



**Jackson County Continuum of Care
Coordinated Entry Workgroup Meeting**

**Minutes by
Sarah Cunningham**

In attendance:	
<ul style="list-style-type: none"> • Colton Ort – OHRA • Kasey Rolih – OHRA • Nancy Fadling – ODHS • Daphne Bramlett – ACCESS • Debbie Boyd – ACCESS • Megan Armstrong • Melanie Doshier- ACCESS • Sara Font – OHRA • Katie Blomgren – OHRA • Erin Martin-Fournier – Community Works • Matt Northrop – Maslow Project • Nicole Kitterbush- Maslow Project • Kim Overson- Addictions Recover Center • Devan Flores-ACCESS • Tina Stevens- OHRA • Alex Cambell- JCC 	
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Daphne: All right, so we have the minutes approved really quick.

(Introductions)

Well, we have the right people in the room, all the agencies that we do have representing on the project. It is an exciting time.

I'm just the more, the longer I'm in this role and hearing more about the developments and the needs of our community and people speaking out about the need to know what everyone else is doing and to find out who's working with whom. It has become that much timelier in response to the needs that we have, in order to optimize our services.

We have much more focused work to get into but before that we did have two programs that need to get rolling, ORI and LTRA.

We knew we needed to get the actual case conferencing off the ground because we had two programs that we already needed to start rolling ORI and LTRA.

So it's just a little recap on where we've been. Those programs have had enrollments into those programs, not through the formal approach of coordinated entry, but with names that are on the list.

So they are being pulled from coordinated entry and we did identify a series of questions that are our parameters for identifying those prioritized for ORI and LTRA.

So they're piloting the coordinated entry process and the case conferencing process with these two programs, the select list of questions that we came up with that felt like a good fit for those programs in particular.

So, onto the agenda.

To move case conferencing forward as quickly as possible, Matt and I met. Matt from Maslow is willing to cover the coordinated entry lead role, if you will, in running the case conferencing sessions for maybe as many as three months if it takes that long for us to staff the lead position. I understand it really is just a matter of getting the job description pulled together there. But thankfully Matt was willing to lead these sessions.



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The first date that we we're hoping that we can do case conferencing, and it would be for continued ORI enrollments is **October 17th**.

I've been speaking with Melissa, the COC manager, and she is going to send out an announcement to as many service providers as we can think of that would like to participate in and be useful to that.

One of the limiting factors is the matter of release of information.

HMIS has an ROI that all participants sign verbally, usually when they are added into coordinated entry that they are signing to acknowledge and or agree that their names can be shared with any service providers that are associated with the HMIS process, but we don't have one that they are signing for any other agencies.

We are currently looking into that because a big part of why this would really be meaningful is so that we can engage with other support services that our participants need after they're enrolled, before and through the process of enrolling them in housing services.

But to start with, our plan is to go ahead and invite all the current HMIS licensees' agencies to the case conferencing sessions that would start on October 17th.

We worked on the process of pulling together the lists according to the prioritization markers that we had agreed upon in previous workgroup sessions to enroll on that basis during case conferencing sessions.

Anyone have questions about that?

Kim: So the folks that are HMIS are going to come to this conference

Daphne: To start off with because we can't invite those that are not approved to participate in discussions because as agencies, they're not included in the HMIS ROI.

Kim: It's sort of on us though, when we in the addiction world, we've got 2 CFR, you know, we've got a different level with ROI, so it's going to be incumbent on us to get those ROI's from our clients when we connect with you all.

Alex: A plurality of the folks that you see may be Oregon Health Plan members that we may have information about that could be of use to you all. We could be part of a more general ROI that I could provide to you all language for the you could include in a general sort of coordinated entry form or the verbal authorization. We don't think we necessarily need to be there regardless, but I think there's a, there was at least a desire to get information from us. For example, if somebody wasn't forthcoming about their Sud history, right, we could provide you information on how many times they've been in treatment, based on an ROI that we can share with you.

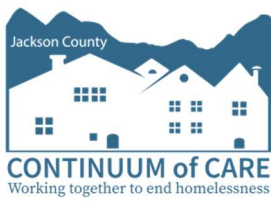
Daphne: Yes, that would be great

Nancy: I would be happy to share what we use with the Bridges housing program, which we had cleared through the Department of Justice with regards to the coalition members within that housing program. It's all-around housing, but it's a gateway for us to put housing services in place. We've been using that for years and it's what we have our clients has to, when we send the referral over to initially, it goes to self-sufficiency. I am happy to share that with the group too.

Daphne: I think that's basically where we're going to be, is gathering as many resources around how we can move through this barrier as possible. So, if you have examples, that would be fabulous.

Melanie: I guess I was just going to acknowledge that I do think that the care coordinators with JCC would be important not only from a perspective of information sharing, but also, well, I guess information sharing around what other agencies are already working with the people that work case conferencing with may already have that information. Sorry I was late, I ended up at a different building.

I shared with Daphne this morning about the, the chop ROI, which is just like a list of all these agencies that would engage in this service delivery. What I'm hearing is that it's kind of that that is what we are going to kind of be landing on or have to have them sign a separate release of information for folks that come to the case conference.



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Daphne: Yes, I think, I don't know for sure, but I think that we're going to have to have an additional ROI signed by all the participants, at least those that are not already for our active HMIS users. But anyone that is not going to join HMIS, we're going to have to have an additional ROI, and then there are agencies like Kim was discussing about ARC that will need another level. So they may very well have to have separate ones for each agency signed by the participants.

Erin: Speaking for community works, we're going to be very similar. Because we're confidential advocates and our ROI's must be very specific and they're very time sensitive and very time limited. And our privilege is currently being challenged at the Oregon Supreme Court. So the DOJ is tightening it even more. So, I would be able to come and listen and offer hypotheticals. But I can't confirm or deny if we're working with anybody, then I would have to go back to the team. Or if I knew, like if we had a list beforehand, I would be able to see if we're working with that and then offer like, hey, our director is going to go speak at the same where you may have access to housing.

Debby: And the goal is to have a list at least three days before that we have a meeting. We have an agency agreement as well as individual and user agreements.

How hard is it to become a member in HMIS?

Debby: If you put information in the system, there's certain data that you need to enter, which most of us consider it demographics, but it's not that hard to become a member for you know, and the Cao license is going to be easier to do that than try to negotiate that way.

Well, the way ROI, Jackson County ROI, which is what most of us fall under is we state that we carry the information and what information we share, who we share it to and of course, the client always has before you put someone in the system, the client has the right to say, you know, like if they come to access, they have the right to say they only want access personality and see if we if I'll have that ability, then I could say, here's your options.

Kim: You know, I'm going to have to find a partner who's willing to work with us to put all this stuff in HMIS. When we get all their it just becomes much more complicated, I think, and a lot more work on you. I think what we would do is figure out two people that manage our HMIS right?

Daphne: Well, it sounds like a path that works through for community works and arc you're going to be you feel like you'll be able to move forward with that plan.

Basically, I'd love to be able to present what the options are for other agencies that are not going to be participating in in the near future with like here.

These are models that we have. Here's how you can, you know, also approach it

Kim: If they don't have HMIS, do they get a hold of you or Someone Like you?

Debby: No, they would come to case conferencing, and I guess kind of like what community works would do is they would, they would know ahead of time what 25 people were going over.

Daphne: The ROI is certainly the first step because they can't even attend the case conferencing sessions to let us know what information they might have about participants unless until we get past the ROI stage and then as far as entering the information into coordinated entry, we'll have the lead person with the scope and ability to do some of that. But I mean, it'll get to a point like you were saying the bottleneck can, we're going to have to add a lot of information. We don't have a data entry person that's a lead position that's coordinating. So, we were hoping to have as much manual entry on the behalf of the agency, represented by the agencies.

Kim: Is it every single level of housing? like from emergency housing where people are waiting for a bed to get into the residential all the way through?

Debby: Not yet, but is that the plan?

Kim: People need that.

Melanie: What we're really working on is rapidly because people need and shelter using the coordinated entry for shelter. Emergency shelter is certainly more than one person working with, you know, for a few hours.



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Erin: And I can say from like community works perspective, because we don't use HMIS, we have a different database that is we buy it with HMIS to provide data reports. But what we also do when someone comes into our care, whether that's our shelter or just ongoing advocacy and they have lost their housing or about to lose their housing due to domestic violence, we're working on getting them to ACCESS. So then we aren't the ones who would put them in HMIS, they would get connected with Access. So then I we're providing shelter and other services and then I could come to case consultation and hear what Access is doing with them, And then I could say, Yep, there with the release of information, I could say, yes, they're still in shelter.

Tina: So I don't remember how it's worded. Does the HMIS ROI go the other way? So if somebody isn't part of HMIS, can they attend these groups like well, that's what they're talking about, but I thought that was the other direction. So, like as far as the organization themselves, they can't say anything but like JCC for example, right? Can JCC come to the meeting here if they're not a part of HMIS or are we covering that?

Debbie: That's what we're discussing and from that aspect from outside agencies coming in, coming in and listening if they sign an HMIS or Jackson County release of information, which states that outside party or partnering agencies, that's how we word it as partnering agencies.

Daphne: So could you tell me more about this Jackson County partnering ROI?

Debbie: It's Jackson County release of information. It's a standardized form and the way we word it is that we share specific data, and it talks about the data that we share amongst our partnering agencies throughout Jackson County.

So for anyone that is being entered into coordinated entry, they have to sign this one ROI that is we, we're referring to it as the HMIS ROI. Other agencies also have their own ROI in addition like OHRA has additional steps that they follow and so they have ROIs and but the Jackson County ROI which is what the user the agency agreement list that does say that we share specific data with partnering agencies throughout the county.

Daphne: Well, I guess what I need to really confirm is whether what that truly means and as far as whether you can, on the basis of that, can we only include HMIS licensees in the case conferencing session is what I really need to know for sure. That would be a question, yeah, that's what I need to determine before because we can invite people to be there if it actually covers that, that that ROI one.

Melanie: I just wanted to say that it's, it is the Jackson County CSV HMIS ROI. So, there's not 2 separate ROI. I think we need to just; I mean, we can put a pin in this conversation unless you can pull out, you're the ROI right now.

Daphne: Even that I'm not going to feel about being that people are familiar with Rang of allowability of but if there was sufficient language in the coordinated entry, ROI, JCC could potentially provide some medical information to the group during peace conference, which is what he's been saying. I just feel like we're not an authoritative group on this.

Melanie: Yeah, I mean, I, I guess I just want to see because I and you're, it's been a minute since I've looked at the HMIS ROI, but I believe it's, it's specific to partner agencies that are in HMIS.

Daphne: What would you like to say, Melanie?

Erin: Yeah, has been trained on client confidentiality policies and has signed an agreement to maintain security and confidentiality of information.

So, so, so that is promising clients my agency as an example, we don't use HMIS that would that's essentially telling clients that mean you won't know anything about that information if you're not on to this. Yeah, and you're not getting the information from this database.

Daphne: we're back to where we started, which is that the HMISROI is only going to be able to include those that have signed the HMIS agreement and are covered by it as licensees.

Melanie: So I think what we will need to do is have another ROI for individuals that are in coordinated that are being pulled to case conferencing that we will have to have them signed in addition to the HMIS ROI. And although we can't go back, my suggestion would be that we create and how what we can run it by our legal team ROI that talks about coordinated entry system as a program in HMIS specifically and that agencies such as, you know, we can use some similar language with it.



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So it's not encompassed by HMIS in the system, but it's encompassed by the coordinated entry system as a program within HMIS. That would be my suggestion that we kind of just take that, model it after the HMIS ROI run by our attorney and we're just going to have to have everybody sign an additional. I don't think that there's any way around that until or unless everybody wants to get to HMIS.

Nancy: That's how I've seen it work with other with other databases is that when there's when there's an additional sensitive level of services being requested aside from the housing where you would just have your minimally necessary data. That is not necessarily as heightened of a protection that you have them sign an additional ROI so that you can case conference and then pull in this this the service teams if needed.

Daphne: Good. Well, and one other step that just occurred to me is just as you were describing it, Melanie, we have time between case conferencing sessions to call the 25 people or however many people are on the list before that case conferencing session. So we can start catching up hopefully on those ROI at least before they happen without feeling like it's monumental task of getting to everyone in coordinated entry. Because that was also hitting me and said, well, we have a lot of people, but that's like a viable way of just make sure they're covered before we have discussions. And if they're don't, well, we can't, but it's a process. Well, we have some action steps already. We will then take responsibility it sounds like to make sure we have an CES ROI created.

Well, so Melissa, I hope we'll be able to send out the announcement. So we what I asked her last is can we please go ahead and announce this to everyone, even though we weren't sure how the ROI barrier was going to be addressed, Because I really would like for everyone to *know* about it before I send the invite to very specific HMIS licensee agencies, but for them all to know about it so we can get moving. So that's, that's the step we're kind of covering in right now is Melissa sends out the announcement, I will follow up with HMIS licensees with the invitation to the 10/17 case conferencing session that Matt is going to lead in what time to send to.

And we did because we're not totally sure when the staffing, the staff will be assigned to the lead, lead position.

We've come up with three months' worth of dates that Matt is able to provide that service.

Then we would like it to be the 3rd Thursday ongoing because when you look at all the days of the week and the other meetings that many people have, that looks like it could be a reasonable day of the week. But because of holidays, it's not necessarily going to work in November and December.

Erin: I don't know all organizations, but I know there are a lot of organizations due to the since the pandemic have moved towards, you know, hybrid work schedule and stuff. So I also just want to lift that there are a lot of working parents that work in these fields.

Daphne: OK so the other the next priority that Melissa and Marcos and I have identified for us really is the written guidelines policies procedures. Because even before we start to change our assessment tool, we really need to be clear about scope and responsibility of case of, about coordinating entry as a whole and what we need to cover for our county in providing it.

some of the questions she, she asked me some questions that were on the collaborative application that she's working on right now on behalf of our counties.

And we recognize some areas that are not currently implemented in our intake, intake process for coordinating entry naturally because we haven't even been doing it. So we wanted to bring some of that up for the group. They're going to be, this is going to be one of the more in-depth processes for this work and we are potentially going to request PA from HUD on creating the policies and procedures.

We hadn't been able to find one single file for quite some time that from HUD that identified the basics, but Melissa did just potentially find one this weekend that might be at least a good starting point for us.

And, I do plan on focusing in in a more detailed way on some of what and, and comparing what our current guidelines are, the written standards that were out in 2018 with what Hud's requirements are.

And if I have some other frame of reference of local like Lane County or mid Willamette County, what they're doing and



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bringing it to us to explore because obviously this is a big group of people and for us to try to pour through all of that and these sessions, it's probably not going to get us very far.

So I anticipated being at least like me and maybe other another person or two as a subgroup that focuses in on this.

And I think we had initially thought it might work that way anyway, but that's what we're seeing as a priority in the next cycle is to get our written guidelines established.

But I thought that it would be useful for us to look at these questions that are particularly domestic violence related that had come up when Melissa was trying to fill out the collaborative application.

I would think that Community Works is going to be our go to learn what your processes are at the very least and then how we can particularly, you know, potentially integrate them somehow. But anyway, this is my introduction of what it's going to be about.

So I'm going to share the sense of this. I will read off one of these first questions that was sent to me.

"Explain how your coordinated entry staff addresses best practices, trauma informed care on safety and planning, planning and protocols and serving domestic survivors and developments".

Daphne:

So even just the training aspect and safety and planning protocols. Do you have any initial thoughts on that Aaron that you can share with us?

Erin: Well, I mean one thing I know we have given a training to access, and we are more, I mean in all of our partnerships we often have where we provide one-on-one training like we provide every two years that we do one-on-one training as on boarding to all of the HS staff. So we could do that access and with all the work groups too, we definitely we have the staff bandwidth. So I think that could be a part of this application in our partnership. All people in the work group and or employed access or would receive training from the local domestic sexual violence agency community works.

Melanie: At least he's, he's on, you know, he's on the part that I wrestle with is like how we're taking BOA into consideration or putting things into place for coordinated entry.

I'm like, for some reason I struggle thinking through how we can take into consideration blah blah in a non-housing related project.

Matt, do you have any?

Erin: And I don't know if it would help with them.

But all obviously since we're the DDSA organization, we have to all our training.

We are bound by the DOJ, so by laws that there are certain things that we have to provide in our trainings, but we like they have to be in our training, but we cannot get rid of it.

It's a full huge list.

But like just off the top of my head, I know confidentiality and privilege is in there because of the Oregon statute. I don't like we have to cover oppression like we have to provide oppression training, like anti oppression training to every organization that we work with.

Kim: Being that for these days to say we'll be happy to be the trainer, and we'll do this twice a year?

Melanie: Absolutely. I mean, and I would say this is something that we offer to our whole COC.

This training would be a great way to respond to how we're engaging with it.

But I still get stuck because Melissa and I haven't seen the specific question, but Melissa does talk a lot about emergency transfer plans and policies in relation to coordinated entry.

That sounds like a great plan that we yeah, but that is one of the things that we need to take into consideration in our coordinated entry policies and procedures.

Daphne: Yes, name it if that is acceptable. And I think that's where the TA would be helpful for me because I've had the same question. Can we simply say if someone indicates during initial intake that that is a factor, we immediately refer them and we can let everyone know that should that be a factor, we would, this is how you would be how we would approach it, right. Given that information upfront, is that acceptable for this would be my first question of someone.



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Erin: It can be whatever it needs to be. So like, so for instance, to volunteer for us it has to be like and to get certified as a confidential advocate, it has to be a full 40 hours.

However, we so for DHS staff, it is a full day like it's a eight hour one because there are, but again, there's certain standards we have to get for VALA and there's certain standards DHS that they have to get in their on boarding that they have departments of. We have done trainings for healthcare centers that are anywhere from an hour to 90 minutes. So it's essentially whatever the organization is needing or wanting based off whatever parameters they have, then we can tailor it to that.

Daphne: So sounds like any designated access point slash staff member that would be putting someone under coordinated entry would need to have this training and it would be based on our COC requesting that service, right?

Melanie: Yeah, well, it would be, yeah, it would be ACOC putting into policies and procedures for coordinated entry, that part of the onboarding coordinated entry and into HMIS is taking this next training when it becomes available.

Daphne: And is that acceptable or does a person need to wait to actually do it? Because there could be that many steps that need to be followed and they would have to have the training first.

Melanie: Yeah, I don't, I don't, I mean that would be written into the first feature, the steps to take.

And I do not believe that our TA is going to give us that level of specificity around how we navigate it because they that's not what they do. That is very broad stroke, but I do think we could put the policy, what we would do is put it into play and then you know run it and then write it out into the probably next year's collaborative application and see how we do. And if that's an area that we score high or low, then we know we've got to adjust it in the future.

Daphne: Gotcha.

Erin: And we can, I mean even just like I said, we do like we do 2A year for DHS and also two a year we are doing in the fall and in the spring, we're doing our free advocacy training that's open to anybody.

They just need to register like our first weekend is this weekend. So we have multiple like points of time where like if because DHS like is always on boarding people, right.

So there are times when they're like, oh, there's not going to be another DV101 training until January of next year and they got hired in like June and they're like you want to get this person to work eventually. We are in contact and we thinking we work together to get them to come to that free.

It is all weekend to that time overtime, to get them prioritize them into our free advocacy training so that they are still getting it and to acknowledge that all of our grants.

47:22

Did you get OHCS funds Have something about training around domestic violence?

Tina: Question as far as this just brought up for me with the release of information for coordinated entry, someone could say no, I'm not comfortable filling this out and right. Typically that happens in domestic violence situations, Would they not?

Melanie: Then they were not able to do this.

Tina: So no possibility for or no possibility for is should we have that in the back of our mind for policies as far as if somebody's fleeing domestic violence and they don't want to sign this ROI.

So everybody talks about them now they don't get like assistance through ORI.

Is there another like maybe we throw that out there or something. So have alternatives

Debby: and the problem too is that we can set visibility on any level being like right now it's set up the average person if they fees not to sign the ROI or not to share their data, then they cannot be put on the for the entry list because the coordinated entry list is a Jackson County program that everybody sees. So if a client says they only want access to see them, then that client cannot go on the coordinated entry list.

Colton: I would just say from like an advocate's standpoint, if any of you ran into that, I and so they're not wanting to fill out the release of information, then what I would do is I would try to encourage them to connect with us. And then if we can



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start having a conversation with them, like it we have a conversation, they understand that we're 100% confidential privilege, then they might be willing to allow you to at least talk to me so I can call and contact them.

Then if an advocate with we follow up, then we can do like a warm hand off like, OK, let's like you and me are going to go meet with this person at OHRA or Access or wherever.

And we're going to talk about what case you're going to hear from two people, what case consultation looks like, what it's going to entail to see if you would be interested in moving forward with it.

Melanie: Its good TA question like how do we get about around this? Because again, this like coordinated entry to fill out the rehousing is not it is it is the way that coordinated and just thought it was supposed to work. So I would imagine this has come up before. And so yeah, I think this is a great TA question.

Daphne: That is a significant piece though, because if we are approaching this from the standpoint of we basically let community works do whatever they're supposed to do and they're saying that there is something specific, and I'll just read it now.

'Implemented by law, required written emergency transfer plan, policies and procedures for domestic violence, dating violence, sexual assault, stalking.'

When you look up emergency transfers that we're supposed to have a plan for moving them into a different unit right away if they're facing a domestic violence situation like we have to.

The idea is that how separate housing would be provided for them if they're in that situation.

And again, like Melanie's point was certainly my first thought is we're not housing them already. So we can't give them new housing.

Erin: I would say it's a because that because legally, legally, if someone is in housing, so we're working with someone, and they have been abused and them and their partner live in Section 8 housing it legally they have to HUD Housing Authority essentially has to move them. They have to find a way to move the survivor or victim to another unit or like a safer unit. But that doesn't fall on that doesn't fall on community works or I mean, it would fall on Access I guess for like if we did.

Melanie: Yeah, in access housing.

Erin: But because that is we've heard about, we've done that a lot with Housing Authority is we'll have people in Section 8 housing, they will be strangled and then they'll get a protective order and they'll try to, they'll remove the abuser, but it still is unsafe because it keeps showing up.

We encourage them to go to their Housing Authority case manager and request this law.

Daphne: So that means that it could be and this is something I just feel like I don't want to drive everybody through the detail of it.

It's like really helpful for I know for us to hear some of this, but I also think one training is going to do that and we actually have training for all of us.

But I need to drill down into those particulars in order to write the policy that I got CSE program and ESDN program requirements like comparing the two differences.

Melanie: So the language is interesting because it's, it's referencing coordinated entry and it's referencing pace management slots. But if it's, if, if it's tenant-based rent assistance, which is what we would consider any of our programs right now. That's not if it's tenant based rent assistance where they're finding housing out in community and then we don't have that whole responsibility to placing them out of housing because there's not just other housing to place them in. For me, it's like, can we get the plan to create a safety plan?

That is that safety plan is getting them in your shelter for the time we need to what up to figure it out

Daphne: and or letting folks know that if they do live in an access unit or, you know, is there value in sharing that if they live in a Housing Authority unit, you are you have access to an emergency transfer plan?

Melanie: Yeah, I think that we would want to say that isn't an emergency transfer plan because AJ basically has one access house one.

I'm sure Maslow has one with the housing units that you guys own.



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Matt: It's just the Housing Authority.

And I think it is a HUD funded requirement, but I also think that there's some law to if you are a housing provider and somebody and if this happens within your housing unit, then you have responsibilities to provide them a safe housing unit. But again, I think let's I think you should get the housing authorities weigh in on this and then get see if Corey will provide you what access of house first emergency transfer plan and then try to figure out a plan to mold that all together. It's not you know, we're not providing houses right now.

Daphne: And for that reason, whoever is required us to fill out this application, this who's sending this collaborative attachment.

56:00

HUD

56:00

So that is why a TA for them though to say what exactly is it that you're looking for from this?

Melanie: Do they provide us technical assistance on the meaning of it?

Debby: No, but if you don't word the if you don't word it as you're trying to fill out the collaborative application that you're trying to write your policies and procedures for coordinated entry.

What are the best practices for what we hear the term emergency transfer and housing to be then they should be able to answer it that way.

Daphne: Well, by the time Melissa and I spoke, and I've been thinking this already, what I was just telling you guys is that it's going to take a lot of like cross referencing and getting this TA and reading all these documents. I don't have new suggestions to make for this group to explore at this moment.

So we've been focusing on this, making sure that we're comfortable with our case conferencing process, getting it moving, making sure that the appropriate people are able to.

Debby: So Daphne has given you any links to Lane County's coordinated entry policies and procedures or Nerox policies and procedures?

Daphne: Any questions or concerns that you want to bring up while we're here before I basically just kind of move us in that direction to bring back.

Melanie: I think it would be important for others. That's just it's not like, you know, in all of our spare time where we can do research on different policy procedures.

So like you get yourself familiar with what some of these about big alignment and maybe that can be an action items that we send out and given to what we consider we've done to look through just so that the next time it's not even introducing this all, but there's some understanding for what you've been. And if you are able to share that, if you can share that with me, I can talk, I can reach out to.

Colton: Well, we have a grant through OVW couple AVW grants, but we have TA we get TA assistance with an NDV and that they run housing models. So I can talk to them about like for joining, I'm not a Sports Group. and can you give us like from a DV perspective? So I can see if they could help too.

Nancy: Another scenario that we see is if they're they own the property and where we need to shelter the DV victim and say they're jointly on the lease agreement, how do we sort that piece out?

And I know that's kind of a whole aside, but that we see that quite a bit to free either the perpetrator or put just the one person on the lease and remove the other.

So we've actually had some ability to do that, but that's another scenario that we see quite a bit.

Daphne: If there is anyone that wants to join me specifically in the work of reviewing guidelines in this range, like where we meet, you know, via Zoom or in person, and that I'm totally open to that too.

I, I think I'm just the type of person that's like, well, somebody's got to do it.



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I just need to start digging through, but I'm happy to have a partner or smuggle.
But if anybody's interested, just let me know.

Also any thoughts Melanie about the job description?

Melanie: Yes, yeah. we can name the position, name the person and I mean, they've already committed to the position.

Tina: I'll send out the video for everybody in the minutes that came up while we were putting people, which side note, I didn't bring it up while we're talking about how to get people on coordinated entry because I don't want us to get super overwhelmed.

But we are entering people on the coordinated entry when they come in like during walk in Wednesday and we sign them up for our shelter by appointment. So we and we partnered with Rogue Ridge to they use for that also. And so we were partnering with them, but it came up that the people that we're entering into coordinated entry are usually the person that's most accessible, right?

And the person that's most accessible probably doesn't have a disabling condition, probably doesn't have other things going on. And so we were talking about, at least internally, we were talking about is there a way to look at the household as a whole?

Melanie: Isn't the questions around the do you or a member of your family?

Tina: It's I think the maybe, correct me if I'm wrong, Debbie, but I think the, the way these reports are being run is only off of the person who's doing the stat right?

Debbie: Right now the report is only being pulled on at a household because up until about 6 months ago we had a household was the only one that was getting entered into the list.

Melanie: Yeah, we would like to be able to pull all of the demographic data based on the household, not necessarily just the head of household, but we would pull the head of household name out.

Tina: So what I was thinking is if this first person, right, service point number 1398669, if they have a partner and their partners by POP and then they have a kiddo, kiddos disabled, like are they going to be getting that was the whole household once, once everybody is starting to inherit the whole household as long as we're pulling that info, putting it on there.

Debbie: Well, maybe no, we can only do So what you're talking about is in these last 6 columns before the notes where if the client is a senior, then they get a mark.

Melanie: But my suggestion to fix that would be trying to figure out what the assessment coordinated entries assessment has on it and pulling the points off of the assessment and then making the spit that off the spit that and then combining those two.

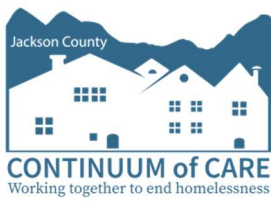
Daphne: And I said, I can do right now. I know that we can change our assessment, but before we, we, we need to at least acknowledge that we can only pull a report on information that we are currently retrieving from people. So I, we're not talking about what we want the assessment to be. We are right now talking about what we can the report that we can pull.

Daphne: OK, we'll we've already pulled this report based on all of that, as a matter of fact.
But this is sounds to me like this is not exactly what we wanted from a new standpoint of household information.

Debbie: So, well, I, I can read you the report to pull entire household data, it's going to be more complicated. But what we can't do is we can't add from here and then add from this person to get a final score.
You would take the highest score across the household.

Tina: It would be like the two partners are totally separate and getting their own scores separately, not combined.

Debbie: Yes.



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Daphne: Sounds like we want it to. It's fine for it to pull for head of household as long as it includes all of the household information, which is what we initially said. This we, we had passed that point based on that report you had already sent us when we created the parameters for how we were going to prioritize everything.

1:08:29

I think we can get what we what I heard Debbie say is that we can't get the total like this column right here, which is the total points. and that's how we're that's how we're prioritizing is based on the household.

Debbie: We could, but it would be another manual step that the CE person, when they pull, the list would have to do. But we could break it out so that it would show the whole family and the whole score. But if it's a family with a kiddo, they're already going to get an additional score anyway because that's one of the priorities that we're pulling on. So, I can enable the report to pull whatever you guys want, but there's going to have to be some manual on the backside, which is what Daphne, and I were trying to avoid. We were trying to make it as minimal for the CE person to have to do once I gave them the initial report.

Daphne: So that's why this will be coming up, is that the report that she just prioritized for us by recreating the report that Matt will use for the case conferencing session is based on all the prioritization markers that we have identified. But what I didn't realize is that when she pulled, it was only being put on the head of household. should be for all of the data for that household.

We're not going to ask SPDAT scores for everybody in the household because we haven't all been collecting SPDAT on all members and we don't do it for those that are young, under 18.

So the SPIDAD score is something, OK, we could pick a different 1 based on a different kind of household. But the actual way that we're prioritizing these folks is, is based on how many of the prioritization parameters were included in their household, right? So if the more of those were associated with that household, they end up with a higher score and therefore they're toward the top of the prioritization.

Debbie : And, and for this report, which I mentioned back, but we haven't had a time to commit, is that with this particular report, the total includes the SPDAT score, if there is one, and then it's sorted by the highest total. But if you guys don't want to take the SPDAT score into consideration and you only want those certain parameters to add up, then we can do that too.

Daphne: Yeah, we were leaving the SPDAT score as just a piece of information.

And that's kind of that's the way we've been approaching this the entire, you know, all of our discussions where we want to know what it is, even though it's not the best assessment tool method, but we're using this, the questions that we all arrived upon and using them to figure out who has the most of those to prioritize for ORI and LTRA. The only difference from what I understand has gone on is that the whole household is not being represented in this report, but it should be.

Daphne: And thank you so much for letting us get in the space here today and for bringing cookies