Philadelphia Continuum of Care (CoC) Advisory Committee
Monday, June 4, 2018, 9 – 11 am

Meeting Minutes

Present Committee Members

Jamila Harris-Morrison – ACHIEVEability
Brandon Trombetta – Bethesda Project
Nick Clemens – CARIE
Mark Jones – CATCH, Inc.
Michelle Lopez – CCP
Robin Ingram – Center for H.O.P.E.
Bill Kaiser – Calcutta House
Sandra Guillory – Depaul USA
Vanessa Tercero – Dignity Housing
Anne Marie Collins – Drueding Center
Jason Miller – Families Forward
Terrine Anthony, S. Sok Sarom – FRP
Marsha Cohen – Homeless Advocacy Project

Carla Williams – Horizon House, Inc.
Mary Ellen Graham – My Place Germantown
John Lambert – Pathways to Housing PA
Kelly Durand – People's Emergency Center
Rachel Falkove – PIHN
Rachel Yoder – Project HOME
Susan Brotherton – Salvation Army
Nicole White – TURN
Virginia Sims-Riley – UESF
Khari McKie, Lulu Duffy-Tumasz – VYH
Kathy Salerno – VMC
Nikki Drake – Women Against Abuse
Francine Williams – CTS/Youth Transition Center

Absent Committee Members

ACF/RHY/FYSB
ACT UP
Asociación Puertorriqueños En Marcha
The Attic Youth Center
Broad Street Ministry
Catholic Social Services
Center City District
Covenant House PA
Eddie's House
Episcopal Community Services
Forget Me Knot Youth Services
Free Library of Phila
Gaudenzia
Hahnemann Hospital
HELP
Homeless Assistance Fund, Inc.
JEVS Human Services
Juvenile Law Center
Lutheran Settlement House
Men & Women for Human Excellence

Mental Health Partnerships
PathWays PA
Philadelphia Department of Human Services
Philadelphia FIGHT
Potter's House Mission
PHMC
Raise of Hope
Resources for Human Development
School District of Philadelphia
The SHARE Food Program, Inc.
The Sheller Family Foundation
Sunday Breakfast Rescue Mission
The Village of Arts and Humanities
West Chester University
Whosoever Gospel Mission
Women of Excellence
Women's Community Revitalization Project
Youth Build Charter School
Youth Service Inc

Present Office of Homeless Services (OHS) Staff:

Michelle Butler
Emily Camp-Landis
Roberta Cancellier
Fred Gigliotti
Beth Gonzales
Bruce Johnson
Michele Mangan

Sara Pagni
Gina Ruggieri
Jessica Sones
Gbolade Soneyin
Leah Staub
Lauren Whitleigh

Background Materials: The following background materials were emailed to Committee members on Friday, May 25, 2018: the meeting agenda; March 5th Meeting Minutes; Slides: CoC Program Funding – Review of Basics; Office of Homeless Services Report, June 2018; CEA-BHRS Update, May 25, 2018. The email also contained the agenda and another link to the HUD 2017 CoC Competition Debrief document. On Thursday, May 31, 2018, a document with Philadelphia CoC System Performance Measures for FFY16 and FFY17, as submitted to HUD, was also emailed to Committee members.

Materials Distributed at Meeting: Meeting agenda. During the discussion, each group received copies of the questions on which to take notes.

Materials to be Distributed with Minutes: Meeting PowerPoint presentation.

Welcome and Introductions: Rachel Yoder (Advisory Committee Chair) began the meeting at 9:06 am with a welcome and introductions. Those present broke up into small groups for community meetings.

Approval of March 5th Meeting Minutes: Vanessa Tercero (Advisory Committee Vice Chair) moved to approve the March 5th meeting minutes as distributed via email. Virginia Sims-Riley seconded the motion, which passed unanimously.

2018 Continuum of Care Program Funding Process: OHS recently received a debriefing document from HUD about scoring of Philadelphia CoC's 2017 application for funding. Our application's total score, 172.25 points, was more than 21 points higher than our score on the 2016 application. It was also well above the national median (147) and mean (159) scores. This made us more likely to receive funding for new projects; as we know, we had 6 new projects funded, including one through bonus funds. HUD broke down our score as follows:

Scoring Category	Max Points	Philadelphia CoC
CoC Structure and Governance	50	44.75
Data Collection and Quality	46	33.5
CoC Performance and Strategic Planning	82	73.5
Cross-Cutting policies	22	20.5
Total CoC Application Score	**200**	**172.25**

The debrief document does not include scores for all questions, but for the "high priority questions" included, Philadelphia's areas of strength included System Performance Measures on length of time homeless, returns to homelessness, and job and income growth. Areas for improvement include using objective criteria and past performance to rank projects, number of beds in HIC and HMIS, number of first time homeless, and successful permanent housing placement and retention. Gina also shared some national highlights provided by HUD, including the fact that nationally, communities scored well if they
- Reduced homelessness
- Increased units
- Used performance to rate and rank
- Reallocated lower performing projects

Moving forward with the 2018 funding process, as Collaborative Applicant for the CoC, the Office of Homeless Services holds responsibility for preparing the CoC's consolidated application and applying for CoC funds on behalf of the Continuum, including developing a collaborative and transparent strategy for rating and ranking. To fulfill that role, OHS will be:
- Reviewing HUD's rating and ranking tool

- Analyzing information from providers:
  - Local Renewal Applications
  - Policies and Procedures' alignment with Housing First
  - Full program budgets
- Ensuring alignment with other HUD and Local Priorities:
  - Using performance to rate and rank projects
  - Reallocating lower performing projects

OHS has registered the Continuum for HUD's 2018 CoC Program funding competition and awaits the release of the 2018 Notice of Funding Availability (NOFA). An RFP will be released over the summer for non-profits to apply for bonus and/or reallocation funds available for **NEW** projects through the FY 2018 CoC Competition.

Coordinated Entry & Assessment-Based Housing Referral Process (CEA-BHRS) – Check-in: Sara Pagni, OHS Senior Program Manager for Coordinated Entry, provided a brief update on the CEA-BHRS roll-out and next steps. With implementation kicking off in mid-January, more than 300 staff have been trained on CEA-BHRS to date. OHS maintains an online training calendar for future trainings and will also be working on refining the trainings to clarify areas that have caused confusion. Sara reviewed her written update, emphasizing that the system has more than 1200 completed housing assessments, but we do not have 1200 vacancies now or even in a year's time, so it is important to make clear that not everyone will be housed via CEA-BHRS.

Vacancy matches began in mid-March. All CoC- and/or OHS-funded TH and PSH should be entering their vacancies in HMIS and filling their vacancies through CEA-BHRS, with the exception of PSH in which DBHIDS funds services.

Committee members raised questions about having trouble getting referrals quickly as the system launched. Lauren Whitleigh, Director of CoC Planning, made clear that programs will not be penalized for lower utilization caused by this transition in next year's local renewal competition. OHS will follow up with PHA to make sure that they understand the transition and that no units are taken offline. Clarification was made that PSH programs with units that are not chronic-dedicated can accept participants entering from TH if they entered TH from a literal homeless situation.

Matches are made based on the CEA-BHRS prioritization. As OHS gets information back about which matches work out, it provides important information both about the way we make matches and about the programs that we have in our community. Data quality is extremely important for successful matching. Matches are based on eligibility and assessment data in HMIS. One frequent data quality concern is that participants receive SSI, which requires them to have a disability, but the assessment question about disabling conditions and barriers does not indicate that the person has either. If disabling conditions is not selected, the participant will not appear eligible for PSH.

In addition to the next steps included on the written update in the background materials, Sara noted:

- OHS plans to hold another large provider meeting to get into the weeds of CEA-BHRS implementation and get everyone on the same page.
- Soon there will be a CEA-BHRS email address for all inquiries, to assure that questions are answered clearly, consistently, in a timely manner, and by the most appropriate person.
- Once questions are being collected via that email address, FAQs can be developed.

- If a provider experiences a system issue, the best way to flag it is to send a ticket within HMIS.

Committee members split into small groups to discuss the following questions:

- In what parts of CEA-BHRS do you/your organization play a role? (Access, Assessment, Referral)
- What parts of the CEA-BHRS roll-out have you experienced? (Training, Assessment, Flag Review, Vacancy Match)
- What is going well/has been successful in the transition to this process? What is going well in implementation?
- What challenges have come up? How have you dealt with them?
- What kind(s) of support would be helpful to you in going forward with CEA-BHRS?

Feedback raised by Committee members, either in the notes from their small groups or the reports back to the large group, included:
- Training has been helpful and webinars need to continue, maybe recorded/automated so that people can go through them on their own time. Still, more in-depth training is needed.
- Communication and responsiveness of OHS is improving, but providers still struggle to keep up with changes in HMIS and CEA-BHRS or to get clarity on eligibility determinations and matching/the referral process. Some report getting different answers from different people. No one wants more emails.
- It would be helpful to share information about known issues (e.g., "hey everyone, we know X isn't working and we are trying to resolve it.") – like concerns about the VI-SPDAT, HMIS questions PH w/family/friends
- Some find the process for entering vacancies cumbersome, as the same information has to be entered every time a unit is vacant. A flow chart for entering vacancies was requested.
- Referrals are becoming smoother, though it was challenging to manage when they were coming in spurts. Flow is still a process – there seem to be bottlenecks. There are programs with vacancies sitting open.
- Some receiving projects have found that shelter case managers are less responsive to requests to follow up about their participants, which could be attributed to lack of ownership and personal connection to the referral process.
- Some asked what support services are available for people who are waiting for housing or who are not eligible for our system's housing?
- In addition to the conflict experienced between PHA deadlines and CEA-BHRS timelines, providers reported conflicts on documentation – they can move someone in without documentation, except that a person cannot complete a PHA application without documentation. Also, PHA will not accept someone with a previous eviction, but those people are still being referred.
- Housing inspection timelines are a major concern – resulting in apartment opportunities falling through, needing to extend timelines.
- Managing participant expectations was raised as a concern. Some participants are expecting to be matched immediately after completing the VI-SPDAT. On the other hand, participants who have waited a long time for housing and are not identified as highly vulnerable are no longer eligible for some of the opportunities for which they have been waiting. This causes distrust and ill-will. Providers have to find ways to help both of these groups shift their mindsets to focus on realistic expectations and exploring what options are available to them.

- No one knows how long this process will take. Providers would like to see something about the status of referrals in HMIS, beyond being submitted. The time period has to be shortened – providers are losing participants to the street.
- Is this going to have an impact on EH, with people who are not eligible for homeless housing resources staying a long time knowing that they will not be referred anywhere?
- Programs are also seeing a higher level of need through this matching process, as we target the most vulnerable. At the same time, some reported that participants are skewing their answers to score in a certain way. Projects receiving referrals would like to have access to the participants' responses to the VI-SPDAT.
- Some providers needing to shift their program models as they receive higher-need referrals. Some feel they have received inappropriate matches – we need clear program descriptions so that more appropriate matches can be made. A question was raised about the process should be for someone needing a higher level of care than a program can provide – if the referral can be sent back if the program is seeing major barriers.
- Providers have already had to adjust to the low-barrier housing model, which makes running a program very hard – violence has increased.
- We need to pay attention to people who exit housing (RRH) and re-enter the shelter system and find a way not to define them as failures.
- This is a better roll-out than some others in the past (at least according to one small group).

OHS Announcements: Leah Staub, CoC Board Program Manager, made the following announcements:

- OHS released a draft multi-year strategic plan to Transform Philadelphia's Homeless System on May 23rd. Hopefully Advisory Committee members saw their input reflected, since so many shared their perspectives to shape our community's strategy for the coming years. OHS held a Public Comment session on May 30th and accepted written comments through June 6th. Advisory Committee members will be notified when we have a date of final release.
- The Violence Against Women Act (VAWA) includes a number of housing protections, including a requirement that survivors of domestic violence, dating violence, sexual assault, or stalking must be able to move or "transfer" to another subsidized unit to protect their safety and keep their affordable housing. The 2013 reauthorization of this law, which protects survivors regardless of sex, gender identity, or sexual orientation, extended these protections to applicants for and residents of homeless-dedicated housing programs, among others. The OHS CoC Planning Unit has begun developing the required community-wide Emergency Transfer Plan for survivors receiving homelessness assistance, based on HUD's Model Plan. Anyone interested in contributing to this initial Plan should email leah.staub@phila.gov by Tuesday, 6/26/18. We will be finalizing and asking the CoC Board to approve the Plan in July 2018.

Future meeting topics: Committee members asked that at the next meeting, we discuss a plan for providers to address the elimination of SEPTA tokens, for which we have until December, and paper transfers, which are being eliminated this summer. Another suggestion was future discussion of the growing medically fragile population that providers are serving.

Adjourn: The meeting adjourned at 10:49am.