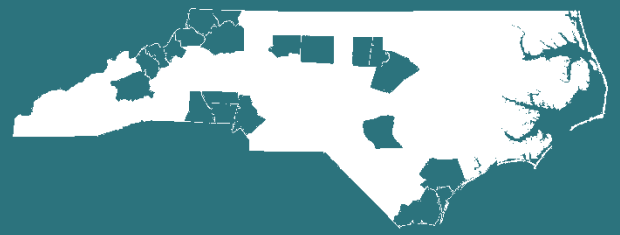


North Carolina Balance of State Continuum of Care

Steering Committee Meeting

March 7, 2023

10:30 AM

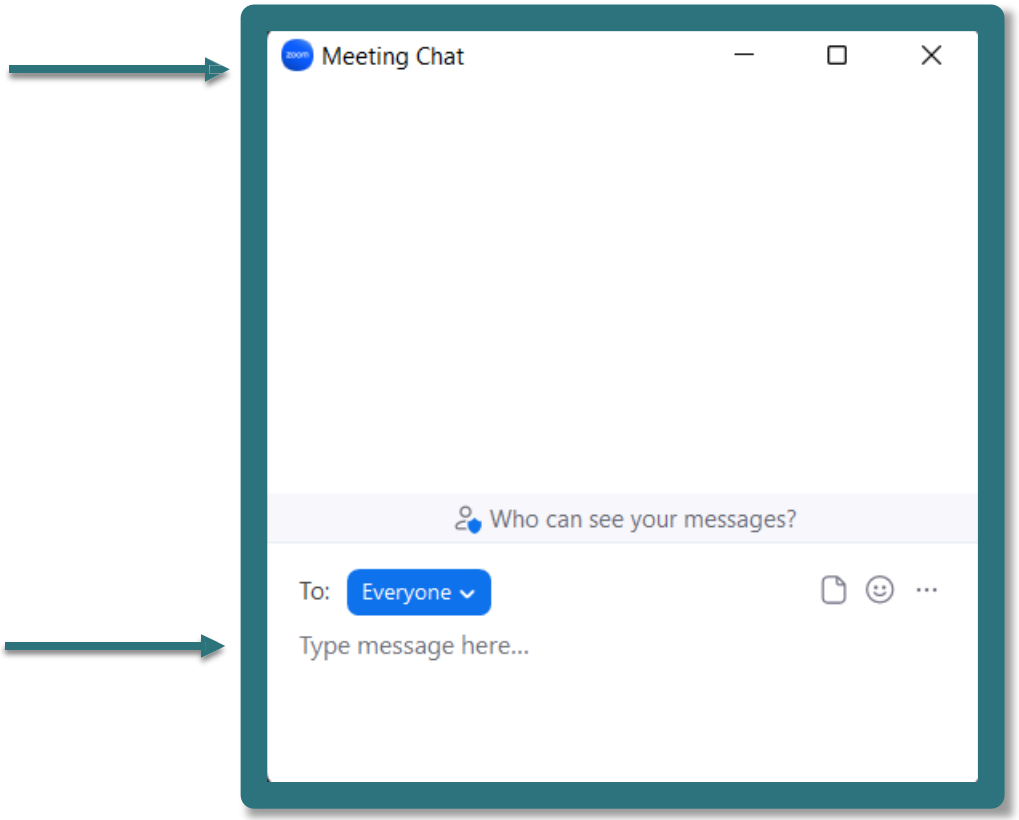
NCCEH

Welcome

Reminders:

- Your line is muted.
- We will unmute the line during Q&A pauses.

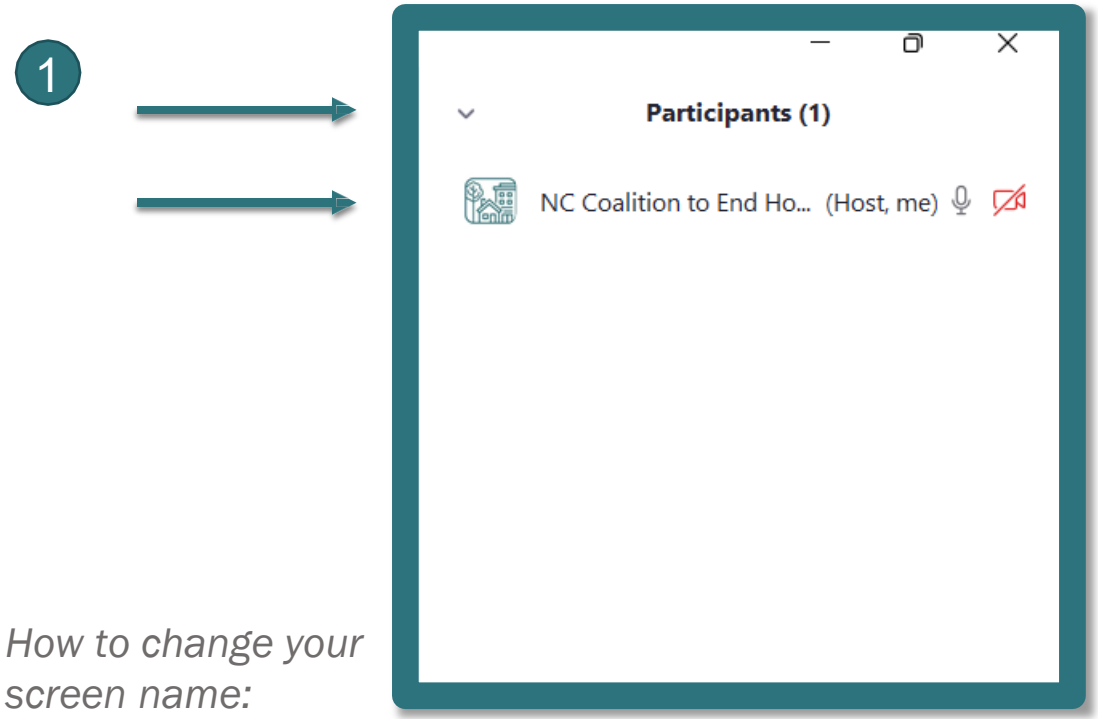
- The chat box is available to use anytime.



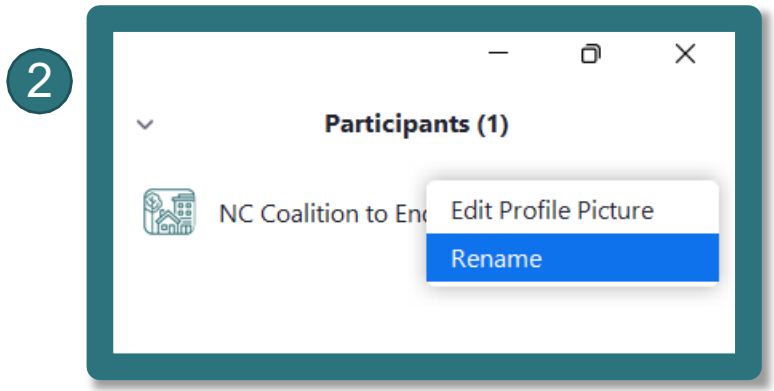
Roll Call

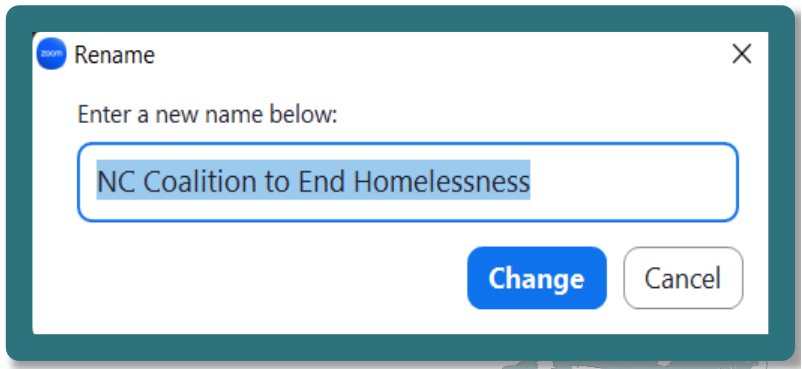
- We will conduct Roll Call for Regional Leads and at-large members to confirm quorum for voting.

- All participants should enter their full names, so we can document their participation in the minutes.



How to change your screen name:





Agenda

Agenda

- Consent Agenda
- HMIS@NCCEH Data Quality Plan review
- FY2023 HUD CoC Competition update
- Lived Expertise Advisory Council (LEAC) Client Bill of Rights
- FY20 SSO-Coordinated Entry Grant Report
- Mortality Linkage Research Project overview
- Upcoming meetings and reminders

Review & approve consent agenda

Consent agenda:

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

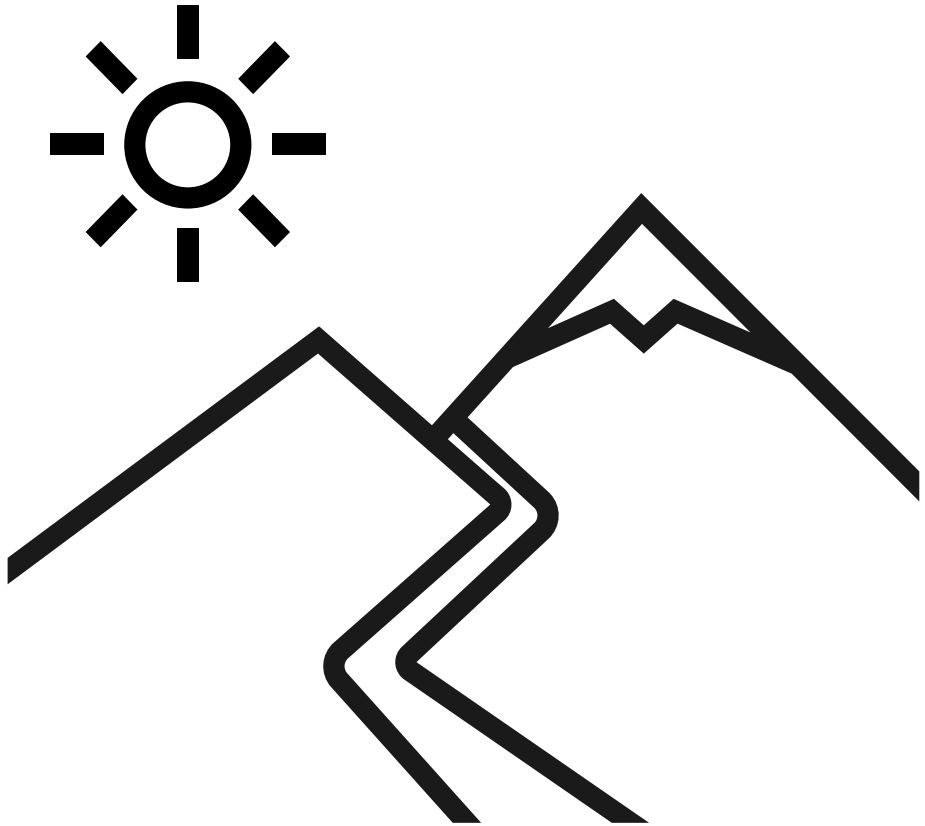
- The consent agenda was sent to the Steering Committee prior to the meeting as a part of the Board Packet.
- The consent agenda will be voted on as a while at the beginning of each meeting.
- Steering Committee members may request to remove an item from the consent agenda for additional discussion.

Changes or discussion?

HMIS@NCCEH
Data Quality Plan Review

Data Quality is a journey, not a destination

- Ralph Waldo Emerson (kind of)



Data Quality Plan Proposal

Designed to better support agencies

Regular review/correction of data throughout the year (not all at once in Fall)
Allows agencies to review data before CoC committees see it
Increase data literacy for agency staff

Designed to align with best practices

Mahoning County, OH agencies submit 6+ reports monthly since 2016
COHHIO Balance of State in OH agencies run monthly reports
Greater Richmond CoC (VA) agencies allowed 2% error rates except for SSN
Minnesota (all CoCs) agencies submit quarterly with ranked % errors from .99% to 5.99% for more elements

Designed to increase confidence in data

Pull a report any quarter and know that your agency/region has review data for quality client experiences!

Monitoring and Reporting

Method

HMIS Participating Agencies run and submit Data Quality Monitoring Reports for HMIS Lead and CoC review.

- Encouragements (competition in funding, public acknowledgment)
- Enforcements (Agency Participation Agreements, Performance Improvement Plans)

Data Center Support would include:

- Live Training
- Set-by-step guides
- 1:1 review of reports upon request

Monitoring and Reporting

Frequency

Quarterly for year-to-date data (Federal Fiscal year)

Example:

Month Quarter ends	Submission Deadline
October 22 – March 23	May 15, 2023*
October 22 – June 23	July 15, 2023
October 22 – September 23	October 16, 2023
October 23 – December 23	January 15, 2024

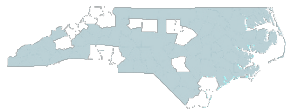
* Delayed by a month to allow for communication/training. Would be a BETA test to primarily make sure everyone understood the process.

Discussion

What comments or questions did regions have?

- Can we have the same Data Quality Standards shared across CoCs?
  - Can we start with these standards for all project types
- Can agencies run their own reports to monitor their data?
  - Can agencies submit quarterly?
  - Can we use the Federal Fiscal Year dates to support HUD required submissions?

Call for a motion?



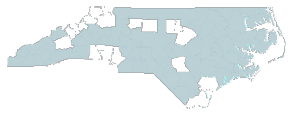
FY2023 CoC Program Competition Update

Update on FY2022 CoC Program awards

Still no FY2022 CoC Program competition awards announcement.

We expect an announcement at any time.

CoC staff will send out information regarding the FY2022 awards via our email distribution list as soon as it is available and will summarize awards at the next Steering Committee meeting following the announcement.



Project Application Webinars & Intent Forms

New CoC Program Project Applicant Webinar recording and slides posted at:
https://www.ncceh.org/bos/currentcocapplication/

- New Project: Intent to Apply Form
- Due 2 weeks after release of the Notice of Funding Opportunity (NOFO)

Renewal CoC Program Project Applicant Webinar recording and slides posted at:
https://www.ncceh.org/bos/currentcocapplication/

- Renewal Project: Intent to Renew
- Due by Tuesday, April 25th by 6 PM

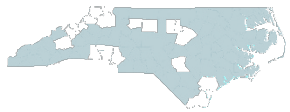
Scorecard Committee

Scorecard Committee work begins to recommends both new and renewal applicant scorecards for FY2023.

The Scorecard Committee will meet over three consecutive weeks:

- Tuesday, March 14th at 10:30 AM
- Tuesday, March 21st at 10:30 AM
- Tuesday, March 28th at 10:30 AM

Scorecard Committee recommendations for the FY2023 New and Renewal Scorecards will be presented to the Steering Committee on April 4th.



Lived Expertise Advisory Council (LEAC) Client Bill of Rights

Purpose of the LEAC

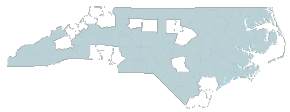
The purpose of the NC BoS CoC Lived Expertise Advisory Council (LEAC) is to improve the provision of services to people experiencing homelessness, and the policies that govern these services, across the NC Balance of State CoC through insights and expertise that come from people experiencing homelessness firsthand.

The LEAC has created a Client Bill of Rights.

The LEAC identified no currently established baseline governing the way that a person experiencing homelessness should be treated when presenting for services in the NC BoS CoC.

Consistent with the purpose of the LEAC, the Client Bill of Rights seeks to:

Elevate the standard of treatment of people experiencing homelessness	Empower persons experiencing homelessness to advocate



The CBoR lays out a framework for how people experiencing homelessness should be treated.

The Client Bill of Rights (CBoR) would be a new CoC policy with a grievance process that connects to the CoC Code of Conduct policy.

The CBoR would be a client-facing policy detailing basic expectations of their rights in the following categories:

- Respect and Dignity
- Services Free of Discrimination
- Safety
- Privacy
- Inclusion and Participation in Decisions about Their Welfare
- Transparency in Agency Policies that Affect the Services They Receive

The CBoR provides a process for people experiencing homelessness to file a grievance.

If a person seeking services in the CoC believes a service provider has violated any of the stated rights, they may file a grievance:

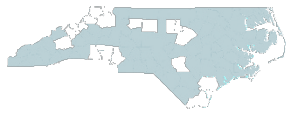
- The client must first utilize the agency's established grievance process.
- If an agency-level grievance process cannot address the complaint, the client may file a grievance with the CoC.
- NCCEH staff will review each grievance and notify the Steering Committee.
- Consistent with the Code of Conduct policy, the Steering Committee will form an ad-hoc work group to review the grievance to take action.

The CBoR applies to all agencies within the CoC's geographic area.

All agencies within the 79 County geographic area of the NC BoS CoC are accountable under this policy.

If a grievance for a rights violation is filed against an agency that does not participate in the CoC or receive public funding, the Steering Committee ad-hoc workgroup may still choose to take action to resolve the grievance. Such actions could include but are not limited to:

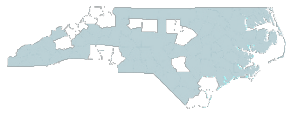
- Directly contacting that agency's leadership
- Working with Regional Committees to put pressure on an agency
- Contacting the press



The CBoR sets expectations for how to treat people the CoC serves.

This policy would increase accountability in all homelessness service agencies across the CoC and the power that individuals experiencing homelessness have in their own welfare.

If approved, the LEAC will schedule and host a CoC-wide training for agencies to introduce the CBoR and work to support implementation.



Steering Committee approval

QUESTIONS?

MOTION?

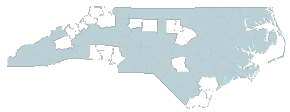
FY20 SSO-Coordinated Entry Grant Report

NCCEH receives a CoC grant to support coordinated entry.

Operating year is December 1, 2021 – November 30, 2022

NCCEH sub-granted funds to the following agencies:

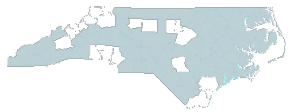
- HERE in Jackson County
- Thrive
- Greater Hickory Cooperative Ministries (through August 2022)
- Diakonos
- Community Link
- Family Abuse Services (through June 2022)
- Johnston-Lee-Harnett Community Action
- REACH Center
- Hope Station
- Pitt County Planning
- Trillium



During the operating year, the CoC accomplished several key measures!

Accomplishments:

- NCCEH and subrecipients spent 100% (!!) of FY20 SSO-CE grant funding, meeting the CoC spending threshold.
- The CoC included CoC-wide goals and regional-level goals into each subgrantee's grant agreement.
- The gran allowed the CoC to expand street outreach coverage with an intentional focus on providing CE access to households living unsheltered.
- All CE data now resides in HMIS, allowing a more thorough understanding of the CoC system.
- HUD chose the NC BoS CoC to participate in HUD's CE Equity Initiative, forming a Core Team to evaluate the CE system.
- The Core Team has drafted a new assessment to replace the VI-SPDAT, hoping to roll out across the CoC by the end of 2023.

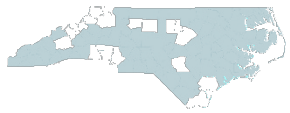


HUD requires all CoC-funded projects to produce an Annual Performance Report (APR) to report activities.

The APR is a comprehensive report that looks at all the participants served by a project during the reporting period.

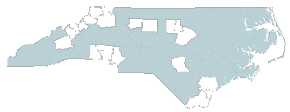
The APR is a helpful tool for agencies to evaluate project effectives, track data quality, ensure accurate reporting, and create project summaries.

- NCCEH to create reporting groups for each Region to view CE data at the Regional level.
- NC BoS CoC CE APR is reflective of the grant year 12/01/2021 through 11/30/2022 and solely reflects CE data (and excludes VSP data).



The FY20 SSO-CE APR shows significant activity in the NC BoS CoC.

- Total number of persons served 6,806 (FY19 2448).
- Data quality has an overall low error rate (4% - 5%).
  - SSN had an error rate of 17% (likely due to Back@Home and United Way 2-1-1 data privacy restrictions)
- Out of total number of persons served (6,806), the CoC assessed and recorded 4,633 people in HMIS CE projects.
- 90% (!!) of households assessed were placed on the by-name list for prioritization.
- Increased utilization of CE Access Event and CE Referral Event
  - 68% of recorded CE Referral Events (1,135) were successful!



The CoC worked with the CE Council to make plans for the FY21 SSO-CE grant.

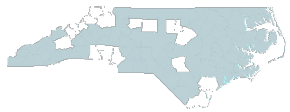
NCCEH added CoC-wide and agencies goals (2 – 3 goals created by each funded agency) to grant agreements.

CoC-wide CE goals

- Increase the number of Coordinated Entry Event data elements recorded in HMIS: 95% of households have a corresponding CE Assessment data element completed in HMIS for each assessment (e.g., crisis needs assessment, prevention and diversion assessment, VI-SPDAT) completed with the household.

Examples of agency goals

- Increase exits to PH
- Increase outreach to an additional 60 households per quarter
- Engage additional community partners in the CE process



Mortality Linkage Research Project

NCCEH HMIS Homelessness Data Linkage

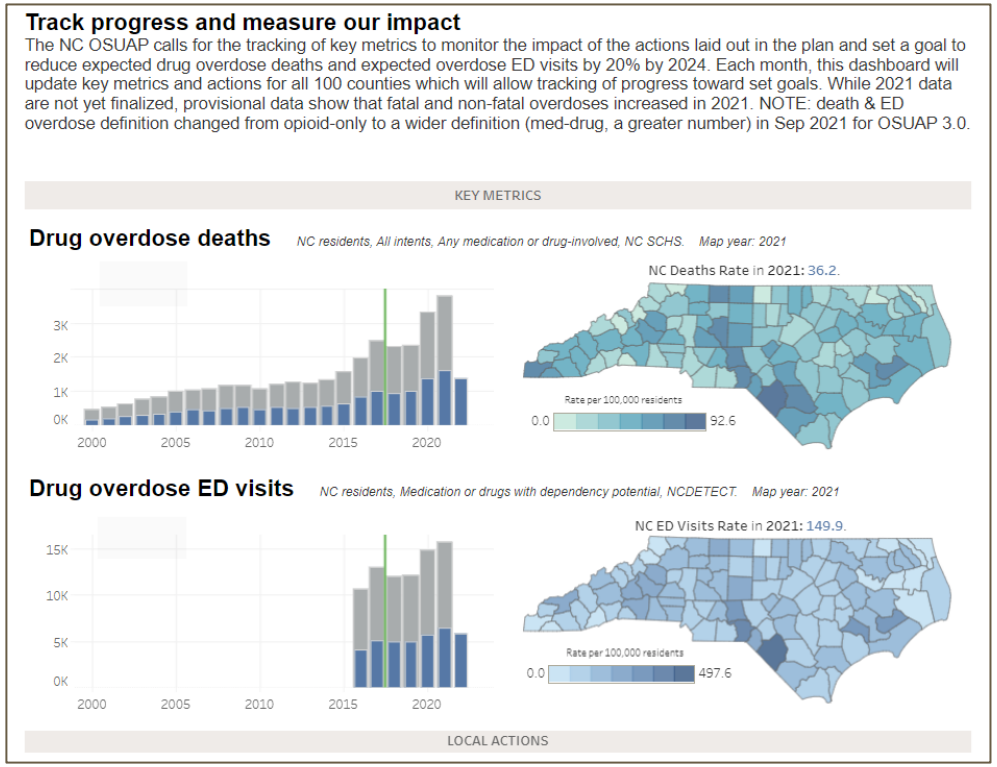
March 7, 2023

Mike Dolan Fliss
mike.dolan.fliss@unc.edu
Presenting

Esther Chung
echung@unc.edu

Early History - 2018

- Opioid & Substance Use Action Plan - DHHS
  - Goal: “# of people experiencing homelessness”
  - Time & place specific: Monthly, county-specific

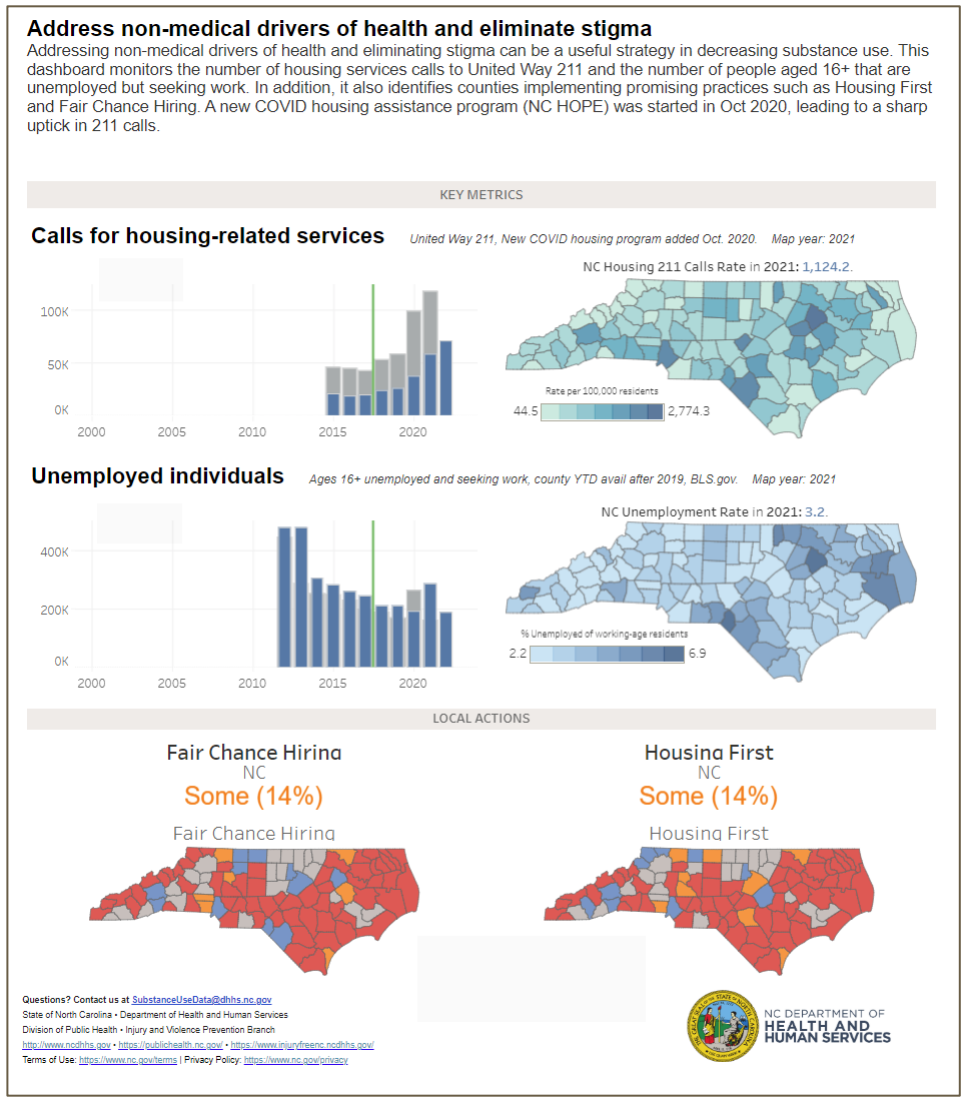


	Reduce Supply	Children & Families	Harm Reduction	Non-Medical Drivers	Justice-Involved Pops	Treatment & Recovery	Equity & Lived Exper.	Track Progress
Metrics	Opioid Pills	Foster care b/c SUD	Comm. Naloxone Reversals	Calls for Housing Assistance	Prison Incarcerated Population	Bupe	Med-Drug Deaths by Race/ Ethnicity	Med-Drug Deaths
	% Illicit	Plan of Safe Care	Acute Hep C	% Unemployed	LEA Naloxone Reversals	OUD		Med-Drug ED Visits

Local Actions	Dropbox	START	Naloxone Distrib.	Housing First	Pre-Arrest Diversion	Peer-Support Specialists	PWLE Involved	Point-Person
	Fentanyl Test Strips	DSS CRP	Sterile Syringes	Fair Chance Hiring	MAT in Jails	MAT providers	HMP CBOs	DHHS Resources

Early History

- Conversations with NCCEH and NC @ HMIS.
  - County not possible
  - Dual systems and data governance approaches
- Pause on homelessness as state indicator
  - Monthly 211 calls for housing instead
  - Housing first policies added as “policy” indicator
- Funding from Duke Opioid Collaboratory
  - ~~Link data from systems two together :(~~
  - Link to death certificate records to describe both overdose-specific and all-cause mortality



Methods - Data Sources

Data Sources

- Death certificate data (N = 553,286) from 2014 to 2019

- HMIS records were obtained from (NCCEH).
  - Person-enrollment records were consolidated (n = 67,329) from NCCEH from 2015 to 2019 into (n = 36,090) distinct person records.
  - Population estimates for 81 counties in the service area were obtained from the US Census American Community Survey.

Methods - Linkages & Statistical Analyses

Linkage

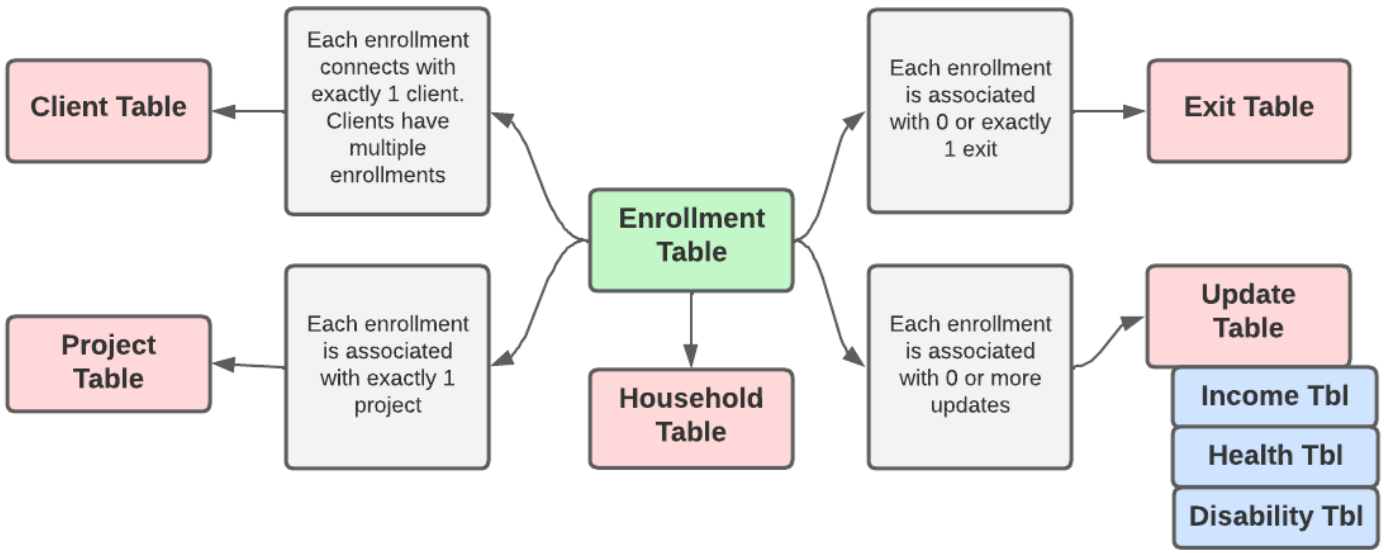
- To link death certificates and HMIS records, we harmonized linkage variables and derived homelessness-related place of death variables.
- We used the fastlink probabilistic linkage package [7].
- Links were 100% hand-reviewed to iteratively improve and ensure linkage quality.

Statistical Analyses

- Death certificate ACME (Automated Classification of Medical Entry [8]) code frequencies were used to compare all-cause and cause-specific mortality rates of the 81-county North Carolina population using **age-standardized mortality ratios (SMR)** and 95% confidence intervals (CIs).

Methods - Bit of Detail

- Table joins galore
- Summarized lessons learned in a report
- No SSN from death certificates for linkage
    - (requires DHHS-internal linkage)



Working with NCCEH Data
as a Researcher

NC COALITION to end HOMELESSNESS

Initial Draft by
Mike Dolan Fliss, PhD & Esther Chung, PhD
UNC Injury Prevention Research Center
7/25/2022

What did we find?

1953 (5%) PEH were linked to death certificates.

Using age-adjusted SMRs, PEH had **7.0 times the all-cause mortality rate** of the North Carolina general population (95% CI: 6.7, 7.3).

The **most frequent single cause of death among PEH was a med-drug overdose**, representing 238 (12.2%) deaths (versus 2.0% in the North Carolina population), 13.8 times the North Carolina mortality rate.

Other frequent death causes included **suicide/self-harm** (4.1%, 9 times the rate); **motor vehicle crash/pedestrian injuries** (1.9%, 6 times the rate); and **firearm assault** (1.4%, 10 times the rate). We also found higher rates of **chronic disease mortality**, including **heart disease** (7 times), **liver diseases** (7 times), and **lung cancers** (6 times).

https://www.ncmedicaljournal.com/content/ncm/83/5/390.full.pdf

CORRESPONDENCE

People Experiencing Homelessness in NC have Increased Mortality, Including High Overdose, Violence, Injury, and Chronic Disease Death Rates

Michael Dolan Fliss, Esther O. Chung, Andrea Carey, Brian K. Alexander

To the Editor—In 2020, over half a million Americans experienced homelessness on a given night [1]. Lack of adequate housing is a structural determinant of health associated with negative health effects including infectious diseases, respiratory illnesses, poor mental health, and mortality [2, 3]. Prior research shows higher overall and cause-specific mortality among people experiencing homelessness (PEH) [4], contributing to overall health inequities [5].

The Homelessness Management Information System (HMIS) maintains data on PEH, utilizing federally funded services. During this research period, there were two HMIS implementations in North Carolina: HMIS@NCCEH (81 counties) and NC HMIS (19 counties). Using methods from linkages of recently incarcerated North Carolina individuals [6], we linked HMIS@NCCEH data to five years of death records.

Methods

Data Sources

Death certificate data (N = 553,286) from 2014 to 2019 were obtained from the North Carolina Center for Health Statistics. HMIS data were obtained from the North Carolina Coalition to End Homelessness (NCCEH). Many individuals have multiple or repeating experiences of homelessness; we consolidated (n = 67,329) person-enrollment records from NCCEH from 2015 to 2019 into (n = 36,090) distinct person records. Population estimates for 81 counties in the service area were obtained from the US Census American Community Survey.

Linkage

To link death certificates and HMIS records, we harmonized linkage variables and derived homelessness-related place of death variables. We used the *fastlink* probabilistic linkage package [7]. Links were 100% hand-reviewed to iteratively improve and ensure linkage quality.

Statistical Analysis

Death certificate ACME (Automated Classification of Medical Entry [8]) code frequencies were used to compare all-cause and cause-specific mortality rates of the 81-county North Carolina population using age-standardized mortality ratios (SMR) and 95% confidence intervals (CIs).

Results

1953 (5%) PEH were linked to death certificates. Using age-adjusted SMRs, PEH had 7.0 times the all-cause mortality rate of the North Carolina general population (95% CI: 6.7, 7.3). The most frequent single cause of death among PEH was a med-drug overdose, representing 238 (12.2%) deaths (versus 2.0% in the North Carolina population), 13.8 times the North Carolina mortality rate. Other frequent death causes included suicide/self-harm (4.1%, 9 times the rate); motor vehicle crash/pedestrian injuries (1.9%, 6 times the rate); and firearm assault (1.4%, 10 times the rate). We also found higher rates of chronic disease mortality, including heart disease (7 times), liver diseases (7 times), and lung cancers (6 times).

Discussion

This study demonstrates higher all-cause and cause-specific mortality rates among PEH than the broader North Carolina population, especially from injury and chronic disease causes. We corroborate other PEH studies that found PEH die from unintentional overdoses [9] and violent deaths [10] at higher rates than housed populations, even as many causes of death are shared between both populations.

Deaths marked pending investigation (R99) were also disparately high (13 times the North Carolina rate). Historically, 40% of these pending codes resolve to be med-drug overdoses [11], suggesting underestimated overdose rates. Non-injury causes of death can still be injury-related: bacterial sepsis can be associated with burns (such as heating with

Electronically published September 21, 2022.
Address correspondence to Michael D. Fliss, UNC Injury Prevention Research Center CB# 7505, 725 M.L.K. Jr Blvd, Chapel Hill, NC 27599-7505 (mike.dolan.fliss@unc.edu).
N C Med J. 2022;83(5):390-391.
0029-2559/2022/83519

What did we find?

Table - unpublished

Cause of Death	NC* Deaths # (%)	HMIS Deaths Observed # (%)	HMIS Deaths Expected # (%)	SMR
Total Deaths	351,740 (100.0)	1953 (100.0)	279.4 (100.0)	7.0 (6.7, 7.3)
Med-Drug Overdose	6,955 (2.0)	238 (12.2)	17.2 (6.2)	13.8 (12.1, 15.6)
Heart Disease	42,277 (12.0)	212 (10.9)	30.5 (10.9)	6.9 (6.0, 7.9)
Cancer (Lung)	21,417 (6.1)	102 (5.2)	18.2 (6.5)	5.6 (4.5, 6.7)
Suicide / Self-Harm	5,221 (1.5)	80 (4.1)	9.3 (3.3)	8.6 (6.7, 10.5)
Chronic Lower Respiratory Disease / COPD	21,930 (6.2)	77 (3.9)	13.5 (4.8)	5.7 (4.4, 7.0)
Diabetes	7,274 (2.1)	56 (2.9)	6.6 (2.4)	8.4 (6.2, 10.7)
Alcoholic Liver Disease	2,300 (0.7)	40 (2.0)	4.7 (1.7)	8.6 (5.9, 11.3)
Motor Vehicle Crash / Pedestrian	3,624 (1.0)	38 (1.9)	6 (2.2)	6.3 (4.3, 8.3)
Pending (~40% Overdose in NC)	1,253 (0.4)	29 (1.5)	2.3 (0.8)	12.7 (8.1, 17.3)
Bacterial Sepsis	5,670 (1.6)	29 (1.5)	4.5 (1.6)	6.5 (4.1, 8.8)
Firearm (Assault)	1,481 (0.4)	28 (1.4)	2.9 (1.0)	9.6 (6.1, 13.2)
Liver Cirrhosis	2,770 (0.8)	24 (1.2)	3.5 (1.3)	6.8 (4.1, 9.5)
Cancer (Colon)	4,405 (1.3)	22 (1.1)	3.9 (1.4)	5.6 (3.3, 8.0)
Cancer (Pancreas)	5,147 (1.5)	21 (1.1)	4.6 (1.6)	4.6 (2.6, 6.5)
Heart Disease (Hypertensive)	2,341 (0.7)	19 (1.0)	2.9 (1.0)	6.6 (3.6, 9.5)
Cancer (unspecified)	3,822 (1.1)	18 (0.9)	3.3 (1.2)	5.4 (2.9, 7.9)

* NC Deaths include 81 county catchment area for NC CEH

Limitations

- Not statewide
  - 81 counties. NCCEH was a great, close partner
- Pre-COVID-19.
  - Ongoing work is needed to stay current
- Slow…too slow
  - COVID-19 in the middle of the project
  - Data governance legal mire is a constant pain point
- Not stratified
  - E.g., by race-ethnicity, gender, age, CoC/county. Requires enough events / people
- Mortality only
  - Doesn’t include morbidity, other lived experiences

Next Steps

- Current Follow-up Projects
  - Investigating VDRS homelessness variables (housing problems; homeless) - Esther & Mike
  - Creating NC DETECT ED visit homelessness definition - Elliot, Mike, & DPH IVPB
  - Move towards sustainable death linkage (DHHS legal is sloooow)
- Statewide….someday.

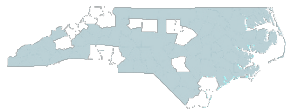
Ideas? Questions?

Thanks!

Upcoming meetings & reminders

(Log-in information can be found on agenda)

- **Lived Expertise Advisory Council Meeting,** *Friday, March 10, 12:00 – 1:00 P.M.*
- **HMIS System Updates,** *Tuesday, March 14, 10:30 – 11:30 A.M.*
- **Monthly HMIS Training: Data Quality Reports**, Wednesday, *March 15, 10:00 – 11:00 A.M.*
- **Racial Equity Subcommittee Meeting,** *Wednesday, March 15, 11:30 A.M. – 12:30 P.M.*
- **Local Leadership Response Sharing Call,** *Wednesday, March 15, 1:00 – 2:00 P.M.*
- **Coordinated Entry Council Meeting,** *Monday, March 20, 10:00 – 11:30 A.M.*
- **Funding and Performance Subcommittee,** *Thursday, March 23, 11:00 A.M. – 12:00 P.M.*



Next Meeting

Tuesday, April 4, 2023 at 10:30 A.M.

Reach out to us:

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