



Poverty and Homelessness Board

Executive Committee Meeting

July 21, 2022

12:00 p.m. – 1:30 p.m.

Join from your computer, tablet or smartphone:

<https://us06web.zoom.us/j/88687549300?pwd=ZTFbcm8zeUorUUE3Ymg0azYxL1RhUT09>

Meeting ID: 886 8754 9300 Passcode: 227047 One tap mobile: +12532158782,,88687549300#

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AGENDA

Topic	Time
1. <u>Welcome and Agenda Review/</u> Kris McAlister, Chair Member Check In (Jurisdictional Updates)	5 min
2. <u>Consent Agenda/</u> Chair <ul style="list-style-type: none"> ■ Approve Minutes from May 19, 2022 Executive Committee meeting ■ Accept June Statement Financial Dashboard and Financials 	5 min
3. <u>FY 22-23 DRAFT PHB Strategic Plan/</u> Kate Budd <ul style="list-style-type: none"> ■ Review Draft Year-Long Plan <i>Action Requested: Vote- Recommend for Full Board Approval</i>	20 min
4. <u>Unsheltered Homelessness HUD Super NOFO/</u> Kate Budd & Amanda Borta <ul style="list-style-type: none"> ■ NOFO Summary Presentation ■ Questions and Answers <i>Action Requested: Vote- Apply for the CoC NOFO Grant?</i>	25 min
5. <u>COC Application Ad Hoc Committee/</u> Amanda Borta <ul style="list-style-type: none"> ■ Review Role, Members, Time Commitment and Time Frame 	10 min
6. <u>Community Updates/</u> Kate Budd <ul style="list-style-type: none"> ■ Navigation Center ■ The Nel ■ Capacity Building Technology RFP - Open Now ■ Capacity Building RFP - Open Soon 	15 min
7. <u>Plan for August All Member Agenda/</u> Kate Budd <ul style="list-style-type: none"> ■ FY 22-23 Strategic Plan Recommendation ■ Unsheltered Homelessness Plan Activity ■ State and Federal Advocacy Asks - Advocacy Agenda Training ■ CoC Application Process 	5 min
8. <u>Wrap Up/ Next Meeting</u> Summarize board decisions, assignments/action items, next steps, and next month's meeting agenda. <i>Next Meetings:</i> August 18, 2022 - All Member September 15, 2022 - Executive Committee	5 min
9. <u>Adjournment</u> <i>The Poverty and Homeless Board is an action oriented group of elected officials, community stakeholders, and individuals who represent low-income and homeless people's concerns. The purpose of the PHB is to create innovative partnerships and programs that use best practices to reduce poverty and homelessness in Lane County. The PHB will work to generate resources, community and legislative support for housing and services to achieve its goals.</i>	

FY2022-2023 PHB Strategic Plan

Goal	Strategy	Outcome Description	PHB Committee	Notes on 2022-2023 Progress	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1.1	Increase Shelter and Alternative Shelter Beds							
1.1	a	Disseminate information to community based organizations related to upcoming Capacity Building Grant RFP focused on one-time costs for items needed to be secured, technology, staff trainings, consultancy services, etc.	Shelter Stakeholder Committee					
1.1	b	Shelter Stakeholders to support continued creation and on-going efforts of the City of Eugene Safe Sleep Sites, including the following sites: 310/410 Garfield, Everyone Village, Rosa, and Chase Commons, by strategizing how available stakeholder resources and broader community based resources can offer a collaborative wrap-around approach.	Shelter Stakeholder Committee					
1.1	c	Identify space, resources and opportunities for collaborative support to create an additional 13 shelter beds.	Shelter Stakeholder Committee					
1.1	d	Support implementation and on-going efforts of the Lane County Navigation Center and Shankle Brooklyn Street Shelter, which will	Shelter Stakeholder					
1.1	e	Increase the number of safe places that prioritize people based on medical need	Healthcare Committee					
1.2	Improve safety of and accessibility to facilities that support people experiencing homelessness.							
1.2	a	Develop a set of recommendations for how safe sleep places can better meet the needs of individuals with medical needs	Healthcare Committee					
1.2	b	Increase shelter accessibility for people with high need by creating three new partnerships between health/BH care providers and shelter/sanctioned shelter alternatives.	Healthcare Committee					
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3.1	Reduce homelessness among youth in Lane County by 25% through the Collaborative Community Plan.							
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3.1	b	Increase supportive services to youth by three programs in order to identify unaccompanied youth and young adults experiencing literal homelessness or at imminent risk of homelessness and connect them to appropriate resources to maintain or attain stabilization.	Youth Homelessness Solutions Workgroup					
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4.1	b	Help facilitate at least two events, ie. Employment Resource Fairs, to connect employers, employment services, and those who are unhoused. These Fairs would “go to” those who are unhoused rather than them coming to us.	Employment Work Group					
4.1	c	Hold 4-6 Focus Groups from stakeholders to help guide the work we do. (Employers, Employment Providers, Shelter Providers, Unhoused.)	Employment Work Group					
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5.1	b	LEAGUE will identify advocacy opportunities and create a public policy agenda that aligns with the values of the Continuum of Care, including Housing First, Permanent Housing, decriminalization, and person-centered services.	LEAGUE					
5.1	c	LEAGUE will do one activity to advocate for a Homeless Bill of Rights that recognizes the rights and responsibilities of individuals experiencing homelessness in Lane County.	LEAGUE					
5.1	d	Plan a recommendation to tie legislature to employment as part of the homelessness solution.	Employment Work Group					
5.1	e	LEAGUE will do one activity to advocate for an improved rental system that includes streamlined application processes (e.g. "One App" approach), tenant protections, landlord advocacy, and strategic use of vacant units in Lane County.	LEAGUE					
5.1	f	Identify and execute one tangible way to support the City of Eugene in their efforts to create 500 Safe Sleep sites.	Shelter Stakeholder Committee					

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6.1	Improve equity within Coordinated Entry and the Shelter System							
6.1	a	Create and adopt an new/updated housing assessment tool that more accurately assesses vulnerability of those accessing coordinated entry.	Coordinated Entry Stakeholder Committee					
6.1	b	After the new assessment tool is implemented, create and adopt a continuous quality improvement loop policy to assess progression toward equity via the housing assessment.	Coordinated Entry Stakeholder Committee					
6.1	c	Increase cultural awareness within the shelter sites to create welcoming environments for all historically marginalized communities.	Shelter Stakeholder Committee					
6.2	Ensure Coordinated Entry allows those deemed most vulnerable access to all resources they qualify to receive.							
6.2	a	Eliminate use of "buckets" of separate Centralized Wait Lists for PSH and RRH. Have one list and make available housing resources available to all who are eligible.	Coordinated Entry Stakeholder Committee					
6.2	b	Create and adopt a "dynamic prioritization" policy for Coordinated Entry referrals. Fully implement case conferencing as determine of Coordinated Entry referral rather than VI-SDPAT score.	Coordinated Entry Stakeholder Committee					
6.2	c	LEAGUE will participate in system mapping exercise to visualize the experience of individuals as they move through the system currently, as well as what a more ideal system would look like with CE improvements. LEAGUE will advise the CE Stakeholder Group on CE improvements through formal recommendations and participation as members on that group.	LEAGUE					
6.2	d	Add at least two additional coordinated entry access points in Lane County.	Coordinated Entry Stakeholder Committee					

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7.1 Improve care coordination at discharge from institutions (hospital, jail, behavioral health hospital)								
7.1	a	Providing a respectful and understanding approach to care for people without homes and reduce the stigma people without homes experience when accessing the healthcare system. As part of this goal it is important to increase accountability by giving people experiencing homelessness and advocates opportunities to communicate if they do not feel the tenants of this agreement are being upheld.	Healthcare Committee					
7.1	b	Coordinating discharge plans to the most appropriate and safest location possible.	Healthcare Committee					
7.1	c	Develop systems to better support individuals experiencing homelessness who are discharging from the hospital in: i. Establishing primary care (if not otherwise established) ii. Accessing appropriate medications prescribed as part of both a specific hospitalization and other ongoing treatment plans iii. Attending all recommended Primary Care, Behavioral Health, and Specialty visits iv. Following all other recommendations for treatment	Healthcare Committee					
7.1	d	Add two outreach staff who are able to follow up with people in the community after discharge.	Healthcare Committee					

HUD CoC Supplemental to Address Unsheltered and Rural Homelessness

Overview

\$322,000,000 Total Funding Available

\$54,500,000 set aside for Rural communities; \$267,500,000 set aside for unsheltered homelessness

Unsheltered Max Award for OR-500 CoC: \$1,056,674

Rural Max Award for OR-500 CoC: \$0, not eligible for this funding opportunity

Released June 22nd

Due October 20, 2022

Purpose: To target efforts to reduce unsheltered homelessness, particularly in communities with very high levels of unsheltered homelessness and homelessness in rural areas.

Application Process

Application will be submitted via e-snaps by the Collaborative Applicant only. Collaborative Applicant must complete a local application process and rank all eligible projects in the Priority Listing, including CoC Planning projects. Collaborative Applicants also must complete the CoC Consolidated Application in e-snaps on behalf of the CoC, which consists of:

- *CoC Application:* CoC Planning Body; Governance Structure; Overall Performance; Strategic Planning; CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs
- *Project Application(s):* Project proposed; Population and subpopulation served; Type of housing and services provided; Budget activities being requested
- *Priority Listing(s):* Unsheltered Set Aside; Rural Set Aside; CoC Planning; UFA Costs (if applicable)

HUD Policy Priorities

- Unsheltered Homelessness
- Unsheltered Homelessness and Individuals and Families Experiencing Homelessness with Severe Service Needs in Rural Areas
- Providing Assistance on Tribal Lands
- Involving a Broad Array of Stakeholders in the CoC's Efforts to Reduce Homelessness
- Advancing Equity
- Use a Housing First Approach

CoC Planning

Only available for the Unsheltered Homelessness Set Aside and are *included in the maximum amount of funding for which a CoC is eligible to apply.*

CoC Planning costs must not exceed 3% of the max award amount (\$31,700 for OR-500)

Eligibility

- Individuals must meet the criteria of Category 1 (Literally Homeless) or 4 (Fleeing DV).
- All projects must participate in Coordinated Entry.
- All projects must operate consistently with the CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs (see next section).
- All projects must participate in HMIS.
- All projects must follow a Housing First Approach.
- All projects must meet match (25%, minus leasing) and environmental review requirements.

Project Types Allowed under this NOFO:

- Permanent Housing, including Rapid Re-Housing (RRH) or Permanent Supportive Housing (PSH)
- Supportive Services Only (SSO), including SSO-CE (coordinated entry)
- HMIS
- Joint TH-RRH
- CoC Planning

Initial Grant Term for all projects will be 3 years, including CoC Planning.

CoCs are required to conduct a local application process. All project applications must be submitted to the CoC no later than 30 days before the NOFO deadline. CoC is required to notify applicants no later than 15 days before the deadline whether they will be ranked or rejected by the CoC.

Comprehensive CoC Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs (SIFEHSSN)

As part of this funding opportunity, **CoCs are being required to develop a plan** for SIFEHSSN. The plan must be no more than 15 pages, formatted as noted in the NOFO, and describe:

- CoC current strategies for conducting coordinated and comprehensive outreach
- Providing access to low-barrier shelter and other temporary accommodations
- Providing immediate access to low barrier permanent housing
- How CoC will leverage mainstream housing and healthcare resources to assist in efforts to end unsheltered homelessness, stabilize individuals in housing and increase access to employment
- How CoC will support underserved communities, identify barriers leading to disparities, and support equitable community development by addressing barriers while using these funds
- How CoC will involve individuals with lived experience in the decision making process of the CoC
- How the resources available through this funding opportunity will contribute to reducing unsheltered homelessness in the CoC's geographic area

Severe Service Needs means any combination of the following factors: facing significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type); high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities; currently living in an unsheltered situation or having a history of living in an unsheltered situation; experiencing a vulnerability to illness or death; having a risk

of continued or repeated homelessness; and having a vulnerability to victimization, including physical assault, trafficking or sex work.

Attachments Required:

- CoC Review, Score, and Ranking Procedures
- Longitudinal Systems Analysis (LSA) Report
- CoC Plan for SIFEHSSN
- Letters of Commitment, Contracts, or Other Formal Written Agreements Demonstrating the Development of New Units and New Housing Opportunities PEH
- Written Commitments from Hospitals, Healthcare Clinics, Insurance Agencies, Medicaid State Agencies, Public Health Departments, Mental Health Clinics, FQHC or Drug Treatment Facilities
- Letter Signed by Working Group Comprised of Persons with Lived Experience
- Letter of Commitment from PHAs serving Geographic Area

Scoring

Scoring of the CoC application will determine the order in which CoCs are funded.

Unsheltered Homelessness Set Aside

HUD will select CoCs for funding based on CoC score, where the highest scoring CoC will have its rated and ranked projects that pass thresholds conditionally selected for funding. HUD will then select projects in this manner until no more funds are available. CoCs must score *at least* 50 points out of the total 100 to be considered for funding.

Project Capacity, Review, and Ranking	4 points
System Performance	18 points
CoC Coordination and Engagement	8 points
CoC Plan for SIFEHSSN	70 points
Total	100 Points
<i>Unsheltered Bonus</i>	Up to 30 points based on number of unsheltered people reported in 2019 PIT

New Project Opportunities Summary

There are two upcoming opportunities for additional CoC funding including the Supplemental (Special) NOFO to Address Unsheltered Homelessness, and the annual CoC Notice of Funding (with Bonus and DV-Bonus). Both of these opportunities allow for a number of program types to be funded including Permanent Supportive Housing, Rapid Re-housing, Joint TH-RRH, Supportive Services Only for Coordinated Entry (SSO-CE), and Supportive Services Only (Outreach or Other, Supplemental Only). Below is a summary of potential projects to be funded under each opportunity and Lane County's recommendations as they relate to each:

Supplemental CoC NOFO to address Unsheltered Homelessness		
Amount Available	\$1,056,674 over a 3 year period	\$352,224 <i>annually estimated</i>
Eligible Project Types	Permanent Supportive Housing (PSH)	Rapid Re-housing (RRH)
	Joint TH-RRH	HMIS
	SSO-CE	Planning
	SSO-Outreach	SSO-Other
Recommendations		
PSH	<p>PSH is a costly, but effective intervention and one that requires robust funding to execute well. This opportunity provides only a small amount of funding over a three-year period. If pursuing PSH options, it is likely we would need to leverage housing or support resources from other funding sources to offset the costs as the total available funding is likely not enough to support a PSH program in full.</p> <p><i>Options:</i></p> <ul style="list-style-type: none"> Utilize this funding available for supportive services and leverage additional housing resources, such as vouchers, along with healthcare commitments to supplement services. 	
Rapid Re-housing	<p>RRH is an intervention found to be effective for most populations. RRH is tenant based rental assistance that requires the utilization of market-rate units available in the community. With limited housing stock in Lane County, it is challenging to fully utilize RRH resources effectively.</p> <p><i>Options:</i></p> <ul style="list-style-type: none"> Utilize this funding available to expand RRH assistance available for single adults, as the resources we have in this intervention are primarily to serve families with children. This could provide an additional resource for those residing in the Navigation Center. 	
Joint TH-RRH	<p>Joint TH-RRH is a complicated model and one that has been primarily utilized for targeted populations, such as Youth or Individuals Fleeing DV.</p>	

	Lane County is not recommending this project type for this funding opportunity.
Supportive Services Only – Lane County Recommendation	<p>There are three types of SSO project types under HUD CoC Program – SSO-CE, SSO-Outreach, and SSO-Other/General. SSO-CE is utilized to support activities of Coordinated Entry, as required by HUD; SSO-Outreach provides street outreach services directly to individuals experiencing unsheltered homelessness with the goal of connecting them to services and permanent housing; SSO-Other/General can provide a variety of Services Only programs such as drop-in services, education or employment, Navigation services, etc.</p> <p><i>Options:</i></p> <ul style="list-style-type: none"> • Utilize this funding available to provide additional Health-Focused Street Outreach (SSO- Outreach) after July 1, 2023 OR • Utilize this funding to provide additional housing navigation services for individuals utilizing vouchers such as Emergency Housing Vouchers, Section 8, Stability Vouchers, etc., as well as individuals on the Central Wait List who are not likely to be referred (SSO- Other)
HMIS and Planning	<i>Not Recommended</i>
Things to Consider:	<ul style="list-style-type: none"> • Healthcare connections and commitments required as part of this NOFO • Must connect to the plan to address unsheltered homelessness (required) • Three year grant period, likely start date of 2023 • Match is required at 25% of items minus Leasing • Overall impact on unsheltered homelessness

HUD CoC NOFO (Annual)		
Amount Available	\$280,000 estimated Bonus	\$70,000 Estimated DV Bonus
Eligible Project Types	Permanent Supportive Housing (PSH) – Dedicated PLUS or CH Only	Rapid Re-housing (RRH)
	Joint TH-RRH	HMIS
	SSO-CE	<i>DV-Bonus</i> –must serve individuals fleeing DV
Recommendations		
PSH	PSH is a costly, but effective intervention and one that requires robust funding to execute well. This opportunity provides only a small amount of funding over a three-year period. If pursuing PSH options, it is likely we would need to leverage housing or support	

	<p>resources from other funding sources to offset the costs as the total available funding is likely not enough to support a PSH program in full.</p> <p><i>Options:</i></p> <ul style="list-style-type: none"> • Utilize this funding available for supportive services and leverage additional housing resources, such as vouchers, along with healthcare commitments to supplement services.
Rapid Re-housing	<p>RRH is an intervention found to be effective for most populations. RRH is tenant based rental assistance that requires the utilization of market-rate units available in the community. With limited housing stock in Lane County, it is challenging to fully utilize RRH resources effectively.</p> <ul style="list-style-type: none"> • <i>Not Recommended</i>
Joint TH-RRH	<p>Joint TH-RRH is a complicated model and one that has been primarily utilized for targeted populations, such as Youth or Individuals Fleeing DV.</p> <ul style="list-style-type: none"> • <i>Not Recommended</i>
Supportive Services Only – Coordinated Entry – Lane County Recommendation	<p>SSO-CE is utilized to support activities of Coordinated Entry, as required by HUD.</p> <p><i>Options:</i></p> <ul style="list-style-type: none"> • Utilize this funding to support dedicated assessors and Coordinated Entry Access positions who will engage individuals through a phased assessment approach, provide connection to the Navigation Center and Shelter Options, and Information/referral • <i>DV Bonus:</i> funding to support additional assessor and access position for people fleeing DV, dating violence, sexual assault, or stalking.
HMIS	<ul style="list-style-type: none"> • <i>Not Recommended</i>
Things to Consider:	<ul style="list-style-type: none"> • Healthcare and PHA connections/commitments likely required for Bonus points • Likely start date of 2023 • Match is required at 25% of items minus Leasing • Overall system impact