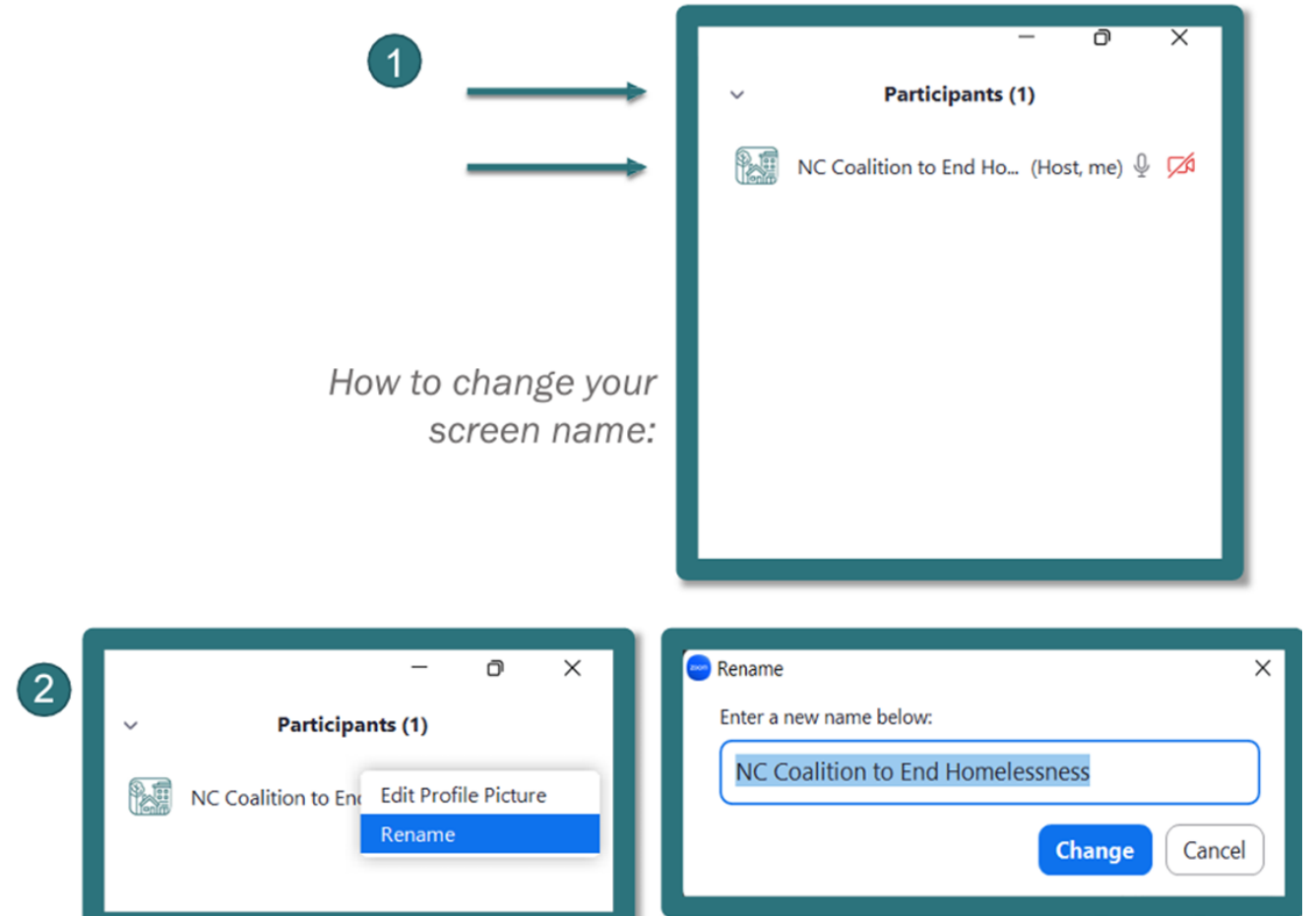


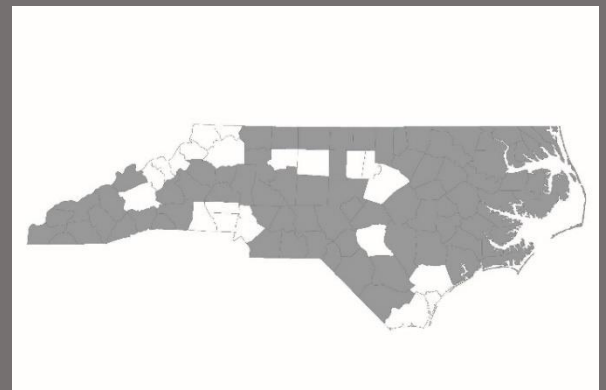
Coordinated Entry Council Meeting October 16, 2023

Roll Call

- We will conduct Roll Call for Regional Coordinated Entry Leads.
- All participants should enter their full names, so we can document their participation in the minutes.

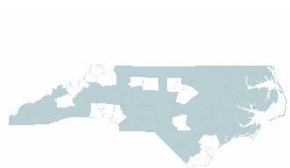


Agenda

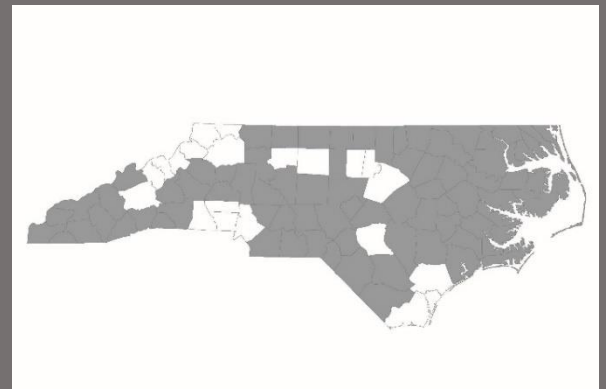


Agenda

- New Coordinated Entry Assessment
- EHV Update
- Reminders



New Coordinated Entry Assessment



CE Assessment Pilot

- June 1 – June 30 NC BoS CoC piloted the new assessment tool in Regions 5 and 7.
- Our Core Team spent July:
 - Reviewing data from the completed 97 new assessments,
 - Reviewing feedback from clients who were assessed with the new tool,
 - Reviewing feedback from the assessors who completed the new assessment with clients
 - Adding an additional question and wordsmithing our training document(s).



CE Assessment Pilot

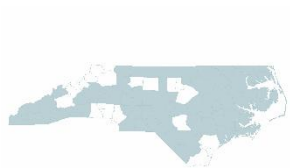
- In reviewing our CE pilot assessment data, we have realized we didn't have enough data from Regions 5 and 7 to make informed decisions regarding the scoring/weighting of the new assessment questions.
- We asked Regions 5 and 7 to go back into pilot mode from Monday, August 14 through September 30.
- We have also identified Regions 3 and 12 as new regions to conduct the CE pilot assessment for the month of September, to gain as much data as possible.



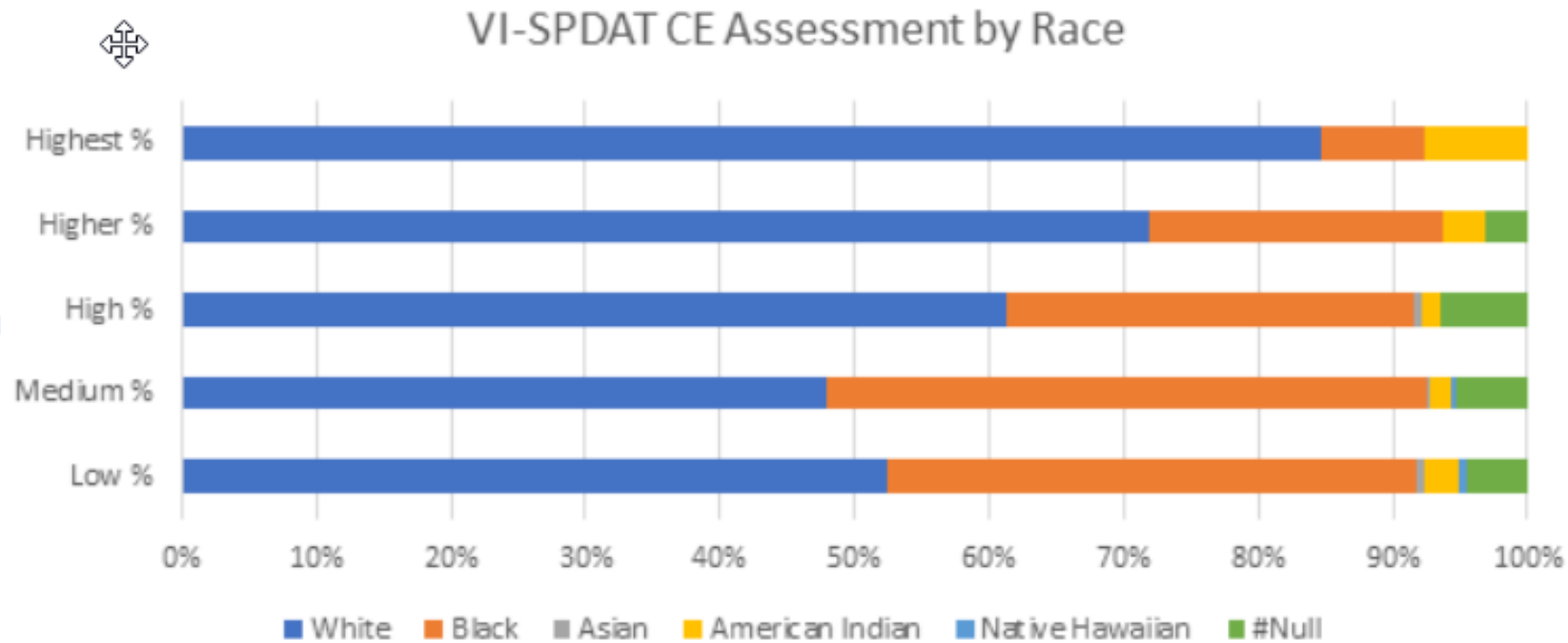
CE Assessment Pilot

Totals as of September 22, 2023

- Total New Assessments: 204
- Total Client Surveys: 12
- Total Assessor Surveys: 32



CE Assessment Pilot

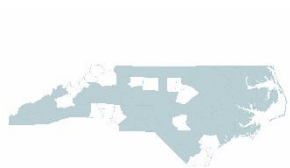


- Data clearly demonstrates that people identifying as White are prioritized at significantly higher rates than BIPoC.
- 85% of all people in the highest scoring category (15+ points) identify as White
- Less than 10% of people in highest scoring category (15+ points) identify as Black

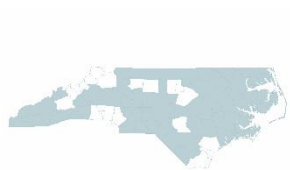
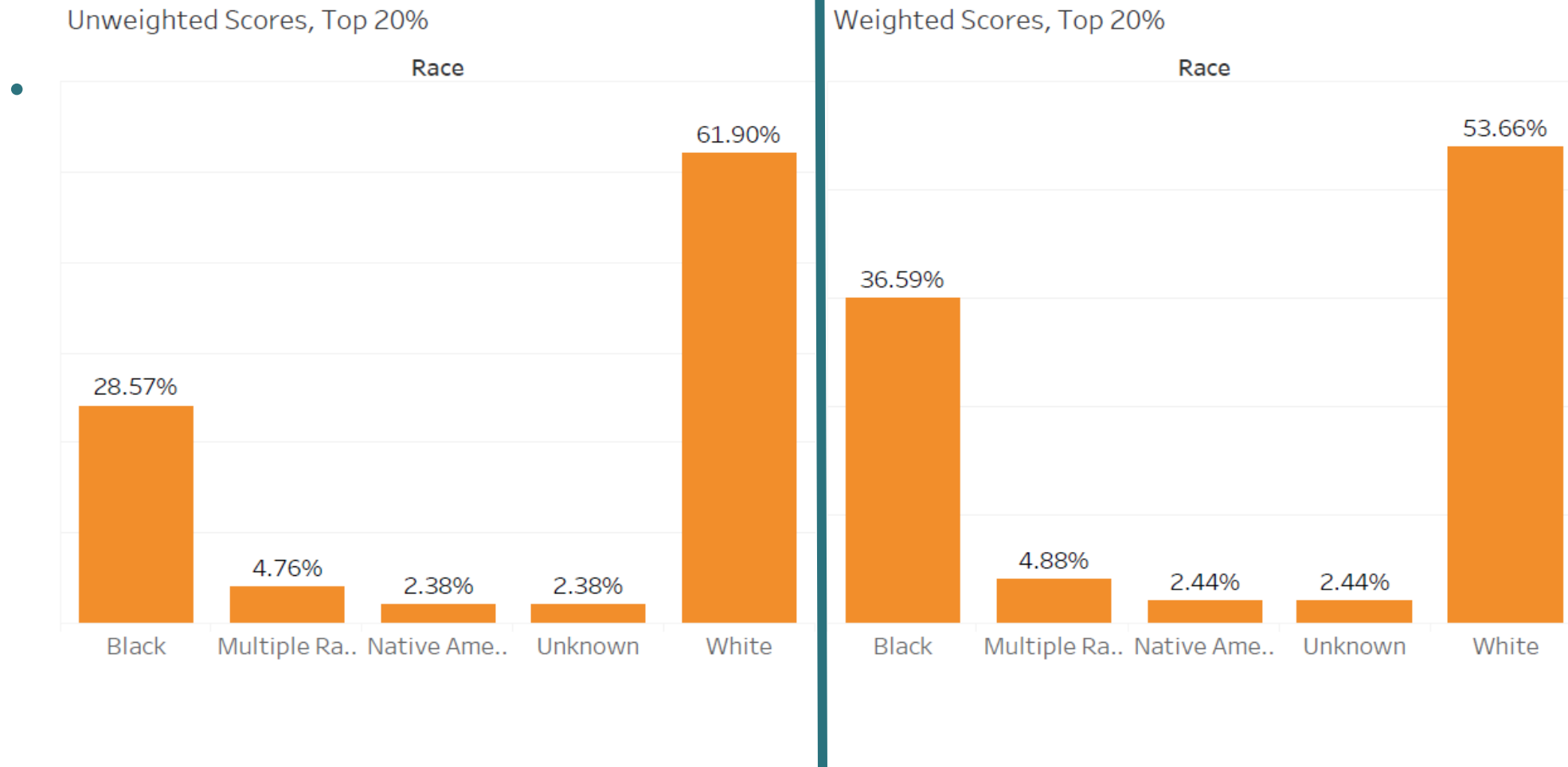


Goal

- North Carolina Balance of State aims to proportionally increase the high scores of Black/African Americans assessed through a revised VI-SPDAT to 43%

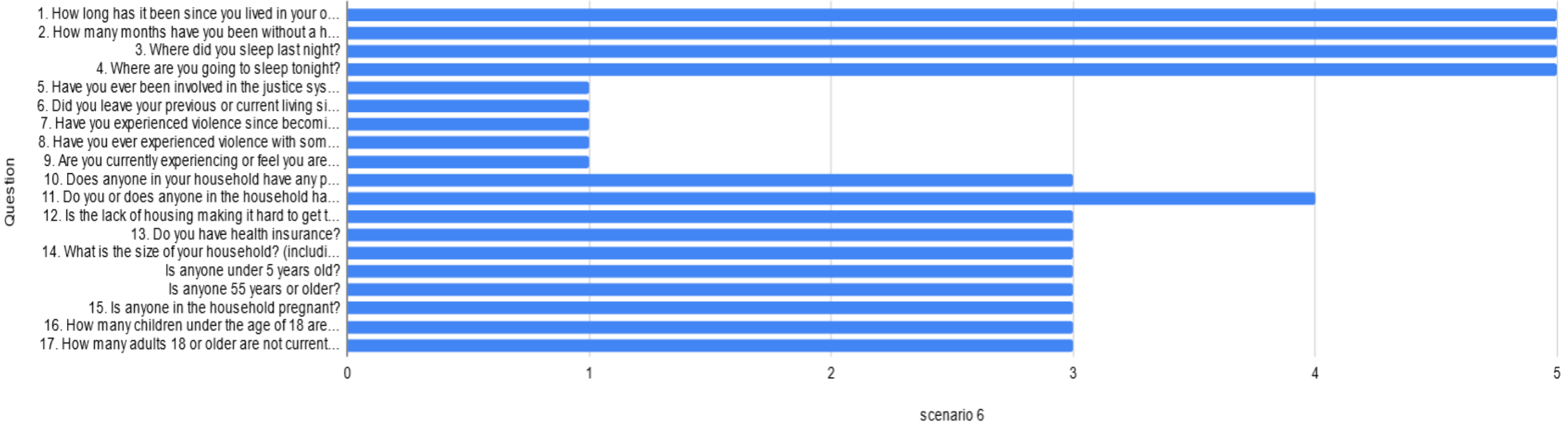


Weighted Option 6



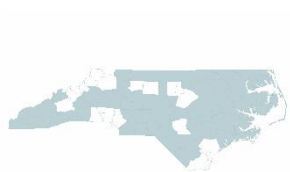
Weighted Scores by Category (avg)	Scenario 6
Housing and Homeless History	4.2
Risks	1
Health and Wellness	3.25
Family Unit	3

Weighted Scores by Question (Scenario 6)



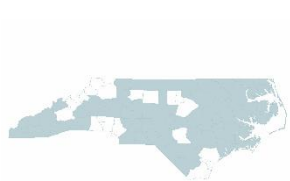
Scoring

- This scoring will happen in HMIS automatically when the BNL report is run. You will be able to distribute/communicate this to partners so you all can prioritize further during case conferencing.
 - This will give accountability to partners to better prepare for case conferencing and to be ready for housing discussions for their clients



CE Written Standards

- New CE Assessment and HMIS
 - New CE Assessment will display total/score to the By-Name List
 - Will not show a total/score in Client Profile
 - Supports consistency and fairness
 - The BNL will populate both the New CE Assessment score and the Individual and/or Family VI-SPDAT score
 - Coordinated Entry Leads will need to filter the BNL for the highest New CE Assessment score (make referral) and the highest VI-SPDAT score (make referral) while BoS transitions to New CE Assessment



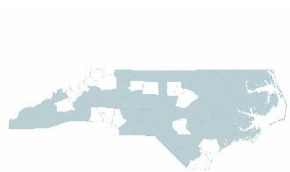
CE Written Standards

- Proposal for New NC BoS CoC CE Prioritization
 - Unsheltered
 - Length of time homeless
 - Disability
 - Families
- Example for assessment + prioritization
 - Mickey's household scored a 7 on the assessment. They are also unsheltered and have two children under the age of 5.
 - Minnie's household scored a 7 on the assessment. They are staying in an emergency shelter and have a disability.

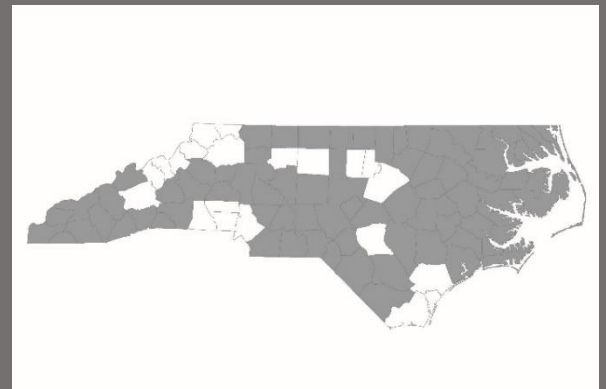


CE Assessment Timeline

- Pilot 2.0 Phase (August – September 2023)
- Analysis with Stakeholders (October 2023)
- Update CE Written Standards (October 2023)
- CE Written Standards Approved by CEC (December 2023)
- CE Written Standards Approved by Steering Committee (January 2024)
- HMIS & By-name List Updates
- Training Phase
- Launch Phase

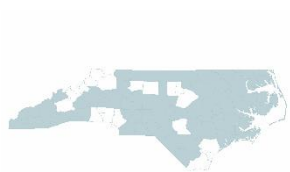


Emergency Housing Voucher (EHV) Updates



NCCIA EHV Update

- Referrals are being accepted by NCCIA in the following counties:
 - Columbus
 - Granville
 - Halifax
 - Hoke
 - Person
 - Sampson
 - Warren



Common Referral Mistakes

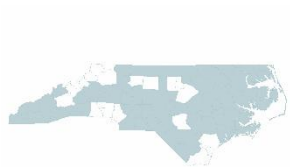
- You must choose both a race and ethnicity on the referral form

Race select all that apply for the head of household

- ☐ American Indian, Alaska Native, or Indigenous
- ☐ Asian or Asian American
- ☐ Black, African American, or African
- ☐ Native Hawaiian or Pacific Islander
- ☒ White
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Ethnicity select one for the head of household

- ☒ Non-Hispanic / Non-Latin(a)(o)(x)
- ☐ Hispanic / Latin(a)(o)(x)
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected



Common Referral Mistakes

- Ensure you answer the DV & priority group questions
 - *if you choose PSH, you must also submit the moving on referral form

Household Eligibility and Housing Status

Is the Head of Household currently fleeing domestic violence? ☐ Yes ☒ No ☐ Prefer Not to Answer

Priority Group

The NC BoS CoC has prioritized populations to receive Emergency Housing Vouchers. Please indicate which priority group this household belongs to.

Recently Homeless

- ☐ Permanent Supportive Housing (PSH) clients eligible for Move On.
- ☐ Rapid Rehousing (RRH) client in need of step up to long-term subsidy.

Currently Homeless

- ☐ Households with longest length of homelessness and where documentation for PSH (chronic homelessness and/or disability) is not able to be obtained.
- ☒ Families and/or individuals on current regional Coordinated Entry (CE) by-name list (BNL) who need long-term rental assistance.



Common Referral Mistakes

- All signatures need to be dated within the last 30 days
- Answer ALL questions
- If there are multiple adults, be mindful of requested signatures



North Carolina Commission of Indian Affairs INITIAL APPLICATION/RENEWAL QUESTIONNAIRE

Name: Jane C. Smith		Date: 2/4/22
Mailing Address: 123 Box Street		Phone #1: 910-555-1212
City, State, Zip: Winnabow, NC 28479	Email Address: JCS1212@yahoo.com	Phone #2:

Are you currently living in public housing? no If so, which public housing agency? _____

Complete for ALL household members (including head of household, all adults and all minors):

Name	Relationship to Head of Household	Race	DOB, age	Social Security #	Full Time Student?	Employed?	Elderly Disabled Handicap
1. Jane C. Smith	HOH	W	12/1/1981, 40	222-33-4545	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
2. Joe D. Smith	Son	W	8/1/2001, 20	222-33-4646	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
3. Janie E. Smith	Daughter	W	3/16/2005, 16	222-11-5678	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
4.					Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5.					Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6.					Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

List ALL source of income for all members of the household you have disclosed on page 2 of this questionnaire:

Name of Household Member	Source of Income	Gross Amount (list by week, month, etc.)
1. Jane C. Smith	SSI	\$874/Mo
2. Jane C. Smith	Food Stamps	\$200/Mo
3. Joe D. Smith	Charlie C's	\$200/Wk
4.		
5.		
6.		

Deductions from Annual Income

	Yes	No
Do you or any member of your household have a Medicare Discount Card?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If the head, co-head, spouse or sole member is 62 or older or disabled, do you pay out-of-pocket medical expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have out-of-pocket child care expenses not paid or reimbursed from any source, for children under age 13 year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact us at the N.C. Commission of Indian Affairs at 919-807-4440.

I certify that the information listed above is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with the Housing Assistance Payment Program.

Signature: Jane Smith Date: 2/4/22

Other adult Signature: Joe D. Smith Date: 2/4/22

Other adult Signature: _____ Date: _____



Common Referral Mistakes

- A column must be completed for each household member!
- If there are more than 3 members, print another sheet
- All items marked "y" need an accompanying amount and documentation
- All amounts should match those listed on the previous page

If you circle YES for any question, you must bring proof.

Please circle YES or NO for every item listed below and indicate amount under the appropriate HH member's name.

Does any Household Member have any:	Member (Head)			Member (#2)			Member (#3)		
Checking Accounts	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	\$100.00	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	\$56.00	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Saving Accounts	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Money Market Funds	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Stocks/Bonds	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Treasury Bills	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
IRA/Keough Accounts	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Company Retirement Accounts	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Pension Funds	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Trust Accounts	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
If yes, is it irrevocable?	Y <input type="checkbox"/>	N <input type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Cash held in Safety Deposit Boxes, etc.	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
House/Real Estate	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Rental Property	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Other Investments	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Have you received any lump sum payments such as the following:	Potential Assets								
Have you disposed of any assets for less than fair market value in the past 2 years?	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Do you receive any of the following:									
Wages, Salary, etc. thru Employment	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	\$200/wk	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Income from a Business or Profession	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Social Security	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
SSI	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	\$874/mo	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
WFFA, Food Stamps or other Public Assistance	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	\$200/mo	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Alimony	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Child Support	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Unemployment Compensation Benefits	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Workers' Compensation Benefits	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Retirement Income	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Annuities Income	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Insurance Policies Income	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Disability or Death Benefits	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Income from Rental Property	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Regularly Recurring Monetary Gifts	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$
Tuition Assistance/Higher Education	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	\$



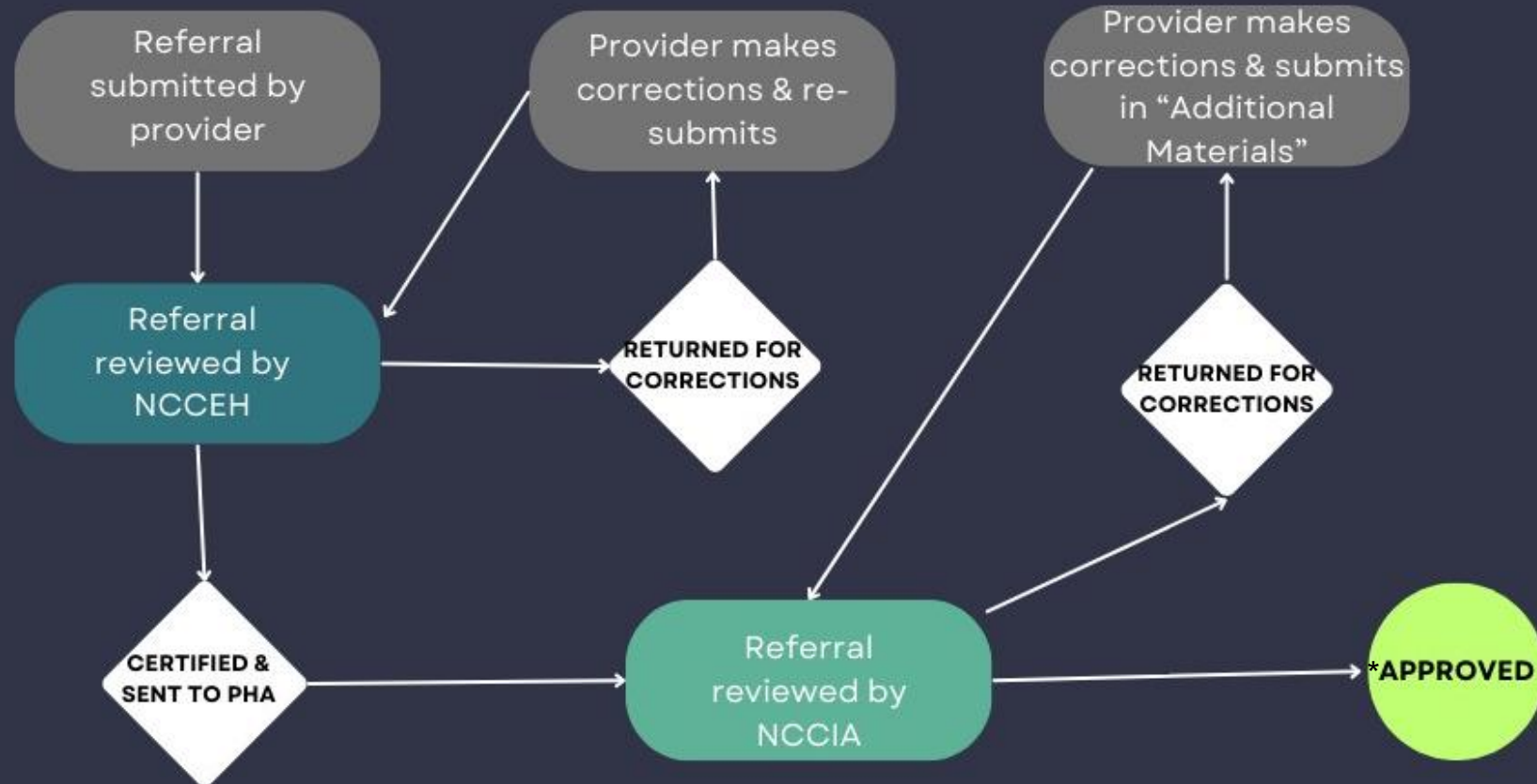
NCCIA EHV Update

Referral Links:

- ALL INITIAL referral submissions must be submitted [here](#). These referrals are reviewed by NCCEH. If you receive an email from me or Ashley with needed corrections, use the SAME LINK and choose "Corrected Submission" in the form.
- If you receive an automated email from NCCIA requesting additional or corrected documents via the [ADDITIONAL MATERIALS LINK](#), please submit them here. I am receiving many corrected documents via the initial link that should go directly to NCCIA, which complicates the process and lengthens the waiting period for households.



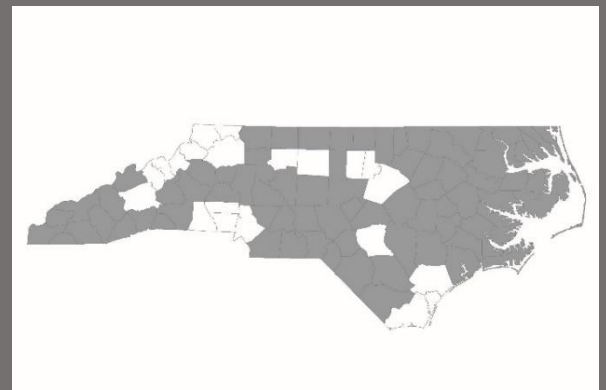
NCCIA EHV Referral Timeline



* Please allow 2 – 3 weeks of processing time



Reminders



Reminders

- All SSO-CE grantees have been notified of their FY22 awards, with information due back by October 27th.
- The November and December CEC meetings will be combined into one meeting on December 11th.
- Continued work and support with UAC to ensure 2023 Unsheltered PIT households are identified and EXITED (if no contact after 90 days).



Contact Ashley Von Hatten
Project Specialist
ashley@ncceh.org
919-755-4393 ex 5009

Contact HMIS Data Center Help Desk
hmis@ncceh.org
919-410-6997

NCEndHomelessness 

@NCHomelessness 

nc_end_homelessness 

