Ozarks Alliance to End Homelessness



Springfield/Greene, Christian and Webster Counties Continuum of Care

Executive Board Meeting – May 8, 2019 11:00 a.m. – 12:00 p.m.

Community Partnership of the Ozarks - 330 N. Jefferson, Springfield, MO

In Attendance

Voting Members
Liz Hagar-Mace: Chair
Sabrina Aronson
Bob Atchley
Jody Austin
Kelly Harris

Holly Hunt Dr. Tim Knapp

Mandi Loe Jim O'Neal

Dr. Tracey Posten:

Proxy – Maura Taylor

Jennifer Charleston

Katrena Wolfram

<u>Interested Parties</u> <u>Staff Support</u>

Theresa Oglesby

Michelle McCoy

Adam Bodendieck Michelle Garand Michelle Hethcoat Rebecca Sisk Amanda Stadler

Michael Tonarely

Welcome & Introductions – Liz Hagar-Mace, Chair

Liz Hagar-Mace called the meeting to order at 11:00 am. Liz welcomed everyone to the table and each person introduce themselves. Rebecca Sisk was introduced as the new CPO admin team member for the OAEH meetings.

Federal Funding Updates - Bob Atchley

CDBG: On April 8 the City Council held its second reading and voted unanimously to approve the resolution for the submission of the FY'19 AAP, which is essentially the annual application to HUD for CDBG and HOME funding. The letter was dated April 15, which gives us 60 days to submit the application by June 14. The City received the annual HUD Allocation Letter for FY'19 and received approximately a 1% increase in funding over the previous year. The way it was written this year is that all the CDBG agencies will share in the 1% increase. Once we submit the application, we are hopeful to see a contact back from HUD quickly. The City will then put together individual sub-grantee contracts. The program year begins July 1.

ESG: All of the FY'18 closeout documentation has been submitted to MHDC. This year MHDC has recaptured almost \$18,000 in FY'18 funding from the CoC. However, approximately \$5,000 of those recaptured funds are going to be reallocated back to our CoC. Our understanding is that the recaptured

FY'18 funding will not delay the execution of the FY'19 grant, because MHDC is contracting directly with the organization receiving the reallocated funds. For FY'19, \$30,000 of funding has been relinquished by a subgrantee, however the MHDC will be reallocating almost \$17,000 of that back to our COC. The City's new grant agreement is scheduled to be issued this Thursday. On the same day we will recirculated the new grant agreement with MHDC. We hope to get it back quickly to execute and then focus on executing subgrantee contracts. The other part of this that we learned, and I will let Amanda Stadler go into more detail, is that the FY'20 ESG NOFA is going to be coming out soon. Amanda Stadler said that essentially HUD allocated dollars to the state earlier than they have in the past, which sets all these timelines in motion. MHDC has indicated that contracts for 2020 will have to be in place by 11/1/19 or 12/1/19, and typically those would start 1/1/20. Amanda was not sure if it will still be a 15-month grant term or when the term will end but wanted to give everyone a heads up to be expecting the NOFA a few months earlier than last year. If they release the NOFA before the June Funded Agencies meeting, then she will pull a meeting together with interested applicants just to go over the process. It will happen about the same time that the NOFA will be released for the HUD CoC grant. HUD has indicated it would be released this month and be due in August.

Draft Rank, Review, Selection Score Sheet-Amanda Stadler

Amanda distributed a DRAFT document. The NOFA committee had their first meeting a couple of months ago to review the first submissions for the quarterly monitoring. They developed a DRAFT update to the Rank, Review, Selection Scoring Sheet that was presented at the Funded Agencies meeting today. Major change is the addition of a section that looks at how an agency participates in the coordinate entry system (question #3 on the bottom of the first page). It's blank because they haven't figured out the details yet, but Adam Bodendieck is working through the policies and procedures for coordinated entry. Amanda said they wanted to be intentional of measuring parameters that are already in place within the coordinated entry system. It will not include any parameters that agencies aren't already aware of. They also added a question for ICA to give input on how programs are working with ICA directly, (question #5 on the back page). Amanda reiterated that this will be on parameters agencies are already doing.

Youth Homelessness Demonstration Program-Amanda Stadler

City Council did give approval to apply for the Youth Homelessness Demonstration Program. Amanda is working with the City to submit on Friday. Awards will be announced in August for the grant which would be at a minimum a \$1,000,000. St. Louis and KC may also apply. Michelle Garand asked if it would be a part of our HUD CoC grant Amanda said yes, and it would almost double the amount of federal funding we have from HUD for the CoC. After the initial project application piece, those projects would lump into the CoC grant and be eligible for renewals. Liz Hagar-Mace asked if they have the same parameters this year for rural, larger cities, and smaller cities? Amanda said there is just a rural designation and then everyone else. We fall into the everybody else category. They will select 25 communities — 8 of which will be rural.

Old Business - Liz Hagar-Mace, Chair

Approval of April Minutes (Vote Required) – Liz Hagar-Mace, Chair

Liz Hagar-Mace asked if there were any changes to the April minutes provided to the group prior to the meeting.

ACTION: Kelly Harris made a motion to accept the April minutes as presented. Jim O'Neal seconded the motion; all members were in favor. Motion carried unanimously.

New Business - Liz Hagar-Mace, Chair

OAEH ICA MOU (Vote Required) – **Amanda Stadler:** Amanda emailed the updated information to everyone earlier. Amanda said it will go through until June 30, 2020 and will match up with CPO's and the City's fiscal year. Liz said it had been through December, but we asked for that change and a few others. Liz Hagar-Mace asked if there were any questions? Kelly Harris asked if the only change was on the funding piece? Amanda said yes, and that the initial MOU had very detailed information around funding like listing out grantees and dollar amounts that were awarded. She said they chose to take those out to make the MOU broader with the intent that we would have a specific funding section added later this year. What happens is that agency funding amounts change, or they choose not to apply for funding and it kind of alters the whole structure of the MOU. Liz said it was a more general approach to the basic stuff that the CoC needed. Liz asked for a motion to approve.

ACTION: Jim O'Neal made a motion to approve. Dr. Tim Napp seconded the motion; all members were in favor. Motion carried unanimously.

2019 Point in Time & Housing Inventory Counts Presentation (Addendum) - Michael Tonarely

The Point in Time (PIT) and Housing Inventory Counts (HIC) is done yearly in January. HIC chart is a PIT inventory of provided programs within the CoC. It provides bed and units dedicated to serving persons who are homeless categorized by type: emergency shelter (ES), transitional housing, (TH) safe-haven (SH), rapid re-housing (RRH), permanent supportive housing (PSH) and other permanent housing (OPH). We don't have any permanent housing currently. Data is from 2016 to 2019.

<u>Emergency Shelter Beds</u>: In 2016 we had 280 ES beds but increased to 575 in 2019. This year we had a huge jump due to the weather and the polar vortex. We had three seasonal cold weather shelters open which added a total of 157 beds that night plus two new emergency shelters – Victory Mission 1st 30 (30 beds) and Isabel's House Crisis Nursey (12 beds).

<u>Transitional Housing Beds</u>: TH stayed the same with mainly two unfunded and three funded programs - the Family Enrichment Center, Salvation Army and Life House with Catholic Charities. We have a transitional living program funded with RHY at Great Circle. We had 43 total beds and 42 for the PIT count.

Rapid Rehousing Beds: RRH beds are voucher based. If anyone is housed in an RRH bed, it will show on the HIC. We had 155 people. Although we had one more RRH project reported on the HIC, the total number of beds dropped because three projects reported a significant dip in clients served on the PIT night. RRH capacity is solely based on persons served the night of the PIT, which can fluctuate from year to year.

<u>Permanent Supportive Housing Beds</u>: PSH can operate like RRH. We only have voucher based within our CoC, but you can have facility based and unfunded programs. We don't have any of those. You will see a slight dip from 2016 to 2018, but an increase in 2019 to 157. There was a new PSH in operation that night which is where we see the extra beds. VASH had a sharp increase for Springfield. Katrena Wolfram said they've had conversations with the VA to get those leads so I think we are on the right track.

<u>Total Beds</u>: We had a total of 929 beds, with 723 occupied. That's a sharp increase from 2017 and 2018. The Net Bed & PIT change was +212 beds in ES, but -78 in RRH, for a total of +144. For all the projects we had a total of +58 beds. Kelly Harris questioned the variance between total and occupied beds. Michael said if we have facility-based beds like ES and TH, then what you are going to see is that not all of them are occupied all the time. Kelly said 200 empty beds sounds like a lot. Michael said HIC is a snapshot of how many people you serve on a particular night. It is the nature of facility-based beds and does include our cold weather shelters. As an example, the women's shelter can serve 15, but they only had 1 person that night. There were 78 at East Sunshine but they can serve 100. There are shelters that can serve families and singles with a capacity of 42, but they may house a family of 3 in unit that can hold 5.

<u>2019 Bed Composition & Utilization Rates</u>: 2019 ES bed composition is at 62%, which is usual especially in a year where we have a lot of seasonal beds. The utilization rates show TH at 102.4% because they had one extra person staying vs. the number of beds they reported available. Also remember that with facility-based beds, we can't count cribs or rollaway beds so those are counted in the PIT numbers but not the HIC.

<u>2019 HMIS Year-Round Bed Coverage</u>: All our TH and RRH beds are entered in HMIS. All but our VASH beds from PHS are also entered. Our ES beds – Women's Medical Respite and One Door - have hotel/motel vouchers that aren't entered in HMIS. That's why ES is at 89%.

<u>Point in Time Count</u>: PIT night was Jan. 30. HUD requires that each CoC conduct an annual count of homeless person who are sheltered in ES, TH and SH on a single night. We also must do a count of unsheltered homeless person. Each count is planned, coordinated and carried out locally.

<u>PIT Count Households</u>: PIT total household count was 373. Families with children were 51, adults only 316 and only children 6.

<u>PIT Count Persons</u>: PIT total person count was 492. Families with children was 157, adults only 325 and only children 6.

<u>2018-2019 Net PIT Change</u>: Total persons was +13. Families with children was -8, adults only +24 and only children -3.

<u>Chronic Homelessness</u>: Total persons dropped from 135 to 121 from 2018 to 2019. These numbers can be explained for a variety of reasons, e.g. are we serving the chronic homeless better in PSH and RRH? Possibly, because PIT numbers are only pulling from ES, TH, SH and street homeless. These are individuals that have not been housed in PSH or RRH at this time.

<u>Veterans</u>: We saw a drop from 2017 to 2018, but a slight increase in 2019, with 13 on the street and 18 in ES. Amanda Stadler added to keep in mind that Veterans are folks that self-identify.

<u>Homeless Youth</u>: We had a total of 48 for unaccompanied youth, 6 for parenting youth and 9 for children of parenting youth. Youth is 24 and under.

<u>Next Steps</u>: Michael said the PIT was submitted on April 30 and a review of the numbers was done with the COC leadership.

Michael asked if there were any questions. Jim O'Neal asked what the data means and if we are doing better housing more people? Michael said it was hard to determine because of short-term trends like new projects, street outreach and the coordinated entry. Obviously with coordinated entry you are going to hope you house clients quicker, with more effective help for the harder to serve, increased PSH, and reduced ES, TH and street. There are also factors we don't know. The PIT is just one night during cold weather months and with the polar vortex, we had an increase in shelter stays we hadn't seen before. Also, we don't always find the people during our street counts that are homeless because they may not want to be found. Jim said the number of beds increasing suggested we are doing a better job. Michael said he thought that was true and could be one way to look at it. He said what we really want to see is a drop in people, but an increase in PSH and RRH beds. We saw an increase in PSH, but a decrease in RRH. Adam Bodendieck will be going through the Prioritization List which is similar data. Dr. Tim Napp asked if Michael had ever looked at the ratio of sheltered vs. non-sheltered year to year, to see if it goes down? Michael said the problem was that probably a lot of the folks that stayed in ES (111) would have reported as unsheltered if they volunteered to be counted, so data would be unreliable.

2019 Point in Time/CES Prioritization List Comparison Presentation (Addendum) – Adam Bodendieck Adam said since the PIT and HIC measures one night, we wanted to look at the numbers of the different populations reported and how that compares to the Prioritization List. The Prioritization List is part of the coordinated entry system and is everybody who comes in and does the in-take assessment seeking housing services. It is generated out of the HMIS system and is an active, always changing, list of homeless households looking for RRH or PSH, and is prioritized according to chronicity and vulnerability as measured by the VI-SPDAT II. The list is the source of referrals for CoC and ESG funded housing

programs. Households remain active on the list for 90 days following assessment and update. This is primarily happening at One Door and some of the other front door programs we have established to reduce barriers to housing access. We tell folks that if nobody hears from you after 90 days, you are going to be moved from the active to inactive. We actively work to keep folks on the active list. We tell them to reach out to us anytime there are any changes, so we can keep them on the active list if needed.

<u>Households</u>: The 2019 PIT count showed 51 families with children, 316 adults only, and 40 unaccompanied minors for a total of 407. The active Prioritization List from April showed a total of 471, with 81 families with children and 390 adults only. I did not look to separate out youth. It is not a surprise to see that my number is higher because not everyone is getting counted during the PIT count. I reran the report today and the numbers are not the same, because some have been housed, some are inactive, some active have been added.

Katrena Wolfram asked a question about Veterans. When a person goes into the coordinated entry system, at what point does the VA pick up that person and send a referral to the housing authority? Adam said that the VA is contacting veterans at all sorts of different points and referring them to the coordinated entry system. Typically, when a Veteran comes in to One Door, we ask two or three qualifying questions and then we make a referral over to Home At Last. We are connecting with the SSVF program first and they do an intake over the phone to see about basic eligibility and then they are scheduling intake. The VA contacts us whenever they have VASH vouchers available. I have met with the VA twice in the last three weeks to sit down and go over our list of all Veterans, looking first at those that appear to be chronically homeless as the priority. A lot of times the VA has already contacted that Veteran through the healthcare or other systems. We give them all the information and they look to see if they have records of service, then we both try to find the person, trying to make sure that we have all the data to see if this person is eligible for a VASH referral. Because of their staffing, we've been looking at maybe ten at time. The VA works very closely with us and they try to get vets to participate in the local coordinated entry system, but they do not enter into HMIS. We work closely with the SSVF program, to make sure they are eligible, and then that starts the VA getting them to the Housing Authority for the VASH voucher.

Persons: PIT count was 157 families with children, 325 adults only, 48 unaccompanied minors for a total of 530. The Prioritization List shows 272 families with children, 446 adults only for a total of 718. Kelly Harris asked if Adam thinks at some point that HUD will realize that the Prioritization List is a much more accurate view of homelessness than PIT? Adam said the PIT/HIC is just a piece of it. We also do things like LSA and system performance measure, so HUD can have a 360-degree view. Plus, you hope they are looking at other reports individually that are sent to them from agencies. There are three big federal reports that look at the system as a whole. Liz Hagar-Mace said the Prioritization List is a more realistic view of our homeless population in the community, but we announce to the community our homeless numbers based on PIT count. We know in the real world that those numbers are very underrepresented based on just that one night. Its good that the Prioritization List is higher because that means that One Door is connecting with more than are on the PIT count. If HUD was just looking at PIT data that would be a very incomplete picture. Adam said that if the PIT count is under represented, the Prioritization List is probably a little inflated. Remember folks have 90 days to be on the active list once you assess, and this may be especially true of episodic homelessness, they come in and as soon as they leave our office or shortly thereafter, they have self-resolved e.g. diverted from the shelter system, either on their own or with a little assistance or are no longer literally homeless. People don't come back and tell us that, so a lot of times even though we try to follow up with folks who are no longer seeking services, they are still on our active list for 3 months before they fall of due to inactivity. Michael Tonarely said it's a moving target. We depend on these federal reports to send to HUD, for them to determine funding for us, but then we depend on our CoC to do things like Rank and Review, so we can show if agencies are

serving the clients correctly. Because the clientele is a moving target, the various reporting points out different things to show a true representation of that. Michelle McCoy said that outside this room most people have heard of PIT but not the Prioritization List. Kelly Harris said that's my point – do we have 200 homeless people in Springfield or do we 700? It's a big difference.

Jim O'Neal said the Monday night presentation to the Council discussed the PIT count and made a pronounced exception that we are not counting anyone that is in ES, or hotels with vouchers or these other temporary housing situations, and the number that came up that has been out there for months is that there are probably about 250 unsheltered homeless. The one-day count is a big effort on our part – so one question is do you think the process has improved over the last few years? Michael Tonarely said he can only speak from the sheltered side, I know our methodology has improved greatly. You can pull directly from HMIS and we had digital recording ability when it comes to non-HMIS agencies, with additional logic in our reporting mechanisms so people can't mess up. Kelly Harris said the coordinated entry is a huge improvement. Michelle Garand said the coordinated entry data seems to validate the PIT. Michael said the 250 number seems right, but it is so hard to put a number to the unsheltered homeless because it's not a permanent situation. They dip in and out of street homelessness all the time. The 723 total beds from the PIT is probably a fairly accurate number. Adam Bodendieck said that includes sheltered and unsheltered and those at domestic violence shelters and anyone that is going to fall into category of 1 or 4. Jim O'Neal said the question everyone asks is how many homeless are there in Springfield? So roughly speaking there is 250 unsheltered and 750 temporary or emergency housing so is it fair to say there is about a 1,000 at risk? Liz Hagar-Mace said that to start getting to at risk there is a lot more data that would need to be collected because there are a lot of other people that are probably precariously housed that move in and out of homelessness as well. Michael said you can't explain the numbers in black and white, it's just too difficult. Jim asked if the purpose is to count both the beds and numbers of people, there would be about 753 people in an active situation of homelessness and then the at risk would be much higher. Liz Hagar-Mace said we don't count those doubled-up or those folks at risk or under other statutes. Liz asked if there were any other questions.

<u>Veterans</u>: The PIT had 32 and it was close with 33 on the Prioritization List. The asterisk on the 33 notes that there are folks on the Prioritization List that say they are veterans but there is no record of service whatsoever, so its questionable since it's all self-identified. There are also some due to their type of service, length of service, or discharge status that will not be able to be served through Veteran specific programs.

<u>Chronically Homeless</u>: Definition is length of time homeless of a year disabling condition. PIT count was 121 persons, and Prioritization List was 145 persons comprising 113 households.

Liz Hagar-Mace said to have the data from the Prioritization List is crucial because for decades its only been the PIT counts and everyone had thought that our population was under counted. The Prioritization List gives us something we can compare to look at if we are overcounting, undercounting, or what's the gap, so I think its something we need to pay attention too. Liz asked if there was anything else? Adam said no.

Committee Reports and Announcements – Liz Hagar-Mace Chair

Funded Agency - Dr. Tracey Poston

Dr. Tracey Poston said the only thing not discussed in this meeting that was in the Funded Agencies meeting was the possibility of funding HMIS services within in the COC. Tracey said she knew her agency and The Kitchen fund HMIS through their SSVF grant but was unaware that there was no other funding going on. Liz Hagar-Mace said she thinks there is some funding. Michael Tonarely said that federal partners like SSVF, MOHIP, PATH, and RHY do some funding. Liz said that basically there is a funding

deficit for HMIS as it currently operates within the Springfield CoC, so we had some discussion about possibilities for maybe the CoC funded agencies funding it or whether there would be availability through the HUD NOFA to do that. Its not anything we have to decide on right away, except if the NOFA comes out and there's room for an HMIS grant. Michael said he works in three CoC's, but Springfield takes up 75 % of his system admin time.

Christian County Homeless Alliance Update – Mandi Loe

The Christian County meeting times are off, so they are meeting next week.

O'Reilly Center for Hope – Michelle Garand

Renovation is well under way and things are progressing nicely. We are working with Burrell Behavioral Health to set HIPPA standards for information sharing within the building, between agencies, and the intakes software that we will be using. The choice was made to make the strictest communication standards possible.

We named the Education and Training Center after Greg Burris, the former city manager, because he had such a huge role in the establishment of ORCH. We are now trying to pay for his space with a fundraiser, with the funds going to the whole renovation. The dance event is on 5/31 and is being promoted through Facebook and social media.

417 Rental - Michelle Garand

Community Partnership is working with OACAC and Legal Services of MO on resources for residents currently living in 417 Rental properties who need to relocate. If anyone is working with a family or comes across a family who needs help, send them directly to Michelle at the Housing Center. They are doing a brief in-take to figure out if they are imminently at risk or currently homeless to get them with One Door or OACAC to do some case management. CFO has contributed funding, so we can rehouse individuals or give them some finance assistance for utilities, deposits, moving costs, storage, etc. We are trying to be flexible with the funds depending on what folks need. We held a MARC event with Legal Services of MO with 7 agencies like Housing Authority, 2 property managers, as well as home ownership. Last I heard there were 9 people who purchased the homes they were living in, so not all the homes are in total disrepair. People who have very high barriers may be working full-time but have had a felony conviction in the past or evictions, but now they have stabilized and may be able to purchase the home, which is a better opportunity than renting. If anyone has questions about their legal rights, Legal Services of MO is helping them understand eviction under foreclosure. They are looking at relocation vs eviction because some of the houses need repairs and are unhealthy.

Free Hepatitis A Vaccinations – Jody Austin

Flyer and card distributed on Free Hepatitis A vaccination from the Springfield-Greene County Health Dept. The state has given money for free vaccinations because we are in a high-risk area. They are trying to get the word out to as many as possible and trying to get it done in the next 8 to 10 weeks before it becomes a really big problem. The handout information indicates who should get the vaccination. Right now, they don't have any offsite locations, but we are working with a couple of agencies to host one since the state gave money to send some nurses out. People who are interested can come to the Health Dept. but need to call and make an appointment. They do not need ID or when they had their last vaccination. All they need to do is fill out their name and address and they can even put homeless. We only need to be able to document the number of shots given. The shot is two series but even if they just get the first shot, its 95% effective. Jody said she can email the info, so you can print them off and put up everywhere. She has talked to the Drug Courts and PMP and they are going out to the homeless tomorrow and the next day. Someone has already connected with Safe to Sleep. They also suggest that if you work in close contact with folks who might have Hep A, you might choose

to get vaccinated. Hep A isn't transmitted by airborne germs but is transferable through body fluids like spit. If there is anything you need, please contact her.

Project Based Vouchers- Katrena Wolfram

She was asked by HUD to take over 61 more vouchers for an apartment complex is that no longer providing project-based vouchers. She can't share the name complex right now because she hasn't signed all the documents, but the owner is getting out of project based. If anyone gets an application or talks to someone that says they are losing their project-based voucher, have them call the Housing Authority.

Motion to adjourn

Jim O'Neal motioned to adjourn. Kelly Harris seconded the motion. The meeting adjourned at 11:55 a.m.

Addendums:

- 2019 Point in Time & Housing Inventory Counts Presentation (Addendum) Michael Tonarely
- 2019 Point in Time/CES Prioritization List Comparison Presentation (Addendum) Adam Bodendieck

