

Data Collection Committee Minutes

Date and Time

Tuesday, April 18th, 2012 11:00AM-12:00PM

Location

Norris Cotton Federal Building, 275 Chestnut Street, Manchester, NH, 3rd Floor, HUD Conference Room

Attendees

Casey Krafton	Cathy Kuhn	Kyle Beaulieu	Katie Simpson	Mark Stokes
Susan Howland	Greg Schnieder	Elise Annunziata	Stephanie Savard	Teresa Lombardi
Candace Cappio Gebhart				

Purpose of the Workgroup

- CoCs have been tasked by HUD (through the HEARTH Act) to develop a coordinated assessment system.
 - We need to find a way to more effectively serve our clients.
 - We need to assess all clients in a standardized way.
 - It needs to cover a clearly designed geographical area.
 - It also needs to be easily accessible and advertised.

Benefits to Coordinate Assessment

- It prevents the clients from having to call around.
 - It is less of a burden on them.
- It will create easier access to services.
- It will streamline referrals.
- It will help providers to prioritize and target the client's problems more effectively.

Types of Coordinated Assessment

- It will look different depending on the community.
 - Centralized Assessment: Clients would go to one specific location.
 - We would have 1 or 2 staff doing the assessments.
 - There's a guarantee that it would be done consistently.
 - We could have one location for singles and one location for families.
 - Decentralized Assessment: Offers clients multiple locations to seek services.
 - Various agencies would be doing the intake/assessments.
 - All agencies would have to agree on how to do the assessments.
 - They would need to use the same criteria and access the same resources.
 - This is often used in big cities when it's hard for everyone to get to the same location.
 - It is also used in rural areas where there is no public transportation.
- The easiest thing for those outside the traditional system would be one centralized place to refer people to, versus multiple locations.
- We need special consideration for domestic violence situations.
 - We could send them to the YWCA.
 - Or hire someone specifically trained to handle those types of situations.

How would the system look in our city/region?

- The State of NH has developed a committee to see how centralized assessment would look on a state level.
- 211 would serve as the initial intake point for everyone across the state.
 - Next 211 would direct the person to a regional assessment system depending on their location.
- We are going to have to trust that the assessment is getting done effectively and that they're collecting all the information needed.
 - Individual agencies will still catch things later that need addressed.
- We are going to have to create policies.
 - Can agencies refuse to take someone?
 - What are the policies and procedures for assessment?
 - If someone shows up at the agency before going through the initial assessment, does the agency take them or require them to call 211?
 - We don't want to turn people away.
 - Perhaps keep them for the night and have them start the assessment the next day.
 - Will all agencies have access to the assessment tool?
 - Which assessment tool will we choose to use?
 - Next year's VISTA will guide the MCoC and help develop these policies.

What does our current intake system look like?

- 211 has their own intake system.
 - They collect name, phone number, location (where they were last a resident), date of birth, family members, income, and where they have been staying.
 - There is a big variation on how clients are handled.
 - It would be nice to have a follow up with these clients after the referral.
- Each agency has its own intake system.
- Families in Transition is more likely to give them referral information over-the-phone to call themselves.
 - If they show up at the shelter, they will often call around for them.
- New Horizons is more likely to have people show up with no place to stay.
 - They don't receive as many phone calls.
- The most popular sources of intake/points of entry are:
 - City welfare, New Horizons, the Center, The Way Home, Families in Transition, and churches.

What is missing from our current system?

- We lack communication with churches.
 - Some are very involved; others don't want to get mixed up with providers.
 - Faith-based groups do hold a regular meeting at the Center.
- We need to improve communication with homeless liaisons at the schools.
- We need to reach out to local hospitals.
 - People are being discharged into homelessness.
 - Health Care for the Homeless is doing a pilot program at CMC to divert people from being discharged into homelessness.
 - They are trying to get into Elliot as well.
- We need a better connection to domestic violence providers.
- There is no communication between agencies.
 - We are unaware of what other agencies have available or even what they do.

- We need to be more consistent with our referrals.
- It would be nice if the centralized assessment system staggered hours.
 - We could have someone there during the day and someone at night.

How are we working with outreach currently?

- 211 often refers people to Roger (Southern New Hampshire Services).
 - He receives general intake information from 211.
 - He calls the clients back and works with them – directing them to the needed services.
- City Welfare is a challenge.
 - Sometimes outreach workers have to attend meetings with their clients.
- There are holes in communication with jails and hospitals.
- There seems to be good and open communications among providers, however.
- This process could free up time for outreach workers to actually do outreach.
 - Less time going to meetings and advocating for clients.

Next Steps

- Who will lead the coordinated assessment system process?
 - We need to establish a Task Force.
 - Anyone receiving NOFA funding needs to be involved in the process.
 - Should Leadership assign people or have volunteers?
 - Leadership will establish who should be on this committee.
 - They will send invite out to individuals/agencies.
 - If anyone is interested, reach out to Cathy (or another Leadership member).
 - Need an outreach worker, 211, New Horizons, HMIS (if possible), The Way Home, and Families in Transition.
 - Volunteers are also welcome.
- We need to discuss our resources for doing this.
 - Research what other states have done in the past.
 - This will look differently depending on the money available.

Minutes Prepared By

Katie Simpson

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