



CORE Committee Agenda

Thursday, March 3, 2022 1:00 pm- 3:00 pm

Zoom

1. Introductions (make sure attendance is taken); Johneisha Prescott, Kaci Tobin, Don Hammes, Torrie Kopp-Mueller, Takisha Jordan, Angela Jones, John Adams, Kim Sutter, Patrick Duffie, Courtney Spears, Sarah Lim, Jenna Wuthrich, Dominique, Christian, Brenda Konkel, Katie Spaeth, Raychelle Freeman, Jasmine Hill, Erin Kollenbroich, Jenna Jacobson, Gloria Reyes, Karen Andro, Michelle Hemp, Tara Barica, Michael Moody, Ben Li, Chelsey Myhre, Skyler Van De Weerd, Kirsten Conrad
2. Announcements/Walk on items
3. Update on February [action items](#)
 - a. Coordinated Entry FAQ document – Sarah
 - i. Google doc out to HSC, received 24 questions back, answer what she can, then reach out to ICA to finalize doc, goal is to get a draft to Katie S before next CORE meeting, may take a few months to get finalized doc out to HSC
 - b. Email language to send to folks inquiring about CE – Torrie
 - i. Draft email complete– will send to CORE members as Google Doc to add comments, as needed
4. [Access to Coordinated Entry](#) – Outreach makes referral
 - a. Who is doing the outreach?
 - i. Funded outreach? City of Madison funding with Mach One and CFC, also ESG CV funded Urban Triage – ends June 30th for city funded part, agency has plans to continue, Briarpatch – Runaway Youth Federal Grant, Tellurian – State path funds, out reach for those with Mental Health, VA, Meriter – funded by hospital foundation; Kabba Recovery services – grant that also ends soon; FSSF
 - ii. Kim asked for update on what team’s outreach looks like now, compare to past
 1. MACH1 – east of capitol, and north, outreach where they are at, parking lot, woods, city parks, hwy 30; size of team 4 FT, 2 PT housing navs, 2 PT with lived experience – including nurse to help with hospital discharge follow up
 2. CFC- downtown, spot locations (take referrals from CARES, police) anywhere in city limits, 5-10 M-F, support resources doing CCS intakes to get connected to CM, documentation for CH at beacon safe haven and men’s shelter, team size: 7 doing outreach
 3. Tellurian PATH – 2 outreach workers FT, 2 PT night outreach, no set regions, have places that they have good relationships with, referrals

from detox, Journey, crisis services, etc., partner with Kabba to focus on SA issues

4. Urban Triage – 2 team members, downtown 3x a week – FUMC, beacon, ywca, walk-ins, get referrals from city, no specific region, outreach at YWCA to help with CM, housing search, etc.
 5. Briarpatch – focused on school outreach, working with TEP and Beyond the Classroom grant, 3 outreach staff, middle and high schools are specific target
 6. Meriter – 2 outreach, discharged from hospital
 7. FSSF – extended out of downtown area, Reindahl, HWY 30, contracted with city to fund respite hotel for extreme weather, most of funds come from fundraising
 8. LSS – off the square club
 9. Connecting the Dots
- iii. Are there any Medicaid programs/County funded programs that should be a part of outreach?
1. Focus?
 2. Would CCS fall into this category?
 3. County working on RFP to fund outreach services
 4. Journey Crisis probably the closest Medicaid funded agency to provide some type of outreach in mental health capacity
 5. Recovery Coalition System Change group – working on access to MH services, convos around how do we get info out to those unsheltered, no regular effort happening yet, large part of this is BHRC that opened last year
 6. Some of these agencies (Journey CSP) are meeting people where they are at, but because of the CM relationship aren't able to provide resources like outreach would be able to provide
- iv. Grassroots/informal outreach
1. Bethel
 2. FUMC – outreach partnered with MachOne, partnerships is the main focus of outreach
 3. Many that pop up in crisis that serve meals or provide informal services – How are these groups mobilized? No specific agency, point people that bring other activists together
- v. Other Systems?
1. Park Rangers
 2. City Street – not as frequent as parks dept., goes to Sarah Lim
 3. Safer Communities – can go out to provide MH, peer support to those unsheltered, seem very flexible and a great resource
 4. Peer Support Specialists
 5. Vivent Health – harm reduction focused
 6. Police

- vi. Who is represented on outreach teams? Are they reflective of the community they are trying to serve?
 - 1. Lived Experience important, is represented on multiple teams
 - 2. Representation within Black/ Latinx community – specifically undocumented residents (population continues to grow and is a silent community that experiences many challenges)
 - 3. Low pay for outreach workers can sometimes limit those who can afford to be in a role as outreach
- vii. Where are you outreaching to? Are there gaps in coverage?
 - 1. Safe Haven, Bethel, OTSC – many go there during the day, but are necessarily connected to shelter/homeless agencies/CE beyond that
 - 2. Men’s Shelter – so hard for one CE staff member to get to large pop of men that stays each night
 - 3. VA – working with them but may not have gotten a VI-SPDAT
 - a. ICA discussed the reason for limiting who does VI-SPDATS, encouraged agencies to reach out if interested in having CE trained person on site, making sure everyone is administering the same way
 - b. Addressed past issues of people being assessed multiple times, especially those who did not have HMIS access
 - 4. Car campers, south and west side – not a good system in place to help get those in these pop resources and services
 - a. Brochures to business to hand out brought up as suggestion
 - b. Was there one already made by the County that we could bring back? Jenna updating doc
 - 5. Those who fall in and out of literal homelessness week to week
 - a. Noted by school district as a concern, as well
 - 6. Folks biggest complaint is that they play phone tag with CE
 - a. Can CE VMs connect more with outreach workers to find people quicker if unable to connect with person via phone
 - b. Check clarity to see if connected to outreach agency, but may be challenging depending on what info left in the message
 - 7. Idea brought up of having centralized number for outreach – for referrals, those in need, that would be checked by one person and disseminated to appropriate agency, easier to follow up on requests and avoid two agencies doing the same work – avoid folks who need services feeling like they are running around in circles
 - a. Is 211 a way to get this up and running quickly? Angie happy to talk with staff to see if there may be capacity, somewhere there to answer call 24/7 – so never leaving VM, but an opportunity that is available. Make sure whatever is decided that 211 is aware to make the appropriate referral. Barrier is no HMIS access – but could be resolved
 - b. Phone Tree

- c. Noted that we would not be able to “create” a new position, so how can we think about existing systems and how to incorporate – one email address that gets distributed to all outreach providers
 - d. Lived Experience perspective – tapping into tech, put into short form instead of just VM to limit time someone has to tell their story – perhaps app, link, just another option besides leaving VM
 - viii. Who is being outreached to? Represented/Underrepresented?
 - 1. Families who are not utilizing shelter, car campers, back and forth to doubled up – who is working with these families?
 - a. Urban Triage – comes to family meetings and address those who are unsheltered
 - b. Peer Support specific to those families experiencing homelessness, work as mediator/support, need mental health support
 - 2. Families who may be suspended from shelter
 - 3. College students
 - a. YAB member who is working to make connections with UW students -Torie has meeting with UW next week
 - b. UW Social Justice Hub Housing Equity
 - c. Latinx – silent population, language barriers
 - b. Review of findings from [2019-2020 CE Evaluation](#) related to Access
 - i. Need for increase in “outreach case managers”
 - 1. Focused more on housing placement/housing barriers/housing search in addition to basic needs
 - 2. Documentation for CH – been making progress on this need, being a larger focus lately
5. Identify action steps, responsible party and timeline – be sure to keep this realistic!
 - a. Update Dane County resource brochure - Jenna
 - b. Outreach dispatch Hub – Takisha, Kaci, Angie, Jenna J.
 - i. Identify Issue and how solution addresses those issues
 - c. Peer Support specific through homelessness
6. Next Meeting: Thursday, April 7, 2022 1:00 pm- 3:00 pm

Topic: Coordinated Entry Process - Initial Requirements & Assessment Tool

 - o Are any documents required?
 - o Must someone come into the office?
 - o Who’s administering the tool?
 - o What is being measured with the tool?
 - o Who’s getting assessed?
 - o When is the tool administered?
 - o How long is the tool?

[Need: Co-Facilitator and Notetaker](#)

If you need meeting materials in another format, please contact Torrie Kopp Mueller at tkoppmueller@cityofmadison.com.