



LEADERSHIP COUNCIL

Austin/Travis County CoC

HRS Leadership Council's All Stakeholders Minutes

Duration:	TIME: 12 pm - 2 pm	Date: 9/8/2025
		Meeting Place: VIRTUAL MEETINGS Meeting ID: ZOOM INFO

P = Present
A = Absent


Leadership Council Members							
P	Dr. Larry Wallace	P	Linda Jackson	A	Monique Coleman		
P	Coni Stogner	P	Candace McGary	P	Ebonie Trice		
P	Liz Baker	P	Sheila Joseph	P	Ashley Jones		
P	Dylan Shubitz	P	Amanda Jasso	P	Tim Mercer		
P	Jacob Emerson	A	David Gray				
Committee Chairs							
Guest Attendees							
	Guest Attendance is Recorded						
P	Kali Holifield	P	Stephanie Lowe		Natasha Ponczek		
P	Alyssa Edwards	P	Claudia Tompson				
ECHO Staff Presenting (Collaborative Applicant)							
A	Shan Robertson						
P	Helen Eisert						

AGENDA	PRESENTER	DISCUSSION	ACTION ITEMS
Welcome	Helen	<p>Welcome and Agenda Overview</p> <p>Helen opened the meeting by extending a warm welcome to Leadership Council members and attendees.</p> <p>Overview of the agenda items for the September 8, 2025, public meeting.</p> <p>Public Comment:</p> <ul style="list-style-type: none"> • A reminder was given to attendees about the public comment period, emphasizing that comments should be kept to 3 minutes. • Reminder that after workgroup leads updates and public comment, the meeting will go into an executive session. It was further explained that on Friday Sept 5, HUD dropped a third NOFO for the COC builds. Resubmission was done back in May, and they are wanting to re-procure it along with some changes that were made between the two NOFOs. This current one is the main COC NOFO and that the original NOFO update that was going to be given will be repurposed. 	N/A

Quick Business	Shan	<ul style="list-style-type: none"> ● Reflection on HRS Shared Values: <ul style="list-style-type: none"> ● Members were asked to HRS shared values brief reflection on the core values guiding. <p>Liz reflected on Transparency of process thanking the Permanent Housing Committee for bringing updates.</p> <p>Introduction of Sheila Joseph- New elected LC member (Non-HUD Funded Provider Seat)</p> <p>Leadership Council Vacancy seat announcement (Education or Workforce Development)</p> <p>Approval of Meeting Minutes:</p> <ul style="list-style-type: none"> ● The minutes from August 4, 2025, public meeting were reviewed and approved with no objections. 	Approval of 8/4/2025 Public Meeting Minutes with no edits - Approved
SO Street Outreach Written Standards	Anthony/ Toby	<p>Street Outreach Written Standards</p> <ul style="list-style-type: none"> ● Toby's Discussion <ul style="list-style-type: none"> ○ Presented the process of creating the Street Outreach (SO) written standards. ○ Collaboration included representation from a wide range of CoC organizations such as TOOF, ECHO, LifeWorks, PLEs, SAFE, CAP Metro, HOST, and the Homeless Strategy Office. ○ Feedback guided the development of the standards. ○ Emphasis areas included: <ul style="list-style-type: none"> ▪ Engagement and support (hygiene kits, food, clothing). 	

		<ul style="list-style-type: none"> ▪ Warm handoffs to medical, mental health, housing services, and transportation. ▪ Communication on incoming inclement weather. ▪ Information about cooling options during winter months. <ul style="list-style-type: none"> ● Anthony's Discussion <ul style="list-style-type: none"> ○ Focused on coordination and communication strategies: <ul style="list-style-type: none"> ▪ Encouraged outreach representatives to attend outreach coordination courses held by the City. ▪ Encouraged consistent engagement in outreach coordination calls and governance meetings. ○ Highlighted housing and shelter assistance: <ul style="list-style-type: none"> ▪ Providing shelter/housing calls. ▪ Informing clients of housing opportunities. ▪ Ensuring accountability for outreach attempts so individuals experiencing homelessness are aware of resources and do not fall through service gaps. ○ Stressed the importance of staff training, including: <ul style="list-style-type: none"> ▪ CPR and First Aid. ▪ Harm Reduction. ▪ De-escalation techniques. ▪ Trauma-Informed Care. 	
--	--	---	--

		<ul style="list-style-type: none"> ▪ Strength-Based strategies. ○ Explained that the SO written standards were designed to: <ul style="list-style-type: none"> ▪ Assist with basic needs. ▪ Provide access to vital documents. ▪ Advocate on behalf of individuals being served. <p>Amanda asked if the Equity Review Tool was applied to the standards.</p> <p>Anthony responded Yes and will forward the completed document.</p> <p>Questions, comments and suggestions were addressed from David which highlighted the following:</p> <ul style="list-style-type: none"> ● Is the USICH link to a federal website? If so, consider downloading and saving the PDF. ● The “Address Basic Needs” section may be challenging for some organizations receiving public funds. For example, neither the City nor our grantees can distribute clean needs for safe injections. I’m not sure if clean needles fall under the category of “hygiene services.” ● I don’t know if it’s feasible for <i>all</i> outreach teams to provide the services listed beginning on page 5 (please add page numbers to the doc). Some outreach teams specialize in different things. For example, HOST and PATH specialize in mental healthcare, while We Can Now specializes in basic needs and housing assistance. ● For the Essential Elements – who will track which organizations/individuals have completed the prioritized and 	
--	--	---	--

		<p>additional trainings? Will completion of trainings be a prerequisite for something?</p> <ul style="list-style-type: none"> • A chart was shared showing various ways information could be organized such as levels 1 low level services , level 2, mid level services and level 3 specialized services and the organizations could self-identify which ones they are, as well as category and services they fall under. •  <p>Anthony addressed those comments informing that all of the needs and services that are provided, they ensured it was right within the standards as illustrated and that emphasis was placed on connections to other organizations .</p> <p>Dylan asked whether needle distribution was mentioned in the document</p> <p>Helen clarified that the question was asking if it was considered under hygiene services.</p> <p>Anthony clarified that under basic hygiene, they are considering hygiene packs and things of that nature.</p> <p>Helen mentioned that clarity was being sort regarding grantees that if they are with the city, they can't do that.</p> <p>Toby informed that committee members consider hygiene harm reduction.</p> <p>Liz followed up with questions regarding basic needs, references, other organizations, like referral to other organizations that provide. Requested direction to where it can be found in the standards and if they applied to case management and mental health and substance</p>	
--	--	---	--

		<p>use as well as there might be a higher likelihood of where an organization is not able to provide the intensity of service.</p> <p>Anthony mentioned it being outlined in various sections of the document with the wording of “or connection to these services.” Suggestion consideration was made to update the headings clearly specifying so people were not held liable.</p> <p>Toby identified and referenced a section of the document that did address SO collaboration in that providers will work together to ensure a coordinated approach in engaging participants, SO providers will be transparent about areas served and the communication of those areas within the coordination calls. documenting calls within HMIS and that SO providers will send a rep to attend governance meetings.</p> <p>Liz shared that the information was helpful however, she stated in sharing Davids’s con and looking at the documents side by side would help to see if there was enough alignment to adopt Davids chart. This would help show the different types of outreach that gets done and what the minimum amount of service would be needed if your going to provide that type of outreach. Liz further shared in seeing the supportive services more definitive and if your going to call yourself street outreach, you have to be able to provide all of the following things as opposed to there being a core group of services that everyone has to provide and there might be teams that specialize in these different areas that have higher expectations.</p> <p>Helen shared the table David provided capturing the service categories suggested.</p> <p>Jacob commented that that standards were great and shared that the category chart David shared was great and illustrated important points. Two concerns raised were 1, are these bare minimum (This is</p>	
--	--	--	--

		<p>what you have to do) or bare minimum and the wish list. The wish list would go in to best practices and not the written standards as well as not everything in the written standards is going to be achievable.</p> <p>Concerns:</p> <p>Jacob: Points were raised that all 10 trainings may not be achievable with communities limited resources, hence, not everyone will be able to attend. Concerns were highlighted on difficulty finding trainings such as peer support and harm reduction as well as de-escalation techniques. Jacob further shared that he might be leaning towards an approval in principle and send those back only to ensure the written standards are broken down into the three categories suggested by David (Low level, Mid Level and Specialized) for example the higher the level you get, the higher the standards is. For low levels, they do not need all 10 trainings.</p> <p>Toby clarified prioritized trainings only being CPR, first aid, harm reduction 101, de-escalation techniques. The others are additional/ suggested trainings.</p> <p>Anthony clarified that ECHO provides some trainings, but other places would be Integral Care and other places.</p> <p>Linda worried about possible barriers this might create for volunteers. But if ECHO provided some of those free classes it would help persons in the community.</p> <p>Jacob suggested that for the volunteer who have been working on these, workgroups could possibly be commissioned to create a sort of training up that's like a mixture of the five required trainings and have that training done in an hour on a zoom call or in the field so they have the basics.</p>	
--	--	--	--

		<p>Linda stated that she disagreed with a combination class as it is hard to condense an advance for a state force and that those prioritized courses are important as long as they are not cost prohibited for people.</p> <p>Toby highlighted ECHO website where links could be found to a number of trainings that can touch base on information accessible to the public if you're a volunteer. He further shared the need to specify moving forward and look at it as a crisis response committee level on how to better adapt the information brought and see if any amendments.</p> <p>Dr Wallace sought more clarity as the information became more complex. The document described more the role of an outreach worker and what to expect and things the individual would provide. His concerns where to not scare volunteers off. Further sharing he liked the part in the document that speaks to what an outreach person is speaking to the type of engagement they should be doing vs one on one engagement. What does it look like for an outreach persons going out engaging example location, places, types of conversation, cultural climate aspects. These have not being addressed in what does ECHO leadership expect to make sure a person wanting to volunteer or get a job meets the same type of culture and climate from a mindset and engagement standpoint. Dr Wallace proposed instead of the level 1 0 level 3, it could be if your providing these types of services then if you're paid you need this type of training is expected or required. If you're a volunteer, then this type of training is preferred or recommended to help ensure the organization or your ECHO is not at risk. To sum it up, if you're providing this, this is the equivalency of training that they should have. If they don't, it's important to pick the right type of people and based on what they are doing, the proper training should be considered to make organization safer or protected. Or if they are</p>	
--	--	--	--

		<p>being paid through echo funding or leadership council training becomes a requirement.</p> <p>Dylan shared support for the document, liking how it reads and what it asked for. He further stated that he does not think the expectations were too high. If programs are going to receive funding to do street outreach what's asked in the document does not feel out of line. However, there are concerns about lowering the bar to accommodate programs that already exist. For programs that are not doing individual specific bullets in this document, I think these are achievable things that don't compromise any sort of street outreach mission.</p> <p>Amanda asked if the Equity Review Tool was applied to the standards.</p> <p>Anthony confirmed utilization.</p>	
Workgroup Leads Update	Toby	<p>Crisis Response Committee</p> <p>Toby provided updates from the crisis response committee sharing other leadership council assigned tasks for the Diversion standards and that they will not be redone but overview and see what needs to be tweaked to be caught up. Inclement weather workgroup is being re-established within crisis response to focus and try to be proactive on cold weather, shelters and hot weather.</p> <p>Permanent Housing Committee</p> <p>PSH to PSH Program Transfers</p>	N/A

	Kali	<p>Kali Highlighted why the problem exists and how to make PSH transfers more streamlined for both clients and providers, ensuring individuals are in the most beneficial and productive programs. Highlights on Data (7/1/2024 to 4/30/2025) were shared stating that 18 of the transfers came from site-based programs and 9 of the transfers from scattered site programs. It was noted that transfer portals were closed due to Front Steps Sunset leaving only 8 months of data. Reasons were given for the transfers (service level 8, change in HH composition 8, No longer eligible for program 1, individual safety (non VAWA) 10 and related to VAWA was 2. The transfer system was explained (23 steps were explained). Five votes are needed on email voting for the transfers to be approved. System concerns related to waste were brought forward by stakeholders such as vote by email, did not allow opportunities to discuss what was going on and provide opportunities for learning and may have slowed the process down when folks were out and did not get to their emails. Improving timelines to get clients and program is their answer more quickly is a goal. It was mentioned when it is appropriate to exist someone from PSH, however, it was mentioned that there were also concerns about who will pay for the move and deposits and is it clear. Several recommendations were mentioned including moving email votes to monthly staffing, improve client choice, timeline clarifications and data collection ECHO form. Kali further discussed possible outcome options for transfers stating that when approved the transfer would move forward and ECHO should provide an update on receiving within 14 days of approval. Other outcomes were approved with conditions or denied. Improved Coordination to ensure clear roles and clients don't get lost. This outlines who is doing to enhance procedure. Another goal was to improve timeline as well as having clear conversations with the client to ensure there is understanding of who is paying for what.</p> <p>Liz asked with the staffing, would it be a brand-new meeting or something similar like in governance that they will leverage</p>	
--	------	--	--

	Alyssa	<p>Kali mentioned that they could do it as either a sub work group of the folks that were part of the committee and keep that going or has been part of PSH committee created.</p> <p>Liz praised the client choice strategy and asked about questions or concerns around a PSH project doesn't pick somebody up, example if the clients choice seems like a fit, but pushbacks service is there an expectation of PSH providers</p> <p>Kali stated it would remain the same, the only way referrals would be refused if they are not eligible.</p> <p>Helen informed her that she would connect to Kali on next steps to move to a vote.</p> <p>RRH to PSH Transfer Policy</p> <p>Alyssa provided a brief update explaining that the work would like an acuity tool to understand what the actual need is for the community and that they have heard a lot from other rapid providers that there is a need for permanent supportive housing, a need for a transfer and that they want to ensure the need is for both the supportive services and PSH programs as a whole and not something that extended rental vouchers. Hence an acuity tool would be best, and the group decided to use the Connecticut supportive housing assessment tool as a guiding point. In March of 2025 the group started altering the tool to make it fit the work being done. Presently the group is wrapping up the work on creating the tool and will have a second presentation to the Permanent housing committee by the end of September, which is the goal, once voted on by the committee, it will be transfer by creating an implementation policy of it and writing the Rapid to PSH Transfer policy. The group is hoping to have something for LC to vote on by the end of the year.</p>	
--	--------	---	--

	Stephanie	<p>Liz commented in wanting to see the tool as the work will be a large package to get approved, hence seeing it in bits could be helpful along with any feedback LC might have as the policy is being written.</p> <p>Alyssa explained that it was not a problem and that the tool is mainly finalized and they are still working on finishing up the definitions for it and guiding questions to help people learn how to utilize it. Once completed and returned from committee the work will be shared with LC.</p> <p>PSH Written Standards</p> <p>Stephanie explained that first meetings were in April with workgroup members from Caritas, FEC and Lifeworks as well as many ECHO team members joining. The first steps the group took was researching other written standards that are out there to see structure and framework that could be used and build out where needed. The group has also been looking at HUD contract monitoring documents to ensure they are touching on important points. Kayli has offered to join the workgroup and move forward; a lot of ECHO representatives have joined to help drive the work forward. Stephanie shared the need for overall leadership guidance concerning Housing First on terms they want to put in the document. Hoping to have something at the end of the month but leaning more to November or end of the year.</p> <p>Helen asked if Stephanie was asking for folks to review the PSH document.</p> <p>Stephanie clarified No, the table of contents is built out but still pieces they don't know a lot about.</p> <p>Helen then asked if the group wanted guidance on housing first terminology. And that feedback can be sent back to the group on housing first language from leadership council.</p>	
--	-----------	---	--

	Claudia	Equity Committee <p>Claudia presented on the Housing Protection Workgroup (VAWA) in May the workgroup started looking at previous work done by ECHO on the VAWA CoC policies already started that were outdated from 2022, new language added to by HUD to implement into the CoC standards and policies and procedures and this is what the group has been working on. A lot of the work has been education with the committee members about what VAWA is, the definitions and what would qualify. The VAWA CoC policies has been drafted and ready to provide to the Equity committee hopefully sept or next month. The VAWA Emergency transfer policy has started and hoped to get some PSH language that was recently received and implement in to the CoC VAWA Emergency transfer policy so it's the same and don't contradict. The goal is to have that completed and present to the equity committee this month as well for review and present to leadership council in October or November.</p>	
Public Comment & Adjournment	Public	<ul style="list-style-type: none"> ● Viktoria shared concerns that her providers do not do a CA and is afraid she will return to the streets and was looking for guidance. ● Liz explained that a CA is primarily done once somebody is experiencing homelessness but does offer prevention services to avoid people falling back into homelessness and Sunrise is the provider of that service. ● Helen offered to send some resources for prevention services. ● Linda mentioned one question being if you are in imminent danger of being unhoused within the next two weeks ● Jordan advised Viktoria to send them an email to assist with troubleshooting and determine if she is not being exited from a PSH program. 	

		<ul style="list-style-type: none"> Toby mentioned inclement weather and if there were any service provider or organizations on the call willing and want to participate in creating and establishing a plan for tis year to email jake or Karen Dorier 	
Next Public Meeting: Monday Oct 6, 2025 12pm-2pm			

Actions taken by Leadership Council during the meeting on 9/8/2025 Public Meeting	
<ol style="list-style-type: none"> 1) Approval of the August/4/2025 Public Meeting Minutes 2) No other votes taken 3) SO will make revisions to the policy suggested and return 4) PSH Transfer Policy will be guided on next steps for LC vote 	