



Minutes by  
 Lisa Smith

In attendance:	
<ul style="list-style-type: none"> <li>• Lisa Smith – OHRA</li> <li>• Colton Ort – OHRA</li> <li>• George Jarvis – Rogue Retreat</li> <li>• Debra Crawford -OHRA</li> <li>• Devin Flores – Access</li> <li>• Noah Werthaiser – Accesss</li> <li>• Lexi Bohn – Access</li> <li>• Kasey Rolih – OHRA</li> <li>• Nancy Fadling – ODHS</li> <li>• Daphne Bramlett – Access</li> <li>• Megan Armstrong – 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</li> </ul>	
<input checked="" type="checkbox"/> Yes	Would you like a spot on the upcoming agenda?
<input type="checkbox"/> No	

**1) Call to Order**

a) Meeting was called to order by Daphne Bramlett at 2:02pm.

2) Daphne spoke about bringing community together and how she is grateful to this group to be in agreement to take things to the board.

Everyone should have a copy of the coordinated entry work plan. We can review current written standards and some things need to stay but there are some things we can change.

**ORI/LTRA Coordinated Entry and Case Conferencing update:**

1. Melanie stated that we may not open coordinated entry in September for LTRA.
2. Noncertified fire survivors funds have been re-appropriated and may appear in ORI.



3. Matt – Maslow got their contract last week and should be ready to go.
4. Melanie stated that we need to get OHRA and Maslow ready to go in coordinated entry.
5. Daphne – We will select people for ORI from coordinated entry. Let's start with names in coordinated entry and case conference.
6. Access, Maslow, OHRA and Community Works will be participating in LTRA, Maslow and OHRA will be participating in ORI.
7. Noah shared that the primary agencies with service delivery should be first involved.
8. Matt asked if there was any requirement community wide to put people in coordinated entry. Melanie said yes, anyone can enter people in coordinated entry. Case conferencing will be happening when we choose from the coordinated entry list.
9. Daphne wants to enlist as many agencies as possible. Who are the agencies we want to and need to engage?
10. Debbie stated that Maslow, Access and OHRA should start. We should start small and branch out.
11. Daphne says that we will refer to current written standards.
12. Debbie says we are putting a band aid on this to get things up and running and then the group can work on building things going forward. Debbie says she will work with OHCS regarding bulk exiting people from Coordinated Entry.
13. Melanie says that the current standard for keeping people active is 7 months.
14. Debbie answered with if they haven't received services in 7 months they will be deactivated.
15. Daphne asked if everyone agrees with seven months. She suggested that we gather wait lists and put them into coordinated entry.
16. Debbie says we should leave vet list alone for now.
17. Matt stated that if Maslow places families on waitlist, it will be McKinney-Vento and not the HUD standard of homelessness.
18. Debbie stated that Coordinated Entry should be classed as literally homeless.
19. Melanie would like to see us jump ahead and use CE for prevention.
20. Daphne would like to make sure that McKinney-Vento is on the list.
21. Debbie shared that she could pull a report on McKinney-Vento or couch surfing families as long as the proper questions are asked and answered on the assessment.
22. Daphne stated that the qualifier for Maslow would be families with children.
23. Debbie says she can build a report showing household types.
24. Melanie says we need to be clear on questions in the screening process.
25. Noah stated that literally homeless, McKinney-Vento and fleeing dv apply to ORI
26. Debbie asked who we would place on the list, the entire family, or just the head of household. Most attendees agreed that it should be every member of the family.
27. Debbie stated that training was needed.
28. Megan shared that the outreach teams will struggle entering every person in the family into the system.
29. If we don't have complete information in coordinated entry, we will get dinged for not having complete info. Applying for these funds will have us scrutinized.
30. OHCS requires us to use coordinated entry.
31. Nancy thought it would be great if Coordinated Entry could link with ODHS.
32. Melanie thinks we should explore data sharing programs.
33. Matt asked if we could enter "Client prefers not to answer", and Debbie countered that HUD looks at a percentage and they will know everyone won't answer with "Client prefers not to answer".
34. Debbie was stating that she can generate reports that cover needed information.



35. Daphne stated that we should do our best to enter everything into coordinated entry.
36. Daphne – ORI and LTRA will use the universal approach – we put all family members in to coordinated entry. We will have to figure out how community works will participate.
37. Erin stated that kids up to 18 are linked to the safe parent in their organization.
38. Debbie suggested that community works come up with a safe code to be compliant.
39. Melanie shared that Community works does not use HMIS. She also thought that maybe during case conferencing, maybe Community Works can share an excel spreadsheet.
40. Nancy stated that ODHS houses a lot of Community Works Clients.
41. When people get housed, they will be removed from the list.
42. Daphne stated that we need to plan regarding a lead agency. Everyone discussed this and Access will be the lead agency.
43. Melanie thinks we need to contact clients on a regular basis to see if things have changed, and if all information is up to date.
44. Lexi shared that every agency should have a point of contact.
45. It was decided that Katie Blomgren will be OHRA's point of contact.
46. Daphne will bring Access employee information back to us at the next meeting.
47. Debbie asked if we needed a designated access point for Coordinated Entry.
48. Melanie advocated for each agency entering their own information.
49. George wanted to know when assessments are done, how are we going to catch the six month follow ups to update SPDATs.
50. Melanie shared that the main goal of Coordinated Entry is to maintain the list and comply with the rules. We need to do what we can to keep the list active and alive.
51. Debbie says we can also use case conferencing for this.
52. Noah wanted to know if we were going to address high acuity on the list and then case conferencing. Debbie answered that we can do this in two meetings. High acuity and then case conferencing.
53. Daphne said that we will propose things as we go along. We can make proposals to be reviewed by the board.
54. Nancy says we should create our questions carefully for case conferencing.
55. George shared that we need to figure out how case conferencing will be done.
56. Daphne – It would be great to get information from organizations to share their thoughts on case conferencing.
57. Matt asked if we are ready to go, and the clients are on the Coordinated Entry list do we have to do case conferencing and if we don't know them then do we have to accept them>
58. Melanie says we should talk about case conferencing and see what fits what organization.
59. Debbie shared that case conferencing will tell us who has what available.
60. George stated that scores are important and asked if we were going to use the SPDAT for now.
61. Melanie shared that we are targeting the following priority populations. Families with minor children, bipoc community, and seniors.
62. Daphne says we will need to get information on prioritizing priority populations.



**Future Meetings:**

1. The group then discussed where future meetings would be.
2. George asked if we could have Hybrid meetings.
3. We concluded that every other meeting is Hybrid with emphasis on in person meetings if possible.

3) **Adjournment:** adjourned the meeting at 3:30pm .

**Next Meeting:**            **8/5/2024 via zoom**