**Introductions**

* Welcome - Please sign in via the chat
* Happy Holidays!

**CE Prioritization Policy**

* Recent CDC Changes: [smoking], pregnancy, BMI
  + <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
* Assessment Tool Implementation (LICH/DV- CE Steering Committee)
  + Ensure 2 CE operators are consistent with how they ask questions/what questions they ask, and how people are prioritized
  + 210 HH’s on RRH waitlist and 30-35 pending to be added and identified
  + TSCLI has roughly 60 on their waiting list – HH’s looked at through current assessment and ordered based on their score from the assessment tool
  + Things are getting worse on the local level (as it pertains to covid)
  + Challenge with prioritization – HH’s that are SPA approved and covid priority (pool is a lot smaller)
* Timeframe (need to extend the policy)
  + Current policy – through 12/31/20
  + Adapting a system that’s in place – possibility of looking at a minimum of 90 days (if there is an extension)
  + Vaccines? How does that factor into the prioritization?
    - Does that impact their vulnerability for covid?
    - This is something that would have to be written into the policy if needed
    - Are we going to look at the vaccination and the removal from the prioritization list? No – we do not know enough information (this would be based on self-report and the question would need to be very specific – did you receive both shots, etc.)
    - HUD is planning to do work around the vaccine and roll out – how it is handled in the homeless community, etc. (more information in the next few months)
  + Is it easier to set it for 90 days and extend it if the circumstances haven’t changed? Or set it for 6 months and end it earlier?
  + Is it a 90-day window and we revisit at 60 days or 120 window and revisit at 90 days?
    - 4 month and reevaluating at 3 months (revisit in March + 4 months = April 30th)
  + <https://www.orgcode.com/lbteotvispdat?fbclid=IwAR13vrs0NS_8ZloPzf7_o9LdUfUT7rB_XOh7oxK5zW4h3akgLidlphsvYcs>
* SPA Housing
  + If someone does not meet eligibility criteria, are there ways that we can try to advocate for these households to be recognized as eligible or appropriate for lower level of care?
  + Trend we are seeing – most people are approved for CR’s and CRSRO’s and being able to cook and clean for yourselves are the other measurements
  + A lot of active substance use and folks are being considered for housing with someone else who may have history in that area
  + If we are making a recommendation for a higher level of care, it’s been with the idea that it’s a short period to help people engage in supports (may not have many supports – for routine supports)
  + Possibility to sit down with SPA and representatives from the county, OMH, and providers to coordinate a plan
    - Possibility to schedule a meeting in January – a cohort of GB members and OMH, SPA, etc. for a discussion
    - We will send something to the governance board after the new year and figure a day and time
    - Discussion of new programs and filling service gaps (substance gap as a need) – this needs to be revisited for people seeking certain housing with certain funding sources (likely to see continued increases with substance use within the homeless population)
    - Could there be a PSH program attached to oasis supports that we look at funding to meet a specific need through the CoC?

**GB Terms and Ranking Committee Membership**

* As discussed in the previous Business Meeting – we voted to extend to our term for 1 more month (through January)
* We will be putting out a nomination form and a slate that we will vote on in January (starting for February on)
* Proposal to extend GB term for 2-year terms (was voted in the Business Meeting)
* The Ranking Committee will also be in office for an additional month
* 3 members for this past year, ideally, we would have 5 members
* Not proposing for RC for 2 years (not allow to apply for funding if you’re on the committee) – rather people make 1-year commitment at a time
* Health perspective (hospitals, DOH) on GB and public welfare representation?
* Human Trafficking representation?