



Coordinated Entry Workgroup

9830 Patuxent Woods Drive • Columbia, MD 21046

Minutes of the February 11, 2020 Meeting

9830 Patuxent Woods Drive, Columbia, MD 21046

Attendance:

Department of Community Resources and Services Staff: Cara Baumgartner, Jennifer Corcoran, Elizabeth Van Oeveren

Attendees: Josh Bombino, Jen Broderick, Cami Carr, Brittany Eltringham, Tina Field, Melissa Fitzgibbon, Daniela McDonald, John Pomory, Beth Stein, Linda Zumbrun

Linda Zumbrun called the meeting to order. Draft minutes from the January meeting were provided to the Committee and will be reviewed prior to the March meeting. Linda and staff shared information on the need for volunteers at upcoming Youth REACH street canvassing events as well as a local diaper drive.

HMIS Data Standards

Staff explained the current homeless assessment flow at Grassroots hotline and explained the new standards focus data collection on households experiencing literal homelessness. The new standards require that decisions be made about four activities at the front door: how verification of literal homelessness is accomplished, the outcome of a crisis or housing assessment, the outcome of diversion efforts, and whether a literally homeless household was connected to a shelter resource. The Committee discussed procedures for the first two points at this meeting.

Verifying Literal Homelessness

The Committee discussed three possible scenarios for how a full crisis assessment and visual verification of homelessness might be completed with tasks being shared by Grassroots hotline and a second entity, generally agreed to be street outreach staff. This would mean one standard for street outreach in our community would be that a portion of staff time would be allocated to going out to see households when they contact the Grassroots hotline to observe their circumstances and to complete a portion of the crisis assessment. There was also discussion about other members of the provider community who have regular interactions with households who are literally homeless who might be able to provide visual verification, though employing multiple pathways to obtain visual verification would make the process more complex, requiring a higher degree of coordination and standardization. The Committee decided to recommend to the Board that the full crisis assessment and visual verification be completed by Grassroots hotline and Street Outreach staff; when hotline uses the knowledge of other parties for verification, “third party” will be indicated. There was a suggestion that a standard form for documenting visual verification be developed for use across the Coalition, and that it potentially be uploaded into HMIS.

Pathways for completion of the crisis assessment and visual verification will be:

Call to Grassroots – Grassroots completes safety assessment - Grassroots completes shelter assessment - Grassroots completes visual verification of walk-in

Call to Grassroots – Grassroots completes safety assessment – Grassroots completes shelter assessment – Grassroots obtains 3rd party verification, likely from Day Resource or ReEntry staff or from Police

Call to Grassroots – Grassroots completes safety assessment – Street Outreach completes shelter assessment and visual verification

Street Outreach contact – Street Outreach completes safety assessment, shelter assessment, and visual verification

The implications of this model for training and implementation at Grassroots hotline, including workflow in ServicePoint, were discussed. It also became clear that additional work is needed to craft a safety assessment. Staff from HopeWorks recommended lethality, most recent episode of violence, and existence of active pursuit be factors driving the assessment.

Crisis and Homelessness Assessments

On the day of the PIT, volunteers were asked to select among a group of characteristics (such as cancer, renal failure, etc.) that they believe mean someone should be given immediate access to emergency shelter. Staff shared the results of those surveys, and proposed that case managers, homeless program supervisors, and executive directors be given the same survey, but with a list of responses containing only those characteristics that a significant majority of the PIT volunteers had selected.

There was discussion of specific criteria that individual Committee members did or didn't agree with, and concern that the Committee might not have the knowledge base to make such a decision. There were also questions about why the list being considered had to be winnowed at all. Staff shared they are not aware of any national guidelines and committee members from Alliance and the VA, who are involved with the CE processes of multiple jurisdictions, shared that other CoCs are not yet at the point of having this level of discussion. Given that many of the characteristics were derived from research on the work of Boston's Health Care for the Homeless, and with the caveat that the criteria be reviewed periodically, the Committee ultimately felt comfortable recommending to the Board that all of them be used. The Committee also wanted to include the characteristics they had identified, with one adjustment - that the criteria of having a cancer diagnosis be changed to currently being in treatment for cancer.

The meeting was adjourned at 12:21 pm.

Recommendations to the Board:

(1) Given the assessment flow that the Committee feels will be most effective for the Coalition, one part of the community standard for Street Outreach should be that street outreach connected to the system be responsible for verifying and documenting literal homelessness for those households who call the Grassroots hotline and report they are literally homeless. Further, in most cases, Street Outreach staff will also complete the second part of the crisis assessment, which determines whether the household is in need of immediate emergency shelter.

(2) Street Outreach should be an access point of the Coordinated Entry System.

- (3) The characteristics included in the survey of PIT volunteers should be used as criteria to identify those in need of immediate emergency shelter. They are broadly listed below; the Board will be informed of which came from research and which were added by the Committee.

Child under age 6

Child with special needs

Has lived outdoors 3+ months

Has lived outdoors 6+ months

Any household member:

Pregnant

Cancer

HIV+/AIDS

Dialysis

End-stage Renal Disease

Cirrhosis of the liver

60+ years of age

History of frostbite, immersion foot, or hypothermia

4+ ER visits or hospitalizations in the past year

4+ ER visits in the past three months

Tri-morbidity: mental health + substance abuse + chronic medical condition

Taking medication that requires refrigeration

Has a medical condition that requires treatment requiring electricity