| ICH Work Group Summaries |
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**Coordinated Assessment Work Group**
The ICH Coordinated Assessment (CA) Work Group is tasked with working to address all coordinated entry objectives and strategies within the Homeless Services Framework of Maryland's Interagency Council on Homelessness (ICH).

The CA work group convened an in-person meeting on April 13, 2017 and a conference call on July 24, 2017 to review of Maryland CoC's Coordinated Assessment survey responses
and discuss HUD's Coordinated Assessment Checklist Tool and potential barriers CoC's have identified in implementing coordinated intake and assessment by January 23, 2017.

*Topics Covered During 7/24 call:*
**Review of the HUD Tools and Requirements** - On the call a few of you had reviewed the tools and already knew which areas (planning, access, assessment, prioritization, referral, data management and evaluation) you anticipate having some trouble with. Other CoCs had not gotten that far. If you are moving through the tools and have questions or need assistance, please reach out to the other CoC leads or HMIS leads using this contact list.

**TA Support** - As we discussed on the call that HUD is offering 16 hours of TA support for CE. AS of that call about 6 CoCs had applied for TA but hadn't heard back yet. The other 10 CoCs had not applied yet. Please email me with any updates on how the TA is going.

**Interest in CoC Consolidation** - Washington and Allegany Counties expressed interest in this topic, others have not had time to consider it yet.

**Items Requested by the CoCs on the Call:**
1) Templates of CE policy template that HUD wants to see in January
--------> take a look at the google drive and here is an example from Washington State and some resources from the National Alliance to End Homelessness.
2) Copies of CoC assessment tools they created on their own -
----------> If the following counties are willing to share their tool with the group, please send to me and I will upload to the google doc.-- Baltimore City and County, Cecil, Southern MD, Frederick, Anne Arundel and Allegany counties.
3) Copy of the family SPDAT Tool
-----------> Find it here

**Work Group Needs a Chair:**
The CA Workgroup will need to identify a new chair due to an employment change of the existing chair.

**Next Meeting:**
TBD.  The CA Workgroup requested to meet after the submission of the 2017 CoC Application.

## *Summary of Maryland CoC Coordinated Entry Tools and Methods* as of August 2017

### *Prioritization Tool for Emergency Shelter by CoC*

| Using the VI-SPDAT (4) | Using the Client Vulnerability Index (2) | Self-Sufficiency Outcome Matrix (1) (available in service point) | Developed their own Prioritization Tool (4) | No Tool used (4) |
|---|---|---|---|---|
| Harford Montgomery Co. Prince George's (also use CoC housing vulnerability factors) | Allegany Frederick | Lower Shore | Anne Arundel Baltimore City Baltimore Co. Cecil Southern MD | Carroll Garrett Mid-shore (they plan on using VI-SPDAT) Washington Co. Howard |

### *Point of Entry for Client Seeking Shelter*

| Decentralized, multi-site location | One Central Location or Hotline | Unclear or No System Established |
|---|---|---|
| Allegany – "no wrong door" anyone can access services by going to any agency. | Anne Arundel – No wrong door for entry | Cecil-CE not available for Emergency Shelters yet, only for PSH |
| Baltimore City – Point of Entry for families is through Mercy Supportive Housing, singles is Weinberg or no wrong door. | Baltimore Co. – Homeless Screening unit of Baltimore co. DSS for shelter and housing. | Frederick – 4 shelter providers meet with client seeking shelter, but unsure of specific point of entry. |
| Garrett – "no wrong door" | Carroll – The Community Action Agency covers the whole geographic area. | Howard – Grassroots shelter runs a point of entry hotline |
| Lower Shore – "no wrong door" using standardized assessment and one HMIS intake CE form. | Harford – The Community Action Agency covers the entire CoC. | Mid-Shore – in the process of implementing their "full coordinated entry process". They also mention using a universal screening tool but also they mention the VI-SPDAT |
| Montgomery County – 3 regional offices and 4 outreach providers service the entire CoC. Use of 311 hotline but no screening being done. | Prince George's – hotline provides initial screening and referrals and CE team administers tool | |
| Washington – can enter through outreach events, food pantries, mobile crisis and other homeless service providers. | Southern Maryland – Each Local Dept. of Social Service in each county is the point of entry. | |

### *Overall Take-Aways*

- Some counties like Howard and Cecil only seem to have prioritization tools established for PSH referrals, not emergency shelter.
- Unclear if a county doesn't have space that night, what they are able to provide for a person or family seeking shelter (Anne Arundel County).
- For CoCs that have multiple points of entry, it is unclear how they are able to prioritize the most vulnerable across their whole system.
- Some jurisdictions like Southern MD have providers participating in the referral process which allows them to refuse.

<u>**Youth Work Group**</u>

The Youth Workgroup last met on May 24, 2017.  Representatives from the Department of Health and the Motor Vehicle Administration attended the meeting and are re-engaged with the work group.

In response to Secretary Holt's request that all work groups review the ICH Framework objectives and develop SMART goals, the group identified specific tasks to address during the summer/fall, including:

- Meet with the MVA to discuss the issues around identification and documentation including fee waivers and alternative documentation
- Update programs, services, and resources for homeless youth on the Maryland Community Service Locator and 211
- Provide or identify training for Local Management Boards on topics identified through Governor's Office for Children Survey.

The group also discussed how it will work to complete other objectives and strategies outlined in the ICH Framework. The group decided to model its work on the 2013 Taskforce on Housing & Supportive Services for Unaccompanied Homeless Youth. This includes creating smaller subgroups focused on particular issues (e.g., Identification, Education, Housing, etc.) and engaging additional partners to complete tasks and provide updates and recommendations to the larger work group. As a starting point, the work group will write a formal update to the 2013 Taskforce Report to highlight successes and achievements made and areas and new challenges to be addressed.

On June 20, 2017, a subgroup of work group members met with MVA representatives to discuss barriers to State-issued identification access for homeless youth.  Prior to the meeting, the work group members disseminated a survey regarding ID access that generated more than 100 responses from service providers in ten counties. The work group members presented the survey responses to MVA at the meeting, during which MVA and the work group members agreed to the following action steps:

- MVA will reissue its Bulleting regarding IDs for persons experiencing homelessness to staff at all branches to clarify existing policy.
- MVA and ICH Youth Work Group will develop content for MVA's website that will assist people experiencing homelessness with navigating the ID process, and will consider the need for additional consumer education materials.
- MVA will identify point of contact for ID access issues related to homelessness.
- ICH Youth Work Group will identify points of contact at the Social Security Administration and Maryland Department of Health.
- ICH Youth Work Group will attempt to identify local points of contact in each county to plan MVA ID days, disseminate consumer education materials and information, and identify locations where people experiencing homelessness can receive MVA mail.
- ICH Youth Work Group will share updated survey results with MVA.

**Next Meeting:**  TBD
**Work Group Lead:**
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**HEALTH AND HOMELESSNESS WORKGROUP**
UPDATE ON ACTIVITIES AND OUTPUTS
SEPTEMBER 2017

HEALTH AND HOMELESSNESS WORKGROUP IS RESPONSIBLE FOR GOAL 3 OF THE ICH: IMPROVE THE EMERGENCY SERVICES NETWORK FOR THE HOMELESS, BY PARTNERING WITH LOCAL STAKEHOLDERS TO CREATE A COMPREHENSIVE ASSESSMENT AND DISCHARGE PLANNING PROCESS USED AT INTAKE AND DISCHARGE FROM MEDICAL FACILITIES OR JAILS (A FEDERAL REQUIREMENT).

Timeline of activities are determined by the timelines outlined in the ICH plan. Therefore, the workgroup is currently focused on deliverables related to the Objective D: Assess exit planning strategies used by jails and other institutions to determine service and housing gaps **and** Objective C: Increase access to proper respite care for the homeless statewide.

## MEETING UPDATES
➢ No work group meeting conducted during this period
➢ Attended the Baltimore County Homelessness Roundtable in Randallstown in May to raise awareness about the work group efforts
➢ Meeting of MedStar Franklin Square Hospital Executive and the Interagency Council on Homelessness in June to discuss Medical Respite programs in Maryland occurred in Baltimore City, Maryland in June
➢ Dr. Shalewa Noel-Thomas attended the June 2017 NHCHC Conference in Washington D. C
➢ Toured Christ House, D. C in June as a best practice Medical Respite stand-alone program
➢ Meeting with Bon Secours Community Works Re-entry program in Baltimore, Maryland to get input on the Re-entry and Exit Planning (REEP) Tool.
➢ Meeting with Ms. Sheridan to discuss next steps regarding accomplishing work group objectives

## PROGRESS TOWARD MEETING FRAMEWORK OBJECTIVES
➢ Completed the medical respite care assessment
➢ Completed summary of national best practices for respite care
➢ Developed the Re-entry and Exit Planning (REEP) Tool in collaboration with various stakeholders to assess exit planning strategies used by jails and prisons in Maryland
➢ Extensive research on existing protocols in various Maryland jurisdictions regarding reentry of returning citizens from jails/ prisons
➢ Objectives were made more specific, measurable, attainable, relevant and time based (SMART)

## NEXT STEPS
➢ Statewide forum on medical respite care is being planned for 1st quarter, 2018

   o Disseminate information on best practices
   o Technical assistance for developing a respite care program
   o Provide funding opportunity to pilot the development and implementation of medical respite care programs
➢ Reach out to DPSCS for support in REEP Tool Administration
➢ Administer REEP tool as a qualitative assessment tool and summarize findings in the next Annual Report on Homelessness in Maryland
➢ Collaboration with Carroll County stakeholders to tour the St. Mary's County Respite Care Program.

**Veterans Work Group**
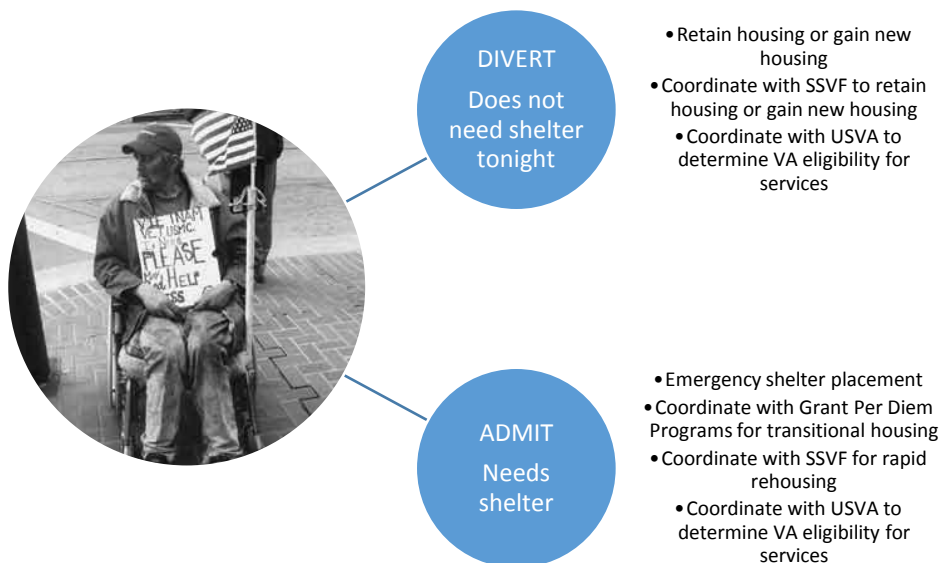
**Last meeting date:** May 22, 2017

**Representation:** 45 attendees representing nine CoC's: Howard, Montgomery, Anne Arundel, Prince Georges, Carroll, Cecil, and Baltimore County, US Interagency Council on Homelessness, US Department of Veterans Affairs, Grant Per Diem and SSVF Providers, MD DHCD, MD DLLR, MD DHS, and MD DVA

**Agenda included:** Federal and state partner priorities and resource sharing (USICH, USVA & MDVA), CoC mapping activity, gaps and solutions discussion**,** landlord engagement**, &** CoC commitments

**Progress made towards meeting objectives:**

   a. Create a standardized coordination of care model for assisting veterans experiencing homelessness.  ACHIEVED: *The work day informed best practices, see below.*
   b. Recommend to the ICH best practices for homeless veteran data collection.  Determine data collected by CoC member organizations.  ACHIEVED: *The work day informed best practices, see below.*
   c. Enhance the online directory of resources for homeless veterans in the MD Community Service Locator.  *Contact made August 28 with MCSL to review the Homeless Veterans Resource Guide for inclusion on their site.*
   d. Establish a homeless veteran provider network.  ACHIEVED: *Network has been created by way of work day attendee list serve.*

**Coordinated entry best practices:**



**DIVERT**
Does not need shelter tonight
- Retain housing or gain new housing
- Coordinate with SSVF to retain housing or gain new housing
- Coordinate with USVA to determine VA eligibility for services

**ADMIT**
Needs shelter
- Emergency shelter placement
- Coordinate with Grant Per Diem Programs for transitional housing
- Coordinate with SSVF for rapid rehousing
- Coordinate with USVA to determine VA eligibility for services

**Common themes:**
Divert from homelessness whenever possible
Collaboration with the VA to determine eligibility for VA homeless services
Set aside vouchers for veterans, in addition to HUD VASH vouchers
Housing with the inclusion of community based services and supports

**Homeless veteran data collection**:
CoC's and/or veteran subcommittees should maintain by name lists of homeless veterans, inclusive of- discharge status, whether the veteran qualifies for VA services, the number of homeless veterans offered permanent housing and/or alternatives, the date housing was offered, and dates of subsequent housing offers.

**Moving Forward** –  After 3 years of hard work and much accomplished, the ICH veterans work group will not meet as it was but instead calls will be held with the 5/22 Work Day participants to ensure deliverables are being met.

**Overview**

On May 22nd, 2017 from 9:00am-4:00pm, Maryland's Interagency Council on Homelessness' (ICH) Veterans Work Group held a workday for CoC member organizations, Supportive Services for Veteran Families (SSVF) Providers, United States Department of Veterans Affairs (USVA) Homeless Services Staff, as well as for other federal and state partners.  The work day was held at 100 Community Place in Crownsville.  Out of 53 invitees, a total of 45 individuals attended.  Nine CoCs were represented, Howard, Montgomery, Anne Arundel, Prince Georges, Carroll, Cecil, and Baltimore City.  In addition, both Southern Maryland (Charles, St. Mary's and Calvert) and the Lower Shore (Wicomico, Worcester and Somerset) were in attendance.

**Goals**

Workday goals included:
> 1) Allow CoC members organizations opportunities to share best practices with one another
> 2) Create a space supporting questions and answers with federal and state partners
> 3) Describe existing housing systems through the completion of a CoC based mapping activity
> 4) Identify gaps in existing systems and recommend improvement focused action items

In advance of the meeting, attendees were provided the opportunity to ask questions related to federal and state priorities to end veteran homelessness.  To ensure content was centered on the needs of attendees, these questions were provided to speakers ahead of the work day.

**Agenda**

***Federal Priorities to End Veterans Homelessness – USICH*** -

The work day began with a conference call between Joe Savage, Regional Coordinator, United States Interagency Council on Homelessness and attendees. Joe provided an overview of the federal priorities to end veteran homelessness. Advance questions shared by attendees were also answered, to include those related to funding. The following slide was introduced as a pre-curser to the afternoon mapping activity.

**HOMELESS CRISIS RESPONSE SYSTEM MAP**
*General Components & Client Flow*
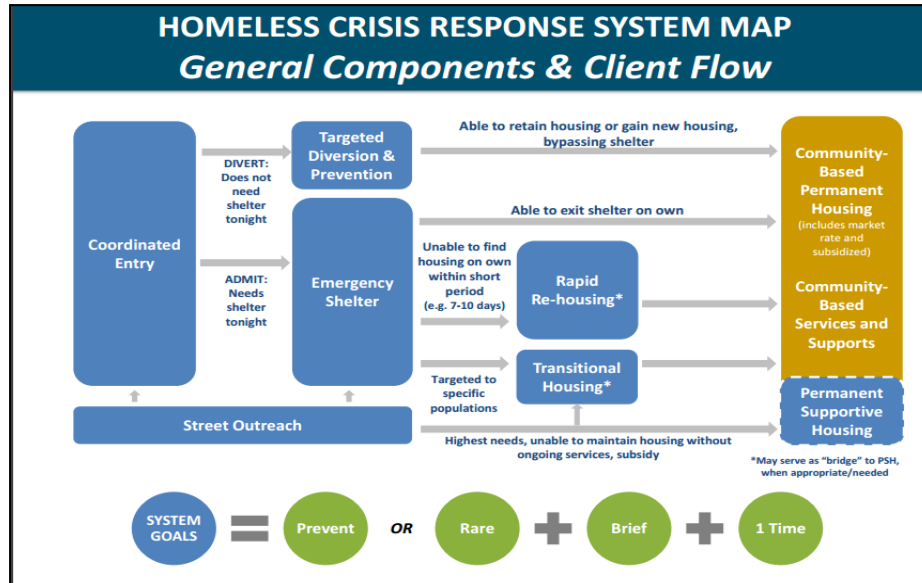
### Federal and State Partner Resource Sharing

The work day continued with briefings from both the United State Department of Veterans Affairs (VA) and the Maryland Department of Veterans Affairs (MDVA). John Clow, VA Maryland Healthcare System and Kevin Morton, Washington DC VA Medical Center described how they partner with CoCs in their respective catchment areas. Services include street based outreach, by-name list assistance, and how VA is effectively housing veterans and assisting with employment. Dana Hendrickson, Director of Outreach, MDVA, provided an overview of their five core programs, to include the Service and Benefits Program and Charlotte Hall Veterans Home. In addition, she explained how to acquire discharge paperwork if the need to verify veteran status should arise.

### CoC Mapping Activity

Following a brief get-to-know-you activity, participants were assigned to their regional CoC groups. SSVF and Grant Per Diem providers joined the CoC groups based on their primary service area. Groups were presented with two scenarios: (1) a chronic single homeless veteran and (2) a single veteran with children. They were asked to visually map how each veteran would move from the street in to permanent housing. Throughout the discussion, system gaps were identified and collected as a whole for the group.



### Housing Homeless Veterans in Maryland: System Gaps

System barriers were identified in both scenarios. Overall, the following themes emerged: (listed in order from most frequently identified to least frequently identified)

- **Availability of shelter space** – Most CoCs do not have space on the night a veteran needs a bed, due to shelters being full or veterans not meeting entry requirements (sobriety, mental health,

family size etc.), some CoCs had space for families (scenario 1) but not for single men with a substance use disorder (scenario 2).

- **Availability of permanent housing options** – Wait lists are often too long for a housing voucher or a permanent placement, sometimes the housing is not safe or affordable for the client.
- **Unclear point of entry/ coordinated Entry** – not all providers participate in coordinated entry, therefore available shelters, to include appropriate shelters are unclear, i.e. family size, long-term housing needs and finally not all providers are coordinating services. (an example was cold weather shelters functioning separately from the CoC)
- **Identifying and documenting veterans** – This included difficulties in building a by-name list, having proper documentation to verify veteran status, sharing information within HMIS and all providers asking the same questions to identify veterans.
- **Veteran resistance** – some CoCs identified that their veteran clients may refuse the shelter, housing or service referral offered by the CoC.
- **Access to Detox and Rehab** – Since scenario 2 pertained to a substance using veteran, some CoCs identified timely access to a detox bed and/or short/long-term rehabilitative services as a barrier especially when their CoC does not offer low-barrier or harm reduction shelters.

### *Solution-Focused De-Brief*
Following the mapping activity and challenges discussion, attendees collectively problem solved. SSVF providers shared information on services which could be used to bridge identified gaps. Additionally, with the help of present federal and state partner agencies, CoCs offered solutions to one another.

### *Landlord Engagement*
Prior to the meeting, a number of questions were shared relating to landlord engagement. Time was allowed to share best practices. Prince George's, Montgomery and Carroll Counties provided to the group lessons learned regarding suburban and rural landlord engagement. Additionally, resources gathered by the USICH summarizing best practices in other cities were shared with participants.

### *CoC Commitments*
The meeting concluded with CoC action item commitments. Following is a list of each action item. The ICH will check on progress made by each CoC.

- **Howard County** –
  - will research property management companies (Southern Management) indicated as having units for the formally homeless, they will contact companies in Howard County to determine if such units are available to their clients
  - will make a plan to give their homeless outreach team HMIS access
  - will look into reserving Rapid Re-housing beds for their veterans
- **Southern Maryland** –
  - will look into getting their by-name list transitioned from excel and into HMIS
  - The DC VA Medical Center committed to helping the CoC create a by-name list
- **Montgomery County** –
  - will learn more about prevention options available through their SSVF providers/funds
- **Anne Arundel County** –
  - will re-visit their by-name list and determine how they can return to a regular review with providers
  - will look into ways they can engage their County Executive relating to the Mayor's Challenge to End Veterans Homelessness

- o **DC VA Medical Center** –
  - o will replicate this work day with their CoCs (Southern Maryland, Prince George's, Montgomery Counties and part of Northern Virginia)
- o **Carroll County** –
  - o will try to pull their veteran by name list from HMIS
  - o will invite others to their CoC veteran homeless committee meetings, to include shelter plus care providers
- o **Cecil County** –
  - o will schedule mental health first aid training for their shelter providers
- o **Baltimore City** –
  - o will bring back their veteran leadership team
  - o will facilitate regular check-ins to discuss their by-name list

**Work Day Feedback**

Following the work day, attendees were asked to complete a feedback form.  Following is a list of some questions asked of attendees as well as their responses.

*What were your key takeaways from this event?*
- Discussion with other providers and CoC's was extremely helpful
- There are a lot of problems getting veterans through the system efficiently due to every county having their own way of doing things
- Better coordination is key and making sure systems are set up to actually help veterans exit homelessness
- Still have more work to do to get everyone on the same page
- Each county can learn from the practices of other counties, lots of expertise in the room!

*Any additional comments regarding the sessions or overall agenda?*
- Would like to know what's the next step- we had a great meeting/training, but where do we go from here?
- I think the agenda supported the overall mission and I hope outreach from the state level will be done to the few other counties that did not attend

*Any overall feedback for the event?*
- Very informative
- Came away as a positive experience
- Overall, I was pleasantly surprised and felt that the entire session was well worth the time invested
- It would have saved time in the beginning if the technology issues were sorted out before the event started
- Thank you for coordinating and supporting the initiative.  A positive message is sent when three state level departments work together