**NY-603 Governance Board Meeting Agenda**

**December 15, 2023**

**Zoom**

**Recording:** [**https://youtu.be/EMWUX0FCuqc**](https://youtu.be/EMWUX0FCuqc)

**Attendees listed at bottom of document**

* **Review of PIT Methodology:** Meaghan Obergh and Nicole Rodi, LICH Social work Interns
  + PIT date: Wednesday, January 24th
  + Must capture data on household size, demographics, veteran status, mental illness, domestic violence
  + Sheltered: data pulled from HMIS
  + Sheltered, DV: DV shelter disaggregated data
  + Unsheltered methodology:
    - Observational street counts
    - Street counts with interview
    - Host site interviews
    - HMIS street outreach rosters
  + Street count with interview has pros and cons
    - Pros: rely on known locations, ensure de-duplication, develop estimates of year round homelessness, collect demographic information
    - Cons: difficult to cover all areas, more difficult to organize, many volunteers needed
  + Observational count
    - Pros: easy to organize, results easier to understand
    - Cons: may count people who are not homeless, incomplete demographic information
  + Host sites:
    - Pros: de-duplication, people already have trust with interviewer, easier to get provider participation
    - Cons: over-representation of people able to access services/service locations, incomplete coverage of LI
  + HMIS data:
    - Pros: pulls from year-round programs that know where people are and are frequently engaging people, detailed information available on individuals including demographics and chronic status (length of time and disability difficult to document during single day PIT count)
    - Cons: does not cover people not accessing services, data quality not always sufficient for reporting
  + Past approaches: combination of observational, street count with interview, and host sites
  + 2024 considerations
    - HMIS data can be complimentary to street counts
    - Technology: submit survey from anywhere, participants can complete survey on their own
    - Shelter data: can extrapolate sheltered data to unsheltered population but would not identify disparities of those not accessing shelter
  + Proposed methodology for 2024
    - Combination of street count with interviews, interviews at host sites, HMIS data, limited use of observational count for unwilling participants
  + Information to capture
    - Number of people homeless for the first time on the street
    - Identifying people not connected to street outreach
    - Reasons for increase in unsheltered homelessness
  + 2024 Youth Focus
    - HUD requirement, but historically difficult to identify youth in our CoC
    - We need a better understanding of the experience of youth homelessness on LI
    - Need to figure out better ways to engage youth and make meaningful connections
  + Youth Count Planning
    - Develop best practices for working with youth experiencing homelessness
    - Create questions on survey that speak to needs of youth
    - Create training material to help volunteers engage and interview youth
    - Seeking volunteers for youth initiative planning
      * Reach out to [coc@addresssthehomeless.org](mailto:coc@addresssthehomeless.org)
  + Project results
    - Increase over 2023 count
    - Able to better compensate for weather variability with HMIS data and host sites
  + Implications of findings
    - Impacts of COVID-19
    - Identifying trends
    - Informing future outreach strategies
    - Advocate for changes to policies that affect unsheltered people
  + Questions / comments from GB
    - Observational count is challenging, unclear who is homeless or not from simple observation
      * Did observational count during COVID
      * In 2023 volunteers were able to complete observational surveys if they were not able to engage
      * Value in including people with observation, but volunteers might struggle to use that methodology. Some people are no longer homeless but hang out with people who are, some people are outdoor workers – this makes it difficult to identify folks by observation alone.
    - Significant portion of people living unsheltered are not primarily English speaking, points to need for Spanish speaking volunteers
    - Lived experience advisory has helped identify locations, have volunteered – these folks are very helpful in conducting the count more accurately
    - Having materials available to distribute when approaching people have been helpful
      * Gloves, socks, toiletries, snacks
      * People on the street say they want a hot meal, sometimes would buy them something from McDonalds
      * Is there a way to collaborate with local places to get hot food donated to give out?
      * Difficult to have focused conversation with people when they do not have their basic needs met
      * Terri Tupper and Bobby Kellet will be making chili to give out on day of count (vegan and not vegan)
  + Volunteer registration form: <https://forms.office.com/Pages/ResponsePage.aspx?id=Xiwf9afoLkqDtg3Nf8MIH_c03zWTH3hGj_FS3MZCNEVUM0MyQ08yRE9PMzNQTFlYREpVWEVNWjZJUiQlQCN0PWcu>
  + Vote to approve methodology:
    - Unanimously approved
    - No abstentions
* **Standing up a Provider Advisory Group**
  + Charter is changing slates and representation on GB, wanted to make sure that providers still have an opportunity to voice at the table
  + What are ways we can best position ourselves for success?
    - Important to know role and function of group
      * Language from charter: The Provider Council will ensure opportunities for providers, both HUD and non-HUD funded, to share consistent, meaningful input and feedback related to trends, policy development, system strategy, and direction. The Provider Council will be comprised of homeless service providers within the Continuum of Care and will be charged with considering the perspectives of the entire breadth of the homeless services provider community, across subpopulations and program types.Within this forum, the Provider Council will develop solutions for challenges encountered within the homeless assistance system for consideration by the CoC Governance Board. When major policy and/or procedural changes are being considered, the Provider Council will be intentionally engaged in developing the local approach.This group will be provider led, with attendance of CoC Planning and Coordinated Entry staff.
      * Providers are the experts in operating the program day to day, this group can ensure ongoing feedback and that improvements/changes in policy can be successful
      * CE staff can take on active listening role and group can be provider led
    - Should their be a DV specific provider council? There could be a benefit to having a specific group
      * There is already a quarterly DV meeting that could serve this function
      * Approved charter does not have DV provider council
    - What would the membership process be like? How would people join?
      * Range of options to rolling enrollment to nomination and election process
      * Previously discussed having annual invitation with commitment for the year
    - Was this group in response to concerns of current GB not having a slot?
      * Yes, current GB is in place until March
      * Elections Committee will be active staring in early January
  + What are top priority topics for the provider council to discuss?
    - Emergency transfer plan is going to need a lot of input for providers
    - Funding round consideration, unmet needs survey
    - Space to discuss common challenges to operations – training, staffing, etc
    - Policy issues that cause challenges with clients
    - Issues that arise when outside entities affect work – such as contractor timelines
    - GB members were elected to represent group (slate) but it is unclear on how much they gathered information on that group (ie mental health housing, DV, etc). It will be important for the provider council to give a voice on policies GB will be voting on to understand ramifications of policies.
    - Could have meeting topics sent in advance to target specific groups where topic is relevant
    - How do we sustain existing programs and build capacity together? Within agencies, bringing in new partners, getting creative to team-up and operate programs

**Attendees**

Greta Guarton

Deirdre Trumpy

Stephen Brazeau

Allison Covino

Valerine Chamberlain

Donna O’Hearon

Terray Gregoretti

LICH Staff: Mike Giuffrida, Jessica Labia, Al Licata, Nicole Rodi, Meaghan Obergh