

**CT BOS Steering Committee Meeting Minutes  
October 1, 2014**

<b>Voting Steering Committee Members Present</b>	<b>Agency/Jurisdiction Represented</b>
Alice Minervino	DMHAS
Steve DiLella	DMHAS/DOH
Ron Krom	Middlesex CoC
John Merz	ACT
Phil Lysiak	Bristol CoC
Lisa Tepper Bates	CCEH
Brian Roccapriore	CCEH
Milena Sangut	Danbury CoC
John Bradley	New Haven CoC
Sarah Gallagher	CSH
Ellen Simpson	New Britain CoC
Lisa Shippee	New London CoC
Elizabeth Grim	Partnership for Strong Communities
Kim Samaroo	DCF
Nancy Cannavo	Litchfield CoC
Kathy Crees	Willimantic CoC
<b>Meeting Participants</b>	<b>Agency/Jurisdiction Represented</b>
Crane Cesario	Hartford CoC
Kara Capone	New Haven CoC
Mollie Greenwood	Journey Home
Consultants: Suzanne Wagner and Liz Isaacs, Housing Innovations	
<b>Steering Committee Members Not Present</b>	<b>Agency/Jurisdiction Represented</b>
David Rinaldi	Individual
Andrea Hakian	Manchester CoC
Terry Nash	CHFA
Pat Kupec	DOC
Louis Tallarita	DOE

**1. Introductions and Announcements**

- a. Minutes approved from 9/11/14
  - b. CT BOS information, meeting minutes, policies, and CoC application materials are available at: <http://www.csh.org/csh-solutions/community-work/housing-development-and-operation/2578-2/>
  - c. CABHI Grants awarded (Cooperative Agreements to Benefit Homeless Individuals for States)
    - i. \$1.2 million per year for whole state. Subcontractors include Chrysalis, New Reach and Columbus House, areas to be served include Fairfield County, Greater Hartford and Greater New Haven.
    - ii. This funding can be used as leverage for agencies applying for new projects.
  - d. A State RFP for 110 scattered site units with services is available statewide and due 11/3.
  - e. ESG RFP has been released.
  - f. Disaster Planning for Homeless Populations (see page 5)
    - i. BOS needs a policy around all providers having a plan. Providers should review and comply with the guidance issued by HUD
    - ii. CT does have a disaster plan and there is a disaster committee chaired by DOH.
  - g. HUD is holding a training on 10/22 at their Hartford Field Office.
- f/u: Housing Innovations to forward training notice to grantees**

## 2. 2014 Competition Update

- a. HUD Competition is open
  - i. CoC Competition Highlights (see handout)
    1. Quick turn-around – 45 days
    2. All projects apply for one year
    3. New projects only for PSH and RRH for families, none can serve people exiting transitional housing
    4. \$40 million available nationally for a PSH Bonus
    5. BOS is eligible to apply for approximately \$2.3 million in new PSH bonus funds
    6. HUD reported that all housing in Tier 2 (TH or PSH) will be funded
    7. Renewal projects w/issues must get them resolved or risk not being funded
    8. HUD has noted that they are not obligated to continue the practice of conditional awards, and it is imperative that applications be completed accurately and completely.
  - ii. Timeline/Deadlines
    1. Renewal project applications due 10/3 and final applications are due in esnaps 10/17
  - iii. Reallocation Strategy Updates – several projects are considering reallocating
  - iv. PSH Bonus Strategy
    1. HUD only allows one project to be submitted for each CoC. It was noted that it might make sense for DMHAS to be the applicant and have multiple agencies throughout the BOS region be the sub-recipients.
    2. CT BOS has put out an RFP for applications and they are due 10/6..
  - v. Ranking Strategy –Proposed strategy was discussed (see page 6). It ensures that planning and HMIS projects are protected and puts only housing projects in Tier 2, which HUD has said will be funded.  
**Motion: To accept proposed ranking strategy.**  
**Approved unanimously**
- b. Update on Con Plan Certs
  - i. Steve to confer with Mike Santoro on what is needed
- c. Grant Executions
  - i. Renewals must execute contracts by 12/31/14 or they are not eligible under the 2014 competition and will not be funded.
- d. Final Renewal Evaluation Results and Ranking Report (see handout)
  - i. Corrective Action – 8 projects are below the threshold established by the Steering Committee in September (i.e., 72) and in corrective action.
- e. Debrief on 2013 NOFA score
  - i. BOS scored very well: 142.75/156, national highest: 143.25

## 3. Monitoring

- a. Update and schedule
  - i. The two projects to be monitored that were scheduled for October have been rescheduled to November.

## 4. PIT Count

- a. Sheltered and Unsheltered Count is scheduled for 1/28/15.
- b. Reminder - Sub-CoCs are required to participate and send volunteers to participate in PIT.
- c. Some communities are considering doing a registry at the same time as the count.
- d. Guidance for PIT and Counting Chronically Homeless People - tabled for next meeting
- e. Next Steering Committee meeting, PIT Count on agenda for CCEH to lead discussion

## 5. Zero 2016 Update

- a. All 6 CoCs voted to join Zero 2016.
- b. Reaching Home CH workgroup will coordinate the work — anyone is welcome to join. Contact Sarah Gallagher if interested in joining the group.

## 6. HEARTH Compliance Update

- a. HUD CH Prioritization Criteria - (see Pages 7-8) HUD has issued guidance on prioritizing among sub-populations of chronically homeless people. This guidance will be reviewed in more detail at the November SC meeting. These criteria must be used if the 2014 PSH Bonus app is funded and should be considered in Coordinated Access planning.
- b. HUD Guidance on Existing Waitlists
  - i. State guidance – use VI SPDAT, purge waitlist, use coordinated access to fill spots.
  - ii. Providers want guidance on what to do when they have long list of eligible persons.
  - iii. Concern raised over how to serve non-CH persons given resources are focused on serving CH persons. Providers concerned that persons in TH are no longer CH and do not qualify for much of the PSH available.
  - iv. CT BOS Policies and Procedures have been updated to incorporate the changes adopted by the Steering Committee in September and are on the CT BOS website.
- c. Shelters
  - i. Reminder that all shelters should have designated educational liaisons (if serving anyone 24 and under) and be in compliance with policy on not separating families. It was noted that Shelters need to know that they are out of compliance if they are not serving intact families.  
**f/u: Sub-CoCs to remind providers of these HUD and BOS policies**
  - ii. CCEH is doing a survey to understand barriers and challenges for serving intact families and persons of transgendered experience and is creating a working group.

## 7. HMIS Updates

- a. BOS Dashboard Report (see handout)
- b. Conversion update
  - i. Conversion to Caseworthy is moving ahead, New Haven is scheduled to convert in December.
- c. HMIS Steering Committee update:
  - i. VI SPDAT will be in system once it is tested.
  - ii. Coordinated Access 3 areas are live, others coming in next 3 months
  - iii. All projects can run their DQ reports.
  - iv. HMIS will be down 10/4-10/7 and will come back on 10/8.
  - v. NERHMIS (New England Regional HMIS) – HMIS Steering Committee members are trying to attend the monthly meetings, the group is looking at data quality and best practices.

## 8. Reaching Home Update

- a. Oct 22 – holding forums with Foley and Molloy around housing and homelessness – Foley at 11am and Molloy at 1pm

## 9. Coordinated Access (CA) Planning

- a. Updates from DOH & CCEH
  - i. Advancing with rolling schedule bringing communities into 211
  - ii. Next challenge is to move people on and have coordinated exit strategies. At next statewide Coordinated Access meeting, New Haven will talk about the upcoming 100 Day Challenge to End Homelessness and exiting individuals, and SE CT will talk about how to exit families from homelessness.

- iii. 100 Day Challenges are launching in Feb. Hartford is on board. No more than 6 communities can participate. Eastern CT and Fairfield County may participate as well.
- b. Updates on local CA planning
  - i. Locally in New Britain and Bristol, it was noted that there are issues with not enough providers and resources. It was suggested that they connect with SE CT to compare notes and understand how this region is handling these issues.
  - ii. It was noted that messaging is critical with coordinated access. It is important to note that CA is having a consistent process to assess and refer but may not result in housing placement and that CT is not resourced to meet the needs of every person. It was suggested that this messaging be communicated to CANS in writing. There is an ad hoc group made up of CANS members that will work on the messaging.

#### **10. CT BOS SC Consumer Rep**

- a. CT BOS continues to look for consumer representatives to the Steering Committee. Alice Minervino agreed to do outreach through upcoming peer meetings.  
**f/u: Housing Innovations to get Alice consumer rep application.**

#### **11. DOH Updates**

- a. ESG – RFP has been issued

#### **12. Next meeting - Friday, November 21 from 10-12 at CVH, Page Hall, 3<sup>rd</sup> floor AV room**

## HUD Exchange Mailing List: Disaster Planning for Homeless Populations

### *September is National Preparedness Month!*

When a disaster strikes, individuals and families living on the street are among the most vulnerable populations. Persons experiencing homelessness have little or no resources to evacuate or shelter in place, stockpile food, and access medications. However, communities and individuals can - and should - plan in advance for emergencies, in order to better help homeless populations if and when a major disaster occurs.

Weather-related disasters continue to be a threat: the Northern Atlantic Ocean hurricane season runs from June 1 to November 30, and tornados and wildfires are a growing problem around the country. As part of SNAPS technical assistance, CoCs and grantees can request TA to prepare for, respond to, and recover from a major disaster. Questions and requests for Technical Assistance can be submitted on the [HUD Exchange](#).

### Steps to be Better Prepared for an Emergency:

- CoC and ESG recipients, subrecipients, contractors, and program participants should register with local emergency broadcast mechanisms listed below to alert them to an impending disaster. These alerts can provide individuals and families, and service providers, the information they need when a disaster occurs.
- CoCs and service providers should ensure that they, and others in their CoC, understand the resources that will be available to program participants during a disaster. Evacuation, shelter-in-place, and other plans may differ based on the part of a city in which a unit is located. For example, service providers can help program participants become familiar with local emergency evacuation routes, particularly when helping someone move to a new neighborhood. Or, they could help program participants develop their own plan of action for family members during a disaster.
- Become familiar with state and local resources in addition to national and Federal resources. [View state government websites and other resources](#).
- [Download the FEMA mobile app](#) designed for phones and tablets with disaster safety tips, an interactive emergency kit list, storable emergency meeting locations, and a map with open shelters and open FEMA Disaster Recovery Centers (DRCs).
- For more detail on planning for disasters, review the [Directory of Disaster Response and Recovery Resources](#), which provides an outline of the programs, projects and other resources available to a community around disaster preparedness, response and recovery. [View additional resources to help a community and individuals prepare for a disaster](#).

### Stay Informed!

The following information sites are designed to alert communities to a potential or actual disaster:

- [Federal Emergency Management Agency \(FEMA\)](#)
  - Visit FEMA on [Facebook](#) and [Twitter](#)
  - [Sign up for FEMA email alerts during a disaster](#)
  - [Sign up for FEMA's Daily Situation Report](#)
  - [View the FEMA Social HUB to view emergency social media sources](#)
  - [View FEMA's Data Feeds](#)
- [National Oceanic and Atmospheric Administration \(NOAA\)](#)
  - Visit the National Weather Center on [Facebook](#) and [Twitter](#) and the Weather Prediction Center on [Facebook](#)
  - [View NOAA's Data Feed](#)
- [Center for Disease Control and Prevention \(CDC\), Emergency Response and Preparedness](#)
  - Visit the CDC on [Facebook](#) and the Emergency Response and Preparedness [Twitter page](#)

**CT BOS Continuum of Care (CoC) FY2014 Project Competition  
Ranking Policy  
Approved October 1, 2014**

Place into Tier 1, the following projects in the recommended order:

1. Rank all other renewals by project component in accordance with HUD priorities (PSH, RR, Transitional Housing)
2. Within project component, rank according to evaluation score
3. Projects with equal scores and same project component type are ranked alphabetically
4. Within project component, rank projects renewing for the first time that have not completed an APR, and thus do not have a renewal score, at the end of that funding component. For example, PSH projects renewing for the first time will be the last ranked PSH projects
5. Within project component, rank NEW project/s immediately below the first time renewals.
6. Rank HMIS and Continuum of Care Planning Grant requests at the bottom of Tier 1

Place into Tier 2:

1. Lowest ranked projects, ranked according to HUD selection priorities

Bonus Project: not ranked

## **HUD Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons**

- **Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

**(a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

**(b) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**(c) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**(d) Fourth Priority—All Other Chronically Homeless Individuals and Families.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.

**(a)** For the purposes of this Notice, this means an individual for whom at least one of the following is true:

- i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
- ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

**(b)** In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.