

## Regional Task Force on the Homeless Membership Meeting

<b>AGENDA (Regular Meeting)</b>			
<b>Date:</b> April 26, 2018		<b>Time:</b> 10:00-11:30 a.m.	
<b>Location:</b> County Administration Center (1600 Pacific Highway, San Diego, CA 92101), Bayside room			
<b>Agenda Items</b>		<b>Presenter</b>	<b>Page</b>
<b>1</b>	Welcome and Introductions	Tamera Kohler, COO, RTFH	
<b>2</b>	Non-Agenda Public Comment	Tamera Kohler, COO, RTFH	
<b>3</b>	<b>Consent Agenda</b>		
	a. Approval of February 22, 2018, Meeting Minutes	Tamera Kohler, COO, RTFH	3
<b>4</b>	<b>Informational Items</b>		
	a. CES Updated Roles & Responsibilities	Chris Shilling, CES Director, RTFH	
	b. Diversion Presentation	Tamera Kohler, COO, RTFH	
	c. HMIS Ad Hoc Exploratory Committee & Process	Tamera Kohler, COO, RTFH	7
	d. Nominations & Selection Committee Update	Tricia Tasto-Levien, Vice Chair, RTFH N&S Committee	
	e. Community Standards Update	Nancy Cannon-O'Connell, RTFH Evaluation Advisory Committee	11
	f. Public Health and Community Homelessness Events - Updates & Information sharing	Sayone Thihalolipavan, Deputy Public Health Officer, San Diego County, HHSA	
	g. Open Forum	Membership	
<b>Upcoming Meetings</b>			
<b>Special Meeting – Thursday, May 31, 2018, 10:00-11:30 a.m., The Council for Supplier Diversity, 10679 Westview Parkway, San Diego, CA 92126.</b>			
<b>Annual Meeting – Thursday, June 14, 2018, 10:00-11:30 a.m., County Administration Center, 1600 Pacific Hwy., San Diego, CA, Bayside Rooms I &amp; II (lower-level conference rooms).</b>			



## Regional Task Force on the Homeless Membership Meeting Minutes

Meeting Information: Regular Meeting		
<b>Date:</b> February 22, 2018	<b>Time:</b> 10:00 a.m.-11:30 p.m.	<b>Location:</b> County Administration Center (1600 Pacific Highway, San Diego, CA 92101), Bayside room
Agenda Items		Presenter
<b>1</b>	<b>Welcome and Introductions</b>	Gordon Walker, CEO, RTFH
<b>2</b>	<b>Non-Agenda Public Comment</b>	Gordon Walker, CEO, RTFH
<b>3</b>	<b>Consent Agenda</b>	
	a. Approval of December 14, 2017, Meeting Minutes	Gordon Walker, CEO, RTFH
<b>4</b>	<b>Informational Items</b>	
	a. VAWA Emergency Transfer Plan Overview	Pat Leslie, Evaluation Advisory Committee
	b. Preparation for NOFA Scoring Tool	Pat Leslie & Nancy Cannon-O’Connell, Scoring Committee
	c. Project Level Performance Monitoring Report	Jegnaw Zeggeye, HMIS Administrator, RTFH
	d. HIC Overview	Jegnaw Zeggeye, HMIS Administrator, RTFH
	e. Monitoring Update	Deme Hill, CoC Lead, RTFH
	f. CES Updated Policies & Procedures Overview	Chris Shilling, CES Director, RTFH
	g. Open Forum	Membership
Agenda Item 1 – Welcome and Introductions		
Gordon Walker welcomed RTFH members, board members and members of the community.		
Agenda Item 2 - Non-Agenda Public Comment		
None		
Agenda Item 3 – Consent Agenda		
a. Approval of December 14, 2017, Meeting Minutes		
Public Comment	None	
Voting		

Motion	Motion by Pat Leslie to: Approve the minutes of the December 14, 2017, RTFH Membership Meeting. Second by Jon Walters.
Yay	Unanimous
Nay	None
Recused	None
<b>Agenda item 4 - Informational Items</b>	
<b>a. VAWA Emergency Transfer Plan Overview, Pat Leslie, Evaluation Advisory Committee</b>	
Public Comment	None
Discussion	This is the first year HUD is requiring CoC's to have a VAWA Emergency Transfer Plan in place in order to receive funding. The RTFH Board approved amending the current Community Standards document in January to add the Plan and to add the implementation component to it subsequently. The Plan was generated through a community process and has to comply with VAWA standards. The ad hoc committee is comprised mainly of providers that work with victims of domestic violence.
<b>b. Preparation for NOFA Scoring Tool, Pat Leslie &amp; Nancy Cannon-O'Connell, Scoring Committee</b>	
Public Comment	None
Discussion & Questions	<p>The RTFH Scoring Committee hopes that providers feel they have as much information and running room as possible for the 2018 NOFA cycle. Last year's committee was comprised of 10 amazing individuals and community partners. This year there are a few changes, but participants are community advocates and very data competent.</p> <p>The committee has noticed the changes in the way partners deal with data for the scoring process. When Ms. Cannon-O'Connell started four years ago, providers weren't data driven. Last year they saw a marked change in how providers were looking at their data and comparing year to year, which improved the quality and completeness of the data.</p> <p>The committee held a community conversation in November that about 32 community partners attended and was divided into three parts: system level, rating ranking, and technical assistance. From this, they came up with a set of recommendations.</p> <p>The systems model itself should drive the way scoring is developed each year. All parties agreed that this year there will be a systems level analytical tool.</p> <p>Scoring criteria will be reviewed annually. Renewal projects will receive early notice if there are changes that might affect the funding cycle.</p> <p>Going forward they have moved to adopt the HUD interactive scoring tool (universal tool). It is one toolkit with lots of spreadsheets and uses HUD official reports. Draws on reports already submitted to HUD through projects, etc. Somewhat customizable, and the committee will ask providers for input. It can generate a rank order list based on priorities and pulls data from the HIC to auto populate a whole host of data elements that HUD requires rating and ranking for and is prepopulated with HUD criteria outlined for every item.</p>

	The committee considers some things positive outcomes that HUD does not and they have adjusted scoring for those kinds of outcomes. They want written feedback from providers and the documents will be distributed to the community right away as they are ready and can be updated if HUD makes changes to their tool.
<b>c. Project Level Performance Monitoring Report, Jegnaw Zeggeye, HMIS Administrator, RTFH</b>	
Public Comment	None
Discussion & Questions	<ol style="list-style-type: none"> <li>1. Is there an ART report we can run for our own programs and is available to all users? Yes. The CoC will determine the frequency of running the report from our level.</li> <li>2. Will reports be available to the general public? No, due to detailed client info.</li> <li>3. When it comes to employment and income, do you compare one year to another year? Compare increase in income from year to year as well as within that year. If length of stay will be less than a year, the population you're serving will change completely. The income indicator is adopted from the system-level performance measure and it's how HUD measures the system level income increase for clients. Doesn't work for year over year comparison.</li> <li>4. Access to information – can we make it available to the general public to evaluate general performance to measure these programs.</li> <li>5. The system has been set up for the use of the providers so we can work and liaise between the providers and the HUD funding. Not set up for the use of the general public. We're looking at individuals, and we don't want it to be public. The data is gathered to provide to HUD.</li> <li>6. Since the HMIS system opened with data sharing it's effected the data timeliness and data entry. Internally, the reports are QA'd a number of times and providers are asked for feedback.</li> </ol>
<b>d. HIC Overview, Jegnaw Zeggeye, HMIS Administrator, RTFH</b>	
Public Comment	None
Discussion & Questions	<p>We are reporting this data to HUD annually to let them know how many beds we have in the region and how many are being used. Reaching out to providers to ensure the data collected for the PITC is 100 percent accurate.</p> <p>HIC – at the provider level, it is access to beds you have available, grants funding you, project type, all parts of the project detail.</p> <p>The report will be sent to your HIC or shelter point of contact. If you haven't identified one, please do. Agencies would have received one from RTFH in January. If we do not get a response, we will send to your main agency admin to verify, sign and return.</p> <p>Questions? Email: <a href="mailto:HIC@rtfhsd.org">HIC@rtfhsd.org</a>.</p>
<b>e. Monitoring Update – Deme Hill, CoC Lead, RTFH</b>	
Public Comment	None
Discussion & Questions	Ending homelessness is a big vision. We're all trying to get there. It's a struggle and fight to get there. On a daily basis we're looking at our board, stakeholders, HMIS lead, committees, CES, partnerships with other regional groups (employment, criminal justice, public safety). With this comes responsibilities: transparency to HUD, our community, the people we serve, because if we don't do our job right, someone doesn't get a bed. Our goal is to help you strengthen yourselves. There are things that HUD says we must do to

	<p>become the best functioning CoC that we can and to lift each other up to make sure we're meeting the goals that HUD has set for us.</p> <p>To be effective RTFH has to listen to you and to be that agency that lifts you up. Our first action is to listen. We want to hear from you and analyze and review best practices and find out where you're struggling so we can help you with that. Our job is to see where we can be of service and support you in anything that might affect your grant outcomes.</p> <p>Monitoring will start to take place soon and the RTHF will be coming to visit your programs to hear from you. We'll do it in an organized fashion. We will provide TA, document performance, and require improvement plans. We will do everything possible to make sure that we have supported your program to never get to the point that we have to report to HUD. We will give agencies six months advance notice. We'll look at simple things we can help you with. Written standards, housing first, etc.</p> <p>Our first goal is to get to know you and we will be visiting you and your programs to see all the wonderful things you're doing and what you're struggling with so we can help you. Then, we will randomly select providers to monitor. We're giving you six months lead time. In October we'll be out monitoring your programs, and we will give you a checklist of everything we'll be looking at before then.</p>
<b>f. CES Updated Policies &amp; Procedures Overview - Chris Shilling, CES Director, RTFH</b>	
Public Comment	None
Discussion & Questions	<p>RTFH will offer more user guides and training within the next year that gets away from the technical aspect and moves toward the clients we are serving.</p> <p>The policies will be updated quarterly and RTFH has also put into place a process for an annual review that will take provider feedback into account.</p>
<b>g. Open Forum – Membership</b>	
Public Comment	None
Discussion & Questions	<p>In partnership with RTFH, HHSA is convening a regional homeless outreach meeting on March 6<sup>th</sup> from 1-2:30 at Rosecrans. The idea is to have outreach workers attend. Something will be coming out through the distribution list soon</p> <p>Inclement Weather shelters were activated last night and will be again tonight if you have clients that need shelter.</p>
<b>Other Notes &amp; Information:</b> At the time of this meeting, there were 70 members and 44 members present. A quorum was present.	
<b>Adjournment:</b> Mr. Walker thanked Pat Leslie and Nancy Cannon-O'Connell for the excellent work they have done on behalf of RTFH and thanked all for coming to the meeting. The meeting adjourned at 11:24 a.m.	
<b>Next meeting:</b> April 26, 2018, 10:00-11:30 a.m., County Administration Center (1600 Pacific Hwy, San Diego, CA 92101) in the Bayside Rooms I & II (lower-level conference rooms).	

**REGIONAL TASK FORCE ON THE HOMELESS  
GOVERNANCE BOARD ACTION/INFORMATION REPORT**

**TITLE OF REPORT:**

Approval of the Formation of a HMIS Exploratory Software Change Ad Hoc Committee of the Evaluation Advisory Committee

**ADVISORY COMMITTEE NAME:**

Evaluation Committee

**ITEM TYPE:**

- Information
- Action
- Recommendation/Board Policy
- Request to Present at Board Meeting

**DATE:**

April 5, 2018

**PRIMARY CONTACT:**

Tamera Kohler

**SECONDARY CONTACT:**

Susan Bower

**TIME SENSITIVITY:**

- No
- Yes (If yes, state deadline and why it's urgent)

We have considered a number of factors including but not limited to full project plan process, HMIS reporting date requirements (APR's, AHAR, PITC, HIC and system performance measures) possible funding available in FY18, new reporting requirements of HMIS in 2019 and disruption to providers, rank and rating (CoC) NOFA process and have determined we need approval in April to meet a projected November 2018 deadline for system change.

**RECOMMENDATION:**

Approve the formation of a HMIS exploratory Software Change Ad Hoc Committee under the Evaluation Advisory Committee.

**OVERVIEW & BACKGROUND SUMMARY:**

Our CoC has had the same vendor and software platform for over 15 years. This includes some original setup and data relations in this 'relational database' that have caused challenges in meeting new reporting standards, challenges to do an effective CES process and limited ability to do data analysis at the level that is needed in our work today. Process improvements and system cleanup have not helped eliminate the limitations of our software platform.

2018 present a unique timing opportunity with HUD announcing an HMIS NOFA, no new data standards, a new CES report and a new AHAR report as well as our identified challenges with household data for system performance measurements make this Ad Hoc committee of need and appropriate for assessing the opportunities new software and platforms would bring our work in addressing homelessness. Looking to the future to coordinate data, client case management and "no wrong door CES access" to our system requires a more nimble, user friendly, client centered, mobile and API capable database.

It is proposed this committee consist of members from the DAC, CAHP and Evaluation committees, "super" HMIS users, 211 representation, FJV (C-Star), a DV provider, Imperial Valley CoC (proposed) and regional representation.

**FISCAL IMPACT:**

Currently no fiscal impact for the Ad Hoc committee but we expect there may be one time and ongoing fiscal impact to develop, migrate data, training, project support staff and in final implementation of a new software system if the Governance Board and Membership approve a change.

**FUTURE ACTION NEEDED BY BOARD? If so, by what date?**

Review and approve recommendations of Ad Hoc committee of next steps RFP (May 2018).

**STAFF/AND OR COMMITTEE STATEMENT:**

Staff has reviewed both the challenges and opportunities of changing software systems and recommends the creation of this ad hoc committee and will help support their efforts. Staff will provide a project plan template for the ad hoc committee.

**SUMMARY OF PREVIOUS COMMITTEE AND/OR BOARD ACTION RELATED TO THIS TOPIC:**

There have been no recent committee or board efforts on the topic of HMIS system software change.

**COMMUNITY PARTICIPATION AND PUBLIC OUTREACH EFFORTS:**

Community partners will be contacted and included in the exploratory efforts of this committee. This may consist of surveys, requests for written input, comments at membership meetings, etc.

Public notices of meetings where the Ad Hoc Committee will report their proposed project plan to the Governance Board will be posted and these meetings are open for public comment.

**IMPACT ON KEY STAKEHOLDERS, PROJECTS, COMMUNITIES, OR SUB-POPULATIONS :**

The creation of the Ad Hoc committee and its related work should have minimal impact for key stakeholders, projects, communities or sub-populations. We expect participation in survey, discussions and assessments to require minimal time commitment. All HMIS activities will be fully supported by HMIS staff during this time. We expect no service disruptions, etc.

We do want to address in advance that we expect there to be significant impact to key stakeholders should a change in software be recommended.

These may include but are not limited to:

- Significant time commitment of providers for orientation to new database, training, inputting client records
- Significant HMIS staff time and resources to support and implement change
- Possible migration of data issues
- Significant time commitment of HMIS staff and providers for the collection of program setup data and development of programs and associated reports

We also want to address the benefits:

- Improved reporting abilities
- CES built into system
- Client center focus of development of database
- Ability to integrate data
- Correct orientation of programs, grants and outcomes
- Stronger planning and reporting tools

**CONNECTIONS TO HUD/HEARTH COMPLIANCE:**

The HEARTH Act, enacted into law on May 20, 2009, requires that all communities have an HMIS with the capacity to collect unduplicated counts of individuals and families experiencing homelessness. Through their HMIS, a community should be able to collect information from projects serving homeless families and individuals to use as part of their needs analyses and to establish funding priorities. The Act also codifies into law certain data collection requirements integral to HMIS. With enactment of the HEARTH Act, HMIS participation became a statutory requirement for recipients and subrecipients of CoC Program and Emergency Solutions Grants (ESG) funds.



**COC BOARD RESPONSIBILITY CATEGORY(S):**

- Annual Regional Planning
- Approve CoC Policies
- Conduct regular/annual CoC Plan (includes Point-in-Time Count)
- Designate and operate an HMIS
- Develop Coordinated Entry System
- Draft written standards for providing CoC assistance
- Emergency Solutions Grants Evaluation & Recommendations
- Fundraise
- Manage annual CoC funding application
- Monitor CoC & Project Performance

**ATTACHMENTS OR BACK-UP INFORMATION TO REFERENCE:**



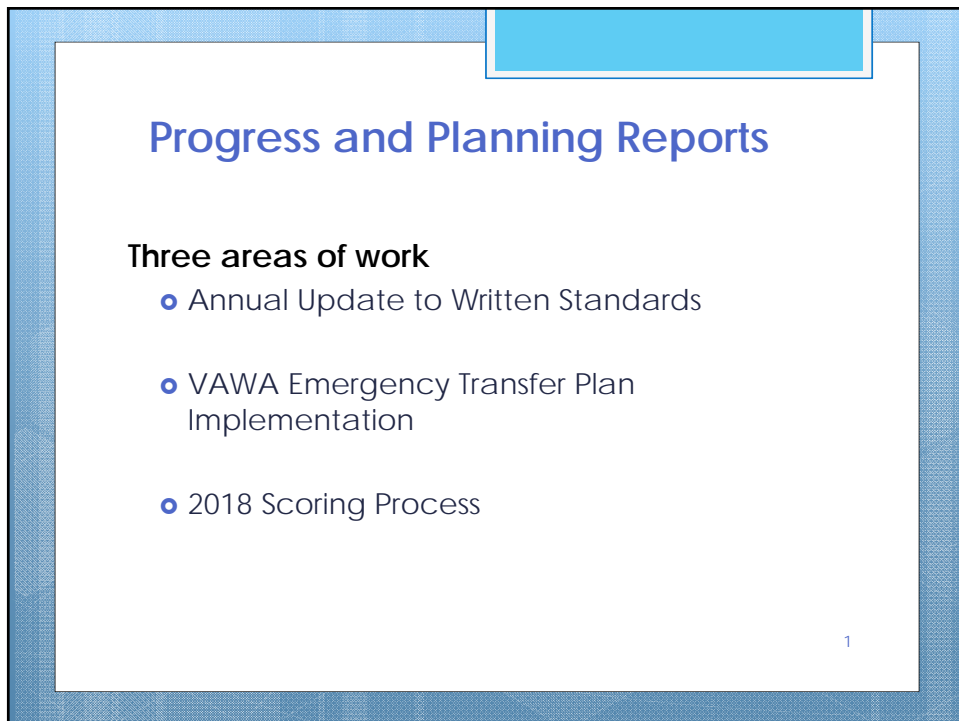


*Membership Meeting Updates  
April 26, 2018*

Written Standards;  
VAWA Emergency Transfer Plan;  
Scoring

March 2017

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## Progress and Planning Reports

**Three areas of work**

- Annual Update to Written Standards
- VAWA Emergency Transfer Plan Implementation
- 2018 Scoring Process

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## Annual Update -Written Standards

### January

- Board approved selected updates  
1.18.18

### February

- Announced need for update

### March

- Request Input - Key areas
  - VAWA – ETP - Implementation
  - Program descriptions (Joint, ESG, RRH)
  - Outcome Thresholds

### April

- Compiled initial feedback

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## Written Standards – Next Steps

### Committee work

- Compile and analyze data
- CES Consider VAWA Solutions
- Draft update to Standards

### Circulate Draft

- Your opportunity for final feedback

### Recommendations to Board

- June Board Meeting

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## VAWA Emergency Transfer Plan (ETP)

### January

- Policy adopted by Board 1.18.18

### February

- Introduced Timeline

### March

- Gathered VAWA – ETP input
- CES Discussion

2

## VAWA ETP Next Steps

### Work with RTFH CES Team

- Address concerns about integration in CES System

### Research ETP funding issues

- Moving costs

### Update Written Standards

2

## Scoring (aka Rating and Ranking)

### February

- Introduced HUD Universal Scoring Tool
- Requested Input

### March

- Renamed Rating and Ranking
- Reviewed potential data sources

### April

- Reviewed sample data reports from HMIS
- Draft eligible renewal list

2

## Rating and Ranking - Next Steps

### Review local project outcome data

- Identify means, ranges, outliers

### Consider adjustments

- Local items in HUD Tool
- Written Standards

### Community Review Session

- May 31 Special Meeting

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## HUD 2018 National Timeline

### April

- o HUD Announced Changes in National CoC registration
- o HIC, PITC, Systems Outcomes reports due

### May

- o Expecting Grant Inventory Worksheet (GIW)
- o Scores from 2017 Competition

### July

- o CoC Program NOFA Released

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**THANK YOU!**



FEEDBACK on COMMUNITY STANDARDS

Comment / Concern	Category	Rule, Resource, Related Information	Comments / Response
Bridge Housing definition only mentions PSH and RRH that allow clients to be eligible for bridge housing and does not discuss other options. Bridge Housing also allows for clients that have secured their own rental but it is not available immediately. IT should state that they have secured a permanent housing solution/intervention.	Bridge Housing - Definition and Eligibility		Given the introduction of 'joint' housing programs in 2017, review of the terms bridge, interim, and joint housing may be warranted.
CES is referenced as an evidence-based system, yet the VI-SPDAT is a not an evidence-based tool (technically it's only a screening tool and not even an assessment)	CES		Consider revision to narrative to clarify CES vs VI-SPDat.
Under Minimum Standards: "Length of stay is determined in written guidelines"-Generally for Emergency Shelters a length of stay is not specified. Best practices state that you do no implement standard lengths of stays....but focus on building a housing plan that aims to move them into housing as quickly as possible. Kicking them out on a set time could harm efforts. Additionally we need the length of stay to be flexible because i.e. if a client is matched to a program during their stay, securing housing could take an additional 90 days.	Emergency Shelter -Length of Stay		Definitions of "emergency shelter' differ by funding source, for example state HCD has a definition that limits the average number of days Length of Stay to determine if a program meets the emergency definition. Other parts of the definition include restrictions on housing leases / or occupancy contracts.
If performance benchmarks are being considered at this time, ICS highly recommends the committee directly engage with the shelters who have very little incentive to follow the standards unless receiving ESG funding. Shelters are most often the front door into our system where diversion should be occurring but have little to no resources to do so.	Emergency Shelter Standards - Engagement		Outreach and coordination will be important to success, especially for programs not receiving either CoC or ESG funds.
The eligibility requirements for ESG should mirror the federal guidelines and not be stricter. Currently the Community Standards require meeting the homeless definition and being under 30% AMI. In order to warrant that we need data that shows there is enough homeless in the county under 30% AMI to only restrict ESG programs to serve this population. What we see on a daily basis is that this is not true. ICS operates the State ESG grant at this time and has struggled to meet numbers due to this restriction. ESG only has a requirement that you meet the definition of homelessness to be eligible and only has a requirement of income below 30% for Homeless prevention.	ESG Eligibility		ESG on re-evaluation requires the stricter limit which was adopted for all eligibility reviews. The ESG regulations do not have specific income limits. A discussion of the impact of adopting the broader eligibility in the local standards may be warranted.
<a href="https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf">https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf</a>	ESG Eligibility	ESG vs COC Guide	See comment above
Some local contracting agencies set requirements above HUD expectations, which cause delays in getting housing for clients. We need language that speaks to not creating local practices which impedes Housing First. For example, one local city wants to review every application for RRH – (after the contractor has already done so) – which delays getting the client into housing and turns off local landlords.	General - Philosophy		Each HUD CoC-funded project has a Certificate of Consistency from the jurisdiction(s) served by the project. Consider RTFH outreach to jurisdictions to share the Standards and discuss consistency.
Finally, I find it disturbing to see no reference to suggestions, advisories or mention of the issue of criminalization of homeless behaviors that is a growing phenomenon in most communities. While I understand policing and code enforcement may be far outside the scope of this report it is regrettable that this issue is not mentioned anywhere! This past January the San Diego Union published an article that referenced "Citations for feeding people in parks. Arrests for sleeping in public. Jagged landscaping that makes it impossible for anyone to find a place to rest. These are just some of the steps cities in San Diego County and elsewhere have taken against homeless people." It seems to be a great oversight to not make any mention of this in a paper addressing the needs of our homeless citizens.	General - Philosophy - Missing - Criminalization		For the past few years, criminalization has been a topic to be addressed in the coordination component of the CoC NOFA. The Standards address general 'coordination' with systems as required by the HUD regulations but do not discuss the myriad of potential coordination efforts that could / are being pursued.
I have shared much of this document with San Diego League of Women Voters who have served (with me) on the League's Regional Committee on Homelessness over the past 12 months. The LWV has a very specific protocol for conducting a Study of an issue and conducts "consensus meetings" of League members in San Diego City and North San Diego county. As a result of these activities there is a draft of a Position Statement on Homelessness that will be placed before all League members to ratify in June, 2018. I took your invitation as an opportunity to compare the Standards in the RTFH document with our Committee's work product and found there to be a lot of similarities.	General Comments; information and planning		Coordination across resources benefits the system. Would the League of Women Voters be willing to share their document and position statement?



FEEDBACK on COMMUNITY STANDARDS

<p>The main point I would like to get across is the whole low barriers and obstacles when it comes to an application process for any program you recommend. A homeless person just isn't going to have all the identification, references, or transportation necessary for the process to be successful!! I know of many cases to prove my point!</p>	<p>General Comments; Philosophy</p>	<p>Housing First and Low Barrier designations in CoC Application</p>	<p>Housing First and Low Barrier philosophies are included in the Standards to help address these issues. (CES, Housing First, and minimum agency standards) Housing navigation and discretionary funding are critical to reducing these barriers.</p>
<p>The Introduction in this document is outstanding! Clear, to the point and filled with essential information to educate readers about the RTFH and its purpose.</p>	<p>General Comments; Philosophy</p>		<p>(strength to retain)</p>
<p>With specific reference to the System Level Principles and Standards, the "System-wide coordination . . ." and the "use of evidence-based and data-driven practices that promote on-going evaluation of system and program data for continuous process improvement" are critical to the future success of the RTFH's efforts to reduce homelessness! Many of us look forward to Focus Strategies report this summer that addresses this goal/standard.</p>	<p>General Comments; Philosophy</p>		<p>Continue emphasis on evidence-based practice. Focus Strategies report pending.</p>
<p>Additionally, "Governance of the RTFH comprised of representatives from various stakeholder groups, including homeless or formerly homeless persons" is a bit confusing to this member of the audience who doesn't remember seeing any RTFH representatives from the homeless population sitting around the table at Board meetings. Maybe I am just unaware.</p>	<p>Governance</p>		<p>The Governance Board has consistently included at least one homeless or formerly homeless person with voting privileges. There is a representative currently seated.</p>
<p>I know in our housing, those participants who are in recovery tend to struggle with their sobriety and housing stability living in close proximity to those who choose to continue using substances. This is a source of constant feedback to us from those that we serve, with some wanting a Housing First focus and some wanting a Recovery focus. Some providers have forsaken CoC funds to avoid the change to Housing First. HUD seems to, for the first time that I have seen since Housing First came out officially, that it recognizes the benefits of both models to offer choice in housing types as long as certain low barrier criteria are maintained.</p>	<p>Housing First - Recovery</p>		<p>see comment below</p>
<p>This statement contradicts definition of Emergency Shelter on page 23. The majority of shelters cannot be open 24/7 as budgets do not support shelters to do so. Most shelters are unfunded or underfunded. This bullet should be removed.</p>	<p>Inconsistency in Standards - Emergency Shelter</p>		<p>There were approximately 1350 emergency shelter beds included in the 2017 Housing Inventory Chart. These were funded from a variety of resources. Further exploration is needed to determine which operate 24 hours per day and which are 'night shelter' only.</p>
<p>Approaching the last trimester of the year ICS is having a hard time meeting its ESG numbers because of lack of matches that meet this definition. This barrier also contradicts page. 11 Minimum Standard 2 which states that Participants are served through CES regardless of income level, drug or alcohol use and criminal background. It is probably likely this statement was meant to emphasize the need to work with zero income folks but this barrier also leaves a whole segment of our homeless who have some income unserved. This creates barriers for clients when we are trying to remove them. Many clients make slightly over the 30% AMI threshold but this is still not enough income to sustain housing. The ESG regulations only state a client must be at or below 30% AMI at annual recertification, not at entry. We are unnecessarily creating barriers for clients when it is not a requirement. It's a shame to potentially leave resources on the table when we could be serving many more homeless individuals and families in need.</p>	<p>Inconsistency in Standards - ESG</p>		
<p>Example: Family is referred to ICS for ESG RRH because at the time they were assessed and MIFd they met the program criteria including the AMI. Family is called and assessed further by staff. Because head of household is now working and earning an income which is still low income they are told they are not eligible for CoC RRH housing resources because they make too much money (again they score for RRH and are homeless but will have to self-resolve because their income is between 30-50 % AMI and while ICS has open slots)</p>	<p>Inconsistency in Standards - ESG</p>		<p>See comments -above</p>

FEEDBACK on COMMUNITY STANDARDS

The Plan describes the need for trauma-informed care, but coupled with short lengths of stay this is nearly impossible (both TARGET and TREM – two evidence-based and trauma-informed models take 10-12 and 32 weeks, respectively to complete, and with a 3 month length of stay in TH, use of these models would exceed the recommended stay for clients/victims). Setting such restrictions and limitations on lengths of stay and a victim’s engagement in services from day 1, directly opposes the notion of trauma-informed care.	Length of Stay		
Similarly, clients needing a U-VISA (also a timely process) would exceed recommended lengths of stay;	Length of Stay		
Best Practice Models for Youth aging out of Foster Care and DV Victims (both recognized by HUD as the appropriate clients for TH) recommend 18-24 months of intensive case management, coupled with housing. How are we expected to complete this in 3 months?	Length of Stay		HUD CPD notes that youth aging out of foster care are a local responsibility for whom alternate resources (not coc homeless) should be used.
RRH clients often need more assistance than is available for them which causes a negative program exit and return to homelessness. Wouldn’t it be more cost effective to give them the additional month or two of assistance then cycle them through the system?	Length of Stay		Length of stay is part of program assessment at the HUD national level, the LoS for participant households should be determined on a case by case basis with documented need.
All assumptions which determine a client’s appropriate housing intervention are based on a perfect system (which ours is not). Without the requisite number of beds/units of each project type, we cannot place all clients in the recommended intervention, but we use a best-fit of available beds/units. If this is flexible to make sure we are not turning clients away, shouldn’t our lengths of stay and services also become flexible to ensure that clients get the type/quality and duration of services which they actually need?	Length of Stay		
Sometimes it is appropriate to connect them to immediate resources such as shelter where they can get rest and services and work with housing specialists/case managers that will assist with housing. PH is the goal for all programs but the path to getting there is not the same for everyone. AND it contradicts point 7 is the same section which states “ Ensure all participants that request housing are referred to shelter while waiting for PSH or RRH” If we are doing this right wouldn’t that be almost all homeless on the streets with only a few scoring to self-resolve?	Outreach		The intent is to rapidly move persons from the streets asap while they wait for permanent housing but not to require a move to shelter, transitional, joint, or bridge housing as a requirement in moving off the street.
Point# 2 regarding street outreach states "All services are focused on securing permanent housing, not the connection to shelter or other temporary housing programs.	Outreach	See HUD description of 'rapidly move' and 'low barrier' interventions (NOFA 2016 and 2017)	Moving homeless persons from the street to permanent housing asap is the major goal and is a primary concern for outreach. This does not restrict outreach workers to use alternate resources to move persons from the streets as soon as possible using low-barrier and Housing First principles.
ICS is operating over 1 million dollars in RRH programs. All but 24,000 is to serve County wide. ICS supports CES and the Community Standards in that the most vulnerable should have access to resources first however by limiting ESG RRH only to those that have an AMI < 30% also leaves many homeless with zero housing resources available to assist them even though they score for RRH. ICS proposes to make the requirement more flexible to meet the current needs in the community at any given time. This could include a tiered system which prioritizes individuals/families based on their income i.e.	Policy - CES Prioritization and RRH implementation		No restriction at entry, ESG rules require this at re-evaluation
Tier 1 – Individuals/families under 30% AMI (Extremely low-income)	Policy - CES Prioritization and RRH implementation	Suggestion - CES RRH Implementation Tiers	No restriction at entry, ESG rules require this at re-evaluation
Tier 2-Individuals/families 31-50% AMI (low income). This tier would be open when no matches are available in Tier 1.	Policy - RRH Prioritization and implementation	Suggestion - CES RRH Implementation Tiers	?

FEEDBACK on COMMUNITY STANDARDS

Tier 3-Individuals/families 51-80% AMI This tier would be open when no matches are available in Tier 2.	Policy - RRH Prioritization and implementation	Suggestion - CES RRH Implementation Tiers	
Who pays for the absence or do we just keep the person in the bed to hold it even when they may also be active in the system in another bed?	Policy - Financial		Units can be preserved for less than 90- days while the client resides in the places listed in this section: Substance use or mental health treatment, Hospitalization, short-term rehabilitation; incarceration that are not HUD-funded.
Under Rent and Move-In Assistance – HUD doesn’t currently pay for rent applications and immigration U Visa. Are agencies expected to pay for these?	Policy - Financial		ESG Housing Stabilization - Financial Assistance services includes rental application fees.
Most agencies I know don’t do background checks – its costly enough to do it for staff.	Policy vs. Practice		This section indicates that background checks should not be used to keep people from entering housing. There is not a requirement to conduct background checks for clients.
The only feedback I have at this time is to review the attached. HUD issued this “Housing First Implementation Resources Now Available” listserv. Through following the links provided, I came to the other two attachments. HUD is now issuing guidance for CoCs to consider Recovery Housing in CoC-funded projects that meets certain guidelines so that homeless persons have an option of housing types to choose from.	System Expansion Recovery / Capacity		Review the HUD resources to explore best practice applications and amendments to system. Recovery and sober-living homes could be explored as components of a broader response syste.
Currently, the Community Standards do not allow for Recovery Housing and focus solely on the Housing First model. I offer the input that during this period (and future periods) of update to the Community Standards that we consider amending them to match the current direction from HUD to allow for a variety of CoC-funded program types as appropriate for our region.	System Expansion - Policy Change - Housing First		Sober living that is not licensed as a treatment program by the State can be classified as permanent housing. These programs have been used for re-entry clients. Participants who voluntarily accept sober living or recovery programs can be classified as "Housing First" as long as a term of sobriety is not required at entry and persons are not evicted for a relapse in behavior. (Rental assistance / subsidy can be treated separated from access to housing.)
The language to reduce length of stays substantially below 12 months is really a definition of Bridge Housing. New standards need to be written for the new Con-Joint programs where the client determines when they are ready to move out. I think all of the transitional housing programs in Tier 1 re-applied for Con-joint. If that is the case, then there may not be a need for this category anymore since there will be no new projects that can apply for transitional housing . I guess you could do it with private funds with this as a guideline?	TH Standards		There are two TH COC renewal projects in the CoC and 6 new Joint projects that include separate TH and RRH components. There are a number of TH projects funded by other resources
“Flexible, program participant driven, and strengths-based service delivery” makes sense if you take time to reflect on those words. Perhaps someone would be able to translate this statement into something that makes those words a bit easier to understand.	Wording		Consider narrative revision.
Possibly consider more standard language - Person-Centered	Wording		Consider revising narrative.