

**CT BOS Steering Committee Meeting Minutes
January 15, 2015**

Voting Steering Committee Members Present	Agency/Jurisdiction Represented
Alice Minervino	DMHAS
Steve DiLella	DMHAS/DOH
Ron Krom	Middlesex CoC
Phil Lysiak	Bristol CoC
Lisa Tepper Bates	CCEH
Milena Sangut	Danbury CoC
John Bradley	New Haven CoC
Nancy Cannavo	Litchfield CoC
Lisa Shippee	New London CoC
Belinda Arce-Lopez	Waterbury CoC
Andrea Hakian	Manchester CoC
Melissa Dzierlatka	Individual
Meeting Participants	Agency/Jurisdiction Represented
Crane Cesario	Hartford CoC
Kara Capone	New Haven CoC
Jim Bombaci	Nutmeg
Jackie Janosko	CCEH
Brian Roccapriore	CCEH
Kara Capone	New Haven CoC
Jackie Janosko	CCEH
Consultants: Suzanne Wagner and Liz Isaacs, Housing Innovations	
Steering Committee Members Not Present	Agency/Jurisdiction Represented
Louis Tallarita	DOE
Kathy Crees	Willimantic CoC
Kim Somaroo-Rodriguez	DCF
John Merz	ACT
Terry Nash	CHFA
Pat Kupec	DOC
Sarah Gallagher	CSH
Ellen Simpson	New Britain CoC

1. Introductions and Announcements

- a. Steering Committee Minutes from 11/21/14 approved
- b. CT BOS Benefits Training – Lois Filek, DSS – February 11th 9:30-12:00 – CVH, Merritt Hall, Lee Auditorium, RSVP: ctboscoc@gmail.com
- c. Women’s Consortium - Women and Homelessness: An American Tragedy
January 26th 9:00-4:00 Info: <http://www.womensconsortium.org>
- d. Update on Merger with Waterbury CoC
 - All paperwork has been submitted to HUD; merger should be approved before NOFA
- e. HUD Environmental Requirements, CT BOS Monitoring Materials, CT BOS 2014 Project Priority Listing, meeting minutes, policies, past CoC application materials, and other info are available at:
<http://www.csh.org/csh-solutions/community-work/housing-development-and-operation/2578-2/>

2. HMIS Updates

- a. AHAR update
 - i. All data shells were deemed acceptable and usable for the FY2014 AHAR.
 - ii. The 2/15 HMIS dashboard will have AHAR data for everyone to review.
 - iii. Next year Waterbury data will be included with BOS data.
- b. BOS Dashboard Report - tabled since focus has been AHAR
- c. Conversion and HMIS Steering Committee update
 - i. New Haven converts next week to Caseworthy (formerly called ECM)
 - ii. There will be a data freeze from 1/16-1/21. Emergency shelters will need to track on paper until HMIS is back up.
 - iii. Utilization (entries and exits) has been the most challenging data area. ES programs have greatest trouble with this given their volume and the learning curve of a new system.
- d. CCEH is working on how to bring new agencies into HMIS. Youth agencies are now going to enter into HMIS.
f/u: HI to find out who administers RHYA funding in CT.
- e. Providers noted that it would be helpful to have an HMIS training for managers.
f/u: CCEH and Nutmeg to develop a training for managers in the future.
- f. HMIS SC update
 - It was reported that starting at the end of February, programs will no longer be able to use Windows XP when accessing HMIS as it poses a security risk.

3. PIT Homeless Count Check In

- a. Reminder that all BOS grantees must provide volunteers for the Count. CCEH is encouraging communities to accept all the volunteers and not turn any away, since it is common for volunteers not to show up.
- b. All communities are doing VI SPDAT except New Milford.
- c. Maps and HIC are almost finalized.
- d. End-user training starts next week and is for staff entering data; this training is not for PIT volunteers.
- e. It was noted that New Milford does not want to participate in VI-SPDAT but will participate in PIT.
f/u: Steve Diella and CCEH to confer re: follow up with New Milford about SPDAT

4. HEARTH Compliance Update

- a. HUD CH Prioritization Criteria
 - i. HUD released a notice encouraging CoC's to adopt criteria prioritizing chronically homeless people who have been homeless the longest and have the most severe service needs for placement in PSH; criteria are consistent with existing CT BOS CoC policies and procedures.
 - ii. It was noted that each local Coordinated Access Network (CAN) would be responsible for implementing the criteria on a local CAN level. CANS may use their own assessment tools, for example VI-SPDAT, and layer on other program criteria such as FUSE.
- b. Providers asked about getting the VI-SPDAT results out of HMIS. Currently just scores can be accessed.
f/u: Nutmeg to look into the timing of getting the VI-SPDAT out of HMIS.
Motion: CT BOS CoC to accept HUD CH Prioritization Criteria (see attachment to minutes). Motion passes unanimously.
f/u: HI to amend CoC Policies and Procedures to include the HUD Prioritization Criteria
- c. Shelter Survey
 - i. CCEH conducted a shelter survey and 17 shelters responded. CCEH will resend to get a greater response.

- ii. In the surveys received thus far, providers noted that persons of transgendered experience are being served in the shelters and are not being turned away. CCEH asked that if any consumers of transgendered experience are being turned away from shelters, information should be collected so that the issue can be addressed.
- iii. Several emergency shelters reported that there are structural issues with their facilities that impede their ability to serve intact families.
- iv. Providers indicated that they would like training on serving youth and on crisis counseling.
f/u: Liz Isaacs to reach out to CCEH to obtain copy of survey results

5. Renewal Performance Evaluation

- a. 2014 Results
 - i. Corrective Action Plans – tabled
- b. 2015 Evaluation - Draft 2015 Renewal Evaluation Criteria



CT BOS draft renewal eval
criteria 2015

- i. Sub-CoC leaders should review the draft criteria with their sub-CoCs and bring feedback to the Steering Committee. Steering Committee will vote on renewal performance evaluation criteria at the next meeting.
- ii. Results from the evaluation are used to rank CoC funded projects; this needs to be done before the NOFA is out.
- iii. Draft performance renewal evaluation criteria were amended based on current performance and to include HEARTH performance measures and information that the CoC reports to HUD in the application.
- iv. It was suggested that food stamps and health care outcomes be tracked but not scored. There is a scoring factor on non-cash benefits that will be scored.

f/u: Review homeless and disability status and ensure that these can be tracked by household in the APR; review 10a, 10b and 11 to see if they should remain.

6. HUD Environmental Review Requirements

- a. Review requirements and discuss plan to ensure compliance
 - i. HUD is requiring that all CoC projects complete an environmental review (Services, planning, and administrative funds are exempt).
 - a. Tenant-based Rental Assistance projects and operating projects complete the *Environmental Review for Activity/Project that is Exempt or Categorically Excluded Not Subject to Section 58.5* that will be signed off by DOH.



CoC_Part-58-Exempt-CENST.docx

- b. Leasing, and sponsor and project-based rental assistance projects complete the *Environmental Review for Continuum of Care Leasing or Rental Assistance Project that is Categorically Excluded Subject to Section 58.5*



CoC Limited Scope Pt58
Environmental Re

- c. HUD indicated the priority is for environmental reviews to be done on new units being brought on-line and then renewals.
- d. CT BOS is getting a list of local CDBG inspectors that may be able to assist with the environmental reviews for projects that require an inspection.
- e. Steve will be collecting the short form for all the DMHAS scattered site units
- ii. It was suggested that projects convert from leasing to rental assistance if this option is possible.
f/u: Steve DiLella to contact HUD to explore this option.
- iii. Information and next steps will be sent to providers shortly.
f/u: Housing Innovations to send out information to providers.
- b. Environmental Review materials on CT BOS website:
<http://www.csh.org/csh-solutions/community-work/housing-development-and-operation/2578-2/>

7. Monitoring Update

- a. Debrief from 2014 visits
 - i. Among the 5 reviews conducted, 71% of the standards were met on average.
 - ii. Highest number of standards met was 78%, lowest was 67%.
 - iii. Many of the compliance issues identified were around lack of documentation
 - iv. Each agency gets a report, with findings, and recommendations to correct issues.
 - v. The Steering Committee should consider whether any follow up should be required for programs with significant findings (decision tabled until next meeting).
 - vi. Results from monitoring indicate that providers are in the process of transitioning to Housing First. It was noted that providers would benefit from the CoC providing a greater level of detail on the CT BOS CoC Housing First Principles as well as training on transitioning to a Housing First model. Steering Committee agreed that both of these suggestions would be beneficial.
f/u: Housing Innovations to update and add greater detail to Housing First Principles to present to the SC for review and adoption and to deliver a HF training in 2015.
 - vii. It was also suggested that statewide forms be developed to certify homelessness, chronic homelessness and disability eligibility.
f/u: Housing Innovations to develop eligibility forms.
f/u: Housing Innovations to find out the year that PSH eligibility changed to streets shelter and TH only as opposed to the broader definition of homelessness.
- b. 2015 Monitoring Procedures
 - i. In 2014, agencies had the option to decline CoC monitoring. There was discussion around requiring the monitoring in 2015 for those agencies selected. It was noted that the monitoring created additional work for agencies and small agencies may not have the resources to engage in the monitoring process. It was also noted that it is critical that projects are in compliance with HUD regulations; (decision tabled).
 - ii. Steering Committee agreed by consensus to accept the selection criteria and process for 2015 but to revisit the ability of programs to decline monitoring and how agency responds to monitoring findings and decide on these issues at the next meeting.



Selection Criteria and
Process.docx

c. 2015 Guide and Links to Helpful Resources



CT BOS Monitoring Links to
Helpful Reso



Adobe Acrobat
PDFXML Document

CT BOS Grantee Monitoring Tool and Guide

8. Coordinated Access (CA) Planning - Updates from DOH, CCEH and local CANs - tabled

9. Reaching Home Update

- a. Governor Molloy is coming to Lyceum in Hartford on 1/21/15 to speak on housing and homelessness. Providers are encouraged to show support and attend event.
- b. Upcoming webinars: 2/26 2-3 pm on the Budget and 3/5 2-3 on Homeless Advocacy
- c. Reaching Home Advocacy Days at the Capitol are 4/1 and 4/2

10. Zero 2016 Update - tabled

11. DOH Updates - tabled

12. Next meeting – CVH, Page Hall, 2/10, 10-12

Excerpts from HUD Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons

Order of Priority in CoC Program-funded PSH Beds Dedicated to Persons Experiencing Chronic Homelessness and PSH Beds Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

(a) First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter **for at least 12 months** either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals **at least 12 months; AND**
- ii. has severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

(b) Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness.

- i. The CH individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter **for at least 12 months** either continuously or on at least four separate occasions in the last 3 years, **where the cumulative total length of the four occasions equals at least 12 months; AND**
- ii. **does not have** severe service needs.

(c) Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs.

- i. The CH individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter **on at least four separate occasions in the last 3 years**, where the total length of those separate occasions equals **less than one year; AND**
- ii. has severe service needs.

(d) Fourth Priority–All Other Chronically Homeless Individuals and Families.

- i. The CH individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter **for at least 12 months either continuously or on at least four separate occasions in the last 3 years**, where the cumulative total length the four occasions is **less than 12 months; AND**
- ii. **does not have** severe service needs.

Severity of Service Needs.

(a) For the purposes of this Notice, an individual who has the most severe service needs is one for whom **at least one of the following is true:**

- i. History of high utilization of crisis services, including but not limited to, ER's, jails, & psychiatric facilities; **OR**
- ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

(b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.