BACK@HOME
NORTH CAROLINA

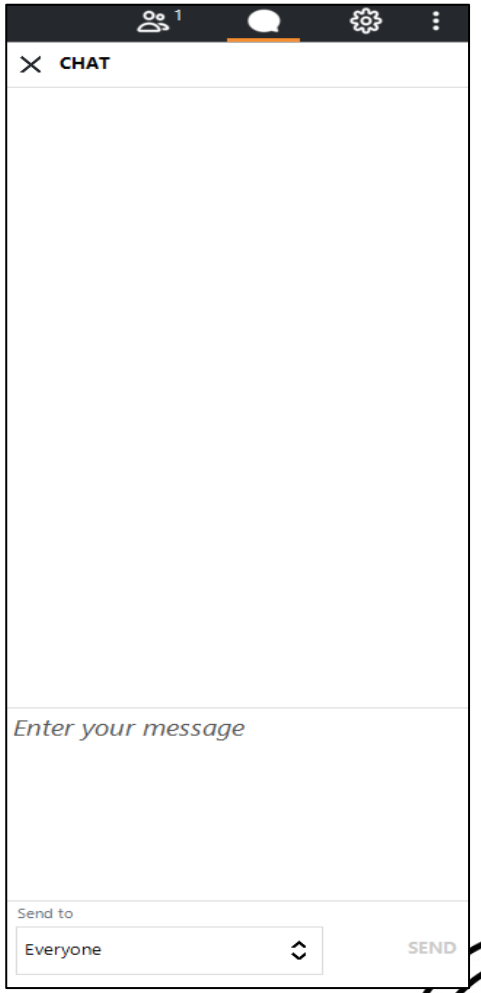
Please be sure to ask questions and use the chat box to participate.

Reminders:

Mute your line while not talking to cut down on noise.

The chat box is available to use anytime.

Please make sure to put the name of your CoC or BoS Region in your response so can follow up afterwards if we don't get to your question or suggestion today.



This call will be recorded and provided to CoCs.

Back@Home Training

Call Topic	Time
Kickoff Call	Monday, August 10th 10-11 AM
Eligible Expense, Documentation, and Requisitions	Monday, August 10th 1-2:30 PM
Eligibility, Prioritization, and Referrals	**Tuesday, August 11th** **10-11:30 AM**
Policy and Procedures, Program Standards, Collaborative Policy Review, Monitoring	Tuesday, August 11th 1-2:30 PM
Reporting (CAPER reporting, regular reporting to state and communities, dashboards)	Wednesday, August 12th 10-11:30 AM
Unit Support Process	Wednesday, August 12th 1-2:30 PM
HMIS Data Entry	Thursday, August 13th 10 AM-12 PM
NCCARE360 Data Entry and Set Up	TBD

Trainings will be posted: https://www.ncceh.org/backathome/training/

Back@Home Partners and Roles

NC DHHS and NC HFA manage contracting, requisitions, and program policies and standards.

- NC DHHS is the Administrative Agency and HUD ESG-CV Recipient
- Developing program policies and standards for program to ensure they meet ESG-CV regs and guidance
- Overseeing an online portal for Back@Home Rehousing Agencies to use for submitting requisitions
- Organizing the data and reporting workgroup to streamline program reporting for Back@Home
- Will hold the contract with Back@Home rehousing agencies
    - Will perform ongoing monitoring
    - Final review on submitted requisitions

NCCEH advises on program design, supports coordinated entry, and manages field support.

Supporting NC DHHS ESG Office with Back@Home program policies and procedures and NC HFA with program reporting

Developing CE protocols with state partners and working with CoCs to integrate Back@Home into CE

Creating ongoing training curriculum and coaching supports for Back@Home Rehousing Agencies

United Way of North Carolina/ NC 211

Main access point for Back@Home

Diversion and rapid resolution conversations with households

Completing high-level eligibility and triage questions with households

Entering households into NCCARE360 and HMIS
Back@Home triage project

Back@Home approach is developing and adapting the program based on partnership.

Goal is to have CoC leadership, Rehousing Agencies, and state partners as one team.

Designing feedback loops so that policies and procedures can be adapted to overcome barriers in implementation

- Weekly calls with Rehousing Agencies
- Regular calls with CoC leadership

Ensure transparency with program policies, systems, reporting, and impact

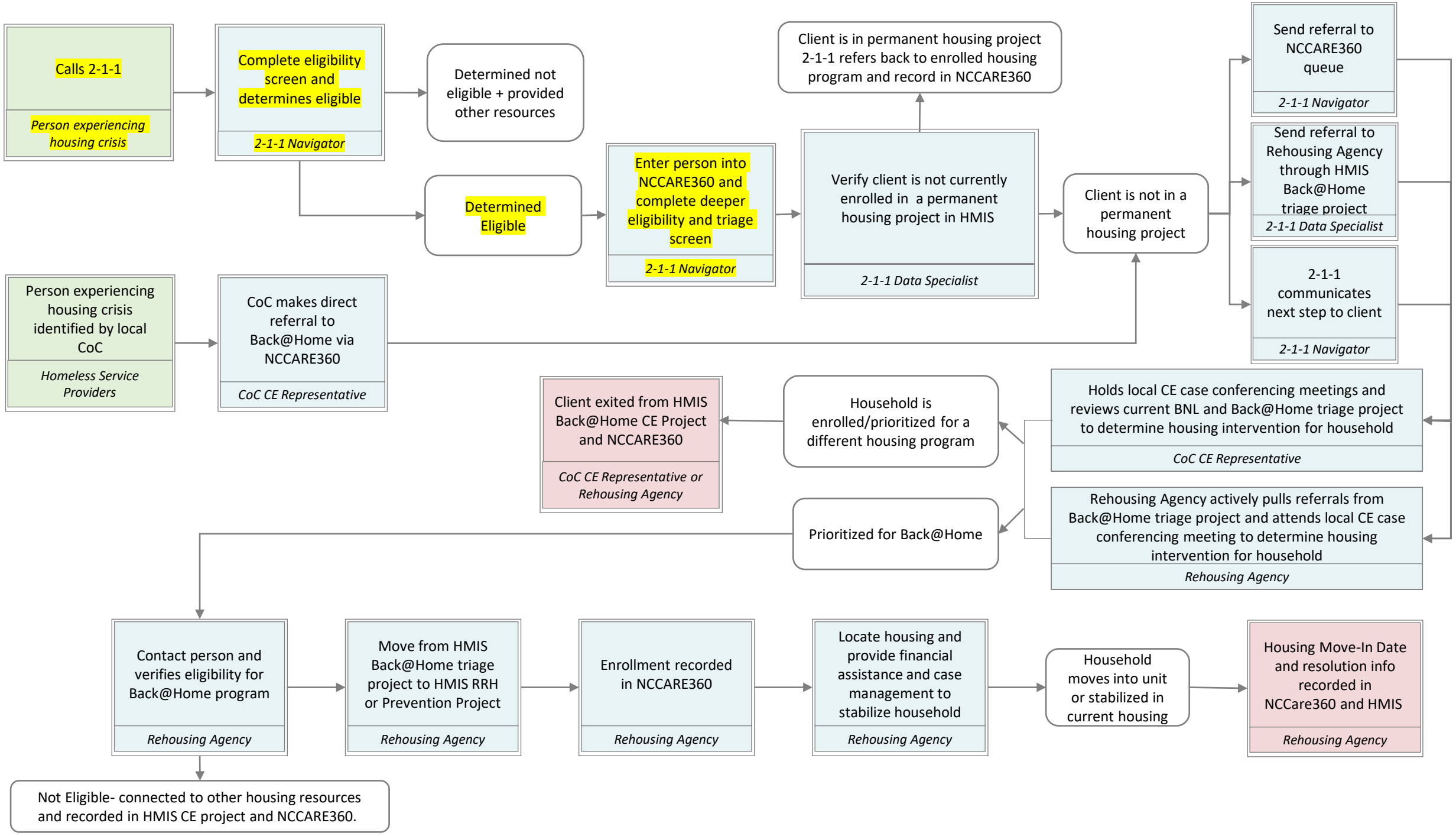
Coordinated Entry Eligibility, Prioritization, and Referral

Back@Home will use 2 data systems to support Coordinated Entry.

Data System	Design	Goals
HMIS (NC HMIS or HMIS@NCCEH)	Rehousing Agencies will have three projects: • Triage Project- shows who is referred but not yet enrolled • Rapid Rehousing Program- shows who is enrolled in program • Prevention Program- shows who is enrolled in program	• Capture all required HUD data elements • Ensure CoCs are in compliance with CE Data Standards • Pull necessary HUD Reports • Allow CoCs to see who is referred to Back@Home and potentially pull people from the list if needed
NCCARE360	Back@Home will be one “agency” in the system with Rehousing Agencies listed as separate programs	• Ease of electronic referrals with ROI, paperwork reminders, etc. • Ability to provide better program reporting to communities and the state • Assists Rehousing Agencies with referrals to other programs

Several underlying assumptions are made with eligibility and prioritization.

1. Rapid Rehousing is an intervention that can work for everyone in need of rehousing assistance including those who ultimately need PSH
2. Diversion and rapid resolution conversations will happen with 211 and rehousing agencies at intake
3. Well-targeted prevention can assist with expected increase in at-risk households
4. Ask minimum amount of questions to enroll
5. Categorical prioritization by risk, barriers, and community impact
6. Funding may provide opportunity to house majority of people experiencing homelessness in some communities
7. Will adjust prioritization based on real-time need and enrollment data, in partnership with CoCs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Person experiencing housing crisis
Complete eligibility screen and determines eligible
2-1-1 Navigator
Determined not eligible + provided other resources
Determined Eligible
Enter person into NCCARE360 and complete deeper eligibility and triage screen
2-1-1 Navigator
Verify client is not currently enrolled in a permanent housing project in HMIS
2-1-1 Data Specialist
Client is in permanent housing project 2-1-1 refers back to enrolled housing program and record in NCCARE360
Client is not in a permanent housing project
Send referral to NCCARE360 queue
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2-1-1 Data Specialist
2-1-1 communicates next step to client
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Person experiencing housing crisis identified by local CoC
Homeless Service Providers
CoC makes direct referral to Back@Home via NCCARE360
CoC CE Representative
Holds local CE case conferencing meetings and reviews current BNL and Back@Home triage project to determine housing intervention for household
CoC CE Representative
Household is enrolled/prioritized for a different housing program
Client exited from HMIS Back@Home CE Project and NCCARE360
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Contact person and verifies eligibility for Back@Home program
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Move from HMIS Back@Home triage project to HMIS RRH or Prevention Project
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Locate housing and provide financial assistance and case management to stabilize household
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Household moves into unit or stabilized in current housing
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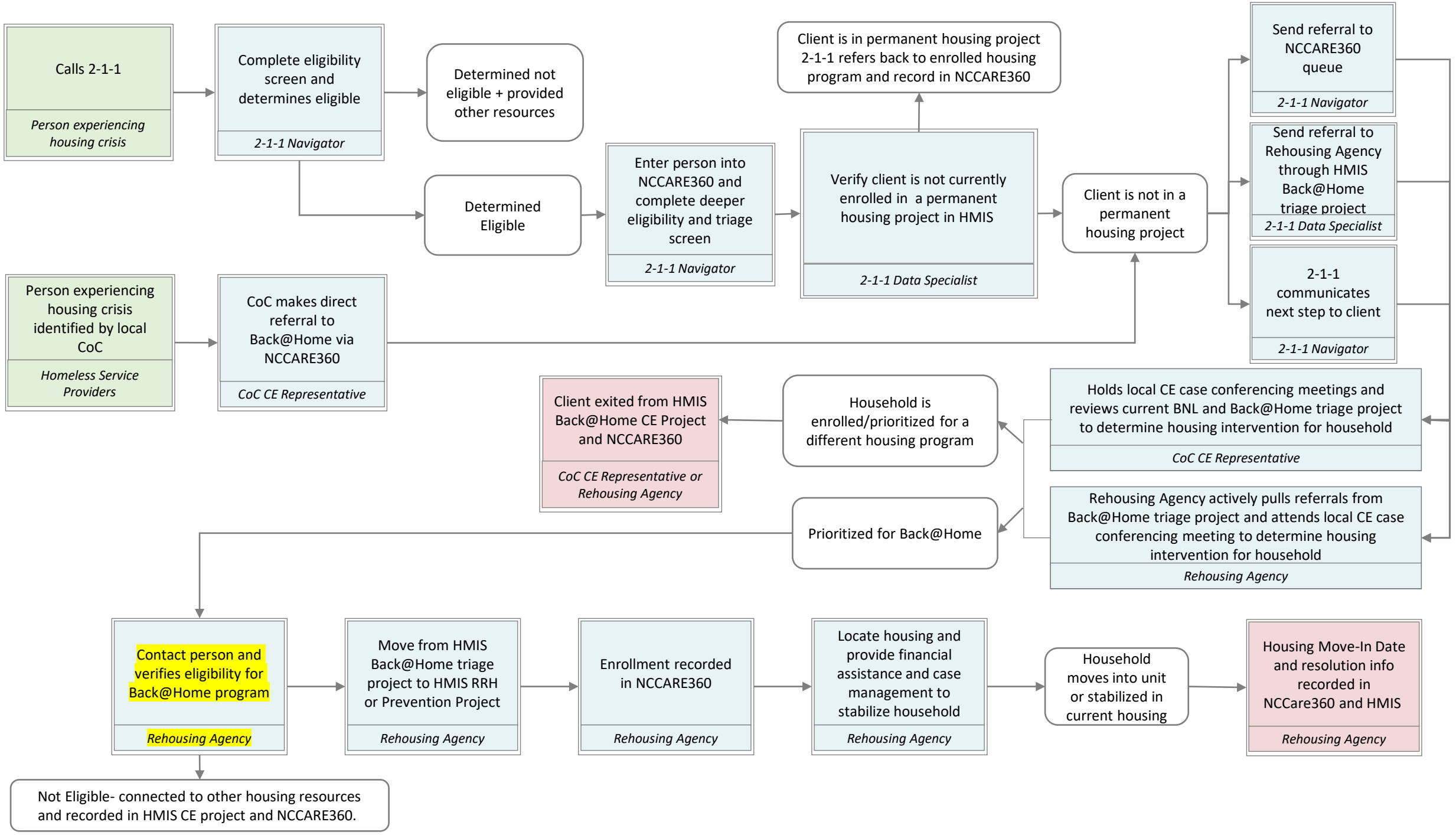
Not Eligible- connected to other housing resources and recorded in HMIS CE project and NCCARE360.

Back@Home Eligibility

Back@Home-CV Eligibility Requirements	Prevention (Back@Home)	Rapid Rehousing (Back@Home)
Income	<30% AMI **AND**	None (<30% AMI at recertification)
Eligible Living situation(s)	Forced to leave current housing in 14 days **AND one of below living situations**	Emergency shelter/transitional housing **OR**
	In hotel/motel (not paid for by non-profit/government) **OR**	Streets/place not meant for human habitation **OR**
	Living in campsite/trailer **OR**	Fleeing DV **OR**
	Living in the home of another because of economic hardship **OR**	Institution for less than 90 days, literally homeless before institutionalization
	Unaccompanied youth (under 25) who cannot stay with family members with no stable place to live **OR**	
	In housing that is leased **OR**	
	Exiting institution **AND**	
	Have no other safe, appropriate residence (whether temporary or permanent) **AND** Not have sufficient resources or support networks immediately available to prevent them from becoming literally homeless	**And** household does not have sufficient resources or support networks immediately available to exit literal homelessness independently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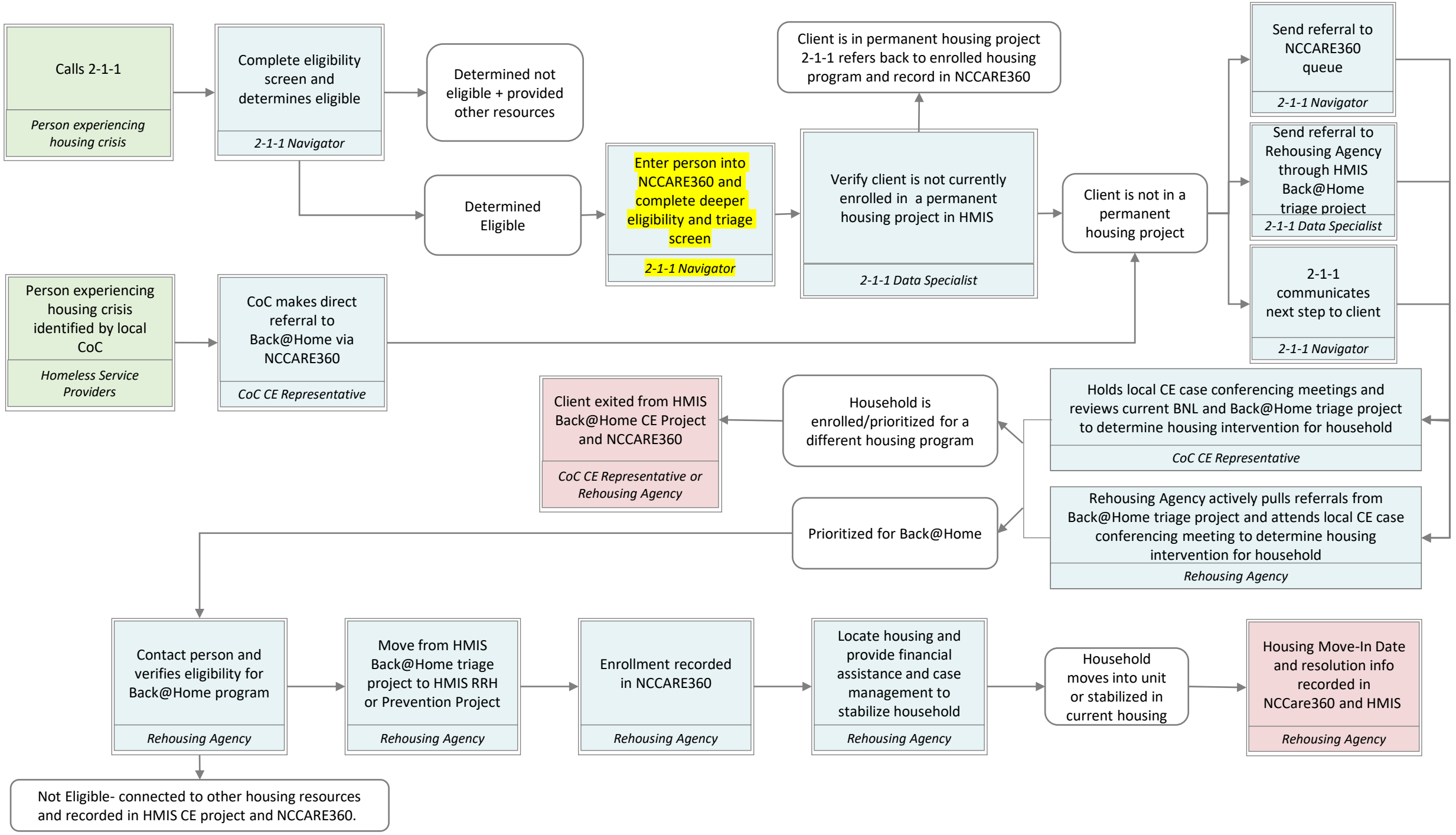
Initial housing surge strategy will be developed with CoCs and BoS Regions as initial prioritization.

- As Back@Home launches, each CoC and BoS Region will determine a priority or goal for the initial housing surge.
- Surge populations will be identified using current data on the system and population experiencing homelessness. Potential prioritization options:
  - By current prioritization schedule
  - To solve a specific COVID-19 related problem like emptying an expensive non-congregate hotel or housing a tent city.
  - To address other critical subpopulation needs

Prioritization for Back@Home will happen in 2 stages

- Stage 1
  - Initial surge population
- Stage 2
  - Ongoing enrollments: Mainly 2-1-1
  - Some referrals from CE system via NCCARE360
  - Initially, referrals will be triaged based on the lethality and the number of barriers a household faces to getting into housing.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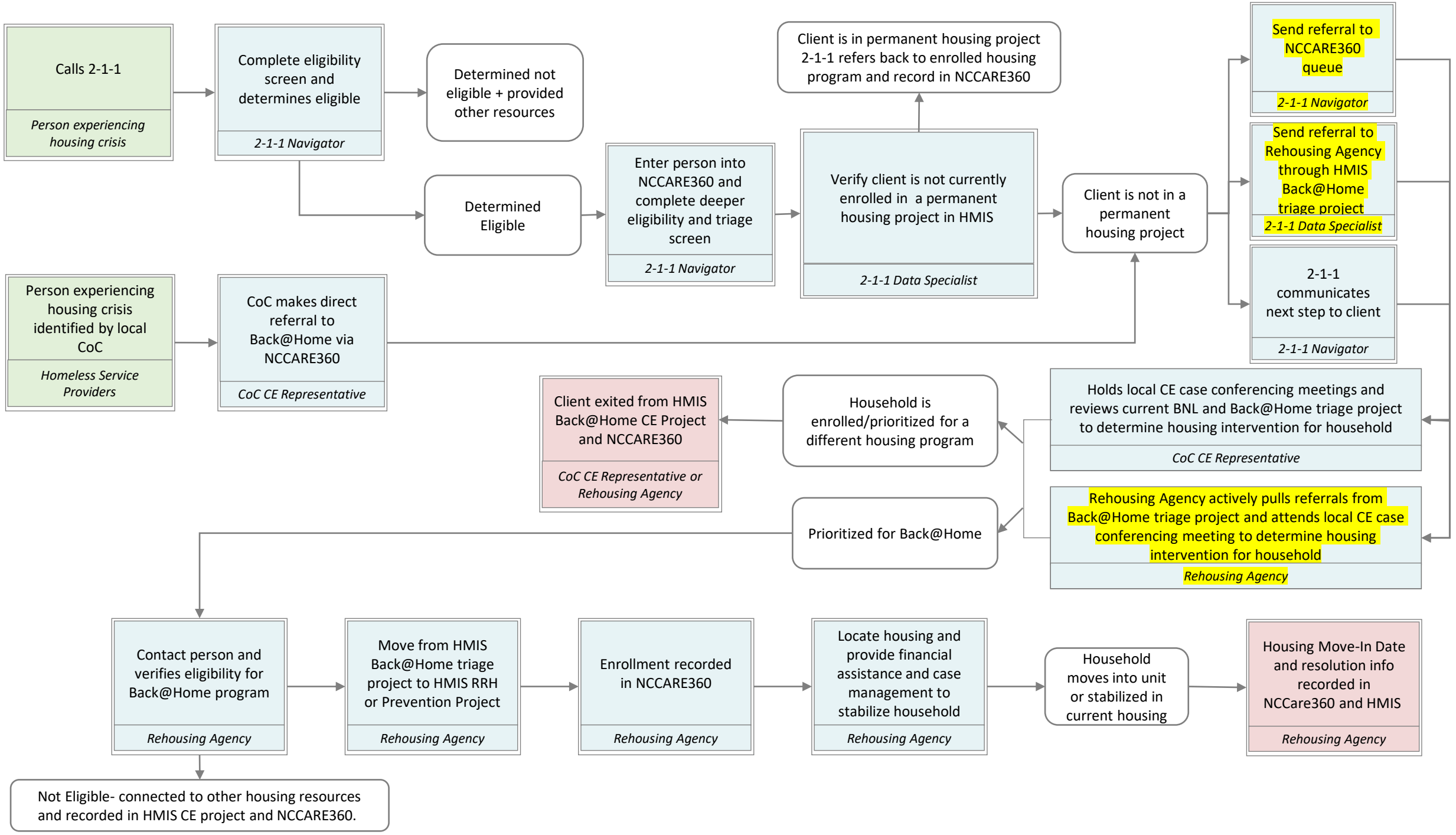
Households will be asked about barriers to getting and keeping housing.

Barriers for Prioritization			
Currently at-risk of losing housing subsidy or subsidized unit (Targeted Homeless Prevention only)	No income	Household size of 5 or more	Felony conviction among household members
Unaccompanied youth (under 25)	One or more children under 6 and/or pregnant	2 or more episodes of homelessness in prior three years	Vacated a unit 3 or more times in prior 7 years and/or ongoing rental arrears
Adult in household has severe and persistent disabling condition	Household from disproportionately impacted populations	Current homeless episode is 1 year or longer	Unsheltered (RRH only)
No lease in name in last 3 years	Victim of DV in prior 6 months	Veteran, not eligible for VA services	Child in household has a severe and persistent disabling condition

Households at higher lethality risk or with a large number of barriers will be prioritized.

Example

Priority Category	Order Served
Priority 1: Medically vulnerable to COVID (as defined by CDC) OR Fleeing DV	1a. Literally homeless OR Fleeing DV
	1b. Imminently at-risk of homelessness
Priority 2: 8 or more barriers from exiting homelessness AND **community-defined priority**	2a. Literally homeless
	2b. Imminently at-risk of homelessness
Priority 3: 6 or more barriers from exiting homelessness	3a. Literally homeless
	3b. Imminently at-risk of homelessness
Priority 4: 4 or more barriers from exiting homelessness	4a. Literally homeless
	4b. Imminently at-risk of homelessness
Priority 5: 2 or more barriers from exiting homelessness	5a. Literally homeless
	5b. Imminently at-risk of homelessness
Priority 6: 1 or No additional barriers from exiting homelessness	6a. Literally homeless
	6b. Imminently at-risk of homelessness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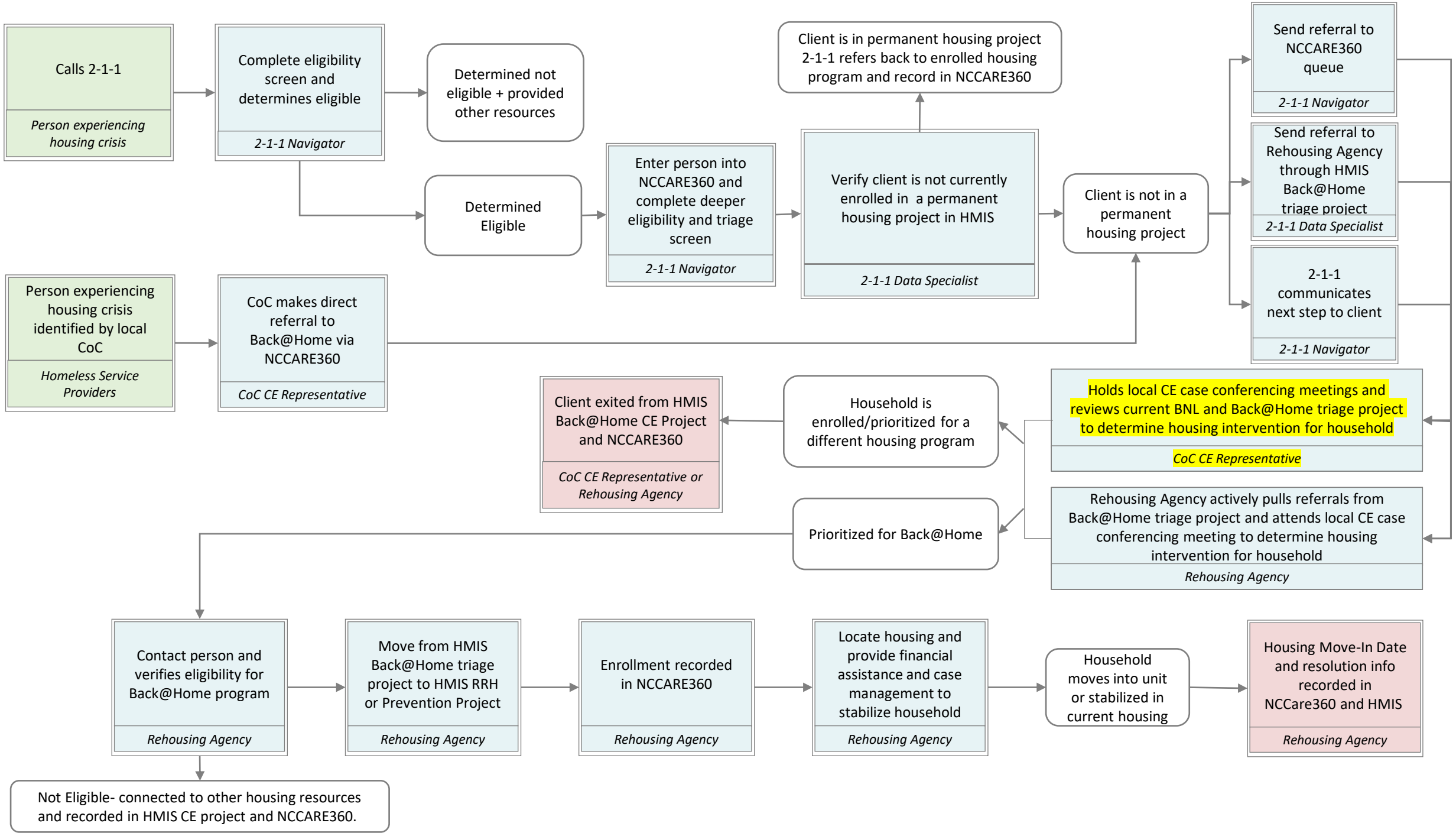
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Communication and transparency are a priority within the coordinated entry process.

Regular reports and dashboards about the overall impact of Back@Home through NCCARE360, especially want to track percentage of prevention spending

Scheduled HMIS reports or access to the HMIS Back@Home triage project for designated CoC staff or Coordinated Entry staff to see who is referred to Back@Home

Rehousing Agencies will attend and participate in local CE meetings

Ability to take someone off the triage list for Back@Home if another housing plan exists or it is taking too long to serve them

Ability to refer people directly to Back@Home through NCCARE360 if 211 is a barrier

Questions? Discussion?