Nashville-Davidson County Continuum of Care (CoC)

COORDINATED ENTRY OVERSIGHT COMMITTEE MEETING MINUTES

DATE: NOVEMBER 6, 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), Alec Miller (Launch Pad), Eliza Livingston (CCF), Catherine Knowles (MNPS), Daniel Naughton (USDVA), Courtney Berner (Oasis), CM Terry Vo (Metro Council), Jesse Call (Village a Glencliff), Terri Lawson (Step Up),
GUESTS/STAFF	Raquel de la Huerga (OHS), Leigh Holland (OHS), Allison Cantway (OHS), Dr. Marvin Trotter (OHS), Kelsea Combs (OHS), Coyote, Marissa (Launch Pad)

AGENDA ITEM	DISCUSSION
WELCOME & INTRODUCTIONS	Values and Equity Statement was read aloud by Allison Cantway. Attendees introduced themselves. No corrections to the minutes.
UPDATES	OHS hosted the first Core Team meeting for re-tooling the VI-SPDAT. The group hopes to meet bi-weekly, but that will likely be disrupted during the holidays.
REVIEW COORDINATED ENTRY POLICIES & PROCEDURES MANUAL	**Geographic Coverage** • Change all MHID and HID references to Office of Homeless Services. • Add language about the phone line option and that the OHS outreach team can go out to enter community members. • Clearly spell out the process for how someone can access Coordinated Entry (CE). • Outline translation services and requirements for document translation. • How can information about CE and access points be made more common knowledge? What partners need to be aware of CE? How can informational resources be distributed? • How are we coordinating with surrounding counties? HUD restricts CoC services to each CoC region. Could information about surrounding CoC's be included in the Manual or on the website? • Change the Metro Social Services address. Add language that after hours calls will be responded to on the next business day. Update the hours. • Add language about mobile outreach workers. • What is the purpose of the table? The table doesn't make sense if the access points are supposed to serve any subpopulation. The table is too confusing for community members to know how to navigate. • Not every organization is well trained to ask questions that are specific to certain populations or has the capacity to do intake with anyone who walks in the door. Anyone can be entered at any access point, but they are designated access points for folks with additional support needs. • Lay out roles and responsibilities. Outline shared expectations for organizations that are considered access points. • Potentially add a table for where folks can get connected to case management to ensure that someone is advocating for the individual in case conferences. • Differentiate between access points and connection points and define each.

	• Create a comprehensive list of ALL access points. • Can we add the specific hours where CE Intake Specialists and outreach workers are stationed at certain sites be specified? • Clarify that to move forward in CE that connection to case management is needed. Outline expectations for warm handoffs to appropriate case managers and service providers. • Make sure access point lists are on the OHS website and that the policies manual directs to that website. Include maps and hours for each access point. • Outline a section for DV CE. Take out Mobile Intake and Housing Intake Specialists and change to CE Specialists. Update OFS hours. • After defining what an access point is, the list will need to be updated. • VA clinic hours are 10-2, but they can call anytime. • Oasis – doesn't have to be individuals could be a family with a 13-24 year old in the households. Walk in hours are 9-5. Crisis phone number is 24/7. **After Hours Service** • Ask Suzie about the reference to a designated CoC committee for creating an after hours plan. Since Coordinated Entry is not a process rather than an immediate intervention, there may not be value in having after hour service beyond having the option to leave messages for CE Intake Specialists. • Include all crisis numbers on the website. • Direct the community to utilize HubNashville, which is regularly monitored by the Office of Homeless Services. • The last sentence does not have any text after the colon. **Entry Into Coordinated Entry** • Define housing crisis and who can be entered into CE. • This section does mention diversion. • What needs to be done if someone's homelessness status fluctuates? Eligibility has to be re-verified after referral. Case managers need to be putting in notes in HMIS and interim updates. By Name List does not always reflect that current living situation has changed. Current living situation is dependent on updated case notes and care coordination. • Members expressed concerns that community members are having to remain unhoused to access services. OHS staff clarified that this is an expectation from HUD for all CoC-funded programs. HUD does recognize staying in shelter as literal homelessness, but if people are doubled up they do not qualify for services. • Explore adding language for interventions for those at risk of homelessness. • Update ROI expectations. • Add expectations for mainstream benefits coordination. **CE Process for Households Fleeing Domestic Violence** • Link to DV CE policies and procedures. • Specify HUD's definition of human trafficking.
NEXT MEETING	First Wednesday in December from 8:30 to 10AM.
ADJOURN	9:55AM