**GOW CoC Meeting**
**Wednesday, March 22th, 2017, 10 AM**
**Independent Living of Genesee Region**
**113 Main Street, Suite 5, Batavia, NY 14020**

## GOW Meeting Minutes ~ Wednesday March 22th, 2017, 10 AM

**Independent Living in Genesee County, 113 Main Street, Suite 5, Batavia, NY 14020**

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**In Attendance:** Richard Bennett (Genesee County DSS), Jazlyn Stone (GeneseeDSS) Andrew Dearing (HAWNY), Debra McKnight (ILGR), Rae Frank (ILGR), Nora Sheehan (OCMH), Candi Biegas (GCMH/SPOA), Angela Angora (Cazenovia Recovery/ Liberty Hall), Dave Rumsey (Wyoming DSS), Michelle McCoy (DePAul), Jennifer Higgins (Home Leasing), Joel Kunker (Pathstone), Elizabeth McClaim (HUD), Zachary Fuller (Eagle Star)

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****IMPORTANT: Future HAWNY Meetings held with GOW partners will now be the 4th Wednesday of every other month. Next Meeting is scheduled for Wednesday May 24th at ILGR at 10pm. ****

1.) Welcome & Introductions
   a. Everyone in attendance is reminded that CoC meetings in the GOW will now be every other month on the fourth Wednesday of every month. There will still be our monthly HAWNY meetings in Buffalo with the larger Continuum and GOW partners are more than welcome to attend those meetings. There is a call-in option for all activities to encourage attendance.
   b. Last week's meeting we discussed the CoC funding award and we had Dale here to emphasis the importance of reaching out to local officials, like Chris Collins to show the importance of this funding.
   c. We also discussed that Pathstone Transitional Housing is now closed with the building used as affordable housing.
   d. Connie Sanderson is now Executive Director for the Rochester CoC.
   e. We have a special guest with us today from the Buffalo Field Office, CPD Representative, Elizabeth McClaim
   f. Elizabeth saysd that CoC awards will be out in mid april.

2.) CoC Activity Awards
   a. Coordinated entry oversight committee
      i. Rea Frank is part of the Coordinated Entry oversight committee and reflected that the coordinated entry process is complicated.
      ii. It was mentioned that the coordinated entry process established in the GOW will need to get approval from the oversight committee.
   b. HAWNY SOAR Funding Opportunity
      i. SSI/SSDI Outreach Access and Recovery (SOAR)
      ii. Application model to apply for public a benefit that focuses on helping those with homeless and disabilities that create high barriers towards applying. It gives the trained case managers a more hands on opportunity to gather information and interest SSA on their client's behalf. SOAR is a national best practice that yields a high approval rating on the initial application. This would be a service reserved for clients seeing the most barriers trying to apply for applying for public benefits
      iii. There is a FREE online training that takes about 35-40 hours to complete and is recommended to complete over the course of a month.
      iv. One of the negative parts of SOAR is that it is an unfunded program
      v. Elizabeth McClaim said that she is familiar with SOAR and that it could potentially get the client approval within 90 days.
      vi. ILGR already has workers completing these applications and HAWNY is looking for funding from local foundation and local partners throughout the community.
      vii. This will be an ongoing project for the year that with require partner support across the CoC.

        viii. ILGR has already been identified as a partner in the GOW and are already completing SOAR applications.

3.) 2017 Point-in-time
- a. Results from the PIT 2017 can be summarized in an attached document.
- b. Some points:
    - i. More family homelessness in Orleans county due to pathstone being open during the study
    - ii. Stronger Veteran representation in Genesee County due to strong va programming.
    - iii. There was actually evidence of street homeless in Orleans and Wyoming County of people sleeping in their car.
- c. It was suggested that reaching out to drug rehab centers, and crisis call in centers
- d. Revisiting summer pit to get more accurate numbers at the next meeting
- e. Doing the study over an entire month was suggested by Rae
- f. Angela suggested that looking more closely at those living in unsuitable human habitation. <no heat, no gas>
- g. At-Risk strategy needs to improve and is still valued.
- h. We collected over 100 responses.
    - i. Many did not fit the description of at-risk or homeless
- i. Another barrier towards identification was also those actually homeless of in a drug residence.
- j. Overcoming personal information boundaries needs also to be revisited.
- k. Majority of at-risk numbers came from DSS, two week guarantees for housing.
- l. Is apartment meant for human habitation or inadequate (heat/electricity)
- m. September/fall/summer: best to survey during the entire month or beginning of the month

4.) Coordinated Entry
- a. Rae met with Joel from pathstone to discuss RRH project. Making sure that all funding is represented by each community. Housing inspections also discussed with Pathstone and ilgr being able to do housing inspection. If ILGR cannot provide the services then, either Salvation Army, CAO can take the client to provide RRH placement.
- b. Rae suggested a sub-committee meeting with all involved parties.
- c. Elizabeth Mcclaim said that she will be available to do training with all parties involved.
- d. Things that need to be accomplished:
    - i. Establish a coordinated entry model
        1. Approved by coordinated entry task force
        2. HMIS tool
    - ii. By-name list process
        1. Partnered agencies
- e. Notice establishing additional requirements for continuum of care centralized coordinated assessment system.
- f. We need to establish a no wrong door
- g. If there is funding to support agencies to do these evaluations.
- h. Landlord interaction should also be visited.
- i. Coordinated entry can be used to prioritize clients on vulnerability.
- j. Zach Fuller – discussed Eagle Stars future project in Batavia for Permanent Supportive Housing in Partnership with Home Leasing. The building will be handicap accessibility and will be a great asset to the veteran and aging population
- k. DePaul- Housing Development is also moving along with their HCR development in Genesee, Orleans, and Wyoming. Zoning boards and government process is now being organized. 3-5 year project

5.) Adjournment

Source: CPD-17-01 Additional Requirements for Coordinated Entry January 23rd, 2017

I. **Purpose**

Under the authority of 24 CFR 578.7(a)(8), this Notice establishes new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grants (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system. It also provides guidance on additional policies that CoCs and ESG recipients should consider incorporating into written policies and procedures to achieve improved outcomes for people experiencing homelessness. The CoC and ESG Program interim rules use the terms "centralized or coordinated assessment" and "centralized or coordinated assessment system;" however, HUD and its Federal partners have begun to use the terms "coordinated entry" and "coordinated entry process." "Centralized or coordinated assessment system" remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD's other written materials, the Notice uses the term "coordinated entry" or "coordinated entry process."

II. **Referrals to participating projects**

The coordinated entry process must implement a uniform and coordinated referral process for all beds, units, and services available at participating projects. Written policies and procedures must document: Page 13 a. the uniform referral process, including standardized criteria by which a participating project may justify rejecting a referral; and b. in the rare instances of rejection, the protocol that participating projects must follow to reject a referral, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.

III. **Assessment Tools and Processes**

**a.** CoCs should develop or select standardized tools to facilitate their standardized assessment process that gather only the information necessary to determine the severity of need and eligibility for housing and related services, and that can provide meaningful recommendations to persons being assessed.

**b.** The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following:

- **i.** a. screening for diversion or prevention;
- **ii.** b. assessing shelter and other emergency needs;
- **iii.** identifying housing resources and barriers; and
- **iv.** evaluating vulnerability to prioritize for assistance.

Assessments conducted in different phases should build on each other and limit the frequency with which a participant must repeat a personal story so as to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral. Once connected to housing and services, project staff may conduct more sophisticated assessments to evaluate a participant's need for specialized services or resources. The phased assessment process used during coordinated entry is not intended to replace those more specialized assessments but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

IV. **Using HMIS and Other Data Collection Systems**

HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option to complement their mandatory HMIS recordkeeping and have incorporated HMIS into their coordinated entry. HUD encourages communities to use HMIS, but recognizes that other systems might be better or more quickly able to meet the community's coordinated entry needs. HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS. See requirements for data security for any system in II.B.12 of this Notice. Further, communities maintaining a "By-Name-List," "Active List," or "Master List" outside the HMIS infrastructure will necessarily be managing client-level data. These data contain personally identifiable information and have the potential to cause harm to clients if data were inappropriately disclosed or unintentionally breached. CoCs should identify and implement data handling protocols to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data.

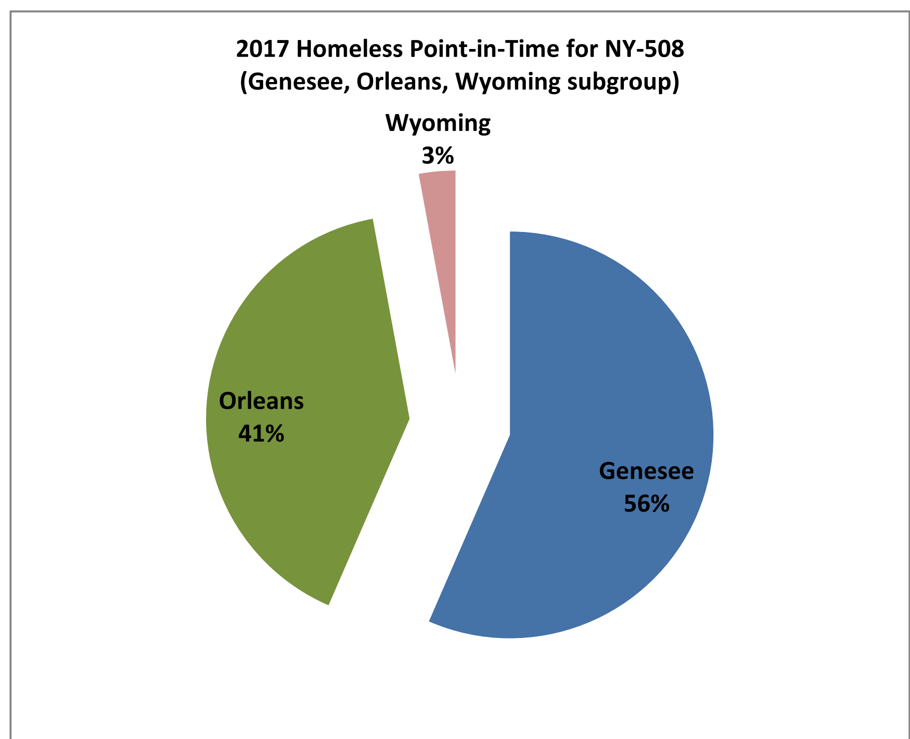
# 2017 Point in Time Summary; NY-508
# (Genesee, Orleans, and Wyoming Subgroup)

Below are the 2017 results for the Homeless Point in Time count of homeless individuals and families in Genesee, Orleans, and Wyoming Counties. Surveys and client data was collected from volunteers performing street outreach on the night of **January 25th**. We also collected from various community based organizations and emergency shelter services over a weeklong person after January 25th (1/25 to 2/1).

| | Genesee County | | | | | Orleans County | | | Wyoming County | |
|---|---|---|---|---|---|---|---|---|---|---|
| Agencies | DSS | Eagle Star | Liberty Hall | CAOGINC | ILGR | DSS | East Orleans Community Center | Pathstone Visions | DSS | WCCA |
| By County | **39** | | | | | **28** | | | **2** | |
| Men | 35 | | | | | 13 | | | 1 | |
| Women | 4 | | | | | 14 | | | 1 | |
| 17 years and under | 4 | | | | | 16 | | | 0 | |
| 18 to 24 years | 2 | | | | | 1 | | | 0 | |
| 25 to 44 years | 5 | | | | | 6 | | | 1 | |
| 45 to 64 years | 27 | | | | | 4 | | | 1 | |
| Individuals | 31 | | | | | 3 | | | 2 | |
| Families | 8 people were families | | | | | 24 people are in a family | | | Family homeless not identified | |
| White | 27 | | | | | 6 | | | 2 | |
| Black | 12 | | | | | 0 | | | 0 | |
| Hispanic | 1 | | | | | 0 | | | 0 | |
| Veteran | 30 | | | | | 0 | | | 0 | |
| Physical Disability | 9 | | | | | 1 | | | 1 | |
| Mental Health Disability | 15 | | | | | 0 | | | 1 | |

Observations:

- 44% of homeless identified were residents in veterans programs with many clients from surrounding communities.
- 4 Different people identified themselves as staying in a car or on the street during the Night of 1/25.
- Pathstone Visions is now closed with many of the residents current transitioning to Section 8 voucher.
- Inventory from DSS shelter placement into Hotel/Motel



At-Risk Survey

The GOW subgroup also took this research opportunity to collect information about those who don't fit the federal HUD definition of homeless but consist of the majority of clients living in these communities with housing stability concerns. Surveys were collected in the same way and consist of the same questions as the homeless survey. The purpose of this part of the study is to identify those in the community who have had experience with homelessness, couch surfing with friends, or have been frequently moving from place to place and represent a housing unstable situation.

| | Genesee County | | | | Orleans County | | | Wyoming County | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Agencies | Genesee DSS | Genesee DePaul | Liberty Hall | CAOGINC | Orleans DSS | Ministry of Concern | Orleans DePaul | WCCA | Wyoming DePaul | Varysburg Pantry |
| | Salvation Army | Catholic Charities | Holley Food Pantry | City Church | Catholic Charities | CAOGINC | | Catholic Charities | Planned Parenthood & WIC | Oak Orchard |
| By County | **5** | | | | **28** | | | **4** | | |
| Men | 4 | | | | 2 | | | 3 | | |
| Women | 1 | | | | 4 | | | 1 | | |
| 17 years and under | 0 | | | | 0 | | | 0 | | |
| 18 to 24 years | 0 | | | | 1 | | | 0 | | |
| 25 to 44 years | 4 | | | | 3 | | | 4 | | |
| 45 to 64 years | 0 | | | | 1 | | | 0 | | |
| White | 4 | | | | 5 | | | 4 | | |
| Black | 1 | | | | 1 | | | 0 | | |
| Hispanic | 0 | | | | 0 | | | 0 | | |
| Veteran | 0 | | | | 1 | | | 1 | | |
| Physical Disability | 0 | | | | 1 | | | 1 | | |
| Mental Health Disability | 1 | | | | 3 | | | 0 | | |

Observations:

- DSS placement into rooming house or placed was considered an at-risk situation for this study, which accounts for 70% of the at-risk population identified.
- Non-DSS surveys showed the most popular place they were staying that night was either 'temporarily with friends (couch surfing)' or in my own apartment.
- Within the past year the majority of non-DSS at-risk clients identified that they have either 'temporarily stayed with friends (couch surfing)', 'Living on the Streets', or Living in their own apartment