### NE Oklahoma Continuum of Care Full COC Membership Meeting August 22, 2019 Meeting Minutes

The NE Oklahoma Continuum of Care full membership met at 12:00 noon, Thursday, August 22, 2019 at the Cherokee Veterans Affairs Building, Tahlequah, Oklahoma.

**Attendance:** List of attendees is attached.

- 1. Introduction of Guests: Rebekah Zahn-Pittser, ODOC.
- 2. Updates and events: Lisa Look shared that items from World War II forward are represented within the museum portion of the Cherokee Veterans Affairs Building, Bingo is tonight at 5:00pm, and announced the Cherokee Heritage Museum just opened on August 1<sup>st</sup> in downtown Tahlequah at the Cherokee Nation Courthouse. Natalie Sanders reminded everyone about NEOCAA's 50<sup>th</sup> Anniversary luncheon in Jay on September 30<sup>th</sup> from 11:00am to 1:00pm & informed that a new Grants Manager is in the process of being hired—personnel paperwork is in process, but no start date yet. Alicia Beard announced Grove is looking to have a Resource Fair—it's only in the planning stages, but please email her if you're interested in participating in October (abeard@glmhc.net). Elizabeth Adams shared the VA did receive the grant they had applied for—an increase in funding is committed to help 30 additional veterans with housing. Additionally, Elizabeth shared that Aspen Dental's mobile dental unit will be in Tulsa on October 4<sup>th</sup> to provide one day of free dental care to vets with no insurance.
- 3. Consideration and action regarding July 25, 2019 COC Full Partnership meeting minutes: Copies of the July 25, 2019 COC Full Partnership minutes were available at the meeting, and were emailed out with the agenda. Motion by Keila Dewey, Seconded by Donna Grabow to approve the minutes as presented. Motion carried unanimously.
- 4. Discussion and action regarding FY2019 CoC NOFA update: Sarada McGaha shared that the Lead Agency will need the approved scores/ranking of the CoC Renewal Grants to submit with the CoC Collaborative Application, so a deadline needs to be set to give the Lead Agency time to complete the scoring tool (which was approved and used for the first time last year). She shared that CoC Renewal Application scoring is different than ESG Application scoring—answering the questions in the Scoring Tool automatically tallies the scores and ranks the applications in order. After some discussion, it was decided that all CoC Renewal Grant Applications are due in eSnaps no later than the end of the day Sunday, September 15, 2019. Scores/ranking will be presented at the September 26, 2019 Full Partnership Meeting so approved scores/ranking can be uploaded with the CoC Collaborative Application no later than September 30, 2019 at 8:00pm EDT (7:00pm CDT).
- 5. Discussion and action regarding 2019 ESG update: Sarada McGaha clarified with Rebekah Zahn-Pittser that scoring had not been completed as planned. Rebekah shared that one application within our CoC is missing one score, as some volunteers didn't follow through on 5 applications—she's working to correct this and get scores out to the CoC's as soon as possible. Rebekah reminded that once the scores are in the CoC's hands, the Lead Agency needs to send a letter to ODOC with the approved ranking as soon as possible to get contracts in process.

Additionally, Rebekah announced that about \$79,000 of ESG funding wasn't given to any CoC, so the amount will be divided evenly amongst the CoCs—approximately \$11,330 or so will be distributed to the NE OK CoC to be used for Housing (Prevention and/or Rapid Re-Housing) and HMIS (data collection, for those not using HMIS). Regardless, those awarded ESG funding will have to complete a budget modification once an exact amount is known. Motion by Donna Grabow, Seconded by Lisa Look that 2019 ESG Applications will be accepted according to the rating/ranking scores received from ODOC & any additional funding will be split evenly between the accepted applicants. Motion carried unanimously.

- 6. Committee Reports, recommendations and action items
  - a. Planning Committee: Sarada McGaha gave a brief update regarding the All Grantee Meeting for Continuums of Care that was held in OKC this past Tuesday—highlights included engaging community partners, getting buy-in from non-HUD funded partners, overcoming barriers in rural areas, and HMIS updates. Handouts from the meeting will be distributed to the membership. Rebekah Zahn-Pittser added that Norman has achieved functional zero for their homeless population. Discussion by the membership included keeping the Resource Guide updated and getting community leaders involved to address engagement and buy-in.
    - VA Update: Elizabeth Adams announced the Coordinated Entry software was presented at the ODVA in OKC recently with a positive response—if your agency is interested in using the software, call 918-588-8459 to schedule a meeting at your agency. Sherry Braslavsky had a handout regarding Coordinated Entry and gave an impromptu presentation regarding how it works in northwest Arkansas—the VI-SPDAT is used to get a score for prioritization; trying to make sure every homeless person is identified and on their way into housing; about 7 sites are designated as Entry Sites—they're the only ones entering names on the "by name" list; have an ROI (release of information); and the goal is to have persons housed within 90 days. Sherry has the VI-SPDAT in electronic form for anyone who wants to try it out. Elizabeth shared the process in Tulsa is very similar to what Sherry presented. Lisa Look announced that the VA Mental Health Stand-down will be in Tulsa at the First United Methodist Church on September 21, 2019.
  - **b. Monitoring and Evaluation Committee:** Nothing to report that hadn't already been discussed.
  - c. HMIS Committee: Sarada McGaha distributed the HMIS report provided by Lorinda McDaniel. Agencies were requested to run the CoC APR report and make sure all client data is correct in sections 6a-6d. If you have any questions, contact Lorinda McDaniel at 580-242-6131. Motion by Lisa Look, Seconded by Donna Grabow to approve the HMIS report as presented. Motion carried unanimously.
- **7. Presentation of Coordinated Entry Software**: Elizabeth Adams reported the software presenter was unable to make today's meeting, but will attempt to reschedule the presentation to a future meeting.
- 8. Other business: None.

### 9. Next meeting date and location:

- September 26, 2019 12:00pm at Safenet in Claremore Full Partnership Meeting & Board Meeting (Board will meet sooner if needed—next Board meeting to be determined)
- October 24, 2019 12:00pm hosted by Hope House in Tahlequah (place to be determined) Full Partnership Meeting
- November 21, 2019 12:00pm at CARD in Claremore Full Partnership Meeting \*\*moved date due to Thanksgiving Holiday\*\*
- December 2019 NO MEETING
- January 23, 2020 12:00pm at NEOCAA in Jay Full Partnership Meeting
- **February 27, 2020** Alicia Beard checking which facility has availability so she can host Full Partnership Meeting

### Adjourn at 1:17pm

Short 5-10 minute break before ESG Focus Group with Rebekah Zahn-Pittser.

• 2020 Emergency Solutions Grant Proposed Changes Talking Points handout has been included with the minutes

### NORTHEAST OKLAHOMA CONTINUUM OF CARE Full Partnership Meeting SIGN-IN SHEET

DATE: August 22, 2019

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### 2019 ESG Timeline

| Date                           | Description  |
|--------------------------------|--|
| Thursday, March 28, 2019       | Mandatory Application Workshop                                       |
| April 1 – May 31, 2019         | Applications entered into OK Grants                                  |
| 5:00 pm May 31, 2019           | Application must be submitted into OK Grants                         |
| Friday, June 7, 2019           | Application Reviewer Training Webinar                                |
| June – July, 2019              | Continua score, rank and recommend                                   |
| August – September, 2019       | ODOC verifies eligibility of potential subrecipients                 |
| Second Week of September, 2019 | Approximate Date for Award Notification                              |
| October 1, 2019                | ESG 2019 Contract Start Date   |
| September 30, 2020             | ESG 2019 contract end date. All funds must be expended by this date. |
| November 30, 2020              | ESG 2019 Closeout Documentation and Annual Report Due to ODOC.       |

| Report Options       |  |  |
|----------------------|--|--|
| Provider Type        | Provider • Reporting Group   |  |
| Reporting Group*     | NEOCoC ALL   |  |
| Q4a Provider*        | CARD_Community Action Resource & Development (Default) NE (11008)  |  |
| Program Date Range * | 10/01/2018 to 08/21/2019   |  |
| Entry/Exit Types*    | <u>Basic Center</u> <u>Transitional Livinc</u> <u>HPR</u><br><u>Basic Program</u> ✓ <u>HUD</u> ✓ <u>PATH</u> <u>Quick</u> <u>RHY</u> <u>Standard Program Entry/Exit</u> ✓ <u>VA</u> <u>(Retire</u> |  |
|                      |  |  |

| Organization Name Organization ID   |  |   | 1           |  |
|---|--|---|-------------|--|
| Organization ID   |  |   |             | CARD_Community<br>Action Resource<br>& Development<br>NE |
|   |  |   |             | 11008  |
| Project Name  |  |   | Í           | CARD_Community<br>Action Resource<br>& Development       |
| Project ID  |  |   |             | NE<br>11008  |
| HMIS Project Type   |  |   |             | 11000  |
| Method of Tracking ES   |  |   |             |  |
| If HMIS Project ID = 6 (S Only)   |  |   |             |  |
| Is the Services Only (HMIS Project Type 6) affiliated with a residential project? |  |   |             |  |
| If 2.4, Dependent A = 1   |  |   |             |  |
| Identify the Project ID's of the housing projects this project is affiliated with |  |   |             |  |
| 5a - Report Validations Table   |  |   | )           |  |
| Report Validations Table  |  |   |             |  |
| 1. Total Number of Persons Served   |  |   |             | 876  |
| 2. Number of Adults (age 18 or over)  |  |   |             | 816  |
| 3. Number of Children (under age 18)  |  |   |             | 60   |
| 4. Number of Persons with Unknown Age   |  |   |             | 0  |
| 5. Number of Leavers  |  |   |             | 775  |
| 6. Number of Adult Leavers  |  |   |             | 720  |
| 7. Number of Adult and Head of Household Leavers                                  |  |   |             | 720  |
| 8. Number of Stayers  |  |   |             | 101  |
| 9. Number of Adult Stayers  |  |   |             | 96   |
| 10. Number of Veterans  |  |   |             | 47   |
| 11. Number of Chronically Homeless Persons  |  |   |             | 48   |
| 12. Number of Youth Under Age 25  |  |   |             | 84   |
| 13. Number of Parenting Youth Under Age 25 with Children                          |  |   |             | 3  |
| 14. Number of Adult Heads of Household  |  |   |             | 798  |
| 15. Number of Child and Unknown-Age Heads of Household                            |  | *************************************** |             | 1  |
| 16. Heads of Households and Adult Stayers in the Project 365 Days or More         |  | *************************************** |             | 42   |
| 5a - Data Quality: Personally Identifiable Information                            |  |   |             | -L   |
| Data Element  | Client Doesn't<br>Know/Client<br>Refused | Information<br>Missing                  | Data Issues | % of Error Rate  |
| Name (3.1)  | 5  | 6                                       | 0           | 1%   |
| SSN (3.2)   | 27                                       | 9                                       | 1           | 4%   |
| Date of Birth (3.3)   | 0  | 0                                       | 0           | 0%   |
| Race (3.4)  | 0  | 0                                       |             | 0%   |
| Ethnicity (3.5)   | 0  | 1                                       |             | 0%   |
| Gender (3.6)  | 0  | 0                                       |             | 0%   |
| Overall Score   | ***************************************  |   |             | 4%   |
| ib - Data Quality: Universal Data Elements  |  |   |             |  |
| Data Element  |  |   | Error Count | % of Error Rate  |
| Veteran Status (3.7)  |  |   | 2           | 0%   |
| Project Start Date (3.10)   |  |   |             |  |
|   |  |   | 0           | 0%   |
| Relationship to Head of Household (3.15)  |  |   | 10          | 1%   |
| Client Location (3.16)  |  |   | 0           | 0%   |

| Data Element   |   |   |   |  |  | Error Count  | % of Error Ra                                    |
|--|---|---|---|--|--|--|--|
| Destination (3.12)   |   |   |   |  |  | 4  | 1%   |
| Income and Sources (4.2) at Start  |   |   |   |  |  | 74   | 9%   |
| Income and Sources (4.2) at Annual Assessment  |   |   | *************************************** | - A Maria Ma |  | 26   | 62%  |
| Income and Sources (4.2) at Exit   | *************************************** |   |   |  |  | 41   | 6%   |
| 6d - Data Quality: Chronic Homelessness  |   |   |   |  |  | <u> </u>   | 0.70   |
| Entering into project type   | Count of total<br>records               | Missing time in<br>institution<br>(3.917.2) | Missing time in<br>housing<br>(3.917.2) | Approximate Date started (3.917.3) DK/R/missing  | Number of<br>times (3.917.4)<br>DK/R/missing                   | Number of<br>months<br>(3.917.5)<br>DK/R/missing           | % of records<br>unable to<br>calculate           |
| ES, SH, Street Outreach  | 322                                     |   |   | 0  | 2  | 2  | 1%   |
| TH   | 107                                     | 0   | 1                                       | 0  | 0  | 0  | 1%   |
| PH(all)  | 47                                      | 0   | 0                                       | 3  | 3  | 3  | 6%   |
| Total  | 476                                     |   | *************************************** | š  |  | ······································                     | 1%   |
| 5e - Data Quality: Timeliness  |   |   |   |  |  |  |  |
|  |   |   |   |  |  | Number of  | Number of  |
| Time For Record Entry  |   |   |   |  |  | Project Start<br>Records                                   | Project Exit<br>Records                          |
| 0 days   |   |   |   |  |  | 217  | 262  |
| 1 - 3 days   |   |   |   |  |  | 323  | 305  |
| 4 - 6 days   |   | ~~~~  |   |  |  | 90   | 63   |
| 7 - 10 days  |   |   |   |  |  | 43   | 32   |
| 11+ days   |   |   | ~~~~                                    |  |  | 67   | 113  |
| f - Data Quality: Inactive Records: Street Outr  | each and Emergency St                   | nelter                                      |   |  |  |  |  |
| Contact (Adulte and Hoods of Household in Co   |   |   |   |  | # of Records   | # of Inactive<br>Records                                   | % of Inactive<br>Records                         |
| Contact (Adults and Heads of Household in Street C Bed Night (All clients in ES - NBN) | outreach or ES - NBN)                   |   |   |  | 1  | 1  | 100%   |
|  |   |   |   |  | 0  | 0  | 0%   |
| a - Number of Persons Served   |   |   |   |  |  |  |  |
|  |   |   | Total                                   | Without<br>Children  | With Children<br>and Adults                                    | With Only<br>Children                                      | Unknown  |
| Adults   |   | ĺ   | 816                                     | 774  | 42   | Cilidren   | Household Typ<br>0                               |
| Children   |   |   | 60                                      |  | 57   | 3  | 0  |
| Client Doesn't Know/Client Refused   |   |   | 0                                       | 0  | 0  | 0  | 0  |
| Data not collected   |   |   | 0                                       | O  | 0  | 0  | 0  |
| Total  |   | ~~~~  | 876                                     | 774  | 99   | 3  | 0  |
| b - Point-in-Time Count of Persons on the Last   | Wednesday                               |   |   |  |  |  |  |
|  |   |   | Total                                   | Without  | With Children  | With Only  | Unknown  |
| January  |   |   | 150                                     | Children<br>128  | and Adults   | Children   | Household Typ                                    |
| April  |   |   | 141                                     | 128  | 19<br>12   | 3  | 0  |
| July   |   |   | 123                                     | 111  | 11   | 1  | 0  |
| October  |   |   | 159                                     | 134  | 24   | 1  | 0  |
| a - Number of Households Served  |   |   |   |  |  | -  | I  |
|  |   |   |   | Without  | With Children  | With Only  | Unknown  |
| Total Households   |   | r   | Total                                   | Children   | and Adults   | Children   | Household Typ                                    |
|  |   |   | 799                                     | 762  | 36   | 1  | 0  |
| b - Point-in-Time Count of Households on the L   | ast Wednesday                           |   |   |  |  |  |  |
|  |   |   | Total                                   | Without<br>Children  | With Children<br>and Adults                                    | With Only  | Unknown  |
| lanuary  |   | ſ   | 135                                     | 127  | and Adults   | Children<br>1  | Household Typ<br>0                               |
| \pril  |   |   | 132                                     | 128  | 3  | 1  | 6  |
| uly  |   |   | 113                                     | 109  | 3  | 1  | 0  |
| October  |   | •   | 141                                     | 134  | 6  | 1  | 0  |
| ı - Number of Persons Contacted  |   |   |   | ***************************************  |  |  | -  |
|  |   |   |   | All Persons<br>Contacted   | First Contact -<br>NOT staying on<br>the Streets, ES,<br>or SH | First contact -<br>WAS staying on<br>Streets, ES, or<br>SH | First contact -<br>Worker unable<br>to determine |
| nce  | ~~~                                     |   |   | 6  | 2  | 4  | 0  |
| -5 Times   |   | ***************************************     |   | 0  | 0  | 0  | 0  |
| -9 Times   |   |   |   | 0  | 0  | 0  | 0  |
| 0+ Times   |   |   |   | 0  | 0  | 0  | 0  |
| otal Persons Contacted   |   |   |   | 6  | 2  | 4  | 0  |
| - Number of Persons Engaged  |   |   |   |  | First Contact -  | First contact -  |  |

NEOCoC Meeting 8-22-2019 Cherokee Veterans Affairs Building, Tahlequah, OK

|                     | 2016-2017 | 2017-2018 | 2018-2019 |
|---------------------|-----------|-----------|-----------|
| Total Persons       | 1350      | 1114      | 876       |
| Adults (age 18 >)   | 924       | 973       | 816       |
| Children (< age 18) | 420       | 141       |           |
| Veterans            | 40        | 59        | 60        |

Date Range: 10/1/2018 to 8/21/2019

An additional 33 clients were served since our last CoC meeting in July. Please continue to run your CoC or ESG HMIS reports and fix any errors in sections 6A, 6B, 6C, and 6D. There are still a high number of errors in the "Income and Sources at Annual Assessment" as well as a fair number of errors for "Income and Sources at Start/Exit." For the "Income and Sources at Annual Assessment", it appears that many of these clients were either never exited from a program, or they are in need of an annual assessment (completed on Entry/Exit tab as an "Interim"). To correct the errors on "Income and Sources at Start/Exit", there will usually be a discrepancy between the information provided for "Total Monthly income" and "Income from Any Source" and the information contained in the HUD Verification for monthly income. If you have any questions, please contact Lorinda McDaniel at 580-242-6131.

Decrease in counts maybe partially caused by:

• Harbor: closed July 31, 2016

• FFATC: 1/31/19 decreased number of transitional beds by 17

• CARD: For non-ESG or non-CoC funded projects, Head of Household (only) is being keyed for utilities and other services.

### Information System (HMIS) Homeless Management **HUD 2020 Data Standards**

Effective October 1, 2019

# New Provider Data Standards

- The Data Standards changes impact provider setup. These will be completed by HMIS Admins with input from the providers. These capture more Housing Inventory Chart and Longitudinal Systems Analysis data. Some examples are:
- Review of Emergency Shelter settings and processes for Entry/Exit and Night by Night Shelters
- Additional Program level address location information
- Additional HMIS bed participation information
- Additional Funding Sources types
- Revised Target Population information

## New Client Data Standards

- The Data Standards also impact client data entry. Some examples of changes with limited impact are:
- Destination at Exit has updated response choices
- Prior Living Situation has updated response choices. For existing clients, any that have "Interim Housing" as a choice will need to be updated as that choice will be removed as an option
- More Domestic Violence information captured by Projects for Assistance in Transition from Homelessness (PATH) and Supportive Services for Veteran Families (SSVF) programs
- Current Living Situation will be reconfigured to further support tracking a client's status by Street Outreach and other programs

# New Coordinated Entry Data Standards

- The Data Standards are adding fields to enable Coordinated Entry projects to track client assessment and assistance. These fields will be added to the system on October 1.
- CoC's with Supportive Services Only Coordinated Entry projects are required to have these 'Live' by April 1, 2020.
- HUD "strongly encourages" all CoC's to gather these data elements in a coordinated entry process
- These CE Data Standards include:
- CE Assessment Elements to capture assessment date, location, and results
- CE Event Elements to capture access and referral event date, referral, and results
- Current Living Situation Elements to capture the client's living situation at each CE

## CoC Level Data Use

- statistics are also used in CoCs' NOFA application for HUD CoC funding. These CoC System Performance Measures (SPM) – Measures CoC performance. Its measure:
- Length of Time Homeless
- Exits to Permanent Housing with Returns to Homelessness
- Number of Persons Homeless
- **Employment and Income Growth**
- Number of Persons First Time Homeless
- Permanent Housing Placement Retention
- HUD's Stella Reporting System for Analysis across a wide range of measures. Assessment Report (AHAR). This report submits aggregate but detailed data CoC Longitudinal Systems Analysis (LSA) – Replaced the Annual Homeless across all HUD defined program types. This data can the be uploaded to



### STRATEGIC PLANNING

WITH NON-HUD FUNDED PROVIDERS AND COMMUNITY ACTIVISTS



### FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS

- Increase Leadership, Collaboration, and Civic Engagement
  - Objective 2 Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness
- Increase Economic Security
  - Objective 6 Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness
- Retool the Homeless Crisis Response System
  - Objective 10 Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

| STATE STRATEGIC PLAN  |   |
|---|---|
|   |   |
| Capacity Building     Funding   |   |
| Resource Mapping     Technical Assistance   |   |
| Training  |   |
| Cross-System Transitions     Build Collaboration  |   |
| Leverage Resources  |   |
| Public Awareness and Engagement     Collaborative Input and Feedback  |   |
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| COO DI ANNINO DECENTIONI  |   |
| COC PLANNING RESPONSIBILITIES   |   |
| Conduct semi-annual meetings with full meetings of full membership  |   |
| <ul> <li>Issue a public invitation for new members annually</li> <li>Conduct annual gaps analysis</li> </ul>  |   |
| Conduct annual Saps alialysis   |   |
| WHAT IF WE COULD PUT THESE REQUIREMENTS TO BETTER USE?  |   |
|   |   |
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|   |   |
|   | 1 |
|   |   |
| BARRIERS TO COLLABORATION   |   |
| Community Service Providers do not know how the system works  |   |
| Decision Makers do not know how the system works     According "this is how it has always he are done."   |   |
| <ul> <li>Accepting "this is how it has always been done" answer.</li> <li>Partners/ members/potential members do not understand how the</li> </ul>                |   |
| funding is connected to the data needed for the program   |   |
| <ul> <li>Partners/members/potential members do not understand how<br/>they/their clients benefit from the ESG/CoC funds available in the<br/>community</li> </ul> |   |

- Form a Workgroup
- Identify Barriers and Solutions
- Engage Stakeholders / Partners
- Develop a Plan
- Data Tracking

### STEPS FOR IMPROVING PARTICIPATION (CONT.)

- MOU or Partner agreements
  - Add a pledge or requirement that the partner will participate in PIT count, coordinated assessment and other steps that members need to be involved with;
- SOAR training
  - Assist with training and/or require that partner staff participate in online training in order to better assist clients going through any of the shelter services
- Training for non-HUD funded service providers
  - Offer space/seats to non-HUD funded partner staff to participate in training provided to help understand how to maneuver through HUD funded programs.

## VHA Homeless Programs COORDINATED ENTRY PROCESS Sherry Braslavsky, LCSW Coordinated Entry Specialist

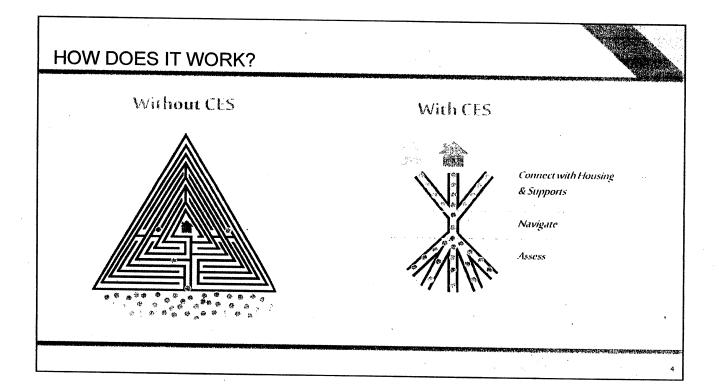
### Agenda

- What is Coordinated Entry (CE)?
- How does it Work?
- What are the core elements of CE?
- Before and After CE
- What are the Benefits?
- Best Practice approaches of CE
- By-name lists and the Federal and Criteria Bench Marks



### WHAT IS COORDINATED ENTRY?

An approach to *coordination* and *management* of a crisis response system's resources that allows users to make *consistent decisions* from available information to efficiently and effectively *connect* people to *interventions* that will rapidly *end* their homelessness



### WHAT ARE THE CORE ELEMENTS OF CE?

- ACCESS the initial engagement point or point of entry (virtual or site-based, including multiple access sites) for persons experiencing a housing crisis.
  - HARK
  - · Health Care for Homeless Veterans
  - · St. Francis House SSVF
  - 7Hills HOPE
- ASSESSMENT the process of documenting a participant's housing needs, preferences, and vulnerability by use of the chosen assessment tool. NWA CoC uses the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT).

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### WHAT ARE THE CORE ELEMENTS OF CE (continued)

- PRIORITIZATION ON THE BY-NAME LIST (BNL) process of assigning level of need or vulnerability to persons seeking assistance so that housing and services can be allocated to those persons with the greatest need.
  - VI-SPDAT Scores:
    - 0-3: no housing intervention
    - 4-8: an assessment for Rapid Re-Housing (SSVF, 7hills HOPE)
    - 9+: an assessment for Permanent Housing/Housing First (HUD/VASH)
- REFERRAL matching persons to available community resources, housing and services, through ongoing case conferencing with housing providers.

### DIFFERENCES IN FOCUS BEFORE AND AFTER IMPLEMENTATION OF CE



### **BEFORE CE IMPLEMENTATION**

Should we enter this person into our program?

- Program-centered
- Different forms and assessment for each organization
- · Program-specific decision-making
- Ad hoc referral process between programs
- Uneven knowledge about available housing and service interventions in the CoC's geographical area

### AFTER CE IMPLEMENTATION

What housing program and resources available in the community are the best for this household?

- Person-centered
- Standard forms and assessment used by every program for every participant
- Community agreement on how to triage based on the household's needs
- Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance

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### What are the benefits of CE/BNL?

- Veterans at risk of or experiencing homelessness are able to access housing or services they need FASTER.
- Veterans at risk of or experiencing homelessness are only referred for services for which they are eligible.
- Helps to avoid inappropriate or ineligible referrals
- Housing and supportive services are able to better manage prospective Veteran participants through a centralized prioritization list (the By-name list).
- Public and private funders are able to be confident that housing and supportive service projects are serving the intended people.
- Focus remains on the most vulnerable or highest need Veteran households as opposed to leaving that population in homelessness.

### Benefits (Continued)

- A BNL is an excellent source of data for evaluating the performance of your homeless service system.
- Not only does it track all known homeless Veterans and helps match them to services, but it can also be used to provide insights on:
  - How many Veterans are homeless in your community each month.
  - How many Veterans enter the homeless system each month.
  - How many Veterans exit helplessness each month.
- · All of this can be done as close to "real-time" as possible.

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### BEST PRACTICE APPROACHES: Case Conferencing

- Case Conferencing should be conducted 1-2 times per month to support coordination and problem-solving, that occurs regularly with case management and other staff serving those who are experiencing homelessness.
- It works in tandem with the BNL to ensure the community is tracking, engaging, and connecting all of those experiencing homelessness to permanent housing.
- Goals of Case Conferencing:
  - To ensure holistic, coordinated, and integrated assistance across providers for all of those experiencing homelessness in the community;
  - To review progress and barriers related to each person's housing goal;
  - To identify and track systemic barriers and strategize solutions across multiple providers;
  - To clarify roles and responsibilities and reduce duplication of services.

Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness

### BEST PRACTICE APPROACHES: BNL

- If a Veteran on the active list can no longer be located after repeated attempts for 90 days or more, the status of that Veteran can be changed from "active" to "hissing" for purposes of calculating these benchmarks. If the Veteran is located at a later date and is still experiencing homelessness, the date of the most recent contact would become the new date of identification.
- Updates should be conducted at least monthly to ensure information is current.
- If it is determined that an individual on the active list is not a Veteran, that individual should be removed from the active list and not included in data and calculations for the criteria and benchmarks, but should be included on a non-Veteran specific active list.

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### BNLs and the Federal Criteria and Benchmarks

### Criteria

- The community has identified all Veterans experiencing homelessness.
- The community provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.
- The community provides service-intensive transitional housing only in limited instances.
- The community has capacity to assist Veterans to swiftly move into permanent housing.
- The community has resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

### **Benchmarks**

- Chronic and long-term homelessness among Veterans has been ended.
- Veterans have quick access to permanent housing.
- C. The community has sufficient permanent housing capacity.
- The community is committed to housing first and provides service-intensive transitional housing to Veterans experiencing homelessness only in limited instances.

Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness

### VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT) SINGLE ADULTS AMERICAN VERSION 2.0 Administration Interviewer's Name Agency Survey Location (Agency/City): Interviewer's Work Phone Number Interviewer's Work Email Address Survey Date: Survey Start Time Survey End Time MM/DD/YYYY \_\_\_\_/\_\_\_/\_\_\_ .\_\_\_: \_\_\_AM/PM \_\_\_: \_\_\_AM/PM Opening Script Every assessor in our community regardless of organization completing the VI-SPDAT should use the same introductory script. That script should include the following information: "My name is [ ] and I work for a group called [ ]. I have a 10 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. The information collected goes into a protected, community-wide database, which will ensure that instead of going to agencies all over town to get on waiting lists, you will only have to fill out this paperwork one time. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey. After the survey, I can give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible but unlikely that you would be housed through this process. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources you might be eligible for. Some questions are personal in nature, but you can skip or refuse any question at any time for any reason. We only ask these questions to better understand what resources can help you, so the more honest you are, the better we can figure out how best to support you. So, please answer as honestly as you feel comfortable doing. Would you like to take the survey with me?" Yes If "yes," ask the individual to sign the Release of Information before proceeding. If "no," why not?: "If at any point you don't understand what I am really asking, just let me know and I will help you understand what I want to know. Let's start with the first question: Even if they are not with you today, would your household include a husband, wife, long-term partner, or minor children if you had a safe place to live? **Basic Information** First Name Nick Name Last Name

In what language do you feel best able to express yourself? \_\_\_\_\_

Age

Consent to Participate?

Date of Birth:

MM/DD/YYYY

### VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT) SINGLE ADULTS AMERICAN VERSION 2.0 Partner (if applicable): First Name **Nick Name Last Name** In what language do you feel best able to express yourself? \_ Date of Birth: MM/DD/YYYY: Age: No Partner's race/ethnicity? (check all that apply) White Hispanic, Latino, or Spanish origin Black or African-American Asian American Indian or Alaska Native Native Hawaiian/Other Pacific Islander Some other race/ethnicity, or origin Please provide a list of children's names and ages: First Name Last Name Age Date of Birth Gender Race/Eth Pre-Survey A. Do you feel safe right now? Yes (If "yes," continue with the survey. If "no,"..."What's going on? Do you want to talk about it?" And maybe add lethality assessment in the future?) A. History of Housing and Homelessness 1. Where do you sleep most frequently? (check one) Shelters Transitional Housing Outdoors (inclusive of all places not meant for habitation, including: streets, sidewalks, doorways, car, bus or subway, park or abandoned buildings) Other (specify): Refused 2. How long has it been since you lived in permanent stable housing? (in months)

3. In the last three years...

or in shelters?

A. How many times have you been homeless?

B. What is the total number of months you have lived on the streets

Refused

Refused

Refused

### VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT) SINGLE ADULTS AMERICAN VERSION 2.0 C. Have you been continually homeless for at least a year? Refused B. Risks 4. In the past six months, -- count back with the month: "so since [ ]" -- how many times have you... A. Received health care at an emergency room? Refused B. Taken an ambulance to the hospital? Refused C. Been hospitalized as an inpatient? Refused D. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused E. Talked to police because you witnessed a crime, were the victim of a crime or the alleged perpetrator of a crime, or because police told you that you must move along? Refused F. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? Refused 5. Have you been attacked or beaten up since you've become homeless?..... Yes No Refused 6. Have you threatened to or tried to harm yourself or anyone else in the last year? ...... No Refused 7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ... Yes No Refused 8. Does anybody force or trick you to do things that you do not want to do? ..... Refused No 9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?..... Yes No Refused C. Socialization & Daily Functioning 10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?.... No Refused 11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ..... 12. Do you have planned activities, other than just surviving, that make you feel Refused happy and fulfilled? ..... Yes No Refused 13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that? ...... Yes No Refused 14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused you to become evicted? ...... Yes No Refused D. Wellness 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ...... Yes Refused 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? \_\_\_\_\_\_\_Yes Refused 17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ..... Yes

Refused

### <u> VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)</u> SINGLE ADULTS AMERICAN VERSION 2.0 18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ...... Yes 19. When you are sick or not feeling well, do you avoid getting medical help? ..... Yes No Refused No Refused 21. Has your drinking or drug use led you to being kicked out of an apartment N/A or Refused or program where you were staying in the past? ...... Yes No Refused 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ...... Yes 23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other No Refused place you were staying, because of: A. A mental health issue or concern? ..... B. A past head injury? \_\_\_\_\_\_ Yes No Refused No C. A learning disability, developmental disability, or other impairment? ...... Yes Refused No 24. Do you have any mental health or brain issues that would make it hard for you to Refused live independently because you would need help? ...... Yes 25. Are there any medications that a doctor said you should be taking that, for No Refused No 26. Are there any medications like painkillers that you don't take the way the doctor Refused prescribed or where you sell the medication? ...... Yes No 27. YES OR NO: Has your current period of homelessness been caused by an Refused experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ..... No Refused Follow-Up Questions Finally, I'd like to ask you some questions to help us better understand homelessness, your eligibility for certain housing programs, and to improve housing and support services. 1. What is your gender? Male Female Other (specify): \_\_\_\_\_ 2. Do you identify as transgender? Yes No **REFUSED** 3. What is your race/ethnicity? (check all that apply) White Hispanic, Latino, or Spanish origin Black or African American Asian American Indian or Alaska Native | Native Hawaiian/Other Pacific Islander Some other race, ethnicity, or origin 4. Have you ever enlisted or served in the U.S. Military?.... Enlisted Served No REFUSED A. If yes, what is the veteran's social security number? B. If yes, which war/war era did you serve in? September 2001 or later August 1990 to August 2001 (includes Persian Gulf War) May 1975 to July 1990 Vietnam War Era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) Other peace-keeping operations/military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) Refused

Other (specify): \_\_\_\_\_

### **VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)** SINGLE ADULTS **AMERICAN VERSION 2.0** C. If yes, what was the character of that discharge? Honorable Dishonorable **General Under Honorable Conditions** Still on Active Duty Other than Honorable Refused **Bad Conduct** D. If yes, were you in the reserves? ..... No Refused For reservists only, how long did you serve? (in months) E. Did you serve in a combat or war zone or receive hostile fire or imminent danger pay? Yes No Refused F. Were you personally exposed to combat-related situations (including, but not limited to, receiving fire, taking part in offensive activities, or exposure to dead or seriously wounded comrades, enemy combatants, or civilians)? Yes No Refused What is your citizenship status? Citizen Permanent Legal Resident Undocumented Asylee, Refugee, or Other Eligible Immigrant Refused 6. Have you ever been in foster care?.... Yes No Refused 7. Have you ever been in jail or prison? ...... Yes No Refused 8. What kind of health insurance do you have, if any? (select all that apply) Medicaid Medicare VA Medical Services Private Pay State Health Insurance Program for Adults State Children's Health Insurance Program (CHIP) Employer Provided Health Insurance Other (specify) \_\_\_\_\_ 9. There are some housing options that are shared, like with a roommate. Would you be interested in anything like that? ...... Yes No Refused 10. There are some housing options that required you to be sober. Would you No Refused 11. If you have any money coming in on a regular basis, can you provide me with the name and amount of each income source? Monthly Income Source(s):\_\_\_\_\_ Monthly Income Amount(s): \_\_\_\_\_ 12. Are you currently receiving or waiting to hear back about SSI, SSDI, or other disability benefit No Refused 13. Do you have any pets? No Refused A. If yes, what kind and how many?\_\_\_\_\_ On a regular day, where is it easiest to find you and what time of day is easiest to do so? (If someone really needed to contact you about an important issue, where and when would they find you?) Surveyor: please collect multiple locations and the individual's schedule, including where they sleep, when they arrive each night, when they leave each morning, where they obtain meals, and where they reside during the day. Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? Phone: \_\_\_\_\_ Email:\_\_\_\_\_

## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT) SINGLE ADULTS AMERICAN VERSION 2.0 Do you have any other agencies or case workers that might be able to get in touch with you? Agency Name(s): Brail: What kinds of things would you like help with right now? Cother notes/observations:

End Time: \_\_\_\_\_

### **2020** Emergency Solutions Grant Proposed Changes Talking Points

• Proposed 2020 Application Process dates...

|      | <b>-</b> | <b>*</b> *  |
|------|----------|-------------|
| Date |          | Description |

| Thursday, April 2 <sup>nd</sup> , 2020 | Mandatory Application Workshop  |
|--|---|
| April 6 – May 29, 2020                 | Applications entered into OK Grants                                   |
| 5:00 pm May 29, 2020                   | Application must be submitted into OK Grants                          |
| Thursday, June 4, 2020                 | Application Reviewer Training Webinar                                 |
| June – July, 2020                      | Continua score, rank and recommend                                    |
| August – September, 2020               | ODOC verifies eligibility of potential subrecipients                  |
| September, 2020                        | Award Notifications sent after recommendation letters received by CoC |
| October 1, 2020                        | ESG 2020 Contract Start Date  |
| September 30, 2021                     | ESG 2020 contract end date. All funds must be expended by this date.  |
| November 30, 2021                      | ESG 2020 Closeout Documentation and Annual Report Due to ODOC.        |
| <b>~</b> /                             |   |

### **Discussion Items...**

- Discussion of Ideas providers can implement to make themselves part of the economic development picture of Oklahoma
- Discussion of Ideas to improve the process/education/resources concerning protecting the rights of clients with disabilities.
- Discussion of creating policy for agencies to use to help serve staff that qualify/need housing assistance.
- Discussion to add HMIS scoring measure for points to Application
- What Ideas do you have?

### Dates to look for...

- Statewide Input Session will be end of September (Dates pending)
- Statewide Public Hearing will be in October (Dates Pending)
- Open comment will end early December (Dates pending)