

**Minutes of the
Homeless Continuum of Care of Stark County's
January 24, 2017 Central Intake and Assessment Committee Meeting**

Attendance. The following members of the Central Intake and Assessment Committee attended the meeting: Amy Dornack; Margaret Egbert; Amanda Fletcher; Jennifer Keaton; Tracey Lane; Teresa Ponchak; Shirene Starn Tapyrik; Lisa Waikem; and Jean Van Ness. Also present was HCCSC's new executive director, Kurt Williams.

Approval of Minutes. Jean opened the meeting shortly after 10 a.m. and requested a motion to approve the minutes of the Committee's November 14, 2016 meeting. Margaret made the motion, Teresa seconded it, and the motion was passed by a unanimous vote of those present.

Disability Verification Form. The Committee discussed the version of the disability verification form that had been distributed to members before the meeting. (See attached.) This version included modifications that committee members had proposed at their November 14, 2016, meeting. At that meeting, committee members had voted to approve the form on the condition that those modifications were made and the form, with agreed-upon modifications, was approved by Anthony Forte and Ebony in HUD's SNAPS office. After the meeting, Natalie made the modifications and received approval of the form from Anthony. Accordingly, Jean had solicited and received Board approval of the form at the Board's December 13th meeting.

Committee members discussed the fact that individuals filling out the form found it so confusing that, in some cases, they were providing contradictory information to questions posed. Various suggestions were made for modifying the form to clarify the meaning of various questions. Ultimately, however, there was consensus that revising the form and, once again, seeking approval of it from Anthony and HUD's SNAPS office would be more trouble than it was worth. Instead, Committee members decided that the solution was to prepare directions for filling out the form.

Motion: Teresa moved that the Committee prepare directions for filling out the form. Amy seconded the motion, and it was approved by all Committee members who were present with the exception of Margaret Egbert, who abstained.

Amy, Shirene, and Jennifer all indicated that they would help prepare the directions.

HUD's Recently Released Forms and Guidance on Documenting Chronic Homelessness. Jean reminded Committee members that, during their last meeting, they had agreed to seek technical assistance (TA) from HUD to help CoC providers understand how they were expected to document chronic homelessness. She noted that, shortly after that meeting, HUD had released (1) a flow chart detailing the steps to be taken in determining whether a person is chronically homeless and (2) a sample form that providers could use along with specified attachments to document chronic homelessness. Jean indicated that she thought the chart and form were very helpful and asked Committee members whether, given this new HUD guidance, they still felt that TA was necessary.

There was considerable discussion about what various providers were doing now and whether providers should begin to use the sample form provided by HUD or some variation of it.

Motion: Jennifer moved that HUD's sample form (see attached) be adopted by the Continuum for use by all providers required to document chronic homelessness. Shirene seconded the motion, and it was approved by all Committee members who were present with the exception of Margaret Egbert. Margaret indicated that she would advise modifying Part 3 of the form to eliminate the apparent requirement for providers to check of a specific diagnosis.

Veterans' Task Force Request to Give Higher Priority to Veterans. The Committee next discussed a letter Amanda had submitted on behalf of the Veterans' Task Force, asking the Continuum to give veterans higher priority in housing programs. (See attached letter.) While some members expressed the view that veterans should be given higher priority, others expressed reservations based on the following:

- We have a very small number of veteran households on our prioritization list currently.
- Family and Community Services and the Veterans Services Commission have both indicated they will be starting new RRH programs for veterans imminently. With those programs in place, it seems unlikely that we will need to give veteran households priority in other RRH projects to ensure that the RRH needs of local veterans are served quickly.
- As far as PSH is concerned, HUD is encouraging (but essentially mandating) that CoCs follow the prioritization rules announced in Notice CPD-16-11, which specify that persons with the longest histories of homelessness and most acute service needs should be prioritized for PSH beds. Giving preference to veteran households over households with longer histories of homelessness and more acute needs would contravene this guidance.

This discussion segued into a discussion about the advisability of conducting a comprehensive review of central intake and assessment and prioritization policies in light of our two years of experience with these policies and the new requirements for central intake and assessment systems outlined in Notice CPD-17-01, which HUD released on January 24th. Ultimately, there was consensus that any decision about changing priorities for veterans should be made in the context of this more comprehensive review of all our policies.

In the meantime though, the Committee agreed that it would be appropriate for Jennifer and Lisa to come up with a rule to be applied in purging the list of homeless veterans awaiting housing. Lisa advocated for such a rule, arguing that it was necessary to help the Continuum determine how close it was to reaching functional zero. Although not wanting to understate the number of veterans awaiting housing, Lisa has been concerned about keeping on the prioritization list veterans whom she has been unable to contact and who have made no contact with her for several months.

Comprehensive Review of All Central Intake Policies and Procedures. The Committee discussed the possible need for a comprehensive review of all central intake and prioritization policies and procedures. Teresa suggested that a workgroup be formed to consider how to conduct this review and what topics should be covered. All Committee members volunteered to serve on this workgroup, and Teresa indicated that she would also like to involve Scott Schnyders. Jean indicated that she would conduct a Doodle Poll to determine a date and time for the first meeting of this group.

Various Committee members mentioned topics that they thought should be addressed during a review of policies. They included the following:

- How to handle people who have cycled through the system more than once. Should there be an end to the help that we give people?
- The increased number and types of housing projects available (e.g, HAP, CABHI, etc.) and the challenges that poses to maintaining and administering a single prioritization list.

Rapid Re-housing Policies. In preparation for the meeting, Committee members received a chart prepared by Amanda reflecting the substance of various policies governing RRH that she and Tracey were recommending for CoC adoption. The Committee asked various questions about the recommendations, and Jean indicated that she would make specific changes to existing policies to reflect the recommendations before asking the Committee to vote on the changes.

During this discussion, Teresa asked whether RRH project staff could re-administer the SPDAT to clients before they exit RRH to determine whether, during the program, clients' needs had been addressed and whether they were leaving the program less vulnerable than when they entered it. Jean also asked about the possibility of using as a performance measure for RRH projects their success in exiting clients into affordable housing, that is, into housing that cost less than 50 percent of their income.

Amanda and Tracey both indicated that it would be difficult for their staff to find time to do this. However, Teresa suggested that it should not take a great deal of time given the level of familiarity that RRH staff should have with their clients by the time they exit the program. Amanda suggested that, at the very least, this new requirement should not be imposed until HMIS problems are resolved since, as things stand now, dealing with those problems consume a lot of extra staff time.

Old Business. None.

New Business. Teresa reminded the Committee of the general rule that clients must be in Stark County for at least 60 days before they are eligible for any of the Continuum's housing projects, and she asked members whether they believed that an exception to this rule should be made for victims of domestic violence who had been relocated to Stark County out of concerns for their safety. During the discussion that ensued, the following points were made:

- After an initial period of separation, victims of domestic violence (DV) often go back to the situations from which they came.
- If DV victims are relocating due to immediate safety concerns, they'd be safer remaining in a DV shelter for a period of time rather than relocating to unprotected housing within the community.
- The requirement that households demonstrate their resolve to remain in Stark County is just as important in the case of DV victims as it is in other cases.

Ultimately, a consensus developed that there was no reason to create an exception to the 60-day rule for DV victims.

Adjournment. There being no further business, the meeting was adjourned around noon.