

COORDINATED ENTRY REFINEMENT STAKEHOLDER MEETINGS

STAKEHOLDER MEETING TWO – June 9, 2022

ATTENDANCE	P	Alison Jorgensen (CCS)		Heather Wood (Safehomes)		Phillip Priest (SA)
P = Present	P	Amanda Holcomb (2-1-1 VA)		Helen Ferguson (RM)		Kendall Hall (ARCH)
	P	Amy Shirkey (CCS)	P	Holly Sparks (CSH)	p	Sandy Peggins (City/CI)
	P	Ben Bristol (CCS/HMIS)	P	Hope Browning (City/HUD)	P	Stacey Sheppard (TAP)
	P	Bill Duncan (BRILC)	P	Jaimie Goodman (SA)		Tanyia Jones (VAMC)
	P	Brian Burnette (CCS)	P	Laura Tidman (SA)		Tina Moore (FPGR)
	P	Brittany Huffer (BRBH/PATH)	P	Marie Beebe (FPGR)	P	Joan Domenech (CSH/HUD)
	P	Bruce Loving (RAM)	P	Matt Crookshank (City)	P	Kevin Liptrap (ARCH)
		Hannah Evans (BRBH/PATH)	P	Paula Prince (RUC/BRICH)	P	Evelyn Jordan (TAP SSVF)
		Hannah Jarrett (TAP)	P	Phil Anderson (ARCH)	P	Courtney Downs (ARCH)
	P	Jo Nelson (TAP)	P	Mariam DiPasquale (FPGR)	P	Lana Stewart (RM)
	P	Pat Trees (Safehomes)	P	Pam Milkowski (RM)	P	Phillip Priest

- Coordinated Entry (CE) Core Elements Review – for more info see the overview PowerPoint found at the CoC website – <https://www.endhomelessnessblueridge.org/ces/>
 - ACCESS – the focus of today’s meeting
 - ASSESSMENT
 - PRIORITIZATION
 - REFERRAL
- Review of a sample CE process from another community.
- Group Feedback Activity
 - How do people access our coordinated entry system?
 - Direct contact with shelter providers – phone or in person
 - TAP – Central Intake for all services – walk-in, family-focused center
 - DV Hotline
 - Referral to Central Intake from shelter or other services
 - VAMC
 - Client to client referrals
 - faith-based referrals
 - Hotline integration
 - 211 VA
 - School system
 - Hospitals
 - BRBH – Crisis stabliz unit
 - Referrals from community-based services – put CI info on websites?
 - Confusion around CHRC/CI

- CoC Website
- Law enforcement
- DSS/CPS/APS
- Unite Us
- Peer Support Specialists
- Mental Health Skill-Building
- Highlights from a CE Self-Assessment filled out by the CE Leadership Team
 - Clear, defined model – clear up confusion around terms
 - Central Intake workflow - Prevention
 - After hours/emergency access – clarify
 - DV workflow - Incorporate into CE process
 - Access points throughout entire CoC geographic area - Accessible to all – including those with physical disabilities; ASL; limited English proficiency; mental health/substance use
 - Current policies – Update and formalize - Include Street Outreach
 - What to do if there is no referral point (for various reasons)
 - Information to general public about how to access CE in our community
- What could be improved about how persons access the CE system?
 - General information about how to access
 - Geographical
 - 24/7 access/referral, but possibly no way to access services (geographical)
 - Central Intake capacity
 - Diversity of outreach teams
 - Peers as part of street outreach
 - Follow-up and feedback
 - After hours access
 - Banned from services
 - Communication between agencies
 - Partners can share access info on websites/by phone
 - Document showing all services eligibility
 - What happens with hospital /psych/rehab discharges/law enforcement interactions? (SW/LE part of this process)
 - (Animals – partnerships with animal serving agencies? Emotional support animals?)
 - Rural locations move individuals along vs connect to services
 - Referrals when accessibility is an issue at shelter
 - Higher percentages of elderly homeless – access issues
 - Resources based on ages/needs (youth, adult day centers, immigration issues)

- Next steps: Identify strategies for the identified areas of improvement and prioritize based on urgency and feasibility.