



Coordinated Entry Committee MEETING MINUTES

November 12, 2019

1:00-2:30

Facilitator:	Tom Cottrell		
Meeting Attendees:	Tom Cottrell, Anna Solomon, Johanna Schulte, Victoria Sluga, Laura St. Louis, Adrienne Goodstal, Brian Bruce, Sam Pennington, Cathy LaPorte, Sherri Vainavicz, Marissa Lee, Veronica Arvizu, Cheryl Schuch, Courtney Myers-Keaton, Brianne Robach		
Time Convened:	1:08	Time Adjourned:	4:30

Introductions			
Approval of Agenda		October 31, 2019	
Motion by:	Brian Bruce	Support from:	Anna Solomon
Discussion			
Amendments			
Conclusion	All in favor by acclamation with no dissent		
Approval of Minutes		September 17, 2019	
Motion by:	Laura St. Louis	Support from:	Cheryl Schuch
Discussion			
Amendments	Move the conversation around the Coordinated Entry Report as a standing agenda item to the Garden Section. The potential presentation regarding My Housing Connect will be likely in December.		
Conclusion	All in favor by acclamation with no dissent		
Coordinated Entry flow for DV Population			
Discussion			
<p>Anna, from Safe Haven, presented the path that families and individuals follow if the request shelter due to domestic violence. First, agencies do an assessment to screen for safety concerns, lethality, and explore safe places to stay. YWCA and Safe Haven have two different helplines and assessments, but both are similar. If staff identify a safe place to stay (typically family or friends), the client is 'diverted' there. If there a no DV safety concerns, agencies offer advocacy-based counseling, support groups, advocacy, and refer to community partners. If safety concerns are identified and there is no safe place to stay, the family/individual enters shelter if available. If shelter is at capacity, they do case management or use the Domestic Assault Response Team and ESP or other funds if shelter is not available. Anna noted that Safe Haven's wait time is often only few days wait time. Tom noted that the YWCA's wait time is often low as well.</p> <p>DV shelter focuses on identifying a safe place to stay, not necessarily finding housing. Often, the best outcome is finding family or friends to stay with. Some families come in with vouchers and are not able to identify housing. Based on clients' reporting, there are a few reasons – it is hard to find a unit in the specific bedroom and price range, landlords may not want to rent for only a 6-month voucher, landlords won't rent without employment.</p>			



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YWCA, in conjunction with Safe Haven, refers into specific DV units with Dwelling Place. These are PSH units available to those who have an immediate risk. With the YWCA and Community Rebuilders TH grant, there is an option for those with an immediate safety need to enter Transitional Housing and then receive Rapid Re-Housing. TH may not be best for all fleeing violence as it is not a locked facility and staff are not always present. Staff works with clients to determine which is fit is best for them. Their goal is that they do not stay in TH for long. To this end, YWCA provides DV case management, and they have a housing resource specialist at Community Rebuilders. Referrals come through YWCA. Clients can access the program through Safe Haven as well. Households continue with the assessment and prioritization process through HAP. HAP refers clients to Safe Haven or YWCA if a safety concern arises during the assessment.

When Fulton Manor was open, YWCA had more singles in their space. Now that Fulton Manor is closing, YWCA will likely see an uptick in the number of families served. There was a question about victims of human trafficking. Best practice is that you should not shelter DV and human trafficking victim together. Both agencies make many referrals to the YWCA in Kalamazoo.

Courtney asked how the system tracks clients served as there is not one centralized database. Numbers are tracked and reported to funders.

Action Items	Person Responsible	Deadline

Coordinated Entry flow for chronic population

Discussion

Street Reach

Victoria presented the flow through Street Reach. Often, individuals they serve have long-term homelessness or repeated episodes of homelessness. They often have substance abuse issues. Outreach staff are very well seasoned. These staff members are out in the community seeking out encampments. The engagement with clients is very person-centered, trauma-informed, and relationship building. In addition, they have connections with the local library, police, and fire departments. Street Reach also has walk-in hours. Over the past year, they have seen an increase in serving those who are unsheltered.

Street Reach staff assess clients to determine chronicity and/or mental health issues. If neither of these issues are a concern, staff refer to HAP. Staff completes the VI-SPDAT with clients after they have built a relationship. Staff email the VI-SPDAT number to HAP weekly and note whether there is enough evidence to indicate chronic homelessness. The Street Reach team also looks at creative ways to assist individuals in a holistic sense. They help navigate the system to apply for housing and ensure that all documentation is taken care of as needed. Street Reach can provide first month's rent and deposit for clients. They help clients work with doctors to get disability verification as needed.

There was a question around how documentation relates to permanent housing requirements. MSHDA requires that a birth certificate, ID and social security are presented with the initial verification process. However, this should not be a deterrent from adding clients to the waitlist and



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moving them through the process. PSH is the best practice for those who are chronically homeless, but there is not enough PSH available to meet the need.

Mel Trotter

Mel Trotter serves any population in need of shelter in the community. They are a low barrier shelter. There are 2 safety concerns that may prevent someone from accessing shelter. Clients cannot assault staff or guests or use substances on-site. The only referral that is required for shelter is for PATHWAY Home for families. Referrals are through Family Promise.

The first time someone comes into shelter, they go through a diversion conversation. The goal is to exit individuals soon as possible if there is a safe place to go. Within 2-5 days, staff completes triage to collect information. After triage, they can enter into different shelter programs.

YES – Youth Emergency Shelter. This space was designed by youth. There is a separate entrance, community area, more. If this is at capacity, there is another smaller space for youth to stay. Youth can stay during the day but have to check in each day at 4pm. 45 is the maximum days youth can access this space. Youth in YES also receive case management.

For ES for single women and men, staff triage to find what brought them into shelter and to complete the VI-SPDAT. The goal is to connect guests to case management as needed. If guests want to access an MTM program they work with an advocate. Some people 'self-exit'. It is hard to track these destinations. The hope is that the triage can help with identifying potential exit locations. They have been working to ensure that they are tracking the data in a more realistic way to capture recidivism rates.

DV situations: Safe Haven has trained frontline staff to ask lethality questions. If staff and guest feel that they are safe, MTM has a safe and separate room.

PI shelter –This shelter is for those who are profoundly intoxicated, and it does not make sense for them to go to the ED or be picked up by the police. This shelter is accessible a few times throughout the day. Participants self-exit, enter ES, or transition into the Detox area. They have full medical staff available 24/7 who ensure that someone who is medically cleared to go through the detox program. Participants must have a place to stay when exiting the program. They can move into StepUp program.

Pilgrimage: Program for chronic homeless who have a disability and SSI. They receive case management and connect with PATH/Street Reach.

Housing Program: Individuals who are coming from shelter and have a source of income are able to move into off-site housing rooms. There are 13 beds in the community open to people in this phase. Participants receive case management, life skills training, support. Guests moving into this program pay a program fee. The average stay is 9 months, the maximum is a year. The program fee provides buy-in and dignity.



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They will be bringing on a youth LGBTQ+ specific house in 2020. Off-site housing is still considered ES in HMIS. When participants exit from the program, they are exited from HMIS.

R&R – this is a transgender ES space in partnership with Pride Center and Equality Michigan. Equality Michigan provides onsite doing counseling. This shelter is for anyone who identifies that they feel unsafe staying in the general ES space. This space provides ES and programming. ES only has a 90-day limit.

They have phones that connect directly to HAP in the basement and a computer to access MI Bridges. ESP requires that guest complete the VI-SPDAT to connect to HAP. This is part of the initial triage conversation; data can be pulled from HMIS. There was a question about preparing people for HCV vouchers. Last year, they did paperwork on-site to ensure that people can access vouchers if they come available. Advocates try to partner the best they can to ensure that whatever is needed is provided to the client.

Action Items	Person Responsible	Deadline
Garden		
Discussion		
<ul style="list-style-type: none"> - DV coordinated entry bonus project - Other communities allow service providers to complete HCV application and return it to the HARA, is this an option for this community? 		
<p>The next step is CE policy changes. When referencing back, the last update was 2014. The group can let Steering know that they are looking at the policies and want an update. And defining what oversight means when assigned to committees in the charter. Next meeting – come up with proposal to Steering in recognition with where we stand in the complexity of the system.</p>		
Action Items	Person Responsible	Deadline
Include flowcharts with minutes	Brianne	