Attendance:
Department of Community Resources and Services Staff: Cara Baumgartner, Jennifer Corcoran, Elizabeth Van Oeveren

Attendees: Bola Afolabi, Karen Booth, Cami Carr, Tina Field, Kevin Lee, Daniela McDonald, John Pomory, Japjyot Singh, Linda Zumbrun

Linda Zumbrun opened the meeting at 10:32 am and shared the outcome of the August 10 Board meeting. The Board approved the Committee’s recommendation (NYC Assessment Tool, addition of three scoring items relating to tenancy, and flexibility in scoring) with the provision that any threshold requirements based on the Housing Commission’s Administrative Plan be included in the screening items on the first page. Linda shared there was a concern raised about whether there would be people who could move on but declined to do so but it was only briefly discussed. Staff shared there are approximately 65 households in the HSSP and “McKinney” PSH projects and that the Housing Commission has indicated they may be able to provide as many as 20 vouchers.

HMIS Data Standards
Staff shared that the deadline for implementation of the data standards has been pushed back until October 1 and though we are unlikely to be able to execute the necessary HMIS programming before DCRS has a new HMIS Administrator, it would nevertheless be helpful to reach decisions that would guide that programming in the next few months.

Staff reviewed the questions that HMIS needs to capture data on: how we verify homelessness, the outcome of a crisis or housing assessment, the outcome of diversion efforts, and the outcome of shelter requests. Staff then gave a summary of progress thus far in which the Committee began identifying a new assessment flow for the Coordinated Entry System (CES) based on who would complete the crisis assessment, housing assessment, and VI-SPDAT (for those who are literal). The Committee has also undertaken a process to identify characteristics of households who should always be offered immediate shelter. One outcome of this process will be that referrals for shelter will not have to go through the CSHS Coordinator, as households will already inherently have been prioritized.

Regulatory Requirements
An evaluation of the CES must be completed each year. Two years ago, Liz van Oeveren completed a review of the CoC and began work on The Path Home; last year NAEH completed an assessment and because of COVID we have had limited time to begin implementing their recommendations. Staff is proposing this year’s evaluation be limited in scope to focus specifically on the prevention targeting tool, which NAEH recommended revisiting, and on racial equity, which needs to be further explored given the impact that the regular vs. COVID prioritization had on who was prioritized for the most recent set-aside...
vouchers. Much of this work can be done internally but we will need to think about how to obtain provider and participant input.

In addition to an annual evaluation, there must also be an annual training for assessors on implementation fidelity. Staff will work with agency staff to develop this.

**Housing Prioritization Standard**
Some provider staff have expressed concern that the COVID prioritization standard is passing over individuals who are traditionally understood to be extremely vulnerable. The Prioritization Workgroup will be meeting August 18 to look more closely at this and will make a recommendation about any changes to the Committee. One specific point for consideration will be how people who are in the COVID high-risk groups are prioritized relative to one another (health and age). There is also the need to remember that chronic homelessness is a criteria for entry to PSH projects and that will have a substantial impact on who is prioritized for the next openings.

The Committee was asked for thoughts, questions, and guidance they would want to provide to the Workgroup as it undertakes this review, as well as their thoughts on moving away from the COVID prioritization while the pandemic continues. Alliance SSVF staff shared they would be cautious about changing midstream and that the direction they are receiving is to continue to focus on those who are age 60+ and then those with medical conditions, with the ability to case conference those who have special circumstances like someone who is 30 but has significant health challenges. VA staff reported they are seeing similar approaches in other jurisdictions. DCRS staff shared the concern that we not become complacent about the risk COVID poses because it has so far had very limited incidence in our system, while Grassroots staff expressed concern that there has been decreased room to advocate for clients because the Prioritization Workgroup has not been meeting regularly.

**Move-On Initiative**
Staff shared that if the initiative allows for the opening of twenty PSH slots, this will have a profound effect on the level of chronic homelessness in Howard County and it will be important to sustain that change. Data from the By-Name List will be shared with the Committee for tracking purposes.

The meeting concluded at 11:28 am.