**NY-603 Governance Board Meeting Agenda**

**April 21, 2023**

**Recording:** [**https://youtu.be/rxp-Vh96tyY**](https://youtu.be/rxp-Vh96tyY)

**Attendees listed at end of document**

**Conversation on Engaging People with Lived Expertise presentation (CoC Business meeting)**

* From an administrator’s perspective, knowledge sharing and on-boarding are very important. It allows people to think outside the box while having the foundation to work with. If people don’t have the background information, sometimes they are hesitant to share. It has been easier when hiring PLE because they get that understanding of the agency instead of setting time aside to figure out what to explain.

**2022 funding round debrief & funding considerations 2023** (slides saved in GB Agenda folder, not all slides were covered in meeting)

* All projects were fully funded in 2022, including 1 new project
* Received 79% of available points. Did well on strategy but not so well on SPMs. Scored within range of regions more likely to lose funding relative to their ARD.
* Preparing for 2023: look at deficit areas, recruit new applicants to add capacity, regional gaps analysis, including more PLE
* HUD SPMs, represents 30% of total points available to us. Received 65% of points available for SPMs. Length of time and reduction of first time homelessness we scored very low. Reflects what seeing in system with long shelter stays, no caps on stay duration. Large increase in first time homelessness, possibly from fallout of COVID-19 pandemic. Increasing income, specific to PSH participants, we lost points. This has not been a focus of our CoC.
* In regards to increasing income, PSH providers often claim that participants are very ill and cannot increase their income. But this measure is comparing the same types of programs across the country, and somehow they are increasing income year over year. Total income include benefits, and almost SSI benefits go up by a fractional amount. Are providers updating income information in HMIS to reflect that information?
  + Updating income information has been in an issue in FSL’s program
  + Data elements that require people to go back and update information are less likely to get done.
  + Want to make sure people are offered employment and benefits, we hear from participants that that is not always happening. Often participants are in programs for long periods of time with little change.
  + Increasing income is scored on ranking, but providers do poorly year over year. If everyone is scoring poorly, then there is little motivation to be more competitive here.
  + Can we pull information on how often income is in updated in HMIS? – Have done this specific audits to programs and requested updates, but then do not change the information.
* We need to create more buy-in on HMIS data quality, and not just on CoC funded programs. SPMs include data from shelters. Most exits from shelter are “unknown”.
* Length of time will not be changed by data quality. We received 0/10 points for the data. We need to look at role of shelter operations and rules. What is happening in our region is not normal, even with housing discrimination and lack of affordable housing, other regions do not look like this. Changes might need to happen through advocacy.
* Are there other regions comparable regions where we can compare our practices to see what we can change?
  + Major difference is shelter payment standards. Standards are much higher in LI, even compared to NYS. Westchester is a comparable area and they do not see same results in shelter stays. Not just payment standards, but about shelter models at large – this is happening across the country.
  + 5 years ago 9/10 where in shelter, now it’s 2/3.
* Biggest problem is affordable housing, have been able to double moves with EHV. New rental subsidy will target large families where FSL are providing case management services. We need more of these types of programs.
  + Housing stock is a big problem. There are properties available for conversion but we need an agency to spearhead efforts to convert motels into housing. Maybe another arm of the GB can be used for this purpose? Affordable housing needs to be created.
  + Most resources like vouchers are not dedicated for people experiencing homelessness, and when they are they have stringent eligibility requirements or specific to sub-populations. There is not always alignment of restriction to sub-population with needs in our homeless system.
* CoC planning staff cannot write grant better. SPMs need to improve.
  + Received 94% of points for strategy
* DV programs are offering people apartments and they are not accepting them, which is adding to length of time
  + People who have been in shelter for long periods are harder to place in RRH units, rejecting more offers of apartments
* Has there been success in moving people from shelter to SPA?
  + Expectation for shelters is that many applications are submitted for each client. Are not seeing a lot of people getting SPA housing – FSL
  + Pax Christi has had success placing people in SPA, more flexible in process that previously
  + More people are getting access to SPA intakes, but success depends on organization doing the intakes. One organization was not allowing staff to attend intake with clients. Some of the most vulnerable folks are not comfortable sharing housing with others, and are likely to be homeless longer because there’s a lack of single units on the market.
  + OMH has been hosting listening sessions and has been very receptive to feedback.
  + Suffolk DSS: Have not had much success with SPA placements, but have been moving people out of shelter (some go to boarding homes)
  + A lot of smaller shelters do not even have access to SPA portal, LICH has often been helping
  + LICH clients are often either deemed ineligible or screened out for level of care available. Can also be “too disabled” (including aging adults) to be accepted to SPA programs to meet their needs, emphasized importance of leveraging healthcare
* Recommend people to nursing homes if having issues with daily living.
  + Can be difficult to have people accepted as soon as they have income
  + A lot of people find that setting undesirable and want medical care to come to their own home
* Homeless population is trending older, and seniors are a disproportionate part of single adults that present. Specialized housing programs for seniors or programs that are prepared to serve seniors may be needed. Town of Brookhaven is using HOME-ARP funds for cluster housing, where people have connected studio apartments with shared living space with opportunity for socialization. CoC funds are not available for acquisition and rehab, but maybe could provide support services.
  + Hard to find any units that are ground floor, or landlords want to charge extra
* Leveraging housing through vouchers
  + Vouchers are the best resource for families, and most people in our system are families
  + PHAs have not be able to prioritize to homeless
  + Have the opportunity to pilot small program with a PHA, maybe they can set aside 5 vouchers and we could have another provider do supportive services
* Leveraging healthcare
  + Single adult housing with more medical supports in place
* Almost every household needs RRH to get out – why is that the case?
  + Shelter payment standards and depleting resources before you enter
  + SSP program should meet what RRH does, because includes move-in moneys but cannot because there is a cap on rent. Landlords are not willing to take the program, and there is not a support for the family and landlord following move-in
  + RSP is in response to state listening to gap between SSP and RRH. We have the opportunity to give feedback to OTDA on how shelter standards are not meeting the need
* TAC will be providing RRH training, may be able to address issues with program implementation

Action steps

* Get agencies to update data in HMIS
* Strategies to address length of time homeless
* Trainings on how people can increase income for people on benefits through employment. Training on benefits will be available to CoC soon. SOAR has work incentive program.
* Advocacy for more vouchers and rental subsidy programs
  + NYS changed admin plan to prioritize people experiencing homelessness. Will be working with PHAs to figure out who on their lists are homeless.
  + If anyone has a strong existing relationship with a PHA, that would be very helpful for the set aside conversation
* If you or an organization you are connected with has the capacity to run a program with medical service, that is a focus for us going forward to gain a lot more points
  + Care Coordination services should be eligible

**Looking ahead:**

Review GB Charter (with updates/recommendations from GB Restructure Working Group and ICF)

GB Mentorships

2023 CoC Funding Round Gaps Analysis / Guiding Principles

**Attendees**

Victoria McGinn, Suburban Housing

Donna O’Hearon, Mercy Haven

Deirdre Trumpy, MOMMAS House

Elizabeth Lunde, Concern

Nancy Nunziata

Valerie Chamberlain, FSL

Sarah Brewster, Circulo de la Hispanidad

Terray Gregoretti, The Safe Center LI

Greta Guarton, LICH

Stephen Brazeau, Hope House Ministries

Francis Pierre, Suffolk DSS