**Attended by:**

|  | Name | Representative Category | Sept 2023 |
|---|---|---|---|
|  | **NONVOTING** | | |
| P | Archer, Amy | County/Lead Agency | 1 |
| P | Brewster, Candy | HMFA/Consultant | 1 |
| P | Errico, Kasey | County/Lead Agency | 1 |
| P | Fodali, Maria | County/Lead Agency | 1 |
| P | Kooper, Raquel | Advisory Board Committee/Monarch | 1 |
| P | Matthew, Ashni | Monarch/Consultant | 1 |
|  |  | | |
| P | Alvarez, Alicia | Neighbors in Need – Nourish NJ - | 1 |
| P | Bordenabe, Dom | Nourish NJ | 1 |
| P | Calabuig, Karina | Catholic Family & Community Services | 1 |
| P | Curry, Clarence | MC Human Relations Commission | 1 |
| P | Delcalzo-Berens, Allison | Atlantic Health System | 1 |
| P | Deo, Carmine | Community Hope | 1 |
| P | Frommelt, Brian | Market Street Mission | 1 |
| A | Kirk, Chris | Community Citizen |  |
| A | Ocansey, Elorm | Community Member/Advocate |  |
| P | Stephens, Kelly | Morris County Housing Authority | 1 |
| P | Sherrod, Rebecca | Child and Family Resources | 1 |
|  |  | 9 voting present. Quorum established | |

**Guests**:

Dan McGuire – Homeless Solutions

Jeff Bashe – Morris County Housing Alliance

Sherina Caban – Housing Partnership

Haley McCracken – Project Self Sufficiency

Jaclyn Nunziato – NJ 211 Partnership

Christine Czerniecki – Mental Health Association

Jennifer Amaya – Visions and Pathways

Shannon Muti – Homeless Solutions

Diane Williams – JBWS

The meeting participants observed a moment of silence for Russ Hall.

**Point In Time Count – Ashni Matthew – 2023 data presentation and 2024 planning**:

- 2023 Data Presentation: What we found was a large increase in numbers. Increase of over 60% in chronically homeless. Ashni went over specifics of the report.

- Any thoughts on the actual count that was held? Advisory board wanted to start having conversations about next PIT.
- Allison: CAS spoke about having more outreach and include more bilingual outreach workers. New PIT coordinators are coming on board. Looking for one more person with more data background. We are hoping more PIT coordinators will also cover more area and responsibilities will be more shared. Looking to have a PIT Coordinator list soon so we can start planning, training.
- Diane: do we feel this report is a good representation of the homeless population?
- Ashni: The time the PIT is held in January. This affects who is captured on the report. Street count dipped because outreach efforts were not high during COVID. Advisory board has mentioned that locations that were used last year did not cover hot spots. Looking to increase outreach efforts. We could be doing a better job in the outreach.
- Jeff: If this isn't a truly accurate picture, is there anything we can do now, without doing other changes to inform County leadership to inform them of accurate counts. Candy: funders know that it's an under count. It's just a snapshot. They also look at other data that includes other numbers. All gets submitted annually to HUD. Communities will get all of the data. HMIS has been working with Monarch to see what is usable or partially usable.
- Dan: What is LSA? Longitudinal Systems Analysis (**LSA**) Report – Annual report that gets pulled from CoC and it includes everyone.
- Allison: Data Governance Committee is in charge of data quality and working with projects and agency specific issues. Our capacity is low between Data governance and quality governance. We just received a DCA grant to hire a new position: Data Driven Decision Making. In process of receiving funding and finding a contractor to do that work. It will be added to Monarch contract. Meant to build our capacity and get our systems ready for the next steps.
- Candy: the data has not been used so far to inform the community in term of what is needed. This will help us take the next step.
- Jeff: Are there any examples of best practices in communities where they use the data in generating local awareness?
- Candy: Yes, there are lots of them. Issue has been that data has not been shared. Larger cities San Diego Los Angeles San Francisco, have good examples. Candy will send examples.
- What county has Usable LSA? Hudson County.
- Any other questions? Any other ideas or feedback on what we should be doing in 2024 planning season.
- Kelly Stephens: can we designate staff? Yes.
- Current PIT Coordinators: Victoria from Mental Health Association, Raquel Kooper and Michelle Blanchfield from Zufall Health Center. Looking for one more person.

**2024 Executive Committee Membership**:

- Officer nominations: Vice Chair
- Two Executive Committee positions are open – we currently have 13 and can have 15.
- Karina and Allison still have one year left in their two-year terms.
- Dan: CAS will vote in Nov?
- Jeff asked for clarification. Allison: Election is for 2024: new exec. Members, there are two open slots, three people applied for membership. One Officer: Kelly is on end of her term, she is on ballot to be re-elected.
- Shannon Muti asked about conflict of interest and the nominating process. It was explained.
- Conflict of interest form is filled out after person is a member. Conflicts do not preclude membership; they provide awareness during voting.

- Diane: when we are looking at gaps, no service providers, appreciates that we are looking at a broader area. It would help the CoC be more proactive in work that is being done in created processes. So that things can have that provider feel to them.
- Allison: we have looked at other communities and history of our own community. New bylaws specifically say no funder providers. Allison doesn't know all the details of why this is this way. Is interested in figuring out alternative ways to repair relationships that are not in conflict with current bylaws and making sure everyone has a voice. These and other providers. We want to make sure we value all feedback. Most impacted are funded providers and people we serve.
- We try to bring in people who have a lot of experience.
- Carmine: CoC approves the bylaws?
- Allison: Yes and they were written by pro-bono legal.
- Carmine: if the Executive Committee looks at that section of the bylaws, in closed session, we can change the bylaws if we wanted to. A discussion would be helpful. People with lived experience and funded Provider participation should be considered by us.
- Diane: wants to have the same access as everyone to policies that will impact her organization.


## Policy Review:
- Allison: We will not vote on policies today.
- Dan asked if that was shared in CAS – Allison responded she wasn't sure.
- Dom: CAS went overtime, it may have been said after people left.
- Shannon Muti asked about the required trainings: there are 16 mandatory trainings, and it is listed that all staff have to take the trainings. This seems impossible for their agency to do.
- Allison: the thought was that most providers already have provided these trainings at their agencies anyways and can count what they have done as the required trainings. We can look at the training again.
- Dan: how would it affect larger agencies like 211, DCA, would everyone at OTA and 211 do the trainings?
- Allison: a lot of the polices have a scope, go by the scope over inconsistent language. We are trying to fix the inconsistencies but the scope on top it will say more specific information.
- Allison: policies were actually already written with edits. There was a recommendation that we look at how we write policies. We have been trying to be more transparent regarding policies.
- Kasey: it is just the way the process has been set up to get feedback from everyone. After the CAS meeting, we realized that we needed to slow the process to give opportunity for more feedback. Maybe we don't need more people on the Executive Committee, but rather the committee will continue to share the information.
- Dan: would rather come in earlier in the process and have representation on the Executive Committee. These policies will affect Homeless Solutions.
- Diane: when we were sending people to CAS they may not have been understanding entirely. She asks that people at CAS might not understand policy depending on their role.
- Kasey: appreciates all this feedback. Asks a reframe of feeling like it's the back end. As we go forward in policy process request for feedback is not a back end ask, it's a front end ask. We will continue to make sure that policies do go out via email to all who needs to see it. Something has to be laid out first before we get feedback. Then we do revisions. Before things are put into place. Exchange needs to take place.
- Raquel: that is the purpose of the open sessions, for all funded providers to come and give feedback.
- Allison: CAS is shifting to include more high-level discussions. Providers should send appropriate staff to CAS.
- Dan: why are the policies listed on closed session agenda?
- Allison: to discuss next steps.
- Dan: will vote will be done in open session?
- Allison: we typically move in closed sessions after all comments and questions have been answered.


## New Policies:
- Coordinated Entry Events Standards
- Coordinated Entry Prioritization Standards

- Case Conferencing has been asked about these. What we need to do with this is put one more call out for comments review all comments in our next CE meeting at the end of October.
- Any objections: Shannon, is the CE Leadership meeting open to the public? We would like to be present when feedback is discussed.
- Allison: We will send an open invitation to the next CE meeting on Oct 23rd at 11am – Dom to send out information to CAS.
- Maria F. will help to have a revised version to make sure they are looking at most recent edits.

Revised Policies: Housing First, Grievance Policy, Anti-Discrimination Policy
- Does it make sense to put a deadline for more feedback and review in CAS in Nov?
- Sherina: can we create a document of edits, who suggested what?
- Kasey commented that this is the introduction of the policies. We will look at feedback, revise, then send out again. Only then will there be a vote.
- Allison: NOFO was submitted, thank you Ashni. Thank you to Diane for all the information on DV portion.
- We recognize Raquel and Kelly for speaking at event on the 15th.
- Dan: did we get feedback from municipal leaders from that event?
- Kasey: we did get anecdotal feedback from municipal leaders, providers and others.
- Allison: we did talk about having a formal survey, but did not have one yet.
- Diane: did get good feedback. Suggests we use barcode to make people fill out survey.

Public Testimony:
- Dan: to improve policy, things should be voted in open session.
- Shannon: current waitlist numbers – growing by 1.7 people a day. 28% raised. We are entering a crisis and concerned about the winter. Over 1,200 unduplicated households on waitlist.
- Kasey: where are they waiting? Street homeless, doubling up, motels… etc.
- Allison: we are in a crisis. Solutions are fewer and fewer. CoC alone is not going to solve the problem.
- Project that was approved had proposed some interesting solutions, landlord project already started.
- Kelly: we have 20 vouchers on street but no units available.
- Jeff: it seems the weight is falling at municipal level but it seems more of national problem.
- Dan: even if new housing constructed low income, then they use a voucher, two resources are needed for one person because rents are so high.

Open session ended: 11:44am

Addendum to 9/28/23 CoC open session minutes
Recommendations made by Homeless Solutions by email on 9/25/23

General Feedback:
- In accordance to the "By-laws of the Morris County Continuum of Care", it states "the overall mission of the CAS Committee is to work in collaboration with the Executive Committee, CASC subcommittees and other stakeholders to end homelessness and address the needs of the homeless and at-risk populations in Morris County". To this end, responsibilities include: o Review written standards for the provision of services and, if necessary, recommend changes to the Executive Committee
  - o Provide recommendations to the Executive Committee regarding HUD-mandated policies and procedures
  - o Identify gaps and barriers to services and provide recommendations for system improvements to the Executive Committee
  - o Recommend changes in service and spending priorities to the Executive Committee
  - o Facilitate the collaboration of all CoC providers on issues related to homeless services planning
  - o Tabling the vote of proposed policies during the 9/28 Executive Committee Meeting in order to allow providers and the CoC to appropriately review and digest feedback from all participating agencies, working together to revise drafts until mutual agreement is reached and can be fairly voted upon.

- o Proactively review and/or develop policies related to CoC funded projects on an on-going basis as part of a CAS subcommittee to ensure adequate adherence to CAS responsibilities as outlined in the "Powers and Responsibilities" section of the CoC bylaws.

- The dynamic between the Morris County CAS participants and the Executive Committee is indicative of a collaborative partnership, however, the development of these recent policies do not reflect the true spirit of a collaborative partnership. Rather, CAS participants were given 3 business days prior to the September 12th CAS meeting (and for an additional policy, less than 24 hours) to review a multitude of policies that carry large implications for providers and those they serve. Agency staff, who are already stretched thin, were then provided 12 business days to provide feedback prior to these crucial policies being voted on/approved by the Executive Committee. Further, this timeframe allows the Executive Committee only 3 days to review agency recommendations prior to voting on these significant policies, which not only does not allow time for continued collaboration between the CoC and providers to improve drafted policies prior to voting/approvals, but causes concern to the extent that provider feedback is actually being considered in this process. To this end, we recommend the following:

- As stated above, the process in which CAS participants were able to review and provide feedback (and the extent to which feedback is considered by the CoC prior to approvals), has shown to be disorganized and rushed. We strongly recommend that a new, standardized approach to presenting policies for review be established in order to effectively streamline this process in a way that yields greater opportunity for stronger community impact by allowing ample time to review, dialogue and collaborate on proposed policies. Specifically, it is our opinion that policy proposals should be presented to CAS at least two meetings prior to an Executive Committee vote, with materials distributed 10 business days in advanced of the initial CAS meeting in which they are being initially reviewed. All policy proposals should include a standardized cover page providing pertinent background information related to the "who, what, where, when and why" for the policy being recommended to provide greater community context and understanding related to said proposal.

- While it is the role of the CoC according to 24 CFR §578.7 to *"evaluate outcomes for projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD"*, it is not the role of the CoC to determine/evaluate **agency-wide initiatives** as is being recommended in the majority of the newly proposed policies. **To comply with these regulations, it is imperative that the language is updated in each of the proposed policies to reflect funded projects only.** Therefore, for all proposed policies, it is important to limit the focus to CoC-funded **projects,** not CoC-funded **agencies**, as it is beyond the scope of the CoC to regulate operations for programs in which they do not fund (as made clear in the language used in 24 CFR §578.7).

- Between the four policies disseminated prior to the CAS meeting on 9/12, there are **sixteen unduplicated** trainings that **all staff** from CoC participating agencies are **required** to attend. o As a provider, we want to inquire how agencies are expected to locate/pay for these trainings? If the CoC is mandating participation in these trainings, it is our stance that the CoC provide multiple opportunities for training at no cost to the providers (or cover the costs of trainings if training is external).
  - o Trainings should be limited to applicable CoC-funded project staff only, not all agency employees.
    - ✦ To this end, how is adherence to required trainings being monitored? With several larger agencies (i.e. County of Morris, Department of Community Affairs, etc.) who receive CoC funds having to adhere to the training requirements, we want to be sure the expectation for staff participation in CoC required trainings is consistent and upheld equally across all CoC-funded programs.
  - o Required trainings should be prioritized and reduced, as it is unreasonable to expect staff who are already stretched thin to attend more than one training/month on average.
  - o It would be useful to cite references within the body of the policies, as well as provide references each time a reference to a HUD mandate/recommendation is cited (i.e. in the CE Events Data Standard policy, it states *"HUD has asked communities to develop a collaborative approach to using CE data to strengthen crisis response systems in more strategic, impactful ways."* – it would be helpful to cite the

HUD policy/reference that demonstrates such. This is just one example). Further, it would be helpful for providers to better understand the context in which policies are being developed/redeveloped specifically for Morris County each time a policy is shared for review.

- o Many of the policies indicate that *"CoC-funded providers must document and maintain records of compliance to the [Housing First Policy, relevant federal and state legislation, Anti-Discrimination policy, etc.]. Records will be reviewed annually during monitoring activities and are subject to review periodically by the CoC Executive Committee if concerns are identified".* Further guidance related to documentation standards is required to ensure compliance for funded projects, as well as transparency in who will be reviewing for compliance and the impact the monitoring score will have for funded projects.
- o To fully appreciate the impact of the policies that are passed and for the benefit of the community and the homeless therein, we recommend that the CoC pass a policy that states CoC policies apply to all members of the CoC Executive Committee and their employers, as what is considered "best practice" should be followed by all.

**Housing First Policy:**
In addition to the general feedback noted above, we recommend/seek clarification of the following:
- It is cited in the policy "*To be considered as following a Housing First approach, a project must identify that they are adopting the following procedures…"* – how must the project identify this? o  One such procedure states "*Prohibiting terminations based on any factors including, but not limited to…"* – it is our opinion that "any factors" is far too broad and fails to consider safety considerations that could warrant a termination from program (particularly for projects in which participants reside in shared housing/congregate settings).

**Anti-Discrimination Policy:**
In addition to the general feedback noted above, we recommend/seek clarification of the following:
- While the "Definitions" section is quite helpful to report, it seems to be missing context as to why they are included. A sentence or two to detail how households must not be discriminated against based on the protected classes defined in the "Definitions" section would help provide clarity as to why these are included (since not referenced throughout the remainder of the policy). In regards to the Language Assistance Plan that CoC and ESG funded projects are required to utilize, it states *"In the event that interpretation is requested and a native language speaker is not available on staff, the County or subrecipient will utilize an on-demand live interpretation phone or online service. These services allow customers to pay for interpretation services by the minute. A list of interpretation service providers is included as Exhibit 1. This list will be distributed to all staff and subrecipients who may interact directly with LEP individuals who are interested in obtaining assistance through CDBG, ESG or HOME programs"*. Can you clarify if this statement means that subrecipients need to pay for this service in order to seek CDBG, ESG or HOME funding, or if subrecipients can apply for CDBG, ESG or HOME funding to pay for translation services? If the former, there needs to be designated funding to support agencies relying on these translation services, particularly if this is required through the County or CoC. If the latter, our concern is with funding caps associated with these funding streams – if applying for funding to provide translation services, this would reduce the award amount for other funded activities if applying for funding through a stream where the maximum award is already granted. **There needs to be separate funding to support the required translation services, particularly when being mandated to provide translation services every time there is a need** (in fact, it is our estimate that it would cost up to **$80,000 each year** to provide translation services for all consumers in our programs requiring translation through a language line every time there was a translation need). It is unreasonable to require agencies to absorb this cost without any funding support from the CoC.

- Additionally, The LAP was created in 2019 and relies primarily on County staff to provide Spanish translation services. Since then, we have seen many more guests who speak languages aside from Spanish that require use of language line translation. Costs need to be reconsidered, especially if required to implement under this new policy.

- In the prohibition against Involuntary Family Separation section, it states "Additionally, recipients may not deny admission to any member of the family (e.g., 15-year-old son). The Continuum of Care requires that all ESG and CoC-funded providers accommodate any family composition unless there is a justifiable reason why the agency cannot do so. Justification may include determinations made in the best of interest of the safety of the client or household…" As stated above, the scope of each proposed policy must be limited to CoC-funded projects, not providers as a whole. It is also important to note that for congregate/shared housing settings, justifiable reasons may include safety concerns for other households as well, not just safety concerns to the family seeking program admission.

- In the Agency Guidelines section, it states "Ensuring the physical spaces are inclusive and meet consumer privacy and safety needs and that there is a process for identifying post-admission accommodations for any individual with a health, safety, or privacy concern including but not limited to…" These accommodations should be discussed pre-admission, not post-admission (unless there is a new health/safety concern that was not present at the time of admission). While providers make every effort to provide accommodations whenever possible, there may not be physical space available to make a specific accommodation at any given time. This should be discussed pre-admission and determined if the requested accommodations are able to be made, and if not, should refer to another program where accommodations can be granted.

**Safety Planning Policy:**
In addition to the general feedback noted above, we recommend/seek clarification of the following:
- Since the policy is specific to Morris County, it may be useful to include agency names and contact information for Morris Victim Service Providers (VSPs) given cross-trainings from VSPs is encouraged.

- The policy states *"Per continued guidance set forth by HUD, any individual has a right to refuse to share personally identifying information and must still have access to homelessness and housing resources"*. Does this guidance apply to any individual, or any individual identifying as a domestic violence survivor? Is the guidance referenced above a requirement set forth by HUD, or simply a best practice? Further clarification is needed.

- In regards to the Emergency Transfer Plan, it may make more sense to include the actual Plan as an addendum and not embedded within the policy so that providers can more easily adopt into their agency documentation.

**Grievance Policy:**
In addition to the general feedback noted above, we recommend/seek clarification of the following:
- In regards to inter-agency grievances against funded providers, we strongly recommend that agencies filing the grievance be required to provide supporting evidence to substantiate their claims. While this recommendation would not be appropriate to implement across the board (particularly not wanting to further burden consumers filing grievances), it is our strong opinion that inter-agency grievances that escalate to the CoC should require a threshold of evidence be met prior to launching a full investigation.

- The policy states that *"Resolutions made by the Allocations Committee CoC will be final and will be provided in written form through a Grievance Decision Letter. Resolutions may include corrective action planning or may include recommendations up to and including reduction of CoC funding".* Which parties will the Grievance Decision Letter be distributed to? It is our strong opinion that the Decision Letter must be provided to all parties involved in the grievance process, as the grievance process as it currently stands has the potential to tarnish the reputation of local agencies, and could both formally and informally impact the working relationships with those involved. To avoid this, it is critical that the outcomes of each grievance be made known to all parties involved in

order to avoid undue repercussions associated with the alleged agency. The parties in whom the Decision Letter will be distributed to should be explicitly noted in this policy.

- It is our belief that any consumer and/or agency found to be acting in good faith when filing a grievance shall not be penalized for their report, however, in instances where agencies are found as not acting in good faith when filing a grievance, it is our opinion that the alleging agency should be subject to the "Agency Accountability" standards outlined in the grievance procedure, subject to losing points for their CoC application based on the unsubstantiated claims of the grievance made not in good faith.

- In regards to consumer grievances, the language is specific to consumers admitted into Coc-funded programs (and as such, are to follow agency grievance procedures prior to submitting appeals to the CoC). This language supports that this policy is applicable to consumers actively enrolled in programs, and clearly outlines steps for program participants to submit their grievance. While we are in agreement with this approach, it has been our observation that the implementation of the consumer CoC grievance policy has been extended to include consumers who have never been enrolled in programs. Given the multitude of homeless households seeking services in Morris, it is our opinion that it is beyond the capacity of the CoC and local providers to investigate grievances for households who are not actively enrolled in programs, and the scope should remain limited to actively enrolled consumers only. We do not recommend revisions to this portion of the policy, but rather bring to the attention of the Allocations Committee to be mindful of when investigating consumer grievances.

- Further, the **Consumer Grievances** section states, *"grievance procedures shall be available in the language of the consumers' choice and at a third-grade literacy level".* As discussed in the Anti-Discrimination policy feedback, the costs associated with meeting the existing translation demand cause undue burden to providers without financial support from the CoC. For this reason, the expectation to provide written policies in the language of the consumer's choice poses challenges for agencies to implement. Further, it is our understanding that the CoC grievance policy is provided in English only, so is an unequitable expectation to place on providers that the CoC is not adhering to themselves.

**CE Prioritization Policy:**
In addition to the general feedback noted above, we recommend/seek clarification of the following:
1. In regards to the **Responsibilities of organizations** section under **Program/Project Referrals**, it states, *"Programs should ensure the CoC Prioritization and Accountability Policy is reflected in their own policies and procedures and that program staff are trained in Housing First Philosophy, HMIS procedures for referral acceptance/denial, and all other relevant CoC policies and procedures."* Again, as stated above, this should only be applicable to CoC funded projects, and language must be updated to reflect such. This documents greatly varies in the language used to describe the entities who will be accountable to the policy (i.e. participants of Coordinated Entry, Collaborative Partners, Providers, Coordinated Entry MOU Partner organizations, etc.). Further, this section also states, *"Organizations are responsible for accepting program participants based on prioritization score and documenting reasons for referral denials".* We recommend differentiating between congregate/shared housing and non-congregate settings, outlining different expectations for each (and consequently, updating the referral processes for congregate/shared housing and non-congregate settings based on these differing expectations). Congregate/shared housing settings have more to consider than just CE prioritization score – in addition to prioritization, congregate/shared housing settings must consider shelter appropriateness/ability to safely reside with others. While this policy may be considered best practice, again, this is only applicable to CoC funded programs. This section continues to state, *"Organizations must provide evidence justifying denial of households from COC-funded projects".* While it's agreed that this data is valuable in order to determine the appropriate placement for services, the added expectation to provide documented denials, particularly for large providers, is simply unmanageable. Rather, the focus should be less on the mechanism in which agencies document their denials, but rather remain focused on the ongoing participation of agencies during the monthly CE case conferencing, where this information can and should be openly discussed to achieve the intended impact outlined in this policy.

- In regards to the **Responsibilities of the Allocation Committee,** we have great concern and strongly object to the following "***For projects that are not funded by the CoC, non-adherence with coordinated entry policies and procedures will be reported to the appropriate funding source for inclusion in those monitoring proceedings***". This action far surpasses the jurisdiction of the CoC, and is inappropriate at best to discuss organizational compliance with a CoC policy to funders beyond the CoC in an effort to further influence adherence to CoC policies for their own gain.
- Lastly, this policy as a whole fails to recognize the significant impact it will have on the participating agencies, particularly for larger shelter providers, and will have severe implications to the ongoing ability to provide services under this mandate. While we appreciate the intent of prioritizing the highest-need consumers for services, it is completely unmanageable to only serve the highest prioritized cases, especially within a congregate/shared housing setting. The highest-prioritized consumers often come with the highest level of need, and therefore, it is not feasible to meet the level of needs for all high-prioritized consumers at once under existing staffing infrastructure (and without additional funding, leaves no room to expand staffing to meet increased level of need). Further, serving only the highest-prioritized households has the potential to create a dangerous environment within the congregate/shared housing settings given the close living quarters. For this reason, **providers *must* be able to enroll consumers in a manner that upholds the safety and success of consumers, prioritizing the high-priority households whenever possible, but balancing admissions with lower-need households in order to preserve the safety of all involved**. Given the existing homeless crisis (as demonstrated through the growing CE waitlists), enrolling consumers in this balanced fashion would allow providers to appropriately serve more homeless households in an effort to address the homeless crisis, **as being required to only serve the highest-prioritized households would ultimately result in reduction of program capacities in order to ensure the safety of on-site staff and consumers. Reducing shelter capacities at a time like this will only perpetuate the homeless crisis in Morris County, severely impacting the health and well-being of our most vulnerable community members, and create new generations of chronically homeless individuals and families as households would wait even longer to access shelter programs (and ultimately increase needs, creating a new cycle of homelessness as a result of the systemic priorities outlined in this policy, which we are adamantly trying to avoid).**

CE Events Data Entry Standards:
In addition to the general feedback noted above, we recommend/seek clarification of the following:
- In regards to the **Discharge** section under **Entering CE Events,** it states *"CE events are expected to be documented at client discharge, including when a client is auto-discharged, according to Data Governance standards".* Is the client discharge referenced referring to discharge from CE, or discharge from programs to which they were referred through CE? This is presumably the former, but requires further clarification to make explicitly clear.