Chittenden County Homeless Alliance (CCHA)

Coordinated Entry Committee Meeting

January 23, 2019, 8:30 – 10:00

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

ATTENDEES:

- Chris Brzovic, **CCHA/CVOEO**
- Nicole Kubon, **COTS**
- Stephanie Smith, **STEPS**
- Andrea Tieso, **VHFA**
- Elaine Soto, **HC**
- Dylan Roofe, **STEPS**
- Adam Wager, **COTS**
- Will Towne, **SPECTRUM**
- Alex Ellis, **SPECTRUM**
- Margaret Bozik, **CHT**
- Jane Helmstetter, **AHS**
- Caitlin Ettenborough, **ICA**
- Tamelia Thyygesen, **VETERAN'S INC.**
- Lacey Smith, **BPD**
- Stephen Marshall, **Lived Experience**

Discussion of the CCHA Coordinate Entry Partnership Agreement

Q: What does it mean to be an access point?

> A: If you're not actually doing a referral, you're not an access point. So CHT will be removed from section 2, "Access Point."

Discussion of Chittenden County Coordinated Entry Partnership Agreement, CHT

- The only significant change made, as already discussed was the definition of "homeless." It has been revised like so: "Homeless" mean households meeting the Governor's Executive order definition of homelessness."
- We hope to change this definition at some point.

Discussion of Client Informed Consent and Release of Information Form

Q: How are we going to handle the transition from previous, already-signed versions?

- Currently existing partners in the C.E. process will have to be notified and offered to sign a new release. If they decline to share, we won't change their visibility. If they say yes, we would update their visibility – they will be in a "new visibility group."
- Consistently adding the newly updated releases to the system is going to be a challenge and without them updated, the newer partners will not necessarily be able to see them as they will be in the old visibility group.
- Another challenge will be if some clients refuse to sign for a particular partner – for example the "BPD community affairs team." These clients' data will have to go into the system manually -- outside of Servicepoint.
- To clarify, if someone refuses to sign the expanded release, they should not be put into Servicepoint in the C.E. system.
- We should have **a systematic way of adding new people/partners**. Maybe on a time schedule. Yearly for example.
- C.E. people need to keep track of who has signed what agreement. It will be helpful – ideally – to upload the ROI into the online file so you can see them right away (rather than have strictly paper ROIs).
- The **multiple issues around visibility groups are potentially going to be a challenge.** We will have to see how it goes. Ideas welcome.
- **We will now forward these documents (reviewed above) to the Steering Committee.**

SAGE HMIS report

- HUD changed the requirements for the APR (Annual Performance Report) in the middle of the reporting period. So now we know that these are the new questions going forward (**click here to see the report**).
- The main point in need of the committee's feedback is the issue of "access" vs. "assessment." How do we want to parse these ideas? Is access when they come in and fill out a screening form? And assessment is when they are entered into ServicePoint with a full assessment. **HUD has NOT offered definitions.**
- The consultant to be hired can help us consider this question.
- This remains an open question: **what is access vs. assessment?**

Vulnerability Assessment / HMIS discussion

- It seems there is value in having the full vulnerability assessment entered. Particularly for the purpose of assessing the assessment tool itself.

- **RELATED ISSUE:** Regarding the **ONECARE** RFP (ONECARE is a statewide Accountable Care Organization working with Medicare, Medicaid, commercial and self-funded insurance): they are looking for grant proposals that will have an impact on health access, outcomes and cost. Stephanie Hartsfield – who is our UVM Medical representative to the alliance -- wants to put together a proposal that will look at C.E., -- they want to have some common standards around coordinated care. They want to make sure that people who are integrated into C.E. are integrated into other systems of care as well. The medical center is pushing to have the full assessment in HMIS so that it could be part of the evaluation of whether people are being appropriately connected.
    - They want to think about how to connect the Housing Database & the Medical Database.
    - There's a deadline coming up quickly for this RFP but there's another deadline in April.
    - **They want to be an active HMIS partner and they want to have a C.E. staff person at the hospital.** They want to become fully integrated into our system though the way this happens is not clear.
    - **There are two perspectives on this RFP**: 1. We need more time to carefully consider this grant application and how to lay the groundwork for a relationship with the hospital 2. We should move quickly.
    - **POINT OF DISAGREEMENT:** One person feels that Servicepoint is a lousy system: "Maybe we shouldn't pour more resources into it. What we really need is a better, more robust information system."
    - What about putting a new C.E. person at the hospital specifically in the Emergency Room since that's the point of access for many?
    - Stephanie will be made aware of this conversation later today.

Returning to HMIS Vulnerability Assessment…

- Three options: 1. Do we want to require the whole assessment be entered? 2. Do we want to give an option of entering the score or the full assessment? 3. Or do we continue doing it as we currently are doing it?
- Q: Is there any harm starting out with the optional version? We would train for the full assessment and leave the option to just enter the score. And then evaluate later.
    - A: That would be preferable for some because of the time intensive aspect of entering the full assessment.
- Before we try to come to a consensus on this question, we need to first check in with CVOEO on this topic.

A Discussion of the work of the Community Housing Review Committee

- We need to better align our efforts with the BFZ (Built for Zero) efforts. (BFZ is focused on reaching functional zero for chronic homelessness).
- What we're proposing now is to do a case conference of all the chronically homeless single adults on our master-list and identifying who needs PSH – low barrier plus services – and then who needs more mainstream housing.

- **We want to make a shift in prioritization from strictly the vulnerability score to vulnerability plus chronic homelessness.**
- There remains the issue of **the D.V. population** however. We have to make sure we're not missing single adults fleeing D.V.
- We also need to have **more feedback from direct service providers** to the CoC. We need to incorporate their feedback.
    - Seconding that we need more attention paid to the feedback loop. Concept vs. Reality.
- Regarding evaluation of C.E., we should proceed by first asking: **What to evaluate? How to evaluate it?** Feedback from direct service providers and clients are key to answering these questions.
- We also do need to **find an entity that will lead the evaluation** (it can't be Chris)?
- (HUD stipulates an evaluation but without any guidance.)
- We may get the consultant to do this. (We'll know by the next time this committee meets whether we will have a consultant assist us or not.)

Upcoming Agenda Items

1. Reviewing the assessment tools.
2. BoS – how do we coordinate with them if people go from one system to the other? In theory, it shouldn't be too complicated because we have the same HMIS.
    a. The larger conversation is to become one CoC.
    b. We should have an agreement with BoS.

Next Meeting is the 27th of Feb.