



MICHIGAN INTERAGENCY COUNCIL ON HOMELESSNESS AGENDA

March 23, 2020

10:00 a.m., Zoom Webinar

Public Call in: 1-877-402-9753, Access 2265996

ATTENDEES: Kelly Rose, Rachel Eldridge, Paula Kaiser Van Dam, Patrick Patterson, Lynn Hedges, Crissa Blankenburg, Chris Trudell, Mercedes Brown, Phil Cavanagh, Kris Brady, Dennis Sturtevant, Christina Soulard

1. **Approval of Agenda:** Moved by Phil Cavanagh, seconded by Patrick Patterson. All approved.
2. **Approval of November minutes:** Moved by Paula Kaiser Van Dam, seconded by Patrick Patterson. All approved.
3. **Public Comment:** None.
4. **State Action Plan Update:**
 - a. Based on current circumstances with COVID-19, Kelly Rose **proposed moving the action plan to a 3-year plan**. With respect to providers responding to need, state partners managing requests and providing support. Kris Brady reported from the field that providers are dealing with day to day issues to continue services in the face of many challenges, including technology and reductions in staff due to illness. Mercedes Brown said that pushing back deliverables can be very helpful to communities, as well as including reference of COVID-19 within Exec Summary.
 - i. **Agreement from membership.**
 - b. Chris Trudell shared support for the draft language, especially around criminal justice. Did not feel additional detail is needed; report is clear and provided a high level overview.
 - c. Assistance forthcoming with graphic design.
 - d. Discussion by section:
 - i. Executive summary: No comments.
 - ii. Background, guiding principles: No comments.

- iii. Measures: No comments.
- iv. State of homelessness in Michigan: No comments.
- v. Campaign structure: No comments.
- vi. Approach to ending homelessness: No comments.
- vii. Strategy 1: No comments.
- viii. Strategy 2: No comments.
- ix. Strategy 3:
 - 1. Patrick: Where are we with comparing HMIS data with school data?
Kelly and Paula: Looking to strengthen connection – schools accessing HMIS, entering data. Some examples of closer collaboration in Detroit – significant underreporting by schools compared to HMIS data.
 - 2. Patrick: Could read-only access to HMIS be possible? Paula: Can add to list of considerations for HMIS for school coordinators and liaisons.
- x. Strategy 4:
 - 1. Patrick: Involve Harvard’s implicit work including health providers on training? Mercedes: Yes, include more explicit detail in appendix.
Another example is C4 in the racial disparity efforts and training.
- e. Request to membership to **move forward with plan and timeline adjustments** as detailed. Bring back after graphic design completion at next meeting. Look to affirm after next meeting.
 - i. **Agreement from membership.**

5. COVID-19 Updates:

- a. Kelly said there are no details yet on additional funds from the state on meeting needs at local level. MSHDA trying to be responsive to needs from local level on tools, uses for funding, etc. HARAs are reducing face-to-face contact, verbal signatures, extending RRH cap to 9 months (revisit later to go longer if needed). Two webinars this week with HARAs to provide space for them to talk about how they’re approaching this work. HCV update – trying to keep program operating as best as possible, with reductions in income and job losses for participants. Cut down on paperwork and make that portion of the process as easy as possible. Limiting terminations on case-by-case basis but mostly not happening right now. Not sure how stay at home order will impact this but need to ensure the rent payments continue.

- b. Paula said MDHHS released guidance to emergency shelters, two webinars for all homeless providers. Working on additional guidance for shelters to shelter in place. Shelters are in dire need of supplies for staff and clients. Concerns about being short-staffed. Shelters will need 24/7 coverage to continue care for shelter guests. Hospitals also experiencing shortages so they take priority. No identified resource for shelters – encouraged to do local drives, requests for donations. Working on FAQ and hope to release first version today. Working with all partners to provide a coordinated response. MSHDA is working on page within Campaign page to host information. Lots of information released by federal partners – trying to streamline information and answer questions where responses can't be found. Know that this population is very vulnerable. No known cases of COVID-19 in shelters but this could change. Small reserve with ESP to try to help with local needs but hoteling could drain this reserve quickly. Hoteling is also not an appropriate option for quarantine given ongoing needs. Encouraging local groups to work with their health departments and other shelters to identify coordinating options. Example: Detroit and Washtenaw doing great with coordinating with their local health department – critical given largest population.
- c. Explore how FEMA resources could play into our response?
 - i. Shelter funding is an eligible expense but written to serve in congregate setting. Could this be approved to change to allow for motel vouchers? MSHDA staff trying to confirm with HARAs and shelters – what is the back-up staffing plan? Could additional funds help with staffing?
 - ii. Patrick noted that homelessness obviously has to be a top priority for viral control.
 - iii. Mercedes: What is the coordination between other state agencies doing work on congregate settings? Paula: Juvenile justice making connections but homeless populations can come and go as they want. MDHHS was working internally with Medicaid services to submit waiver to include language which would allow the state plan to include eligible activities. It originally was going to be under an 1115 waiver, however, CMS did not like the 1115 (now 1915 waiver) language that split pieces out. The behavioral health and development disabilities administration was working on that language and submitted it to CMS, who approved it on September 29, 2019 which put the policy in place. It is

currently accessible through behavior health providers, need to figure out how to take what is now in policy and translate it to housing providers, making sure they understand what it means. Also to be figured out is how to train housing providers to understand the process if they want to subcontract. MDHHS is partnering with CSH and looking at January, 2020, to start; they are currently in the curriculum and education building process (this is for a limited number of clients who are eligible for the CMH services). Tenant support consists of assisting with locating housing, helping work through the activities of preparing for housing, i.e., getting them into house, stabilization services afterwards to keep them housed. Also establishing tenant relationships to be sure they are taking meds, going to doctor, etc.

6. **Adjourn:** At 11:15 a.m. Moved by Kris Brady, seconded by Phil Cavanagh. All approved.