



# Jackson County Continuum of Care Coordinated Entry Workgroup Meeting

Minutes by  
Sarah Cunningham

In attendance:	
<ul style="list-style-type: none"> <li>• Lisa Smith – OHRA</li> <li>• Colton Ort – OHRA</li> <li>• Lexi Bohn – ACCESS</li> <li>• Kasey Rolih – OHRA</li> <li>• Nancy Fadling – ODHS</li> <li>• Daphne Bramlett – ACCESS</li> <li>• Katelin Lucine – ACCESS</li> <li>• Debbie Boyd – ACCESS</li> <li>• Sara Font – OHRA</li> <li>• Katie Blomgren – OHRA</li> <li>• Erin Martin-Fournier – Community Works</li> <li>• Matt Northrop – Maslow Project</li> <li>• Melanie Doshier – ACCESS</li> <li>• Nicole Kitterbush- Maslow Project</li> <li>• Sarah Cunningham- ACCESS</li> <li>• Kim Overson- Addictions Recover Center</li> <li>• Paul- OHRA</li> <li>• Melissa Markos- ACCESS</li> </ul>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like a spot on the upcoming agenda?

### Call to Order

The meeting was called to order by Daphne Bramlett.

**Approval of Minutes.** Matt makes a motion to approve. Kim seconds.

### **Daphne:**

At the last meeting we focused on prioritization questions/markers that we can use specifically to enroll ORI and LTRA. This is the list we determined we wanted to use in the last meeting. I met with Debbie subsequently and determined that all but the gambling question we would be able to pull historical information from our database currently to do so. We're going to want to add a question for future onboarding but because we don't have a specific question in our HMIS assessment that everyone that uses HMIS must fill out or the SPDAT, we wouldn't have a way of determining it.

These are the prioritization questions we want to use to make selections from coordinated entry for ORI and LTRA. That's what this is specifically designed for. Our next step would be to create a replacement for the SPDA, not specifically for ORI or LTRA, but everyone, and would help us identify the populations we want to make sure are represented in the assessment process.

These are the target populations as we're moving people into coordinated entry. We will be using the yes's, kind of like a SPDAT score for priority, the more yes's, the higher they will be on the list. That is the steppingstone toward being enrolled in services. Then we discuss them in case conferencing, to see which services would be a good fit and who might be able to best assist them. Giving agencies the opportunity to say- yes, we have service slots available for that person.

**Melissa:** We do need to have an assessment for coordinated entry. Not necessarily the SPDAT, but something.

**Daphne:** Yes, we do still need an assessment, and until we have a new one, we are all using the SPDAT as a placeholder to get people entered coordinated entry and to make sure we have the information we need. The priority lists will be developed from things we can pull from the current SPDAT.



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**Nancy:** We do need to define 'length of time in the system'. It can be confusing because it can sound like child welfare.

**Daphne:** We should just say *length of time in coordinated entry*.

Is everybody OK with us using the same process that the by name list for veterans is using, the date of entry into coordinated entry for that response?

**Nancy:** how does the vulnerability score reflect how we can get folks services that might need services like substance abuse services before they can get housing?

**Melanie:** That is what case conferencing is for. We can partner with the ARC to get services through case conferencing.

**Kim Overseen:** There isn't anything on the list for LGBTQIA

**Debbie:** So, the closest we can pull now would be pulling from the gender selection, anything other than male or female. Otherwise, we would need to come up with a question.

So how we can identify now is gender identification, not sexual orientation, so the question on the table is do we want to add gender identification as a prioritization because we don't have a way to add sexual orientation.

**Nancy:** It seems like that community would need more support at things like signing a lease, but at the entry level, it doesn't seem like something we need to consider.

**Daphne:** So would this group like to add that to this list for Ori and LTRA?

**Tina:** can we add gender identification now and add a box to identify as a member of the LGBTQIA community later.

**Daphne:** Is anyone opposed to adding gender, gender identification to our list of prioritization markers for Ori and LTRA? OK, great. It will also be added to our list for potentials for the long-term replacement assessment I know we have a lot to get through, under seniors, it says 55 years of age?

Agreed

**Daphne:** So is everyone in agreement that this new role of coordinated entry system lead that we've identified, Access is the lead agency, the coordinated entry will be hosted by a staff person at Access? They haven't taken on the role yet, but that would be part of their job set is to lead those conferencing sessions on a regular basis.

Melanie do you have any information on the role being posted yet?

**Malanie:** We are actively working on it. We're negotiating the job description now to make sure that it includes all the responsibilities we needed to include. It's challenging because we have to create it.

**Daphne:** So I'll start with the number of possible program enrollment slots per program that they available. We're going to pull a report based on the prioritization questions that we determined. How many names do we want to have in a case conferencing session?

**Melanie:** and how many slots are available?

**Daphne:** And that was what my follow on is how does the number of possible program slots play into the number of names that we're going to work with.

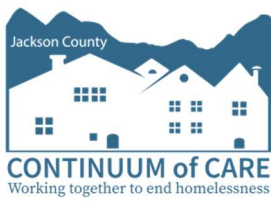
**Malanie:** It will be related to the waitlists for the agencies participating. How many slots to they have available for ORI contracts and

**Kim:** It's almost an equation between how many openings and how many people. Like when you have an opening in detox, we probably run through 20 names for one bed.

**Daphne:** 25 names were proposed.

**Nancy:** Did we talk about how far back we are going?

**Daphne:** We determined that seven months was as per the written guidance that we do have on file, that we would use the seven months and then be *inactive* beyond seven months.



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**Debbie:** Are we in agreement that beyond 7 months is exited?

**Daphne:** Its *inactive*. We can talk more about what that looks like.

**Melissa:** We are going to clean it all up beyond the 7 months and we can talk about what that looks like more offline.

**Daphne:** Yes, we just want to make sure none of them are being deleted. Can we gather more information and then bring it up again to this group?

**Melanie:** So, we should set a deadline to get this done, like 60 days. If you want people in your program to get prioritized for services, get them into coordinated entry.

**Daphne:** OK Let's focus: How often should we have the meeting, monthly?  
Bimonthly might be better to start.

Daphne: As far as the flow of the meeting goes, it's straightforward in that you just kind of go down the list.

They're being enrolled in services for case management to get housed right through case conferencing.

We, we have agencies that say, I can, I can reach out to that person, try to enroll them, try to get them housed.

**Melanie:** When I used to be actively engaged in it (the vet by name list), there was always time for anybody who wanted to bring some of their participants forward if they needed additional support. I think it's a very good practice. We should leave in that time for us to staff anybody that's on our caseload that may need support from the different agencies

**Debbie:** it's time for other agencies to come forward and say, you know, maybe we got like you were talking about the new Herald's Haven at the last one.

**Daphne:** Once someone is housed, they are taken off the coordinated entry list, but we would save time in the meetings for the agencies in the meeting to bring someone up in the meeting to see about getting services that would benefit them. We want them to have the opportunity to receive other services and that's a way to get them plugged in to all those agencies that that attend, regardless of status.

**Nancy:** What if we have situation where somebody on the list has escalated circumstances that pushes them further up the list?

**Daphne:** Wouldn't that be covered by pulling the list from coordinated entry immediately before that session?

**Nancy:** It should unless the agency hasn't had time to enter the new information:

**Debbie:** In the Vet By Name List, we tried to pull 72 hours before the session so everyone had time to prepare.

**Melanie:** We do want to pull with enough time to go into their system and make sure its most accurate and up to date.

**Daphne:** We have a 72-hour rule anyway, can we go with that? And we meet every 2 weeks.

**Nancy:** yes, that should cover it.

**Daphne:** ok, flow of meeting, got that covered. Slots was 25, we could roll with that, start with 25 and just see how it works. The person in the role will start figuring that out.

So after having spoken with Nancy and Matt last week, which was awesome for me to get to talk to both about this process, honestly, Matt made a great point about the release of information for any agency that isn't already using HMIS.

**Melanie:** If the agency isn't working in HMIS, they can get an ROI to share their information with is, and we can get the HMIS ROI and get them entered the coordinate entry list.

You will likely need to get the release of information for ACCESS, the lead agency of the Coc and then we'll call. So we'll work that out on the back end for agencies that aren't in HMIS.

**Daphne:** If an agency wants to participate in case conferencing, do we want to require that their waitlist be added to coordinated entry?

**Melanie:** Depending on services? Housing services yes.



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**Daphne:** We confirmed that SPDATS are still necessary, but we are not using the acuity score. I would love for us to be able to hear more about best practices for case management and case conferencing for coordinated entry and the distinction between what it serves is a topic I want to be able to field with this group, like where case conferencing starts and stops.

But I just wanted to name, that we can see that ongoing case conferencing is such a powerful strategic approach, but it may not be the coordinated entry case conferencing that is, you know, focused that holds that and relates to that strategy or approach. We don't have time to get in-depth.

**Nancy:** I can put together a little sheet that I use based off years of doing this, you can see some things you need to consider to keep the family on track. I am happy to put that together for the team.

**Daphne:** I would love for us to just get this landed and going and engaged and have a plan for us to start looking at the SPDAT and comparing it with other assessments so that we can start moving it in that direction.

It makes me wonder if/how we should let people know that this is happening, that making entries into CES is a wise priority because it will directly tie into your eligibility to receive these services.

**Melanie:** it directly impacts our ability to get funding.

**Daphne:** I am wondering if Melissa can let the COC know that this is happening and have them reach out to me for what this is going to look like?

**Melanie:** I don't know if sending an email with all the specifics would be beneficial for the whole COC that hasn't been engaging in this conversation. But maybe attach COC policy as it stands today and let the COC know if there are any changes. I would hate to see all this go out to COC with no context.

**Tina:** My worry is that people who don't know entries will be inactive after 7 months... How do we communicate that in a way that includes them and doesn't give us like a secret extra edge over someone else's people who are in this meeting and don't fully understand how important it is.

**Daphne:** Melissa, can I meet with you to talk more about that?

**Melissa:** Yes, we will meet offline and discuss and strategize how best to bring this information.

**Daphne:** any suggestions for the next location?