# Chittenden County Homeless Alliance (CCHA)

## COORDINATED ENTRY COMMITTEE MEETING

May 22, 2019, 8:30 – 10:00 AM

Attendees:

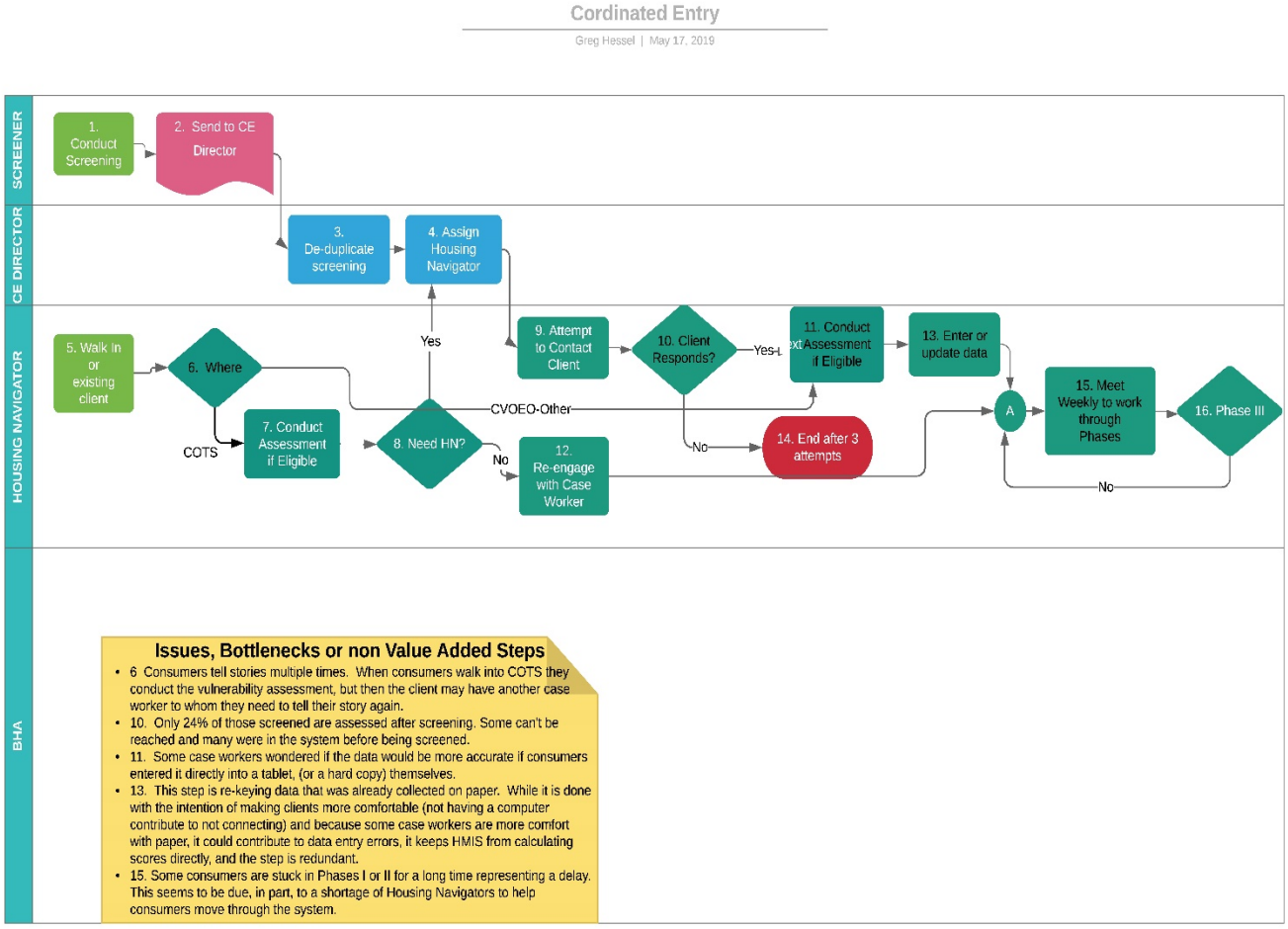
- **Guest Presenter: GREG HESSEL**
- Linda Amante, **CVOEO-CCA**
- Emily Taylor, **CVOEO-CCA**
- Sarah Phillips, **OEO**
- Lindsay Mesa, **Pathways Vermont**
- Stephen Marshall, **Lived Experience**
- Meghan Morrow Raftery, **ICA**
- Caitlin Ettenborough, **ICA**
- Nicole Kubon, **COTS**
- Steve Lunna, **SSVF@UVM**
- Tameila Thygesen, **Veterans Inc.**
- Chris Brzovic, **CCHA/ CVOEO**
- Jason Brill, **VA**
- Will Towne, **SPECTRUM**
- Erin Ahearn, **CHCB/ Safe Harbor**
- Margaret Bozik, **CHT**
- Erica Da Costa, **CCHA**

**PLEASE NOTE**: Unless quote marks are used, text attributed to a specific person is paraphrased.

## *GREG HESSEL of REGENERATION RESOURCES GAVE A PRESENTATION WHICH INCLUDED DISCUSSION.*

- The process is not yet complete. Greg has met with a variety of people. One point of research still in the planning: a comparison with other communities' similar efforts.
- The process map included below was provided by Greg. **Tip for reading the process map: diamonds are decision points, squares are steps in the process, circles are junctures.**
- How does the Coordinated Entry process begin:
    - Someone goes through a screening process and those screenings are sent to Chris Brzovic who de-duplicates them and assigns a housing navigator OR someone walks in to CVOEO or COTS. [Presumably the difference between these two is that in the first instance, the client is passively BEING screened (with permission) by someone who suggests the person be screened while they are at COTS or STEPS for other reasons, whereas in the second instance, the client is taking the initiative to come in and be assessed for housing.]
- NOTE OF CORRECTION NEEDED FOR THE CHART BELOW: After COTS conducts an assessment – if the client is moving into one of the COTS shelters, they would be assigned a COTS Housing Navigator. If they are not moving into COTS shelters, then they would be

referred for a CVOEO Housing Navigator. And if they are already in a COTS shelter, they would not repeat an assessment.




Click here to see page one (above) as well as page 2 in PDF.

**Chris Brzovic gave a brief presentation about tracking those in the earliest stages of the process (Screenings data) This is Issue #10 on process map.:**

- Chris looked at data from Jan 1 – April 29.
- Chris maintains a spreadsheet of new people who need to be assigned a Housing Navigator. At the end of each week, Chris checks to see if everyone has been connected to a Navigator and if not, they are assigned at that time.
- **What Chris found over the 4 months:** We have had 175 total entered into the spreadsheet needing assignment. 110 made it onto the master-list. The subset of those who came into CVOEO via a screening form (from partners – primarily COTS or STEPS) were 90. Of that 90 screening forms, 24 of those ended up on the master list which is not a great percentage. The reasons for the low number of off-site screened clients making it onto the master-list are unclear. They might not be eligible.
- How are DV clients handled?

    - They are referred to STEPS and then they may be, in some cases, referred back to CVOEO.
- Stephen suggests it's not a bad percentage actually. He also suggested distributing the screening form widely.
- ESD is not seeing a lot of value from this system. They don't see what's happening. They'd like to see evidence that people they refer are getting housed.
- From the perspective of the customer: if you do a screening and then have to go somewhere else, this may be a deterrent.
- We need to use the same language between screening and assessment.
- Chris/CVOEO: Based on the info in the screening form, CVOEO reaches out to the client if they don't call or visit.

**Possible reasons for the lack of follow through with those who are screened by a partner (not CVOEO)?**

- Inaccurate contact info
- Client can't read
- Sometimes the referral comes from the hospital and we have to wait until they end up back at the hospital
- To reiterate: **Reliable, consistent contact info is one of the biggest barriers.**
- Greg poses the question: DO YOU WANT TO KEEP TRACKING DATA ABOUT SCREENING -- TO SAY IT'S WORKING -- OR DO WHAT TO TWEAK OR ELIMINATE THE PROCESS?
    - **Front line people agree that the screening form is helpful.**
    - Learning something about this population – even if they don't get into the housing process – has value.
    - What's the next step:
        1. Better data:
            a. Let's look at time between referral and initial outreach.
            b. Let's see if Dylan can report on their numbers at STEPS.

## From the client's perspective…

- Repetitive story telling at COTS and then CVOEO is frustrating for clients. If they're not eligible to work with COTS they have to tell the story again at CVOEO. So this translates to:
    - Screening at COTS
    - Assessment at CVOEO
    - Housing Navigation at CVOEO
- Front-line staff: Even if there's an internal hand off, this is better than doing a hand off from one organization to another.
- To a large degree, there's no way to avoid hand-offs – unless we could increase staff by 10 fold.
- **People at COTS who are screened are usually not going to walk over to CVOEO. They didn't walk into COTS to be screened to begin with. They came for other reasons.**
- Getting assessments from COTS to CVOEO is important (preferably uploaded to HMIS ).
- Hand-off to retention services is also an important juncture.

    - In some cases, the housing navigator becomes the retention services provider and it works well.
    - Some groups' funding limitations only allow them to follow someone for 90 days.
    - HOP-funded retention services can be for a year.
    - V.A. provides retention services for 90 days – and can be extended where necessary.
    - CVOEO is providing a year of retention services (this amount of time is new).
- We should add a field on EXIT of coordinated entry (in HMIS) about housing retention services.

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## DATA WE'RE WORKING ON OBTAINING

- Data about why people are STAYING in the system rather than being placed.
- Tracking the time from the beginning of the process to Phase 3.
    - We need more housing navigators to get to Phase 3. Decreasing time to phase 3 is a goal.

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## DATA ENTRY

- Greg says info should ideally be entered directly (into HMIS) instead of doing a paper process.
- Greg reports that someone at COTS suggested: What if clients did assessments themselves – entered into a tablet or hard copy?
    - Front-line Staff: "I strongly do NOT recommend this idea." People's perceptions are very diverse.
    - V.A.: You miss the opportunity to have some conversation with the client if they do it themselves.
- What if there was a hybrid – so people fill out SOME of their own info? This might also help those who are skittish about revealing a lot of information.
- Successful communities try new things. Greg encourages experimentation.
- Front-line Staff: We'd love to combine data elements into the assessment form.
- The data elements are standardized but HOW they are collected is not standardized.
- NEXT STEPS:
    - Adding HMIS data elements in the assessment form.

NEXT MEETING: 6/26

Please find archives of meeting minutes at **cchavt.org.**