# BOSTON CONTINUUM OF CARE LEADERSHIP COUNCIL MEETING AGENDA

September 7<sup>th</sup>, 2017 3:00- 4:30PM 26 Court St., 1<sup>st</sup> floor conference room

### Agenda Items

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Katie

- Final application amount
- Review list of renewal applications
- New PH Bonus and Reallocation update
- Work to finalize applications
- Planning Application -Ideas include
  - -Coordinated Entry: further build out of system
  - -Youth system coordination
  - -Scale up Front Door Triage
  - -Outcome evaluations (RRH, employment, diversion, etc.)
  - -Discharge planning

#### 3. Review & Action:

Katie

- Ranking and Tiering: approve
- Approve: new projects
- 4. Adjourn and Next Meeting December 20, 2017, 3 4:30 PM

Katie

-Charter revisions

### BOSTON CONTINUUM OF CARE LEADERSHIP COUNCIL MEETING MINUTES

September 7<sup>th</sup>, 2017 3:00- 4:30PM 26 Court St., 1<sup>st</sup> floor conference room

### Agenda Items

- 1. Welcome & Introductions

  Sign-In sheet of attendees attached.
- 2. CoC 2017 Competition

Katie

• Final application amount

The final application amount for the Boston CoC will be \$26,250,698

Review list of renewal applications

37 Renewal applications for CoC Operations (HMIS, CAS), Permanent Supportive Housing Leasing and Services and Rapid Re-Housing.

New PH Bonus and Reallocation update

4 New Project Applications were submitted to the CoC by the publicly advertised RFP Process. 1 New project came in under the reallocation process, St. Francis House RRH, and the remaining 3 under Bonus. These three new projects include one RRH by Pine Street Inn, 1 Dedicated Plus PSH by Mass Housing and Shelter Alliance and 1 Joint TH-RRH by New England Center and Home for Veterans. The total amounts requested by these projects were pretty in line with what the CoC is able to apply for under the Bonus so no budgets or projected numbers served need to be adjusted.

• Work to finalize applications

The Development Officers continue to complete the renewal applications in Esnaps but the process is going smoothly due to being able to import last year's application. The bulk of the work now is focusing on completing the narratives in the CoC Application. Please have staff available at your agencies in case any help is needed with the narratives.

- Planning Application -Ideas include
  - -Coordinated Entry: further build out of system
  - -Youth system coordination
  - -Scale up Front Door Triage
  - -Outcome evaluations (RRH, employment, diversion, etc.)
  - -Discharge planning

As a continuation from last Council meeting, the DND team solicited feedback and ideas regarding the uses of Planning Grant funds for the upcoming year as we fully embark on Coordinated Entry and CoC Systems Change. There was a general consensus to scale up Coordinated Entry both in order to comply with a HUD deadline but also with the intention that scaling up Coordinated Entry will also influence other Systems Change issues such as Discharge Planning and Front Door Triage. Additional focus to scale up the Youth Leadership Team and working group in anticipation of the CoC's upcoming Youth Plan RFP as well as HUD's Youth NOFA. Focus also needs to include the Family shelter system and taking a more active role even though the State manages the system. And finally, Planning funds should be used to look at increasing the diversity (racial, income, sector representation) both of the Council but also the overall leadership in the Service Provider community.

The general consensus involved the researching of both policies and procedures from neighboring CoCs and other Systems of Care as well as Best Practices across the region and country. As a major metropolitan city, Boston continues to serve a regional need. Neighboring CoCs have developed tight entrance policies for shelter which can increase demand for Boston's low barrier, no wrong door, shelter system. Does the CoC need to look to a single point of entry, a more robust 211 system statewide which does not just send folks to Boston shelters, or increased Front Door Triage/Diversion. Education with other Systems of Care which Discharge to shelters also needs to occur and has already started and was noted that a particular medical facility with high discharges was invited to the shelter to see the conditions that medically frail clients are being discharged to. Other State Systems of Care are also in the process of systems change as well and how do these changes influence our system. The example of the DPH reprocurement of DV contracts was noted and the emphasis on "must be currently fleeing" as an entrance criteria and how is this going to affect the availability of other non-DV beds in the CoC.

Finally, an ongoing discussion regarding the members and structure of the decision making body must be undertaken. As is now, the Leadership Council lacks diversity, diversity both in the sector in which the member represents as well as the racial, ethnic and economic diversity of the members. The Council is extremely service provider heavy, meaning that the majority of the Council must recuse themselves from voting at funding decision time. The Council also lacks members of a diverse racial makeup, partially due to the large representation of Provider staff on the Council, as well as the imbalance in the diversity of the decision makers of the Providers themselves.

#### 3. Review & Action:

Katie

• Ranking and Tiering: approve

• Approve: new projects

All Leadership Council members with a conflict of interest recused themselves from the meeting at this point for a vote. The remaining members reviewed the handed out Project Priority Listing. The Projects were listed by the previously approved Priority order of: CoC Operational grants, Renewal PSH-Leasing, Renewal PSH-Services, Renewal RRH, New Reallocation, New Bonus. The projects were reviewed and scored by a DND review team using the previously approved Project Score sheet and a final consensus score was reached. Projects were then ranked within their component type by the order for the consensus score, until the Tier 1 threshold funding amount was met. The Tier 1 Amount of \$22,638,216 was reached midway through the Renewal RRH component. The straddle project of Project Hope's RRH for Students and Families will partially be included in Tier 1 and partially included in Tier2.

The Council Voted to include and approve the Renewal Projects in the Priority Order presented and scored.

A more detailed description of the New(Bonus and Reallocation) projects was discussed with the Council in order to inform of the component type, population proposed to serve, numbers proposed to serve and final funding amount.

The Council voted to include and approve the New Projects presented for funding as well as the funding amounts.

4. Adjourn and Next Meeting December 20, 2017, 3 – 4:30 PM

Katie

-Charter revisions

#### MA-500: Boston CoC: Reallocation Recommendation - CoC 2017 Competition

<u>St. Francis House: RRH - Access to Employment</u>: reallocation of existing Moving Ahead Transitional Housing program to RRH- services with a focus on enhancing employment opportunities and access to income for up to 180 clients enrolled in CoC RRH programs.

#### MA-500: Boston CoC: New PH Bonus Recommendations - CoC 2017 Competition

<u>PSI -Place Me Home Chronic Housing - PSH</u>: develop team parallel to team at PSI that works at BPHC to assist those on the CH list with all aspects of obtaining PH, including interacting and responding to CAS and assisting clients though housing search, document readiness, lease up and initial stabilization. Project also includes the creation of 12 new units of low barrier housing at PSI. The proposed project has a point in time capacity to serve 150 clients.

MHSA – Homefront Expansion and PSH- Dedicated Plus project: MHSA will partner w/ NECHV to double the capacity of Homefront, from 15 to 30 units. Homefront is a PSH program that serves non-VA eligible veterans with leasing and supportive services. Dedicated Plus designation will allow program to serve those vets that were chronic at one point but no longer meet the strict definition.

#### NECHV - Housing Options for Veterans, Joint TH - PH-RRH:

NECHV has proposed a joint TH-RRH project that will outreach to the 40 most vulnerable and hardest to serve vets in our system, to immediately place them in either TH or RRH. NECHV will work in conjunction with shelters throughout Boston and with the veterans working group to identify vets on the street and in emergency shelter to enroll them in HOV. The flexibility of the model allows for client choice in terms of immediate placement into TH or RRH and allows for those in TH to move on to CoC rental assistance, something prohibited with other CoC RRH resources.

Boston CCC operational grants   Boston CCC   Control MIS   Section CCC	Besten Oct operational grants         Boston MRIS         \$ 313,200           Boston Oct         Boston MRIS         \$ 211,200           Boston Oct         Boston MRIS         \$ 211,200           Boston MRIS         \$ 200,000           Boston MRIS         \$ 200,000           Boston MRIS         \$ 200,000           Boston MRIS         \$ 200,000           Break Free Inn         \$ 200,000           Boston MRIS         \$ 200,000           Break Free Inn         \$ 200,000           Break Steet Inn         \$ 200,000		Bestern CCC   Search Content   First   Bestern CCC   Search CCC   Se				H-KKH	¥	PH	<b>S</b>	Ž	. ·	RRH	22	RRH	RRH	Tier 2		문	RRH	유 .		2 3	¥	¥  ≠	ŝ	R	P	PH PH	PH	R	H	Z Z	H	2 3	H	꿈 :	2 2	P	R	2 7	390		SIWH		
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## CoC Leadership Council Team Meeting September 7, 2017

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<b>/</b>	Arline Shriter
	Alana Olsen
	Andy McCawley
	Annissa Essaibi-George,
	City Councilor
V	Beth Grand David Thomas
	Bill McGonagle
	Chris Norris
	David Gleich
	Elisabeth Jackson
	Gabby Vacheresse
	Gail Livingston
$\checkmark$	Gina Schaak
-	James O'Connell
	Jennifer Flynn
	Jessie Gaeta
	Jim Greene
	Karen LaFrazia
	Katie Cahill-Holloway
	Kaye Wild on Phone
	Laila Bernstein
1	Libby Hayes
	Lyndia Downie

## CoC Leadership Council Team Meeting September 7, 2017

	Matt Pritchard
	Sandra McCroom
$\checkmark$	Seth Michaelson
/	Sheila Dillon
	Stephanie Brown