





Continuum of Care Board Agenda

6/15/2023 11:00 AM - 1:00 PM

Attendance:

Board Members: Laura Golino de Lavato, Brandi Tuck, Drew Grabham, Ian Slingerland, Mark Morford, Sherelle Jackson, Katie Cox, Jessica Harper, Xenia Gonzalez, Jamar Summerfield, Stuart Zeltzer, Cammisha Manley, Christina McGovney, Justin Barrieault, Lizzie Cisneros [Absent - Patrick Reynolds, Amanda Esquivel, Elise Cordle Kennedy, Hannah Studer] JOHS & County Staff: Alyssa Plesser, Bill Boyd, Malka Geffen, Maria Alvarez-Lugo Special Guests: Patrick Wigmore (Homebase)

| Agenda Item | Discussion Points | Decision/Action |
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| Opening | Land & Labor Acknowledgment Review Community Agreements Review Agenda | |
| Action: Approval of Finalized Action Plan | CoC Lead walked through the revised Action Plan, summarizing clarifications/changes Board members wanted made. CoC Lead walked through the plan's strategies & deliverables. Co-chair asked for a fist-to-five in the chat to approve the action plan as stated. All 5s and one 4. CoC Lead to add today's date to the document. | The Action Plan was approved. |
| Discussion: Next Steps - Selecting Leads and Workgroup Participants | CoC Lead said that the governance charter allows for the creation of ad-hoc workgroups that are time-limited, with specific goals that report back to the Board. Each Action Plan strategy will have its own ad-hoc workgroup. She talked about what it means to be a lead of a workgroup and the expectations of and support for the leads. It's up to the workgroup how it carries out the work (meeting cadence, length, etc.) of completing the deliverable. Homebase will support by providing background re: issue, helping with leadership comfort, have somewhere to turn if bumps in the road. Questions: Is there capacity for co-leads? Co-Leads will be based on interest. No special skills or educational requirements to be lead. | |

CoC Lead walked through the process of selecting leads and participants for workgroups. She shared the Google Form to gauge interest of all members and will be sent after the meeting; to be completed by June 30th.

CoC Lead will reach out to interested members and schedule meetings with them and Homebase to discuss the workgroup startup strategy.

Comment:

The first strategy names the CoC Board as the lead; it may be useful for that workgroup to identify topics we want to talk about. CoC Lead: This group might have more interaction with the full Board.

CoC Lead said she will have leads/participants ready by the July Board meeting.

Provider Presentation: DV Supportive Housing

Maria Alvarez-Lugo DV Program Specialist Senior from JOHS talked about its DV Supportive Housing, which is locally referred to as HUD Horizons DV. It is a rapid rehousing program, operational since 2006, and renewed annually through the rating and ranking process of the NOFO. Its upcoming year's allocation is about \$1.4 Million, plus the JOHS funded match is closer to \$1.8 Million. Funds are passed through to six subrecipient agencies (see slide 17 of 6.15 presentation)...

Maria walked the Board through remaining slides, which covered who the program serves, its priority populations, and case management and support services it provides.

She listed some of the programmatic barriers, which include HUD funding limitations This was followed by a list (slide 21) of the many HUD RRH non-allowable expenses.

Also covered were the outputs and outcomes data for the past five years, including demographics and composition.

Questions:

Do you know the ratio of folks exiting the program into unassisted housing vs longer-term rent subsidy? How do you manage when folks transfer out of the CoC's geographic area? Maria: We can serve if fleeing into the county, if the current resident needs to flee outside of the county, it depends on where they move (farther away, we can support with connections to resources). 95% over the last five years exited to permanent housing, 72% of those exited to a rental by client without a subsidy.

Comments:

Challenges with HUD funding and the CoC Board's action plan Strategy 3's alignment of funding sources provides potential advocacy. CoC Lead said that at the Community of Practice for CoC providers, people brainstorm how to overcome the obstacle of funds limitations; they are advocating to HUD directly (since even match funds are also

| | HUD limited). | |
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| Supporting CoC-Providers | The Co-Chair brought to the Board's attention (on behalf of one CoC provider) that HUD corrective actions management & response can be time consuming/expensive administratively for providers. She proposed a possible advocacy item: recommend to the county that SHS funds could be allocated to CoC organizations who need to do corrective actions. The return on investment would be high, if they're supported in their response to corrective actions. | |
| | Questions and Comments: What are examples of corrective actions and costs. CoC Lead: Example - match funds (even from private donations) have to meet the exact funding restrictions as HUD. Co-Chair: Responses can include I or 16 findings, which all require administratively corrected actions. The administrative time and money is not covered by contract dollars. What does the Board need to provide advocacy based on this request for any system support (not necessarily SHS)? The monitoring and audit process is a huge lift even for a large organization: one finding was based on the drug-free workplace policy compliance. It took weeks of staff time to update the policy. This is not really the intention of SHS funds; it makes more sense for underspent SHS funds to go to SHS programs that need the support. Also, why not provide for CoC-funders organizations without findings? It could be sticky. What's the root cause? Do folks not have the technical assistance (TA) from HUD to ensure they're not ensured in findings? Thot's what should be addressed - to encourage findings not arising in the first place. Most providers get findings, and some are policy and procedure related, not programming; they're thinking of turning down funds because the cost of administering the program is too extreme. We got funds for compliance training every three weeks and office hours with TA. The trainings are recorded and available on our website. It might work better if the request can be broadened to any funding in the continuum. Was the ask by providers who approached co-chairs to provide ore funds in general or to specifically provide funds to respond to corrective actions. For example, most providers struggle with the l0% cap on admin funds. This amount doesn't increase, even if program funding increases. Co-chair: more monetary support in general Would | |

| | Co-Chair and CoC Lead will follow up with each other about bringing this back to the July meeting to learn more about this issue and see | |
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| | what a recommendation from the CoC Board could look like. | |