Chittenden Coordinated Entry Committee

March 11, 11am

@ Champlain Housing Trust

Present:

Emily Reed, UVM Medical Center, Emily.reed@uvmhealth.org

March Esbjerg, CEDO, mesbjerg@burlington.vt.gov

Elaine Soto, Howard Center, elaines@howardcenter.org

Jane Helmstetter, AHS, jane.helmstetter@state.vt.us

Kelly Dougherty, WHBW, kellyd@whbw.org

Margaret Bozik, CHG, Margaret.bozik@champlainhousingtrust.org

Sunnie Lobdell, Spectrum, slobdell@spectrumvt.org

Jessica Bernard, COTS, jessicab@cotsonline.org

Johnathan Danforth, Pathways, john@pathwaysvermont.org

Chris Brzovic, BHA, cbrzovic@burlingtonhousing.org

Marcy shared some “baseline” information about this committee’s work to date:

* Original small group met after CoC meeting – this group invited Lindsey Stillman, Cloudburst/HUD Technical Assistance Provider to come meet with the CoC to help map the existing entry and referral system in Chittenden. After her visit, another small group meet with Lindsey to debrief and discuss some possible action steps.
	+ Handout – Lindsey’s notes from CoC and small group meeting
	+ Handout – “Down & dirty” first draft cof existing CoC entry & referral system
	+ Handout – Action steps (includes some strategic planning & coordinated entry action steps)
* There was some discussion, based on the map and our knowledge of key players in the system, that someone from Economic Services Division/GA should be invited to participate in our committee.

**\*\*\*Action Step: Margaret will reach out to Erin McSweeney to Join\*\*\***

Review of Permanent Supportive Housing (PSH) inventory -

* A PSH program/project provides permanent rental assistance/affordable housing (project- or tenant-based) plus available services (intensity & requirement varies)
* Adjustments made based on discussion and knowledge of those present. New version inventory available. (all those specific changes are not recorded here) This inventory includes all HUD and other-funded permanent supportive housing programs dedicated to persons experiencing homelessness. Additional work needs to be done to ensure there is not duplicate bed count between projects (e.g., VASH and Pathways)
* Discussion of Families & PSH – What is the need for permanent supportive housing amongst families? There are minimal PSH resources devoted to serving families. Shelter + Care projects aren’t able to assist families given their current configuration. Family Supportive Housing provides up to 2 years of services, but is currently configured as a transition-in-place model and not PSH. It’s clearly a need – although the 100,000 homes campaign did not seem to reach the full family population so the full need is not clear.
* Added “graduation plan” as a new element on the inventory chart.

Margaret provided a high level overview of Coordinated Entry – It’s understanding 1) What is the supply for people experiencing homelessness and who need more than housing? (inventory) and 2) How do we (as a CoC) determine what a households needs are?

Representatives from UVM Medical Center were in attendance because of thoughts around implementation of a homeless assessment process onsite, information sharing, referrals, etc. The discharge planning process looks different for inpatient vs emergency department. Hospital social workers would benefit from understanding which programs or shelters patients were connected with – there was some discussion about how HMIS may function in Chittenden moving forward and possibilities for data sharing within that system.

The group discussed “phased assessment”, as one way to consider collecting information in steps – and that all information used to determine referral and/or prioritization need not be collected at the system “entry point”. There was no consensus on preference for phased or progressive assessment, but it was agreed that folks should review HUD’s recent coordinated entry guidance on this and other matters.

**\*\*\*Action Step: All Committee Members should review recent HUD coordinated entry guidance\*\*\***

Discussion of VI-SPDAT

* Survey Results: This survey was administered by the original coordinated entry small group to understand what level of comfort and concerns existed within the CoC regarding the VI-SPDAT and F-VI-SPDAT
	+ Takeaways from Survey Results? Could have surveyed more (only 32 responses); Most people were somewhat to very comfortable with the idea of using any coordinated assessment tool(s); A lot of people had not used the VI-SPDAT tools – but even among those who did, there were some concerns; Most people thought the VI-SPDAT tools could be somewhat to extremely useful as a coordinated assessment tool (many, 60%, thought it was too long); good comments – worth reading; most respondents thought that training, confidentiality standards and agreements between agencies (followed by supervision) would make them feel more comfortable using the VI-SPDAT tools.
* Could we use the VI-SPDAT as a way to prioritize access to permanent supportive housing programs in Chittenden?
	+ The committee re-affirmed that the committee’s current work is focused on coordinated entry with regards to PSH
	+ Could a different tool work for accessing different resources?
	+ Would that mean that the VI-SPDAT wouldn’t be used to make referral to PSH? Would that be a different tool?
	+ Where would the assessment points be for VI-SPDAT?
	+ Reviewed how current PSH programs are coming together to use registry prioritization list to fill vacancies in their programs
	+ There are pros and cons to breaking out or phasing in assessment
	+ Is the VI-/F-SPDAT the right tool for all populations? There are some concerns that it may not be as effective at identifying the needs of families with children of victims of violence. (nationally and in Chittenden)
	+ Could we use this tool for some populations or for access to some resources? What does the HUD guidance say on this?
	+ HUD has issued guidance on prioritization for PSH – with a focus on serving chronically homeless first – Does the VI-SPDAT identify chronically homeless (CH)? There is a specific definition for CH – the tool does not specifically screen people to this definition, but b/c of the way the tool works CH rises as a top priority.
		- Definition is based on length/# of episodes of homelessness + disability/severity of need
* Chronic Homelessness & Prioritization for PSH
	+ There was some discussion as to whether the CoC has actually come to agreement on this – we have never explicitly done this
	+ Other communities use other criteria to prioritize access to PSH (e.g., households that are “high cost” to systems of care) – it’s really about a common agreement. The VI-SPDAT incoproartes this argument (“high cost”) but from a moral standpoint, not by taking an actual list of high cost Medicaid households (for example)
* Reviewed the “Action Items” list – can we table the assessment tool discussion? What are our next steps as a committee?
	+ Key Next Step: Do we want to use the VI-SPDAT tool (and/or F-VI-SPDAT tool) as a way to prioritize access to PSH? This is an important question for us to answer - if not this tool, which tool and will it prioritize CH?

**\*\*\*Action Step: All committee members should carefully review the VI-SPDAT and F/VI-SPDAT tools\*\*\***

* + Key next step: Map the existing entry & referral system with a Permanent Supportive Housing lens – this “map” may look slightly different than the general map

**\*\*\*Action Step: Review past and preliminary data on families and single adults to clarify the need – PIT count?\*\*\***

**Next Meetings:**

**3/25 11am**

**4/8 11am**