



**Grand Rapids/Wyoming/Kent County CoC
Coordinated Entry Committee
MEETING NOTES**

February 16, 2021
1:30-3:00

Meeting Attendees:	Victoria Sluga, Tom Cottrell, Christina Slofstra, Gayle Witham, Lisa Cruden, Brian Bruce, Tammy Britton, Samantha Westhouse, Jameela Maun, Jess Zarik, Emily Schichtel, Casey Gordon, Felicia Clay, Veronica Arvizu, Sherrie Gillespie, Berniz Terpstra, Tanesha Jordan, Aubrey Patino, Andrew Kraemer, Courtney Myers-Keaton, Brianne Czyzio Robach		
Time Convened:	1:30	Time Adjourned:	3:05

Introductions		
CE and Families		
Discussion		
<p>The Community Housing Connect rollout for families started a week ago today. When a family is seeking shelter they call HAP, 211, or a service provider and are re-directed to or assisted with the CHC website. On the site, they answer questions to gauge need and then have a selection of solutions specialists to choose from. If shelter is identified as a need, there is a process for making a referral to shelter. They are using the GRACE network for referrals, and data is captured in HMIS. They are using the same after-hours process that they have been using – go through HAP who will refer to website or directly to shelter if needed.</p> <p>TSA to meet with DV shelters to discuss and confirm process for families fleeing DV in need of shelter.</p> <p>During the next CE meeting, the group will discuss an implementation plan for singles.</p>		
Action Items	Person Responsible	Deadline
Peer Learning: FUSE and Case Conferencing		
Discussion		
<p>Aubrey Patino from Avalon Housing and Andrew Kraemer from Washtenaw County attended to share about their experiences with FUSE and case conferencing. Their community was part of a national pilot to implement FUSE.</p> <p>Avalon took two different approaches to case conferencing:</p> <ol style="list-style-type: none"> 1. Created multi-disciplinary care team with monthly meetings. Used template to walk through with the primary service provider. Meetings were a space for providers to suggest services and/or approaches to primary provider. 2. Housing Stability Committee meets monthly (internal team, outside partners as needed) to walk through a template with housing focus to develop action steps to keep folks housed. <p>FUSE at a case conferencing level: Washtenaw’s CHP (Community Housing Prioritization) is on a 2-week cycle. A by-name list is generated, committee members review, and updates are made to the master list. There are population-based meetings every other week. Attendees are permanent housing providers, shelter staff, street outreach, CE and HMIS staff, and facilitators – all are part of a data sharing agreement.</p>		



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The group reviews the list, refers to resources, and does case conferencing. There is also space for providers to bring up clients at each meeting that are not on list. When clients are presented, the group discusses where client is sleeping, their current housing plan, barriers, what has been tried, and resources that may be available. They try to keep the conversation focused on solutions and Housing First.

Andrew shared that community consensus to focus on case conferencing with led to buy-in. And an inclusive leadership structure allows providers more input which increased trust. His suggestions for success include: having patience; relying on community values in conversations (separate individual solutions conversations from policy/procedure conversations to ensure equity); “failing forward”.

Questions:

Documentation:

- They emphasize that shelters help folks ensure document are ready for when an opportunity comes available. Some providers are willing to let folks in if they are in the process of gathering documentation.
- documentation stored on HMIS; encourage folks to upload basic documentation if clients are interested
- Working to connect with folks at the social security and secretary of state offices

Meeting Structure:

- One agency takes the lead on each client presented at a meeting.
- Agenda-setting: CHP/HMIS staff may spotlight someone to discuss in advance, providers can also advocate for discussing an individual. For Avalon, case managers come prepared to discuss clients
- Law enforcement involved in conversations at Avalon. They bring interaction data to help shift towards a support model and were an important partner in identifying high-system users. CHP meetings do not include law enforcement, but there is connection.
- CHP meetings are facilitated by HMIS and advocacy staff. They use gentle reminders to keep the conversations focused on solutions and grounded in values. A template helps guide the conversation. Facilitator needs to create a call-in culture. It has been helpful to have a culture built around values and folks who are willing to uphold values. Values were developed at a group level (document included in email with minutes)
- Historically was staffed by leadership level but evolved into folks who are boots on the ground; they ensure that those sitting at the meetings can effectively communicate back to their team. CHP meetings use case manager level staff and sometimes supervisors who have information from their staff
- For CHP, organizational leadership are on a committee to oversee the work of the CE committee which has been helpful.
- Privacy (youth and those fleeing DV) – FUSE did not serve folks under 18. CHP has not had many youth on their list. DV providers are on QSOBAA so they participate in the meetings.



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FUSE:

- With the initial list there was a lot of folks who did not have contact with housing service providers, but it wasn't too difficult to get folks into the program. Low caseloads allowed staff to build relationships through case management.
- Some clients had disjointed services, and some had multiple service providers. The FUSE team worked to steam line these services.
- Initial Connection – The team created a flag system with each hospital to connect case manager or health staff with folks. If there was an existing relationship, this was leveraged. If there was no relationship, the on-call staff connected with individual. With the HMIS match, the team hasn't had an issue connecting with folks.
- Getting folks connected to primary care was a barrier, but Avalon developed a strong partnership with a FQHC who provided house calls

Prioritization:

- Tools: with FUSE use data-matching; at CHP developed prioritization policy (attached in email with minutes). This is based on the VI-SPDAT, though the team has concerns with disparities. Currently consider unsheltered status and COVID risk when prioritizing

Participant Engagement:

- They have discussed inviting clients to join case conferencing meeting and feel this is ideal if the client is interested but recognize that it can be difficult.
- Have explored the UK model "service user forum"
- Clients are usually informed that case conferencing is occurring (depends on case manager).. Releases are in place if there is any type of conversation with identified information.
- Length of time: As long as is needed. Much of FUSE population is still working with agencies, some with light touch. At CHP, ensure that housing provider staff are present to facilitate a warm handoff as client moves into housing resource. They also case conference those in PSH if needed.

System-Level Results:

- Case conferencing highlights patterns and needs for system-level advocacy.
- Conversations have help identify areas to allocate resources to most accurately meet the needs of specific populations
- Teams have been able to identify patterns and bring these up for advocacy.
- Oversight groups provide feedback to boards, lots of information sharing.
- Has allowed them to use data to provide services based on need in the community.