Ohio BoSCoC Annual Planning Meeting
Monday, January 25, 2016
10:00am – 4:00pm
Meeting notes

1) Welcome and Introductions
Attendance: Angie Franklin- Reg. 1, Ragan Claypool- Reg. 2, Vicki Kane- Reg. 3, Debbie Kubena-Yatsko- Reg. 4, Tammy Weaver- Reg. 5, Marti Grimm, Tami Plunkett- Reg. 6, Debbie Tegtmeyer- Reg. 9, Beth Fetzer-Rice- Reg. 10, Chuck Bulick- Reg. 11, Marva Cowan- Reg. 12, Debbie Groves- Reg. 14, Elaina Bradley- Reg. 15, Bambi Baughn- Reg. 16, Heather Thabet- Reg. 17, Myia Batie, Kelan Craig- OHFA, Beth Long- OCCH, Doug Bailey- OMHAS, Christine Lakomiak- (at-large), Sarah Masek- (at-large), Katie Kitchin- Statewide Rep (at-large), Fallon Kingery- (at-large), Scott Gary, Barbara Miller- ODSA, Erica Mulryan, Cynthia Tindongan, Amanda Wilson- COHHIO

Absent: Regions 7, 8, 13,18, James Kennelly, VA Rep (at-large), Linda Kramer (at-large)

2) Purpose of and Goals for Meeting
Erica, the CoC Director, stated that the purpose and goals for the meeting were to provide updates to the Board on CoC work over the past year, and to set the direction for the CoC's work in the next year.

Heather requested that next year's meeting not be scheduled the day before the PIT Count. **Members agreed.**

3) Roles and Responsibilities of CoC Board Members
Erica facilitated a discussion on the expectation that Board members take information, documents, and items back to their Homeless Planning Regions (HPRs) for discussion. In addition, members are expected to attend Board meetings. If members are unable to meet these obligations then they should talk with CoC staff about how to best represent their region on the Board and the CoC to their region.

Erica proposed holding bimonthly, instead of quarterly meetings. Considering the amount of work the Board undertakes, the amount of information shared by CoC staff and workgroups, and the number of votes taken, quarterly meetings do not seem to suffice. **Board agreed with this proposal.**

Scott stated that feedback from HPRs suggests that communications from Board members to regions needs to be increased.

Heather requested clarification on what kinds of information should be shared with HPRs. **Erica agreed to provide guidance.**

Marva suggested CoC staff provide guidance helping to define roles and responsibilities of grantees as it pertains to CoC planning and work. Beth F-R stated that there is so much staff turnover that SA repeats expectations at each CoC meeting for constancy and continuity. Scott suggested the ODSA staff is glad to attend regional meetings to reinforce expectations of grantees. Erica suggested that projects and processes, e.g., HPS and Coordinated Entry (CE) will introduce additional monitoring and compliance including MOUs and MOAs. She will draft a document outlining expectations of CoC grantees including sharing performance data and compliance. Amanda suggested that CoC staff provide guidance/materials to assist with an on-boarding process at the CoC level. CoC staff agreed to pursue this; perhaps recording a webinar as a possible vehicle for on-boarding grantees, in addition to drafting guidance.

4) Ohio BoSCoC Progress in 2015
Ohio BoSCoC Accomplishments in 2015 include:
- Conducting the HIC/PIT Count and releasing data to HUD. In 2015 there was a decrease in homeless numbers overall, a slight increase in CH, and a slight increase in veterans
- Homeless Program Standards (HPS) were completed and adopted
- PMP was updated with new, more realistic goals
- Submitted three new PSH projects for CoC funding in: Fayette, Northeast Ohio, and Southeast Ohio
- Requested about $16 million in funding requests
- CE workgroup is drafting policies and procedures documents for CE systems at CoC and regional levels
- New grant funding for CE secured form ODSA ($125,000). Applied for additional funding from HUD (using reallocated dollars)

Review of HEARTH Act Compliance and Achieving Other Federal Goals
See the Progression HEARTH Act Requirements (Subpart B) document
All the categories listed in the Hearth Act Requirements are complete except for: Establishing a CE System, which is in progress.

5) HMIS
HMIS Lead Changes Discussion
Erica shared a document on history and future directions of HMIS, and facilitated a discussion about possibly changing the Ohio BoSCoC HMIS lead from ODSA to COHHIO. Currently, ODSA is the HMIS Lead for the CoC. COHHIO manages HMIS functions and is now under contract with Bowman, the Service Point vendor. COHHIO and the ODSA are proposing that COHHIO become the HMIS Lead. This would result in COHHIO receiving the full federal HMIS grant directly from HUD (about 450K) to support the leadership role. The proposed timeline consists of anticipated Board approval in April, followed by a grant amendment with HUD. This would ideally be approved prior to the 2016 CoC Competition.

The Board is the decision-making body in all HMIS matters. Thus, per the Governance Charter, the Board may consider alternatives to COHHIO as HMIS Lead at any time. There was discussion about the implications of this change for ODSA. In light of a change of the HMIS Lead, ODSA would remain as the Collaborative Applicant at this point in time. Erica will work with ODSA to propose an access policy recommendation for ODSA grant managers to be discussed at the next Board meeting.

Next Steps – CoC Board will review these proposed changes at next board meeting along with recommendations for ODSA grant manager access to (or removal of access) HMIS.

HMIS Participation Fee draft policy discussion
Erica facilitated a discussion about proposed HMIS participation fees. Rationales for instituting HMIS participation fees include staff costs, increasing HMIS software costs, long-term sustainability. HMIS staff is currently at half its capacity. In order to retain quality staff COHHIO must be able to offer competitive salaries. Service Point fees also continue to go up. Additionally, CoC will expand the role of HMIS and staff to include PSH waitlists, CE, and HIC/PIT Count data. Currently, SSVF, RHY and PATH grantees already pay participation fees, as do many other CoC grantees in other states and CoCs.

The HMIS Advisory Committee consulted like-sized CoCs prior to recommending this change in policy. They propose two options for grantees to approach fees:
1. Paying a per license fee
2. 1% of the agency budget with a minimum charge of 500./year

Marti expressed concern that without a cap on fee increases, they might skyrocket with little notice to grantees. Erica responded that the CoC could outline a cap on any fee increases in the policy document tha the CoC Board has to approve, and can also build in a process by which the Core Team is charged with reviewing fee structures on an annual basis. This process, and any recommended fee increases, would also be reviewed by the Steering Committee and then go to the Board for approval.

Erica stated that no one wants agencies to reduce their number of licenses due to fees.

Debbie K-Y stated that admin. funds do not typically cover costs for emergency programs and suggested a phase-in process for fees. Erica responded that CoC projects could make grant amendments to create HMIS budgets or to amend funds currently allotted to HMIS costs. Additionally, staff time associated with entering data into HMIS is generally an allowable cost under supportive services budgets. It was suggested that $500 per licenses cost may be too high and that regional reps. should take this issue to their HPR for discussion. Erica stated that HCRP lead agencies would be charged with managing fees relative to sub-grantees. Marti suggested a fee structure that supports a two-license minimum at each program.

Amanda reminded that the objective is to create a sustainable system, not to disincentivize users. In response to Debbie's K-Y's question, Erica responded that the CoC does not collect data beyond what HUD requires. **There was agreement that a participation fee is appropriate.** Discussion around an appropriate fee structure will continue.

Next Steps - Erica will project the HMIS budget for the next discussion, and use that to come up with a recommendation for participation fees based on HMIS costs. She suggests a Board vote on HMIS Fees policy document by May so that if the proposal passes, grantees would be notified by June 2016, and fees can be charged beginning in January 2017. This would allow budget planning at grantee level.

View-only Access Policy
The VA and HUD made the recommendation to CoC's to adopt view-only access policies. This CoC policy is designed to allow VA partners to view HMIS for service and systems coordination. In the BoSCoC, the Core Team and the Steering Committee have registered support for this change.

VA staff members with access would be subject to the same training, expectations, and requirements as every HMIS end user. CoC staff agreed to update HMIS Policies and Procedures to include an explicit policy statement about final discretion for approval of new HMIS end users, including view only access users, lying with the Core Team.

A motion was made to adopt read-only access by Marti and seconded by Heather. The vote was unanimously in favor. Amanda abstained. Language explicitly giving the Core Team authority to approve or deny requests for HMIS licenses will be reviewed at the next Board meeting.

6) 2016 CoC Competition Tasks
Role of Project Evaluation Workgroup
Doug made a motion, seconded by Elaina, for the Project Evaluation Workgroup to add to its responsibilities the developing of CoC Competition project ranking methodologies, in addition to drafting the project evaluation process. The motion passed with no opposition. Project Eval workgroup members abstained (see the 2016 CoC Competition – Preliminary Ranking Priorities and Methodology document).

New Projects Pipeline and Priorities
See the 2016 CoC Competition: Considerations for Setting Priorities document
The CoC Board discussed the new CoC project priorities outlined in the *2016 CoC Competition: Considerations for Setting Priorities* document. CoC Board members recommended adding a priority statement indicating our CoCs commitment to ending homelessness for the sub-populations outlined in the federal strategic plan. **Deb made a motion, seconded by Chuck, to approve new project priorities as outlined in the 2016 CoC Competition: Considerations for Setting Priorities document. Motion passed unanimously with no abstentions.**

Regarding project conversions, Deb stated that HUD should allow for a way to finance project conversions as the lapse between ending an existing project and beginning a converted project can be significant and without funding for that gap the conversion might be untenable.

Katie stated that CSH and NAEH recently designed a toolkit for conversion to be available soon.

7) Coordinated Entry Work Update
Cynthia provided an update on CE activities including a CE At-A-Glance document. The CE Workgroup continues to work on the CE Framework and Common Assessment Tool. In addition, CoC/CE staff are participating in a CE learning community of like-sized CoCs facilitated by HUD and receiving T.A. from Abt Associates.

8) RRH and TH Project Improvement Work- these items were tabled for the next Board meeting

9) Review Annual Docs/Processes as Needed
Governance Charter
Deb made a motion seconded by Heather to approve the Governance Charter as written for an additional year. Motion passed unanimously with no abstentions. Erica will update the Governance Charter to indicate in the document that it was reviewed and approved for another year.

Conflict of Interest forms
Conflict of Interest forms were signed and returned by Board members as required by the Governance Charter.

2016 Performance Management Plan (PMP)
Changes to the PMP for 2016 include this sentence added to the first paragraph on p. 5, "Generally, overflow and seasonal emergency shelters are exempt from the performance standards." These facilities will have the opportunity to explain not meeting goals in the narrative sections of reports.

Goals for the following measures were changed:
Emergency Shelters: #5 Employment and Income Growth was lowered to 18%
Transitional Housing: #1 and 2 Length of Time Homeless were lowered to 190 days,
#5 Employment and Income Growth was lowered to 28% (this measure itself was changed resulting in the need to alter the goal

Rapid Re-Housing: #4 Exits to Permanent Housing was lowered to 83%, Employment and Income Growth was lowered to 18%
Safe Haven: #5 Employment and Income Growth was lowered to 20%
Permanent Supportive Housing: #3 Employment and Income Growth was lowered to 30%

These new goals will be measured in 2016. They will not be used to measure performance in 2015 during which time the previous goals were in place – the employment/income goals are the exception. Since the goals set for 2015 were so unrealistic, the Project Evaluation workgroup recommends using the more generous goals for project eval purposes.

Sarah, Debbie G., and Deb expressed concern over lowering the length of stay in TH to an average and median length of stay to 190 days. Their sense is that lowering Length of Stay to 190 days will be problematic for TH projects. **Elaina made a motion, seconded by Deb, to ask the Performance Management Committee to review and reconsider retaining average and median Length of Stay at 240 days. The motion passed with two votes against (Amanda and Katie) and no abstentions.**

Next Steps – Erica will reconvene the Performance Committee for purposes of reviewing the TH LOS goals. Erica will then bring the Committee's recommendations back to the CoC Board for review.

10) Zero: 2016 Campaign
Erica gave an update on progress and future plans including the CoCs participation in the Zero: 2016 Campaign to End Veteran and Chronic Homelessness. SSVF grantees report bi-weekly on housing placements on a by-name list of homeless veterans and coordinating system-wide to improve identification and housing placements. The Z: 2016 Team meets bi-weekly and the Federal Criteria Workgroup meets in alternate weeks. Progress CoC-wide is continually being made regarding identifying homeless vets, providing shelter immediately, only providing service-intensive TH in limited instances, swiftly moving veterans into PH, and planning for resource provision should a veteran become homeless or be at risk for homelessness in the future.

11) Homeless Program Standard Training and Implementation
Webinar Date is January 28
Two-day Housing First trainings scheduled for
- March   8-9/2016   Portage County-
- April 19-20/2016   Fayette County-
- May 10-11/2016   Hocking County-
- June 14-15/2016   Hancock County-

Actions to be taken by the next Board meeting:
- Erica will provide on-going guidance on which kinds of information regional reps. should share with HPRs.
- CoC staff will explore developing an on-boarding webinar and guidance documents for new CoC staff/grantees
- Erica will draft a document outlining expectations of CoC grantees including sharing performance data and compliance.
- Erica will facilitate a discussion on ODSA's HMIS access pending Lead status shifting to COHHIO
- Erica will indicate in the Governance Charter that it was reviewed and approved for another year.
- Performance Management Committee will review and reconsider retaining average and median Length of Stay at 240 days
- RRH and TH Project Improvement Work- these items were tabled for the next Board meeting

The meeting ended at 3:30pm

OHIO BALANCE OF STATE CONTINUUM OF CARE
2016 CoC Competition: Considerations for Setting Priorities

Ohio BOSCOC 2014 and 2015 Priorities for New Homeless Projects
- o Submit a consolidated application that meets threshold and maximizes available funding
- o **Fund projects that meet community needs**
- o Fund projects that are cost effective and maximize program and mainstream resources
- o Fund projects that successfully end homelessness
- o Promote the use of best practices
- o Fund new projects that leverage non-CoC Program resources to assist in the development and sustainability of PSH units

Ohio BOSCOC Community Need
- Total homelessness slightly decreased between 2014 and 2015
- Family homelessness makes up 43% of total homeless
- Some counties have higher CH or family homelessness numbers than others (e.g., Lorain County has higher CH numbers)
- Some counties with significant homeless population have no CoC funded projects or no PSH
  - o Richland County (no PSH - yet)
  - o Region 3 (no PSH – yet)
  - o Region 1, 7 (no CoC funded projects, although Region 1 submitted app in 2015)

HUD's Goals and Priorities
- Previous new project limitations
  - o PSH projects for chronic
  - o New rapid re-housing for families
- HUD's Priorities for funding CoC projects
  - o Prioritized new/renewal PSH and RRH before renewal TH and SSO
- Expectations for 2016 CoC competition
  - o Limited funding for new projects – maybe only through reallocation
  - o Emphasis on reallocating funding (reducing/eliminating renewal project to fund new project)
  - o May be limited to PSH for chronic homeless and RRH for families only

System and Other Considerations
- New Project Pipeline
  - o LIHTC pending proposals/applications – none received/approved for 2016

Recommendations for New Project Priorities
- PSH
  - o Only consider new PSH projects serving Ohio BoSCoC counties not currently covered by PSH
  - o Allow for existing grantees to apply for new projects serving currently unserved areas
  - o Must be Housing First
  - o Funding
    - ▪ Use any money available for new projects (ie, bonus funds)
    - ▪ Reallocate some funds from projects that continue to have ongoing issues with expenditures, as warranted
      - • Target those projects that have continued to return funds for the past three years
- Project Conversions
  - o As in 2015, allow TH projects to convert to RRH or PSH by terminating their current project and applying for funds for a new project
    - ▪ Must be Housing First
    - ▪ Must meet local need and receive local support
    - ▪ Must not request more in funds for new project than original grant, although additional funds may be awarded if available
    - ▪ Allow PSH conversions to remain in their community – they wouldn't have to be developed in communities currently unserved, as described in the first bullet
- RRH Projects for Families