

**Minutes of the
Homeless Continuum of Care of Stark County's
May 25, 2016 Central Intake and Assessment Committee Meeting**

Attendance. The following members of the Central Intake and Assessment Committee attended the meeting: Frank Aquino; Renee Biggums; Amy Dornack; Denise Hollenbach; Jennifer Keaton; Cathy Jennings; Teresa Ponchak; Shirene Starn Tapyrik; Nellie Rogers; and Jean Van Ness.

Documents Reviewed. Jean Van Ness, chair of the Committee, called the meeting to order about 10 a.m. Before the meeting, Jean distributed the following five documents to committee members for their review: the minutes of the Committee's April 27th meeting; the draft of a policy on Recipient Recordkeeping Requirements; the newest version of the HCCSC's *Central Intake and Standardized Assessment Guide* (the Guide), reflecting changes approved by the Committee at its April 27th meeting; the latest version of the HCCSC's *Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance* (the Eligibility and Prioritization Policies); HUD Notice CPD-14-012; and HUD's final rule defining "chronically homeless" and establish recordkeeping requirements for projects serving the chronically homeless. These documents were discussed during the meeting and the following decisions were made with respect to each:

Minutes of April 27th Meeting. **Motion:** Jennifer Keaton moved that the minutes from the Committee's April 27th meeting be approved, and Shirene Starn Tapyrik seconded the motion. The motion was approved by a unanimous vote of those present.

The Guide. The following sections of the guide were discussed:

- **Section II.B. regarding pre-screening for presence of domestic violence.** Denise Hollenbach asked that the name of Domestic Violence Project be corrected to read "Domestic Violence Project, Inc." She also suggested (1) that this section be amended to reflect the fact that DVPI also works with survivors of human trafficking and (2) that we check with Alliance Area Domestic Violence Shelter to determine whether they, too, work with victims of human trafficking.
- **Section II.D.3.c regarding special intake protocols for victims of domestic violence.** Denise also suggested that the reference to "victims or alleged victims of domestic violence" in this section be changed to "self-reported victims of domestic violence."
- **Section V regarding procedures for admitting applicants to housing projects.** There was consensus that, instead of including recordkeeping requirements in this section, the section should simply refer to the separate recordkeeping policy that Jean has developed and will present for approval at the Committee's next meeting. The section should also include a requirement that providers upload to HMIS all documents proving a client's eligibility.
- **Section VI on transferring clients from one permanent housing project to another.** Jennifer noted that, after considering the matter, the Quality Assurance Workgroups decided that this transfer policy should apply only to transfers between PSH projects, not between RRH units or

RRH and PSH units. Jean will make this change, and the workgroups will be consulted for guidance in developing a separate policy for RRH transfers.

The Eligibility and Prioritization Policies. The following sections of the Eligibility and Prioritization Policies were discussed:

- **Section III. B. 1. regarding eligibility for prevention services.** Teresa noted that the Hotline has been referring people for prevention services even if they have scores below the minimum specified in Section III.B.1.h. There was discussion about the fact that a minimum score was established at the time these policies were adopted because there were insufficient resources available for prevention, and there was consensus that these resources should be used to help people with higher needs, as reflected in their SPDAT scores. Committee members also noted that the recent decision by the Ohio Development Services Agency to target Homeless Crisis Response Program grants to rapid re-housing (RRH) rather than prevention means that, in the immediate future, there will be even less money available for prevention than heretofore. With these facts in mind, the Committee agreed that the minimum scores specified in Section III.B.1.h. should be enforced.
- **Section III.B.2 regarding prioritization for prevention services.** Teresa and Jennifer noted that it would be worthwhile to go through the list of households referred for prevention services to determine who ultimately received services and why. They noted that a quick review of that list yielded no obvious explanations for why some people were served and others were not. There appeared to be consensus that Teresa and Jennifer should have a discussion with Tiffany and Celeste at CommQuest to clarify their practices. Thereafter, the Committee would review those practices to ensure that they are nondiscriminatory and are based on principles that can be clearly articulated so as to avoid the appearance of arbitrariness.
- **Section IV.E. regarding impermissible reasons for shelters to deny or terminate services.** Continuing the discussion of this section that began at their April 27th meeting, Committee members appeared to reach consensus that none of the following documentation should be required, either explicitly or implicitly, as a condition of providing shelter: ID, birth certificates, or papers proving that any adult, male or female, has custody of the children with whom they present for shelter. Jean will examine this section and determine whether language should be changed or added to clarify these rules.
- **Section VII.A. regarding eligibility for RRH.** Jennifer noted that the maximum SPDAT score specified for individuals qualifying for RRH was erroneous and should be 34 rather than 39. Jean will make that change.
- **Section VIII.A. regarding eligibility for transitional housing.** Jennifer noted (1) that the maximum SPDAT score specified for individuals seeking transitional housing (TH) was erroneous and should be “above 34” rather than 39 and (2) that the TH programs pull people from the bottom of the PSH range. Jean will make that change.

- **Section IX.B.1 on prioritization of PSH beds dedicated to or prioritized for the chronically homeless.** Committee members agreed that the final rule defining “chronically homeless” issued by HUD in December 2015 did not require changes to either Section IV.B.1.a. or Section IV.B.1.b. However, because Section IV.B.1.c. and Section IV.B.1.d gave priority to individuals and families that no longer qualify as “chronically homeless” under HUD’s final rule, there was consensus that these sections should be eliminated.

There was also consensus that, in practice, HCCSC is operating in a manner consistent with Sections IV.B.1.a. and IV.B.1.b.

- **Section IX.B.2 on prioritization of PSH bed not dedicated or prioritized for the chronically homeless and for beds dedicated or prioritized for the chronically homeless when no chronically homeless can be identified.** Jean noted that HUD Notice CPD-14-012 recommends the inclusion in written standards of a policy that would allow a recipient of CoC funding for PSH not dedicated or prioritized for the chronically homeless to offer housing to the chronically homeless first and, where there are no chronically homeless, prioritize households in a “non-discriminatory manner” that gives preference to those that “benefit the most from PSH, beginning with those most at risk of becoming homeless.” Currently, our policies require all PSH to prioritize the CH, where there are no CH, prioritize on the basis of SPDAT scores first and length of homelessness second. There was some discussion about whether this complied with HUD guidance.