Coordinated Entry Implementation Committee

March 6, 2017

10:00- 12:00 at 38 Preble Street

Preble Street Main Office Conference Room

Attendees: James Gagne, Vickey Rand, Amanda Castner, Julia Kimball, Ginny Dill, Jenny Stasio, Jennifer Ouellete, Stacy Spaulding, Steve Ellis, Adam Harr, Rob MacNally, Rob Parritt, Rachel Boyce, Derek Morin, Amy Grommes Pulaski.

1. **Review and approve minutes from previous meeting**

There was a motion to approve the minutes. This was seconded. There was no discussion or objections. The motion passed.

1. **Discuss outcomes of COC BOD meeting**
   1. **Review COC BOD notes from 3/1/18**

Amy and James provided an overview of the discussion at the COC Board meeting.

James provides an overview of HMIS. Shelters that indicate they will serve people in all counties.

Currently all other shelters show up under ineligible.

The BOD discussed removing “ineligible” as a location, and adding all shelters as “potential.”

There was a Requested Change: Currently in the assessment results it lists eligible and potential shelter recommendations. The recommendation is that eligible referrals will be based on region, and potential referrals would be all other shelters.

Julia explained how the referral options were populated. They were not based on ESHAP applications. She recommended that when persons present in Region 1 and desire to stay in the region, that all shelters in that region appear.

***For Mediware:***

* ***Referrals would populate:***
  + ***“Eligible” based on responses to “What is your preferred community for shelter?” The answers would be based on that regions shelters. Also include GA.***
  + ***“Potential” shelters in the other two regions, that they are still eligible for, based on family composition, age, and gender.***
  + ***“Ineligible” based on family composition, age, and gender.***

*(Note: HMIS staff will bring this request to Mediware.)*

* ***Move Scripting at B. Shelter Eligibility, Based on your current needs… to the Referral Module.***

*(Note: HMIS staff will bring this request to Mediware if they can script in that screen.)*

They discuss scripting regarding “potential” options.

* 1. **CES Process edits**

James provides an overview of the edits.

1. **Update from MaineHousing/ HMIS/ Mediware**

No updates.

1. **Coordinated Entry EDAs**

The group discussed what EDA will be used for Coordinated Entry. For Initial Triage and Diversion, 211 will use the CE EDA.

The group discussed whether shelter or PATH providers woll use the CE EDA or their own shelter/PATH specific EDA. They discussed using their own EDA’s will complicate ESG data. If they use their own EDA all UDE and additional information will need to be entered and it will be flagged as incomplete. They discussed having a separate tab for shelters to use for the CE EDA.

Questions arose: Will there be one EDA for CE statewide? Will there be a separate EDA for each shop for CE? Can the diversion section be the EDA?

MaineHousing assumed there would be one CE EDA. It needs to be separate for data sharing visibility and data collection. Every person would access the EDA. A tab could show up, but be entered under a separate EDA. This would need to be included in training.

HMIS staff talked with Mediware last week. It’s best to have ONE CE EDA for everyone. If someone is diverted you can have an entry and exit that day.

There currently is a separate CE EDA.

With one CE EDA some providers expressed concern over data quality.

Questions:

* Is there any reason to have separate EDAs? None are identified.
* If there is one CE EDA can you track who is entering the data? Yes.
* Who will be responsible for monitoring data quality? MaineHousing.
* Does HMIS qualify for ESHAP proof of homelessness? Yes. “HMIS is verification for proof of homelessness, but has to be printed.”

Cindy asked at the COC BOD about waiting list, but did not receive an response. A centralized waitlist is recommended.

***For Mediware: There is consensus to having ONE CE EDA, as long as poor data entry can be identified.***

All shelters will ask all the same questions as 2-1-1 in the full assessment, but no one should need to ask questions that are not applicable. These can be left blank. Data collected in CE Initial Triage and Diversion will populate other sections, such as name, date of birth, gender etc. You will not need to enter these twice.

***Shelters will ask all CE questions. Add to policy and procedures.***

“Residence Prior to Project Entry” has not been changed to “Where did you stay last night?” This cannot be changed because it is a HUD code. This was listed at the BOD meeting, but was removed because it will impact other reports.

***For Mediware: The group requests that it be added in the space before the question ”Residence Prior to Project Entry”. Add: Script: Where did you stay last night? Please bold and italicized.***

1. **Email from Shelter group**

There was a letter form the Maine Shelter Network Meeting expressing their concerns to the roll-out schedule. They suggest training start in May, not April.

The CE group explained, the COC BOD planned this time frame to ensure that CE would be up and running prior to the NOFA. The NOFA is expected to be out end in May or June. This would jeopardize nearly $12 million in COC dollars and also additional ESG funding. In addition, several programs are planned to be audited this summer from HUD. CE needs to be up and running prior to these audits and NOFA.

Cindy reminds them that the Written Standards have stated that the ESG use a standardized intake (from the ESHAP program).

Craig voices the concern from the Shelter Group, especially how it will be implemented and the time frame. He expressed concern about how it will work and how to implement it effectively with the current workload.

The CE Committee explained that CE switched to using HMIS, which caused an unanticipated work load that the committee has been working on weekly. They focused on making the workflow as streamlined as possible. They explained it may cause some re-organization of work. The Committee is made up of providers and we are trying to make this easiest with the least impact as possible.

Vickey explains there will be a walk through at the next COC meeting.

Training will be ongoing, It will not be done on May 1. It will continually be improved.

This is a standing committee that will continue to train and tweak the system to meet the needs of clients and providers.

1. **Next steps**
   1. **CE Policies and Procures,** Discuss strategy

The group decided that James and Amy will continue to draft the CE Policies and Prociedures and bring it back to this committee on 3/20.

* 1. **Implementation and Training,** Strategy Discussion

The group decided that there will be a meeting to create an Implementation and Training Schedule: Derek (2-1-1), Steve Ellis (shelter), Cindy (MaineHousing), and Amy Grommes Pulaski. Scott Rich can do training videos. Create the plan for 3/20.

1. **Other topics**

Is there a Coordinated Entry system for youth? This timeline is applicable to youth because there is a question asking about age and how to direct a person to appropriate resources.

For the March 15 COC Meeting next week:

* MaineHousing – Julia, Steve and Rachel will provide a HMIS walk through on the Tandberg Site for the Maine COC
* Rob to follow up with the Shelter Group so they can view the walk through.

1. **Parking Lot**
   1. Decided if technical Assistance is needed

Meetings:

* Next meeting: Tuesday 10-12 at Preble Street.