Governance Board Onboarding

5/1/24 at 2:30pm

Recording: <https://youtu.be/otszzVperdA>

Attendees listed at end of document

[**Timeline on History and Evolution of the CoC**](https://sway.cloud.microsoft/gmfEED0aSseurn4b?ref=email)

[**Trello Card**](https://trello.com/c/tD1wZyBq/3-establishment-history-of-coc-program-lesson-1)

**Lesson 1: Establishment and History of the CoC Program**

1. Introductions
   1. Stacy Stanzione, Maureen’s Haven – joined GB because started with MH several years ago working with homeless on East End. Have passion for helping people, done it whole life. Have worked with LICH in the past and want to do more to help and see what can be done about the issues that we are facing.
   2. Terri Tupper, LICH & LI Connection, Homeless LI on FB for past decade. Working as person with lived experience, trying to assist people through system and issues, discrimination, and all issues plaguing people going through it. Wants to make a difference and erase homelessness!
   3. Rocco Kellet, youth representative. Came here to make a difference.
2. Overview of the Continuum of Care (CoC) & ESG Program as established by federal regulations
   1. Federal initiative managed by HUD, community wide commitment to ending homelessness
   2. Funds to nonprofits, state, local governments to quickly end people’s homelessness and minimize trauma
   3. A lot of changes have taken place over time
   4. ESG established side by side with CoC – have been designed to work in tandem since their inception
   5. ESG originally called Emergency Shelter Program – can provide funding for street outreach, increase quality and number of shelters, rapidly rehouse people, homeless prevention
3. McKinney Vento Homeless Assistance Act 1987
   1. Establishment of federal homeless assistance
      1. First major piece of legislation addressing homelessness on federal level
      2. Emergency shelter, transitional housing, job training, and other services
      3. Periodic reauthorizations and funding adjustments
      4. Meant to be agile and adaptable system
4. HUD Appropriations Act 1994
   1. Introduced CoC model
   2. Formation of the local CoC during this time period (context from Greta)
      1. Prior to 1994, the CoC funds were called homeless assistance program
      2. Competition at that time had specific amounts available for different regions. Different organizations would apply directly to HUD for those funds.
      3. Older CoC programs funded jointly through NYS Office of Mental Health / OASIS and HUD. NYS offices were good at leveraging funds, making sure providers new that CoC funds existed and providing technical assistance. This resulted in a lot of permanent supportive housing (PSH) programs, almost exclusively for people with mental health and/or substance use disorders.
      4. Starting in 1995 the CoC was created. HUD realized that it was not HUD’s expertise to understand what local needs and priorities were. They were funding the “best programs” regardless of local needs. The CoC was created to understand local needs and take over decision making to understand what programs were needed. The CoC would then submit that to HUD, and then make the case why those programs were needed.
      5. At the time, the CoC was more flexible, and there was less oversight from HUD. The homeless definition was different than what it is today.
      6. What remains today is the idea that local communities have the best idea of what local needs are.
   3. Initial passage of the Violence Against Women Act (VAWA) occurred at this time
5. HUD requires CoC to conduct Point in Time (PIT) counts
   1. Point in Time (PIT) Count – an effort to count everyone meeting the HUD definition of homelessness in a region on a given night
   2. HUD put in authorizations and mandates about local data which provided the first significant national data on homelessness
   3. Mandated PIT counts as part of HEARTH act in 2009
   4. Local context from Greta:
      1. Before PIT counts and Housing Inventory Charts HUD would ask regions to give analysis of the gaps in housing – what housing exists and how many homeless folks there were in the region, but there were no mechanisms to collect that data.
      2. The 2 CoCs at the time, Nassau & Suffolk Counties, would send out surveys on bed availability and sent surveys to soup kitchens, food pantries, and shelters to see how many people they were serving. The consistent number cited year over year stated that 20,000 Long Islanders were experiencing homelessness at any given time. There was a lot of duplication in the surveys and there were no formal PIT counts.
   5. Impact of having these data (Mike)
      1. Having more accurate data on homelessness was critical at local and national level in terms of measuring progress on how communities were doing to address homelessness, allowing communities to make data driven and more informed decisions.
      2. Some of the most important aspects for the PIT has been identifying people who were not connected to programs, as opposed to asking providers to fill out surveys. In most cases this was the unsheltered population.
      3. These data add community awareness on what is going on with homelessness. The PIT is a well-known and talked about report in media, is used as learning tool, and is used by HUD for national data.
      4. Right now, the local CoC is submitting the annual PIT report to HUD. Data can be used to in GB conversations about local needs. National report will come out that shows trends, drives initiatives such as focuses on DV, youth, etc.
   6. Timeline has implementation and compliance guidance that was updated at this time
6. HEARTH Act 2009
   1. Substantial changes to the CoC Program – overhaul of 1987 McKinney Vento Act. Reauthorized with changes aimed at reducing homelessness.
      1. Probably most influential regarding how CoCs operate currently
   2. Amendments and updates to streamline to program
      1. Strategic homeless prevention.
      2. Streamline assistance of homeless programs, improve administration and impact
      3. Consolidated various homeless assistance programs under CoC framework
      4. Introduced performance metrics
      5. Increased emphasis on homeless prevention and transition to permanent housing
      6. ESG changed to Emergency Solutions Grant
   3. Changes to homeless definition
   4. Local context on impact of HEARTH Act (Greta)
      1. At this time, HUD started looking closely at data. Regions were already using HMIS (homeless management information system), but more strict standards required for completeness and accuracy of the data. Most data provided were not coming from HMIS in past, now uploads are required to HUD.
      2. Definition of homelessness significantly shrunk for eligibility for housing and service programs through CoC and ESG. The MCV Act does not exclusively cover housing and services, also covers educational components. The definition used for educational services is broader, includes coach surfing and housing instability.
      3. People were upset about the homeless definition becoming so narrow. The SNAPS office made the case that even with a broader definition, Congress was not giving more money to solve homelessness. The new definition can ensure that the people that need the housing the most can get it.
      4. Now since 2016 with coordinated entry, trying to ensure most vulnerable households are getting services. This all started with the HEARTH act.
   5. The HEARTH act laid the framework for later rules to develop other programs, started annual funding round, and placed emphasis on rapid rehousing.
7. US Interagency Council on Homelessness (USICH) Opening Doors 2010
   1. First federal strategic plan to prevent and end homelessness
   2. Outlined goals with timelines – first of which ending chronic homelessness and homelessness for veterans by 2015, and for families and children by 2020
      1. Timeline has been extended, but still plays significant role in how programs are funded
   3. Targeted resources to homeless veterans, significantly reducing veteran homelessness over time
   4. Highlighted importance of housing first – housing with out preconditions
   5. Emphasized importance of services in helping to end homelessness
   6. [USICH Strategic Plan from 2022](https://www.usich.gov/sites/default/files/document/All_In.pdf)
8. HUD Interim Rules
   1. HMIS Rule –HMIS is the data base for collecting information on people experiencing homelessness. Created more rigorous data standards and confidentiality standards.
   2. 2012 CoC Interim Rule – establishes requirements related to HEARTH Act
      1. Greta – locally did not change that much, but solidified definitions and record keeping requirements to document homelessness
   3. ESG Program interim rule in 2012
      1. Incorporates final homeless definition into it
      2. Provide funding to people regaining stability in housing, emergency shelters, rapid rehousing, homeless prevention
   4. Homeless definition & chronic homeless final rules published
   5. Conforming amendments with CoC and ESG, HUD’s requirement for CoC and ESG to work together
   6. Coordinated Entry
      1. Doubled down on strategies outlined in UISCH’s 10-year plan to end homelessness. Takes systems approach to end homelessness. Introduced concepts of by name list and tracking people within homeless category or situation to identify needs within subgroups such as veterans. Had impact on shelters and housing programs being low barrier and easier to access. Created prioritization of scarce resources who were most in need
   7. Local context on 2017 implementation of CE locally (Mike)
      1. Before CE, HUD had centralized or coordinated assessment, which was a system supposed to be in place to ensure that anyone within CoC jurisdiction could find out about resources available.
      2. Structured assessment requirement in specific way which required objective assessment to ensure access to programs and equity, some level of objectivity. The local CoC went from 1 person doing resource triage to including street outreach efforts. There was a change in prioritization policy where all PSH (permanent supportive housing) programs were prioritized for people experiencing chronic homelessness. Better data tracking and by name lists were used to ensure everyone was identified and considered for housing opportunities
      3. Locally Coordinated Entry was piloted before required by HUD and then launched in Sept 2017 before HUD’s deadline
      4. Significant shift from first come first serve system to one that prioritized to those locally defined as most vulnerable with focus on equity. Applied prioritization of length of time homelessness to reduce disparities.
      5. Housing first requirement to make housing more accessible to people.
      6. Fundamentally changed who was supported in CoC programs without increase in funding. Has been a big challenge to have programs serve more vulnerable while maintaining efficacy of programs.
9. COVID Response – CARES Act
   1. CARES Act and American Reinvestment Act – HUD implemented several measures to help manage increased challenges related to housing and homelessness
      1. ESG-CV & HOME-ARP – intended to mitigate impact of COVID on vulnerable population
   2. ESG CV (Greta & Mike, ESG jurisdictions)
      1. Allison – Town of Brookhaven (ToB) received over $2 million in ESG-CVs, used to upgrade shelters locally, homeless prevention and rapid rehousing. Spent majority of money (left maybe $15k on table) in 3 years provided. There was no match, made it easier for subrecipients to spend money. Now that money is gone and back to regular ESG funds.
      2. ESG-CV funds authorized prior to ARP funds
      3. ESG-CV funds did not require match, where regular ESG require dollar for dollar cash or in-kind match. CoC programs were able to leverage ESG-CV funds for match.
      4. HUD allowed RRH programs to extend service terms over 24 months to prevent homelessness.
      5. LICH received street outreach funds in ToB and Nassau, important component of work of region during that time.
      6. Regular ESG funds have been underfunded over many years, and ESG-CV was authorized at much higher rate. Regions were able to get a lot more funding during this crucial time.
      7. Nassau-Suffolk region also received significant technical assistance from HUD. All jurisdictions were able to do a lot of planning work together. Was able to identify regional needs across funding sources and fund accordingly between ESG-CV and CoC programs. Built a partnership that has continued and helped our region
      8. On CoC side, significant change was altering prioritization for those identified locally of those who were at greatest risk of COVID-19. The Governance Board was the entity that created policy change to shift priority to something that still looked at vulnerability and equity, while highly weighting those at highest risk of COVID-19 such as medical conditions, age, and living conditions that increased risk (congregate shelters, living on street).
      9. Jamie – on local government level was one of biggest undertakings. Funded isolation site with medical doctor, still have the site.
   3. ESG-CV integrated public health into serving homeless population
   4. HOME ARP funds are still under development for most local jurisdictions. There was a long local assessment process to determine needs. The ESG jurisdictions will be able to provide updates during later discussions. All jurisdictions seemed to prioritize the need for permanent housing resources, either through the development of units and/or tenant based rental assistance.
10. Consolidated appropriations act – set stage for continuous relief efforts that were extended.
    1. Broadened support framework – reaching more individuals and families effected by pandemic
    2. Preventive assistance – emergency rental assistance act to prevent evictions and homelessness
    3. Strategic allocations by local governments CoCs and public housing authorities (PHAs) to fund more important needs
    4. Formed broader federal response to mitigate impact on homeless populations
11. American Rescue Plan (ARP)
    1. Focus on homeless and at risk populations
    2. Broad use of funds – variety of purposes
    3. Strategic planning required
    4. Commitment to immediate relief and long-term recovery and stability
    5. Emergency Housing Vouchers (EHV) – designed to serve homeless, at-risk, fleeing DV, or recently homeless, where rental assistance would provide housing stability
    6. Local context on EHV (Jessica)
       1. Resulted in about 70,000 EHVs distributed across country
       2. Long Island partnered with 3 PHAs to distribute vouchers
       3. Created local prioritization to refer people to vouchers. Consider all people experiencing homelessness to be considered – applications required. 8/2021 submitted 260 referrals to EHV program through Homes & Community Renewal (larger PHA, contracted with other entity to process vouchers )
       4. Voucher referrals made through Village of Hempstead (14) and Town of Brookhaven (25?)
       5. Wrapped up making referrals in end of 2022. Made about 600 referrals in total. 350+ leased up with EHV, many were transfers to RRH programs to prevent homelessness at end of program.
       6. May 2023: pause on any more vouchers because at total allocation for state (1500 for NYS)
    7. Vouchers helped mitigate long impact of pandemic on housing stability, importance of long term rental assistance in housing policy
    8. CoC was able to broaden scope on who could recieve assistance
    9. Required collaboration of CoCs and PHAs to prioritization based on vulnerability and need
    10. Set precent on importance on flexible and rapid response of public funds
12. VAWA Updates
    1. VAWA reauthorized several times, including expanding protection against housing discrimination
       1. Prohibits denial or termination assistance because of domestic violence (DV)
    2. 2022 reauthorization – strengthening protections, regulations are relevant to housing programs including those managed by CoC
       1. Broadened DV definition – capture wider range of experiences and forms of abuse
       2. Updates on emergency transfer plans – required for housing providers to help those experiencing DV move to safer units
       3. Confidentiality requirements – for those receiving protections under VAWA protections, information is not to be disclosed to 3rd parties without explicit consent except where required by law
          1. CoC is navigating this as we are required to report data to HUD
       4. HUD has been giving series of webinars on VAWA, HUD will be likely moving more on this in future
       5. Need for quick and effective need for housing response for survivors
       6. 2023 update to DV homeless definition – expanded who is eligible, could include more situations of people fleeing
       7. Need for training and staff awareness, being trauma informed
       8. CE need to revaluate policies to make sure people fleeing are being adequately served

Attendees:

Samantha Grimaldi

Rachel Seiler

Stacy Stanzione

Jamie Haruthunian

Mia Baines

Greta Guarton

Alison Karppi

Amanda Sanford

Terri Tupper

Rocco Kellet

Kevin Crean

Al Licata (CoC support)

Mike Giuffrida (CoC support)

Jessica Labia (CE support)