Coordinated Entry Committee
MEETING MINUTES

July 30, 2019
1:00-2:30

Facilitator:	Courtney Myers-Keaton, Tom Cottrell		
Meeting Attendees:	Tom Cottrell, Cheryl Schuch, Adrienne Goodstal, Victoria Sluga, Samantha Pennington, Brian Bruce, Julie Kendrick, Kelsey Kruis, Sherri Vainavicz, Anna Solomon, Johanna Schulte, Gayle Witham, Nicole Schalow, Courtney Myers-Keaton, Brianne Czyzio		
Time Convened:	1:05	Time Adjourned:	2:40

Introductions	
Approval of Agenda	
Discussion	
Amendments	Additions: 4a. Provider feedback 6b. Community/Provider concerns
Conclusion	All in favor by acclamation with no dissent
Approval of Minutes	**From June 4, 2019**
Discussion	
Amendments	
Conclusion	All in favor by acclamation with no dissent
HUD Evaluation Framework/Updates	
Discussion	

Courtney shared that the evaluation workgroup has been feeling as if they are 'spinning their wheels'. They have been discussing the difference between evaluating compliance and evaluating the system as it works for the community. It has been hard to identify what is happening in the system because there have been changes that have occurred that are not reflected in the policies and procedures. Cheryl noted that there are two types of compliance – HUD compliance as well as compliance to standard practices. The first next step is looking a compliance from a HUD standpoint. From there, they want to include consumer feedback and provider feedback.

In exploring other community's evaluations, Courtney noticed that they often include values which provide a base for the evaluation. A values discussion is likely a conversation that the committee should have in the future – equity is clearly stated in the purpose statement, but there what other values should the CES embody? Currently, there are a lot of conversations in the community around coordinated entry system (CES) - around what is happening in CES, strategic planning for the CoC, and KConnect's process. The workgroup does not want to duplicate the work or bring the group back to 2014 when the procedures were written. It is important to note that whatever policies and procedures that were passed as a CoC will be what HUD and other funders will hold the CoC accountable to. With the previous policies and procedures there was not a decision-making or CQI process that would allow changes to be made. In addition, there was not a process for how changes

are suggested, how changes are made, and how changes are communicated to the broader community. This is an issue when providers are hoping to make changes now.

Cheryl collected information from agencies regarding participants experience with the coordinated entry system (CES). This revealed that no agency collects information specific to coordinated entry because it is a continuum, not agency specific. Family Promise has a connection with a GVSU group that develops and assists with evaluations. Courtney is meeting with the professor tomorrow to see if this is a possibility.

Housing, locations, populations have changed over the past 3-5 years. Brian noted that Coordinated Entry needs to be fluid enough to change as the environment changes and as funding changes. Through speaking with different communities, Courtney has seen many different models. One that seems to work well is structured with a CE committee. From that committee, the leadership team – director level – is tasked with ensuring compliance to HUD and local policies, as well as making changes. Implementation team – providers, outreach – see the things that are happening, look at changes that could be made, have the ability to pilot changes and review consequences/outcomes, then can bring it to the leadership team for adoption.

Does the group need to rebuild the CES at this point? Courtney has had many people voice that the CES is not working for all those in the community. Nicole noted that MSHDA will soon begin having internal conversations on how to ensure communities receiving ESG funds are in compliance with HUD CES rules. It seems that monitoring of the CES system will soon be a requirement of HUD. They have discussed how to start; one option is using the CES self-assessment to see where gaps are now as compared to a few years ago. There has been a lot of organic changes in the community, but many have not been documented. Many communities are going through restructuring their systems or building a CES system. Courtney has been attending peer-learning sessions and that our CoC is on the right track. We were one of the first communities to adopt a CES system, but now it is time for our CES to evolve with changes in the community.

<u>Provider feedback:</u>
What are the questions we want to ask each provider to get their feedback? Does it make sense for this committee to develop these questions? Are they the same questions across the board? Likely questions will be different based on where agencies are in the housing process. (outreach versus PSH for example). Questions should be based on the 4 components of CE.
KConnect learnings – systems can only be high functioning if there is feedback on the relational components of the system. There should be questions around how people are communicating with each other.

Perhaps the group can develop the buckets that the information collected should inform, then questions can be developed. The goal is to collect provider input on how CES is working for them, and their role in CES. The survey would be looking at how to put a process in place to begin to collect consumer and provider feedback around CES. The goal is to develop a tool that can be used to collect ongoing feedback around different types of the system (HUD's 4 components, others). Victoria

GRAND RAPIDS AREA COALITION TO END HOMELESSNESS

Coordinated Entry Committee
MEETING MINUTES
July 30, 2019
1:00-2:30

suggested that there should be education around what the community is considering the CES to include. Broader system functions should not be included because CES is specific to access, assessment, prioritization, referral. Possible add accuracy and equity of the buckets. And look at how these are in place at each step.

Courtney and Johanna will be going through the self-assessment tool. They will compile a list of topics that should be included. Workgroup will reconvene to determine how to inform committee and CoC of changes that should be made to ensure compliance.

Action Items	Person Responsible	Deadline
Compile list of topics to include with provider questions	Courtney and Johanna	

Timeline for Activities

Discussion

See above section for timeline.

Urgent Matters Related to Coordinated Entry

Discussion

VI-SPDAT

Shelter providers have been administering the VI-SPDAT, but they want HAP to be able to see the scores in HMIS. Providers need to be able to see if the VI-SPDAT has been done and what the score is. Courtney stated that this committee needs to have the conversation around how to make this decision. For example, need to make sure everyone administering the VI-SPDATs has been trained, and that they are administered in the same way. To administer VI-SPDAT's there is a training process that staff must go through. In addition, there are people in the community who can administer the training to ensure that those who give the assessment are up to date. Providers may have a more developed relationship with clients, thus the results of a VI-SPDAT may be more accurate. The values that the committee decides upon (accuracy, trauma-informed, etc.) will help decide when and how the VI-SPDATs are administered.

At PineRest, through PATH outreach, they have been doing VI-SPDATs and entering them into HMIS. They have been sending Samantha a list of those who are chronically homeless. HAP goes in to ensure that people are added to the Housing Prioritization List. The PATH team goes into the HMIS system to see if there is a current (within the last 6 months) score to ensure they are not putting people through the assessment twice. Mel Trotter has been going back to see if participants have done their SPDAT in the past 6 months and ensuring scores are up to date. MSHDA has requirements that a VI-SPDAT complete within 2 weeks for those receiving ESG funding.

Potential Issues: One issue is that people may come into the shelter may 'self-resolve' within 2 weeks but may not have the VI-SPDAT completed before then. Julie noted that participants who call HAP are more likely to say what they think will get them resources faster. For shelter, it is extremely difficult to track whether someone exited to a positive destination. In addition, there is a need to navigate through meeting funding benchmarks, as well as taking a holistic approach.

GRAND RAPIDS AREA
COALITION TO END HOMELESSNESS

Coordinated Entry Committee
MEETING MINUTES
July 30, 2019
1:00-2:30

The group discussed various topics: How does the group make these types of decisions? What level of authority does this group have and what kinds of things does the structure need to be in place for? Some changes may not need to be voted on for approval. Cheryl noted that any change made by any provider should not need to be approved by this group. How do we decided which changes should be voted upon? How is information communicated back out after changes? Knowing that the system is trying to restructure, and without decisions on how this will be done, still need to ensure conversations are being had. In the past, the process has been that the agencies request a visibility change, then staff ensure that requirements are met. What is the role of Steering and Executive in this process? It seems some structure is needed in the process. Perhaps this committee makes a recommendation to Steering, and then it is discussed and approved. Need to ensure that the process makes other agencies engage with the CES. System would need to work for consumers, providers, and the CoC structure. HMIS changes would go through the HMIS Data Quality committee. Changes to access, assessment, prioritization, and referral would be the scope of decisions that this group can make. Changes outside of this parameter could come to CES as informational items, but not as decisions. How do we make collective decisions and changes right now as a committee/community as we are in the rebuilding phase? Courtney suggested that it may be helpful to look at where we are today and agree on short-term processes. Then continue the conversation around re-building. It may take time to develop a document of where we are now.

Is there any harm in changing the visibility of VI-SPDAT scores? Would need to ensure that trainings are up to date, sharing agreement is in place, case management is in place, feeling comfortable that all are using in the same way. Also would need to ensure guidelines are in place so that the most accurate score is the one that is used. Currently, it is the most recent score that is used. MCAH should be able to provide a list of those who have been trained. If there are trainers in the community, trainings should be offered regularly. There is not a process in place to make this decision. Years ago, Centralized Intake Committee assumed the authority to make a decision like this. Does this mean that they have the authority now?

This could be tested as a pilot and then evaluated in a few months. This impacts workflow of other agencies and committees. Turning the visibility on could radically skew the prioritization list. This may lead to people who are not staying in shelter may get pushed down the list. ***Courtney will draft a policy. At the next meeting, the group will decide whether to pilot and decide what data points should be looked at when evaluating the policy.***

Action Items	Person Responsible	Deadline
Draft a policy for VI-SPDAT visibility and bring to September CES meeting	Courtney Myers-Keaton	September 3

Next Steps
Discussion
Next meeting will be the regularly scheduled September meeting. (September 3) Garden: VI-SPDAT; Grievance Policy; Denied referrals; Meeting benchmarks versus the climate and reality of consumer's situations