continues to want to allow for individualized housing plans, as much as possible. There was some agreement that our “by-name” list could use the PSH prioritization, and also use a level of need, combined with HH budgets/income/circumstances to determine payment provisions. This group is working on drafting a policy and reviewing the assessment. Longer workgroup notes available.

**Assessment**

* Line up with HMIS UDE – make sure we are getting household member info when required
* Adapt the language, make each question read better
* Get rid of duplicate questions
* Look at the table (Section 2) and adjust format
* DV-friendly, youth-friendly, trauma-informed – need training for assessors
* Youth committee is looking at the assessment
* Know why we are asking each question
* Add a Signature? Folks thought this could be optional
* Goal to vote on assessment at VCEH in October