NC Balance of State CoC Coordinated Assessment Exchange Minutes
September 12, 2017
3-4pm

Attendees: Jim Cox, Melissa Eastwood, Latina James, Kristen Martin, Faye Pierce, Ginny Rainwater, Candice Rountree

Minutes:

- Ehren introduced the call: this call will talk about case conferencing. Many regions are starting to work it into their Coordinated Assessment systems, so we'll hear from one region's experience. We'll also talk about moving CA systems into HMIS at the end.
- Jim Cox from Region 12 presented about their case conferencing meeting:
  - They meeting on a weekly basis – once you get into a routine, you can accomplish a lot. Meetings are successful based on the people we have around the table.
  - Typically have all key agencies on a weekly basis. Local LME/MCO at table. Housing Authority. SSVF. DSS. RRH program. Disability services.
  - Start with announcements. Do housing consultations – word is getting out about meeting and people are coming for the first time and coming for help with their clients.
  - Then move to people on active housing list. Developed forms – intake form for new people. Tracking form for updates. Go through list to update progress. Then new referrals. With all the people around the table we're able to use more than just homeless services.
  - Used to last long – two hours. But we've been able to pair it down to just one hour.
  - Big picture: by having all these people at the table, it makes referrals effective, it brings people to the table. Information can be exchanged right at the table. Releases are done. If you get the right people in place things flow nicely.
- Melissa Eastwood: It sounds like a lot, doing it weekly, but they're really well-structured, they flow well, and we can staff a lot of people. With all the people around the table we come up with creative solutions outside of PSH/RRH.
  - Each week go over the last week's decisions.
- Jim: As the word gets out about this meeting, people come to the table to get help for their clients, so start coming to meetings. In the last month we've done three community consultations and we've been able to refer two of those people. Use release forms, case summary forms, etc.
- Tawanda: How many people are coming and what agencies are they coming from?
  - Jim: Reps from homeless shelter, from TANF program, DV shelter, Trillium (PSH) – typically 10-12 people on a weekly basis.
- Brian: Can you talk about how you chose who to facilitate? And how you facilitate meeting so it flows well and is efficient?

- o Jim: I facilitate, it sort of fell to me. Meeting norms are important: keep it short, keep it under and hour. Routine agenda.
- Brian: it sounds like there are set expectations about what they will bring to the table.
  - o Jim: Yes. I prep new people beforehand. And they might not stay for the whole meeting.
  - o Ehren: Intake form sets expectations about trimming down information.
  - o Jim: Keeping information just to need-to-know. Key pieces of info: Disabilities, Veteran, VI-SPDAT, Length of time homeless
- Monica: How often do you hold meetings?
  - o Jim: Every Wednesday 1-2pm.
- Ginny: Have you ever done it over the telephone? How to make it productive over the phone?
  - o Jim: We're growing into that. Just begun to staff Beaufort county. This meeting is going to have to morph.
- Ginny: We maintain large waiting list. How do you determine who to focus on?
  - o Jim: We go through waiting list on weekly basis. 15-20 names.
- Tawanda: Who completes VISPDAT?
  - o Jim: Five or six people who are willing to do VISPDAT as needed.
- Brian: can you talk about how you've seen the change in flow in the system?
  - o Jim: We've become much more effective at directing people in the right direction with this meeting. It's deeper than just connecting people, we're staffing them in the right resource for them.
- Tawanda: We have problems with being very rural.
  - o Jim: We're dealing with the same dynamic. It's just hard work. We've done outreach with all the DSS's. We've done outreach with the Housing Authorities. We've held meetings to increase awareness.
- Tawanda: How many counties are involved?
  - o Jim: It's been in Pitt county in Greenville historically. The vision is to create similar meetings in all counties. But until then we'll staff them in Greenville. We've identified key players in all counties. We have a vision of what this needs to look like.
- Monica: Who keeps the waitlist? And how?
  - o Jim: I chair the meeting and I keep the waitlist in excel. I keep hard copies of applications. I update it every week with notes etc. That system needs some work.
- Monica: When you staff people, do you staff all of them or just the higher numbers?
  - o Jim: We staff everybody that we have, since it's only 15-20 people.
- Ehren: Is anyone doing it differently?
  - o Tawanda: We've just started. We were meeting monthly. We're going to start meeting different frequencies.
  - o Kristen: We do more clinical case conferencing. That's a challenge – focusing on housing only and not focusing on all the clinical stuff.
- Monica requested the intake forms from Region 12.
- Monica: Our meeting is in person and over the phone. It works well. Since waitlist is on google docs they can follow along.

Nicole Purdy then presented on how we will start moving CA Systems into HMIS:

- We'll be having each region fill out a work flow document. To get a good idea of your current system so we can map it onto HMIS. We'll be working with each regional individually.
- We'll be having a call beginning of next month to talk through the key pieces you need. We'll be creating template documents. We'll eventually get sharing and process up and running, which will be different in each region.
- We'll be building a CA assessment in HMIS. That will populate a by name report by each region. We'll have rough draft to share next call. We want to hear what makes sense for you.
- Sharing: Sharing depends on the functionality you want. But you will be sharing information across agencies. It's additional sharing for things like referrals. This means there's a specific sharing document, a specific ROI, etc.
- Start talking about this in your regions now and we're happy to help with the community conversations about data and sharing.