Nashville-Davidson County Continuum of Care (CoC)

COORDINATED ENTRY OVERSIGHT COMMITTEE MEETING MINUTES

DATE: SEPTEMBER 4, 2024
TIME: 8:30 – 10AM

LOCATION: Safe Haven Family Shelter

CHAIR	Grant Winter, Safe Haven Family Shelter
RECORDED BY	Raquel de la Huerga, OHS Continuum of Care Manager
ATTENDANCE	Grant Winter (Safe Haven, co-chair), Deshaun Reed (Park Center, co-chair), Jesse Call (Village at Glencliff), Courtney Berner (Oasis), Amanda Dobbs (USDVA), Eliza Livingston (CCF), Catherine Knowles (MNPS), Jordyn Gualdani (You Matter Counseling)
GUESTS/STAFF	Raquel de la Huerga (OHS), Dr. Monte Talley (OHS), Hannah Cornejo-Nell (OHS), Allison Cantway (OHS), Dr. Marvin Trotter (OHS), Miranda Moore (OHS), Phillip Moore (OHS), Leigh Holland (OHS), Kelsea Combs (OHS), Corey Ellis (MPC), Daniel Naughton (USDVA), Brittany, Taz, Russell, James, Joseph, Darlene, Jessica

AGENDA ITEM	DISCUSSION
WELCOME & INTRODUCTIONS	Values and Equity Statement was read aloud by Dr. Monte Talley. Attendees introduced themselves. No corrections to the minutes.
SHARED VISION	**Shared Vision:** To support and guide Coordinated Entry to improve the process to be: • Low barrier • Quick and easy • Efficient • Accessible • Well resourced • Equitable • Strategically aligned • Bridge to resources *Ultimate goal is to connect people to housing resources and reach “functional zero”*
HPC 2023 – 2026 STRATEGIC PLAN	Strategic Initiatives to Consider • Objective 1.1. - Identify key stakeholders that need to be involved in this conversations • Objective 1.2.b. - Explore conducting a gaps analysis in collaboration with other committees • Objective 1.3. – Gain a better understanding of what data is available through HMIS and how to use it. • Objective 1.4.d. Inform what might be beneficial to live on public facing dashboards • Objective 2.1.a. – Mobilize community partners to use CE • Objective 2.2.a. – Advocate for increasing vouchers and post housing support services • Objective 2.2.b. – Ensure that resources are given to those who need them (e.g. prioritizing folks on the registry for programs and properties that will accept them).

- Objective 2.3 – More organizations need to be connected to HMIS. Members mentioned the lack of portability for the HMIS system as a barrier for organizations providing street outreach. Harder to access for smaller agencies to have the equipment, support, and time to utilize HMIS and CE. There is also no self service option for folks who are trying to help themselves. It is difficult to ensure continuity across partners if not everyone sees the benefit of participating.
- Objective 2.4.c.d.e. – Leverage partners that are already engaging with folks experiencing homelessness. All partners need to be at the table.

Discussion

- There are set aside, mainstream, and shelter plus care vouchers referred through Coordinated Entry. All other vouchers require applications through MDHA. OHS pushed many voucher applications through to increase utilization rates, but MDHA has put OHS on pause as they catch up. How could this committee leverage their voice to advocate for more vouchers?
- People do not know where to turn or who to talk to about Coordinated Entry or vouchers. In what ways can information and resources be made more accessible? Folks also might not be aware of resources that are accessible outside of Coordinated Entry. How can we ensure that the community knows about resources and there is education on the front end to address turnover issues across agencies? How can we reduce the numbers of doors that have to slam in someone's face when they are working on trying to get help? There are many more resources that are becoming accessible every day that folks need to know about.
- Folks with lived experience shared the challenges of feeling like the system can be unfair and there are many barriers to getting back on your feet. You shouldn't have to know the right people to get services. Coordinated Entry (CE) needs to be fair and accessible. CE needs to promote the concept that there is no wrong door, and that each door provides equal access to services. Folks are at their braking points and are tired. CE Shouldn't be a doorway, but rather a bridge. We have so many resources in the community, but accessing and navigating appropriate referrals is so challenging. People are reaching out for help, given a list, and constantly being told that programs change or won't accept them. There are also a lot of folks we are not reaching out.
- Explaining Coordinated Entry to folks experiencing homelessness can be difficult and does not feel humanizing. The process of connecting people to resources feels impersonal and dehumanizing. It can be hard to convince people to engage with Coordinated Entry when it isn't clear what can be gained from the system in the early stages of the process. Public facing aspects of Coordinated Entry need to focus on repairing pain points for gaining trust with those that need help. Avoid having the process feel like people are just names on a list. Hopefully the new assessment tool can address the trauma of the current questionnaire.
- Case managers need to do more than just enter updates that folks are still experiencing homelessness. Folks conducting the assessment are presenting in a position of power and the folks we are working with can be in a vulnerable state. Folks have trauma, mental health, addiction, DCS involvement, criminal justice involvement, etc. that get in the way of accessing resources. The

	system means well it just needs to be tweaked to work better for both service providers and people experiencing homelessness. • We also have referral options that are not safe for everyone. We need to be aware and addressing these gaps. Explore how address program accountability and system failures too. In the off year of the NOFO a lot more can be done to better monitor and address systems improvements across agencies.
TIMELINE & GOALS	**Timeline** September – Review strategic plan, draft timeline October – CE assessment status update, start digging into policies and procedures, identify urgent things November – Q1 HPC Update, CE team bring pack proposed P&P changes December – Finalize P&P and open public comments January – CE mapping and survey February – Q2 HPC Update, review public comments March – Begin CE Lead Evaluation April – May – Q3 HPC Update, pilot new assessment tool June – Finalize CE Lead Evaluation July – August – Q4 HPC Update Medium Term Goals • Create a CE map • Release a survey to the community • Host a listening session Long Term Goals • Access coordination across programs participating in Coordinated Entry
OTHER BUSINESS	Exploring creating a core group or subcommittee that would meet on a biweekly basis to revamp the vulnerability assessment tool. Coordinated Entry team will be finalizing the core group that will be working on the assessment. Official updates from this workgroup will be presented at every CE Oversight Committee meeting.
NEXT MEETING	First Wednesday in October from 8:30 to 10AM.
ADJOURN	10:10am