

Steering Committee Meeting November 2, 2021 10:30 AM

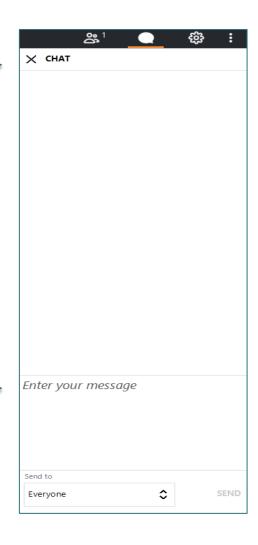
Welcome

Reminders

Your line is muted.

We will unmute the line during Q&A pauses.

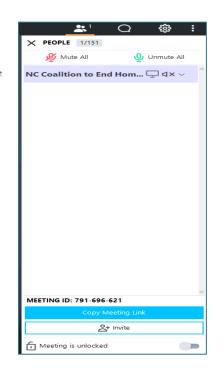
The chat box is available to use anytime.

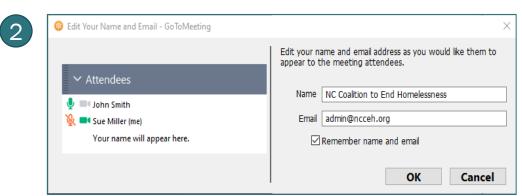




Roll Call

- We will conduct Roll Call for Regional Leads and atlarge members to confirm quorum for voting.
- All participants should enter their full names, so we can document their participation in the minutes.









Agenda

- Consent Agenda
- NC BoS CoC Dashboard
- Regional Committee Leadership
- NC BoS CoC Vaccine Data
- 2022 PIT/HIC Planning
- Racial Equity Subcommittee
- Coordinated Entry Update
- Governance Charter and Written Standards Update
- Upcoming Meetings & Reminders



Review & approve consent agenda

Consent agenda:

https://www.ncceh.org/bos/steeringcommittee/

- The consent agenda was sent to the Steering Committee prior to the meeting as part of a board packet.
- The consent agenda will be voted on as a whole at the beginning of each meeting.
- Steering Committee members may request to remove an item from the consent agenda for additional discussion.

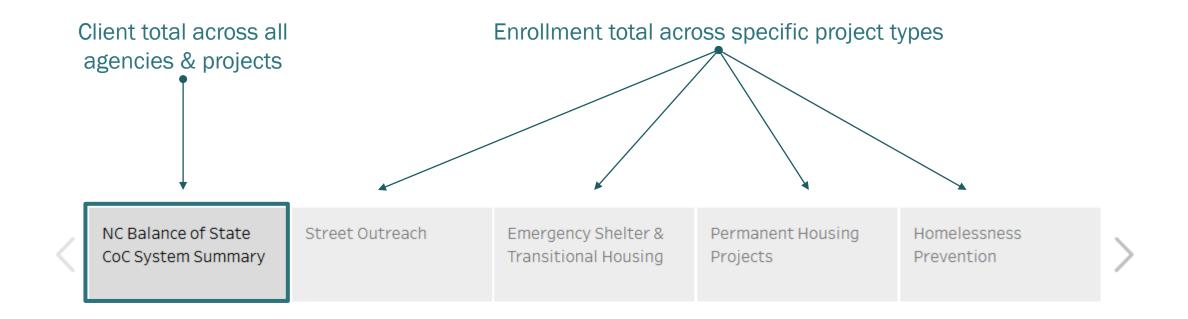
Changes or discussion?





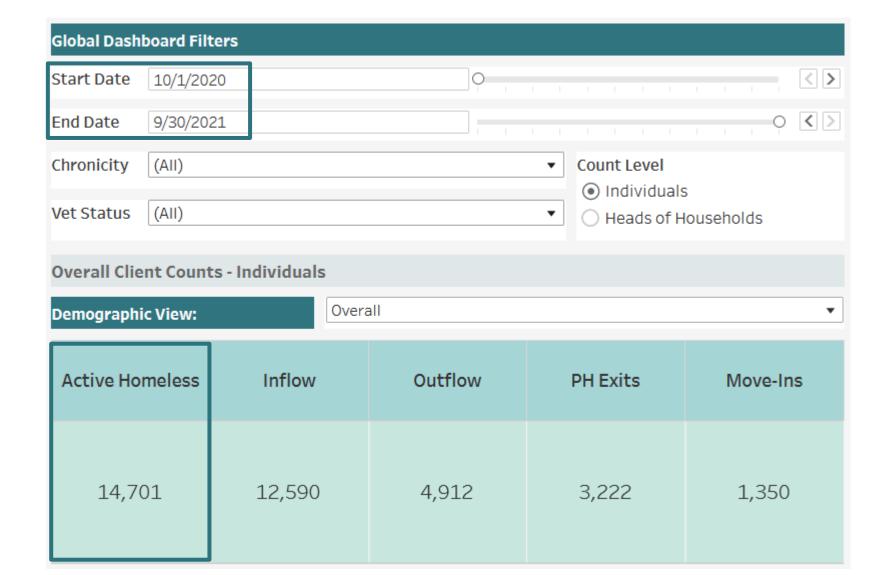
Tabs divide our views

Dashboard Data can be reported as a whole, by project type



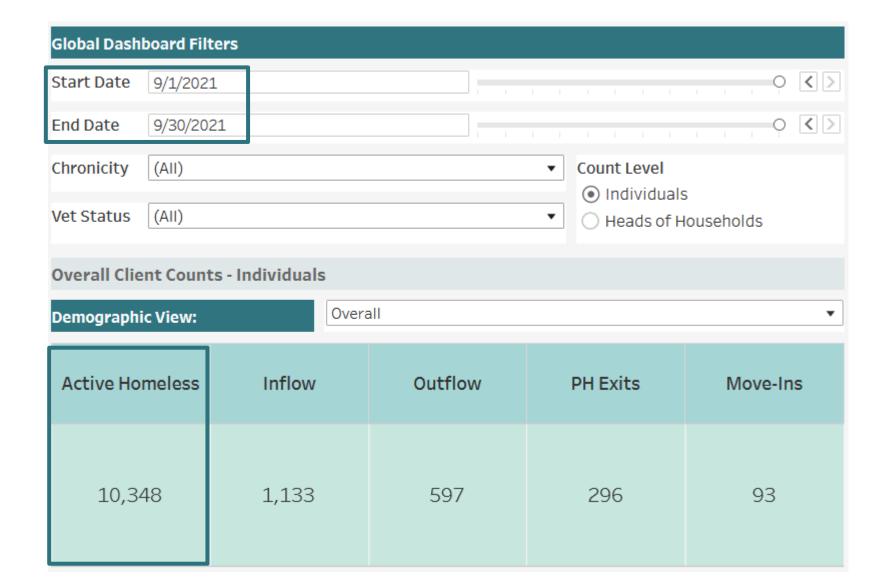


System Summary: Last Year



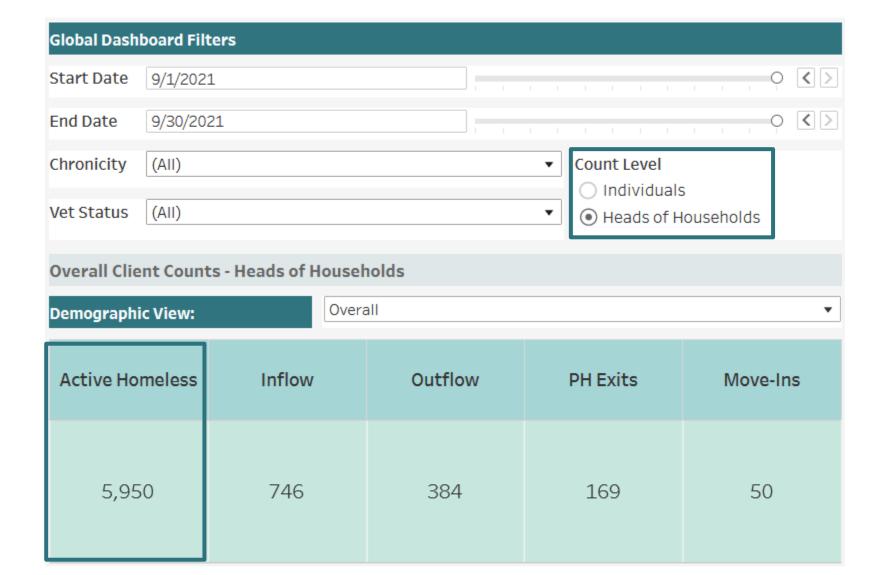


System Summary: Last Month



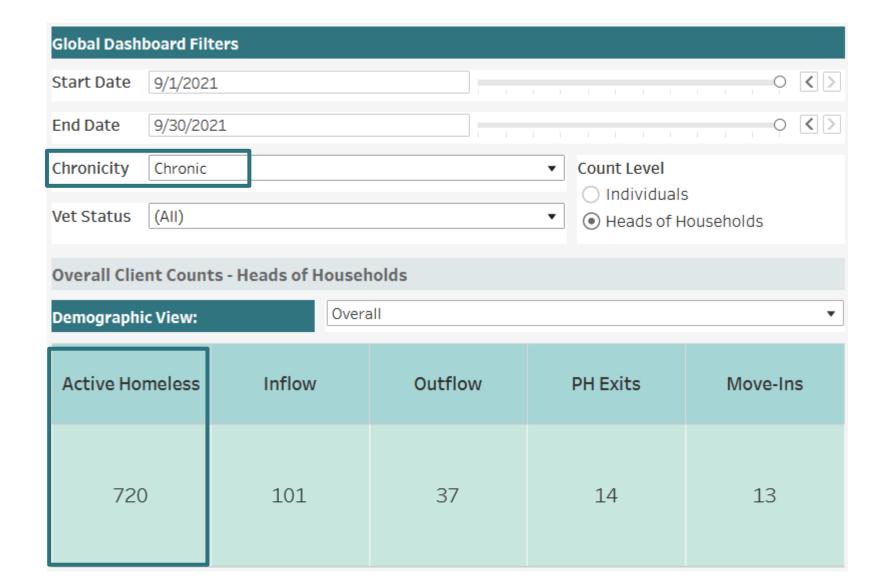


System Summary: Households



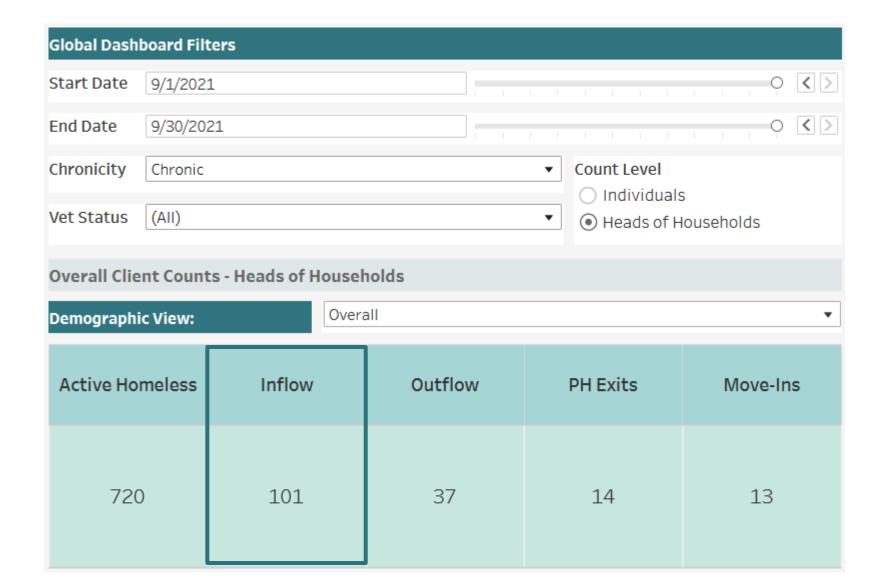


System Summary: Chronicity





System Summary: Chronicity





The CoC could consider several potential strategies to implement.

The data tells us several things:

- The system enters a little over 1,000 new people per month
- We currently have 720 households experiencing chronic homelessness with 101 new households experiencing chronically homelessness in September.
 - Only 37 exited the system in September with less than half exiting to permanent housing
 - Move ins nearly matched exits to PH could indicate that we're filling PSH slots quickly

Where does the system need to put its efforts based on this data?

- Diversion efforts?
- Moving On strategies?
- Partnerships to exit more CH HHs?
- Others?





Regional Committees should elect their local leadership in the 4th quarter.

The NC BoS CoC requires Regional Committees to elect the following leadership roles in the 4th quarter to begin January 1, 2022.

- Regional Lead
- Regional Lead Alternate
- Coordinated Entry Lead
- Webmaster
- Project Review Committee representative



Regional Committees should be mindful of the responsibilities for each of these roles and choose wisely.

Regional Lead

- Represents the region as a voting member on the Steering Committee
- Facilitates local meetings
- Serves as liaison between the Steering Committee and Regional Committee
 - Communication is key!
 - Point of contact for CoC staff

Regional Lead Alternate

- Represents the region as a voting member on the Steering Committee when RL is unavailable or has a conflict of interest
- Facilitates HMIS Recruitment plan with local subcommittee



Regional Committees should be mindful of the responsibilities for each of these roles and choose wisely.

Coordinated Entry Lead

- Must be a person from SSO-CE funded agency
- Facilitates local CE system
- Ensures Regional Committee follows NC BoS CoC CE written standards and implements required system initiatives

Webmaster

- Ensures completion of Regional Committee meeting minutes
- Submits meeting agendas and minutes to NCCEH for posting

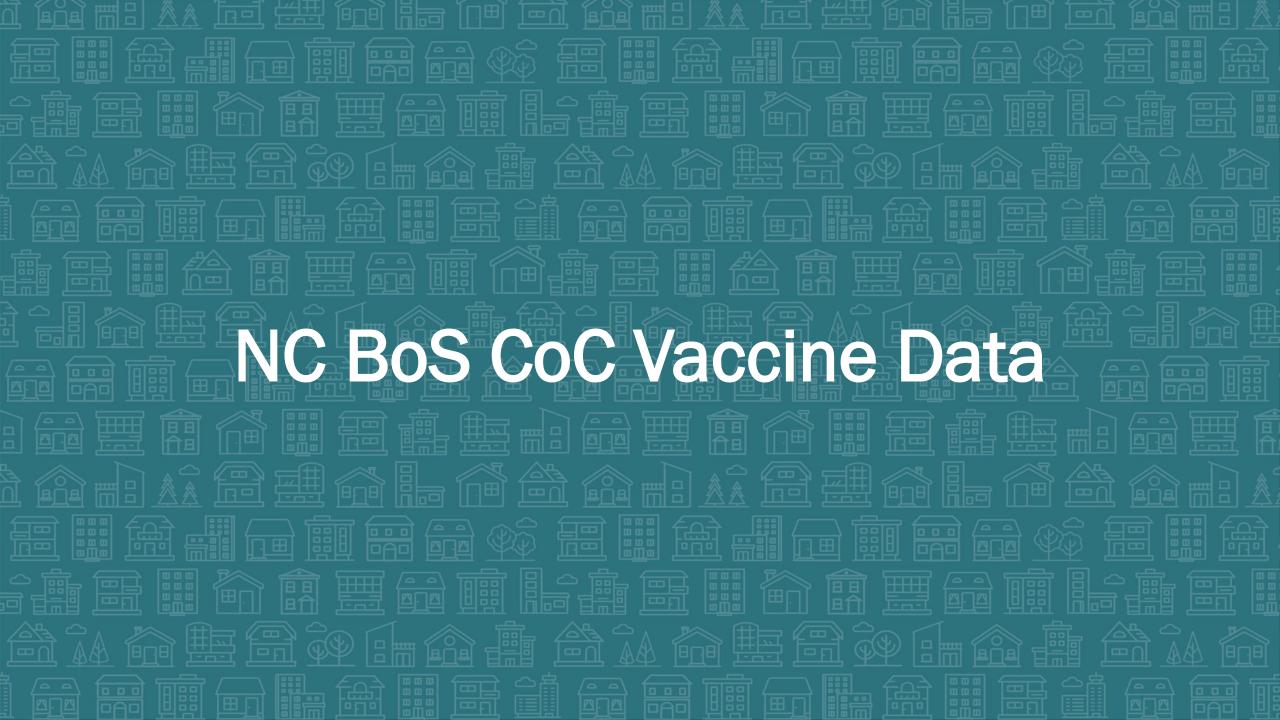


Regional Committees should be mindful of the responsibilities for each of these roles and choose wisely.

Project Review Committee representative

- Participates fully in review and scoring process for the annual CoC and ESG funding processes
- Does not have a conflict of interest
 - Is not a current ESG or CoC applicant or grantee







NC DHHS HMIS Vaccination Analysis

CVMS Reporting Team 10/20/2021

Overview and State Comparison

Background

Objective

- Use probabilistic matching between the HMIS dataset and the vaccination dataset to determine, at an individual level, who has received a Covid vaccination
- Analyze and visualize the data, following small cell suppression rules, to provide meaningful insights to HMIS stakeholders

Methodology

- Data sources:
 - HMIS Population: HMIS data at the individual level including identifying fields that was provided on 9/16
 - CVMS Extract: Vaccination data at the recipient level that was pulled from BIDP on 9/14
 - State Comparison Data: Vaccination data pulled from the publicly available dashboards on 10/19
- Caveats
 - Small cell suppression
 - Population segments that have fewer than 500 people must be suppressed in order to protect PII and adhere to data use agreements.
 - Probabilistic Matching
 - The vaccination rate presented in these slides should be considered the floor for the vaccination rate. Due to data quality of the matching fields, it is likely that vaccinated individuals in the HMIS data set were not captured in the probabilistic matching which would cause them to appear as unvaccinated in the final data set.

Key Definitions

- Percent Vaccinated = Count of HMIS individuals who were found in the vaccination database / total count of HMIS individuals.
 - These individuals have at least one dose.

Background

Objective

- Use probabilistic matching between the HMIS dataset and the vaccination dataset to determine, at an individual level, who has received a
 Covid vaccination
- Analyze and visualize the data, following small cell suppression rules, to provide meaningful insights to HMIS stakeholders

Methodology

- Data sources:
 - HMIS Population: HMIS data at the individual level including identifying fields that was provided on 9/16
 - CVMS Extract: Vaccination data at the recipient level that was pulled from BIDP on 9/14
 - State Comparison Data: Vaccination data pulled from the publicly available dashboards on 10/19
- Caveats
 - Small cell suppression
 - Population segments that have fewer than 500 people must be suppressed in order to protect PII and adhere to data use agreements.
 - Probabilistic Matching
 - The vaccination rate presented in these slides should be considered the floor for the vaccination rate. Due to data quality of the
 matching fields, it is likely that vaccinated individuals in the HMIS data set were not captured in the probabilistic matching
 which would cause them to appear as unvaccinated in the final data set.

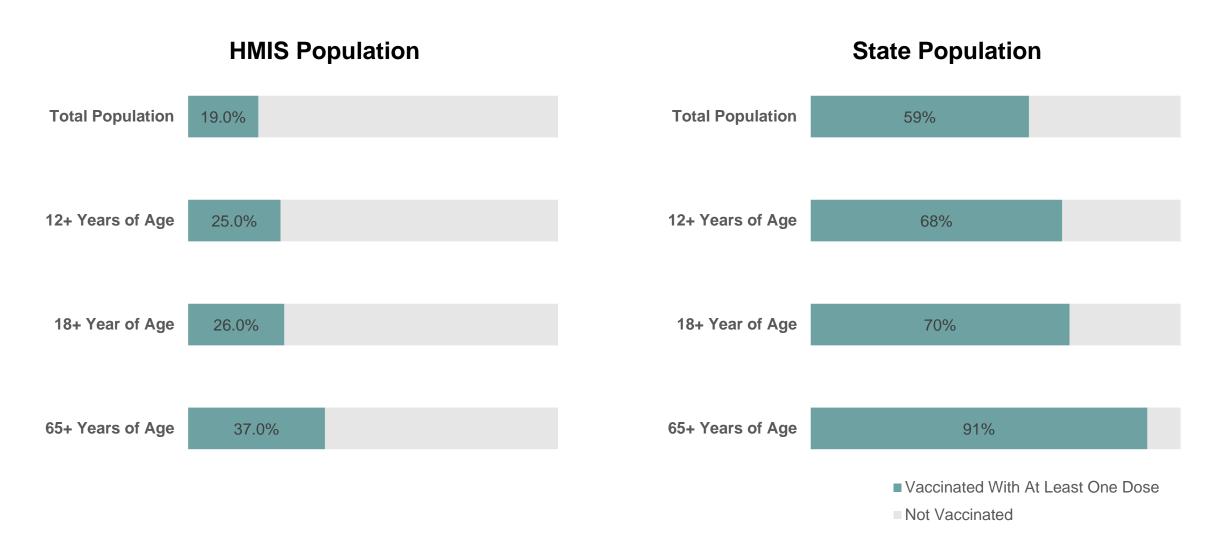
Key Definitions

- Percent Vaccinated = Count of HMIS individuals who were found in the vaccination database / total count of HMIS individuals.
 - These individuals have at least one dose.

Percent Vaccinated with at Least Dose 1 Comparing State and HMIS Populations

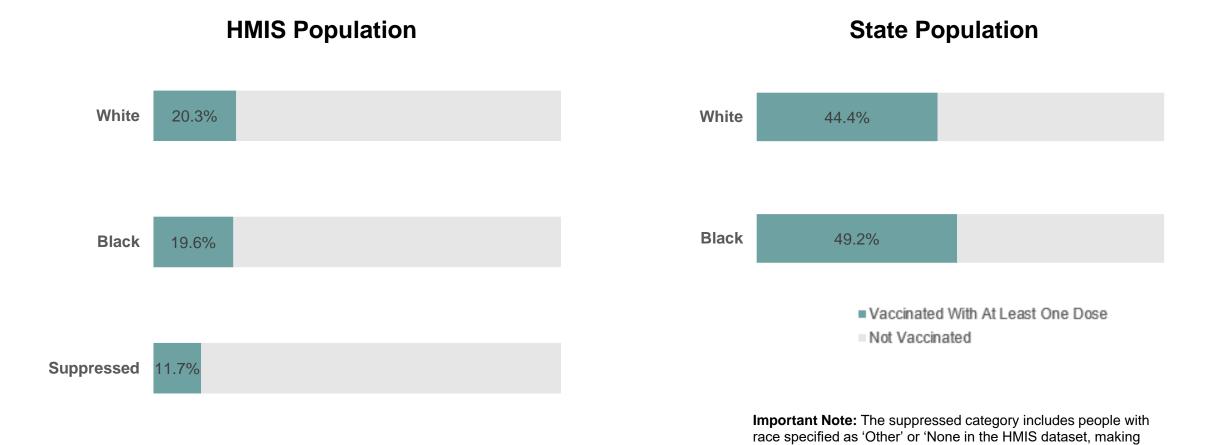
Percent Vaccinated with at Least One Dose

Below are comparisons of different age segments between the HMIS population and the state population for percent of the population vaccinated with at least one dose.



Percent Vaccinated with at Least One Dose by Race

Population totals are broken out by race in this chart and races with population denominators that do not meet small cell suppression thresholds grouped together. The state comparison for non-suppressed races is also shown.



Note: Data includes NC provider and federal pharmacy administrations. It does not include administrations from federal entities such as the Veterans Administration and the Federal Bureau of Prisons which may cause the vaccination rate to be slightly underrepresented as people experiencing homelessness may have been vaccinated through these programs.

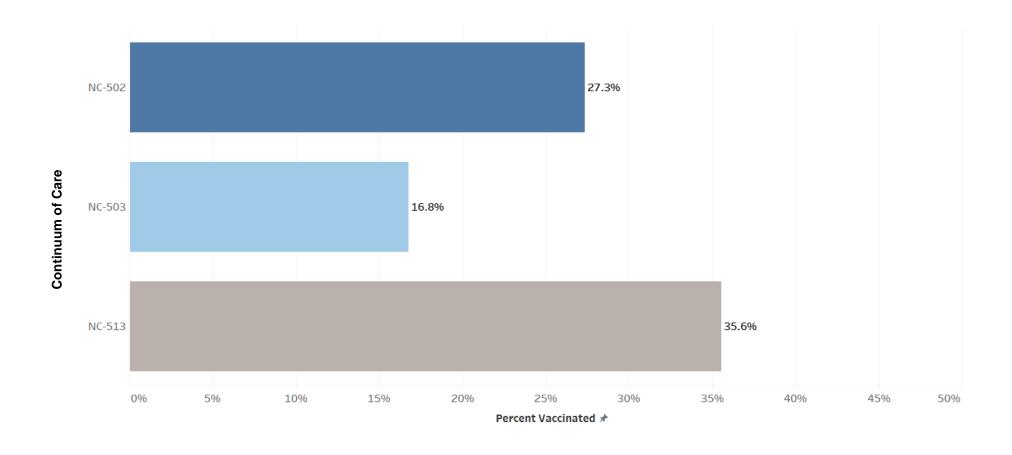
matching to vaccination data more difficult. This causes an

artificial deflation of the vaccination rate.

Percent Vaccinated with at Least Dose 1 HMIS-Specific Groups

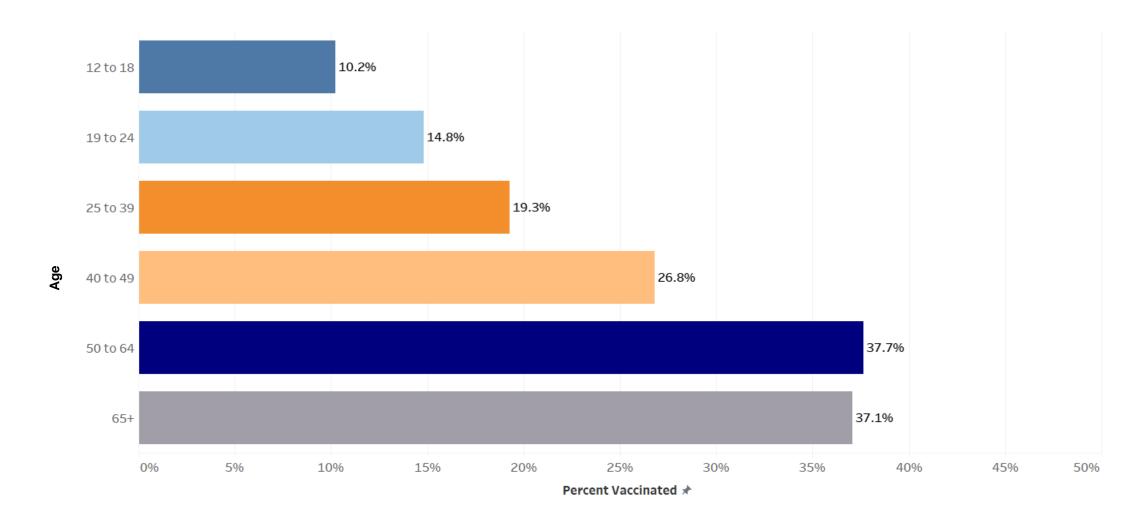
Percent Vaccinated with at Least One Dose by Continuum of Care

Note: CoCs with population denominators that don't meet the small cell suppression threshold are hidden. NC-506 and NC511 were hidden.



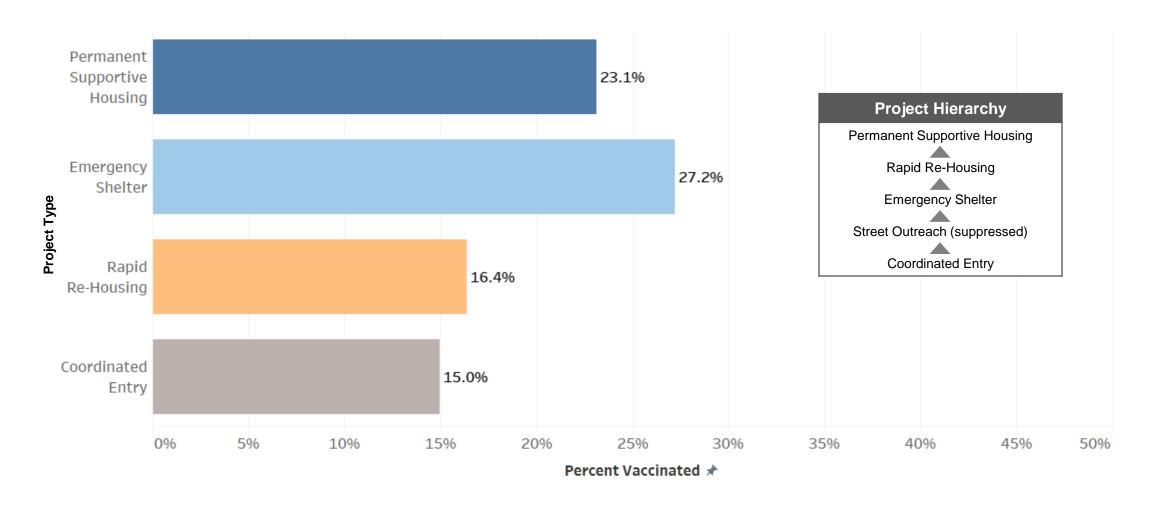
Percent Vaccinated with at Least One Dose by Age Groups

Note: age groups were selected such that small cell suppression requirements were met for all groups.



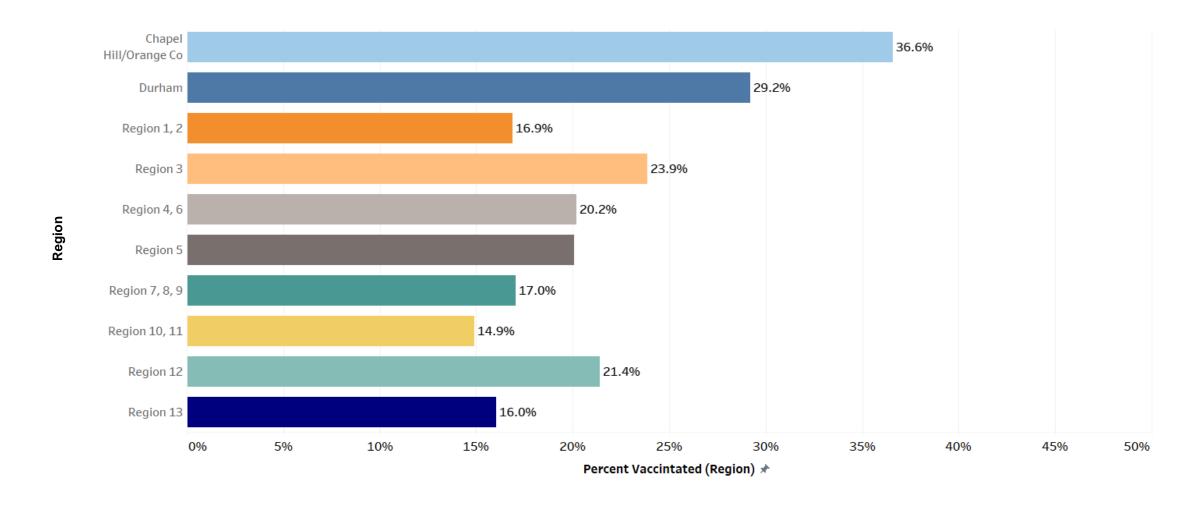
Percent Vaccinated with at Least One Dose by Project

Population totals are broken out by project type with the established hierarchy in this chart. Projects with population denominators that don't meet the small cell suppression threshold are hidden. A hierarchy was also applied as members may have been engaged by different projects at different times.



Percent Vaccinated with at Least One Dose by County/Region

Population totals are broken out by region with the established hierarchy in this chart. Regions with population denominators that don't meet the small cell suppression threshold are either grouped together or hidden. For people with multiple regions assigned, the region associated with their most recent start date was chosen.



Percent Vaccinated with at Least One Dose by County/Region

Population totals are broken out by region with the established hierarchy in this chart. Regions with population denominators that don't meet the small cell suppression threshold are either grouped together or hidden. For people with multiple regions assigned, the region associated with their most recent start date was chosen.

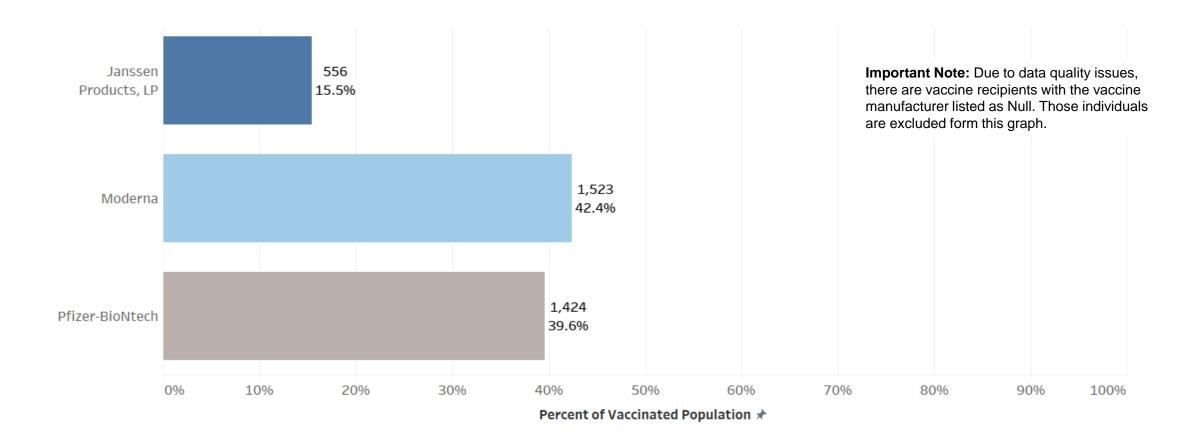
County/Region	% PEH Vaccinated with at Least One Dose	% Full Population Vaccinated with at Least One Dose
Orange County	36.6%	72%
Durham County	29.2%	68%
Region 1, 2	16.9%	52%
Region 3	23.9%	49%
Region 4, 6	20.2%	52%
Region 5	20.0%	49%
Region 7, 8, 9	17.0%	48%
Region 10, 11	14.9%	51%
Region 12	21.4%	52%
Region 13	16.0%	59%

PEH= Person Experiencing Homelessness

Percent of Vaccinated Population by Manufacturer

Percent of Vaccinated Population by Manufacturer

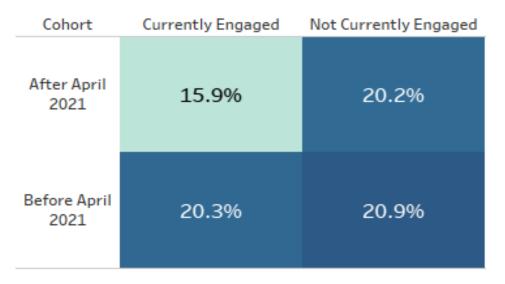
The breakdown of the percent of the vaccinated population by manufacturer is shown below. The count of individuals with each vaccine type is also shown.



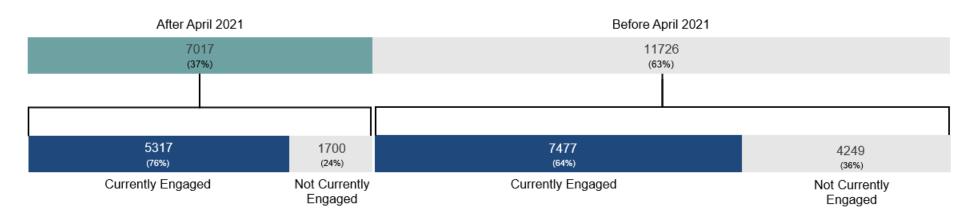
Cohort Analysis

Cohort Analysis Population Size and Vaccination Rate

The below chart shows the vaccination rate broken out by cohort and engagement status. The size of each population is shown in the breakdown below. Cohorts were calculated by splitting the HMIS population into those whose earliest start date was before April 1, 2021, and those whose earliest start date was on or after that date. A person was marked as currently engaged if they had a null end date which signifies that they are still enrolled in a program. Otherwise, they were marked as not currently engaged.



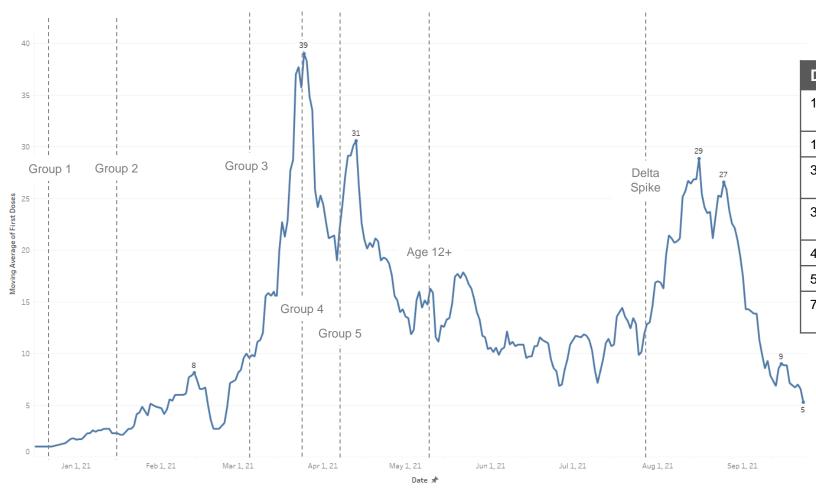
HMIS Population By Start Date Cohort



7 Day Moving Average

7 Day Moving Average Of First Doses for HMIS Population

The below graph shows the 7-day moving average from 12/16/2021 to 9/23/2021, the date of when the last vaccination extract was pulled.



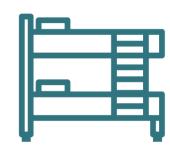
Date	Milestone	Description
12/20/20	Group 1 Approved	Health Care Workers and Long-Term Care Staff
1/14/21	Group 2 Approved	Older Adults: 65+
3/3/21	Group 3 Approved	Frontline Essential Workers
3/24/21	Group 4 Approved	Adults and High Risk for Severe Illness
4/7/21	Group 5 Approved	Anyone 16+
5/10/21	Ages 12+ Approved	N/A
7/27/21	CDC Encourages Vaccine Due to Delta Variant	N/A

Note: Data includes NC provider and federal pharmacy administrations. It does not include federal entity administrations.



Data Collection for Point-in-Time Count





Unsheltered	Sheltered Count		
	HMIS ES + TH	Non-HMIS ES + TH	
HMIS	HMIS Reports	Counting Us App	
Night of Count: Jan 26 Service Based Counts: Jan 26-Feb 8	Work with NCCEH Data Center to finalize data and submit reports	Night of Count: Jan 26 Service Based Counts: Jan 26-Feb 8	



Data Collection for Housing Inventory Count





Temporary Sheltered		Permanent Housing	
HMIS ES + TH	Non-HMIS ES + TH	HMIS RRH + PSH + OPH	Non-HMIS RRH + PSH + OPH
HMIS Reports:	People Count: Counting Us Survey App (Due early Feb)	HMIS Reports: Work with NCCEH Data Center to finalize data and submit reports	People Count: Counting Us Survey App (Due early Feb)
Work with NCCEH Data Center to finalize data and submit reports	Bed + Unit survey with NCCEH staff (Due early Feb)		Bed + Unit survey with NCCEH staff (Due early Feb)

Combining Data & Reporting

NCCEH Staff will combine data and create reports.

Data Collected	Type	Contributes to Point in Time Count (PIT)	Contributes to Housing Inventory Count (HIC)
	Unsheltered	\checkmark	
People	Sheltered (ES +TH)	\checkmark	\checkmark
	Permanent Housing (RRH + PSH + OPH)		√
Beds + Units	Sheltered (ES +TH)		\checkmark
	Permanent Housing (RRH + PSH + OPH)		\checkmark

Roles for NC Balance of State CoC

Unsheltered PIT Leads (Unsheltered Access Coordinators)

- Elected position for each region
- Facilitates data collection and entry so folks experiencing unsheltered homelessness can access resources
 - Organizes volunteers for verification surveys night-of or immediately after PIT night
- Leads collection, entry, and verification of data for PIT night



Roles for NC Balance of State CoC

ES, TH, RRH, PSH program staff

- Confirm point of contact with NCCEH when they reach out this fall
- Ensure information is ready and available for clients served on 1/26/2022
 - HMIS
 - Counting Us App if not HMIS participating; first training <u>Dec 8th!</u>
- Respond to NCCEH with program, funding, bed/unit and capacity information in January/February



Roles for NC Balance of State CoC

NCCEH staff

- Assigned agencies to support for non-HMIS and HMIS counts
- Designing and delivering training for different counts
 - Unsheltered Access trainings and materials can help communities prep: https://www.ncceh.org/bos/coordinatedentry/



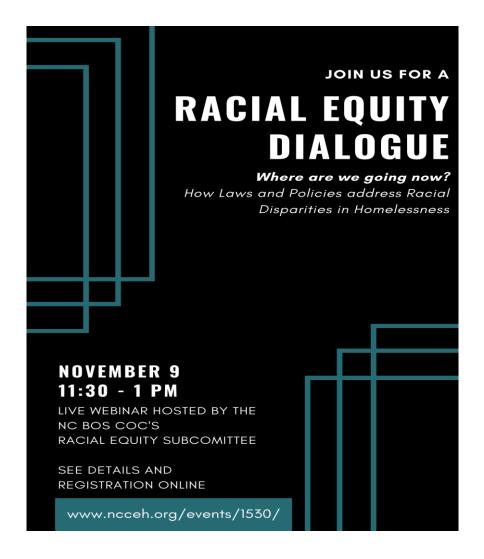


Racial Equity Dialogue Debrief "Racism, COVID-19, and the Eviction Moratorium"

- Held on October 12
- 75 people attended
- Thank you to panelists and facilitator!



Second Dialogue Series event set for November 9th at 11:30 AM





2022 Membership and Recruitment

- The Racial Equity Subcommittee has set guidelines for membership to assist recruitment for 2022.
- Recruitment has begun and the help of Regional Leads is important!
- Membership FAQ is forthcoming and can be a tool to help in recruitment
- Send interested people that are connected with your Regional Committee, or who work in an agency that serves people experiencing homelessness to Laurel at laurel.mcnamee@ncceh.org



Key points of 2022 Membership

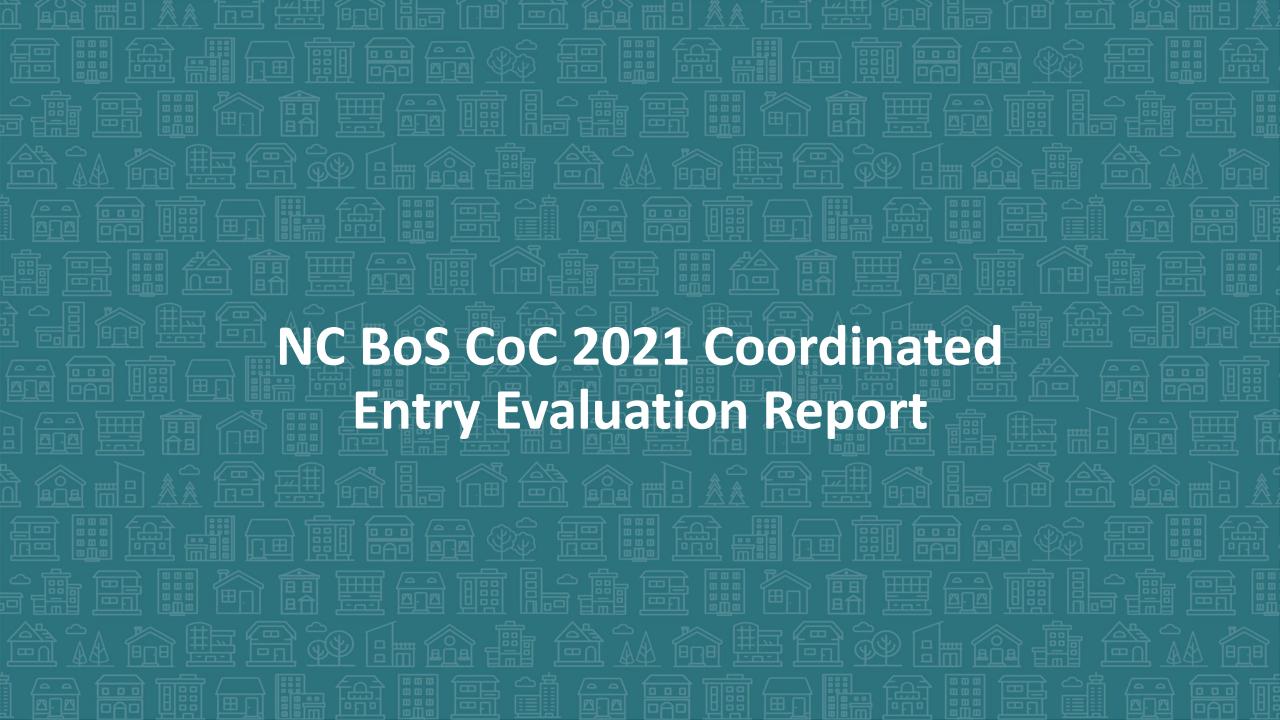
- New members should agree with the idea that racism is systemic and impacts all parts of homelessness systems. This includes acknowledgment that disparities in homelessness systems exist because of racism.
- Commit to attend as many monthly RE Subcommittee meetings as possible. Inform staff if you aren't planning to be there.
- Encouraged to serve on workgroups and other subcommittees, either RE Sub or more broadly in NC BoS CoC.
- Share the responsibility of reporting to Steering Committee. Expect to present at least once in the year.
- Promote and attend RE Subcommittee events, such as the RE Dialogue Series.
- Assist in recruitment of new members as needed.
- One year commitment. No cap on renewing.



Racial Equity Demonstration Project

- We have received notification that the NC BoS CoC has been selected to participate in a national cohort of CoC's attempting to improve equity in their Coordinated Entry systems!
- NC BoS CoC will join other CoC's from across the country and receive HUD TA to work on improving racial disparities in access and prioritization.
- The Prioritization Work Group of the Racial Equity Subcommittee will serve as the core team along with NCCEH staff Andrea Carey and Ashley VonHatten.





Overview

- NC BoS CoC did not complete an evaluation of the coordinated entry system in 2020 (per <u>CPD Memo: Availability of Additional Waivers ...</u> <u>Caused by COVID-19</u>).
- 2021 NC BoS CoC CE Evaluation:
 - CEC passed motion for evaluation process and timeframe
 - CE Leadership was responsible for distribution and collection of surveys
 - NCCEH staff reviewed all surveys, compiled data, and reported outcomes to CEC
 - CEC will discuss system improvements and help facilitate changes



The evaluation consisted of three elements:

- Surveys to participating provider agencies
- Surveys to people who are enrolled in permanent housing programs (rapid re-housing and permanent supportive housing)
- Surveys to people currently experiencing homelessness



- Provider agencies completed 30 surveys. Survey respondents included agencies that participated in every part of the CE system.
 Provider surveys were completed in all 13 Regions of NC BoS CoC.
- Provider surveys included questions in relation to:
 - Prevention and diversion
 - VI-SPDAT
 - Case conferencing
 - Referrals to permanent housing



Surveys to people who are enrolled in permanent housing programs:

- People living in permanent housing have been through every aspect of the coordinated entry system.
- Providers offered surveys to all households housed in the last year and were completely optional and confidential.
- 26 people completed surveys from Regions 2, 3, 4, 7, and 12.



The following chart indicates the services that respondents felt were most helpful to them while they experienced homelessness.

What services were the most helpful to you?	Number of responses
Find new housing or referred to housing program	22
Provided food	13
Referral to emergency shelter	11
Referral to domestic violence shelter	6
Medical needs or provided health care	5



- Our current CE system does not prioritize households for emergency shelter but connecting people experiencing homelessness to emergency services is one of the key functions of coordinated entry.
- Shelters should ensure they have a robust anti-discrimination policy and a grievance process for clients to express concerns. Shelters should only force people to leave in the most extenuating circumstances and reduce any screening barriers to entering the shelter.



Coordinated entry should connect clients to permanent housing options that fit their needs. When asked what is going well in their current housing, responses are as follows:

- Everything (x6)
- Love it (x2)
- Have a roof over their head
- Plenty of food
- Have a home
- Comfortable
- Bills are paid
- Safe



Surveys to people currently experiencing homelessness.

- People in shelters and people experiencing unsheltered homelessness were surveyed.
- These surveys were confidential and completely optional. The
 access point offered the chance to complete a survey after the
 provider assessed the client using the VI-SPDAT.
- Most surveys collected were from people in emergency shelters, with people in Regions 2, 3, 4, 5, 7, 11, and 12 returning surveys.



Type of assistance would be most helpful, 83% of people stated help getting into an emergency shelter, housing, and/or food as their top priority.

What services were the most helpful to you?	Number of responses
Help getting into an emergency and/or DV shelter	20
Help with food	13
Help with enrolling in a housing program	11
Help with healthcare	9



Timeliness

 CoC could improve the timeliness of referral through additional CoC and/or ESG resources, preferences through PHAs, progressive approach to housing, more housing-focused services, and reducing barriers at case conferencing meetings.

Grievances

93% of respondents stated they did not feel discriminated against.



- Evaluation improvements
 - Response rates: Due to the pandemic and limited staff capacity, the CoC expected lower participation rates in 2021. However, the CoC should consider adding CE evaluation participation to its annual CoC and/or ESG scoring process.
 - Survey content: The provider survey should include questions that pertain more directly to agencies that do not provide permanent housing.
 - Response bias: Surveys should have been confidential and anonymous, but the CoC should ensure all clients understand that their surveys will not be seen by their service provider and will not affect their housing or services in any way.



The CoC could make improvements to its CE system:

- The Prevention and Diversion Screening Tool does not seem to significantly aid in diverting households from entering the homelessness response system.
- Emergency shelters should continue to lower barriers and become more housing-focused.
- The VI-SPDAT does not score clients accurately and has been shown to have racial bias.
- People experiencing homelessness in the CoC are not offered permanent housing options quickly.





The NC BoC CoC Governance Charter has been updated to reflect changes in 2021.

- Annual update is required
- NCCEH staff have suggested updates to reflect:
 - Cleaned up language for clarity including replacing pronouns to be gender neutral.
 - Changed the name of the Unsheltered PIT Count Lead to Unsheltered Access Coordinator
 - Added Regional Lead Alternate position duties as approved by the Steering Committee
 - Added new dates and updated attachments
- Draft Governance Charter: https://www.ncceh.org/media/files/page/94d3c4d5/nc-bos-governance-charter-draft-11-02-21.pdf



The Steering Committee needs to approve annual updates to the Governance Charter.

Discussion?

Motion?



Staff suggest adding language in programmatic written standards about education services.

The CoC Application asks about written policies and procedures the CoC has to inform individuals and families who become homeless of their eligibility for educational services.

Staff suggest adding the following to the services section in SO, ES, RRR-HP, and PSH written standards:

"Program staff will connect families with children to appropriate educational services including, but not limited to, early Head Start, Head Start, Public Pre-K, community colleges, and others. Staff will liaise with the local homeless school liaison to ensure coordination, allowing youth to attend their school of origin and receive eligible educational and other services allowable under McKinney-Vento."



The Steering Committee needs to approve updates to the Written Standards.

Discussion?

Motion?





Meetings & Reminders

- Racial Equity Dialogue Series, How Laws and Policies Address Racial Disparities, *November 9, 2022, 11:30 A.M. 1:00 P.M.*
 - Presentation: https://global.gotomeeting.com/join/791696621
- Coordinated Entry Council Meeting, Monday, November 15, 10:00 11:30 A.M.
 - Presentation: https://www.gotomeet.me/NCEndHomelessness
 - Audio: (646) 749-3112 Access Code: 975-793-733
- NC Local Leadership Response Sharing Call, Wednesday, November 17, 1:00 2:00 P.M.
 - Presentation:
 https://zoom.us/j/5799039481?pwd=UFkwNCtLdUszeG94Y2prS0ttRkVmdz
 09

Meetings & Reminders

- Racial Equity Subcommittee Meeting, Wednesday, November 15 11:30 AM – 12:30 A.M.
 - Presentation: https://global.gotomeeting.com/join/791696621
 - Audio: (646) 749-3112 Access Code: 791-696-621
- Funding and Performance Subcommittee Meeting, Thursday, November 18 11:00 A.M. 12:00 P.M.
 - Presentation: uberconference.com/brianncceh
 - Audio: (401) 283-4752 Pin: 13939
- NC BoS HMIS User Meeting, Thursday, November 18, 1:00 2:30 P.M.
 - Presentation: https://global.gotomeeting.com/join/168443229
 - Audio: (571) 317-3122 Access Code: 168-443-2293



Adjournment

Next Steering Committee Meeting:

Tuesday, December 7th, 10:30 AM – 12:00 PM

Keep in touch

bos@ncceh.org

919.755.4393

