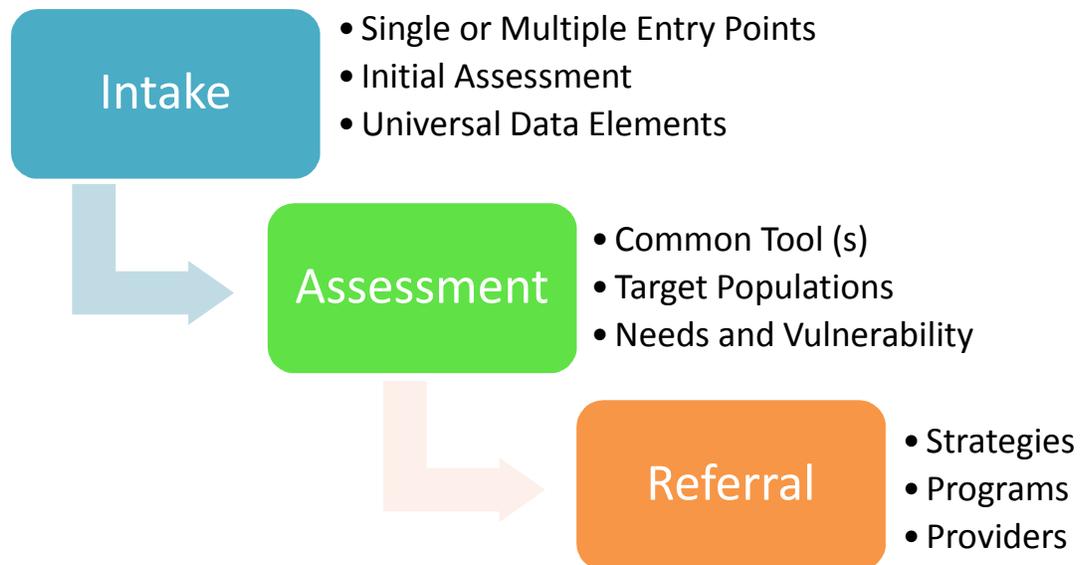


**CHIP**  
**Coordinated Entry Workgroup Meeting #2**  
Monday, May 23, 2016

I. *Present: Angie Boarman (DMHA Recovery Works), Michael Butler (CHIP), Rachael Candee (UWCI), Lori Casson (Dayspring Center), Nathan Ferreira (Julian Center), Jennie Fults (Division of Economic Development, City of Indianapolis), Terri Garcia (Southeast Community Services Center), Brianna Gates (HIP), Ron Guidotti (Connect2Help), Lena Hackett (Community Solutions), James Hicks (IHA), Keisha Knight (CHIP), Kaley Martin (Community Solutions), Cal Nelson (Wheeler Mission Ministries), Lisa Osterman (Community Solutions), Kirk Taylor, Karin Thornburg (Midtown), Jeremy Turner (Damien Center), Kay Wiles (HIP)*

II. Introductions and Purpose

- a. Lisa Osterman welcomed the group, and participants introduced themselves.
- b. The purpose of the meeting is to explore the opportunities presented by the development of a CE process, figure out the roles and responsibilities of the CE lead entity/ies, and do some initial modeling around the process, especially related to intake.
- c. Participants briefly reviewed the discussions from the previous meeting, particularly around the three components of the CE pipeline. CE encompasses everyone who is in need of housing services/support services to be self-sufficient *and* the range of services those individuals might be provided.



III. What Problems Can CE Solve?

- a. Based on conversations with stakeholders around this issue, it is clear that CE has the potential to solve problems within the system, but what has not been

made clear is the problem(s) that need to be solved. To get at those problems, participants discussed what problems they are hoping to address with CE. The problems that were discussed include:

- i. Wasting money and resources
  - ii. Efficiency and effectiveness issues related to lack of client focus
  - iii. Subjectivity and inconsistency around determining who is appropriate for which programs
  - iv. Pressure on shelters – constant flow of people, staying longer than needed
  - v. Lack of coordination with IHA regarding waitlisted clients
  - vi. Lack of centralized information on opportunities and programs
  - vii. Lack of coordination and prioritization for emergency shelter and housing
  - viii. Lack of coordination and prioritization for ESG, HTF, and CDBG funds
  - ix. Inconsistent data collection (HMIS) – can't understand the extent of the need; can't ensure everyone's needs are being addressed
- b. The issue around a standardized/common assessment tool and data collection was discussed in depth. While there are no evidence-based tools at this point, there are promising practices. When there is no evidence-based standard, the standard becomes getting better and better. The key will be collecting client data across agencies for analysis, which will allow for assessing the tool to keep improving it.
- c. Community Solutions has reached out to other communities to discuss their CE efforts, so these ideas will help direct those conversations further – asking other communities how they have overcome some of these challenges.

#### IV. CE Entity Roles & Responsibilities

- a. Part of figuring out a CE model includes identifying the lead entity/entities to help implement CE in the community. To figure out who that should be, participants were asked to discuss what the roles and responsibilities of that entity/ies should be by answering the questions:
- i. What purpose must the entity serve? What words describe them?  
Participants' ideas of the roles of the CE entity/entities include:
    1. Collaborative; transparent; trusted; knowledgeable about the system; accessible (location/availability/policies); managing MOUs with partner organizations that outline expectations; neutral; skilled assessors

ii. What must the entity get done? What is the entity accountable for completing or managing? Participants' ideas of the responsibilities of the CE entity/ies include:

1. Map the resources; ensure data integrity; ensure thorough training for those doing the work; be structured for easy communication with people seeking help; walking with someone through the whole process; facilitate warm hand-offs;
2. Ensure quality in the services the partners are providing and holding them accountable – making sure the client doesn't suffer for an agency dropping the ball;
3. Follow-up on referrals to eliminate client drop-off
4. Maintain resources to support last-resort clients when there is no room in shelters

b. During the conversation about roles and responsibilities of the lead CE entity/ies, some participants discussed the benefits and challenges around having a single point of entry to the process and multiple points of entry using common tools. The conversation was tabled for the model discussion.

V. CE Modeling (Intake)

a. Based on individual interviews with stakeholders, input from this and other groups at meetings, and what other communities have done, work has been done to draft a model for discussion. One of the recommendations that came out of the information-gathering was to avoid trying to start by being everything to everyone. Start with a population and build from there. For that reason, the draft model has been developed for people who don't know where they are sleeping tonight. This model flows through the existing types of housing for those who are literally homeless; it doesn't address prevention or diversion.

b. Participants were presented a draft flow diagram model (included in the Appendix). **Regarding the CE Model for Literally Homeless**

***Individuals and Families,***

- i. *Individuals or families who are literally homeless reach out to/are directed to the CE Intake Lead Entity (ILE) for in person or telephone intake*
- ii. *ILE collects UDE data in HMIS, screens for eligibility criteria, conducts basic prioritization assessment (if appropriate), and refers to shelter or other services*

1. *If there is a safety risk due to DV, the client is referred to a DV specialty organization for services, and then can reenter the flow at step IV (anonymously or by name).*
  - iii. *ILE adds individual or family to Assessment List to share with CE Assessment Lead Entity (ALE) after 2 week window*
  - iv. *ALE conducts common assessment for needs assessment, eligibility, and prioritization information and adds to appropriate list/pool; manages placement*
- c. Participants were asked to share what they like and did not like about the model, their thoughts included:
- i. Safety should be defined as “danger to self or others,” not just being in danger from others. There would then need to be an option for people who are a danger to themselves that is not currently included in the diagram – probably the hospital.
  - ii. If there is no space anywhere for someone to go, it will be the responsibility of the intake entity to figure out what to do for that person, which is going to be a challenge. Ideally, fixing the flow will take some of the pressure off shelters, so this should become less of an issue. In the meantime, the data collection aspect of CE will document the problem to help get to solutions.
  - iii. While participants felt there is a missing piece for those who aren’t suitable for Rapid Re-Housing, Permanent Supportive Housing, or don’t have income and other models exist , it was noted that this is not a problem for CE to solve – it is not include a new solution for a problem for which a solution hasn’t been found yet. However, the hope is that as more data are collected about the true extent of the need, then it will boost advocacy efforts for increase housing resources.
- d. Work still needs to be done to figure out the intake and assessment process for the model, but overall, participants agreed the model could work.

## VI. Next Steps

- a. Participants were reminded about the urgency around the development of a CE process, and Community Solutions agreed to work with CHIP to figure out what could be done to move the process forward on a faster timeline, while still ensuring the quality and structure of the resulting process. Participants agreed to be available and responsive to electronic work between meetings and that a task force around certain issues that may require more in-depth work.

- i. One of the big challenges to this process will be figuring out the system of tracking, allocating, and referring emergency shelter beds, so that may be great work for a smaller task force to do.
- b. Lisa will email participants the model diagram, with the edits based on today's conversation. Participants were asked to review the model further, discuss it with their colleagues, and discuss who the lead entity/ies should be for intake and assessment. Some of the specific things participants were asked to consider include:
  - i. Should there be multiple entities or a single entity?
  - ii. Should the intake and assessment entity be the same?
  - iii. Should the entity/ies be someone from this room?
  - iv. Should the process be phone or web-based?
- c. The next meeting is on June 27<sup>th</sup> from 3:00-4:30 pm at CHIP in room 145.

**Appendix – DRAFT CE Model for Literally Homeless Individuals and Families**

(Reviewed during the meeting – conversation V).

