NY-603 Long Island Continuum of Care Policy Series



CoC Governance Charter

Purpose of this Policy

The Long Island CoC is tasked with the mission of ending homelessness in Nassau and Suffolk counties. In order to ensure a focused, thoughtful process for meeting this mission, the CoC must have clear written standards for governance and internal structure. This Governance Charter will be reviewed annually and voted on by the full CoC membership for approval.

HUD Continuum of Care Definition:

*The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.*

NY-603 Continuum of Care Website:

<https://www.lihomeless.org/>

# Continuum of care mission, vision and objectives

#### Continuum of Care Mission Statement

The NY-603 Long Island Continuum of Care (CoC) is recognized by the Department of Housing and Urban Development as the entity which oversees various responsibilities related to homeless services and planning in the counties of Nassau and Suffolk. The Long Island Coalition for the Homeless is currently designated as the HMIS lead, Coordinated Entry management entity, and Collaborative Applicant for the CoC. The Safe Center LI is currently the DV Coordinated Entry management entity. The process for designating a lead agency or lead agencies is detailed further in this charter.

 It is the mission of the CoC to:

* End chronic homelessness and reduce the overall number of people experiencing homelessness on Long Island
* Develop and oversee the implementation of strategies and interventions to ensure that homelessness is a rare, brief, and one-time occurrence in our region
* Coordinate and consolidate the efforts of housing and service providers to create a strong coordinated partnerships with streamlined connections to leveraged supports.
* Maximize the use and coordination of resources to best serve people experiencing homelessness on Long Island, based on evidence-based practice and local needs and considerations, while utilizing a person-centered approach.
* Create political will to best address homelessness, increase awareness and education, and minimize community barriers to serving those experiencing homelessness.

#### Continuum of Care Vision Statement

The CoC envisions a community in which people experience homelessness for shorter periods of time, experience less trauma, remain successfully housed and do not return to homelessness.

#### continuum of care objectives

In order to successfully carry out its mission and vision statements, the Long Island CoC will focus on the following objectives:

1. **Ending Chronic Homelessness**

Those who are defined as “chronically homeless” are those that have experienced homelessness on the street or in shelter for greater than one year with a permanent disability. Approximately 2/3 people experiencing chronic homeless are living on the street, of which approximately half are tri-morbid (simultaneously having mental health, physical health, and substance use challenges). This population is historically the least likely to be able to successfully access housing and services and the most in need of those services to exit homelessness. The CoC seeks to end chronic homelessness in the following ways:

* Housing First / Low Barrier Permanent Supportive Housing (minimizing the barriers to access housing)
* Coordinated Entry (streamlined access to housing options)
* Housing-focused Street Outreach (place people living on the street directly into permanent housing)
* Prioritization of Scare Resources (permanent supportive housing prioritized first for those experiencing chronic homelessness for the greatest lengths of time and with the highest levels of vulberability)
* Transition Case Management/Community Integration (connect people being placed in housing with their new community, enhance social supports/meaningful activity, and assist with “place making, “or making a housing unit feel like a dignified and personalized *home*.)
* By-Name List tracking (to identify all those experiencing chronic homelessness and target outreach)
* Coordination with other emergency and community response systems such as hospitals, police, EMS, community drop-in centers, faith-based organizations, etc.

CoC Committees directly involved in ending chronic homelessness include Street Outreach Committee, CES Case Conferencing, Built For Zero.

1. **Reducing the Amount of Time People Experience Homelessness**

People experience homelessness on Long Island, on average, for longer periods of time than those experiencing homelessness in most other communities in the United States. Locally, there is the illusion that homelessness does not exist, or that it is extremely rare, as it is often unseen because the majority of people are residing in shelters and motels, and others are living in tents hidden in the woods, or living in vehicles (with only a very small percentage of people living in areas more visible to the public such as train stations, parks, store fronts, and other public places). Often the community cost of continually increasing shelter capacity without increasing permanent housing at a greater/faster rate leads to people experiencing homelessness for very long periods of time, and increased trauma amongst those experiencing homelessness. Approximately 1/3 of those experiencing homelessness at any given time have been homeless in shelter for greater than one year, approximately 85% of which are families. The current average time in shelter is about 160 days which does not account for those residing in motels, in which, on average, people remain homeless 2 to 4 times longer than in shelter, some for several years. The CoC seeks to reduce the length of time that people experience homelessness in the following ways:

* Rapid Rehousing (short to medium-term rental assistance and case management to transition households out of shelter faster)
* Housing First / Low Barrier housing (not barring households from housing for reasons such as poor credit and/or past eviction(s))
* Coordinated Entry (streamlined access to housing options)
* Prioritization of Scarce Resources (rapid rehousing prioritized first for those experiencing homelessness for the greatest periods of time)
* Homeless Diversion (problem solving support that is housing focused to develop plans for households to exit homelessness on their own through increasing income, reunification with family or friends, relocation to areas that are more affordable, etc.)
* Leveraging other resources such as non-CoC-funded permanent housing and housing choice vouchers.

As there is a “clogged” homeless system, it will take more than one year before rapid rehousing can be offered to those living in shelter for less than one year. As resources continue to be prioritized in this way, overtime, housing interventions will continue to be offered sooner to households, reducing the average length of time that people experience homelessness, and trauma associated with homelessness.

Committees directly involved in reducing the time that people experience homelessness includes Coordinated Entry.

For the CoC to meet these two objectives will require:

* Strong leadership
* Political will
* Community dialogue
* Partnerships
* System change
* Development and support for rapid rehousing programs
* Funding to support/enhance effective methods of ending chronic homelessness based on data and evidence
* Fair housing being upheld within the community
* Shelter capacity development that is matched with permanent housing development

Programs that directly contribute to meeting these goals:

* Permanent supportive housing that follows a Housing First approach (CoC-funded)
* Rapid rehousing that is low barrier (CoC and ESG-funded)
* Street outreach that is housing-focused (no CoC or ESG funding)
* Coordinated entry to assess households and prioritize resources (CoC-funded)
* Homeless diversion to work with households on exiting homelessness on their own (this is different from homeless prevention) (only one of the three ESG jurisdictions funds homeless diversion)

Eligible CoC programs: permanent supportive housing, rapid rehousing, coordinated entry, HMIS (data management). Approximately 93% of CoC funds go to permanent housing- permanent supportive housing or rapid rehousing, About 5% goes to coordinated entry and domestic violence safety planning and assessments, and about 2% to HMIS (data management)

Eligible ESG programs: street outreach, rapid rehousing, homeless prevention, emergency shelter, homeless diversion, HMIS (data management). More than half of ESG funds go to emergency shelter, some funds to homeless prevention/rapid rehousing, and no funds to street outreach, between the three ESG jurisdictions- Nassau County, Town of Brookhaven, Town of Islip.

# Continuum of Care Membership roles/voting

The Continuum of Care seeks robust membership from various community stakeholders, from both nonprofit and private sectors. Community stakeholders may attend monthly business meetings as general members, as they are open to the public; minutes from these meetings may also be found on the CoC website. For each CoC vote/ballot, each agency can cast one vote at all CoC Business meetings as well as CoC digital voting.

CoC and ESG-funded\* members are accountable for the following responsibilities:

(Please note that this is not an exhaustive list)

* CoC and ESG-funded projects should regularly attend CoC Business meeting
* CoC and ESG-funded projects will annually receive training on CES/housing first, DV services/trauma-informed care, Equal Access Rule, Fair Housing, CoC/ESG funding round processes
* Participate in CES (CoC, ESG, and ESSHI)
* Participate on CoC committees
* Provide written and verbal feedback to the CoC
* Solicit feedback from persons with lived experience
* Leverage other community resources to enhance service delivery and support
* Connect all clients served to employment, volunteer, and community service opportunities
* Connect all clients to benefits and other community-based supports
* Align program goals and measured outcomes with CoC
* Uphold fair housing, anti-discrimination and ADA accommodation requirements

\* Please consult with your ESG jurisdiction for other requirements/guidelines not specific to CoC participation/voting (i.e. CAPER reporting).

Other stakeholders:

All community stakeholders are encouraged and able to:

* Provide written and verbal feedback to the CoC
* Cast votes in CoC Business meetings (one per agency)
* Participate in CES
* Participate on CoC committees
* Apply for CoC-funds (CoC funding is not exclusive to only those agencies already receiving CoC funds)
* Solicit feedback from persons with lived experience
* Leverage other community resources to enhance service delivery and support
* Connect all clients served to employment, volunteer, and community service opportunities
* Connect all clients to benefits and other community-based supports
* Align program goals and measured outcomes with CoC
* Uphold fair housing, anti-discrimination and ADA accommodation requirements

# Annual Designation of HMIS Lead, Coordinated Entry LeaD, and Collaborative APplicant Agency

The CoC Governance Board annually designates which agency will be responsible for each of the following roles:

* Overseeing system operations of the HMIS: Appendix A
* CES lead: Appendix B
* Collaborative Applicant: Appendix C

CoC member agencies interested in applying for any lead agency designation must inform the CoC Governance Board of their interest by November 1st for possible designation starting in the next new year. The Governance Board reviews any agency interest in applying for lead status in the above roles in December and designates a lead agency for each roll by majority vote in January.

# COntinuum of Care Prioritization Order for permanent supportive housing and services

#### Prioritization order

On September 9th, 2016, the CoC adopted the prioritization order for providing housing and services to eligible households as outlined by HUD in Notice CPD-16-11[[1]](#footnote-2). While this notice is only intended to inform prioritization for permanent supportive housing (PSH), the CoC utilizes assessment tools for determining eligibility for all services available in its supportive network which align with this prioritization order.

The prioritization order the CoC follows when providing PSH for chronically homeless households is as follows:

* Chronically homeless households with the longest history of homelessness and most severe service needs
* Chronically homeless households with the longest history of homelessness

The prioritization order the CoC follows when providing PSH for non-chronically homeless households is as follows:

* Homeless households with a disability with long periods of episodic homelessness and severe service needs
* Homeless households with a disability with severe service needs
* Homeless households with a disability coming from places not meant for human habitation, safe haven, or emergency shelter without severe service needs
* Homeless households with a disability coming from transitional housing

CES has integrated “dynamic prioritization” into their housing match process, which takes into account unique and complex service needs.

# Continuum of Care Governance Structure

The policies relating to Board member selection and removal will be reviewed at least every five years and voted on by the full CoC membership for approval.

#### Governance Board Elections

The CoC is governed by the Governance Board, an uneven number of Director-level (or above) CoC-program funded project representatives, ESG recipient representatives, community stakeholders, and at least one consumer of CoC services. Potential members of the Governance Board are nominated through an annual review process in which the CoC general membership identifies the key representatives needed to form an effective Governance Board. These nominees are then invited to submit an application to be considered for the Governance Board elections. The Governance Board is limited to 33 spots, with representatives from all populations that the CoC serves, including two persons who are currently or formerly homeless. The General CoC membership votes to approve or reject each of the nominees for the Governance Board based on a majority vote. This process for selecting Governance Board members is to be reviewed at least every five years and approved by the CoC General Membership.

#### Governance Board responsibilities Governance Board members are elected for a one-year term in which they determine and oversee the mission, vision, and long-term goals of the CoC. These are then carried out by the committees described below. The Governance Board meets monthly, with additional email or phone communication as needed. Governance Board members are responsible for staying current on CoC mandates and regulations as determined by HUD in order to draft and make recommendations about CoC policies and procedures. Members are also responsible for ensuring that CoC system operations align with HUD priority areas in order to maximize annual grant awards and ensure the preservation of consumer rights.

Other responsibilities include:

* Determining regional priorities for target populations, housing options and provision of services (within and outside of the direct COC-funded system).
* Collaborating with community stakeholders, elected officials and other systems to ensure that the needs of homeless persons are prioritized
* Review previous year’s regional application to determine gaps in systems and services to inform decisions regarding new potential programs within the region going forward
* Participate in development and completion of current year’s regional application to ensure data is accurate, comprehensive and inclusive of all relevant information.
* Draft and/or review CoC policies and procedures, including (but not limited to) those governing or related to: COC process, anti-discrimination, coordinated entry, HMIS usage and data sharing, low-barrier and housing first mandates, and community plans to end homelessness for targeted populations, discharge planning and policies for various institutions.

#### Election of Governance Board Chair and responsibilities

The Board Co-Chairs will be elected by Governance Board members. The Co-Chairs can be nominated by other members of the Board, or self-nominated. The Co-Chairs must be able to speak to their abilities to handle the following responsibilities:

* Understanding all HUD mandates and guidance regarding CoC and ESG programs
* Understanding all HUD funding round procedures and documents, such as the CoC NOFA and regional application
* Determining all meeting agendas and facilitating productive discussion regarding the agendas
* Ensuring the publication and distribution of all meeting minutes

The Co-Chairs will be approved or rejected by a majority vote annually.

# Process for removal of governance board member

#### Should a Governance Board member not meet the responsibilities outlined in their contract or violate the conflict of interest policy, the Board Co-Chairs may meet with the member to discuss their responsibilities or motion for their removal.

#### **Removal Process**Should a Governance Board member behave in a way that warrants a motion for their removal, the Governance Board will convene to determine if the member may remain on the Board or if they will be dismissed. The Co-Chairs will present the issue to the Governance Board members and the member in question will be given an opportunity to state their case. All motions for removal will be determined by a majority vote by the remaining Governance Board members.

# Filing a GrievAnce

CoC members who wish to file a grievance about matters related to CoC or CES policy, structure, and outcomes of decision making may submit the grievance in writing to the Governance Board chairs. The chairs will review this grievance at the next scheduled Governance Board meeting with the full Governance Board membership. A written response will be delivered to the person who filed the grievance within 5 business days after the Governance Board meeting at which the grievance was discussed.

# COc committees

CoC Governance Board

* This committee consists of elected members representing a wide-variety of services and supports for people experiencing homelessness. The purpose of this committee board is to create strategies and outcomes geared towards ending homelessness in a specific region.

CoC Ranking Committee

* This committee which consists of non-CoC program funded stakeholders and providers, determines the order of funding for eligible projects. Additionally, the Ranking Committee is responsible for staying current on priority areas as outlined by HUD and ensures that project ranking criteria aligns with the priority areas in order to increase annual grant awards.

CoC Business Meeting

* This committee is open to the public and addresses ongoing needs and concerns among CoC stakeholders as well as provide updates on HMIS, future trainings, and other resources.

CoC Community Response Meeting

* This committee is a monthly topical discussion group where members of the CoC can gain additional information and resources related to a specific area of concern. This meeting is attended by the experts in the respected field being discussed.

Coordinated Entry Management Entities

* CES: Staff members part of the Coordinated Entry System Team from Long Island Coalition for the Homeless (LICH) meets weekly to exchange resources and discuss case-loads. This committee is responsible for establishing day-to-day management structures, establishing a clear, accessible communication plan for CES participating agencies, promoting standardized screening and assessment processes, developing and delivering training, and conducting monitoring.
* DV CES: A team from The Safe Center Long Island conduct screenings to domestic violence-specific services, provide safety planning support, and connect households that are actively fleeing to housing programs and supports focused on safety.

Legislative Committee

* This committee aims to raise community/political will on imperative homelessness and related issues in Long Island. Additionally, the Legislative Committee advocates for increased funding dedicated to the availability of homeless housing/affordable housing in this region and seeks to elevate community dialogue and understanding of local efforts to address homelessness.

Housing Resource Committee/CES Case Conferencing

* This committee collaborates with relevant stakeholders to discuss the most vulnerable caseloads. Additionally, the CES Case Conferencing committee encourages discussion of roadblocks and come up with solutions in order to reduce the rates of chronic homelessness. This committee focuses on sharing resources in order to connect individuals to the appropriate support.

HMIS/Data Committee

* This committee ensures that providers are reporting accurate and real time data to the Homeless Management Information System. The HMIS committee will announce upcoming trainings to utilize the software program in their agency. Additionally, this committee will review data quality reports and seek to increase the percentage of HMIS beds in the region.

Racial Equity Committee (Under Development)

* This committee will discuss the results/data of regional racial equity assessments to ensure equitable access to services and positive outcomes. This committee focuses heavily on criminal justice reform and fair housing. Additionally, discuss controversial current events, and its affects within individual agencies and how agencies are tackling these concerns.

Persons with Lived Experience Committee/CES Evaluation (Under Development)

* This committee will specifically solicit feedback on services, policies, and forms from people that have experienced homelessness and have navigated support systems. This will better ensure that the CoC uses a person-centered approach in all program services.

Subcommittees/Special Populations

Veterans Committee

* This committee addresses the coordination of permanent housing placements for veterans through in-person group case conferencing, veteran outreach initiatives, landlord engagement, data-sharing, tracking, and client-information discussions.

Youth Committee

* This committee addresses the challenges and solutions to end youth homelessness in Long Island. The youth committee focuses on the risk and protective factors of this population and how to link youth and young adults to proper resources.

Domestic Violence Committee

* This committee focuses on addressing the needs for victims of domestic violence and connecting this population to the proper resources.

Street Homeless Outreach Committee

* This committee discusses street outreach strategies with other relevant stakeholders. Additionally, the Street Outreach Committee encourages partnerships and address challenges and action items related to working with street homeless as well as case conferencing/client information sharing.

Current Local Initiatives

Built for Zero- Ending Chronic Homelessness

* A national movement through Community Solutions being driven by counties and cities across the country to work to end chronic homelessness for single adults in each of their communities.
* The Nassau/Suffolk CoC has established a team that is working closely on the Built for Zero Initiative and sharing guidance, perspective, and new and enhanced strategies for the region.
* The Coordinated Entry System is working to enhance the regional By-Name List, which is a tool to capture and coordinate support for those experiencing chronic homelessness, through identifying those to be outreached/engaged, tracking progress toward housing, prioritized for housing placements, and for follow up tracking on housing retention once housed.
* With similarities to the local Initiative to End Veteran Homelessness, our local Built for Zero Team is also working to structure and create regularly scheduled, in-person community/team case conferencing with key stakeholders, to pursue any and all alternative solutions in assisting clients to exit homelessness.

Rapid Results Institute Youth 100-Day Challenge (Under Development- March 1, 2020)

* The 100-Day Challenge is a project designed to stimulate intense collaboration, innovation, and execution, all in pursuit of a wildly ambitious 100-day goal.
* In youth homelessness, these 100-day goals will involve ending the experiences of homelessness for a large number of young people in each community. With just 100 days to make things happen, everyone from community leaders to front-line workers are challenged to do their work differently, change systems, and innovate their way to their desired goal.  The compressed time frame, high visibility, and support from coaches, peers, and federal leaders creates rapid progress.

HUD Communities of Practice

* HUD Communities of Practice is a peer support focus group which connects CoC-lead agencies from across the country to discuss ideas and strategies to enhance CoC governance, communication/information sharing, decision-making, and goal setting/mission-alignment.

# Appendix A: homeless management information system

The United States Department of Housing and Urban Development (HUD) requires that all recipients of financial assistance under the Continuum of Care (CoC) program, the Emergency Solutions Grant (ESG) program, the Rural Housing Stability Assistance (RHS) program and other programs funded under the McKinney-Vento Act must use a Homeless Management Information System, or HMIS, to collect client-level data on all persons served.

An HMIS is computer software that helps agencies with program administration, operations, and reporting. An HMIS can be used for many different functions including maintaining client and agency information, bed/unit availability, and service delivery. Some of the typical benefits of an HMIS include:

* Improved service delivery and prompt referrals for clients
* Immediate access to important client information
* Quick and easy preparation of reports for funders, stakeholders

Other benefits of an HMIS include the ability to produce unduplicated estimates of the number of homeless persons accessing services from homeless assistance providers, aggregate reporting of basic demographic characteristics of homeless persons and patterns of service use, including information on shelter stays and homelessness episodes over time.

The Long Island HMIS, also known as AWARDS, is a software package developed by Foothold Technology that has been implemented in many communities across New York State. The Long Island Coalition for the Homeless (LICH), through grants received from HUD, implemented the Long Island HMIS and continues to oversee its strategic direction and administration. LICH, together with the Continuum of Care groups in both Nassau and Suffolk Counties, actively works to increase resource development and quality assurance for the HMIS. LICH staff manage the daily operations of the HMIS, and provide technical support, training, and program customization as needed.

#### HMIS lead responsibilities

**LI HMIS System Administrator**

LICH, as the HMIS Lead Entity, will assign administration of the LI HMIS to an LICH employee (the “LI HMIS System Administrator”) who shall be responsible for each of the following:

* Coordination and scheduling of AWARDS system trainings and implementation support for HMIS participating agencies
* Evaluation of requests from HMIS participating agencies for modifications to AWARDS software and submission of requests to Foothold Technology for implementation, as appropriate
* Technical assistance to HMIS participating agencies and users, and problem resolution in collaboration with Foothold Technology
* Serve as the local HMIS Help Desk

**The Long Island Coalition for the Homeless, as the HMIS lead agency, is responsible for the following HMIS functions:**

* Designate a single HMIS.
* Select an eligible applicant to manage the CoC’s HMIS (called the HMIS Lead).
* Monitor recipient and sub-recipient participation in the HMIS (ensure consistent participation).
* Review, revise, and approve a privacy plan, security plan, and data quality plan for HMIS.
* Ensure that the HMIS is administered in compliance with requirements prescribed by HUD.
* Ensure consistent participation in HMIS of all recipients and subrecipients.

More information on HMIS, HMIS Lead vs. HMIS participating agency roles and responsibilities, and examples of required data fields can be found in the HMIS Policies and Procedure Manual (available at [lihomeless.org](http://www.addressthehomeless.org) or by request at LICH Offices).

# Appendix B: CES management ROles & Responsibilities

The day-to-day operation of coordinated entry involves staff, recordkeeping documentation, technology, and other infrastructure that supports the implementation of coordinated entry at the CoC or homeless system level. Managing these functions is usually carried out by an organization, committee, or other entity designated by the CoC. The management entity can be the organization that serves as the Collaborative Applicant for the CoC or that provides other staff support to the CoC. HUD does not require that the Collaborative Applicant manage coordinated entry.

During the planning for management of coordinated entry, the planning group and other relevant CoC stakeholders should consider the specific needs of the community, the financial and other resources available to support a management entity, and the attributes the management entity needs in order to successfully implement and operate coordinated entry as planned for the community.

The Long Island Coalition for the Homeless has been designated as the CES Management entity.

# Appendix C: Collaborative Applicant

Collaborative applicant is defined to mean an eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds on behalf of the Continuum. The Collaborative Applicant applies for a grant to carry out the planning activities on behalf of the Continuum of Care.

The Long Island Coalition for the Homeless has been designated as the Collaborative Applicant.

Appendix D: Governance Slate and Representatives

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| **Governance Board Category** | **2020 Elected Governance Board Member (Name/Agency)** | **Email Address** |
| Serving Human Trafficking Victims | Terray Gregoretti, Director of Residential Services, The Safe Center LI | TGregoretti@tscli.org |
| Affordable Housing Developers  | Elizabeth Lunde, Chief Operating Officer, Concern for Independent Living | elunde@concernhousing.org |
| CoC Lead | Greta Guarton, Executive Director, LICH | gguarton@addressthehomeless.org |
| Emergency Shelter Providers | Stephen Brazeau, Director, Pax Christi Hospitality Center, Hope House Ministries | sbrazeau@hhm.org |
| ESG Recipient | Valerie Chamberlain, Assistant VP of Housing/Homeless Svcs, Family Svc League  | vchamberlain@fsl-li.org |
| Faith-Based Organizations  | Lisa Marie Andreoli, Program Supervisor, Catholic Charities | andreoli.lisa-marie@catholiccharities.cc |
| Forensic | Stephen Quesada, Director of Social Work, NANA's House | nanashousesw@gmail.com |
| Law Enforcement/Jail/Re-Entry | Marcellus Morris, Executive Director, M&M Re-Entry Inc. | marcellus.morris@yahoo.com |
| LBGTQ Community | Devon Zappasodi, Project Director, Pride for Youth | dzappasodi@longislandcrisiscenter.org |
| Nassau DSS | Nancy Nunziata, Commissioner, Nassau County Department of Social Services | Nancy.Nunziata@hhsnassaucountyny.us |
| Peers/Advocates/PLEs | Logan Cavaliere, FCA | lcavaliere@fcali.org |
| Peers/Advocates/PLEs | Kyle Braunskill, Executive Director, Safe Harbor Mentoring | kylebraunskill@gmail.com |
| Peers/Advocates/PLEs | Sandy Guillame, Executive Director, Second Chance Re-Entry | sandy@secondchancereentry.org |
| Peers/Advocates/PLEs | David Leon, Boutique Support Staff, Long Island Coalition for the Homeless | leon222214@gmail.com |
| Peers/Advocates/PLEs | Tara McLaughlin, Options  | tmclaughlin@optionscl.org |
| PHA  | Rebecca Downs, Rent Subsidy Program Coordinator, Town of Southampton | rdowns@southamptonha.org |
| School/BOCES | Natalie Matadin, EOC of Nassau | nmatadin@eoc-nassau.org |
| Serving Domestic Violence Victims | Kyle Vatalaro, Assistant Executive Director, Brighter Tomorrows | KVatalaro@brightertomorrowsinc.org |
| Serving Families | Victoria McGinn, CFO/HUD Coordinator, Suburban Housing | vicki.mcginn@gmail.com |
| Serving Immigrants/Non-English speaking | Sarah Brewster, Chief Director of Svcs & Ops, Circulo de la Hispanidad | sbrewster@cdlh.org |
| Serving Persons w Developmental Disabilities | Holly Mosby, VP, FREE | HMosby@familyres.org |
| Serving Persons w HIV/Chronic Medical | Allison Covino, Director, Options for Community Living | allison@optionscl.org |
| Serving Persons w Substance Use Disorder | Kim Livingston, AVP of Residential Services, FCA | klivingston@fcali.org |
| Serving Pregnant/Parenting Youth | Deirdre Trumpy, Associate Executive Director, MOMMA'S House | assistantdirector@mommashouse.org |
| Serving Unaccompanied Youth | Bill Best, Program Director, Family Service League | wbest@fsl-li.org |
| Serving Unsheltered | Nakita Hyman, street & Community Transition Coach, FCA | nhyman@fcali.org |
| Serving Veterans | Jackie DeLeonardis, Vice President, United Veterans Beacon House | jackie@uvbh.com |
| SSVF | Robert O'Donnell, Assistant to the CEO for Supportive Services, EOC of Suffolk | rodonnell@eoc-suffolk.com |
| Street Outreach Provider | Beth Gabellini, Regional Director, Services for the Underserved | bgabellini@sus.org |
| Suffolk DSS  | Frances Pierre, Commissioner, Suffolk DSS | frances.pierre@suffolkcountyny.gov |

1. Found in HUD Notice CPD 16-11

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf> [↑](#footnote-ref-2)