



Jackson County Continuum of Care
Coordinated Entry Workgroup Meeting
July 1, 2024

Minutes by
Lisa Smith

In attendance:	
Lisa Smith	
Daphne Bramlett	
George Jarvis	
Sarah Cunningham	
Katelin Lucine	
Nancy Fadling	
Debra Crawford	
Melanie Doshier	
Katie Blomgren	
Sara Font	
Milissa Markos	
Megan Armstrong	
Debbie Boyd	
Kim Oveson	
Kasey Rolih	
Colton Ort	
<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.

Homekeeping: Logic models and organizational approach that Noah is using in the performance and evaluation workgroup that appear to be a good reference model for us as far as organizing our work. This will allow us to be on the same page when we are dealing with and gathering action items. This will give us an organized approach for doing our work.

Debbie in her role wants to make sure that we address the key areas that she has pinpointed over time.

- 1) Only some agencies are putting clients on the list. We have identified this as a big priority.
- 2) Only HUD definition of homelessness are being added. We have also identified this as something we want to expand and make sure that we are comfortable with and approve of for coordinated entry. We also want to include agencies that offer supportive services throughout the county.
- 3) We would like to have a list that includes both Hud’s definition and McKinny-Vento with a way to prioritize that is fair to both. We want to have an all-inclusive approach.



- 4) Currently, only Case Conferencing is being done on the Veteran List. We are working on identifying an assessment tool.
- 5) Personally I would like to see on CE list that includes both vets and non-vets and we could pull the vets for the vet case conferencing based on Military status. We spoke about this last meeting. We feel that one location is going to be best.
- 6) I think what Melissa and I envision is one By-Name-List that everyone one that meets either homelessness criteria would be entered on, with a process in place to prioritize the list based on need and vulnerability across all agencies (Currently each agency seems to help those clients that they see rather than coordinating across the CoC to fill spots when available). We are in agreement with this, across the county with all agencies included in the process.
- 7) It would be nice to have a central location that anyone can go to so that they can fill out their own assessment, possibly the CoC Website or possibly ACCESS as the Community Access Agency. This is a novel idea having a central location to fill out an assessment. This is not in alignment with what we have been discussing at least from the standpoint of our consideration around the approach, we are talking about using scripts to be the most trauma informed. It would have to be a thorough and thoughtful design and standardize the approach. There is a lot to be said for building the relationship with clients we are working with. Melanie thinks it will best serve us if we give people lots of options for coordinated entry. We spoke to Lane County, and they are using “Unite Us” embedded in their COC website to do the assessment. Then someone from 211 would call them back to complete the assessment and upload it into HMIS. 211 would complete a daily data upload into Unite Us. We have discussed a script to be linked with the screening tool. Melissa said that access points in the rural communities are important. Melissa has talked to 211 and requested that they join our COC. Nancy said that the 211 daily uploads work up north because they are more integrated up north, but down south, everything is more individualized.
- 8) Part of the plan would be who/how will the list be managed (regular checks to see if clients are still homeless, who’s responsible for exiting them from the list and when, minimum information required to place them on the list-if no contact info they don’t go on the list). We have discussed a bit. It is the responsibility of this work group to identify a head agency for the COC, that hasn’t happened yet, but this kind of work would be completed by that group.
- 9) We need to come up with a better evaluation tool than the SPDAT (something we would create and figure out a way to weight the answers for a score). This brings us right up to where we are right now.

Next meeting will be at OHRA in person.

Questions team would like to see on assessment. We have looked at the Sonoma assessment, assessment from Texas and the SPDAT 3.0.

1. Debbie – I don’t know if anyone has had time to review, but Katie sent out an assessment tool from Texas. It is laid out really well, and if you look at the appendix, they only have about 10 questions.
2. “The Way Home” assessment tool was screen shared and reviewed. Megan feels that this assessment is reminiscent of the SPDAT. This assessment has 16 questions, that is fewer than the SPDAT. Melanie feels that the questions on “The Way Home” Assessment are pretty aggressive. Colton likes how it addresses open wounds with instructions to keep clean.



3. Sara likes the Sonoma assessment, but doesn't like the length. Although shorter would be more trauma informed, Nancy feels like there may be a potential for important facts and vulnerabilities can be missed that may raise them up on the list.
4. Megan thinks the important part of the assessment is that we are identifying the difference between permanent supportive housing, rapid rehousing and people who have less risk.
5. Melanie question and concern. If we are really trying to gather everything in coordinated entry, priority populations are missing from "The Way Home" assessment.
6. Debbie – we can do assessments online, so that when they answer a question, the next question that appears would be relevant to the previous question asked.
7. Nancy – question about DV. We need to capture the domestic violence concerns.
8. Melanie – Matching people through Coordinated Entry with the services that are best reflected with their spdat score, is not really a good picture of where someone is in life. It is just a snapshot.
9. Sonoma assessment – Think it's a good idea to use emergency contacts and associate contacts so that if client is hospitalized, there would be somebody to contact. It has a optional section for sex offender information and also a section for parole/probation officer name and phone number.
10. Debbie thinks that the reason so many choices are offered on the living situation is because those questions are a Universal Data element. If you don't have the stated option, you will have to figure out where to enter it, and you would be interpreting what somebody told you.
11. George stated that we need to decide what types of homelessness we are going to accept for our assessment.
12. Melanie – regarding the "in the following situations". There are a lot of references to the COC program and ESG program which are very specific and limited programs that we use in our system. She thinks the information gathering is important, but there is a lot of information can be removed. The right people need to be in the room when we are doing case conferencing.
13. Megan thinks that doing the Sonoma assessment out in the field with outreach teams would be very laborious.
14. Katie – We have step one of the assessment in which we enter a client into a program. The Sanoma assessment is really thorough, but maybe step one is a short assessment to enter their information into the program. Then follow up with a more detailed assessment like the Sanoma assessment.
15. Nancy – We want to make sure we are embracing the trauma lens. She agrees with Katie that we should do it a chunk at a time so we are being trauma informed and not overwhelming people.
16. Daphne – We need to be strategic about the initial questions we are going to ask to get people into the system.
17. Melanie – Maybe a question about what agencies you are currently working with or agencies you have worked with in the past. So we can prioritize appropriately.
18. Daphne would like to know how often we should do case conferencing. The veterans are done monthly. Nancy likes monthly meetings, and feels that clients will handle that well.
19. Melanie – It's important that we address people's current situation, and not the situation they were in when they were placed on the coordinated entry list. She stresses the importance of coordinated entry being the place where all of the notes etc are in coordinated entry, not held at each separate organization.
20. Nancy – The key initial questions with the initial contact with the client is really important so that it reflects the needs of the client, and then if circumstances change during case management, they can move up/down the applicant list according to their current needs. Melissa says that as the COC we are



identifying the priority populations and we need to make sure we are capturing this as we are building the assessment.

21. Colton – We try to update with their current situation by doing an updated SPDAT every six months. Melanie wants to know if the case manager can receive an email at the six month mark to let the case manager know that it is time to update assessment.

22. Melanie – If we are doing it on a month to month basis, we won't be able to staff all the cases in a year.

23. George says that we need designated COC staff to manage the coordinated entry staff that handles the list. Melanie says we are all doing the work, we are all entering our data. Daphne – it is important that we have continuity across the board with HMIS entry.

2) **Adjournment:** adjourned the meeting at 3:36pm .

Next Meeting: 7/30/2024 in person at OHRA