

**Minutes of the  
Homeless Continuum of Care of Stark County's  
April 27, 2016 Central Intake and Assessment Committee Meeting**

**Attendance.** The following members of the Central Intake and Assessment Committee attended the meeting: Renee Biggums; Amy Dornack; Margaret Egbert; Amanda Fletcher; Jennifer Keaton; Natalie McCleskey; Teresa Ponchak; Shirene Starn Tapyrik; Caroline Jones; and Jean Van Ness.

**Approved Changes to Central Intake and Assessment Guide.** Jean Van Ness, chair of the Committee, called the meeting to order about 8 a.m. Jean reminded Committee members that a transfer policy had been approved by the Committee through an e-mail vote conducted just after the Committee's last meeting. Subsequently, Jean incorporated that policy into an amended version of the HCCSC's *Central Intake and Standardized Assessment Guide* (the Guide) that would be reviewed at the current meeting. That version of the Guide also included changes Jean had drafted to conform to the consensus reached on various matters at the Committee's last meeting. The changes approved by the Committee following its review of Jean's drafted changes included the following:

- **A new section, Section IV.B.3. was approved to read as follows:**

*Documentation by Shelter of Refusal to Admit or Retain Referred Client. In the event that a shelter refuses to admit a client referred to it or expels a client after admission, it must note the reasons for its action in HMIS.*

**Motion:** Teresa Ponchak moved that this change be adopted; the motion was seconded by Amanda Fletcher and approved by a unanimous vote of those present.

- **Section IV.C. was re-titled and expanded to include a new section IV.C.1. Under this new version of Section IV.C., the language of the former Section IV.C. was retained as a new section IV.C. 2.** With these changes, Section IV.C. reads as follows:

*C. Creation and Required Use of the Prioritization Lists by Housing Projects*

1. *Creation of Prioritization Lists. For all categories of housing, the Hotline will create a list of clients awaiting service that will be accessible online to housing projects. On that list, clients will be prioritized for service as follows:*
  - a. *Clients who have been verified as chronically homeless will be placed at the top of the list in descending order based on their SPDAT scores so that clients with higher SPDAT scores will receive a higher placement on the list; and*
  - b. *All other clients will be placed on the list in descending order based on their SPDAT scores.*
2. *Provider Use of Prioritization Lists. To the extent they can do so without violating applicable legal or funding restrictions, rapid re-housing, transitional housing,*

*safe haven, and permanent supportive housing projects receiving Continuum of Care, Emergency Solutions Grant, or Ohio Development Services Agency funds as well as other cooperating projects should offer available units only to clients on the central prioritization list and only in the order in which they are ranked on that list. (Certain exceptions to this general rule are explained in HCCSC's Policies Governing Eligibility and Prioritization for CoC Assistance and Standards for Administering Assistance.)*

**Motion:** Jennifer Keaton moved that these changes be accepted; the motion was seconded and approved by all those present with the exception of Margaret Egbert, who opposed the motion.

**Approved Changes to Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Receiving Assistance.** The Committee also reviewed and approved changes that Jean had drafted to *HCCSC Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance* (the Eligibility and Prioritization Policies). These included the following:

- **Section IV.C. was amended to refine and clarify permissible reasons for excluding or expelling clients from shelter, and a new section IV.D was added so that Sections IV.C. and IV.D read as follows:**

*C. Permissible Reasons for Excluding or Expelling Clients from Shelter. Shelters may deny admission or terminate service to clients for any of the following reasons:*

- 1. Needing medical services that the shelter is not equipped to provide;*
- 2. Exhibiting violent or aggressive behavior that suggests that they may be a danger to others;*
- 3. Exhibiting behavior that suggests that they may be a danger to themselves;*
- 4. Bringing illegal drugs or alcohol onto the premises;*
- 5. Violating fire or other safety rules; and*
- 6. Failing to appear at a shelter to which they have been referred or failing to make use of a shelter bed assigned to them.*

*D. Ten-Day Time-out Rule. In the event that it declines to admit or expels a client for permissible reasons, a shelter may exercise its discretion to refuse to admit or readmit the client for ten days. Longer periods of exclusion must be justified by compelling facts and circumstances.*

**Motion:** Margaret Egbert moved that these changes to Section IV be adopted; the motion was seconded by Natalie McCleskey and passed by a unanimous vote of all present.

- **Section VI.B. regarding prioritization for safe havens was amended to read as follows:**

*B. Prioritization for Safe Havens.*

1. *In General. In the event that there is a waiting list for safe haven beds, individuals will be prioritized for vacancies in the HCCSC's safe haven by SPDAT score so that persons with the higher SPDAT scores are admitted to vacancies before persons with lower scores.*
2. *Prioritization of the Chronically Homeless and Veterans. In filling vacancies in the safe haven, both chronically homeless persons and veterans will receive priority over other individuals of equal acuity (as measured by SPDAT). In the event that there are chronically homeless persons and veterans with equal acuity, the chronically homeless persons will receive preference over the veterans.*

**Motion:** Teresa Ponchak move that these changes to Section VI.B be adopted; the motion was seconded by Amanda Fletcher, and passed by a unanimous vote of all present except Margaret Egbert, who opposed the motion.

**Other Matters Discussed.** During the course of the meeting, Committee members also discussed the following matters:

- The Committee once again reviewed the transfer policy that had been approved by e-mail vote and appeared in the new version of the Guide as Section VI. (Jean noted that, in the amended version of the Guide received by the Committee, she had mistakenly labeled the new transfer section Section IV when it should have been VI.) There was some discussion about whether the transfer policy should cover all “permanent housing,” including both PSH and RRH, as reflected in the new version of the Guide, or whether it should only cover PSH. Eventually, there was consensus that there should be no change from “permanent housing.”
- There was consensus that agencies must ensure that they have the necessary documentation to substantiate the homeless and chronically homeless status of clients they admit to a project and must upload the documents supporting their determination to HMIS. There was also consensus (1) that PATH staff should be doing this as well and (2) that Hotline staff would make the final determination of whether the documentation was sufficient to prove chronically homeless and homeless status.
- There was discussion about the need to see who has been housed and where they’ve been housed and to ensure that agencies are pulling the most vulnerable from the prioritization list. There appeared to be consensus that providers are definitely making an effort to engage and serve those who are most in need.
- There was some discussion about whether we’re prioritizing people for PSH in a way that conforms with CPD-14-012. Jean indicated that she wanted to discuss this more during our next meeting.
- Jennifer and Teresa noted that they had followed up with StarkMHAR about the need to provide regular training about the HCCSC and its projects for incoming case managers. Since there is no easy way to do this given the frequent turnover in case managers, it was agreed that, perhaps, it would be best for the HCCSC to develop a booklet that could be given to new case managers.

There was also some discussion about developing a listserv of case managers and a Facebook page with tips for case managers.

- Teresa noted that she was planning to develop a schedule of trainings for providers about various central intake and assessment topics. Her plan is to begin offering these trainings during the last half of 2016 and to develop PowerPoint presentations and FAQs in connection with each one. Another possibility would be to hold “one big class,” videotape it, and post it online.
- Shirene announced that, starting in May, A-FIRST will host onsite a weekly health clinic with medical staff provided by a new Federally Qualified Health Center.
- There was some discussion of the propriety of shelters requiring ID as a condition of service. There appeared to be consensus that, as reflect in current Eligibility and Prioritization Policies, ID should not be a prerequisite for services.

At this point, the meeting was adjourned.