Special Meeting 7/19/23- PAC

Attendance: Joseph T., Melissa M., Roechelle W., Mark K., Anny L., Dawn S., Adriana Y., Denise A., Sherry S., McKenzie H., Amy R., Tanya G., Stephanie M.

Meeting Called to Order-11:01 by Anny

Approval of June Minutes- Dawn made the motion to approve, Sherry seconded the motion. Minutes unanimously approved.

Code of Conduct

Mostly grammatical issues that were seen. No other comments from PAC, Joseph received all signed Codes and Sherry made the motion to approve the code, Dawn seconded, none opposed. Motion passes.

The Rating and Ranking Tool

The purpose of this tool is to communicate the requirements for new and renewal projects and to ensure that it is clear of the requirements for the competition. It outlines exclusion and the requirements for the projects and to demonstrate what is currently occurring in the projects.

The competition does have a focus on healthcare and pairing that with housing, specifically finding partners who are partnering with health care providers. We need to demonstrate as a state that there needs to be a strong demonstration of the coordination. Can we start asking programs for this information or can we get clarification from HUD regarding what they want for this requirement? If there are CHWs and CHRS that are addressing issues that could add points.

Question brought up: Have we been self-critical to root out the programming that connects this and that we understand what our partners are doing in meeting some of these scoring categories?

Last year at our competition debriefing, we received full points for our review and ranking process.

Changes to adding the dates to the timeline to ensure that we are meeting those.

Preamble- no additional comments than what is already written on the google drive.

The Ranking Tool

Question: Is there a formal definition of Low barrier? Answer: the definition should be in the written standards. Meeting clients where they are, transparency, accessibility, tying in with the Housing First model and that they are not turned away for non-compliance and minimal entrance criteria.

Street outreach- deprioritizing this, we would like to see if we can fill the gap of housing with more long-term solutions.

Number 3- CES

Issues from last year that referral issues arose from not considering changes in the household or client changes were hindering factors. There are now more options after the CE referral happens, but it still is not always conclusive with the data. The data is not always accurately reflecting what is occurring within the projects. Considering removing the points for CES referrals.

Number 4- Data Quality

More points with good data quality. The SSNs would cause people to lose points due to undocumented households did not have SSNs. HUD will now only be requiring the last four numbers not the full one when it comes to data quality.

Number 5- Funds Expended

Would like a comment section about any extenuating circumstances as to why the funds were not able to be utilized within the timeframe.

Number 6- Program management

Timeliness could move up to section 4 area potentially.

Number 7- Participant barriers and performance

1. Equity and Project Barries
    a. Moving the narratives so they line up with what the scoring table allows for explanation of the barriers. Including equal access for LGBTQ2S+ to reflect specific language in the NOFO.
2. Severity of Participant Barriers
    a. We examine the most recent APR. Not all timelines are the same if they receive extensions on their funding. We are looking at old data to award funding that comes next year.
    b. percent of participants household serviced as chronically homeless is met for PSH. APR 26 A is where we would find that information.
3. Exits to permanent housing
    a. Project stayers- whoever is in the project on the very last day of the performance timeline.
4. New or increased income and earned income
    a. Income is a wide collection of situations.
    b. Medical insurance- Question: Is this going to change after the expansion? Answer: We are unsure what the rules are for eligibility for that, but it is tracked on the back end as the Medicaid health insurance and it is also a drop down. Case managers should be finding out if the clients are eligible for Medicaid. This should be captured upon exit if they did not have insurance when starting. There is no language from HUD.

Exhibit B for the Timeline- due dates are similar but things are a little further spread out.

July 28th for next meeting at 11:00 CT 10:00 MT final wrapping up.

Availability for September 11th – Meeting 8 AM start