CoC Governance Board Meeting

Meeting Minutes

October 16, 2020

Virtual Zoom Meeting

Welcome!

HUD Notices (Updates)

* 3rd Mega Waiver (recent)
	+ CoC Programs - extension for most of the waivers and amendments and regulations from previous 2 waivers.
		- Included an extension of CE evaluation process for a year
		- CE Steering Committee - will have a longer window to put together an evaluation process so we do not need to rush this
* ESG notice (recent)
	+ ESG-CV programs (most of them right now - RRH funded under ESG-CV) are limited to 12 months of rental assistance
	+ CoC. ICF, NC, and brookhaven - submitting request to HUD to get that extended to 24 months to match rest of RRH programs rental assistance allowance (submitting this next week)
		- We will keep GB posted on the outcome of the HUD waiver request
	+ Any agencies that applied for an extension of CoC RRH programs to allow rental assistance beyond 24 months - can continue
		- Need to double check if agencies have to re-apply again

 CE Prioritization (Updates)

* CDC changes (listed illnesses)
	+ Added “cancer” - updated in prioritization policy already (recap)
	+ Added “smoking” (NEW) as of October 6, 2020
		- Need to discuss with GB
		- Very broadly defined on CDC website - anyone who is a current or former cigarette smoker
			* This would be added to our policy locally if we were to include this
			* This is the first factor on the list that is not a specific medical illness in the same way as the others are
			* COPD is on the list - heavy smokers tend to develop COPD
			* Concerns about our ability to capture that information because it is so broadly defined
			* Concerns - 1. We do not know what our ability is going to be to accurately capture this on a client level and 2. there would be 100’s of more projected HH’s that would become covid priority and 3. can encourage smoking (for survival)
			* Do we want to include smoking as a factor that would prioritize homeless HH’s in our system?
				+ Can be complicated to include this and hard to capture/a lot of room for error - may include underlying medical conditions that might’ve been caused by smoking
				+ Higher amounts in our population - complicate things for us and comes along with underlying conditions and health diagnoses in some of our populations
				+ There is no way of proving this is real - people will say they smoked to become prioritized
				+ Difference between Illness vs. Choosing to smoke
				+ On our end are we asking them for their diagnosis to show they have underlying condition(s)?

No we are not - this could put HH’s at risk longer because it might prolong their homeless experience

From TA providers, our focus right now is - safety and exiting people as fast as possible

* + - * + Motion - Revise language in prioritization to identify the health conditions that the CDC guidelines have included the medical conditions as opposed to what the CDC current guidelines state

1st motion Valerie and 2nd motion Vicky

Suggestions to keep language as it is but put in Asterisks under - at this point in time, we are not prioritizing smoking, etc. or put the CDC date and add what we want

The way the prioritization is written/used - we are sending this out as written guidance that a lot of our shelters/partners are looking at

Most helpful - We would like a specific list of illnesses so that we can have specific conversations with our clients

Vote - List medical conditions that CDC has put out not including smoking and include that in prioritization (all in favor)

ESG-CV (HMIS Use and Coordination)

* All ESG-CV funded programs have to participate in HMIS - a lot more coordination associated with that
* ESG-CV coordination
	+ Conversations with ESG jurisdictions and TA partners (ICF)
	+ Creating a system that is focused on coordination that is streamlined and effective and de-duplication of services
	+ This started in our HP cohort - when we looked at all HP programs coming online and acknowledge that there is no mechanism right now to know whether a HH is receiving or seeking to receive assistance from EOC, Options, and FSL at the same time (example)
	+ We know based on calls we get:
		- ESG HP - “chasing the money” and confusing to people when they are in crisis
		- Eviction moratorium - eventually large group of people will be at risk at the same time
	+ Need a way to see in real time who is presenting to all programs (coordinating)
		- Important so that programs are not serving the same HH’s that are being served in other programs as well
		- Important in street outreach - where all people who are street homeless were and who was supporting who (better coordinate and leverage our resources as effective as possible)
		- Real time - need to know who is serving who and where referrals are going, to do in a consistent and streamline way (to track volume of referrals)
		- ESG-CV RRH - does it make sense to carry this conversation to CoC RRH?
		- How uploads work for upload agencies and as a reverse?
			* As long as we have an HMIS that is using foothold software - we can transfer data back and forth between our HMIS and theirs
			* Delta refresh - ensures that anything that is past from one HMIS to another - will only pass over anything that is different, will not wipe out service notes
		- Question - Will the ESG-CV HH’s that are identified be on the same list as RRH waitlist clients?
			* If there are no high risk covid HH’s, the covid policy states that we would then revert back to previous prioritization (we are still operating under a covid prioritization even if not every HH is not covid high risk or became homeless because of covid)
			* Suggestion - one thing we could look at and discuss is homeless cause because this is something we track
			* The HP portion - at risk of homelessness because of covid. RRH portion - language is responding to recovery from covid. Anyone who is homeless in those particular settings and has medical conditions are at risk of covid. They didn’t have to become homeless because of covid to become eligible.
		- Working to set up more guidelines/written standards for HP
		- Brookhaven - released their NOFA (due on the 30th - heavy emphasis on RRH)
		- Waitlist at the moment
			* Follow covid prioritization - HH’s at top of the list are covid priority, there are HH’s on that list that are not covid priority that are underneath covid priority HH’s (need to be prepared in case there are not any covid priority HH’s)
			* The way the list works - covid priority on the top, non-covid priority underneath, and all following covid priority policy (might not have enough covid high risk HH’s at any given time)
		- Suggestion/Distinctions - GB has an interest in talking about consideration for HH’s who become homeless as a result of covid (this is something we can talk about and define in the policy)
			* May need 2 seperate lists?
			* We can set up another meeting to talk about covid prioritization policy - if interest we will set up a meeting and send out a poll and send out some dates
			* HMIS - idea of a reverse upload (still have data separate and it’s just reversing the process)
				+ Relates directly to what you expect to be in an increase in a volume of referrals
				+ 2 functions in HMIS system that allows us to refer clients - central intake (involves Jess placing a client from 1 of our CE programs into another program) and the other is the waiting lists - programs to take someone off a waiting list and put them into a program themselves. Waiting list can only happen if a program is operating in our HMIS. If they are not in our HMIS, they cannot access the waiting list.
				+ HMIS upload process - only transfers data on admitted clients
				+ Client would have to work in our database until they are admitted
				+ Regardless of which referral process - referred clients would not be included in the upload until they are admitted
				+ 2 GB members expressed interested in subcommittee on the process
				+ Continuation of this conversation - technical questions to ICF (Chris and Christine)

To help solve and have concrete answers, etc.

Propose to discuss technical pieces on the upload and TA session before next GB meeting and do an official vote moving forward

Upload agencies to have discussion with ICF and Mike and Wayne