

## EXECUTIVE COMMITTEE MEETING MINUTES

**Meeting Date: December 19, 2013**

**Time: 3:30pm – 5:00pm**

**Location: 1220 Morello Avenue (2<sup>nd</sup> Floor Conference Room)**

### **I. Introductions**

- a. Quorum not met
- b. Board Member Attendance: Sean Connors, Nishant Shah, Doug Stewart, Stephanie Batchelor, Brenda Kain
- c. CCICH Staff Attendance: Lavonna Martin, Rita Iravani, Jay Lee, Amanda Stempson
- d. Stakeholder Attendance: Josh, Jennifer, Amy, Alvin, Rachel, Shayne, Brett, Naja
- e. Rita is the County Homeless Program's new Administrative Services Specialist
  - i. Will be supporting the CCICH Executive Committee

### **II. Consumer Report**

- a. Stephanie: at our last meeting, discussed lack of funding for dental for the homeless; came upon idea of fundraising to help homeless get teeth done
- b. Rachel: there's a need for dental; are some cheap options, but nothing free; want to do fundraising to cover the \$25-\$85 fees for cleanings; in planning process now to begin fundraising
  - i. Timeline to be established in coming weeks
  - ii. Vision services also to be discussed: donated glasses
- c. Stephanie: also discussed tattoo removal, for those who have tattoos on face or neck, either through reduced fees or pro bono
  - i. Working on connecting to organizations that provide those services
- d. Sean: need to get ourselves in the community, perhaps at farmers markets, an innovative fundraiser like selling flavored breadcrumbs
- e. Rachel: we need some help from CCICH on how to collect and use the funds
  - i. Would like to put out an appeal to the larger CCICH, add to the agenda for the March meeting
- f. Brett: nonprofit called Dentistry from the Heart has dentists from all over the country who volunteer their time, first come first serve pro bono assistance
- g. Rachel: Berkeley suitcase clinic, others in San Francisco and Oakland
  - i. Perhaps funds could be used to transport clients to those locations
- h. Stephanie: a few dentists were doing pro bono, did great work, but the process has gotten slower as some dentists have had to step down

### **III. Healthcare for the Homeless Report**

- a. Alvin: four certified enrollment counselors in enrolling into ACA, just waiting for their badges and then can start helping people enroll
  - i. Go through different shelter facilities, do Q&As about ACA
  - ii. Interested organizations should contact Alvin or Meghan (consumer liaison) to coordinate
- b. Alvin: Respite clinic consult liaison psychiatrist is in the works, to integrate mental health into our services
- c. Rachel: could we use the listserv to send out information about the ACA certified enrollment counselors

#### IV. 2013 NOFA

- a. Lavonna: NOFA was just released for CoC Programs, renewals of \$9.7 million
  - i. HUD is unsure about their budget, wants communities to take 5% of their annual renewal amounts and put projects in two Tiers; Tier 1 will get funded, Tier 2 is at risk of not being funded
  - ii. HUD priorities are asking CoCs think about prioritization and reallocation
- b. HUD's Funding Allocation Process
  - i. Jay: four criteria for how HUD allocates funding
    - 1. Tier 1 vs. Tier 2
      - a. First, HUD funds all of the Tier 1 projects in the country
      - b. Then, HUD funds Tier 2 projects, based on its "Selection Priorities"
    - 2. HUD's Selection Priorities
      - a. Regardless of how a CoC ranks its projects, HUD will fund projects in order of their Selection Priority—i.e., they will fund every single Renewal PH project in the country first (in Tier 2), before funding any new PSH or RRH projects
      - b. HUD will then continue down their list of Selection Priorities until they run out of money
      - c. Last year was the first time HUD did tiering, with 3.5% in Tier 2; HUD scrounged a lot of money and was able to fund almost 100% of the annual renewal demand, which went through the third selection priority (CoC planning costs)
      - d. Therefore, it's highly unlikely that Tier 2 projects that are not within the top 2-3 Selection Priorities will be funded this year
    - 3. CoC Score
    - 4. CoC Priority Listings
- c. Changes to Local Process
  - i. Jay: scoring process may have to be changed a little
    - 1. Proposal: allow the Review & Rank panel to do an initial ranking of just renewal projects, and then determine which projects are in Tier 1 and Tier 2, and whether any projects should be reallocation

- a. Then, based on any reallocation amounts available, would rank new projects and contact them about available projects
- 2. Because transitional housing and supportive services only projects are unlikely to be funded if they end up in Tier 2, the Review & Rank panel may determine that it is better to reallocate those funds to permanent supportive housing or rapid rehousing, which are higher up on HUD's selection priorities list
- ii. Nishant: one strategy would be to keep HUD's lower priorities in Tier 1 to protect them, but what if the Tier 2 amount is even higher in future years? May want to shift our community priorities now or in the next year to come into alignment with these HUD priorities
- iii. Lavonna: yesterday, Homeless Program had a conversation with transitional housing providers to discuss HUD's priorities, and ask these programs to consider reallocating to permanent supportive housing or rapid rehousing to align with HUD priorities
  - 1. This NOFA came out so late, that HUD has decided that this CoC Application will stand for FY 2013 and FY 2014; the scoring will count for the next two years, although the projects will submit applications separately for each year
  - 2. Thus, there may not be the same opportunity to reallocate next year depending on what HUD does for FY 2014—could potentially lose money that doesn't come back in FY 2014
- iv. Jay: could create a window of opportunity for TH and SSO to make that change voluntarily this year, to be considered by the Review & Rank favorably to ensure they're in Tier 1
  - 1. Reallocation is good for the CoC as a whole because it is one of the factors HUD scores the CoC Application on
  - 2. Change in the review process policy would be to add a factor for consideration: "Consider availability of CoC Program resources based on HUD's Selection Priorities and the benefit to the community of reallocating TH and SSO projects in FY2013."
- v. Stephanie: but, without SSO and TH, people will die on the street
- vi. Jay: is easier to shift TH to PSH than SSO
- vii. Doug: what's the backup plan for the MSCs? There's no point in doing outreach if we don't have somewhere to send them
- viii. Jennifer: we'd have to stop taking new clients and everyone housed would be unlikely to maintain housing; there are other funding sources for housing supports, but is small and not the right location
  - 1. If there's no where to go after entering emergency shelter, then clients end up back on the street
  - 2. Takes a huge amount of time to get HUD contracting done, possibly a year and a half—would be a gap between shutting down old project and starting up new one

- ix. Jennifer: perhaps the Executive Committee could take parts of multiple types of projects to carve out a new
  - 1. Jay: however, HUD has made it clear that this method is frowned upon, and CoCs won't be able to get away with this for FY 2013
  - 2. Amy: but, could do this in a targeted fashion, not a certain percent across the board
- x. Jennifer: for REACH Plus, offer up to 12 months; to get an income to support themselves often takes that long; some move into clean and sober units, but there aren't many available
  - 1. Right now, putting 15 units on hold, because only have 4 months of funding guaranteed, which is not enough time to get a landlord to commit
- xi. Jay: two issues
  - 1. What happens when TH or SSO ends up in Tier 2, in which case they'll almost certainly be defunded
  - 2. Whether to give folks a year to transition from TH/SSO to PSH/RRH without penalty or risk of being placed in Tier 2
    - a. Would have to be a strong commitment
- xii. Nishant: where is our support of PSH coming from?
  - 1. Lavonna: is HUD, rental assistance programs (used to be Shelter Plus Care, 300 units), plus other units under SHP (around 70 units)
  - 2. Nishant: but no pipeline of new housing?
  - 3. Jay: trying to make it easier to access housing through Public and Indian Housing; Housing Authorities now allowed to define homelessness locally
- xiii. Stephanie: is HUD the only funding that PSH is getting?
  - 1. Lavonna: is not the only funding, but is the largest, most significant source of funding, upwards of 80-90% of budget; diversifying funding is very challenging
  - 2. Nishant: local process and infrastructure is very slow, even if we could get together a lot of money
- xiv. Sean: the idea of giving TH and SSO a year to change is good
  - 1. These are necessary parts of the CoC
- xv. Jennifer: 88% success rate with REACH Plus, and majority of clients are coming out of treatment and stabilizing in housing; challenge is PSH for disabled people, but TH doesn't have to target disabled; RRH can serve non-disabled, but for this funding year is limited to families—we serve a lot of single adults, so they wouldn't qualify for PSH because not disabled, RRH because not in families; this county should be proud of our full continuum of services serving a range of needs; now, HUD is forcing communities to focus on specific strategies, not funding the full continuum of strategies
  - 1. Jay: chronic substance abuse is a disability

- 2. Jennifer: but, not all the people in REACH Plus are considered chronic under HUD's definition
  - xvi. Sean: what about getting involved with businesses to create funds?
    - 1. Lavonna: should look into this, but this won't solve the problem today (have to decide within the next two weeks)
  - xvii. Lavonna: can TH and SSOs put themselves in a position to fare better in the competition? Have follow-up conversations scheduled with Shelter, Inc. and Rubicon to discuss this on December 30th
    - 1. There's a lot of information that we don't know today
    - 2. Don't have quorum, so will need to schedule a special meeting of the Executive Committee about whether the scoring should be changed, and the nuances of it—what can we do to take control back into our hands, best position our CoC to minimize the impact of HUD's priorities
  - xviii. Jennifer: it's a difficult time, trying to figure out how HUD is going to move forward, and how sequestration will affect funding
  - xix. Lavonna: there may be projects that want to reallocate now, not in a year—if they decide to voluntarily reallocate, would they have some priority as far as getting funded?
    - 1. Some of the concern was reallocating, but then not having commitment from CoC to continue to run a program of a different type—don't want someone else to take their reallocated funds
  - xx. Jay: new scoring tool would add more points to agency capacity, looking at experience of staff
- d. Will also need to discuss appeals process
- e. Review & Rank
  - i. Has to meet the week of January 6th
    - 1. Nishant free all except Tuesday afternoon
- f. Special meeting has to happen before the 6th
  - i. Week of December 30th
  - ii. Nishant could do December 31st; am is better for Doug
  - iii. Maybe afternoon of December 30th, if Nishant can clinic covered

**V. 2014 Point-in-Time Count**

- a. Lavonna: had discussed moving to unsheltered count annually, but in light of the NOFA due date, Lavonna will be proposing that we not do unsheltered count this year; because we did one in January 2013, that will be reflected in the CoC Application, which counts for FY 2013 and FY 2014

**VI. Next Steps**

- a. Lavonna: need to discuss better differentiating between full CCICH and the Executive Committee—to be discussed at future meeting