**Introductions**

* Name, Organization

**CoC Goals**

1. ENDING CHRONIC HOMELESSNESS (Coordinated Entry/Street Outreach/Housing First PSH)
2. REDUCING THE AVERAGE LENGTH OF TIME PEOPLE EXPERIENCE HOMELESSNESS (Coordinated Entry/RRH)

**Goal of this Meeting**

* Agenda setting for upcoming year

**Annual GB vote on CES-leads, HMIS lead, CoC lead and GB chairs as per GB Charter**

* Stephen Brazeau motioned for Long Island Coalition for the Homeless to remain as the HMIS Lead, Allison Covino second the motion. All in favor.
* Jackie DeLeonardis motioned for Long Island Coalition for the Homeless to remain as the CoC Lead. Kim Livingston Second. All in Favor
* Allison Covino motioned to have TSCLI remain as the DV CES Lead and LICH remain as the CES Lead. Vicky McGinn second, All in favor. CES annual evaluations/reviews to be planned by GB.

**Agenda Setting**

* What key agenda item meetings should we discuss for the upcoming meetings?
* GB Charter to be voted on via email?
* February 21, 2020 GB Meeting Focus-
	+ Local Funding Round Process including assessment of local needs and priorities and ranking and review of projects (Ranking Committee)
	+ Mike to send out greatest need populations to GB as discussed at previous meetings
	+ Greta to send out principles adopted last year
* March 20, 2020 Focus-
	+ ESSHI (Empire State Supportive Housing Initiative)- P & P’s for CES Participation – developing language and parameters around accepting referrals from Coordinated Entry System
	+ Annual CES Evaluation Process- presenting on feedback by this meeting as to what should be identified on this evaluation.
* April 17, 2020 Focus-
	+ Criminal Justice Populations
	+ RRH Set Asides/Prioritization Discussion

**Pending Agenda Items**

* Vote on CoC Practice Standards Implementation Date
* PSH- Admissions for Homeless Persons with SO Status
* Annual review of GB Charter

**Focus Areas Prompted by GB Discussions related to ending Chronic Homelessness:**

* **Psych Evals/Access to Clinics/Mobile or Tele-Psych**
* Adelphi School of Medicine will help conduct Psychiatric Evaluations for CE clients. This will be conducted either at LICH or in Town of Babylon. Only agreed to work with CE clients at this point that we may be able to build on.

**Focus Areas Prompted by GB Discussions related to reducing the average LOT Homeless:**

* CES Policies for RRH prioritization of referrals (including any set-asides for special populations such as re-entry and youth)
	+ Single adult females are greatest unmet need and there may not be additional funding for other special population
	+ RRH can be a resource for re-entry and having conversation about this
	+ HUD strongly encourages Prioritization Order and there is a significant amount of points toward this
		- Specific to PSH and prioritizing households who are CH the longest
		- Locally the greatest challenge is the LOT people experience homelessness. LI has LOT longest than many other regions. RRH referrals currently are being prioritized based on LOT due to the local challenge/focus around reducing LOT.
		- Other regions have done set asides for specific populations such as youth. Ex every 10 referrals CES would refer a specific population such as youth with the greatest LOT/service need within that subpop.
* Looking at under captured populations
	+ LGBTQ, Youth, Human Trafficking
	+ Re-entry is now a large cause of homeless shelter inflow. We can look at other resources toward serving this population.
	+ Should we have a set aside for this population?
	+ *LGBTQ specific housing- is there data available to show that it is a priority? Gender identity. Using alternative ways to capture the needs of this population.*

**Next Meeting – Friday, February 21st 10:30AM, Amityville Community Resource Center Room 207**