

Central Intake, Assessment, and Prioritization Committee
Homeless Continuum of Care of Stark County
July 10, 2015

The Central Intake, Assessment, and Prioritization Committee of the Homeless Continuum of Care of Stark County (the Committee) convened on July 10, 2015, at the offices of the Mental Health and Recovery Services Board of Stark County. Present at the meeting were: Committee Chair Shirene Starn-Tapyrik and members Denise Hollenbach, Jennifer Keaton, Margaret Egbert, Cathy Jennings, and Carla Wright.

This was expected to be the first of several meetings in which the policies and procedures, which have guided the central intake, assessment, and prioritization system since last fall would be reexamined and revised, as necessary, based on lessons learned during the last several months.

The Committee began by looking at the *The Homeless Continuum of Care of Stark County's Central Intake and Standardized Assessment Guide*. The following changes were discussed:

- **Section I.A.** - As recommended by CSH consultant Susan Starrett, the Committee agreed that the numbered paragraphs in this section should be changed to bullet points to avoid suggesting that they reflect priorities.
- **Section I.C.** - The Committee agreed to adopt Susan Starrett's suggestion that we make clear in this section that the HCCSC Board has the final responsibility for making any changes to the central intake and assessment system. However, the Committee rejected Susan's suggestions that we consider adding one or more homeless persons to the Quality Assurance Workgroups. They decided it would be preferable to add to the Governance Charter and/or policies and procedures a requirement that the Central Intake, Assessment, and Prioritization Committee convene one or more focus groups of homeless or recently homeless persons at least annually to provide feedback on the central intake and assessment system from the consumers' point of view.
- **Section I.D.1.c.** - The Committee agreed that the Emergency Shelter Quality Assurance Group should also include outreach staff.
- **Section I.D.4.e.** – The Committee agreed to eliminate this section requiring Quality Assurance Groups to select a representative to sit on the Central Intake, Assessment, and Prioritization Committee because there were currently and, in all probability, would always be substantial overlap between the members of the Committee and the Quality Assurance Workgroups.
- **Section II.A.** - The Committee agreed to change the phrase “not eligible for services” to clarify that, by this, we mean people who have other resources or support networks they can turn to for help.
- **Section II.B.** – The Committee discussed this section, and, in response to questions by Denise, Jennifer explained what the Hotline does now to screen callers for domestic violence. There was a consensus that no changes would be recommended to this section.

- **Section II. C.-** The Committee discussed Susan’s concern that, in cases where diversion seemed appropriate, this section indicated that the Hotline should urge clients to “work independently to pursue other options available to them.” She thought that, at the least, the Hotline should refer clients to other agencies that might be able to provide help. Jennifer explained that the Hotline already does this.
- **Section II.D.2.-** The Committee agreed to substitute “SPDAT” for “standardized needs assessment” in this section.
- **Section II.D.3.-** The Committee discussed Susan’s questions about whether we require shelters serving domestic violence (DV) victims to have safety protocols in place and her suggestions that we (1) develop safety planning protocols for all shelters serving DV clients that are informed by protocols used by DV shelters and (2) require adoption by shelters of protocols for all clients that employ trauma-informed care. The Committee agreed that the State of Ohio’s basic shelter rules address these concerns by requiring shelters to have safety protocols in place and review them annually. Accordingly, there was consensus that no changes to this section should be made.
- **Section IV.D.2. –** The Committee agreed that the last sentence of this section should be changed to read as follows: “Diligent efforts” must be documented and must include, at a minimum, two attempts to use ~~available street outreach and~~ all available contact information and resources to notify any client that has been bypassed in favor of a lower ranked client and make reasonable accommodations to enable that client to complete the certification process.”
- **Section IV. E. 3 -** The Committee discussed how, under the current practices, a client on the central waiting list may become inactive within 6 months if there is no activity on the client’s case and no contact with the client. After some discussion, the Committee agreed that the Hotline should notify clients that, if neither a Hotline or provider staff member has called them about their case within 6 months and they have not contacted the Hotline to confirm their continuing need for shelter or housing, their cases will become inactive.