**CoC Business Meeting Minutes**

**July 21, 2023**

**Recording:** [**https://youtu.be/IswzpEY8ac8**](https://youtu.be/IswzpEY8ac8)

Attendees listed at end of document

* **CoC Updates** 
  + **2023 Funding Round – Mike Giuffrida, LICH**
    - HUD releases NOFO determining what region will be scored on, priorities, and what projects will be eligible in 2023. The Governance will be discussing details and decide on

guiding principles for 2023 funding round for our local process

* + - Released renewal scorecard – if you already have a CoC funded program you will be doing the renewal process. If you have not received it, please reach out.
    - Ranking Committee will meet to finalize scorecard for new programs (not already funded through the CoC)
    - Money is available for CoC bonus funds to apply for new/additional programs not funded through CoC. HUD has made another round of DV bonus funds available. The GB will decide priority in terms of need, feasibility, and how we can best compete for funds.
    - The HUD debrief from 2022 indicated that we lost points on not leveraging housing or healthcare, meaning that eligible activities on a grant are not being charged to HUD. The most common way to leverage housing is through vouchers. To leverage healthcare, costs for medical services are leveraged from another funding source.
      * The CoC had applied for a leveraged housing project with Town of Brookhaven setting aside vouchers and ECLI/VIBS providing support services.
    - Bonusfunds available are not exclusively available for leveraged programs, but bonus points are needed to qualify for bonus, but we need these kinds of programs to get any new funding. These programs are going to be necessary.
    - Would leveraged program count if it had ESSHI funds? (New Ground)
      * Timeline for use of funds may be an issue
    - Would a leveraged program be considered supportive services only program model?
      * It would still be considered PH, even if program is only providing support services in the budget.
    - Review of slides about leveraged housing & healthcare (saved in Business Minutes folder)
      * Amount leveraged reduced to 25% (down from 50%)
      * Can receive partial points if less than 25% threshold
      * Voucher set aside most common ways to leverage housing
      * Significant points associated with coordination with PHAs through set asides or preferences – has been a weak area for our CoC
        + Not the same points as for leveraging housing
      * Leveraged housing 7 pts, leveraged healthcare 7 pts
      * At 25%, leveraging acts as the match
      * Healthcare – programs still have to be housing first, cannot restrict eligibility criteria based on healthcare requirements such as needing Medicaid to enter
    - Funding round training is upcoming, leveraging will be part of that
    - Should interested agencies contact the CoC to help facilitate matching agencies to leverage?
      * Yes – email Mike, Al and Greta
      * Healthcare leveraging will likely be more challenging if you do not have those services in house or does not have strong relationship with one. If your agency wants to provide the healthcare services, please reach out to CoC planning staff.
      * Turnaround window is very tight.
    - New project scorecard is based on what was available last year and will be updated with Ranking Committee, along with discussion on region’s prioritize to determine if all new program types will be able to be submitted.
      * Last year’s scorecards are available on CoC website
    - Resources
      * <https://www.appropriations.senate.gov/imo/media/doc/bill_summary_-_transportation_housing_and_urban_development_and_related_agencies_fiscal_year_2024_appropriations_bill.pdf>
      * <https://endhomelessness.org/workforce-survey/>
      * <https://www.regulations.gov/document/HUD-2023-0048-0001?fbclid=IwAR3XVJZT_xaVGddJpi6swTc2PD2R196GS6VszApQEYRSe4uExYxdyb3rvOo>
  + **CoC Monitoring – Al Licata, LICH**
    - Group monitoring discussion was held last week. The committee went over principles, monitoring tool, and information about participant survey.
    - Programs not being individually monitored will be asked to fill out monitoring tool on their own and assist in collecting information for participant survey. A meeting will be scheduled for October to review.
      * Group monitoring more similar to self-monitoring
    - Individual monitoring will involve agencies allowing CoC Monitoring Committee to review their documents and will include a meeting. Schedule being determined, stay tuned for more information.
      * Schedule may be pushed to be completed by Spring
* **HUD Systems Performance Measures- Overview – Wayne Scallon, LICH**
  + Slides saved in CoC Business Minutes folder
  + SPMs are measures of how projects work together to impact homelessness. The system is a collection of programs that make up homeless response, not only CoC funded programs.
  + Length of time homeless – Measure 1
    - Entrance & exit dates determine length of stay(s) in given date range. Measure adds approximate date homelessness started, extending date back in time to first episode of homelessness, including if not in date range. This question is on every intake, but often interpreted as first date client was ever homeless. HUD is actually asking for date latest continuous episode of homelessness started. The data element will be renamed this year. Shelter stays count towards measure, street homelessness does not.
    - HMIS data quality is negatively impacted if people fail to exit clients or do not add the correct exit date. PH move in date for PSH and RRH is critical.
  + Returns to Homelessness – Measure 2
    - This measure counts people who were on the street or in shelter, entered PH, and then returned to homelessness.
    - Problems with data quality in this measure if upon exit clients, are identified as going to a PH destination when they are not. Failure to enter entrance exit date also impacts measure.
  + Successful placement/retention – Measure 7
    - Exits from street outreach to acceptable destination (ES counts) are counted, such as exits to PH destinations from ES, TH and RRH. The percentage of persons in PSH who remained and exited to other PH destinations are also considered.
  + Employment & Income Growth – Measure 4
    - This measure gets at the ability of participants to stay permanently housed. It is only measured for PSH participants. The APR tracks income and is used in annual ranking
    - HUD wants to see an increased percentage of adults able to increase their income. Critical timepoints include program entry, annual updates, and program exit. The measure is separated by stayers (those continuing in the program) and leavers (those exiting the program).
    - Failure to input accurate and timely updates of income changes impacts data quality. Annual updates and update as they occur are required.
* **Benefits Training, Carrie Garcia - LICH** 
  + Slides saved in CoC Business Meeting folder & sent to listserv
  + SNAP (supplemental nutrition assistance program) – uploaded monthly on EBT/benefit card
    - Income based program where assets do not count, earned and benefit income counts towards calculation.
    - Unable to get prepared foods or restaurant meals, household items, medicines, toiletries, etc.
    - Single individual - $281 per month maximum allotment
  + Temporary assistance (public assistance/cash assistance)
    - Family assistance – cash assistance to families with minor children in household, limited to 60 months over lifetime. Time does not need to be continuous.
    - Safety net assistance (SNA) – adults or children not living with adult
      * Non-citizens can qualify
    - Emergency benefits – helps resolve urgent need or situation such as homelessness, no food, eviction, no fuel or heating, no utilities, or fleeing dangerous situation.
    - Eligibility varies based on family sized, housing situation, household size, income type
    - Maintaining eligibility
      * Drug & alcohol screening – if misusing must enter program (inpatient or outpatient)
      * Continue paying child support, even if coming out of benefits
      * Employment search – if unable to work, need to go to medical appointment scheduled by DSS provider, will receive letter that are disabled and exempt (not the same as qualifying for disability)
  + Medicaid
    - Ways to apply
      * NYS State of Health – online or over phone
      * Local DSS with LDSS 2921 common application (yellow folder) – lengthy, recommended to fill out with client
    - Choose coverage options with NY State of Health
    - Income guidelines are incredibly strict, no flexibility
  + HEAP (Home Energy Assistance Program)
    - For client with housing
    - Benefits start mid-November through winter (until funds run out)
    - Easier to qualify with income guidelines
    - Several locations where you can apply
  + Social Security – SSDI/SSI
    - To qualify, participant must be unable to work to point of substantial gainful employment
    - Diagnostic criteria can be found in “Blue Book”, but you cannot know if condition will be accepted until apply
    - SSI is needs based – eligibility is based on financial & living situation. Work credits do not apply.
    - SSDI is based on Social Security work credits, determined from client’s lifetime work experience
    - Social security retirement – must be 62 years or older, must have work credits approved and paid in to social security for minimum of 10 years
  + SOAR – way to apply for benefits for people who are homeless, mental illness, substance abuse disorder
    - Collaborative process – advocate for client, link between client and SSA
    - Open line of communication with SSA and SOAR representative
    - SOAR representative makes sure all the that is needed is submitted to be approved
      * Fill out forms to communicate with clients doctors and get medical documentation
      * Representatives can get better understanding on which medical or mental health conditions are likely to be accepted
    - Barriers that SOAR helps overcome
      * Get information through mail for homeless client
      * Sporadic medical care makes it harder to track down medical records independently
      * Symptoms of mental health conditions can make it difficult to navigate the complex system
    - SOAR works
      * 53k approvals on SOAR-assisted applications in 50 states since 2006
      * Approval rate of 63%, average of 153 days
      * Top 10 states, approval rate: 81%
    - SOAR training is free, extensive but informative
* **Keys for the Homeless Conference- Call for Presenters!**
  + October 18th for conference, St. Joseph’s College
  + Theme: Centering Persons with Lived Experience in Ending Homelessness
    - Focus on affordable housing development and successful programs
  + Deadline for presenters – next Friday, late submissions will be accepted

Attendees

Ruth McDade, MHAW

Lindsay Caldiero, Brighter Tomorrows

Catherine Albanese, FSL

Rose Cicchetti, LICH

Wayne Scallon, LICH

Stephanie Reed, LICH

Angelina Lunati, LICH

Samantha Barone, Huntington Youth Bureau Sanctuary Project

Lexi Catrone, Huntington Youth Bureau Sanctuary Project

Judelca Batista-Reyes, LICH

Petal Bowen-Walcott, LICH

Judy Dubois, HALI

Raymond Weinmeier, Bridges of NY

Deirdre Trumpy, MOMMAS House

Karla Umanzor, EOC of Suffolk

Sydney Dyer, ECLI VIBES

Kellee Barrett, FCA

Salina Barnao, New Ground

Samantha Grimaldi, LICH

Linda Jones, Catholic Charities

Carolann Johns, Resurrection House

Stphanie Leon, SEPA Mujer

Terri Tupper, LICH, LI Connections

Nicole Belfiore, FSL

Carrie Garcia, LICH

Shawna McCann, MOMMAS House

Gena McSorley, Catholic Charities

Alexis Goglas, LICH

Richard Palumbo, Catholic Charities

Shannon Boyle, New Ground

Greta Guarton, LICH

Jessica Labia, LICH

Robert ODonnell, EOC of Suffolk

Angel Macchia, NC OCD/ESG

Melissa Amodeo, Options

Erin Basham, Options

Kelly Gildea, Suburban Housing

Daniel Stern, Concern

Gabrielle Fasano, SUS

Dolores Kordon, Brighter Tomorrows

Stephen Brazeau, Hope House Ministries

Chanee Hammonds, Wyandanch Homes & Property Development

---- After 9:15am ---

Lorraine Baum, CNG

Justin Hornung, Suffolk County Community Development

Kathy Henry, MHAW

Brian Inserro, FREE