



### **BOSCOC Regional Meetings: Spring 2016:**

Karia Lee Basta welcomed everyone and introductions followed.

### **The Good, The Bad and The Ugly:**

The title of the PowerPoint. The purpose of the Continuum of Care program is to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by non-profit providers, state and local governments to quickly rehouse those experiencing homelessness while minimizing the trauma and dislocation caused; promote access to and effective utilization of mainstream programs by individuals and families experiencing homelessness; and optimize self-sufficiency among individuals and families.

Karia discussed the HEARTH Act; how VA funds (VASH and SSVF) became available in 2008; SAMHSA funds (PATH and RHY) came about in 2015; and the SSA (SOAR came out in 2001). SOAR training is available on-line and does not need to be completed all at once. Adam Robson ([Adam.Robson@azdhs.gov](mailto:Adam.Robson@azdhs.gov)), who is the chair of the State SOAR Steering Committee, keeps a list of all individuals who are SOAR trained. Medicaid understands that housing is healthcare. Medicaid funds can be used to keep an individual stable and in their home. Initiate conversations with those agencies in your locale that already bill Medicaid as this is an untapped source of financing for services many agencies struggle to provide.

Karia discussed terminology.

- Coordinated Entry: The purpose is to assist those who are the most vulnerable with an initial evaluation and, if necessary, a warm handoff to a program that is the best fit. The SPDAT is a triage tool.
- Housing First: What can be done to get individuals housed and then address any other issues.
- Case Conferencing: Discussions of what needs to be done to house an individual. Work from a by-name list, know who is responsible for carrying out actions that address a particular HH.
- System Performance Measures: There are seven (7) measures we need to be aware of.
  1. The length of time a person remains homeless;

2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. The number of persons experiencing homelessness;
4. Jobs and income growth for persons experiencing homelessness in COC program-funded projects;
5. The number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in COC program-funded projects; and
7. Successful housing placement.

Technical Assistance: The BOSCOG is receiving TA for:

- HMIS
- COC Governance
- Vets@Home
- SOAR

Chris Pitcher, from ICF, a HUD TA provider, has provided substantial TA for the Balance of State. We were the first continuum to receive assistance for Vets@Home and are currently working on the elements for the creation of a by-name list. We are recipients of a TA award from SAMHSA to assist us with increasing the number of individuals who are trained in SOAR and thus able to increase the number of people eligible for Social Security benefits obtaining those benefits in a timely manner. There will be an upcoming forum on this.

Vision: Ending homelessness and changing lives! We must prioritize and use the resources available.

Understanding and Predicting Reactions to Change:

- 2.5% are the leaders
- 13.5% are the ones who jump on board quickly
- 34% are the ones who "go with the flow"
- 34% are the ones who need more information before changing
- 16% are the ones not on board

The change curve and the different emotions that go with change were discussed. They include, but are not limited to, denial, resistance, exploration and commitment. The group exercise discussed denial, resistance, the “pit”, coming to terms and adopting. Many people are dealing with the same issues and resources are stretched. Each vulnerable individual seems to need their own team. Changes are inevitable. Some ways to embrace the changes:

- Enter data correctly into HMIS.
- Build relationships (with landlords, staff, etc.).
- Share data.
- Engage other organizations to assist.

### **Point In Time:**

The preliminary data was reviewed. This data is from the count conducted the last week of January and focused on where individuals spent the night of January 26<sup>th</sup>. This is the fifth count and the number experiencing homelessness is still around 1,000 with 917 households and 1,217 individuals. The majority are single and approximately sixty-eight percent (68%) are male. Administering the VI-SPDAT was highly encouraged. It was completed on about 10% of those encountered. Using that information, a by-name list is being created for veterans and those who meet the definition of chronically homeless. Case conferencing will be part of “working” the by-name list. ADOH is entering the data from the VI-SPDATs. Once the final numbers are compiled, the report will be posted on the ADOH website.

A great example of how these numbers impact outcomes is that La Paz County had a high number of veterans during last year’s count This drew the attention of HUD and now a representative from National Community Health Partners is in La Paz three (3) times a week to assist veterans.

### **VI-SPDAT Training:**

A video was shown. Training will continue with assistance from AZCEH. VI-SPDAT is a triage tool. Case conferencing is important. A script is very helpful so Karia asked folks to share their scripts and she will create a generic script for those who might want to use one.

### **HMIS:**

CIR demonstrated how to enter data from the VI-SPDAT into HMIS. Data sharing was effective April 1<sup>st</sup> and we are the only continuum in the state to be sharing data! GOOD JOB!! It is imperative to enter the data efficiently and in a timely manner. Cheat sheets are available on the CIR website or you can call the helpdesk.

### **DES:**

#### **Documenting homeless status with HUD’s eligibility determination steps:**

The recipient must maintain and follow written intake procedures that require documentation at intake of the evidence relied on to verify homeless status.

**Eligibility determination steps:**

HUD wants to ensure that programs are following the appropriate eligibility steps and not relying on participant certifications as the first or main eligibility determinant. The eligibility steps are:

- a written referral by another housing or service provider / 3<sup>rd</sup> party verification;
- a printed record from HMIS or a comparable database used by victim service or legal service providers;
- a written observation by an outreach worker of the conditions where the individual or family was living; or
- written certification by the individual or head of household seeking assistance.

Third party documentation is preferred; however, for all clients, up to three (3) months can be documented through self-certification. In limited circumstances, up to the full twelve (12) months can be obtained through self-certification. A single encounter in a month is sufficient to consider household homeless for entire month unless there is evidence of a break. If third-party documentation cannot be obtained, a written record of intake worker's due diligence to obtain documentation, the intake worker's documentation of the living situation, AND the individual's self-certification of the living situation can be used. Eligibility should also be reassessed every three (3) months for program participants.

**Participant Surveys:**

Having participants complete customer surveys will allow programs to comprehend how participants feel about the services that they have received. The DES Homeless Coordination Office has created a survey that will be distributed by e-mail on May 18<sup>th</sup>. The surveys are to be given to the participants before they exit the program and each month the surveys will need to be forwarded to the state DES Homeless Coordination Office.

**Governance Advisory Board:**

We met in March for two (2) days and two (2) nights. There are seven (7) members on the board. You can always reach out to them with questions or concerns. We are meeting again on April 28<sup>th</sup>. Minutes are posted on the ADOH website.

**HMIS Committee:**

Every entity that inputs data into HMIS must have a representative on this committee. It would be optimum to have the program administrator as that representative.

**Membership Committee:**

We would like to have each county have a local continuum meeting. There are six (6) counties that currently do not have a continuum. We are getting close to having a local continuum in La Paz County. ADOH has a consultant working with Santa Cruz. Cochise is working to get theirs up and going strong again.

**VA Committee:**

We are working statewide with the COC to define “eminent risk” for homelessness. The five (5) day eviction notice can be used. DES and RRH are using that notice.

**Coordinated Entry Committee:**

We are working on issues with Coordinated Entry and Case Management to establish consistency.

**ESG Committee:**

This committee was formed to provide consistency with all entities receiving ESG funds. This committee meets quarterly.

A thank you and wishes for safe travels were extended.