



**Meeting Agenda  
Continuum of Care (CoC) Board  
Wednesday, March 8, 2017  
01:00pm-2:30pm**

Ventura County Community Foundation  
4001 Mission Oaks Blvd.  
Community Room  
Camarillo, CA 93012

1. Call to Order.
2. Approval of, Minutes of the meeting of Governance Board held Wednesday February 8, 2017.
3. Public Comment/Board Comments

Continuum of Care Governance Board Business

4. Receive an update on 2017 California Housing & Community Development (HCD) Emergency Solutions Grant (ESG) funding and approve staff to proceed as an Administrative Entity in managing ESG funds from the State.
5. Review and Approve recommendations from CoC Data Committee on System Performance benchmarks for Ventura County Continuum of Care providers.
6. Receive a report on new Recuperative Care program in partnership with the National Health Foundation, local hospitals and Salvation Army in Ventura.
7. Receive and file CoC Committee and Staff updates.



**Meeting Notes  
Continuum of Care (CoC) Board  
Wednesday, February 8, 2017  
01:00pm-2:30pm**

Ventura County Community Foundation  
4001 Mission Oaks Blvd.  
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Camarillo, CA 93012

1. Attendees: Staff: Tara Carruth, Jennifer Harkey, Christy Madden (via phone).  
Board Members: Mike Taigman, Susan Englund, Sommer Barwick, Martin Hernandez, Pam Marshall, Amy Luoma, Drew Powers, Mike Powers, Michael Nigh  
Absent: Carolyn Briggs, Kevin Clerici, Carmen Ramirez, Nancy Wharfield
2. Approval of, Minutes of the meeting of Governance Board held Wednesday January 11, 2017. Minutes approved with amendment that Michael Nigh was absent, following a motion by Pam Marshall and second by Amy Luoma. Unanimous approval with Michael Nigh abstaining.
3. Public Comment/Board Comments: No comments.

Continuum of Care Governance Board Business

4. Receive a 90 day report on Pathways to Home from HMIS Lead agency staff, Alicia Morales and Rebecca Evans with the County of Ventura Human Services Agency. HMIS staff shared an update on the VC CoC Coordinated Entry System which began October 10, 2016. Attached is the report presented to the CoC Board with data points. Board members expressed appreciation for the work being done as a collaborative effort with local providers.
5. Receive a report from Erik Cho with the County of Ventura Healthcare Agency on the Whole Person Care initiative. HCA will have a dedicated Coordinator for the pilot. A data repository is being developed to collect information on the target population, who are high utilizers of multiple services. A vulnerability index will be used to assess individuals consistently. Board members advised staff to compare the assessment with the VI-

SPDAT used by the homeless service providers for consistency. In regards to HIPAA regulations, a uniform consent will be countywide to share data and information between agencies. The Department of Health Care Services (DHCS) requires outcomes of reduced visits to the emergency departments and connecting individuals to appropriate services. HCA has encouraged local hospitals to participate. Board members inquired on housing for homeless individuals participating in the pilot; however, housing is not an allowable cost so there will be some reliance on the CoC, Behavioral Health and shelter providers for housing support. The pilot will launch coordinated services on July 1, 2017.

6. Receive an update on 2017 California Housing & Community Development (HCD) Emergency Solutions Grant (ESG) funding and provide staff direction to proceed as an Administrative Entity or compete in the Balance of State process. HCD has redesigned the allocation and distribution of funding to align State ESG and Federal ESG. If the CoC continues as the Administrative Entity, there will be a consistent allocation for a three-year grant period. If the CoC Board allows service providers to compete for the Balance of State allocation, the contracts will be administered directly by HCD and the process will be competitive among our local providers for funding. Board members advised staff to inquire with current service providers about their position.
7. Receive and file CoC Committee and Staff updates.

Board members congratulated all CoC members, providers and staff on the recent CoC funding award which included bonus funding. Staff explained the grant scoring process and expressed appreciation for the input that resulted in a high scoring application.

The next meeting is scheduled for March 8, 2017.

March 8, 2017

CoC Governance Board

**SUBJECT:** Receive an update on 2017 California Housing & Community Development (HCD) Emergency Solutions Grant (ESG) funding and provide staff direction to proceed as an Administrative Entity or compete in the Balance of State process.

**BACKGROUND:**

In an effort to align State ESG with federal ESG and the HEARTH Act priorities, HCD has redesigned how it allocates and distributes funding and has established a Continuum of Care Allocation as well as a competitive Balance of State (BOS) Allocation.

Within the CoC Allocation, *Administrative Entities* (AEs) are selected by HCD to administer an allocation of funds provided through a formula for their service area. These AEs must be local governments of ESG Entitlement Areas and must commit to administering State ESG funds in collaboration with their CoC throughout their Continuum of Care Service Area, including ensuring access to ESG funds by households living in non-entitlement areas.

Within the BOS Allocation, CoCs may select providers to receive a portion of funds available noncompetitively for Rapid Re-Housing. HCD will administer these contracts with providers. Remaining funds within the BOS Allocation will be divided into three regional allocations and will be awarded through a competitive application process.

ESG funds may be used for four primary activities: Street Outreach, Rapid Re-Housing Assistance, Emergency Shelter, and Homelessness Prevention. In addition, ESG funds may be used for associated Homeless Management Information System (HMIS) costs, and administrative activities, for some sub recipients. A minimum of 40% of each AE Allocation must be used for Rapid Rehousing activities.

Current ESG Awards in Ventura County	Award	Areas covered
County of Ventura	\$126,302 (15/16) <i>No 16/17 funds</i>	Unincorporated and small cities
City of Oxnard	\$191,219 (16/17)	Oxnard
State of CA HCD ESG	\$327,741 (2017)	Ventura, Simi Valley, Camarillo, Thousand Oaks

**DISCUSSION:**

The preliminary 2017 California ESG Allocation notice was released December 22, 2016 with \$160,556 as the preliminary 1 year allocation for Ventura County as an Administrative Entity. In the Balance of State competition, each community is allocated an amount for Rapid Re-Housing activities while competing for other funding sources. Ventura County would be placed into the Central and Imperial Valley competition. HCD staff have indicated to CoC staff that this is a very competitive region.

**RECOMMENDATION:** Staff recommend that staff continue as the Administrative Entity for HCD ESG funds. Acting as the Administrative Entity allows for local decisions around use of funding and some consistency in funding for planning purposes.

March 8, 2017

CoC Governance Board

**SUBJECT:** Review and Approve recommendations from CoC Data Committee on System Performance Benchmarks for Ventura County Continuum of Care providers

The system performance measures reported to HUD include all projects which collect data in HMIS including CoC and ESG funded programs. The sheltered homeless population measure applies to persons in emergency shelter, safe haven, and transitional housing projects. Residents of permanent housing programs are defined as formerly homeless and therefore, the primary performance targets include occupancy utilization, increases in income, exits to permanent housing and returns to homelessness.

HUD encourages CoCs to establish appropriate local targets by using the national measures as benchmarks. HUD will not be measuring performance by subpopulations or subsystems, so it is important that CoCs consider the entire coordinated system.

Data quality standards have been communicated to all HMIS providers and quarterly **Data Quality Reports** are being distributed to each provider for review. This data quality includes timeliness, completeness and accuracy of the information collected by provider staff.

The Ventura County CoC Data Committee reviewed and approved the attached system targets on February 15, 2017. **Quarterly performance measure reports will be sent by CoC staff to providers, as well as presented to the Data Committee and CoC Board.**

The following chart includes definition of metrics and a desired outcome for each measure:

	Measure	Definition	Desired Outcome
1(a)	Length of Time Persons Remain Homeless	The average number of bed nights homeless, including Emergency Shelter (ES), Safe Haven (SH) and Transitional Housing (TH).	Reduction in the average length of time persons remain homeless.
1(b)	Length of Stay	The average number of bed nights.	Emergency Shelter stays should be no more than 40 days. Transitional Housing stays should be no more than 180 days.
2	Remain in or Exit to Permanent Housing	The number of persons who exited to Permanent Housing destinations.	Reduction in the number of persons who return to homelessness, including ES, SH, and TH destinations. 85% remain in or exit to Permanent Housing.
3	Number of Homeless People	The count of sheltered and unsheltered homeless persons.	Reduction in the number of persons who are homeless, including those in ES, SH and TH.

	<b>Measure</b>	<b>Definition</b>	<b>Desired Outcome</b>
4(a)	Exit with Employment Income	Increase in the employment income reported for persons in TH and PH from initial intake.	20% percent of adults gain or increase employment in CoC funded projects.
4(b)	Exit with Increased Income	Increase in employment or non-employment income for persons in TH and PH from initial intake.	54% percent of adults gain or increase employment or non-employment income in CoC funded projects.
4(c)	Exit with Mainstream Benefits	Increase in benefits for persons in ES, SH, TH, and PH projects from initial intake.	90% percent of adults gain or increase mainstream benefits.
5	Number of persons who became homeless for the first time	The number of persons enrolled in ES, SH, TH, and PH projects with no prior enrollments in HMIS.	Reduction in the number of persons who become homeless for the first time.
6	Returns to Homelessness	The number of persons who return to Street Outreach, ES, SH, and TH after exiting to Permanent Housing destinations.	Reduction in the number of persons returning to homelessness.
7	Occupancy	Average daily beds per program being utilized by homeless persons.	Increase the system-wide occupancy utilization.
8	HMIS Data Quality	The percent of null/missing and don't know/refused values in HMIS.	Decrease the overall percent of null or missing values.



March 8, 2017

CoC Governance Board

**SUBJECT:** Receive a report on new Recuperative Care program in partnership with the National Health Foundation, local hospitals and Salvation Army in Ventura.

**BACKGROUND:** Homeless individuals are often discharged from hospital stays with instructions to rest, complete a course of medication, wound care or other treatment until they are fully recuperated. However, recuperation on the street is extremely difficult, if not impossible. In unsanitary conditions, wounds can become infected, clean bandages quickly become filthy, washing facilities are generally unavailable and medication requiring refrigeration is compromised. As a result, patients are often readmitted to hospitals for complications that would have been avoided had the individual had a home or been discharged to a safe and clean place for recuperation. This utilization pattern has substantial cost implications for the health care system.

The National Health Foundation (NHF) operates Pathway Recuperative Care in Los Angeles County partnering with 50 hospitals in Los Angeles and San Gabriel Valley. In fiscal year 2015-16, NHF served 694 clients with 40 recuperative care beds, 45% of the persons served were discharged into permanent or transitional housing. With the success of the Los Angeles program, the Hospital Association of Southern California worked with Ventura County hospitals to bring the program to Ventura County.

**DISCUSSION:** Through a partnership with Gold Coast Health Plan, Los Robles Hospital, St. John's Hospital, Simi Valley Hospital, Ventura County Medical Center, Community Memorial Hospital, National Health Foundation and Salvation Army Ventura, Ventura County's own Pathway Recuperative Care program is being established. The program is being funded collaboratively by all partner hospitals and support for Gold Coast Health Plan. 12 beds will be located at Salvation Army in Ventura. Salvation Army will be the link into the Continuum of Care, Pathways to Home and other resources for longer term placement. Funding for the program has been secured. The program should be accepting referrals within 90 days.

March 8, 2017

CoC Governance Board

**SUBJECT:** Receive and file CoC Committee and Staff updates

**HMIS Steering:** Ongoing onboarding of Tier 1 providers including Supportive Services for Veteran Families Program (Salvation Army-Haven); The City Center; Pacific Clinics - TAY Tunnel; Healthcare Agency-One Stop; Ventura County Behavioral Health (clinic staff)

**Public Information and Outreach:** Developing plans and tools to disseminate information to the community and stakeholders. Items of discussion: improving CoC website, marketing Pathways to Home, sharing information on 2017 Homeless Count, sharing data.

**Data, Performance & Evaluation:** Made recommendations on local System Performance benchmarks. Committee is reviewing System Performance reports and working with staff to create a quarterly performance report for all providers.

**Housing & Services:** Committee is completing evaluation and assessment of Ventura County Homeless Services System and are preparing recommendations for next steps for increasing housing inventory, sheltering resources and coordinated services. **Committee will present to CoC Board in April 2017.**

**CoC Policy Updates:** Staff provided training to all partner agencies and providers on HUD policy mandates including:

- 1) Documentation of Chronic Homeless Status
- 2) HUD Equal Access Rule
- 3) Preventing Involuntary Family Separation
- 4) CoC mobility

**Pathways to Home:** CoC staff is working with HMIS staff to improve process and adopt policy and procedures to address provider concerns expressed during the 90 day review of Pathways to Home.

March 8, 2017

CoC Governance Board

**SUBJECT:** Report out on National Alliance to End Homelessness (NAEH) Conference

*Diversion* – The Rapid Re-Housing program and Coordinated Entry model is working to divert more families into housing prior to entering shelter. We need to share the progress and success stories!

*Data* – Community leadership needs to receive CoC data to make policy decisions and keep providers engaged in the collaborative system. Recommend using graphs to show current housing needs countywide and by city council districts.

*Reciprocity* – The new federal administration may impose requirements for clients to contribute in some way but the housing first model should be upheld, due to proven success. Data will need to be used in the argument about prioritizing funding for housing programs through Congress. OMB should be releasing a proposed budget by mid-March.

*Campaign* – More affordable housing is desperately needed. NAEH plans to begin a campaign to push for reduced rent costs and recommends using an advocacy letter to contact our congressional representatives.

*Landlord Engagement* – Increase outreach to educate landlords about successful incentives, such as case management, upfront payments of first & last, and the ability to fix issues in units for those willing to participate. Stories can be used to create a compelling need.

*Defining the End to Homelessness:*

- 1) Quickly identify and engage people at-risk or experiencing homelessness (Outreach).
- 2) Intervene to prevent the loss of housing and divert people from entering the homeless services system (Rapid Re-Housing).
- 3) Provide immediate access to low-barrier shelter and crisis services while permanent housing and services are being secured (Year-Round Shelter).
- 4) When homelessness does occur, quickly connect people to housing assistance and services (Coordinated Entry).