* **Introductions**
  1. Please sign in via the chat
  2. Welcome – new GB members!
  3. Please email Thanh if you are not receiving emails: [tpham@addressthehomeless.org](mailto:tpham@addressthehomeless.org)
* **CE Prioritization Policy (currently in place through March 31- reminder GB vote next month)**
  1. COVID-related access/CARES Act and Housing First (Chris, ICF – last meeting mentioned this from HUD)
     + Programs cannot screen out due to HH’s having covid/refusing to get tested for covid
     + Once an individual has been vaccinated, they should not be taken off the list (risk factors should still be considered)
  2. CES Assessment Form – continue to develop and expand with covid prioritization
     + Diversion prompts into the tool
     + Presented this tool to CE Steering Committee and waiting for feedback – will send it out to GB
* **Planning for any New CoC Funds (Bonus, DV-Set Asides)**
  1. Need for more broad spectrum PSH for single adults that are targeted to address the presenting needs (chronic health, mental health, and substance use)
  2. Need for Re-Entry population programs – PSH that is targeted or TH to RRH or RRH
     + Inflow conversations – # of people we see coming from jail/prisons to DSS shelter system (not sustainable for homeless response system)
     + ESG partner conversations– homeless prevention/diversion effort for re-entry because of the high inflow rates and because we want to intervene earlier and have supports along the way
     + Program interventions – prevention + diversion = ESG, CoC – RRH, TH to RRH, and PSH can address the needs of this population if they are targeted to do so
  3. CE Capacity
     + CH single adults – motel stayers (focus for today’s meeting)
       1. 105 of 194 pending cases are in motels
       2. Pending case load – number of people pending case management in motels > number of single adults in all Suffolk and Nassau shelters combined
       3. Motel case conferencing – recently started, seeing specific challenges
     + CE response and ability during the pandemic (pending cases) – providing less than 50% CH single adults direct housing focused case management
     + Project Types:
       1. TH to RRH model (can help address CE capacity + exiting more HH’s out of the motels + coming up with a plan for a more sustainable placement)
          1. Barrier to motel stayers – used to living by themselves and want to live alone
          2. Bridge housing – i.e. A nonprofit would privately place households in motels with regular intensive CM services that are housing focused and within a two-year period, will assist with next steps for the HH
       2. PSH model
          1. Single adults that receive SSI, likely eligible for PSH
          2. If interested in SPA, they could likely have access to housing faster (shared housing, usually not interested because of this)
     + There are a lot of abandoned buildings/properties that can be used to build PSH
     + Eviction Moratorium – once lifted, it will be overwhelming
     + Staff burnout currently + need to start thinking long term
       1. Bring developers to the table – building low income, affordable housing – and show them how much money they can earn with building these which can lessen the burdens from the county
       2. Projects that can be funded under other sources (case managers in shelters) – ESG funding
     + Legislative Committee
       1. Start up LC again (hiatus due to pandemic)
       2. Possibly bringing in County Executives to the table to discuss
     + NAEH – policy ask for the budget (to The Biden Administration)
       1. The Recovery Act – asking for significant new dollars for PHA’s (increase PHA funding and additional funding to support and increase housing choice vouchers)
     + Advocating for the development of Affordable Housing
       1. LICH – has board members that are affordable housing developers (push to develop programs with low AMI requirement)
       2. Presence at Public Hearings – LICH does not actively go to public hearings and bid meetings at luxury housing (would need a position dedicated to this role)
          1. LICH does attend consolidated plan meetings and public hearings for both NC, SC, and Brookhaven Town – LICH sends notices to CoC to encourage partners to attend these meetings
          2. Consolidated Planning Meetings – Will discuss Government funds and how they can be used, we make recommendations on how to best utilize these funds to address the needs that our communities have
     + DV – victims actively fleeing in the community
       1. Current safety risks, may not be in the shelter/on the street currently but may end up in that scenario later
       2. Intervening earlier and building CE team and putting more diversion resources in place will help
* **Suggestions for possible funding considerations for 2021 Funding Round** 
  1. Re-Entry (RRH, TH-RRH)
  2. CH/street homeless (Suffolk) (TH-RRH)
  3. Substance Use (TH-RRH, PSH)
  4. DV Set Aside Funds (RRH, TH-RRH)
  5. **CES and HMIS Support**
* **Questions for Ranking Committee** 
  1. 1 criteria – whether if the program serves NC, SC, or both
  2. If we’re looking at specific models for specific counties, we want to revise/revisit those criteria and revise the scoring on those
  3. VOTE - Incorporate these program types for the populations listed along with CES and HMIS / eligible funding possibilities under the 2021 local CoC Round
     + Motion: Holly R.
     + Second Motion: Kim L.
     + All in favor (x)
     + No opposed/abstentions
* **Please continue to circulate our hotline (given the weather conditions, etc.)** 
  1. LICH Hotline:
     + 631-464-4314 ext. 118
  2. NY Project Hope (LICH – Suffolk County):
     + 631-464-4314 ext. 116
  3. Nassau Haven – has beds open for youth up until 21st birthday (whether they are on the street or couch surfing)
     + 516-221-1310
* **Action item: Start up Legislative Committee**