

# MID-WILLAMETTE VALLEY HOMELESS ALLIANCE

## COORDINATED ENTRY COMMITTEE and HMIS USERS WORKGROUP

October 26, 2021 Minutes

**PRESENT:**

| Coordinated Entry Committee            |  | Yes | HMIS Users Workgroup                   |  | Yes |
|--|--|-----|--|--|-----|
| Ashley Hamilton, MWVCAA/ACHES (Chair)  |  |     | Hunter Belgard, OHCS (Co-chair)        |  | X   |
| Kim Carbaugh, CHS                      |  | X   | Jimmy Jones, MWVCAA (Co-chair)         |  | X   |
| Andrew Rice, Easterseals Oregon        |  |     | Tara Stephen, CHS                      |  | X   |
| Catherine Todd, Easterseals Oregon     |  |     | Natalie Doerfler, Easterseals Oregon   |  | X   |
| Doug Odell, Family Promise             |  | X   | Kaela Lombardi, MWVCAA/ARCHES          |  | X   |
| Glenn Muna, MWVCAA/ARCHES              |  | X   | Rachel Miller, MWVCAA/ARCHES           |  | X   |
| Michelle Artman, MWVCAA/De Muniz       |  | X   | Tricia Frizzell, MWVCAA/HOME           |  |     |
| Tricia Frizzell, MWVCAA/HOME           |  |     | Robin Winkle, Shangri-La               |  | X   |
| Kimm McBeth, SHA                       |  | X   | Hannah Paysinger, Sheltering Silverton |  |     |
| Dominique Schoessler, Shangri-La       |  | X   | Jill Tucker, St. Francis Shelter       |  | X   |
| Hannah Paysinger, Sheltering Silverton |  |     |  |  |     |
| Anna Lookingbill-Steele, VA Healthcare |  |     |  |  |     |
| Jim Stackhouse, VetCare                |  | X   |  |  |     |
|  |  |     |  |  |     |
| Staff: Jan Calvin                      |  | X   | Staff: Jan Calvin                      |  | X   |
| Staff: Breezy Aguirre                  |  | X   | Staff: Elliott Lapinel                 |  | X   |
| Robert Marshall, MWVCAA/ARCHES         |  | X   |  |  |     |
| Pamela Blanchard, NWHS                 |  | X   | Brenda Newey, UGM, Simonka Place       |  | X   |
| Tim Weese, MWVCAA/ARCHES               |  | X   | Michael Livingston                     |  | X   |

Hunter Belgard chaired the meeting.

**1. BUSINESS ITEMS**

- a. **Agenda:** Kaela moved approval of the agenda; Kimm seconded; approved unanimously.
- b. **Minutes:** Robin moved approval of the minutes; Tara seconded; approved unanimously.

**2. HMIS ITEMS**

**a. HMIS Local Data System Administrator**

Elliott Lapinel introduced himself; he is the new HMIS Data System Administrator for the CoC and for ARCHES. He is being trained by Hunter and will be providing support to agencies and individual HMIS users. WELCOME ELLIOT!

**b. HMIS Participation Rates**

Jan shared an update on beds in HMIS, including the attached information that is part of the CoC's consolidated application (NOFO).

**c. Data Migration Tasks – Clean-up, Open Entries, Inactive Users, Obsolete Providers, Clients, etc.**

Hunter talked about the move to a new HMIS instance, which means we are doing a “copy and purge” process. Need to clean up before that happens. Eg: clients you have not looked at in seven

years will be purged. Programs that are old (not active) will be purged – but that can't happen if there are people associated with them. Anything you can do to remove the clutter would be great. Hunter and Elliott can show you how to run reports that will help you in this process. REACH OUT!

**d. HMIS Administrators Monthly Meeting**

Hunter covered a few highlights:

New Data Standards Questions

Gender list – you can now pick more than one from the list (eg: how the client identifies)

Ethnicity list – has added some new values to be more culturally appropriate

Certain funding streams have specific changes (GPD, SSVF, YHR, etc.)

EHV added as a destination.

Client Perceived Questions

CoC-funded programs must answer these questions; however, some other funding sources will not be requiring answers.

There may be an option for organizing a “multiple-fund streams” process to answer one set of questions, with some buttons to answer additional questions. STAY TUNED.

**3. COORDINATED ENTRY ITEMS**

**a. CE Assessments – Populations, Locations, Days/Times**

Breezy reviewed the availability of CE assessments. She noted that there will be a “social media blast” going out mid-November.

| Agency                   | Addresses of Assessment Site                 | Schedule: Days/Hours for Assessments | Walk-in | By Appt. Only | Supplemental Only | Specialty Population | Mobile |
|--------------------------|--|--------------------------------------|---------|---------------|-------------------|----------------------|--------|
| Family Promise           | 1055 Edgewater NW, Salem                     | T & F, 9-1                           | X       |               |                   | Families             |        |
| NWHS, HOST Program       | resource center, Salem                       | M-F, 9-2                             | X       |               |                   | Transition Age Youth |        |
| Center for Hope & Safety | 605 Center St., Salem and at shelter         | M-F, 9-12 & 1-5                      |         | X             |                   | DV                   |        |
| Easter Seals Oregon      | 3878 Beverly St. NE, Salem                   | M-F, 8:30-4:30                       | X       |               | X                 | Veterans             |        |
| MWVCAA, ARCHES           | 615 Commercial St. NE, Salem                 | M/T/W/F, 9-3:30; TH, 9-12            | X       |               |                   | All                  | X      |
| MWVCAA, ARCHES           | 3745 Portland Rd. NE (Seymour Center), Salem | M/W/TH, TBA                          | X       |               |                   | Families             |        |

**b. CE Guiding Principles**

The group refined the CE Guiding Principles to incorporate “housing first.”

**c. CE Policies & Procedures**

Breezy provided an overview of the plans to create a new CE Policies & Procedures Manual, based on the outline provided by HUD. She and Jan have reviewed the recommended policies and identified ones that require committee input. ***Attached*** are notes of the comments and suggestions made at the meeting.

**d. Coordinated Entry System Annual Evaluation**

Breezy noted that the evaluation completed last year resulted in recommendations that have guided actions since that time. She mentioned that during a recent site visit, HUD staff was impressed with the 2020 report. This report will be the basis for this year's evaluation.

Jan will schedule a meeting with the following people who volunteered to serve on the workgroup and conduct the annual CE evaluation:

|                 |               |              |
|-----------------|---------------|--------------|
| Robert Marshall | Ashleigh Duda | Doug Odell   |
| Robin Winkle    | Tara Stephen  | Brenda Newey |
| Kimm McBeth     |               |              |

**NEXT MEETING**

Tuesday, November 9

1:30-3:00 p.m.

***by Zoom video & phone***

<https://us02web.zoom.us/j/82342567683?pwd=QkJuNzdVclt0QWNud3Z1UDZic2Ewdz09>

Meeting ID: 823 4256 7683 Passcode: 701432

One tap mobile +12532158782,,82342567683#,,,,,0#,,701432# US

HMIS Bed Coverage Rate  
October 2021 Update

**2021 HIC and HMIS Data by Project Type**

| Project Type                                  | Total Beds<br>2021 HIC | Total Beds in<br>HIC Dedicated<br>for DV | Total Beds in<br>HIC “eligible”<br>for HMIS | Non-DV<br>Beds not in<br>HMIS | Total Beds<br>in HMIS | HMIS Bed<br>Coverage<br>Rate |
|---|------------------------|--|---|-------------------------------|-----------------------|------------------------------|
| 1. Emergency Shelter (ES) beds                | 362                    | 30                                       | 332   | 80                            | 252                   | 76%                          |
| 2. Safe Haven (SH) beds                       | 19                     | 0  | 19  | 0                             | 19                    | 100%                         |
| 3. Transitional Housing (TH) beds             | 363                    | 0  | 363   | 154                           | 209                   | 58%                          |
| 4. Rapid Rehousing (RRH) beds                 | 369                    | 42                                       | 327   | 82                            | 245                   | 75%                          |
| 5. Permanent Supportive Housing<br>(PSH) beds | 243                    | 0  | 243   | 9                             | 234                   | 96%                          |
| 6. Other Permanent Housing (OPH)              | 6                      | 0  | 6   | 6                             | 0                     | 0                            |
|   | <b>1,362</b>           | <b>72</b>                                | <b>1,290</b>                                | <b>331</b>                    | <b>959</b>            | <b>74%</b>                   |

**Plans to Increase HMIS Bed Rates to at least 85 Percent for Project Types below 85 Percent in the 2021 HIC**

- Emergency Shelter** HMIS Bed Rate is on track to be **100%** by mid-January 2022. One provider (16 beds in the 2021 HIC) started using HMIS in July 2021, and the other provider (64 beds in the 2021 HIC) is participating in HMIS training October through December to prepare to start using HMIS in January 2022.
- Transitional Housing** HMIS Bed Rate is on track to be **87%** by mid-January 2022. Two providers with a total of 66 beds in the 2021 HIC started using HMIS in July 2021, and another provider (40 beds in the 2021 HIC) is participating in HMIS training October through December to prepare to start using HMIS in January 2022.
- Rapid Rehousing** HMIS Bed Rate has already been increased to **100%** with the one provider (82 beds in the 2021 HIC) now using HMIS.
- Other Permanent Housing** HMIS Bed Rate has already been increased to **100%** with the one provider (6 beds in the 2021 HIC) now using HMIS.

## CE Policy & Procedure Topics for Committee Review 10/26/21

### CE OVERVIEW SECTION

#### Topic 8: Affirmative Marketing and Outreach

**Description/Rationale for Policy and Procedure:** Identify how the CoC will ensure that there is fair and equal access to CE processes and functions such as access points, assessment processes, prioritization, and referral.

Required: "The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105(a)(2)." Source: HUD Coordinated Entry Notice: Section I.C.1

#### Sample CE Policy Text:

All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

#### Sample CE Procedure Text:

Each project participating in CE is required to post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. This notice should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.

#### Committee Comments / Input:

Access options

Social media

Partner with organizations that serve specific populations

Provide information in multiple languages

Educate all street outreach staff and provide tools for them to share with clients

## Topic 9: Safety Planning and Risk Assessment

**Description/Rationale for Policy and Procedure:** State how the CoC will ensure that survivors of domestic violence and those attempting to flee domestic violence, dating violence, sexual assault, stalking, and human trafficking will have access to resources, regardless of which access point they initially contact seeking crisis services.

Required: CoC must have a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. Source: HUD Coordinated Entry Notice: Section II.B.10

### Sample CE Policy Text:

**All CoC providers shall incorporate a safety risk assessment as part of initial CE triage and intake procedures**, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

### Sample CE Procedure Text:

**All CoC-defined access points shall conduct an initial screening of risk or potential harm perpetrated on participants** as a result of domestic violence, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence.

### Committee Comments / Input:

Provide DV 101 Training for all CE Access Points (talk with CHS and Sable House)

Ensure all CE Assessment staff know how to handle things with people who do not want their information in a database

DV providers shall have HMIS visibility

## CE ACCESS SECTION

### Topic 6: Emergency Services

**Description/Rationale for Policy and Procedure:** Clarify how emergency services (ES) resources will be coordinated with access to coordinated entry.

Required: CoC's written CE policies and procedures must document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures must document how CE

participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes resume operating. Source: HUD Coordinated Entry Notice: Section II.B.7.b

#### Sample CE Policy Text:

CE initial screening and assessment services may only be available during business hours—8:00 am to 5:00 pm each day. When prospective participants present for services during non-business hours—5:00 pm to 8:00 am the following day—participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.

#### Sample CE Procedure Text:

In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter without first receiving an assessment through coordinated entry. CE screening and assessment will be completed on all ES participants within 3 days after entry to ES.

#### Committee Comments / Input:

ES providers will have the option to....

Partner with warming/cooling centers to facilitate assessments (e.g., onsite at warming center, transport from warming center to a CE assessment site in the morning).

Drop-in day centers – same thing

Educate ES providers about the options and that there is no REQUIREMENT for clients to participate in an assessment. Also how to educate the client.

## Topic 7: Prevention Services

**Description/Rationale for Policy and Procedure:** State how the CE will coordinate with available homelessness prevention (HP) assistance services (either ESG Program funded or other homelessness prevention that is locally available).

Required: CoC's written CE policies and procedures must document a process for persons seeking access to homelessness prevention services funded with ESG Program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, its "written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other [i.e., not ESG-funded] homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs." Source: HUD Coordinated Entry Notice: Section II.B.8

#### Sample CE Policy Text:

The CE system will ensure that all potentially eligible HP participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

#### Sample CE Procedure Text:

HP access points and general homeless assistance access points will coordinate information and referrals back and forth to ensure persons at imminent risk of literal homelessness are provided coordinated access to CoC homelessness prevention services regardless of where the participant first contacts the CoC.

### Committee Comments / Input:

Inventory HP services (rent assistance, deposit assistance to move out of doubled up setting, utility assistance, etc.) and identify which resources are best/available to which populations.

Develop partnerships with “mainstream” resources and educate them on the CE System  
“RRH can serve .....someone who has been couch surfing for 7 days and were homeless the night prior” (Hunter to clarify/add to this)

## CE ASSESSMENT SECTION

### Topic 4: Assessor Training

**Description/Rationale for Policy and Procedure:** Identify how staff responsible for the completion of CE assessments will receive training on the assessment process.

Required: CoC must provide training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC must update and distribute training protocols at least annually. “The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC’s coordinated entry process, including its written policies and procedures.” Source: HUD Coordinated Entry Notice: Section II.B.14

#### Sample CE Policy Text:

The CoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE, as well as in accordance with the policies and procedures of its CE system.

#### Sample CE Procedure Text:

The CoC will provide at least annual training for persons who will manage access point processes and conduct assessments for CE. Training will be offered at no cost to the agency or staff and will be delivered by an experienced and professional trainer who is identified by the CoC. Topics for training will include the following:

- Review of CoC’s written CE policies and procedures, including variations adopted for specific subpopulations,
- Requirements for use of assessment information to determine prioritization, and
- Intensive training on the use of the CE assessment tool

### Committee Comments / Input:

DV 101 (develop digital option)

Suicide Prevention and Safety Planning

How to facilitate assessments that meet unique client needs (break up the time, individuals with developmental disabilities, ...)

Consider establishing regular (quarterly, monthly) “office hours” for CE assessment staff (a place to assure issues are dealt with consistently)

Develop a “spot check” or formal monitoring process to ensure fidelity of CE assessments

## Topic 5: Participant Autonomy

**Description/Rationale for Policy and Procedure:** Describe the actions that will be taken to ensure that participants have the ability to refuse to answer questions during the CE assessment process, as well as the ability to refuse referrals made to them, without losing their opportunity for services.

Required: CoC coordinated assessment participants must be freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. CoC must describe the conditions for participants to maintain their place in coordinated entry prioritization lists when they reject options. (Note: Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information in order to establish or document eligibility.) Source: HUD Coordinated Entry Notice: Section II.B.11

### Sample CE Policy Text:

It is crucial that persons served by the CoC’s CE system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect their position on the CE’s prioritization list.

Note that some funders require collection and documentation of a participant’s disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide information in these instances could be limiting potential referral options.

### CE Procedure Text:

Assessment Training curriculum includes...

Assessment is not a screening for eligibility.