* **Introductions**
	+ Hope everyone is safe and doing well!
* **ESSHI (Empire State Supportive Housing Initiative) for CES Participation – Developing Language and Parameters Around Accepting Referrals from Coordinated Entry System**
	+ **For CES clients, there are various reasons for quick turn around**
		- Difficult to reach client (i.e. it might take two weeks to reach them to offer a unit). This would not be a situation where we would hold an ESSHI bed or likely a CoC bed
		- Clients who say “yes I would like the unit” but is inconsistent with other things that the client has said so the CES Team might want to talk that through with Case Management (to make sure they understand the program model and exactly what the opportunity is, etc.) and if they need more information/they’re unsure for various reasons (direct or implied uncertainty in terms of willingness to move forward quickly to accept a unit would be something that CES would have to discuss and regardless of a timeframe would not be the person we are not going to refer to a bed that has to be filled immediately at this time and we would explore other clients)
	+ **List Discussion – exclusively by number of people vs. length of time**
		- People who need to be immediately housed (i.e. we’re going to have a lot more people who are at risk right now)
		- From what is seen, agencies can look at 3 referrals at a time
			* Prioritizes length of time
			* Giving CES an opportunity to make a referral
				+ Agency would have to review 3 applicants a time to give them the flexibility where if they can’t reach someone or someone does become ambivalent or cannot move in as quick as the vacancy can be filled on a provider end, they would have the flexibility within a smaller pool of applicants (i.e. scenario - looking to fill a unit in 1-2 weeks and 1 of 3 clients that is ready to move in right now and is reachable to move forward and they’re still presenting as longest homeless out of the pool of applicants, they can move forward with that application.)
				+ HUD is not looking to abandon the length of time prioritization altogether

Want to balance moving people into units quickly and on the local end, give people more opportunities that might not always have opportunities through the CoC while still focusing on who is most in need and most vulnerable for that unit

It could look like (3 referrals, CES might have a client that’s willing to accept/reject that unit)

Program should still be looking at length of time as a major prioritization factor in who they accept. Even if there are no CES who can be referred to at that time and there are a pool of non-CES applicants, the agency should still be (based on national priorities) still be accepting the client out of those eligible clients that is presenting as homeless the longest which could be 9months, 6 months, 3 months, or 2 weeks if restrictive eligibility or specialized service

* + - **ESSHI organization would inform CES of vacancies (Criteria for motions)**
			* **Proposal** - Process for Initial Referral: In order to get faster results for vacancies (once vacancy happens) to let CES know and expect project to be opening in a certain amount of time (in order to start building up a pool). Once a vacancy is identified, the provider should look at 3 referrals at a time regardless if they are CES or not. If CES had 3 presenting referrals to make, they would present all 3. If they had 1, it would be 1 CES and 2 others from agency waitlist or another source outside of CES. Highly unlikely for 3 CES referrals unless it was a HUD homeless eligibility type of program or broad-spectrum
			* **Motion**: Nakita Hyman & Deirdre Trumpy
				+ **Summary**: OTDA who is the funding provider for ESSHI grants has requested that grant recipients get a letter of support from the local CoC and the purpose of that is to establish collaboration and coordination between ESSHI recipients and the local CoC. (They want to create a spirit of collaboration between these 2 entities and want to make sure ESSHI funding recipients are working with the local CoC to meet the needs of homeless population in the area that they are serving. We want to as a CoC establish a set of criteria for which we provide these letters of support and a guideline for what will be expected of the ESSHI funding recipients who would get that letter of support from the CoC.)
				+ **Proposal**: Asking people who request a letter of support from the CoC to report vacancies either beforehand if they are anticipated or as soon as they become available through the CoC
				+ **Proposal**: The Coordinated Entry System to have approximately 5 business days to send an eligible referral to that vacancy of that agency
				+ **Proposal**: The provider for the ESSHI recipient will make a decision on the referral(s) in approximately 5 days
			* In the last 2 rounds, the CoC has agreed that ESSHI applicants would have to agree to participate in CES to accept referrals through CES in order to get a letter of support. MOU needs to be agreed on by those agencies in order to receive these support letters.
			* What is the conversation with OMH and SPA regarding this plan?
				+ The plan that is being proposed is no different than OMH beds with CoC. Only difference is more flexibility with organization and the housing provider.
				+ We did speak with OTDA about this proposal (they issue the ESSHI funds)
				+ Mike & Greta – interested in speaking with OMH and SPA **(confirm that there are no issues with the plan and implement it with an effective date);** suggestion to provide SPA office with a list of CES clients who are willing to accept SPA and even if they have an internal flag in their system, they can still refer any CES clients in order of length of time homeless and then if we don’t have CES client, it might be more immediate to let them process a referral through SPA in cases where we don’t have a referral. The difference is that referrals are not exclusive to coordinated entry clients and if we want to look at creating a streamline avenue for non-CES clients, that would be the simplest way to do that and easy thing to coordinate with SPA.
		- This is a team approach to make programs operate as best as possible while acknowledging CES clients are highly vulnerable, long-term homeless while maintaining a balance. This is a streamline process and if it is a CoC funded bed, we should have more flexibility to work with clients and make sure we do more due-diligence and follow up for those that are highly vulnerable to see if we can get them in a unit.
		- People who immediately become homeless and can get out easily will be addressed through RRH programs with stimulus funds
			* Nassau Office of Community Development – already know how much they’re receiving in stimulus funds and releasing the RFP today 4/17/20 (aim to gear funds to those who are becoming immediately homeless or keep them out of homelessness)
			* What is our stock going to look like? ESSHI must be used in capital projects – PSH units that are going to be needed for PSH for much longer periods of time and people who are disabled. People who have been homeless for longer periods of time will likely need housing for longer periods of time and PSH that is owned by organizations (the best type of support housing for them)
			* ESSHI having to be a capital project = a longer project
			* What is going to be the mental health need of our current population who are experiencing all these issues and may be eligible a year or 2 from now? Concerns:
				+ May have longer term people who are exacerbated + traumatized
				+ Newer people who are emerging
				+ People who are becoming homeless now if they’re still homeless 2 years from now, they will be at the top of the list & meet the criteria
				+ Suffolk County Homeless Families 1.5-2.5 years (on average)
				+ This past year, had almost no movement in Nassau County (back-funding from de-funded programs) and it’s been almost all families – still able to reduce length of time for people we are able to refer
		- How many ESSHI are connected to CoC?
			* Very few of CoC funded programs have ESSHI funds because we don’t really have many capital left (Options is remaining few capital projects that still receive CoC funding for operations and support services). Vast majority are rental programs and can’t put ESSHI into those
* **General Announcements**
	+ Nassau and Suffolk counties have a link on their website to request PPE
		- Suffolk link:
			* <https://fres.suffolkcountyny.gov/Covid19SupplyRequest/Default.aspx>
		- Nassau link:
			* <https://app.nassaucountyny.gov/OEM/supply-request/>
	+ Nassau Office of Community Development – already know how much they’re receiving in stimulus funds and releasing the RFP today 4/17/20
* **Annual CES Evaluation Process – TBD for next Governance Board Meeting**
	+ Can this be done virtually?
	+ Who should be part of the evaluation group?
	+ How can we ensure this is completed in 2020?
* Next Steps:
	+ Thanh will send Voting Document for proposals/motions indicated to Governance Board
	+ Greta will email CoC Program Expedited COVID-19 Grant Agreement Amendments (If you require grant amendments – HUD will expedite these changes should you need them)
		- <https://mailchi.mp/hudexchange/covid-19-grant-agreement-amendments?e=8228c848b2>