**NY-603 Governance Board Meeting Minutes**

**January 15, 2021**

**10:30AM-12:00PM**

**Zoom Virtual Meeting**

* **Welcome and Introductions** 
  + Please sign in via the chat box
  + Please email Thanh if you are unable to access the chat box to sign in [tpham@addressthehomeless.org](mailto:tpham@addressthehomeless.org)
* **CE Prioritization Policy (Currently in place through March 31)**
  + **COVID-related Access/CARES Act and Housing First (Chris, ICF)**
    - The CARES Act prohibits us from having any pre-requisites to service and or entry into a project (Housing First for COVID)
      * We can ask clients to get tested but cannot force them to
      * If someone is positive, that does not mean we can kick them out of the program
      * If someone is positive, that does not mean we can keep them from coming into the program (additional burden to find the right accommodations – asking clients to get tested, quarantining clients until they’re clear, etc.)
      * We can’t use the virus or testing to keep clients from entering programs – it is explicit in The CARES Act
      * Concerns with shared housing? Have to put measures in place, majority of folks will go get tested, residents are in better spirits with each other knowing their roommates were tested, etc.
  + **Vaccine Office Hours (today) on HUD Exchange** <https://www.hudexchange.info/news/office-hours-covid-19-planning-response-for-homeless-assistance-providers-fridays/>
    - How does the vaccine affect coordinated entry?
    - We do not want people to choose between their health and housing
    - Encouragement to get the vaccine and leave the prioritization how it is
    - Vaccine Ambassadors (those who want to take the vaccine and have and talk to others about it)
    - Discussion of Vaccine Distribution Plan (Making sure that shelters and other providers are ready for when this happens)
    - <https://www.hudexchange.info/homelessness-assistance/diseases/covid-19-vaccine-updates/>
* **GB Membership**
  + - Reminder: Nominations Due/Election for 2021 by EOM
    - Please send Thanh your nomination form [tpham@addressthehomeless.org](mailto:tpham@addressthehomeless.org) for either GB or RC
      * We want to increase membership on the Ranking Committee (cannot be a representative that is applying for funding through the CoC)
    - Stand-in participation for GB members (Greta)
* **Planning for any New CoC Funds (Bonus, DV-Set Asides)**
  + HUD was allowed to renew all programs that were funded under the 2019 round for 1 more year (all CoC programs were renewed – all of the work we did in 2020 for reallocating some programs and our local process that will be held over for this year, none of those changes that were made with reallocation for last year are actually going into effect because there was no funding round. The 1 DV program that applied last year (no bonus or no DV funds – did not happen last year)
  + YHDP will be coming out again (next round will be last 2 fiscal years – opportunity for more communities to be involved)
  + Potential for bonus funds
    - Areas of Unmet Need – Single Adults

**Areas of Unmet Need (CE): Single Adults (Mike/Jessica)**

* 5+ year trend: single adults increasing, families decreasing in the region
* 2018 - 8% of singles adults at any time were CH
* Now approaching 1 in 4 CH at any time (25%, more than tripled), a year potential wait to even start case management for current CH population
  + 2 major factors: CH single adults & CE capacity: 212 pending cases, almost half are in NC motels, very challenging housing preferences (clients do not want to live with anyone else)
  + Increasing Street Homeless population
* With COVID, we are identifying 20-25 new CH single adults each month (CH inflow), exiting 2-3 per month (CH outflow)
  + Understaffed, any new funding – increase capacity through coordinated entry
  + Conversations – Housing Focused case management, NC motel-stayers and minimal case management for this population in place right now
  + No ESG-CV funding is being used to provide case management to existing motel population in NC
  + 100 single adults in NC CH and cannot start calling for a long time
  + Have capacity to move people along through RRH
  + We have one of the largest homeless population in the region
* 3 specific disabilities, over 90% of who is presenting as CH fall into (broad spectrum that is targeted)
  + (Biggest) Chronic Health/Aging Adults
  + Mental Health – will increase given stressors of COVID
  + Substance Abuse – will increase given stressors of COVID
* Building a better system response to those who are chronic (broad spectrum housing)
  + Targeted to serve the populations that are presenting overwhelmingly in our system
* Barriers (Jessica)
  + Concerns with COVID for clients (transitioning from an isolated motel to shared housing)
  + No capacity to work with a lot of these clients
  + SPA – difficulty for clients being approved for supported levels of care
  + In Suffolk County – no broad-spectrum capacity for females (it’s either SPA or RRH)
* Re-Entry - intervene earlier (cannot address single adult homelessness without discussing re-entry)
  + Need to change our policies to target this population (this is in our prioritization)
  + We need a program specifically targeted to address this population (targeted response)
  + This population is not chronic
  + RRH program that is targeted for this population – would be on a RRH waitlist if there was one
  + This population is not being assessed/getting access to anything on the CoC level
  + Mental health population continues to grow and substance abuse with this population (Holly)
    - If this population does not get the housing, their likelihood of reoffending skyrockets
    - Mental Health caseloads in Nassau and Suffolk – increased for parole
* Motel Stayers - indefinite motel stays
* [Virtually no HIV, developmental, physical within CH pop]
* 2 takeaways – the greatest need
  + Broad spectrum PSH for single adults that are targeted to address the presenting needs (Chronic health, mental health, substance use
  + Re-Entry population – PSH program that is targeted (could be helpful but we will not see changes without an intervention such as RRH in some form – TH to RRH and/or RRH)

HUD Waiver Request (to remove 12-month cap on RRH for round 2)

* + Suffolk DSS funding is good to go – if they have HP money that is in round 1, they can reallocate it to RRH
  + Brookhaven and Nassau County – TBD

The Treasury – taking applications until 1/12 from communities of 200K population or higher which is a lot of LI

* + - Oyster Bay / North Hempstead – aren’t eligible for ESG or ESG-CV but are eligible for this program
    - The counties and townships can apply for the funding (direct emergency rental assistance and can be applied from the counties once they get the money by tenants and landlords) – up to 12 months of rental arrears
    - Nassau, Suffolk, Huntington, Brookhaven, Islip, Babylon, North Hempstead, Hempstead, and Oyster Bay (reached out to all of them – unaware of any who did not apply)
    - NC, Huntington, Brookhaven, Islip, North Hempstead, and Oyster Bay – indicated that they were applying/or have
  + SSVF can pay rental arrears for veterans
  + 6 months of CDBG CV and up to 12 months from the Treasury Department - can help tenants and landlords

Next GB Meeting

* February 19th via Zoom