**Chittenden County Coordinated Entry**

March 25, 2015

IN ATTENDANCE: Margaret Bozik (CHT), Chris Brzovic (CEDO/BHA), Jan Demers (CVOEO), Kelly Dougherty (WHBW), Marcy Krumbine Esbjerg (CEDO), Jane Helmstetter (AHS), Sunnie Lobdell (Spectrum), Will ? (Spectrum)

**Outreach**

**Referral**

*Need consistent way to refer, common form, and common process*

**First Point of Access**

*Intake*

Permanent Supportive Housing

Listing all will make case that although we are focusing first on PSS, we are keeping the whole system in mind

**Assessment**

*Match needs with services*

Interim Housing

Permanent Housing

**Permanent Supportive Housing is:**

Rapid Re- Housing

* everything on our HIC chart
* distinct from permanent housing

Our system is unique in that no one can go into permanent supportive housing without being connected with a service provider first. Service connection comes through referral, or referral to housing from a service provider

**First Point of Access:**

Shelters

211

AHS (all departments/programs – GA, CCI, DOC, Family Services, DAIL, etc.)

Justice System

Hospitals

Hotline

Meal programs

Service Providers (e.g., CVOEO, Turning Point, VNA)

Daystation

Other drop in centers

HELP fund

VA

Schools – homeless liaisons

**Assessment:**

* ID and/or confirm that someone is chronically homeless; plus other service needs
* Upside down triangle – narrow down to limited providers who will do assessment? Or will it be all points of access to do assessment? May be some in 1st point of access box who are don’t make it over to assessment box
* Two tiers – those who do referral form, and those who do the VISPDAT; get as many as possible willing to do VISPDAT, those who can’t do form instead
* May not get buy in immediately, but over time with success may be able to pull in more
* HELP fund as model – pieces can be passed along
* Do electronically – share information across organizations
* Person doing assessment may not be the one to provide the service; could act as intermediary, would that case management move forward with people after they were housed? By whom?
* CVOEO thinking of expanding its role in ongoing case management – within its scope of practice
* Who is the lifelong connection to the service user? Who can they connect with as needed/touch backs?
* Care management vs. case management (a la Blueprint); service coordination; need to connect with providers with various levels/forms of expertise

**Outreach:**

Streets/encampments

Street outreach team

Safe Harbor

Howard

Pathways

Spectrum

VA

**Referral:**

Pathways

Howard

Safe Harbor

BHA/Corrections

WHBW

CVOEO

Social workers in medical centers

PCPs

**Summary/Overview:**

* Come in to first point of contact
* Do a referral form or a full assessment
* If it’s referral only then move on to other provider for assessment
* Assessment and referral could be the same place – or after assessment may realize more appropriate for another service provider
* What are percentage that move through process with same service provider all the way to PSS
* How many are coming through other sources? This will help to determine how important it is to get other providers into the process
* What are the need levels by 1st point of contact – are the chronic homeless coming more through street outreach vs. AHS, etc.

**HUD Guidelines**

COC has endorsed HUD priorities two years in row, but has taken no steps to move forward with adopting them

Don’t have services for those in permanent supported housing (?)

Push as recommendation to full steering committee – what does this mean to make this a priority?

Get national expert to come in and lead the discussion with the full steering committee

Reclassify some of the housing we have? Short term will make us look bad because will look like have fewer units

As we add new PSS beds, make requirement that has to be for chronic homeless

Balance of state has policy that all PSS beds will be prioritized – distinction between prioritized and dedicated - first will see if can fill with chronically homeless; if not, move on to next priority

We can’t do rapid re-housing here with COC money because we still have a large chronically homeless population

Adopt HUD policies and push harder on prioritizing beds for chronic homeless, or determining whether should be in PSS inventory

**Review of VISPDAT and Family VISPDAT**

Individual (first page)

Gets to some of the chronic homeless issues – length, but not other indicators; could be a good referral tool just with that

Universal Release – consent to release information; no signature on VISPDAT (only “consent to participate: Y/N” what does this mean?)

If you are agency that doesn’t want to do full assessment, could stop after history of housing/homelessness

Do we feel like we need information on what person is looking for? What services are you connected to now? Where did you sleep last night? What do you need? (look at CHG referral tool)

Family first page – same except head of household identified

If are going to abide by HUD priorities, must come up with a score – have way to prioritize, need to be able to document what severity of need is; length or severity of need

We need to get to point of making decision on tools

What are other tools out there that will get to prioritization of need

VISPDAT is focused on chronic homeless by design – is THE tool for quantifying vulnerability

If that’s what we decide we want to do

Ask for committee members to review statewide list of tools and come to next meeting prepared to make case for which tool to use

If you have another tool that will meet the HUD goals, bring to next meeting and make case

At this point there may be more than one tool being used; maybe that’s OK – if someone is presenting clearly not needing PSS, then may be OK to use different assessment tool

All of those who have come through the warming shelter have been willing to do the VISPDAT in order to get on the list for PSS

Ask Sarah where the balance of state is in their assessment of the tools and where they are with the decision

Balance of state looking at universal tool – for all services – not just for PSS

VISPDAT – you cannot add items for scoring; cannot add scoring if using for scoring

VISPDAT – not set up to be HMIS friendly, but can still work, can update the rest of the fields that are needed

NAEH assessment – more of data collection tool than assessment; DV items right at beginning (but more for HMIS reasons)

At some point, if you are getting services to prepare for PSS, then do need to make sure are collecting all HMIS data elements, so that when do transfer of information it is complete

Committee asked to go to OEO website and look at NAEH tool – helping to house.org under initiatives

Will ask Sarah to do a debrief – what rolled up at end

**Point in Time Discussion**

2009-2014

1:4 ratio families to individual

For Chronic homeless 8:68

Fewer families are being sheltered in 2014 (13 unsheltered)

Connect HUD priorities (chronic high need) with inventory, there is not a big need for PSS for families, maybe PS, but not PSS

Consider churn in FUV – how does that factor in?

We don’t know without an assessment like the VISPDAT; that is the value of a tool that goes across the board – identifying the priority given limited resources, need to focus on chronic homeless

Chronic homelessness or chronic other issues that contribute to intermittent homelessness -

Jane – meeting with homeless liaisons, looking at using the Family VISPDAT

Need real data, can’t be doing anecdotally

If someone loses voucher more than once, need to intervene

Issue of ineligibility for voucher due to outstanding debt

**ACTION STEPS:**

* Info from Sarah – what tool is balance of state leaning toward?
* Other tool challenge to committee members with goal of making decision at next meeting for tool to recommend to full steering committee (following meeting)
* Next meeting to look at other tools
* Use of cloud based system will need further exploration, flesh out a bit – how much we should do vs. data or other committee
* Continuum in MA – Marcy going to connect with them, using VISPDAT/other tool to triage – have them come/present by phone at next meeting or the following
* Finalize inventory of PSS options – not due to HUD until end of April, so won’t be ready at next meeting Prioritize making progress on tool
* Generate pros and cons of VISPDAT based on own analysis here – bring what have to next meeting and will review/brainstorm together at next meeting

**NEXT MEETING:
Wednesday, April 8; 11:00-12:30, location TBD** (Margaret to check on availability of CHT conf room)