**Welcome**

* Greta is out today, Deirdre will be moderating the meeting

**COVID Prioritization**

* **Recap + Updates** 
  + Agreed as a CoC to continue with the prioritization – Extended from 9/1 to 12/31 of this year and TBD beyond that point
  + Still prioritizes HH’s that are living on the street or in congregate shelters and have one of the CDC listed illnesses for higher risk of contracting COVID
  + Changes (additional factors) – if someone is presenting as high barrier and we locally define that as either someone experiencing literal homelessness or 12 months or more, having a criminal history, or history of evictions that led to homelessness
  + DV survivors and actively fleeing – policy was slightly changed to include flexibility to prioritize HH’s that were actively fleeing but not in a congregate shelter or on the street but did have a CDC illness
    - Including fleeing DV is a step in the right direction
    - Prioritization – not a high number of cases that fall into the criteria
    - Meetings to discuss diversion work and case management efforts to work with those who are fleeing and might not get paired up with a program all that soon
    - Addition of Circulo de la Hispanidad – Transitional RRH program
      * Starting November 1st, signed contract yesterday
  + Those who are at higher risk of contracting, spreading, and dying of covid would be prioritized into housing as quick as possible
  + New prioritization from 9/1 helped narrow it down because of the high barriers
  + Able to assign some of cases that no longer meet covid prioritization to case management
    - Diversion work – Using a progressive engagement approach, clients that don’t need RRH and may be able to exit on their own with other resources.
    - CoC RRH and PSH resources for clients that really need it – targeted for HH’s that do present with the highest barriers
  + Will review prioritization again and where we are as a region post 12/31

**ESSHI Coordination – CE MOU**

* Final version of ESSHI CE MOU was sent out with a request to members if they agree or disagree
* Outcome of responses – Deadline to submit your vote to Thanh is 9/25 by the end of the day. Majority who have responded have indicated that they agree/ in support with the MOU
* Wording of MOU will allow and encourage agencies to maintain their own waitlists – to be more inclusive and provide more access and opportunities to people applying for housing
  + Based on how grants are set up through the state, it often focuses on specific sub populations (might not be a population presenting to CES in high numbers)
  + Intention – use a general MOU and apply it on a program-by-program basis

**CE Steering Committee**

* Nominations were received and ballot was distributed for GB to vote on
* Members of the CE Steering Committee received an email to fill out a doodle poll to determine dates for the onboarding process
* Early next week – Mike will send out an email for onboarding dates (4 sessions)
* LICH and TSCLI will talk about how they’re operating right now (sessions will be recorded) and talk about structure of committee, how to make decisions, and plan for formal CE Evaluation process (data, outcomes, accounts of PLE to develop recommendation and how to improve system moving forward)

**ESG-CV RRH / RRH Training Series**

* Incoming new funding available for RRH primarily through the CARES Act and COVID funding
* LICH – Trying to support development of both existing and new programs for RRH
  + Developing series of trainings for both administration and program execution for RRH
  + Collab with ICF and TAC to develop these trainings
  + Regional strategy – responsive to all local needs (exiting households out of homelessness). Using diversion principles throughout of all program models. RRH is the only PH program that is an eligible activity under ESG (important part of conversation)
  + ESG-CV no MATCH requirement + in some ways help with a MATCH if you have a CoC RRH program as well
  + Things are changing for current RRH providers in who we’re referring because of covid prioritization and bringing new partners that don’t have extensive level of experience operating RRH in the past
    - Important in creating a set of guidance and support along the way for all those providers, both existing and new
    - ICF – grant administration training, series of trainings to help onboard new RRH providers and work them through the process of bringing RRH programs to scale and operation. As well as working with all providers in ongoing challenges that are coming up locally.
    - TAC – will do a series of trainings
      * Housing Focused Case Management
  + If you’re interested in any topics in the training, please reach out
  + If you’re interested in RRH or scaling up in RRH (will not expect to see this amount of funds ever again in the future) – now is the time to do so, no MATCH on these grants as well
  + ESG can be used towards CoC RRH – This will be covered in both trainings (grant administration). TAC will include ways to help MATCH programs, and covering a grading strategy (combining efforts and leveraging staff and services from both programs)
  + DSS contracting out for funding that they’re getting (at what point should we include these individuals in the process and in the training?)
    - It is important for anyone who hasn’t done RRH to have a training/foundation in order to move forward
    - Discussing a mandate/strong encouragement of these trainings and training series for anyone who hasn’t operated RRH in the past and for those who have as well
      * This conversation will be presented to the ESG jurisdictions for a level of consistency and expectations
  + How long do we have to spend the money?
    - Homeless Prevention – forefront of discussion in HP planning and conversations with HP cohort group
      * Through ESG, a lot of this is unknown (we do not know how long this will go on)
      * Talking about strategy and leveraging resources
      * Could be a challenge to spend down a lot of HP funds
      * In terms of grant administration, direct conversations with ESG jurisdictions are suggested to see whether you think now is an appropriate time to start talking about a timeframe and an extension
    - Recognition traditionally how ESG HP funds are used for financial assistance for those at risk of homelessness because they’re being evicted (in many cases not happening right now)
    - We do not know how long this will continue to be the case (Dating back to when COVID hit our community back in March, the ESG funding allowance for how far back you can pay rental arrears in 6 months. Looking at the calendar right now, by the time the HP programs are able to have eligible households that they can assist financially, if the HH hasn’t paid their rent since March, we can no longer help which will also be another challenge for us (discuss looking at CDBG funds because those are available in some jurisdictions and don’t have the same eligibility requirements. If a program applied for HP to one of the jurisdictions using CDBG funds, they would be able to use the CDBG funds immediately)
* Applications available now and in the near future (RRH)
  + Nassau County ESG for Second Funding Round for ESG-CV that is open now
    - Applications close Monday September 28th at midnight
    - Contact Nassau County OCD
      * Angel Macchia
      * 516-572-1976
      * amacchia@nassaucountyny.gov
    - Town of Brookhaven might have an application round coming up
    - Suffolk DSS may be having a contract out for RRH activities

**PHA Coordination/ICF**

* Working with ICF to develop a formalized standard to work with PHA in this area
* We don’t have PHA that are at the table regularly in terms of CoC Network (except South Hampton) and we don’t have PHA that often prioritize homeless households or are coming to us asking questions etc.
  + Over the years we have tried to engage PHA’s first through our initiative to end veteran homelessness
  + About a year ago we re-engaged PHA’s working on a PSH move on strategy (picking this back up currently)
    - Formal plan to approach all PHA’s
    - Coordination with PSH provider and PHA as well as something that helps address some of the needs and challenges of PHA’s
      * i.e. utilization rates at FMR
* Proposing a PSH move-on strategy which will bring additional capacity to CoC PSH providers (move on some of the HH’s that are stably housed in PSH and don’t require the intensive level of case management offered in the program)
* Specifically ask PHA to set aside vouchers so HH’s can transition in place where they can remain in the unit they are in (as long as unit is in FMR and rental assistance is transferred off of PSH program and onto a voucher for the HH). They will then continue to live where they are and the HH moves off of the roster of PSH program. As a result, PSH program would be able to take on another referral and be able to accommodate another HH who is currently homeless and highest risk of covid (in the future, chronically homeless).
* This is what we’re looking at on a case by case basis
* Understand what PHA and regions we’re going to have vouchers in and start to have conversations back with our CoC partners who operate PSH in those areas
* CES Team will play a role in any type of transition case management for any challenges that come up related to transitioning households at the program

**NY Fair Housing Network Letter**

* A letter in support of certain NYS legislation being considered around Fair Housing Laws
* All organizations on the letter seem to be advocates for Fair Housing in NYS
* 1 of signers is LI Housing Services organization - fair housing advocacy organization on LI
* Should we put our support as a CoC behind this letter and behind the bills that are being considered by our state legislatures?
  + GB members have indicated that they agree to this
  + Need more information, timeline of bills and sign on, etc.
  + How would we represent the CoC? Who else is signing on? What ways are they signing on? What does that look like as a CoC (are we listing the individual agencies who are funded under the CoC/ governing body of CoC, are we encouraging agencies that are funded under the CoC to individually sign on/ or are we representing ourselves as one group just written as continuum of care?
  + Consistent with work we’ve been doing with racial equity and goals/values as a CoC
  + Next steps:
    - Gather additional information in context of letter
    - Follow up email to GB and can take an email vote to sign on or not (encourage individual agencies or as a group)
    - Contact information for individual agencies to reach out if they want to sign on:
      * Britny J. McKenzie, MSW (she/her/hers)

*Policy Coordinator*

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