

North Carolina Balance of State Continuum of Care

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NC Balance of State CoC Steering Committee Consent Agenda and Updates

October 2017

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Section I. NC BoS Steering Committee Consent Agenda

The following will be voted on at the October 5, 2017 NC BoS Steering Committee meeting:

Approval of September 5, 2017 Meeting Minutes

Available here: www.ncceh.org/files/8639/

Approval of September 12, 2017 Meeting Minutes

Available here: www.ncceh.org/files/8627/

*Any Steering Committee member may request to move an item off the consent agenda to be more thoroughly considered. Any such items will be discussed as a regular agenda item at the next Steering Committee meeting.

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Section II. Updates

November 8, 2017 Regional Leadership Meeting Registration

All Regional leadership should register for the November 8 in-person meeting:

<http://www.ncceh.org/events/1193/>.

This is an in-person meeting for leadership of the NC Balance of State Regional Committees. NCCEH staff will work with Regional Committee leadership to plan for the upcoming year. NCCEH staff will provide information and training on key goals and updates from the CoC. All Regional Committee leadership are encouraged to attend (leads and alternates, funding leads, coordinated assessment leads, PIT Count leads, webmasters, and any other leadership positions within the Regional Committee).

Lunch and snacks will be provided. The registration fee covers the cost of food and materials. If this fee will prevent you from being able to attend, please email bos@ncceh.org to request a waiver.

The registration deadline is 5:00 p.m. on Friday, November 3.

When: November 8, 10 a.m. to 4 p.m.

Where: High Point, NC

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NC ESG 2017-18 RFA

NCCEH staff have posted answers to the ESG regional application questions that pertain to the NC BoS CoC. These answers cover questions 4.1, 5.1, 6.2.1, Section 7, and Section 8. The answers are posted at www.ncceh.org/bos/esg/ in the "Resources for Completing the 2017 Regional Application" chart.

Blank application materials and the registration links for the state's two ESG webinars (held on 9.19 and 9.25) are posted at www.ncceh.org/esgapplication/.

The NC ESG office announced on Wednesday 9/20/17 that ESG recipients in 2017-2018 will not need to provide matching funds. This benefit is not guaranteed to be available in future competitions.

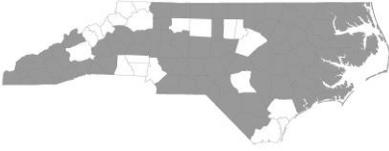
Coordinated Assessment Updates

3rd quarter Coordinated Assessment Outcomes due October 15th

Submit outcomes here: <https://goo.gl/forms/a5tCMilvA2X2V92l2>

NCCEH staff received 2nd Quarter Outcomes from Regions 1, 2, 5, 6, 9, 10, 11, and 12. All Regional Committees must submit 3rd Quarter Outcomes.





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October Coordinated Assessment Exchange Call

Note changed date and time: Tuesday, October 3rd, 2 p.m. to 3 p.m.

Register here to receive the call-in information: <http://www.ncceh.org/events/1068/>

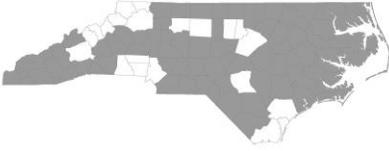
NCCEH Data Center staff will explain how coordinated assessment systems will be moved into HMIS and lead a discussion about the data elements we want to collect.

Moving Coordinated Assessment into HMIS

All regions will start moving their coordinated assessment systems into HMIS this fall. Coordinated Assessment Leads should attend the October Coordinated Assessment Exchange call to learn more.

NCCEH staff sent a survey to all Coordinated Assessment Leads that they need to fill out to help the NCCEH Data Center design each region's system in HMIS. We have received surveys back from Regions 1, 5, 6, and 10. We need surveys from the remaining regions.





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Section III. Meeting Minutes and Supporting Materials

Coordinated Assessment Council Meeting Minutes

September 19, 2017 Minutes

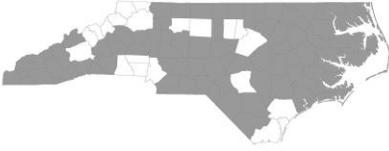
CAC members present: Teena Willis, Kim Crawford, Harold Rice, Brian Fike, Deena Fulton

NCCEH staff present: Brian Alexander, Ehren Dohler, Nicole Purdy

Minutes:

- The CAC has two new members:
 - Brian Fike from Trillium Health Resources who is coordinated assessment lead for Region 13
 - Harold Rice from Community Link who supervises the coordinated assessment lead for Region 5
- Richard Gary, Executive Director of Allied Churches of Alamance County has also expressed interest in joining the CAC.
 - The CAC discussed how new members should be selected. There isn't clarity about what criteria should be used and who would make decisions about membership.
 - Teena and Kim expressed concern about Richard's lack of experience with coordinated assessment and whether he's a good fit for the CAC.
 - Ehren mentioned that whether he's a good fit for the CAC partially depends on the role of the CAC: do people need significant experience because the CAC is an oversight and governance body, or should people who are involved in coordinated assessment in any fashion be part of the CAC because it's a planning body for the CoC.
 - The CAC agreed that the Steering Committee needs to re-visit how to select CAC members and the purpose of the CAC in order to move forward.
- HUD's CPD Notice 2017-1, Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, requires CoCs to develop an evaluation plan for their CA system
 - The Notice requirements around evaluation include:
 - CoCs must solicit feedback at least annually from:
 - Participating projects (agencies)
 - Households that participate in CA
 - Solicitations must address the quality and effectiveness of the entire CA experience.
 - The CA Outcomes Report addresses the effectiveness somewhat, but we are not collecting enough data to meet these standards right now.
 - CoCs may use three methodologies to collect data:
 - Surveys that reach the entire population
 - Focus groups that approximate diversity of total participants





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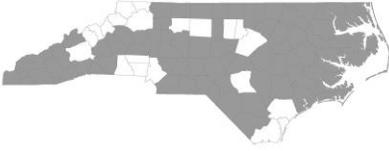
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- Individual interviews with enough participants to approximate diversity of total participants
 - CoCs must use the feedback they gather to make updates to the CA process
 - The CoC's procedure for all of this must go in our written policies and procedures.
- The CAC discussed options for soliciting feedback from providers
 - We could send an electronic survey to all participating providers or try to form focus groups.
 - Kim suggested that focus groups yield richer data and we should hold them if possible.
 - Ehren suggested we could travel around the state, potentially, or possibly piggy-back on gatherings that are already happening, like next year's NC homelessness conference.
 - Kim said we tentatively could use time and space during the 2018 conference to hold CA focus groups.
 - Brian suggested we do some of both: Send surveys out so we can get feedback from as many organizations as possible and hold focus groups at the conference.
- The CAC discussed options for soliciting feedback from participants
 - Ehren suggested we do some sort of rotation of focus groups: do maybe 3 or 4 a year, in regions. He noted having an independent party conduct the focus groups is important in order to get the best data.
 - Brian suggested we could possibly work with the ESG office to coordinate CA feedback focus groups with monitoring visits. This could result in about 1 focus group per quarter.
 - Brian also suggested we have a paper feedback form that is passed out to participants in every community.
 - This method won't yield as rich data, but will provide an opportunity to everyone to provide feedback.
- The CAC discussed options for incorporating the feedback we receive into the CA system policies and procedures.
 - Some feedback will need to be incorporated on the whole-CoC level, while other feedback will be region-specific.
 - The CAC will likely go over all the feedback and categorize it based on whether it might relate to the whole CoC, or is a recurring issue across the CoC, or whether it's related to a specific region.
 - If the feedback is related to the whole CoC the CAC will make recommendations to the Steering Committee to change the CA system based on the feedback.





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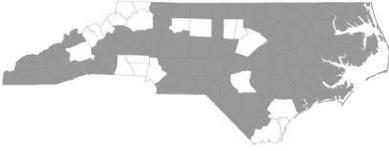
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- If the feedback is related to a specific regional committee the CAC and NCCEH staff will work with that specific regional committee to help improve its system.
- The CAC discussed what data we might want to collect from providers during the evaluation process.
 - Ehren pointed out that data might differ depending on the type of agency.
 - Ehren suggested a beginning list of types of data: Time spent on CA, effectiveness of screening and assessment tools, adequacy of trainings, effectiveness of the local referral process, timeliness of the system, transparency and communication in the system.
 - Deena suggested also added some open ended questions, like “what’s going well?” and “what’s challenging?”.
 - Deena also suggested adding questions to figure out how the different tracking systems across regions work. Do some systems work better than others?
 - Deena suggested having a question about how confidentiality for survivors of DV is working in the system and how that affects their access to resources.
- The CAC discussed what data we might want to collect from participants during the evaluation process.
 - Ehren suggested a list of potential pieces of information to collect: Were their needs met? How was their experience with providers? Did everything happen in a timely manner? Was the system accessible? Where are they now? Were all their rights honored – did they sign an ROI, were their rights explained to them, did they ever feel discriminated against?
 - Brian added that we should ensure all requirements were met: participants were made aware that they can file grievances and non-discrimination complaints.
 - Kim suggested we ask how they got into the system in the first place. We want to figure out how marketing is working and how we might market better.
 - Deena suggested also having some open-ended questions: what went well? What could have gone better?
- NCCEH staff will work on a more concrete proposal for evaluation to talk about at the next CAC meeting.
- The CAC discussed how we might improve how the CoC addresses domestic violence in coordinated assessment.
 - Ehren first presented the current DV process and protocols:
 - During the Prevention & Diversion screen, the second question asks whether they are residing with or trying to leave an intimate partner who threatens them or makes them fearful. If yes, clients are immediately referred to DV resources for safety planning.





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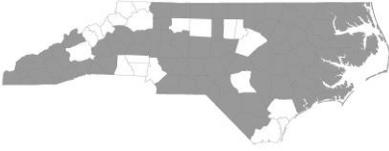
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- During the CA process all client data is coded for confidentiality and victim service providers are active in the CA process to ensure the safety of their clients.
- Deena made a few suggestions we could consider to improve the response to DV:
 - We should re-word the question on the P&D screen to be more inclusive of different DV situations, not just intimate partner violence.
 - Always referring directly to DV agencies may not always be the best option – not everyone wants to go to DV agencies, and sometimes DV agencies can be a barrier to accessing housing resources that clients want.
 - So we could potentially offer more options to clients besides just referring to DV agencies.
 - If we add additional screening tools, like a lethality assessment, for instance, to the initial screening, we should make sure information is shared well if a client does eventually go to a DV agency so they don't have to go through the long screening twice.
 - We clearly need more training for everyone on how to address domestic violence. Potentially, instead of training everyone on a long lethality assessment we could do a training about trauma informed responses more generally.
 - Deena also suggested we should consider adding a danger assessment to the VI-SPDAT itself. The VI-SPDAT doesn't always capture and prioritize the risk survivors are in.
- Ehren and Nicole gave an update on moving CA systems into HMIS
 - We are starting to move every region's CA system into HMIS.
 - The full CA system, from Prevention and Diversion onward will be in HMIS.
 - The basic framework is that there will be a "regional project" that will hold the regional waitlists and allow data collection and referrals. This regional project will replace the spreadsheet waitlists regions currently use.
 - NCCEH staff are building a special assessment into HMIS that will track some of the additional data that will be useful for regional waitlists.
 - Nicole mentioned that this assessment will include dates in the CA process – when clients were originally engaged, assessed, housed, etc – so we can start getting a sense of where bottlenecks might be in the process.
 - We are currently collecting information from each region about their CA process so we can build those into HMIS as closely as possible.
 - The plan is to move Regions 1 and 5 into HMIS first, then have other regions follow.
- Ehren mentioned that there is a Spanish translation of the VI-SPDAT available from OrgCode, though it is currently just a draft.

The next meeting is Tuesday, October 17 from 1-3 p.m.

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Veterans Subcommittee Meeting Minutes

September 7, 2017 Minutes

Veterans Subcommittee Members present: Tiana Terry, Branden Lewis, Jim Prosser, Terry Allebaugh, John Rakes, Reginal Roy

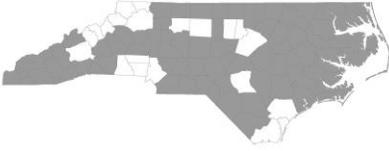
Other interest parties present: Leo Ficht, Barrett Kahl, Latina James, Jessica Maples, John Mills, Emila Sutton

NCCEH staff present: Ehren Dohler, Nicole Purdy

Outreach, shelter, and by-name list standards discussion and approval

- Ehren presented the outreach and shelter procedures. There are two goals in the procedures
 - 1. To identify all Veterans experiencing unsheltered homelessness in the BoS CoC
 - 2. To provide shelter to any Veteran experiencing unsheltered homelessness who wants it
 - These two items are particularly difficult in the Balance of State. Large rural counties are extremely hard to do outreach in, and many counties completely lack shelter. These procedures are designed to help SSVF providers design an outreach system that is comprehensive but manageable and to use SSVF funds as a last-resort source of emergency housing funding.
- *To identify all Veterans experiencing unsheltered homelessness in the BoS CoC*
 - There are two main categories of outreach the CoC can do to identify unsheltered Veterans: street outreach and site-based outreach. These procedures cover both.
 - Street Outreach:
 - SSVF providers will work with community partners to identify unsheltered homeless sites and develop a map for their community. Community partners should include:
 - Law enforcement
 - Faith-based outreach/ministry programs
 - Mental health providers
 - Soup kitchens and mobile feeding programs
 - Veterans Service Officers and Disabled Veterans Outreach Program officers (VSOs and DVOPs)
 - Other providers serving unsheltered homeless individuals
 - SSVF providers will develop a schedule for a trained outreach worker (from SSVF or other community programs) to visit each identified location on a regular basis (not less often than once every two weeks). Visits may be less frequent if no homeless person is found at an identified location after three consecutive visits.
 - If a campsite is identified, especially one with multiple people, SSVF providers should develop a plan for how to provide outreach to the campsite while ensuring safety of outreach workers and campsite residents. Guidelines for campsite outreach:





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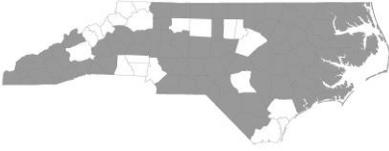
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- Outreach workers must always go in groups.
 - Try to develop a strong relationship with a member of the campsite who can help engage the other residents of the site.
 - Always ask permission to enter the campsite, even if permission has been granted in the past. Ideally have a resident of the campsite lead outreach workers to the campsite.
 - Law enforcement could escort outreach workers to the site, if law enforcement has a good relationship with the campsite residents and law enforcement presence will not result in the arrest of the residents or eviction of the camp.
 - If entering the campsite is unsafe or outreach workers are unwelcome, outreach workers should work with a resident of the campsite to meet campsite residents at a neutral place.
- SSVF providers or other trained street outreach workers will conduct street outreach to known unsheltered Veterans within 48 hours of a direct referral or within a week of when they learn about their presence.
 - John asked what the timeline is for meeting these standards. Certain counties will be difficult to meet these quickly.
 - Ehren responded that full coverage for the whole CoC should be by the end of the year, but any counties that are close should be covered much sooner.
- Site-based outreach:
 - These standards clarify that site-based outreach can be *passive or assertive*. There was some confusion over those terms during the planning process. Assertive outreach does not have to be street outreach, it can be site-based as well.
 - Coverage:
 - Outreach coverage in the NC BoS CoC may vary by the number of Veterans in the county and the presence of shelters. SSVF providers should focus street outreach efforts in areas with the most unsheltered Veterans but must develop a system to identify and engage unsheltered Veterans in other counties as needed. SSVF providers should develop a map of known sites where unsheltered Veterans frequent. If a county has no known unsheltered Veterans, they should work with VSOs, law enforcement, and other passive or assertive outreach sites to ensure unsheltered Veterans will be identified and referred to SSVF programs, if they appear. In counties with unsheltered Veterans, SSVF





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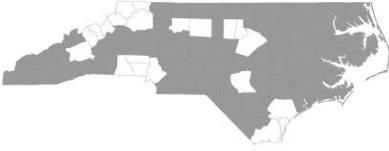
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providers should develop a regular street outreach plan to engage and serve unsheltered Veterans.

- *To provide shelter to any Veteran experiencing unsheltered homelessness who wants it*
 - Ehren presented the procedure for using SSVF funds for emergency housing. There are many counties where there is no emergency shelter or the shelter that is there is high-barrier, so there are probably some Vets who need and want shelter but cannot access it. SSVF can be used to provide emergency housing for these Veterans but has some limitations. These procedures lay out the steps SSVF should take before using SSVF funding for emergency shelter.
 - Before using SSVF funds for shelter, SSVF providers should:
 - Verify that no shelter is available to the Veteran, including shelter within a reasonable distance but in another region, to which SSVF providers could provide transportation.
 - Verify that SSVF programs cannot place the Veteran immediately into a permanent housing placement.
 - Verify that the SSVF program will be able to house the Veteran permanently within 45 days of putting them in emergency housing.
 - If a Veteran ineligible for SSVF funding cannot access emergency shelter, as stated in the BoS Plan to End Veteran Homelessness, SSVF providers should work with the regional coordinated assessment system to identify other sources of emergency housing.
 - If a region is not able to shelter an unsheltered Veteran who wants shelter, SSVF should immediately contact Ehren Dohler at ehren@ncceh.org.
 - It is very important to contact Ehren when SSVF finds a Veteran that cannot be sheltered – we have been looking for flexible funding sources to help fill this gap but we don't have a sense of how many Veterans fall into this category.
 - A couple SSVF providers expressed that they didn't have clarity on whether SSVF funds can be used in this way – they thought an actual, physical unit would have to be identified, with a lease signed or pending, before SSVF funding could be used for emergency housing.
 - Ehren responded that he has talked to Marsheta Boyton that the burden of proof is slightly lower – as long as a general unit has been identified and the Veteran can be housed within 45 days (the maximum length for SSVF-funded emergency housing). A general unit means if they have good relationships with landlords, for instance, and know they can get a Veteran into one of their units, that is okay.
 - John Rakes thought showing that the average time of homelessness is less than 45 days, that should be enough.
 - Ehren committed to getting this guidance in writing from Marsheta before approving these procedures.





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- Ehren presented an overview of the process of moving by-name lists into HMIS. Each Regional Committee needs:
 - An HMIS sharing agreement (QSOBAA): Each region must send a list of providers who should be on this agreement.
 - A shared ROI. The ROI template Ehren sent out is important to use: It covers a lot more than more traditional ROIs, and can replace current ROIs in many cases.
 - Tiana wanted clarification: Does a Veteran have to fill out the ROI with every agency they work with?
 - Nicole said that they don't: they just have to fill it out once, though it's probably a good idea to get a copy of that document for your files.

Fall meeting discussion

- Ehren asked whether a meeting in the fall to troubleshoot and kickstart everyone into next year would be helpful. Every said it would be. Ehren will look for potential dates and spaces in November.

Rapid Results Institute update and discussion

- NCCEH is working with RRI to come up with a plan for a potential bootcamp/100 day challenge at the beginning of next year (2018). NCCEH is waiting to get a scope of work proposal from RRI, so will update the committee when we hear more.

New HUD-VASH vouchers registration process

- HUD and the VA have changed the process for allocating HUD-VASH vouchers this year. PHAs must send in a letter of registration to apply for ne HUD-VASH vouchers, and they must get a letter of support from VAMCs.
- SSVF providers should think about PHAs in their areas who might benefit from HUD-VASH and make sure they send a letter.
- Branden thought some PHAs in Rowan would be good, Leo also mentioned PHAs in the Fayetteville VAMC's catchment area.
- Terry will mention this letter at the PHA directors' conference in Asheville.

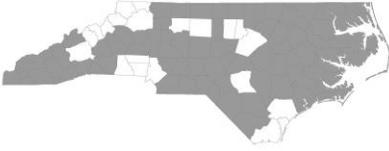
HUD multi-family Veterans preference

- Ehren reminded everyone of the Multi-family Veterans preference that we were trained on last year. The first pilot is up and running so we should try to get other preferences in place.
 - Branden and Tiana mentioned they had some properties in mind and will get back to working with them. They will email Ehren with which properties.

Risk Mitigation Fund update

- Terry gave an update on the risk mitigation fund pilot, which is now called the Landlord Incentive Payment Program. It will be piloted in four areas (none of which are in BoS, but they are in areas some SSVF and VAMCs cover). It will pay landlords for damages and incentives for serving the homeless, with a preference for Veterans. The program will be evaluated so hopefully it can be expanded in the future.





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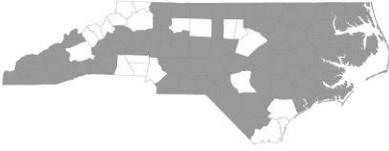
Steering Committee Restructuring Workgroup Minutes September 18, 2017 Minutes

Workgroup members present: Melissa McKeown, Monica Frizzell, LaTasha McNair, Jim Cox

NCCEH staff present: Ehren Dohler

- As a reminder, the Steering Committee Expansion and Improvement proposal includes three broad goals and four specific changes to meet those goals:
 - Three broad goals:
 - Improve decision-making and strategy to improve CoC performance and future CoC applications
 - Build communication channels, capacity, and relationships within the CoC
 - Expand connections to new partners and funding sources
 - Four changes:
 - Add at-large seats to the Steering Committee
 - Add a Funding and Performance Subcommittee and a Policy and Advocacy Workgroup
 - Enhance Steering Committee meeting content and the process for information-sharing
 - Develop additional training for Regional Leads and Steering Committee members
- The proposal also recommends certain types of at-large Steering Committee members:
 - 1-2 people with lived experience
 - 3-6 representatives from state government
 - Representatives may be from: DHHS, Public Safety, HFA, Dept. of Education, Dept. of Military and Veterans Affairs, Dept. of Commerce
 - 3-5 representatives from other sectors
 - Representatives may be from: the health sector, business sector, PHA, domestic violence sector, legal services, or youth homelessness sector
- The subcommittee discussed the best way to recruit people with lived experience:
 - Melissa: Starting with Champions for Change makes sense – they will have at least talked about how to do this.
 - Monica: can ask Regional Committees – do they have someone on their RC who might be good for this?
 - What if we have more than two candidates?
 - Ehren suggested put together information form and asking steering committee.
 - Monica: maybe cross that bridge when we come to it?
 - LaTasha suggested instead that the subcommittee should choose the candidates beforehand – having someone publicly voted down by the





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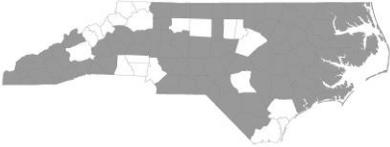
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- steering committee could hurt relationships. The rest of the subcommittee agreed.
- Melissa: They have a former employee who was a former client. He served on Executive Committee for PRC. Semi-retired. Could be good. Melissa will reach out.
 - The subcommittee reviewed options for each of the state government seats
 - DHHS:
 - NCCEH brainstormed Jessa Johnson, Stephanie Williams (currently on CAC), Trish Farnum, and Jeff Smith as potential options. NCCEH will reach out to them.
 - Jim will talk to local DSS director about who would be good. State DSS conference coming up later in the month.
 - Jim also suggested the Office of Rural Health.
 - NCCEH doesn't have great connections to the Department of Public Safety, but will talk to Nicole Sullivan who might be able to recommend someone.
 - HFA: NCCEH suggested Paul Kimball, Jennifer Olson, and Emila Sutton as potential candidates.
 - NCCEH suggested Lisa Phillips, who is the McKinney-Vento Homeless Liaison state-wide coordinator, to represent the Department of Education
 - Terry Allebaugh will suggest potential candidates from the Department of Military and Veterans Affairs.
 - Iris Payne or Melody Adams could be good candidates from the Department of Commerce.
 - The subcommittee reviewed options for each of the other sector seats:
 - Health Care Sector:
 - Jim: NC office of rural health, Community Health Association, both good ideas. North Carolina Free Clinic Assc – based in Winston.
 - Jim knows people in office of rural health: He will ask both as a seat and for connections to free clinic and health association.
 - Jim could talk to director of local FQHC
 - Nicole Boone (regional lead for Region 11) works in a local public health office – she could be helpful to connect us to the state-wide association.
 - LaTasha: Someone from Vidant Duplin is active in their regional committee. She might be able to connect us to someone at Vidant who would be good.
 - LaTasha will talk to her contact.
 - The subcommittee brainstormed potential business sector partners to reach out to
 - Private foundations:
 - Jim suggested the Duke Endowment, RJ Reynolds
 - SECU
 - Jim will ask Pitt County about league of municipalities and association of county commissioners.
 - Home Loan Bank
 - State Chamber of Commerce





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- The subcommittee brainstormed potential PHA directors
 - Stanly County: they just added a homeless preference in the last year. Melissa will talk to them.
- For the DV sector someone on the Women's Council or Dana Mangum from NCCADV would be good.
 - Ehren asked the subcommittee to talk to providers in regions for insight into who might be good.
- Legal services:
 - NCCEH brainstormed the NC Fair Housing Project, NC Legal Aid, and Disability rights.
 - Monica will talk to Pisgah Legal
- The subcommittee brainstormed potential people in the youth homelessness sector:
 - NCCEH can talk to the NC United Way.
 - Jim will talk to the local DSS director
 - LaTasha: Council for Women Youth Involvement used to be involved in Regional Committee – she can reach out.
 - Monica suggested someone in Juvenile Justice.
- Jim also suggested reaching out to the faith community.
- The subcommittee discussed the process for selecting at-large members:
 - Provide a job description and ask people to commit to it and sign it.
 - In advance of making the offer.
 - Candidates will submit a bio or resume for the Steering Committee to review
 - This subcommittee will make a recommendation to the Steering Committee to approve.
- The subcommittee did not have time to talk about the other aspects of the proposal. They will discuss those at the next meeting.
- The next meeting will be the second or third week of October. Ehren will work to find a time that works for everyone.

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