**Chittenden Coordinated Entry Meeting**

**May 11th, 2015**

In Attendance: Margaret B, CHT; Marcy, CEDO; Jessica, COTS; Sarah, OEO; Chris, BHA; Kelly, WHBW; Jan, CVOEO; Elaine, Howard; Erin, ESD/GA; Margaret, Chronic Care Initiative; Lindsay, Pathways; AliceAnn, Vermont Veteran Services;

**Manchester, NH – HUD/USICH Coordinated Entry Meeting Debrief**

* Takeaways from Jan, Chris, Marcy & Sarah:
	+ Great slides to forward from HUD and USICH
	+ the planning process takes time and it may feel like some providers “drag their feet” right up to implementation (NH presented this experience)
	+ no “one size fits all” – regional differences are fine
	+ building trust to approach it as a system is important
	+ affirmation to know that we are asking the same questions and having the same challenges, and on track
	+ going from program-centric decision making to client-centric (system decision-making) may be our biggest hurdle
	+ HUD talked about their timeline: Brief released; DV and Youth FAQs coming this spring/summer; Coordinated Entry Notice this summer/fall

**Common Entry Form: Chittenden County CoC Collaborative Screening Form**

* Some concerns that we have gotten off track or started to overcomplicate – trying to overlay the CHG screening form process and the VI-SPDAT assessment; wanting to go back to focus on chronic homelessness and think less globally
* What if every HUD CoC program was required to use the VI SPDAT assessment? Could we eliminate the screening form? Who is filling out the screening form?

**Conversation moved away from the Common Entry Form to PSH/VI-SPDAT specifically**

* What if we started with all PSH HUD projects used the VI-SPDAT to prioritize beds – and there was a community-wide waitlist for PSH HUD beds/units/vouchers? With a central list and process for decision-making.
	+ Start with HUD PSH projects and other projects could volunteer/join the process
	+ How could we factor in DV/safety issues?
		- What would the protocol be?
		- How is this managed by other CoCs?
		- How is this managed now? other providers enter HMIS data for these clients
		- What is the possibility of entering non-identifying information only?
		- Could the wait list be outside of HMIS?
	+ Where are the PSH projects on this?
		- Howard Center – already starting to use the VI-SPDAT; managing it community-wide is good – ultimately, providers will need the ability to make final decisions/be the gatekeeper
		- E.g., Sarah Cole, group interview process
	+ Where does the VI-SPDAT process happen? At the point of intake or the point of referral? Could be either
	+ Who are the PSH providers and where is this group on this idea (VI-SPDAT, community wait list and prioritization)?
		- Howard, Pathways, Safe Harbor, Spectrum, New COTS Wilson, VASH/VA
		- Generally, seems like folks could go this way – needs more discussion at some organizations internally
	+ The VI-SPDAT is a tool, not a decision-maker, and there would need to be a process for weighing other project eligibility criteria and best placement
	+ Advocacy: WHBW, CVOEO, COTS, VT CARES, SPECTRUM – these would be assessment partners
		- These partners need to consider whether they would do the VI-SPDAT for all clients or for some (for PSH entry only) – that’s the big question.
		- Are there ways to consider a phased assessment? Yes, possible – pluses and minuses to this
		- Are there benefits for using the VI-SPDAT for everyone?
			* Common needs/gaps analysis for our system
			* Current lack of any standard “pre-screen” for deciding when to do the VI-SPDAT
			* Possible re-allocation of SSO funding for coordinated entry could preserve these funds
	+ What is our global screening/entry process? How does the hospital or ESD refer in? How do people get referred in?
		- Are they working with someone already? Plug in through COTS or CHG case management?

**Next Monday – The group seemed to have some consensus about using the VI-SPDAT to prioritize Permanent Supportive Housing. Committee vote on this next Monday:**

* **Everyone who is HUD-funded will conduct the VI-SPDAT to create a community-wide waitlist/entry for HUD-PSH projects. The CoC would invite other PSH projects (non HUD funded) to participate in this process. The community waitlist would be managed outside of HMIS (?); and there would be a group process with PSH gatekeepers to facilitate placement decision-making from the waitlist.**

**Should the Advocacy Project start using VI-SPDAT for all clients?**

* Needs more discussion from this committee; and also to invite providers into the discussion – b/c this would then become the global process

**HIC Chart**

DMH Subsidy + Care – not devoted to the homeless and should be removed from the list. It will continue to be one of the rental subsidies in the mix

**Next Week’s Agenda:**

Is there a different tool that we want to use for prioritizing PSH for youth and/or DV?

Workflow on the assessment process – map out the pipeline & process?

Come back to HIC, revise & discuss prioritization of PSH

Vote on PSH coordinated entry process (in bold above)