



## Homeless Continuum of Care of Stark County

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*No one should experience homelessness. No one should be without a safe, stable place to call home.*

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### **HOMELESS CONTINUUM OF CARE OF STARK COUNTY**

#### **Members Meeting**

March 23, 2015

Held at

Main Branch, Stark County Library

#### **In Attendance**

Please see attached sheet for members and guests in attendance.

#### **Call to Order**

Jean Van Ness, Chair of the HCCSC, called the meeting to order at 2:00 p.m. and welcomed everyone. She introduced new Board Member Mike Cody from Stark Metropolitan Housing Authority. Mike filled the vacancy left by Christina Tracy, who came on in January but since has requested to step down. Christina will serve on an as-needed basis to provide consultation in her field of expertise.

#### **Approval of Minutes**

**Motion:** Jennifer moved and Cathy seconded that the minutes from November 2014 Members meeting be approved as circulated. Motion passed unanimously.

#### **Changes to Homeless Management Information System**

Matt Hudas presented changes to the Homeless Management Information System (HMIS). The contract is in hand and has been vetted by legal. The Sisters of Charity Foundation made a donation and the money has been secured for the entire duration of the first contract. Next step is to get the PO in hand, signed and shipped. The next step would be to implement the project. The HMIS committee is the initial test group to help test the product to go live. A question was asked if there was any estimate on time from when you do the first testing to when other people will do the testing/training. Hudas answered that Adsystem gave a very aggressive timeline of about 90 days. That is from when the PO is signed until we can go live.

### **Update on the Hotline and Central Waiting List**

Teresa Ponchak thanked everyone for the effort to implement the Central Intake, which began roll-out 6 months ago. The Homeless Hotline has to collect HMIS/HUD data, assess clients and provide suitable referrals and placement on appropriate wait lists.

Some of the data over the last 6 months includes:

- 1,644 prescreens - of those, 513 were males, 387 were women, 344 were families, and 400 calls for registration information and questions.
- 291 individuals have entered shelter - of those, 148 were men, 70 women, and 73 families.
- 119 callers had solved their own housing issue before they could be placed in shelter.
- As of today, there are 60 individuals with no place to go - of those 15 were men, 33 were women and 12 families (also includes couples with no children).
- For those at risk of homelessness, as of today, there are 473 case numbers - of those, 143 are families, 182 women and 148 men.
- 14 veterans are on the various wait lists.
- 14 sex offenders are on the various wait lists.

Other updates:

- The goal for 2015 is to end veteran homelessness.
- The highest need for families is in the at-risk category.
- The issue with the sex offenders is very problematic as it is very challenging to find landlords that will rent to them and locations in unrestricted areas.
- Thanks to the Sisters of Charity Foundation, the phone system will be upgraded.

Populations/other issues we must still address:

- The discussion of those at risk of homelessness needs to be addressed at the committee level. If it is never addressed we will never end homelessness.
- Under the new system of priorities, there are a number of people who never get housed until they are chronically homeless.
- There is a gap in housing and services for high-functioning and low-functioning clients with autism and Asperger's who do not qualify under developmentally delayed. Families of these clients do not want them going to shelters but a lot of these clients have not tapped into the correct developmental disabilities groups. These concerns should be directed more toward developmental services.
- A comment was made that there are two more populations that need to be looked at: the "bridge burners" and the sex offenders. Teresa replied that the shelter system shouldn't be the only one looking at that, it's a larger issue, a housing development and affordable housing issue.
- A comment was made that another population that needs to be addressed is single women. That is an economic and educational issue. If that is one of the largest identified sub-populations it should be added to the list to be discussed.

Other Questions/Comments:

- A question was asked if the housing specialist concept should be moved to prevention if it's a burden on the hotline. Ponchak said that it's not necessarily a burden; it's an increase in calls due to the necessity for Central Intake. If all the programs were in one place, we could direct easier than giving multiple numbers for them to call.
- A question was asked regarding where we send homeless people who are sick. Ponchak said if they call the hotline they are sent to the ER. Once they start talking, most Medicaid social workers are helping to find housing. If someone is so sick that they cannot be at a shelter, then the homeless services are not the right place for them. They need to be in a medically supervised location. One of the jobs at the hotline is to ensure they are not placing people in the shelters that are not medically able to be there. A comment was made that we have heard in the past that Haven of Rest was able to accommodate some of these people better.
- A question was asked regarding what happens after 5 o'clock and on weekends if someone becomes homeless. Ponchak said that is not something for Central Intake and will defer that to the CoC. We do however have a policy. The phones are turned over to Crisis and are answered.

### **The Launch of Quality Assurance Committees**

Natalie McCleskey stated that three quality assurance work groups were started. Those three groups are: emergency shelter, prevention/rapid rehousing and transitional housing/permanent supportive housing. The work groups meet every month to get feedback on Central Intake and how it is working, what issues are coming up and what needs to be addressed. The groups are brainstorming different solutions, such as the issue with the hotline only being open certain days and hours. There is a lot to consider in the expanding the hotline hours, including additional staffing that would be needed and funding for that, shelters that would be available to do intakes 24/7 and additional beds at shelters. The list could go on. These groups are also developing recommendations for any policy changes for Central Intake and Assessment and for system performance recommendations.

### **The 2015 Point in Time (PIT) Count**

Carla Wright from ICAN stated that she oversaw the Point in Time count this year, and provided the following information:

- There was a training session that 19 people attended; that number was lower than previous years. She felt that was due to the fact that most know what to do with the count now, but reminded that someone should attend the training due to regulatory changes.
- There was a change to the survey this year in an increased effort to count the youth and especially parenting youth.
- Walsh University and Malone University got involved.
- In the area of chronic homelessness, there has been an impact: the number is going down, while permanent support housing numbers are going up.
- There were 37 volunteers this year. In addition to the service-based count at the agencies, there was also a street count. The service-based counts were done at five

sites: the Department of Job and Family Services, Refuge of Hope, Samaritan's Table at St. John's, The Alliance Food Pantry and the Stark County Main Library. There were 29 people covering those sites and the other 8 volunteers were placed in teams of four to cover the street count. The street count locations were a number of parks, locations that people report to the homeless hotline regarding where they have been staying, locations where the police departments have identified persons sleeping on the street, as well as the 24-hour businesses in town.

Jennifer Keaton, of the Homeless Hotline, stated that she does not have a final count yet. She is still waiting on some numbers and sub-populations, but did say the following:

- Street count is higher
- The at risk population is much higher
- Chronic numbers are holding steady and may be down just a little

HUD requires reporting of these numbers nationally by April 30, but will not accept them until April 1.

### **Preparations for the 2015 CoC Application**

Beth Pearson stated that the funding availability has not been received as of yet, and she anticipates that it will be released by May. The process has started and the grant eligibility worksheet has been submitted to HUD and has been accepted. There are 16 renewal applications that will be reviewed first before new applications are taken. She stated that the determination of which projects can apply for funding will not be made until the amount of funding is known, but everything is on track and ready to go.

### **Developments in Programming for Veterans**

Amanda Fletcher stated that Veterans Task Force meets every other month and the attendance has been good. At the last meeting it was announced that Stark Metropolitan Housing Authority has applied for additional vouchers, which brings the total number up to 50. The special Veterans campaign has raised around \$10,000. Family and Community Services of Portage County has agreed to expand their Supportive Services for Veteran Families (SSVF) grant funding to Stark County and has submitted that application. If that is funded, it will pay for two case managers for homeless veterans in Stark County. She stated that The Volunteers of America have also been in contact. They are interested in doing a housing development for veterans in Stark County. She reminded all present that there are currently 14 veterans on waiting lists at the hotline.

### **Efforts to Create a Coherent System of Homeless Prevention**

Shannon McMahon Williams from the Sisters of Charity Foundation stated the biggest effort in HP/EA this year is to look at the programs that exist and collaborate with the local agencies to adequately address the needs in the community. She discussed three major points:

- Current landscape of prevention and emergency assistance: she stated that she has reached out to current programs and collected information about each of them.

There is the Emergency Assistance Collaborative which is funded by the United Way, which has 6 local agencies involved. There are homelessness prevention programs at Community Services of Stark County and a new program at the YWCA. There are several other agencies that are independent and run programs.

- Issues and gaps that have already been identified in preliminary discussions: one example is the differentiation between what typically is called emergency assistance and what is typically called prevention. Another issue is the clients that return because they know they can get assistance once per year through most programs.
- Questions as the project moves forward and vision: the vision is to address all the needs in the community and to coordinate programs and be aware of each other.

### **Pressures on our Emergency Shelter System**

Natalie McCleskey introduced the emergency shelter panel, which was assembled to demonstrate to all HCCSC members the challenges that shelters have been facing lately. It consists of: Scott Schnyders, Refuge of Hope; Amy Dornack, Community Services of Stark County; Carol Shaheen, YWCA emergency shelter; Denise Hollenback, Domestic Violence Project; Jennifer Keaton, Stark County Homeless Hotline; and Shirene Starn-Tapyrik, Alliance for Children and Families.

**Question:** Can the hotline give a brief description on the referring and placing of people in shelter?

**Answer:** Keaton stated that it depends on what people you are trying to get into shelter. There are people who want to be in shelter and want to go, but they are not they highest people in need. Beginning with the Central Intake system, the goal is to serve those with the highest need first. Another thing is that the vacancies in the shelters and the people who are being referred don't always match. For example, there are a lot of single females that need shelter, but there aren't always shelters to meet the needs of a single female. Schnyders stated that it is hard to convince some that the shelter is a good step to get where they need to be; once they are in shelter, it is even harder to keep them there. Shirene stated that there is safety concern also. Staff is trained in crisis prevention intervention.

**Question:** What are the barriers to get individuals to exit into permanent housing and what would be the most helpful to the shelter staff in helping clients exit quickly and successfully?

**Answer:** One panelist explained that there are not as many families entering shelter as previously so new dynamics with more singles and couples. There are also more people moving in and then out the next day with very short stays. Then there are others they can't get to leave because they have burned too many bridges and have very limited options for exiting successfully. Bed bugs remains a constant issue and challenging expense. The main barriers are the length of the SSI process and a lot of rules surrounding the housing. Other main barriers are multiple evictions, criminal histories, and no income or pending SSI, which all raise the question on how they can successfully exit the shelter into permanent housing. Hollenbach stated that there were a lot of security problems in 2015. When individuals leave the [domestic violence] shelter, their security concerns will increase.

HUD has recently issued details, rules and suggestions on prioritizing people for permanent supportive housing. They have, in the past, given general ideas on how to prioritize people for programs but they are now requiring that much more be done to ensure that, with limited funding and not enough permanent supportive housing, communities are taking the most difficult to serve and also recommending those persons be served with rapid re-housing and transitional housing if permanent supportive housing is not available.

### **Developments at the State Level**

Shirene Starn-Tapyrik stated that the Ohio 811 rental assistance program has started a grant program. If you have a tax credit, they will provide 25% rental subsidy for a 3 year period and is automatically renewable. The funds will be applied for through OHFA, but ODSA will be the fiscal administrator and COHHIO will be the monitor. The National Low Income Housing Coalition has done a pilot project and will continue to be funded. OHFA has set aside a prioritization of how to spend those funds which includes working with extremely low income families; SSI/SSDI individuals; those suffering from behavioral issues, chronic homelessness, and health issues; and transitional age youth.

### **Final Remarks, Questions and Discussion**

Jean Van Ness stated that there is continued work on the priorities mentioned. The Continuum of Care has a lot of different expenses and it needs to be looked at on how to continue to fund it. There is a huge need for permanent supportive housing. They are expensive to put in place and it's a question to where the funding is coming from. Some of the policies and procedures that have been developed in recent months will be looked at to see if anything needs tweaked to meet the needs better.

### **Adjournment**

Jean thanked everyone for their participation and presence and adjourned the meeting at 3:50 p.m.