Community Action Pioneer Valley’s Three County CoC

***Special Board Meeting, Project Narrative Presentations. Preliminary Ranking***

**1-3:30pm Wednesday, July 28th. This meeting will be held on zoom.**

**Meeting Notes:**

**Present:** Michele LaFuer, CoC, Betsy Shally-Jensen, APP, Brad Gordon – Co-chair, Berkshire Regional, Jane Ralph, Construct; Mel Antuna – Wayfinders, Theresa Nicholson, co-chair CHD; Dan Bussler, Service Net, Phil Ringwood, Dialself; Steve Connors, Central and Hampshire Veterans; Cindy Ray, MassHire; Isreal Ortiz, MHA; Justine Dodds, City of Pittsfield; Sharon Hall-Smith, Gandara Inc.; Dave Christopolis, Hilltown CDC; Shaundell Diaz, CoC; Jay Sacchetti, Service-Net; Andy Klatka, Eliot Services; Kathy Keeser, Louison House; Keleigh Pereira, CoC; MJ Adams – Town of Gfld; D Scott; Kim Scammon- Gfld Housing. Dee Scott – Paradise Ponds.

1. **1-1:15 pm (15) Introductions**
2. **1:15-1:25 pm (10) Brief - Board Updates**

**Approval of Minutes from June, moved – Theresa, 2nd, Mel..all approved.**

**Membership Term End 2021** – Members must contact Keleigh and Brad by August 15th, if possible, will be on the slate for the Annual meeting in September. No contact is an assumption that they will remain on the board. Board membership begins and ends in the 4th quarter of the annual year.

***2021 term renews:***  Justine Dodds, Earl Miller, Diala Abath, Andy Klatka, Stacy Parsons, Pamela Schwartz, MJ Adams, Tina Schettini, Cynthia Ray, Kasey Erickson, Steve Connor, Phil Ringwood, Jane Ralph, Theresa Nicholson, Dave Christopolis.

***Note*:** Erin Cassidy will be stepping down as the Housing Authority Representative

**Questions:** Betsy – will the board be able to support this process.

**Brad:** looking to have a new co-chair take over his role.

Charter updates will be sent your way for feedback on charter changes.

1. **1:25-1:35pm (10) Project Ranking and Evaluation/YHDP Project inclusion**

*Brief Report of the Ranking Structure for 2021 Project Ranking,* general scoring and process – what we saw that was different –

* we saw a higher percentage of data quality across the board
* Created specific ranges for points scale
* Site Monitoring became part of the scoring tool – which contributed to significate changes to last year’s scoring.

*Tier structures –* Keleigh -ARD

*Project Narrative/Presentation Points and possible changes–* Keleigh

* f there is a mistake found in the CoC's ranking of a project
* If the NOFA, once released, requires us to include ranking activities or outcome measures that we did not already include based on the Three County CoC's criteria
* Once projects have presented at the board meeting, they will receive 5 presentation points
* If a project advocates for a change and the Board approves that change (see the attached presentation form for how to identify a concern prior to the board meeting)

*next steps after this meeting* – Keleigh - ranking and eval team meeting early August – hopefully after the NOFA has been released for final recommendations to the board for scoring – might need to be rescheduled if no NOFA has been released.

1. **1:35pm – 2:40pm (70) Project Presentations, 3-5 minutes each *(See also project presentation narratives)***

 **All those that present will be given 5 additional points for** *participation, Board can provide project with additional points if feel changes needed to ranking and points – to be discussed after presentations*

***Hilltown CDC*** *– Village Center – 4 units – Williamsburg*

* COVID challenges – do not have broadband connections, financial management concerns/audits/staff turnover. Units are subsidies – Section 8.

***A Positive Place -***

* CoC funds 14 PSH units and we have HOPWA funds
* HIV care and prevention programs – HIV positive eligibility
* Community based program as part of HOSPICE/now Cooley Dickenson, fully grant funded – focus on Social Determinants of Health. Focus on racial, gender and sexual orientation equity. Housing first/trauma informed. Utilize DPH funds for match.
* Challenges – keeping trafficked, gay men supported/engaged.

***CHD -***

* Did not send project narrative ahead of time. Largest funded project in three county – 48 untis all three counties. There are 47 units full. Unbelievably full program and busy.
* Mental Health/Substance use and COVID have been difficult. Looking for additional support services. Population in general is difficult to serve
* Finding additional units has been very difficult. it’s both units and FMR issues. leasing project.
* Big focus was moving out of Barton’s Crossing – now into own apartment or shared 2 bedroom. Major accomplishment.
* **Note:** been working with Michele on data issues – not sure about the scoring impact – wondering about if this could be dealt with? Chronic Homelessness – they were given full points for data quality and chronic homelessness.

***Dialself -***

CoC – Joint component TH/RRH– YYA 18-24 – 10 units, increaaed enrollment to 11 this year.

* Units are already subsidized, CoC funds operations, HMIS, and SS.
* TH side – base din Turners Falls – MRVP
* RRH – in Orange or Gfld – enhanced sufficiency – MRVP or Section 8

YHDP – RRH – 4 units (Franklin County/some Hampshire County.

* Housing First
* Tenant based rental assistance from COC, case management is match. Can do leases that are less than 1 year. also have wiggle room on housing inspects.
* Fully enrolled, and 50% is housed
* Largest challenge is finding units. Have the funds, need the landlord and units.

***Service Net -***

* ***Mental Health and Recovery Division – Shelter Plus Care program. DMH clients, ACCS contract.***
	+ ***Two large teams that serve about 100 participants each in outreach and residential services, about 180 of them are in service net housing.***
* Shelter Plus Care -Rental assistance Program sponsorbased leasing funds– houses folks in Franklin and Hampshire Counties, 22 units. Target population – single adults, chronic.
* DMH funds – match to the program, assess for services for service plans/case management support, daily living support. Clinical on call services.
* Were able to stay in touch with participants during COVID, telehealth services. Weathered pandemic fairly successfully.
* Had positive exits to PH, and had new move ins!!

***Louison house -***

* ***TH –*** oldest program – congregate living. Over time TH has changed, but ours is still the old definition. Was 22 beds, but haven’t been able to meet this expectation recently. We usually serve 14-17 – CoC only states 14. Women, Men and Families in the same building/needs 24/7 staffing.
	+ People are staying longer at this point in TH
	+ This program feels like square peg in the round hole.
	+ During COVID we remained in person throughout. And had many staffing shortages. noone would take the job..couldn’t hire. stres level on remaining staff was so tough. But, no COVID cases.
	+ Finding housing for TH folks is very difficult and we can’t meet the expectation to move people out. And the CoC funding is the same.
* **PSH –** 6 individual, 3 family units.
	+ Units remained occupied. We have kept the same units and landlord long term.
	+ Working with Construct regularly
	+ In need of MOVE on resources. and SUD/mental health issues. takes lots of time to support folks. too small to qualify for many other funding streams.
	+ Took on emergency housing while managing this and motels support.

***Construct -***

* ***PSH – 3 units***
	+ This program is going to be moved over to Louison House in this next application process.
	+ Had an intern in Sandy this year that provided great support.
	+ Scores are low and we have improved our efforts in COVID even though our scores are fairly low.
* **TH -**
	+ Communal housing setting
	+ Had a death this year
	+ Encouraging the ranking and evaluation committee to consider the exit to PH issue
	+ Program policy – another place that we don’t have in place and had low scores because of this, so we are working to update them and will do this by September 1st.

***Wayfinders –*** Paradise Ponds – 4 funded by CoC, Family Housing for those under 30% AMI.

* Thanks the CoC team for being approachable around avocating for points.
* CoC funds support the operating for these units
* Lived through the Pandemic – were able to fund a new position for Resident Services to help families stablize, provide tools needed to continue education/nutrition/youth work. created a special task force to manage tenant relations and CDC guidelines. Was challenging, but needs were new and ever changing. no food pantries.

***YHDP -***

***Gandara Center -***

* New program – Joint Component program – TH/RRH - 6 TH and 12 RRh as part of the prevention and Community Services Program. participating in both
* Project started in October of 2020 – very challenging time.
* Very welcomed and supported by the CoC and partners in Franklin County.
* Th – is part congregate in a 4 bedroom house – these are filled, and we are looking for additional units. the 4 units are full – 2 families two individuals.
* RRH – we have one family placed there, and 3 more that are searching for housing.
* Housing First. Racial Equity work. CoC has provided many trainings and we have joined committees
* Focusing on YYA parents – had a baby born already!
* Greatest challenges are finding units, working on landlord relationships. FMR is an issue!

**MHA**

* **Navigation/RRH**
	+ Team of youth navigators that cover Franklin County at the front door of coordinated entry, connecting with DCF, schools, and helping youth navigate housing search
	+ Been working on establishing a presence here.
	+ Provide case management and short term Rapid Rehousing funds.
	+ Navigators will also be doing assessments to bring youth into CE.
* **PSH**
	+ Housing coordinator and 8 units funded through the CoC
	+ Have filled 2 units in athol, and really struggling to find housing stock.
	+ Working with 6 additional youth in housing search. Having some young people not demonstrate a willingness to participate.
	+ Housing first service delivery/trauma informed.
1. **2:40pm – 2:55pm (15) NOFA updates and/or Annual Meeting planning Updates**

**COC NOFA has not been released.**

**Annual Mtg to be held September 23rd, 1-3pm.** SAVE the date will be out early next week.

* 15 mins - Membership votes
* 15 min - discussion of Federal and State resources
* **30 mins - Lived Experience/Project discussion:** instead of reports and presenting – could we talk about the projects, stories about what has been good and difficult.
* **5mins - Presentation – CoC accomplishments this year**
* **Trainings**
* **Racial Equity action plan**
* **YHDP project starts**
* **Newsletter**
* **HMIS procurement**
* **New Assessment development**
* **5 - Slide - Current Initiatives**/how to get involved.
* **5- RE – basic big picture update – how is this changing our assessment tool? -** to the extent racial equity is forever central, continuing to carve out meaningful time to focus on that - figuring out what that means over the coming months - would be a good use of time.
* **10- Landlord engagement presentation:** Shaundell and Brooke  – panel discussion with landlords and tenants – or we could ask about participation? Do we want to present on the purpose of landlord engagement.
* **5- New HMIS presentation**

***Project Representatives leave..***

1. **2:55-3:25 pm - (30) Non- Project Board Members meet to discuss any project’s identified concerns – and allow up to 5 additional points in reference to those concerns.**

*APP*

1. >= 50% of participants have zero income at entry – 0. Because all of our tenants have a disability determination due to their HIV status, they come with some income. Feels like we are being penalized for supporting this targeting population.
	1. It’s true that this area may show lower points, can take it under advisement – seems like a HUD response to serving high needs populations. however, some other areas a project like this will see a higher score
		1. Co-morbidity
		2. Increases in come annually
2. Client identifier - housing units and leases. **Not sure why we received 5 vs. 10 points**. We did support one very sick and difficult-to-house client, who, after too many months we finally housed during the height of covid-19. We were only able to do so via a month-to-month agreement.
	1. ***Keleigh agreed that we should provide full points, based on the month to month lease.***
		1. ***All in favor of affirming the recommendation? - all unanimous.***
3. Bed utilization defines 88%=10 pts. What if, say, a program, consistently has a bed utilization rate of **over** 100%? 😉 Shouldn’t they receive extra points or at least a star?
	1. Yes, if this was a lower scoring project we could consider this in the future.

*Construct TH*

1. We challenge the remain in TH or exited to permanent housing score as at least one additional participant exited to permanent housing and Courtney reviewed the others but vacations have prevented an exchange of information with me at this time. With so little movement due to COVID, even the difference of one can affect scoring and with this inclusion, I believe we would meet the 90% threshold. I believe this has been changed in HMIS.
	1. Originally, this project receive zero points in this area.
		1. Michele increased the score due to Courtney’s work on data quality issues – from 10pts to 20 already.
	2. ***Keleigh and Michele met to discuss this concern at the end of site monitoring and realized the zero pts was based on two participants exiting to institutions versus PH, and actually noone exited to homelessness and so the board should decide whether or not to move from 10 pts to 20 since there were no exits to homelessness.***
		1. ***MJ – motion to have staff adjust these points.***
		2. ***Vote of affirmation, all in favor.***

*Hilltown*

1. Scoring – improved score over last year/correcting issues from year before – given handicap – they feel they should be in a better place. Shutting down the office was tough. Currently have a vacancy/close to placing new family. Community Action has done a good job. If the board is willing to consider conditions we had to work in.
	1. Steve – proposes additional 3 points
		1. Discussion:
			1. identified the various efforts made by the CoC
			2. Delay of billing for previous funding cycle as well.
			3. Unanswered letters, continued extended deadlines, and escalated requests.
			4. Identified Concerns for the CoC from HUD – could end up in a finding, noncompliance for drawing funds, HUD perception that the funds are not needed.
	2. Decision not to vote. Though there has been additional capacity issues and broadband issues in Hilltown, the CDC was given opportunities to address with additional extended timeframes. No additional points given in order to remind projects of the need to bill at least quarterly.
2. **3:25-3:30 pm - Adjournment**

**Attachments forwarded to Board ahead of meeting:**

* Minutes from June meeting
* Updated 2021 Board Slate
* Ranking Details/Preliminary Project Scoring & Ranking
* Project Narratives
* Save the Dave- Annual Meeting