

Chittenden County Homeless Alliance (CCHA)

COORDINATED ENTRY COMMITTEE MEETING

Nov 20, 2019, 8:30 – 10:00 AM, Champlain Housing Trust

Attendees:

- Thomas Moore, **CHI – UVM**
- Jason Brill, **V.A.**
- Steve Lunna, **SSVF@UVM**
- Linda Amate, **CVOEO**
- Stephanie Smith, **CVOEO**
- Lindsay Mesa, **Pathways**
- Alex Ellis, **Spectrum**
- Will Towne, **Spectrum**
- Elaine Soto, **HC**
- Margaret Bozik, **CHT**
- Chris Brzovic, **CCHA/ CVOEO**
- Elizabeth Kanard, **CHCB/ Safe Harbor**
- Stephen Marshall, **Lived Experience**
- Nicole Kubon, **COTS**

FINALIZE VULNERABILITY ASSESSMENT REVISIONS

- Revisions detailed below but if you'd like to go straight to the revised assessments, please go to:
<http://www.cchavt.org/c-e-system/>

#27 in the **Original Version:**

27. Have you ever been diagnosed with any of the following mental health conditions?

- | | | | |
|----------------|------------------------------|-----------------------------|----------------------------------|
| a) Condition 1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| b) Condition 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| c) Condition 3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| d) Condition 4 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| e) Condition 5 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| f) Condition 6 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |

Newest Revision: 27. Have you spoken with a psychiatrist, psychologist, or other mental health professional in the last year because of mental health – whether that was voluntary or because someone insisted?

Yes No Refused

- **Chris/ CVOEO:** Selecting conditions for number 27 would have been arbitrary.
- **Will Towne/ Spectrum:** Wouldn't you be MORE vulnerable if you had previously been diagnosed with something in the past but were NOT connected to mental health services currently? If you are connected to services wouldn't that make you more stable?
 - **Response:** But you could have been diagnosed in the past and be stable currently.
- **General Consensus:** Let's expand it from 6 months (as it exists in the VI-SPDAT) to 1 year.

A CONTINUATION OF THE DISCUSSION OF THE C.E. EVALUATION REPORT RECOMMENDATIONS. EACH ITEM DISCUSSED IS SINGLED OUT BELOW BUT IF YOU PREFER YOU CAN GO DIRECTLY TO THE COMPLETE SPREADSHEET: http://www.cchavt.org/wp-content/uploads/2019/12/Copy-of-Recommendations_CE_Evaluation-for-upload-Nov-20-results.xlsx

8. Focus energy on the onboarding of ESD so that issues are identified and addressed quickly. This work will help ensure that the next iteration of ESD's participation in the system is a possibility.	Medium	CE Director	gather more information on ESD's plans, conversation with Geoffrey scheduled	
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- Chris Brzovic/ CVOEO: ESD is moving into HMIS soon. I have a call scheduled with Geoffrey Pippinger to discuss documentation. It seems to be a new policy from ESD that they're not going to provide documentation for emergency motel stays because they don't have the capacity. This could be a big challenge, so I'm hoping to sort this out. There is one person on our by-name list who is otherwise document ready but had to be passed over because we can't get their motel records.
- Margaret Bozik/ CHT: OEO recently let it be known that in Chittenden County, only half of motel stays are at Harbor Place, which means that half of motel stays are at other locations and in these cases ESD is the only source of information.
 - Also: Is ESD really moving forward with HMIS if they're getting out of the motel business?
- Even if in the future the information is available in HMIS, we won't ever get the back data.
- Points to raise in a conversation with ESD: Returning shelter plus care subsidy back to the FEDS is something that the legislature is upset about so we need help from ESD to support us in documentation which is one of the crucial pieces for retaining subsidy.

10. Consider adding HMIS licenses for UVM Medical Center, COTS, and other providers with limited access to the system.	Medium	Organization specific	Thomas will check at UVMMC whether data will still be of use	Thomas
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- Margaret Bozik/ CHT: My understanding is that in order to have a license you have to be entering data. But UVM Medical has said they would like to have read only access.
- Consensus answer: HMIS is user specific. A user is attached to a parent provider like CVOEO and then they can only see those CVOEO clients. It's extremely probable that you have to be entering data – you cannot just have read-only access.
 - UVM Medical wants access just to see whether someone is already in the system and which agency they might be working with. Whether UVM will have a license is not yet decided.
 - UVM is NOT part of the data sharing agreement at this point.
- Margaret Bozik/ CHT: Thomas, having a license will not do any good if you can only see data that YOU are entering. So the data sharing agreement will be important to secure.
 - How many people are being referred to Coordinated Entry from UVM?
 - Stephanie Smith's Response: Maybe 3 a week. The problem is that they're not meeting the HUD definition of homelessness. So the value of this is questionable. People should make referrals even if they're not sure. But it may be better to just get someone to who is trained to go on-site at UVM to do assessments.
 - Margaret Bozik's possible counterargument: The data folks at UVM were interested in doing a study of the impact of housing on health and that study has produced significant investment. Allowing the hospital access to information that might help with funding is not a bad thing. If

we can satisfy privacy and confidentiality concerns, allowing access for the hospital is not a bad thing.

- Nicole Kubon/ COTS: I wonder about data quality and the pieces relevant to the hospital. When are we seeing people more often? Is that being accurately tracked? It depends on when they come in – you’d have to be updating constantly.
- Chris Brzovic: If you have access to HMIS data – you could discover the date someone was permanently housed for example and see the trends away from cost and that would give you some value.
- Margaret Bozik: Are UVM people even still interested in this data?
 - Thomas will follow up at UVM MC.

15. Create common criteria for refusing services.	Medium/low	CE Committee	Set up a meeting with BHA to explore MOU with CE (ED and rental assistance dept)	Chris, Nicole and Linda
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- General Question: Is there an issue of people being refused services and not being handed off to another?
- Steve Lunna/ SSVF: For veterans, if they don’t meet criteria, they are referred back to Coordinated Entry.
- Chris Brzovic: This suggestion falls under “improving coordination” and the idea is that there is a problem with the hand off of clients from housing navigators to housing providers like BHA. This suggestion likely came out of conversation with front line staff.
- Margaret Bozik: This needs to fall under an MOU with BHA. We need to have something that spells out the process for referral and the reason for referral. We also want to recognize that BHA is at the table with us a lot more than other providers.
- Let’s ask for a meeting with Laura, Janet and Stephanie and whoever else wants to be a part of this. Chris, Nicole and Linda.

16D. Consider moving towards entering data and data elements directly into HMIS instead of conducting the assessment and rekeying or transferring the data.	Medium/low	CE Committee	CE committee has considered, determined not to pursue further
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- Not going to happen. Too burdensome.
- Though HMIS does make it possible to do data analysis and ask questions about our prioritization. Especially things that lead to racial disparities.

- Eventually we'll want to have the assessment data entered into HMIS.

15e. Consider moving towards more alignment of data elements [from the assessment] with BoS.	Medium/low	CE Committee	Considered, decided not to pursue, longer conversation needed, can consider how to improve client transfers between BoS and CCHA.	CE Committee
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- Lindsay Mesa/ Pathways: Right now there is no clear way for people to move through the state, navigating homelessness.
- This is a very long term project.
- We have 3 assessments, but BoS has just one assessment. We would be throwing away all that work.
- Stephen Marshall: Over a period of time, would it make sense to look at the differences and move toward merging?
- Stephen Lunna/ SSVF: What about a TRANSFER FORM?

16g. Continue to review assessment forms to clarify questions that are not HUD mandates and seem vague to consumers.29	Medium/low	CE Committee	DONE	
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- Done.

16h. Create (or clarify) a policy that specifies when those designated as “not homeless” are included, and when they are excluded, from the Master List.	Medium	CE Committee	draft procedures for not homeless exits (90 day threshold), bring back to CE committee next month, longer conversations around prevention policies	Chris.
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- Chris Brzovic: My proposal is to adopt the 90 day threshold. If someone enters and is not literally homeless and 90 days later they are still not literally homeless, then we would exit them from the master list.
- Nicole Kubon/ COTS: This is about imminent risk and that category is a challenge. We can't serve this group through the master list. This is a larger conversation.
- Margaret Bozik: I'd like to capture more information about why people believe they're about to lose their housing. What about a second master list?
 - Nicole Kubon: We are serving that population, but they just get filtered out of the master list.
- Stephen Marshall: Every person who came to my desk at the food shelf recently, I asked – if they don't have an address – then where are they sleeping? At least half of the folks were couch surfing.
- Nicole Kubon: We don't have a good way to distinguish between different categories of NOT HOMELESS. Very different circumstances are not captured.
- Chris Brzovic: There is a PREVENTION VI-SPDAT now – that is worded assuming that somebody has not been homeless yet. Let's look at that at some point.
- Nicole Kubon: We need to figure out the most appropriate referral for those at imminent risk.
- Jason Brill/ V.A.: BoS is also working on incorporating prevention.
- Stephen Lunna/ SSVF: I sent Sarah the list of things in the SSVF program that's considered "prevention." I'll send Chris the same list.
- The federal advice is to stop talking about prevention until you reach functional zero.
- Chris Brzovic: I'll draft some language for the policies and procedures and bring it back to the committee.

16i. Explore and clarify how field 3554 (project type taking client off of the Master List) is different from field 3590 (Coordinated Entry outcome status). If both fields are not needed, eliminate one.	Medium	CE Committee	Done	
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- Done.

16j. In the "housing navigator" field, add an option for "No housing navigator assigned, ineligible". This will show whether data is missing from the field.	Medium	CE Committee	Explore wording around this, e.g. navigator assigned, refused, etc.	Chris
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- Nicole Kubon: Why not just exit them from C.E. if they are not eligible? We can say “disengaged and/or refused.” Something to indicate they’ve been assigned but they’re disengaged.

19C Once the fields are agreed upon, conduct trainings to ensure that everyone is using the agreed-upon definition of the field.	Medium	CE Committee	implement in HMIS outcome categories already developed	Chris & Meghan
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- Chris will follow up with BoS & Sarah and then we’ll begin training. Implementation into HMIS has to come first.

19E Develop reports that explore cycle time to Phase III by organization in order to determine which organizations are most successful. Explore differences in cycle time.	Medium	CE Committee	bring report back to CE committee early next year	
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- Chris Brzovic: We already have a report now that shows what date some enters the different phases. We’ll explore differences in cycle time in a future meeting. Spring of next year.

19F Develop reports that make it possible to explore what types of people are increasing in the system (mental health, physical health, vets, youth, etc.).	Medium	CE Committee	talk to ICA reporting team to build custom reports	Louise
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- Stephen Marshall: Why is the direction of the trend lines important?
 - Nicole Kubon: It helps us identify service needs. Sometimes we have to turn people away because the services aren’t available but we still want to know about the need.
- Louise will ask her reporting team.
- Stephen Marshall: So the question is how do you document non-service?

19H Run reports of all youth (and those with mental illness and other categories) to ensure that clients on the list	Medium	CE Committee		
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Lindsay Mesa of Pathways presented a reference document on the definition of “chronic homelessness.”

- You can find it on the cchavt.org website on the Coordinated Entry System page.
<http://www.cchavt.org/c-e-system/>
- Lindsay: One of our high priorities is to give people tools to help them gather documentation so I put this together to assist.
- This would be important to use in a training.

Also included in its entirety below:

Definition of Chronic Homelessness:

Housing & Urban Development (HUD) adopted the Federal definition which defines a chronically homeless person as “either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.”¹ In December of 2015 HUD clarified this definition to state the cumulative total amount of time experiencing homelessness must total one year or more².

Definition of Literal Homelessness:

Only periods of literal homelessness by the HUD definition can be counted towards an individual’s chronic homelessness. Literal homelessness is defined as lacking a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution³.

Documenting Chronic Homelessness:

Primary sources of third party documentation is the preferred method of documentation. Third party documentation is documentation that is not provided by the individual or the agency that is applying for a housing subsidy.

¹ Defining Chronic Homelessness: A Technical Guide for HUD Programs. September 2007.
<https://files.hudexchange.info/resources/documents/DefiningChronicHomeless.pdf>

² Federal Register. Vol. 80, No. 233. Friday, December 4, 2015. Rules and Regulations.
<https://files.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

³ At a Glance: Criteria and Recordkeeping Requirements for Documenting Homelessness.
https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Examples of primary sources of third party documentation include: Print-outs from Homeless Management Information Services (HMIS), a letter from an Emergency Shelter, and reports from Economic Services of emergency motel stays. Any documentation needs to detail the dates the emergency housing service was provided as well as the date the information was provided. Letters must include signatures from the person supplying the letter.

If there are not enough third party documentation sources the demonstrate Chronic Homelessness, and additional documentation is needed, the next preferred option is a letter or letters from a service provider and/or outreach worker detailing evidence of homelessness during a specific period or periods. Optimally this would be visits to the person's sleeping location, such as an encampment. Short of observing directly the sleeping location, evidence of sleeping outside or a place not meant for human habitation may be accepted. Such evidence might be a person carrying all of their belongings with them, apparent lack of access to facilities such as strong body odor and unkempt, unwashed appearance, smell of camp smoke, signs of exposure to the elements, etc. Letters documenting evidence of homelessness need to report the dates such evidence was witnessed, and need to be dated and signed. In addition, the Public Housing Authority (PHA) may require such letters to be accompanied by service notes and/or a print-out from organization database of dates of service. Further requirements may be enforced by a given PHA. Such requirements may vary from one PHA to the next, based upon interpretation of HUD rules.

Out of the 12 months required to be documented, HUD allows up to 3 of the months to be per report of the individual directly, otherwise known as self-certification. This report must be in the written form of a letter (assistance can be provided in composing the letter) and must be accompanied by a written statement from an outreach worker that demonstrates why the statement from the individual is true. The statement from the outreach worker must also detail all other steps taken to verify the history of homelessness of the individual. Self-certification is the last resort for documenting homelessness, can only be used if all other options have been exhausted and is the least preferred option.

Only one day per month is required to be documented as homeless for the individual to be considered homeless for that entire month. However, if it is known that the individual was not homeless for 7 days or more during the month (such staying with a friend or paying for a motel on their own), then that month would not be counted as homeless but rather a break in the homelessness.

ELIGIBILITY TIPS

What if a chronically homeless person was hospitalized and then released to a temporary placement in a motel for medical reasons, because placement in conventional shelter was unsafe for the person? Could they stay in the motel constitute an episode of homelessness?

Yes, if the medical institution could provide documentation that the motel was being used as a homeless emergency shelter for this person, and the motel was being paid for by an agency (see above), this homeless person could be considered eligible if the other aspects of the homeless history were also documented.

[Examples of hospitalization may include Acute Care, Addiction/Substance Abuse Treatment, Community/General, Long-Term Care Hospital, Psychiatric Hospital, Rehabilitation Hospital]

Can staff members of the [S+C Provider] for chronically homeless persons qualify persons themselves based on internal knowledge and information gathering?

...if the [S+C Provider] is also the provider of a homeless service, such as emergency shelter or street outreach, then an authorized staff person from the emergency component of the same organization can be considered a Third Party and may provide and sign the letter.

[Example: Homeless Prevention Center is a S+C Provider, but also operates PATH outreach, HOP shelter units & services, RRH, and is the Coordinated Entry Lead.]

What if a homeless person does not recollect the specific dates of homeless episodes in their history?

Homeless persons with conditions and diagnoses that impede their ability to recall certain dates related to their history can be assisted in reviewing the chronology of their experiences with homelessness and making best guesses at approximate time frames and specifics of locations that are their best recollection. The Self-Statements in their record should contain these specific dates and locations together with an explanation of the reason for the need to approximate this information. The explanation should be provided by the supporting staff person, with information as to what steps were taken to verify the information.

[Although only 90 days/three months (out of 12) of homeless episodes may be self-certified, the chronology helps S+C Providers determine CH eligibility and contacts for third party verification.]

How does a person self-certify their homelessness?

A person may certify up to three months of the twelve necessary to be designated Chronically Homeless. This is done through a signed and dated written statement that details the circumstances. Assistance can be provided in producing such a statement. The self-certification must be accompanied with documentation of the intake workers attempts to obtain third-party documentation. This documentation does *not* count towards the requirement that at least 9 months of the individual or head of household's period of homelessness be documented based on third-party documentation. For all program participants in an operating year, up to 3 months of the documentation could be based on a self-certification from the individual or head of household seeking assistance.

Can a service provider document homelessness even if they have not directly seen where the person sleeps?

Yes. An outreach person can document homelessness if they are able to provide direct observations that indicated the person was homeless and document the location the individual reported they were sleeping (see guidance above).

What constitutes documentation from an intake worker?

The order of priority for obtaining documentation of an individual or head of household's history of residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven is first third-party documentation, followed second by the written observation of an intake worker, and third by the self-certification of the individual or head of household seeking assistance.

The following are examples of what may be considered documentation for the second and third orders of priority.

- **Written Observation of an Intake Worker:** A written observation from an intake worker would count as this second order of priority and not as third-party if their only encounter with the individual or head of household is at the current point in which they are seeking assistance and the intake worker has not physically observed where the individual or head of household is currently residing. The intake worker may provide a written observation of why, based on their professional judgment, they believe that the individual or head of household has been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for the months in which they have not personally encountered the individual or head of household. This could include months in which the individual or head of household could not remember but where the intake worker believes, based on their professional judgment that it is reasonable to assume that the individual or head of household had been residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven.

The intake worker should exercise due diligence to obtain third-party documentation and the written observation must include what attempts were made to obtain third-party documentation. This documentation does *not* count towards the requirement that at least 9 months of the individual or head of household's period of homelessness be documented based on third-party documentation. For all program participants in an operating year, up to 3 months of the documentation could be based on a written observation of an intake worker as described here.

Do breaks in homelessness need to be documented?

Breaks can be self certified but have to be included on the timeline. Anything 7 days or more consecutive in a given month is considered a "break." The breaks need to be documented in a separate letter by the recipient.

Do stays in institutions count as homelessness?

Stays in institutions of fewer than 90 days are not considered a break. In addition, so long as the individual or head of household was residing in a place not meant for human habitation, an emergency shelter, or a safe haven immediately prior to entering the institution and at time of exit from the institution, the amount of time spent in the institution counts towards the individual or head of household's total time residing in one of these locations. However, stays in institutions of 90 days or more are considered breaks and time spent in an institution where the stay was 90 days or more does not count towards an individual or head of household's total time residing in a place not meant for human habitation, an emergency shelter, or a safe haven.

Regarding documentation requirements, where the stay is fewer than 90 days and, therefore, will be counted towards an individual or head of household's total time residing in a place not meant for human habitation, emergency shelter, or safe haven, the final rule requires one of the following:

1. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility; or
2. Where the evidence in number 1 above is not available, a written certification of the individual or head of household stating the time he or she spent in the institution along with a record of the intake worker's due diligence in obtaining the aforementioned evidence.

Where the stay is for 90 days or more and, therefore, counts as a break from an individual or head of household's time spent in a place not meant for human habitation, emergency shelter, or safe haven, the documentation may include the evidence described above; however, it is not required to. As established in the final rule, all breaks may be documented through the individual or head of household's own written certification that that is where they were residing during that time period.

What is meant by “disabling condition” in the chronically homeless definition?

A disabling condition is defined as “a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” In addition, “a disabling condition limits an individual's ability to work or perform one or more activities of daily living.”⁴

Additional Resources

Defining Chronic Homelessness:

<https://files.hudexchange.info/resources/documents/DefiningChronicHomeless.pdf>

Recording and Documenting Chronic Homelessness:

<https://www.hudexchange.info/trainings/courses/recording-and-documenting-homeless-status/>

Defining Chronic Homelessness: Final Rule:

<https://files.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

Flowchart of HUD's Definition of Chronic Homelessness:

<https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf>

⁴ Questions and Answers: A Supplement to the 2006 Continuum of Care Homeless Assistance NOFA and Application. p.7.

HOP HMIS and CE workflow update presented by Chris Brzovic

- There's a workflow update in HMIS in which all the service transactions for the HOP programs (RRH for example) are being entered under the C.E. provider.
 - Linda Amante/ CVOEO: I need some clarification about this and have a meeting scheduled with Meghan. My understanding is/was that we would enter someone under RRH in HMIS. If they were precariously housed, we would still enter them, under PREVENTION. But Sarah says we're supposed to enter everything into C.E. for case management and only RRH when we do a financial assist.
- Nicole Kubon: This is a fair amount of confusion and I agree we need some clarity.
- Margaret Bozik: Is this going to be meaningful in terms of what the HOP report tells the community?
- Nicole Kubon: This came up out of an advisory group meeting regarding how to make the HOP reports clearer.
- We need a HOP grantees meeting.
- This is not going to affect C.E. very much.

Please go to cchavt.org to find minutes archives, upcoming dates and so forth.

Next Meeting: 12/18/2019