



**San Luis Obispo
Countywide 10 Year
Plan to End
Homelessness**

*We envision a future
in which the housing
and comprehensive
services necessary to
remain housed are
available for all,
affording everyone
maximum self-
sufficiency, and the
opportunity to be
productive and
participating
members of our
community*

HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC) Homeless Services Coordinating Committee (HSCC) Agenda

August 11 2020, 2 p.m.

Members and the public may participate by Zoom video call:
<https://zoom.us/j/94450730919?pwd=V1F6MC95TVU2Zm4rMVpuZytiQjVlZz09>

Or dial in:
+1 669 900 9128
Meeting ID: 944 5073 0919
Passcode: 376698

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
 - 4.1 Discussion Item: COVID-19 Updates
 - 4.1.1 Discussion Item: Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19 presentation from Homebase
 - 4.2 Discussion Item: Grant Updates
 - 4.2.1 Discussion Item: Homeless Emergency Aid Program (HEAP) grant
 - 4.2.2 Discussion Item: California Emergency Solutions and Housing (CESH) grant
 - 4.2.3 Discussion Item: Planning timeline for Requests for Proposals for DSS administered grants (CESH round 2; Homeless Housing, Assistance, and Prevention Program (HHAP); California Emergency Solutions Grant Emergency Solutions Grant-Coronavirus (ESG-CV) round 2) and 2021 Action Plan (Community Development Block Grant; Emergency Solutions Grant; HOME; General Fund; Title 29; Permanent Local Housing Allocation; and Federal ESG-CV round 2)

4.3 Discussion Item: Stella Performance Data Presentation (County FY 7/1/19-6/30/20)

4.4 Discussion Item: Identify barriers and discuss strategies to decrease Length of Time Homeless for Rapid Rehousing Participants

4.5 Discussion Item: Safe Parking

5. Future Discussion/Report Items

6. Next Meeting Date: September 21, 2020

7. Adjournment

HOMELESS SERVICES OVERSIGHT COUNCIL
Homeless Services Coordinating Committee
May 11, 2020 10-11:30am

Meeting held by conference call

Physical location: Room 356, Department of Social Services, 3433 S Higuera Street, San Luis Obispo

MEMBERS PRESENT	MEMBERS ABSENT	STAFF & GUESTS	
Brandy Graham Devin Drake Grace McIntosh Nicole Bennett	Deanna Cantrell John Klevins	George Solis Janna Nichols Jessica Lorange Laurel Weir Russ Francis Susan Lamont Susan Warren	
AGENDA ITEM			CONCLUSIONS/ACTIONS
1. Call to Order and Introductions	Devin called the meeting to order at 10am.		
2. Public Comment	Brad Zimmer from ECHO (El Camino Homeless Organization) sent through a comment asking what other agencies are doing to help clients apply for the IRS stimulus check. Janna answered that 5CHC (5Cities Homeless Coalition) has a staff member guiding clients to appropriate sites. Grace answered that 40 Prado also has a staff member assisting clients with getting online and walking them through the process of getting the check. Brandy confirmed that CAPSLO's Veterans Programs are also supporting clients in this way. Anne Robin sent through a public comment asking about needs and resources for cloth face masks for providers, staff and clients. Grace responded that 40 Prado has a good source of masks		George to relay this back to Brad Zimmer.

	<p>from the community.</p> <p>Janna responded that 5CHC currently has a steady supply of masks from community volunteers.</p> <p>Laurel added that providers can reach out either to herself or to Anne Robin for masks, as there is some access to masks at present.</p>	
3. Consent: Approval of Minutes		The minutes were approved, with all in favor.
4. Action/Information/Discussion		
4.1. Discussion Item: Grant Updates		
4.1.1. Discussion Item: Homeless Emergency Aid Program (HEAP)	<p>Janna provided updates on 5CHC's HEAP-funded projects.</p> <p>Building project: 5CHC has a permit request before the City for the office at Grover Beach. Decking and wall repair has been completed, but otherwise the architectural work is in flux.</p> <p>Youth project: 5CHC are continuing to do outreach work. Before COVID hit, they had been working to get young people into housing. 5CHC are conferring with other communities facing similar issues, such as Sacramento. 5CHC have engaged in some TA (Technical Assistance) support.</p> <p>Grace provided an update on CAPSLO's HEAP-funded project. The plan has gone to final initial review, and is then going to SLO City for permit. COVID has pushed the project back by around a month. Moving forward with construction will depend on when CAPSLO receive the HEAP funding.</p>	

	<p>Laurel provided an update on the City of Paso Robles' HEAP-funded project. CalTrans (California Department of Transportation) has carried out an architectural study and found that there is an issue with pedestrian access to the project, as it is based in close proximity to an on ramp onto the 101 highway. CalTrans told Paso that they would need to build a pedestrian underpass at a cost of \$2.5 million, which the city had not planned for. Paso are now looking at alternatives, as this is a major barrier to the project moving forward.</p>	
<p>4.1.2. Discussion Item: Homeless Housing, Assistance, and Prevention Program (HHAP) Updates</p>	<p>Laurel reported that the State has approved both HHAP applications (for the County and the Continuum of Care) without alterations. The County expects to put out an RFP (Request for Proposals) for HHAP this summer. This will be a joint RFP with CESH (California Emergency Solutions and Housing Grant) so applicants can apply to both funding programs together.</p>	
<p>4.1.3. Discussion Item: California Emergency Solutions and Housing (CESH) Grant</p>	<p>Laurel reported that the second round of CESH funding will be a smaller amount, around \$400k. This grant is for the same activities and the same spending timeline as the original. The Committee agreed to table the discussion of whether HSOC should continue with the established priorities for CESH funding, until the impact of other grants has been seen. The Committee decided to move the next Homeless Services Coordinating Committee meeting forward from July 20 to July 6, in order to allow the Committee to discuss the issue and make recommendations to bring to the full HSOC meeting on July 15.</p>	<p>Russ to move next Committee meeting from July 20th to July 6th.</p>
<p>4.2. Discussion Item: Warming Center and Emergency Shelter Updates</p>	<p>Laurel reported that the County extended the opening of warming centers. Grace reported that 40 Prado is currently not accepting new clients, only those who have previously accessed services. 40</p>	<p>Russ to remove the warming centers item from standing agenda items</p>

	<p>Prado is seeing fewer clients now. All families accessing the service have found other options, or have been transported to a local church for respite. Some have been able to get rooms at motels. There are very few people who are turned away because they have not accessed services before, and staff have considered opening up services to new clients. Safeguarding of staff is also a priority however, as they are at high risk in a congregate care setting.</p> <p>Laurel provided an update on ECHO. They have expanded their shower program to five days a week, are providing a 24/7 handwashing station outside, and are maintaining trailers.</p> <p>Susan Lamont reported that RISE has set aside two of ten rooms for quarantine, but nobody has tested positive. RISE has allowed clients to stay longer than usual due to the stay at home order.</p>	
<p>4.3. Discussion Item: COVID-19 Updates</p>	<p>Laurel reported that the State has set up testing sites in Paso Robles and Grover Beach, to test populations including people aged 65+, symptomatic people, and asymptomatic essential employees. As the County has designated homeless services essential, all staff of homeless services provider agencies can be tested for free. Public Health is encouraging all staff who work directly with clients to get tested.</p> <p>There will also be County pop-up testing sites which will test asymptomatic shelter clients in addition to the above groups. People who want to be tested can sign up online through the EmergencySLO site: https://www.emergencyslo.org/en/testing-locations.aspx</p> <p>Laurel confirmed that if somebody is symptomatic, they should see their primary care physician if they have one, but otherwise they can go to one of the State testing sites. Clients may need</p>	

	<p>help signing up for an appointment.</p> <p>Laurel reported that no tests have come back positive from the County wide testing at meal programs. The County has changed its motel program. Homeless people to isolate in place, unless they are COVID-positive, in which case the County will shelter them in trailers at El Chorro Park, where it is easier to provide meals and services.</p> <p>Susan Lamont reported a situation in which RISE had a client who was symptomatic, but nobody was willing to provide transportation to a medical care facility.</p>	<p>Laurel to raise this issue with Public Health.</p>
<p>4.3.1. Discussion Item: Safe Parking – COVID Updates</p>	<p>Janna reported that 5CHC has been able to house three people through their case managed campground program at Oceano. As people are staying put at the campground, 5CHC staff have been able to provide more assistance to clients and get them closer to being housed. Nobody has become symptomatic. With experience of running a safe parking program, 5CHC are now looking at how to run such a program once the shelter in place order is lifted. Janna noted there is less interest among clients in engaging with the County’s own safe parking program, and this is likely because they are required to leave during the day. Some people do not want to do this, as they will risk losing their parking space on the street, and may not have gas money to keep doing this every day.</p>	
<p>5. Discussion Item: Housing First Technical Assistance – Status/Report</p>	<p>Laurel provided a summary of the Technical Assistance that the State provided last year. The State ran a one day training, discussion and planning session about Housing First. A number of agencies attended.</p> <p>The Committee discussed how these conversations can now be</p>	

	<p>moved forward, and how providers can work together to ensure all staff and volunteers are aware of the services available, why client data needs to be collected, etc. The Committee agreed on an annual base level roundtable platform of training sessions, so that new staff and volunteers can be brought up to speed. This would also help to avoid duplication.</p> <p>Laurel added that the County has been adding training sessions, for example on HMIS (Homeless Management Information System), plus training sessions at case management level.</p>	<p>Anyone with further thoughts to email Laurel: lweir@co.slo.ca.us or George: gdsolis@co.slo.ca.us</p>
6. Discussion Item: Encampment Task Force – Status	<p>Laurel reported that the Encampment Committee has not met for several months, due to nearly all members being involved in responding to the COVID emergency. There is a need to continue the conversation around encampments given recent developments. The Committee asked Devin to reach out to the Encampment Committee Chair Jeff Smith to hold the next meeting.</p>	<p>Devin to reach out to Jeff Smith</p>
7. Future Discussion/Report Items	<ul style="list-style-type: none"> • Devin to report on CESH grant funding 	
8. Next Meeting Date	<p>July 6 at 10am. Note this has been moved forward from the scheduled date of July 20. See item 4.1.3 above.</p>	
9. Adjournment	<p>Devin adjourned the meeting at 11:20am.</p>	


COVID-19

Homeless System Response: Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19

Background

As Continuums of Care (CoCs) across the country respond to the COVID-19 pandemic, many are asking about the role of Coordinated Entry (CE) in their response efforts. HUD strongly encourages CoCs to contact local public health departments, Healthcare for the Homeless agencies, and other local health partners to ensure the unique needs and opportunities related to the homeless service system are incorporated. CoCs can take steps now to implement community changes to further protect and prioritize families and individuals experiencing homelessness. Coordinated Entry remains a requirement for CoC and ESG projects and can be used to meet urgent housing needs associated with COVID-19 risk factors. CE policies have the potential to protect those most vulnerable to the virus' severe effects by speeding up connections to permanent housing for people at high risk of COVID-19 complications.¹ CE system grants may be utilized to review and adapt workflow, intake, assessment, and service approaches that may impact participants' access to services and housing.

Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19

CE systems should actively evaluate policies and procedures affecting access and interventions for different subpopulations based on vulnerability to public health outbreaks. Communities are always encouraged to evaluate and adjust their prioritization policies based on evolving information and circumstances, including new or improved data, changing needs and priorities, and available resources. The spread of COVID-19 has created new, urgent needs and has shifted priorities in communities throughout the country. With new and expanded resources available through the CARES Act, communities should make sure their prioritization criteria efficiently and accurately targets resources to families and individuals impacted by or at high risk of being impacted by COVID-19. This is a crucial moment to make these changes as systems like justice and healthcare are rapidly updating their operations in response to the outbreak; both of which could dramatically impact the flow of families and individuals into homelessness.

What populations need to be prioritized for permanent housing due to COVID-19?

During this public health crisis, [people at high risk of developing severe COVID-19 symptoms](#) (those 65+ and people of all ages with underlying medical conditions, per the CDC) are at higher risk of death than most others living in congregate settings or unsheltered. Rehousing this high-risk population will limit the spread and impact of COVID-19, so prioritization policies should support swift assessment and rehousing for anyone meeting ANY of the risk factors indicated by the CDC. CoCs should continue working with local health partners, including public health authorities, and monitoring [CDC guidance](#) to maintain an updated understanding of who is most vulnerable to severe illness or death from COVID-19 and adjust prioritization criteria as appropriate. The science is changing as we learn more about COVID-19 and the CE assessment and prioritization process needs to adapt accordingly.

One original goal of creating CE systems was to ensure that we were not leaving out the most vulnerable among those experiencing homelessness. However, despite the implementation of CE systems, Black people, people of color, and LGBTQ - identified people continue to have longer periods of homelessness, longer times to be housed, and higher

¹ The policies discussed in this document are those established through Coordinated Entry to prioritize households for referral to permanent housing resources. CoCs should consult with their local public health authorities around referral pathways into temporary isolation and quarantine facilities.

rates of returns to homelessness. Black people and people of color also experience [disproportionate impacts of COVID-19](#). These health and housing disparities represent high vulnerabilities that CE assessment and prioritization processes should be actively addressing. Although CoCs cannot set prioritization based solely on protected classes, CoCs can and should prioritize the vulnerabilities created by the compounding effect of other systems' inequities that contribute to people of color experiencing homelessness and impacts of COVID-19 at higher rates. Consider, for instance, housing barriers such as criminal records, poor credit histories, and histories of evictions—all of which disproportionately impact people of color—as vulnerabilities, as these factors often contribute to difficulties accessing and maintaining housing.

As new and additional permanent housing resources are developed, communities should also consider the opportunity to prioritize people based on much simpler criteria, even when that includes a large number of people. For example, if resources allow large numbers of people in unsheltered locations, congregate shelters, or temporary non-congregate shelters to be moved into permanent housing, then sophisticated assessment and prioritization could be unnecessary. CE system prioritization in nearly every community across the country has been shaped by a scarcity of resources, and CE policies must adapt to quickly and effectively use the current resources to rehouse people who otherwise have been left without options.

How must the Coordinated Entry assessment process change to collect the information needed for adjusted prioritization policies?

CE managers, access and assessment providers, current or former participants with lived expertise, working groups or other system-level committees, CoC and HMIS Lead agencies, and ESG recipients should be involved to implement and evaluate your prioritization strategy. This may require temporary changes to your governance or leadership structure and decision-making process. Your system should have the ability to evaluate, update, and implement changes in 10 days or less. Ensure you have discussed and communicated changes with all individuals or organizations who will be directly involved.

Jails, prisons, hospitals, and other institutions have prioritized diverting or releasing individuals to reduce populations and protect public health. CoCs should collaborate closely with mainstream systems discharging individuals to ensure at-risk and vulnerable populations have identified housing resources or access to Coordinated Entry.

As always, when considering changes to prioritization policies, it is important to think about who is likely to shift to a lower priority as a result of those changes. Each community can and should shift its policies in light of COVID-19 to prioritize those who are currently most vulnerable, but it is important to keep the broader population in mind when doing so and consider potential effects on (and alternative supports and resources still available to help) those who will not immediately be prioritized for permanent housing resources.

What specific tasks need to be completed to implement this strategy?

Prioritization policies should continue to change in response to additional learning, adjustments in resources available, and evolving needs of your community. The following steps will assist you in assessing, updating, and implementing changes to your policies and procedures:

- Create values to specifically address your community's immediate needs and guide decisions.
- Merge leadership teams and staffing to review, approve, and evaluate ongoing implementation.
- Identify processes that can or must be simplified to reduce time and increase staff capacity. This should include identifying recipients who are utilizing [available CoC, ESG, and HOPWA waivers](#).
- Document how current prioritization standards will change, which projects will be impacted (e.g. Diversion, Emergency Shelter, Permanent Supportive Housing, Rapid Rehousing, etc.), eligibility criteria, priority populations, and the applicable time period of changes.
- Update your assessment process and tools to allow for collecting the minimum required information for prioritization and ensure diversion, housing-focused problem solving, flexible fund resources, and other resources are available and accessible for participants and staff during assessments.
- Implement accompanying changes to expedite the matching and referral process.
- Ensure housing programs receiving CE referrals have the guidance, tools, and logistics to facilitate move-ins while also following local public health orders.

- Communicate changes widely and in writing with remote/recorded training for new/updated tools or data entry processes.
- Meet frequently with leadership to monitor for further changes and evaluation of impact.
- Support efforts to reduce system-wide barriers to housing such as ID and documentation requirements.

Community Examples

The following communities have implemented changes to their prioritization policies due to COVID-19. CoCs can review these examples but should make decisions based on the unique conditions in their own communities, taking the above factors and questions into account:

Chicago Continuum of Care Expedited Housing Initiative

<https://allchicago.org/wp-content/uploads/2020/04/COVID-19-Expedited-Housing-Initiative-4.21.2020.pdf>

Washington State Temporary Changes and Suspensions for Coordinated Entry

<https://deptofcommerce.app.box.com/s/mx4yx38vuuhtq3uf2a45uxfmc6dccw8b>

State of Connecticut Rapid Re-Housing Prioritization

<https://cceh.org/wp-content/uploads/2020/03/COVID-19-DOH-Guidance-RRH-Prioritization-Paperwork-Requirements.pdf>

Greater Richmond Continuum of Care CE Policies and Procedures Addendum

http://endhomelessnessrva.org/images/Committees/Board/PoliciesStandards/GRCoc_CES_Emergency_Policies_and_Procedures.pdf

Rhode Island Continuum of Care Policies and Procedures Addendum

https://www.rihousing.com/wp-content/uploads/RI-CES-PP-COVID-addendum_4.15.2020_final.pdf