MID-WILLAMETTE VALLEY HOMELESS ALLIANCE

COORDINATED ENTRY COMMITTEE and HMIS USERS WORKGROUP

April 12, 2022 Minutes

PRESENT:

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

Others in Attendance

Robert Marshall, MWVCAA/ARCHES	X		Andrea Soemadi, Easterseals	X
Lisa Trauernicht, MWVHA	X		Catherine Todd, Easterseals	X
Diane Rush, United Way/SafeSleep	X		Alisa Tobin, MWCAA/HOME	X
			Ali Swanson, A Ray of Hope Today!	X

WELCOME / BUSINESS ITEMS

Ashley welcomed everyone and requested people enter their names in the Chat.

Announcements were made about new members that the Alliance Board will be appointing later this week – Andrea Soemadi from Easterseals and Alisa Tobin from HOME Youth Services. Folks welcomed them and congratulated Tricia on her new position as Director of Community Outreach at Salem Health.

Agenda – Ashley moved approval of the agenda; Kimm seconded; approved unanimously
Minutes - Robin moved approval of the March minutes; Kimm seconded; approved unanimously

COORDINATED ENTRY TOPICS

1. **CE Policies & Procedures**
    a. **CE Prioritization** – Jan shared the recommendations that Kim and Robin helped develop. Comments are in blue.

    Policy:

    CoC will use data collected through the CE process to prioritize homeless persons within the CoC's geography.

Procedures:

Permanent Supportive Housing (PSH): The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

1. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs, as determined by VI-SPDAT and FUSE. All things being equal, priority order of:
   a. Households consisting of unaccompanied youth.
   b. Households with a single parent and 2 or more dependent children under age 6.
   c. Households experiencing domestic violence.

Should mental health issues be considered in prioritization? If so, how?
What is already included in the VI-SPDAT doesn't really impact the score very much, and some people have not engaged in MH services (so don't score).
Given limited MH/housing services, this type of screening might screen people out inadvertently.

2. Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.

How is "severe service needs" defined/quantified? Ask the CH Case Conferencing Team to describe this.

3. Chronically homeless individuals and families with the most severe service needs.

4. All other chronically homeless individuals and families not already included in priorities 1 through 3.

Rapid Re-Housing (RRH):

The prioritization for persons who are determined to be eligible for RRH will be consistent with the CoC's scoring range for need and vulnerability associated with RRH projects. Additionally, the CoC has opted to prioritize the following persons for RRH:

1. Chronically homeless, but not able to be served in PSH.

(Scoring for RRH, but chronically homeless? Yes, that fits.)

2. Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.

3. Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.

4. Households consisting of unaccompanied youth, aged 16 or older.

5. Households with a single parent and 2 or more dependent children under the age of 6.

6. Households experiencing domestic violence.

7. Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.

8. Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.

9. Households with a previous episode of homelessness within the most recent 12 months.

Transitional Housing (TH): The prioritization for persons who are determined to be eligible for TH will be consistent with the CoC's scoring range for need and vulnerability associated with TH projects. The CoC will prioritize the following persons for TH:
Add language to say that this is the default prioritization when no program specific prioritization is in place.

1. Households consisting of unaccompanied youth.
2. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.
3. Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.

2. CE Participation Agreement – Jan will set up a Think Tank meeting with Doug, Robin, and Tara, who volunteered to help develop the CE Agency Agreement and bring a draft back to the committee.

3. CE System Improvement

a. Client Feedback on CE Assessments – Ashleigh reported that not enough surveys had been completed to determine how to revise the survey tool. The team (Ashleigh, Robert, and Jill) will gather more data and bring information and recommendations back in June.
b. Assessor Feedback – Jan noted that one of the recommendations from the CE System Evaluation is to find ways to gather feedback from the people who conduct CE assessments. She asked the group for ideas about how to do this. Suggestions were to:
   - Add a question on a form the assessors are already completing, e.g.: how'd this assessment go?
   - Have an online survey that is always available on CoC website or Basecamp. mix of question formats.
   - Have committee members go back to staff who conduct assessments and ask them for suggestions about how to gather their feedback then decide at the next meeting.
c. Develop relationships with intermediary organizations to ensure the CE process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status

HMIS TOPICS

1. Quad Squad Update

Contact is a "sub-assessment," which typically calls for an end date. This causes problems for street outreach. The Quad Squad will be voting to move the "end date" to the bottom and add (do not use for street outreach)

2. **Data Lake**
   Part of the Legislative Budget Note. It's an "HMIS data repository" but the State of Oregon already has something called a "repository." So, called it a "data lake."

   It is the same concept as Sage, where you run a file from HMIS and upload it to Sage. CoCs will do this to the Statewide Date Lake. The data will be usable, but not identifiable.

   In the future, looking to do matching with other State databases, to see the interaction between systems (Homeless, Justice, Health, Education).

3. **Positive Destination from Emergency Shelter - local definition.** State of Oregon's funding for Navigation Centers prompted this discussion. OHCS uses Key Performance Measures, one of which is the exit destination. HUD is doing the same thing. Need to recognize what is a "positive" destination when someone leaves an emergency shelter (not just a navigation center). Proposing the CoC uses the same values used when exiting Street Outreach. The group will continue the conversation at the next meeting and decide.

4. **Referral Process in HMIS**
   Our CoC will be running a CoC APR and a new CE APR, which require doing referrals in HMIS. The referring agency makes a move in HMIS, and the agency receiving the referral both need to make moves in HMIS. More training on this to come.

5. **HMIS Training Ideas**
   Jan asked if people had preferences about how to be trained, either on basic HMIS or on new information. Diane requested one-on-one follow-up; Hunter will do that. Tricia mentioned that a new user intro to HMIS basics video would be amazing for people to use in staff onboarding to set the stage. How to log in, search for a client, what providers are, basic reports etc. HMIS 101 video accessible anytime.

NEXT MEETING

Ashley previewed the items that will be on the next agenda and asked if there were any other comments.

The Built for Zero Spring Conference conflicts with the next CE/HMIS meeting, so look for a notice about a different date for the next meeting.

Next meeting is TBA

https://us02web.zoom.us/j/82448995403?pwd=UHJxeW9UZDYxcTBiV0U1Z1RVSGhRUT09
Meeting ID: 824 4899 5403 Passcode: 057658
One tap mobile +16699006833,,82448995403#,,,,*057658#