

Chittenden County Homeless Alliance Coordinated Entry Committee Meeting

Wednesday, August 23, 2017

8:30AM-10:00AM

Champlain Housing Trust, 88 King Street, Burlington, VT- 2nd floor conference room

MEETING MINUTES

Attendees: Chris Brzovic (Champlain Valley Office of Economic Opportunity, committee chair), Sharon Rotax (Steps to End Domestic Violence), Sarah Phillips (VT Agency of Human Services - Office of Economic Opportunity), Nicole Kubon (Committee on Temporary Shelter), Elaine Soto (Howard Center), Lindsay Casale (Pathways Vermont), Will Towne (Spectrum Youth & Family Services), Jason Brill (U.S. Department of Veterans Affairs), Adnan Duracak (VT Department for Children and Families – Economic Services Division), Stephen Marshall (Homeless Community), Margaret Bozik (Champlain Housing Trust), Stephen Lunna (University of Vermont Supportive Services for Veteran Families Program), Tamella Thygesen (Veterans Inc.), Meghan Morrow (Institute for Community Alliances), Erin Ahearn (Safe Harbor, Community Health Centers of Burlington), Caitlin Ettenborough (Institute for Community Alliances).

Welcome and review agenda (Chris Brzovic, CVOEO)

Review of Votes from Retreats:

Votes that passed at August 8th Retreat:

VOTE: For the CCHA Coordinated Entry system to allow for up to 5 separate assessments (for the 5 sub-populations: DV victims, youth, families, single adults, at risk).

VOTE: For the CCHA Coordinated Entry system to be a hybrid model with multiple hubs and 2-1-1, and that there may be special sub-populations, and that there will be phased assessment.

Votes that passed at August 10th Retreat:

VOTE: The CCHA will use a Master List for prioritization and referral (with the caveat that there will be a special process to protect the privacy of domestic violence survivors and other people with safety or privacy concerns), and the list can be filtered as needed for prioritization and referral.

VOTE: The CCHA will use ServicePoint to support referral to, and implementation of, the Master List.

VOTE: The CCHA will use the existing review committees, modified or supplemented as necessary, to help manage the coordinated entry referral process.

VOTE: The CCHA will not make rules of prioritization with respect to access to emergency shelter and other emergency services.

VOTE: For rapid rehousing (RRH), the CCHA will prioritize based on vulnerability and likelihood of housing stability.

-Margaret suggested reviewing HUD checklist to come up with a list of policies that we must have, research policies that have already been created that we could modify to fit our needs, Margaret volunteered to create list of policies needed

-25 hours of TA from ICF was awarded, Chris will contact for support around policy/procedure templates, etc.

Access and Assessment Planning:

-Hybrid model will include HUBS and 211

-What does the process look like from a client-centered perspective?

-Responsibilities of HUBS- early evaluation of client situation, ability to enter info into HMIS system

Question posed by Chris: Will we have a two or three stage phased approach?

-Client presents at a non-HUB agency, will they refer to HUB or have a set of screening questions to ask initially

-Lindsay suggested connecting clients with 211 when they present at a location that does not do any screening/referring

-Chris warned of too much diversion, when clients could be served by agency they are presenting at

-Sarah suggested client-choice- offering for clients to call 211 **or** present in person at a location to begin process

-Stephen presented "Spoke and Hub" model- Chris and Stephen worked to map this idea out, will bring for group to see at another meeting

HUBS Discussion: Some will serve all populations and some will serve specific populations, some serve everyone and others are specialized, All HUBS must be able to offer same standardized assessment tools for every sub-population that presents, Purpose of HUB is for people who are not already connected with a service provider/CM, Clients who are connected with a service provider already can do the assessment with their current worker

Jason- VA does not use HMIS, how will client data get into HMIS? Data could be transferred to a HUB HMIS-user to be entered after assessment is completed by VA staff

211- What will their role be? Will they do complete assessments or will they refer to an agency that can do full assessment and 211 just does short screening? Can 211 connect client with a HUB in that moment via phone, can they schedule appointments directly? Discussion around 211 having access to and entering data into HMIS,

-Decided that process of getting clients from 211 to appropriate provider is VERY important, needs to be a seamless process so as to not lose clients

SCREEN: Questions to ask at first point of contact- Phase 1 of process: intention of this form is to determine if person should be referred to a specialized HUB and/or determine if client has an urgent need (for emergency housing, etc.) that needs to be dealt with immediately

*Review and discussion around updating and adapting current Chittenden County Collaborative Housing Screening Form to be used as one-page screening form?

*Review BOS referral form- would this work for our CoC?

-Suggestion by Chris to merge BOS and CCCHSF forms to create a one-page screening form

-Lindsay suggested including next steps, purpose of form, where HUBS are, etc. so that clients know what happens next- maybe screen must always be reviewed with client by staff to explain further

ASSESSMENT: After connection with HUB, Phase 2 will look like:

-vulnerability screening

-housing history/barriers assessment

-HMIS data elements

NEXT STEPS:

-Work groups needed!

-SCREEN work group- Chris will follow-up with a doodle to schedule meeting in first or second week of September, stay tuned