

INTERAGENCY COMMISSION ON HOMELESSNESS

CONTINUUM OF CARE OPERATIONS COMMITTEE Meeting Summary Notes Wednesday, April 22, 2015

Attendees	Agency	Attendees	Agency
Ball, Kim	DHHS/Special Needs Housing	Huggins, Gloria	DHHS/Special Needs Housing
Bird, Diana	Housing Opportunities	Kelly, LaSonya	DHHS/Public Health Services
	Commission		
Black, Sara	DHHS/Special Needs Housing	Khan, Nadim	DHHS/Special Needs Housing
Blasco, Anna	National Alliance to End	Kirk, Susan	Bethesda Cares
	Homelessness		
Brissett-Chapman,	National Center for Children and	Knott, Lauren	Technical Assistance
Sherly	Families		Collaborative
Coyle, Jackie	Shepherd's Table	Korona, Luann	Department of Housing and
			Community Affairs
Dorsey, Bob	Montgomery Avenue Women's	McMillan, Linda	County Council Staff
	Center		
Fuje, Ferework	Catholic Charities	Rettner-Dayhoff,	Greentree Shelters
		Meredith	
Frazier-Bey, Jimmy	City of Gaithersburg	Schaak, Gina	Technical Assistance
			Collaborative
Frederick, Denise	Stepping Stone Shelter	Schiller, Jen	MC Coalition for the Homeless
Fox-Morrill, Priscilla	Interfaith Works	Sinclair-Smith, Susie	MC Coalition for the Homeless
Gandell, Miriam	The Dwelling Place	Soni, Nili	DHHS/Special Needs Housing
Hochron, Jean	DHHS/Public Health Services	Todd, Chapman	Zero: 2016-MC Coalition for the
		-	Homeless
Hong, Christine	Interfaith Works	Williams, Edith	Helping Hands Shelter
Horton-Newell, Amy	American Bar Association		

INTRODUCTIONS AND APPROVAL OF THE FEBRUARY 25 MEETING NOTES:

The Operations Committee approved the February 25 meeting notes unanimously. The notes will be posted to the Interagency Commission on Homelessness website.

COMMUNITY HEALTH NEEDS ASSESSMENT - COMMUNITY CONVERSATION

Susan DeFrancesco reported that in 2011, Healthy Montgomery conducted community health needs assessments which consisted of community conversations with residents to determine health priorities. The priorities were at that time were determined to be behavioral health and obesity. The next cycle of community health needs assessments is due and Healthy Montgomery would like to have a community conversation with those experiencing homelessness. The timeline for this facilitated conversation would be June-September. The discussion would be 90 minutes to 2 hours in duration and the purpose would be to learn what those experiencing homelessness consider to be health priorities. If any housing provider or agency is interested in hosting a community conversation for the homeless, please contact Nili Soni who will coordinate with Healthy Montgomery.

PRESENTATION ON WRITTEN STANDARDS

As of 2013, HUD requires local Continuum of Care (CoC) to have written standards of their overall systems—prioritization and eligibility criteria. HUD wants to ensure that the policies that are in place are consistent and transparent. Gina Schaak and Lauren Knotts of Technical Assistance Collaborative are drafting the written standards from information gathered at the Written Standard Training held on Monday, March 16. Housing First and Non-discrimination will be the overall themes of the standards.

<u>The Assessment Tool</u>: Montgomery County uses the General Homeless Assessment Tool which is the referral tool that the CoC created three years ago. However, the scoring feature on the back of the tool is underutilized because of lack of training. There is a need to train providers so that everyone is on the same page and using the complete tool.

Many providers to single individuals experiencing homelessness use the General Homeless Assessment Tool for referral and the VI-SPDAT for prioritization. HUD prefers to use of one tool.

→ **ACTION**: A meeting will be scheduled to discuss the different assessment tools. There is a need to examine the pros and cons of the various assessment tools and look at best practices.

Assigning Housing Units:

How many days will programs have to report vacancies?

This reporting time is important to avoid returning monies to HUD at year end or having periods of time where funds are not being used. The reporting process for housing providers varies but the Department reviews openings and match clients at weekly meetings. Also, Department staff meets monthly to refresh the vacancy list. It was discussed that many permanent supportive housing units must be cleaned and repaired before the unit can be reoccupied which may delay turnaround.

→ Conclusion: After a lengthy discussion, it was decided that 5 business days would be the standard for housing providers to report to the County that there is a vacant housing slot.

How long should it take to match a client with an available slot?

It was suggested to review current data to determine the current time frame. Clients who have special needs or who are difficult have taken 4-6 months to place.

→ Conclusion: It was decided that a target of 30 days or less will be the standard for processing a person experiencing homelessness from referral to housing.

2015 POINT IN TIME

Kim Ball reported that the Point-in-Time (PIT) count (conducted January 29) is literally a snapshot of the day. The overall numbers went down in most categories. The number of unsheltered single adults have decreased from 2013 when there were 143 counted to 2015 there were only 103. However, the numbers for families experiencing homelessness has increased from 2013 when 66 were counted to 2015 when there were 110 families in shelters or motels. In January, there were 97 homeless families in shelters but if the PIT (the snapshot) was taken today (April 22) there are 31 homeless families.

The Department has improved the Permanent Supportive Housing (PSH) Program (in January there were 1,960 persons in PSH) and that number does not include those who are benefiting from the Rapid Re-housing Program. There was a 55.61% increase in persons experiencing homelessness because of domestic violence and Special Needs Housing and Behavioral Health and Crisis Services are partnering to address the housing needs of victims of domestic violence and homeless youths (18-21 years old).

UPDATE ON COMMITTEES

Strategic Planning Committee

The Committee is identifying the priorities for the first year. A survey was conducted and the Committee has meet twice to review the results and to recommend a list the first year priorities. (See complete action plan and assignment list on page 4).

→ **ACTION**: The Operating Committee unanimously approved the Strategic Planning Committee's Year One goals, action steps and assignments.

Performance Review Committee

Denise Fredericks reported that the Committee is focused on reviewing the data that exists and improving the quality of data we want to collect both from perspective of HUD requirements and on our own successes. After a reviewing of the initial data from 2014 and the first and second quarters of 2015, it was evident that the data is at times inaccurate. For example, the Stepping Stones Shelter was reported as being regularly 2/3 capacity but the shelter is actually consistently at full capacity. The Committee will also segregate data by program type—Emergency, Transitional and Permanent Supportive Housing. The Committee will outreach to the providers to examine ways to ensure data consistency. To ensure consistency, everyone must use the same language and understand the definition of the fields the same way.

Outreach and Education Committee

Jimmy Frazier-Bey distributed the Homeless Services Guide.

→ Approval: The Homeless Services Guide was approved unanimously by the Operations Commission. A PDF copy of the guide will be placed on the Interagency Commission on Homelessness website. We will also examine ways to fold the guide to make it easier for distribution to the public.

The definition of veterans for the Veteran: 2016 campaign is: "A Veteran is any individual experiencing homelessness who has served on active duty in the United States Military, regardless of discharge status. The active duty requirement is not time restricted, which means that it applies to any length of service beyond training or boot camp."

→ Approval: The definition was approved unanimously by the Operations Commission.

COMMENTS:

Jen Schiller requested that the DHHS Webpage Shelter Services be edited and remove the word "citizenship" because citizenship is not a requirement for shelter services. The phrase "proof of citizenship for all household members" creates a barrier for the undocumented because of fear of deportation.

→ ACTION: Sara Black agreed to look at the language and determine how to express the importance of bringing the documentation, if available, but to use language that is welcoming and will not discourage the undocumented from seeking emergency shelter services.

NEXT MEETING

Wednesday, May 27, 3:30-5:00 p.m., Rockville Memorial Library, Office of Human Rights, 21 Maryland Avenue, 3rd Floor Mediation Center, Rockville 20850

MEETING ADJOURNED

<u>Continuum of Care (CoC) Strategies Plan Survey – Year 1 Priorities – Top Value Votes</u> <u>Action Step Assignments and Goals</u>

Approved by the CoC Operations Committee 4.22.2015

Outreach and Education

- Education and Engage the Public about homelessness and the need to take action
 - Engage Interagency Commission on Homelessness to educate the community about homelessness, best practices, and resources needed and long-term savings achieved by providing permanent stable housing.
- Collaborate and compile research about best practices
 - o Identify groups to take the lead on compiling information about special populations (i.e. veterans, criminal justice involved, chronic homelessness, and families.
- Create pathway to greater financial independence by removing barriers and promoting best practices
 - o Explore best practices for connecting veterans to mainstream services.

Performance Review Committee

- Create common data standards and uniform performance measures across targeted programs
 - o Develop process and tools to assist the Continuum of Care providers to review current outcomes and develop agreement on common benchmarks.
 - o Reactivate and expand CoC Performance Review Committee to evaluate programs, identify gaps in information and make recommendations regarding data collection

HMIS Lead | Performance Review Committee

- Increase use of HMIS (ServicePoint) by programs targeting homelessness
 - Develop and deliver training and create ongoing resources for providers to assure standard use of HMIS and improve use of system for effective case management and reporting.

Interagency Commission on Homelessness collaboration with Behavioral Health and Mental Health

- Increase availability of behavioral health services, including community mental health services to people experiencing or at risk of homelessness
 - Assess population to determine who are at risk, identify availability of services and understand barriers to services.

Interagency Commission on Homelessness

- Improve discharge planning from hospitals, VA medical centers, psychiatric facilities, jails and persons to connect people to housing, health support, income and work supports and health coverage prior to discharge
 - o Expand relationships with hospitals and jails to promote planning and services

Interagency Commission on Homelessness | Resource Development Committee

- Support rental subsidies targeted to those experiencing or most at risk of homelessness
 - Explore new sources of public and private funding, not just subsidies, for all aspects of support necessary for stable, affordable housing.
 - o Convene/develop multiple stakeholders (corporate, faith-based, foundations to seek funding and cultivate political leaders to maximize connections to HUD and other relevant agencies.
- Preserve and expand supply of affordable rental homes through Federal. State and Local efforts
 - o Identify additional resources to reduce housing development costs in order to facilitate development of rental units affordable to lower income households.

Strategic Planning Committee

- Preserve and expand supply of affordable rental homes through federal, state and local efforts
 - o Increase advocacy around zoning issues impacting affordable housing options.
- Improve access to Federal, State and Locally funded housing assistance by eliminating barriers and encouraging prioritization of persons experiencing or most at risk of homelessness.
 - o Advocate for the Housing Opportunities Commission to develop a priority for access to vouchers.

DHHS | Special Needs Housing

- Create protocols and incentives to help people who achieve stability, who no longer need support nor need a lower level of support to move to alternative affordable housing to free up units.
 - o Provide security deposits and/or first month's rent to support individuals and families to be able to move from supportive housing.

Operations Committee

- Promote targeted outreach strategies to identify people experiencing homelessness mote likely to end up in an emergency room, jail, hospital, or prison, and connect them to the housing and support they need.
 - o Create assessment tool to evaluate risk factors of persons experiencing homelessness.
- Review Federal policies, procedures and regulations to identify administrative or regulatory mechanisms
 that could be used to remove barriers and improve access to stable healthcare, housing and housing
 supports for youth.
 - o Identify resources and funding from all levels (Federal, State and Local) and best practices for providing outreach, permanent housing and triage of youth.
- Promote targeted outreach strategies to identify youth experiencing homelessness who are most likely to
 end up in an emergency room, jail, hospital, or prison, and connect them to the housing and support they
 need.
 - o Identify gaps in services for youth who are homeless and determine ways to fill the gaps.
- Develop and promote best practices in crisis response programs
 - o Develop CoC policies and procedures to determine prioritization for emergency shelter and transitional housing.